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MONITORING AND EVALUATION OF NHM PROGRAMME IMPLEMENTATION PLAN

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NHM PIP MONITORING REPORT

Varanasi, Uttar Pradesh



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Prof. Suresh Sharma
Ms. Bindiya Kumari

List of Acronyms & Abbreviations

ANC	Ante Natal Care	MoHFW	Ministry of Health and Family Welfare
ANM	Auxiliary Nurse Midwife	MOIC	Medical Officer In- Charge
BEMOC	Basic Emergency Obstetric Care	NBCC	New Born Care Corner
BMW	Biomedical waste	NBSU	New Born Stabilization Unit
BSU	Blood Storage Unit	NLEP	National Leprosy Eradication Programme
CDMO	Chief District Medical Officer	NQAS	National Quality Assurance Standards
CHC	Community Health Centre	NUHM	National Urban Health Mission
DH	District Hospital	NTCP	National Tobacco Control Programme
DPM	District Programme Manager	NTEP	National TB Elimination Programme
DVDMS	Drugs and Vaccine Distribution Management System	NVBDCP	National Vector Borne Disease Control Programme
EDL	Essential Drug list	OCP	Oral Contraceptive Pill

EMOC	Emergency Obstetric Care	OPD	Out Patient Department
FRU	First Referral Unit	OPV	Oral Polio Vaccines
HMIS	Health Management Information System	PIP	Programme Implementation Plan
IDSP	Integrated Diseases Surveillance Programme	PNC	Post Natal Care
IEC	Information, Education and Communication	PPP	Public Private Partnership
IPD	In Patient Department	PRC	Population Research Centre
IUCD	Intra Uterine Contraceptive Device	RBSK	Rashtriya Bal Suraksha Karyakram
IYCF	Infant and Young Child Feeding	RKSK	Rashtriya Kishor Swasthya Karyakram
JSSK	Janani Shishu Suraksha Karyakram	RCH	Reproductive Child Health
JSY	Janani Suraksha Yojana	RKS	Rogi Kalyan Samiti
LAQSHYA	Labour Room Quality Improvement Initiative	ROP	Record of Proceedings
LHV	Lady Health Visitor	SBA	Skilled Birth Attendant
LT	Laboratory Technician	SN	Staff Nurse
M&E	Monitoring and Evaluation	SNCU	Special New Born Care Unit
MCTS	Mother and Child Tracking System	TFR	Total Fertility Rate
MDR	Maternal Death Review	TT	Tetanus Toxoid
MMU	Mobile Medical Unit	USG	Ultrasonography

VARANASI, UTTAR PRADESH

HIGHLIGHTS (NHM-PIP): FY 2021-22



1

Medical College

5

District Hospital

9

CHCs

27

PHCs

320

SCs

1

SNCU

5

FRU

3

Blood Bank

Key Mortality Indicators

23

Infant Deaths Births

104

Child Deaths

88

Maternal Deaths

408

Still

MCH Indicators (HMIS)



56%

Mother who had 1st ANC visit

86%

Mother who had four ANC visits



99%

Institutional Deliveries



10%

C-Section Deliveries



66%

Women discharge in < 48 hours of delivery



93%

Newborn weighted at birth

12%

Newborn having weight less < 2.5kg

Quality care Programmes

60%

DH Integrated with Mera Aspataal

40%

DH NQAS certified

Kayakalp Certified

60%

DH

22%

CHC

14%

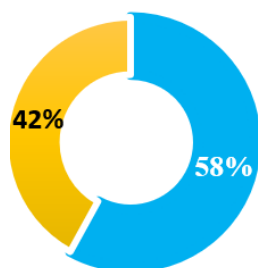
PHC

0%

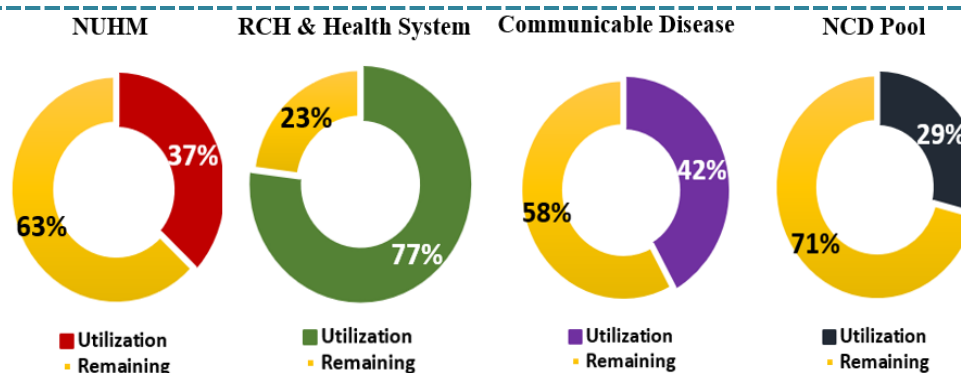
SC

Fund Utilization

Overall



■ Utilization
■ Remaining



Executive Summary

The National Health Mission (NHM) embodies the prime mission of the government of India for the Indian Health scenario holistically. The advancement of NHM is carried out by the Monitoring and Evaluation action which is also a significant determinant. The Ministry of Health and Family Welfare has assigned the responsibility to Population Research Centres (PRCs) for the evaluation with respect to quality monitoring of important components of NHM Programme Implementation Plan (PIP) 2021-22. A two-member team from PRC Delhi visited the allotted district of Varanasi, Uttar Pradesh during August 2022.

The primary focus of this report is the monitoring of essential components of NRHM i.e., Maternal, Child, and Adolescent Health in Varanasi, Uttar Pradesh. Further, the broad status of the healthcare systems of district is highlighted in this report. The major executive summary of the district are as follows:

Key Findings

- ⊕ **Need for quality assessment of Malaria RDT Kit:** Malaria testing kits failing to detect malaria infection in the district, which needs to be addressed seriously.
- ⊕ **HMIS data item mismatch:** The data quality of Infant and child mortality on the HMIS portal was noted to be quite poor in the district, which needs to be looked into.
- ⊕ **Inadequate Equipment's for Oral health care services:** Dental chairs and other related devices/equipment were reported to be outdated. Thus, facilities were unable to provide effective service due to a lack of modern equipment despite adequate manpower.
- ⊕ **High rate of C-Section Delivery in District Hospital:** More than fifty per cent of delivery were reported to be C-sections at the district hospital against the total delivery in the hospital.
- ⊕ **Out-of-pocket Expenditure:** The major contributor towards the OOPE for beneficiaries in Varanasi can be attributed to C-section delivery services at the upper health tier.
- ⊕ **Pradhan Mantri Bhartiya Jan Aushadhi Yojana (PMJAY):** Affordable Generic Drug Scheme is functional well in the district. The patients are getting medicines at 20% of MRP from the Kendras if the prescribed medicine was unavailable at the health facilities.

- ⊕ **Shortage of Manpower:** Chronic shortages of medical specialists (OBGY, Anaesthetist & Radiologist), MO, ANM, staff nurse and CHO are notably concerning in the district.
- ⊕ **Delivery load highly correlated with JSY incentives:** An interesting observation was noted between the delivery case load & JSY incentives in the district as most of the cases were attracted to block PHC instead of other PHC/CHC which were providing direct entitlements due to the setting up of BPMU unit.
- ⊕ **Diet services under JSSK require greater attention:** Primary & even secondary health facilities, especially where the delivery load is quite low, are unable to provide the benefit of free diet services to the beneficiaries.
- ⊕ **Lacking in Quality care program Implementation:** The district is markedly lacking in NQAS and LaQshya program implementation across all health tiers in the district except DH.
- ⊕ **Budget Issue:** Delay in funds & Late receipt of approved ROPs is the biggest obstacle in achieving the physical targets of the district, and also resulting in less fund utilization.
- ⊕ **Inadequate Infrastructure at Sub-Centre Level:** Non- availability of power-backup is a serious concern at all delivery points, especially where the delivery load is extremely high.
- ⊕ **Medicine Shortage:** The supply of medicines at the primary-level health facilities was reported to be less than the demand in the district.
- ⊕ **Low ANC Registration:** Antenatal Care (ANC) registration in the first trimester is a serious concern in the district, and needs to be addressed.

Recommendations

- ⊕ Oral Health Care Program needs to be strengthened in the district in terms of modernising Dental Devices/Equipment for effective and quality services.
- ⊕ There is an instant need to include the RDT kits in product assessments otherwise a malaria-infected person may go untreated.
- ⊕ To ensure high data quality in mortality indicators, the district must engage in data validation exercises, regular monitoring & evaluation at the concerned levels.
- ⊕ Strengthening the ASHAs role and adding more ASHAs workers are required, to target the low Antenatal Care registration in the first trimester in the district.
- ⊕ Timely release of the funds & approved ROP must be planned for the district.
- ⊕ A separate & designated provision of power-backup for the labour room must be ensured at all periphery-level delivery points, especially where the delivery load is extremely high.
- ⊕ To ensure the full range of services with quality care, the district must prioritize the immediate filling post of medical officers, specialists, ANM, staff nurses and CHO.
- ⊕ Under JSSK program, diet services need to be addressed at primary and even secondary-level health facilities, especially where the delivery load is significantly low in the district.
- ⊕ Instances of taking bribes for C- section delivery care services from the patient were noticed at the crucial stage. Strict action must be taken against the corrupt staff of the government facility to reduce the out-of-pocket expenditure of the beneficiaries.
- ⊕ There is a wide scope of improvement concerning basic essential medicine at the primary health tier for better healthcare services.
- ⊕ There is wide scope of improvement with regards to basic essential medicine at the primary health tier for the better healthcare services.

Chapter 1

INTRODUCTION

1.1 Background and Objectives

Over the years, since the introduction of the NHM, numerous strategies have been introduced to make the healthcare system more accessible and affordable. In this regard, the timely evaluation of the key components of the NHM State Program Implementation Plan is essential for key program changes, resource allocation and to further strengthen of these plans. The Ministry of Health and Family Welfare (MoHFW) has consigned Population Research Centres (PRCs) for quality monitoring of important components of NHM State Programme Implementation Plan (PIP) 2021-22. While engaging with the task, PRCs would identify critical concerns in implementation of NHM activities and also evolve suitable quality parameters to monitor the various components. In this regard, PRC Delhi is assigned to conduct the quality monitoring of essential components of NHM PIPs in selected states (Delhi, Uttar Pradesh, Meghalaya, and Tripura) of India. This PIP monitoring report would focus on the performance of the Varanasi in NHM activities. The report discusses with the demographic & health indicators, healthcare financing, and public health planning of the district and also discuss with the healthcare programme such as RMNCAH+N, diseases control programmes and other health programs. This report would analyze different problems of the district and specific objectives of study are as follows:

- To examine the status of physical infrastructure of health facilities under NHM.
- To identify the gap between demand and supply of health service delivery under NHM.
- To highlight the performance and implementation of different scheme under NHM.
- To understand the availability and efficiency of human resource.
- To assesses functionality of equipment, supply & essential drugs etc.
- To assess availability & utilization of finance for the NHM activities in the district.

The monitoring and evolution report is based on both primary as well as secondary data. Primary data collected from visited health facility and CMO Office while secondary data has

been collected from HMIS Web Portal. Prior to visiting to district, the monitoring and evaluation team reviewed district PIP document and formulated semi-structured interviews schedules for the DPM, facility staff and beneficiaries. Before visiting the different level of healthcare facilities, a meeting with key personnel of NHM was held. The main motive of interaction with the officials i.e., CMO, DPMO and Nodal officer, was to know their problems and take their opinions for the improvement of the programmes. Moreover, the interactions gave an enriching insight into health situation of the district, key challenges that lay ahead, and a prospective way forward. The healthcare facilities visited are listed below:

Table 1: List of Visited Healthcare Facilities in Varanasi, Uttar Pradesh

Healthcare Facility	Name of the Facilities /Place	Team Composition
District Hospital	District Women Hospital, Varanasi	Ms. Bindiya Kumari & Prof. Suresh Sharma
CHC	Cholapur & Gangapur	
PHC	Manduadih & Harahua	
SC	Sindhora	

1.2 Demographic Profile: Varanasi, Uttar Pradesh

As per census 2011, Varanasi district ranks 18th in terms of population across districts in Uttar Pradesh. The Population of the District is around 36.7 lakh including Male Population- 19.2 lakh and female population-17.5 lakh. The percentage share of urban population in the district is 43.4% as against 22.3% of the population in urban areas of the state. The district ranks 25th in terms of sex ratio (913) which is almost equal to the state average of 912 females per 1000 males. The literacy rate of the district is 75.6% which is more than the state average of 67.7% which ranked 9th across the districts in state. Decadal growth rate of the district is 17.1% which is lower than the state average of 20.2%. Varanasi district has population density of 2395 persons per sq.km, which is significantly higher than the state average 829 persons per sq. km. The district has 5 statutory towns and 34 census towns. There are only 37 uninhabited villages out of total 1,295 villages in the district. There are 560,162 households in the district accounting for 1.7 percent of the total households in the state. The map of Varanasi is given in figure 1.

Figure 1: Map of Varanasi of Uttar Pradesh



The Varanasi district known by different names i.e., Banaras and Kashi. The city is also known worldwide for its numerous ghats. The district is situated in the south-east of the state and comes under the Varanasi division. Varanasi covers a total area of 4003 square kilometers. It is located on the left bank of the most sacred river Ganga. Being a great religious center, it is visited by millions of people every year.

1.3 Health Profile

This section will discuss the health care service delivery indicators in public institutions in Varanasi District of Uttar Pradesh with respect to various domains such as Maternal Health, Child Health, Delivery care, Family Planning, etc. for the year 2021-22 (See Annexure, table 2). First ANC registration is a matter of grave concern in the district. According to the HMIS, just 56 per cent of women in Varanasi registered for ANC in the first trimester. However, around 86 percentage of pregnant women received four or more ANC check-up. According to the HMIS data source, IFA supplementation was given to 77 per cent of all women who registered for ANC.

Delivery care is a vital factor of Infant health. Of the total home deliveries in Varanasi Uttar Pradesh, 49 per cent deliveries were attended by non- SBA worker. Skilled Birth Attendant (SBA) as an individual is the one who can handle common obstetric and neonatal emergencies. Thus, the attendance of SBA in case of home delivery is necessary to combat maternal deaths. About 99 per cent of all deliveries were institutional deliveries. Around 10 per cent of institutional deliveries were reported C-section in the district. In addition, out of the total C-section deliveries, around 20% performed at night (8pm-8am). It must be noted that out of total institutional deliveries, more than 65 per cent women discharged within 48 hours of delivery. With regards to Post Natal Care, around 65 per cent of women received 1st post-partum checkup within 48 hours and 14 days of delivery. Overall, 91 per cent of the newborns were breast fed within 1 hour of delivery and 93 percent newborns were weighed at birth in the district. Total 12 per cent of newborn having weight less than 2.5 kg to total newborn weighted at birth. More than 70 thousand children fully immunized (9-11 months) observed in district.

With regards, to family planning, around 6.9 lakh condom pieces distributed in the district. Female sterilization as a method of permanent family planning dominates the statistics with more than 99 per cent of all sterilization conducted in the year 2021-22 in Varanasi Uttar Pradesh.

As per Health Management Information System (HMIS) data, the district has observed a total of 88 maternal deaths during 2021-22. The number of infant deaths (within 24 hours & up to 4 weeks) reported was 60 whereas Infant deaths (1-12 months) were reported 38. The number of child death (1-5 years) reported was 29. With regards to still births, total 408 cases reported in the district. Further, the total 1525 number of pre term new-borns (<37 weeks of pregnancy) was noticed in the district.

Chapter 2

PUBLIC HEALTH FINANCING

NHM is one of the most important initiatives of the GOI that envisage achievement of universal access to equitable, affordable & quality health care services that are accountable and responsive to people's needs. This initiative is directed towards financing and supporting the states to strengthen public health systems and healthcare delivery in India. Allocation of State NHM budget is based on Program Implementation Plans (PIPs) submitted by State governments which are approved by the Union government. Both Central and State Governments contribute in implementation of programs under NHM in a ratio of 60:40 for all States and UTs with legislature.

2.1. State Resource Envelope

In Uttar Pradesh, for the financial year (FY) 2021-22, against a resource envelope of 7366.43 Crore, State share was noted of 2946.57 Crore. The total support from Government of India is Rs. 4419.86 Crore with the share of 60%, whereas the state share noted 40%. A depth detailed summary of state budget approval tabulated in Annexure (table 3 & 4), which throws a light on patterns of budget allocation across different flexipool & key service domains.

The resource envelope for FY 2021-22 consists of government's support of Rs.3128.82 Crore for NRHM-RCH flexible pool allocation including cash and kind, Rs.103.48 Crore under NUHM, and Rs. 877.93 Crore for infrastructure maintenance. The breakup of the total resource envelope shows that Rs.891.04 Crore is allocated for RCH Flexible Pool (including RI, IPPI, and NIDDCP), Rs.2237.78 is allocated for Health System Strengthening (HSS) under NHM. The GOI contribution toward NUHM Flexible Pool, NDCP Flexible Pool and NCD Flexible

Pool is Rs.103.48 Crore, Rs.207.47 Crore and Rs.102.15 Crore, respectively. Within NDCP Flexible Pool bulk of the resources are allocated for NTCP activities.

Against the total proposed amount of Rs. 1070218.92 lakh, an administrative approval is conveyed for an amount of Rs. 962178.62 lakh. Therefore, around 90% total amount was approved against the proposed amount in the Uttar Pradesh state. It can be observed that around 100% amount was approved against the proposed for Quality assurance. It must be noted that more than 95% was budgeted towards Infrastructure, Programme management, Facility bases service delivery and Community interventions in last financial year. On the other hand, considering that less amount was approved for drug ware house, logistics, and strengthening service delivery innovation and for IT initiatives community-based service delivery in said state.

2.2. District Health Action plan (DHAP) & District Allocations

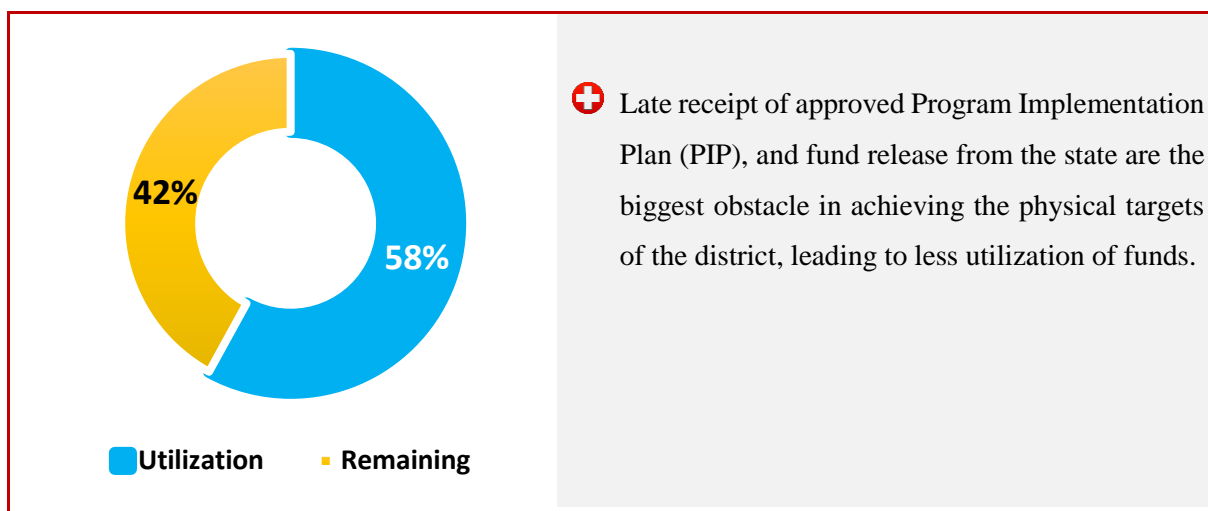
In order to address the inter district disparities and the local health priorities of each region, the planning process of Nation Health Mission follows a Bottom-up Approach. DHAP is a principal instrument for planning, implementation & monitoring, formulated through a participatory and bottom-up planning process. It is an NHM document that depicts the need at sub district level units for programme implementation in terms of infrastructure, HR, procurement, various schemes running etc. and provides an overall budget required to execute those activities. Initially, for the preparation of DHAP, stakeholder gathers the inputs from block, cities, CHC/PHC and Village level. These inputs are collated into a guiding document i.e., DHAP which serves to consolidate the State PIP. For finalizing DHAP, an action plan meeting is held between the district and block officials to approve or disapprove the requirements after discussions.

2.3. National Health Mission Fund Utilization

This section will attempt to discuss in depth details the NHM fund utilization against the sanctioned amount for the last financial year. Against the sanctioned fund amount, more than 40 per cent of funds remained unspent at the end of the last financial year as depicted in the above graph. Late receipt of PIP approval (August) is also the biggest obstacle in achieving the physical targets of the district, thus leading to less utilization of funds.

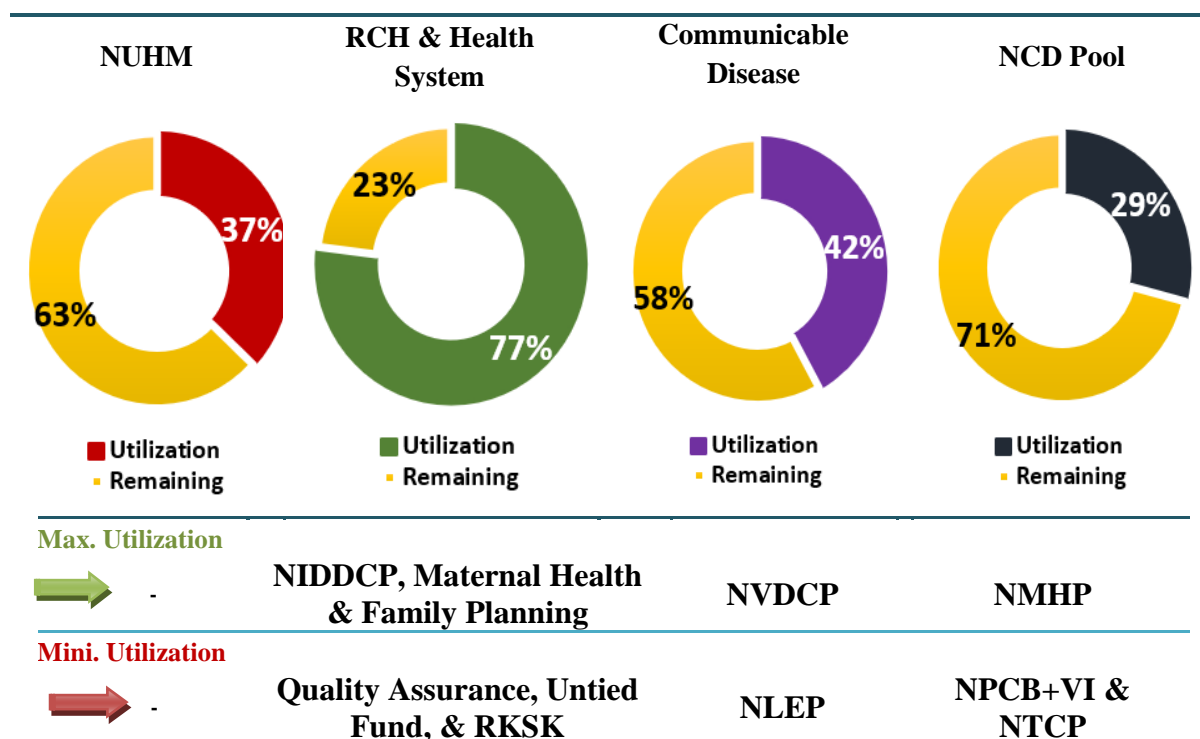
Figure 2: A snapshot of Overall Fund Utilization in Varanasi of Uttar Pradesh

Overall	Major Reason for Under-utilization of Budget
---------	--



The following figure highlights flexipool wise budget utilization of Varanasi of Uttar Pradesh in last financial year (for more detailed see annexure, table 5). The budget categorized into 4 broad categories i.e., RCH & Health System Flexipool, NUHM, Communicable Disease and finally Non-Communicable Flexipool. To elaborate, district Varanasi received an amount of Rs. 4767.86 lakhs under the RCH flexipool and spent close to Rs. 3657.56 lakhs, during the financial year 2020-21. This implies an overall utilization of about 77 percent against released budget.

Figure 3: A Snapshot of Fund Utilization under Different Flexi-pool in Varanasi, 2021-22



It was noted that the maximum fund utilization was observed in RCH flexipool in the district. However, the least fund utilization was observed in the non-Communicable diseases pool. Under RCH flexipool, the maximum utilization of funds is observed in the NIDDCP, Maternal

Health & family planning with more than 60 per cent. However, the least utilization can be seen on Quality Assurance (19%), Untied Fund (19%), and Rashtriya Kishor Swasthya Karyakram (RKSK) with 24 per cent.

Under communicable, the maximum utilization is observed in National Vector Borne Disease Control Programme (67%). With regards to non-communicable diseases pool, maximum utilization of funds is observed for the national mental health program with the 100 per cent of all allocated amount in the program in the Varanasi district. However, no utilization of budget as per sanctioned amount can be observed in the National Oral Health program (NOHP) in said pool. On the contrary, less fund utilization was observed for blindness control program just 4-5 percent amount of the allocated funds. Similarly, less fund utilization was observed on National Programme for Prevention and Control of Cancer, Diabetes, Cardiovascular Diseases and Stroke (NPCDCS) and Tobacco control program.

Chapter 3





PUBLIC HEALTH PLANNING

This chapter will attempt to discuss in details Public Health Planning which includes the depth details of public healthcare infrastructure, human resources for the public health and capacity building of the HR i.e., training status.

3.1. Health Infrastructure

Infrastructure is the basis for planning, delivering, and evaluating a wide range of essential public health services. Healthcare institutions and healthcare infrastructure is an important indicator to understand the health care status, health care delivery provisions and mechanism. Therefore, this section examines the analysis of health care infrastructure in Varanasi, Uttar Pradesh. Overall, district has 1 Medical College, 5 District hospitals; District Women Hospital, LBS Ram Nagar Hospital, Deen Dayal Upadhyay Hospital, S. S. P. G. Hospital, and Mental Hospital, Varanasi. It has 9 Community Health Centre (5 FRU), 27 Primary Health Centre and 320 Sub-Centre. The district has 3 Blood bank and 3 blood storage units.

Figure 4: Status of Health Infrastructure including Delivery points in Varanasi, 2021-22

	20%	60%	11%	0%	0%
	DH conducting > 50 Deliveries/ month	DH Conducting C-Section deliveries	CHC conducting >20 deliveries/ month	PHC conducting >10 deliveries/ month	SC conducting >3 deliveries/ month
5 District Hospital	HWC			Key Challenges: <ul style="list-style-type: none"> ➤ Non- availability of Power backup at the delivery points of Sub-centre level. ➤ Non- Availability of DEIC in the district. 	 ISNCU & INRC  3 Blood Bank & 3 BSU  16 TB Unit 2 Drug Resistant TB centre
9 CHC	70% PHC Converted to HWC				
4 U-CHC	83% U-PHC converted to HWC				
27 PHC					
320 SC	70% SC converted to HWC				
5 FRU					
0 DEIC					

Source: CDMO Office (2021-22), Varanasi, Uttar Pradesh

Out of total district hospital, 20% DH able to conducting more than 20 deliveries per month in the district. With regards to C-section, around 60% District hospital rendered the caesarian services. At the secondary health Tier, just 11% CHC were conducting more than 20 deliveries per month. None of the PHC are able to conduct more than 10 deliveries in a month in the district. Similarly, none of the sub-centres are able to conducting the more than 3 deliveries in a month.

In addition, district has 1 Special newborn care units (SNCU) and 1 Kangaroo Mother care Unit. During the last financial year 2021-22, there were 818 neonates admitted in SNCUs in district. Out of the total Neonates admitted in SNCU, 79% were successfully discharged while 8% neonates were died. With regards to NRC, around 80 newborns were admitted in the last financial year and out of the total, around 86% newborns were successfully discharged. It must be noted that the district does not have any District Early Intervention Centre (DEIC) for the better delivery of services. To address the TB elimination, there are 16 Tuberculosis Unit, and 2 drug resistant TB centres.

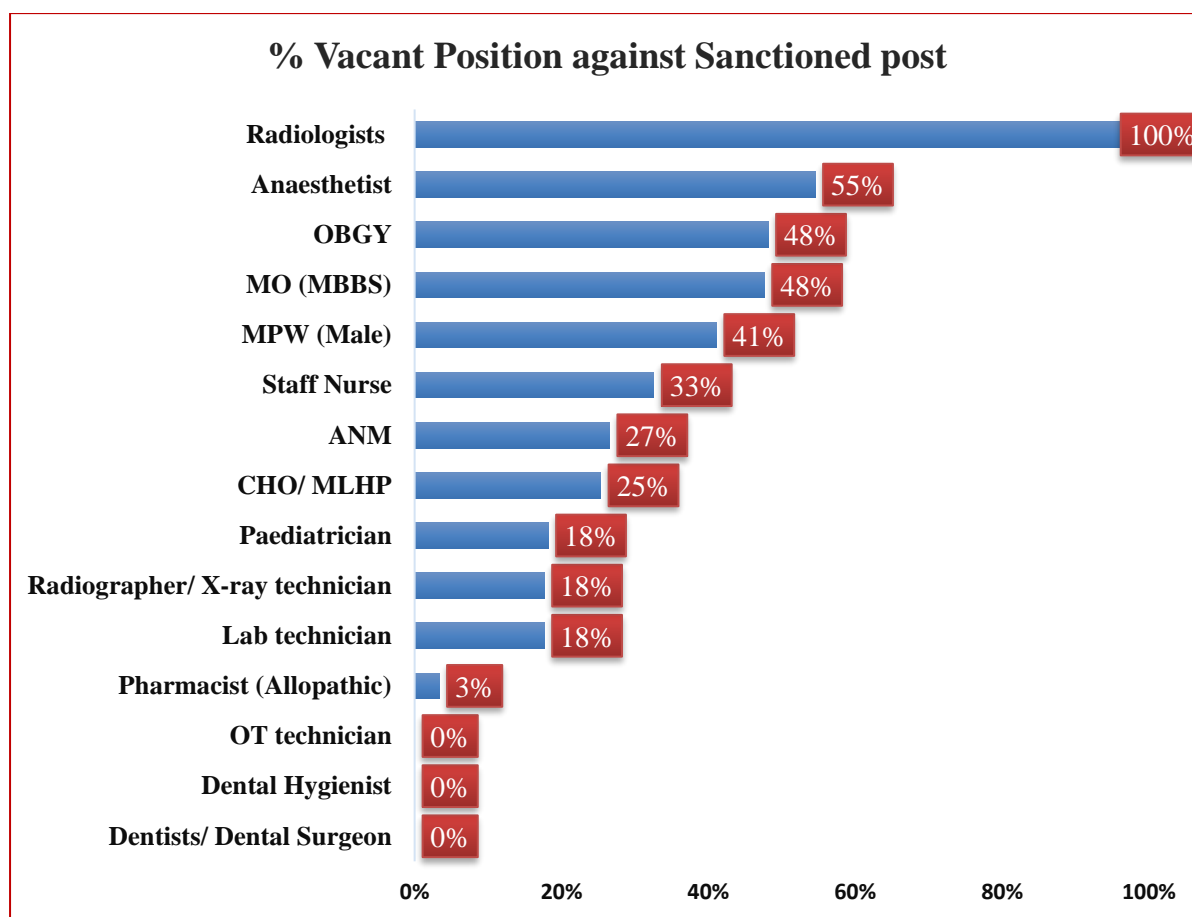
Health and Wellness Centres (HWCs), under the ambit of Ayushman Bharat, are envisaged to deliver expanded range of services that go beyond Maternal and child health care services to include care for non -communicable diseases, palliative and rehabilitative care, Oral, Eye

and ENT care, mental health and first level care for emergencies and trauma, including free essential drugs and diagnostic services. Towards this vision, 70% of Sub-centres and 70% PHCs and 83% U-PHCs were actively converted into HWCs in the Varanasi District.

3.2. Human Resources for Public Health

Lack of Human Resource is one of the major concerns of the district; more specifically major issue was reported regarding the shortage of medical officer, specialist (Radiologist, OBGY, Anesthetist) in the district. In addition, there is shortage of Staff Nurse, ANM, MPW (Male), and CHO, therefore hampered the essential health care services in the district. The component of Human Resources under NHM is to ensure the availability of adequate work force at the public health facilities in the State. To ensure smooth service delivery NHM made provisions for a basic minimum Human Resource (HR) requirement along with health infrastructure. In Varanasi district, total 468 ANM, 215 MPW(Male), 180 Staff Nurse, 14 OBGY, 18 Pediatrician, 10 Anesthetist, 15 dentist, 11 MO, 58 Pharmacist (Allopathic), 14 LT, 14 Radiographer, and 168 CHO were in-position in the district (See Annexure, Table 6). Overall, under Uttar Pradesh Government in the district, total number of sanctioned posts for ANM is 637 out of which 468 have been filled and around 170 posts are still held vacant (See Annexure, table 6). Position for the MPW (Male), Staff Nurse, and CHO is also significantly high in the district.

Figure 5: Shortage of Human Resources in Varanasi District, Uttar Pradesh, 2021-22



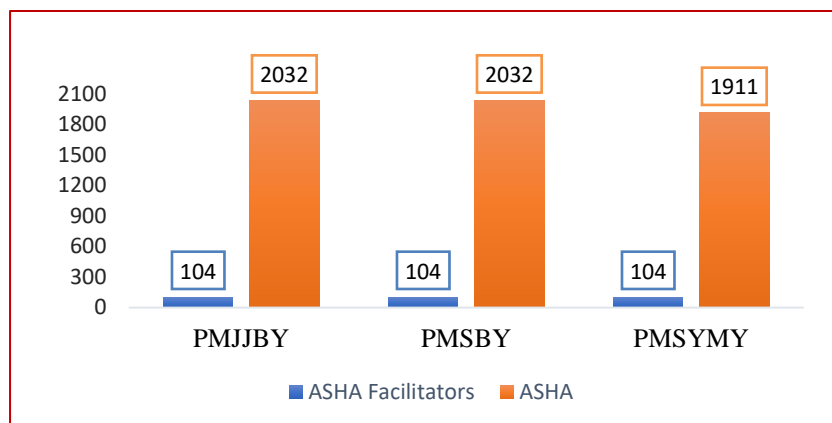
Against the sanctioned post in the district, 100% position of Radiologists, 55% position of Anesthetist, 48% of OBGY, 48% of MO, 41% of MPW (M), and 33% of Staff Nurse vacant under Uttar Pradesh government in the district as depicted in the below figure. Further, less than 30% post were laid vacant for ANM, CHO, Pediatrician, Radiographer, Lab Technician, and Pharmacist. Overall, 27% position of ANM, 25% of CHO, 18% of Pediatrician, and 18% of LTs vacant position observed in the district.

The bottom-up approach of NHM especially draws attention to the role of ASHAs all the more. They help in educating and mobilizing the masses to adopt healthy behaviors. At present, a total of 2032 ASHAs (2133 required) are working in the district and there are 101 vacant positions against the sanctioned position for ASHAs as depicted in table 7 (See Annexure). Total, 10 villages were reported where none of the ASHAs worker were reported. It was reported that total 30 ASHAs were reported which covering more than 1500 rural population in the district. In urban area, total 10 ASHAs were reported which covering more than 3000 population in the district.

MAS in one of the key interventions under National Health Mission aimed at promoting community participation in health at all levels, including planning, implementing and monitoring of health programmes. Total 283 number of Samiti formed in the district, out of

which 248 were trained, while the MAS account opened was 200. Meeting of MAS was held at least once every month, which addresses local issues related to Health i.e., Immunization, Family planning, COVID, Water, and Sanitation among community.

Figure 6: Status of Social Benefit Scheme for Community Workers



ASHAs are the foremost health workers in the field. Our Honorable Prime Minister had set forth social security benefits for ASHAs and ASHA facilitator as to double the incentives for routine

activities. Those who meet the said criteria are to be enrolled in these schemes implemented by GoI namely, the Pradhan Mantri Jeevan Jyoti Bima Yojana (PMJJBY) and Pradhan Mantri Suraksha Bima Yojana (PMSBY). Figure 6 clearly depicts that the maximum number of ASHAs and ASHA facilitator have been given the benefit of PMSBY and PMJJBY.

3.3. Referral Transport Services

Health infrastructure also includes transport facilities at the district for the safe and timely movements of the patients. The district is equipped with 66 Basic Live Support (BLS) and 3 Advanced Life Support (ALS) vehicles. Of the total BLS ambulances, 3 are stationed at the Medical College, 16 at the DH, 20 at the CHCs, and 27 at the PHCs level. All the ambulances are GPS fitted and are being handled through centralized call centres.

Mobile Medical Unit (MMU) is one of the strategies to improve access to health facilities. The district has in running 3 MMUs with a team composition of 1 Doctor, 1 Staff Nurse, 1 LT, 1 Pharmacist and 1 Driver, for each MMU. The MMUs cover about 12 villages, and screens an average of around 70 OPD patients per month. On an average, about 21 lab investigations are carried out from the MMUs each month in Varanasi. Each MMU in the district takes 24 trips per month, which means that 24 camps are organized per MMU per month. MMUs are working effectively in the district.

This section will attempt to discuss in details the implementation of various national programmes related to mother, newborn, child & adolescent healthcare services under National Health Mission. It will also make an attempt to deliberate the Nutrition Programmes as well. One of the key objectives of NHM programme is prevention and control of most common communicable and non-communicable disease. Therefore, it will discuss the diseases control programs. Finally, it will discuss the Quality care programs as well as other NHM programs.

4.1. RMNCH+ N Programmes

Improving the well-being of mothers, infants and children is an important public health goal for Government of India. In this context, Ministry of Health & Family Welfare launched Reproductive, Maternal, Newborn Child plus Adolescent Health (RMNCH+A) to influence the key interventions for reducing maternal and child morbidity/mortality. The following table depicts the scenario of mortality indicators in Varanasi for last two years.

Table 2: Mortality Indicators in Varanasi over last two Years

Mortality Indicators	2021-22		Key Challenge:
	HMIS	CDMO	
Infant Deaths	98	23	Data Mismatch observed for Infants and Child Deaths indicators.
Child Deaths	29	104	
Maternal Deaths	88	88	
Still births	408	408	

Source: CDMO Office, Varanasi, Uttar Pradesh and HMIS data

Overall, total number of still births has observed to be significantly high as compared to others mortality indicators in the district in 2021-22. It must be noted that data quality of two mortality indicators i.e., Infant deaths, and child deaths is observed to be quite poor in the district. In the above table Data mismatch were noticed/ found between the selected indicators value collected from the district during the physical monitoring visit and the corresponding HMIS value (See Annexure Table 2). There is dire need to address the issue of data quality specific to said mortality indicators in the district. On the other hand, the district has the reliable data on the HMIS with regards to Maternal Deaths and still births Indicators. This section will attempt to discuss in details implementation of various national programmes related to mother, children, newborns and adolescent health services under National Health Mission.

Janani Suraksha Yojana (JSY)

Janani Suraksha Yojana prevalently known as the conditional cash transfer scheme, started in 2005. JSY is an initiative for safe motherhood under NRHM. It aims at reducing maternal and neo mortality rate, promoting institutional deliveries among poor pregnant women by

incentivizing them through cash benefits for getting institutional deliveries. The initiative is effectively working in the district however the level of awareness among the beneficiaries is satisfactory in the district. Overall, more than 14 thousand number of beneficiaries registered for JSY in the last financial year. However, JSY Payment gap were observed in the district due to incomplete records of the beneficiaries. An interesting observation was noted between the JSY incentives and delivery case load in the district as most of cases were attracted to block PHC instead of other PHC/CHC which were providing direct entitlements due to the setting up of BPMU unit.


Janani Shishu Suraksha Karyakaram

Janani Shishu Suraksha Karyakaram (JSSK) aims to improve maternal and child health by minimizing financial expenses of pregnancy and sick new born child. Furthermore, the aim of this scheme is to promote institutional deliveries. After the implementation of the program, the institutional deliveries have been increased in the district. However, it was noted that majority of the women do not stay in the facility for 48 hours after delivery. The JSSK scheme is not well implemented in the Varanasi of Uttar Pradesh across few key domains. Free diet was given to beneficiary mothers at the DH, CHC and Block PHC level. However, the diet services were not functioning well at lower health tier, especially at facility where the delivery load was found to be extremely low. In addition, it was reported that none of the urban PHC were provide the diet services to the beneficiaries. Thus, the facility with low delivery load unable to provide the diet services to the beneficiaries under JSSK as no one is ready to take the tender for the same.

Pradhan Mantri Surakshit Matritva Abhiyaan

PMSMA program has been launched, to improve the quality and coverage of ANC including diagnostics and counseling services as part of the RMNCH+A Strategy. The prime aim was to provide comprehensive and quality antenatal care, free of cost, universally to all pregnant women on the 9th of every month. Overall, there are 38 such healthcare facilities (1 Medical college, 2 DH, 3 CHC, & 32 PHC including urban PHC) in district where PMSMA round are being conducted. It was reported that MCP card/ Safe Motherhood Booklet issued under PMSMA in district. A sticker is added on the MCP card on each visit, if the women is detected with no risk, then a green sticker is added. However, the red sticker indicates high-risk pregnancy case.

Table 3: Status of PMSMA programme in the Varanasi, Uttar Pradesh


38 Total Facilities	 Facilities Covered at tier	Key Challenge Despite the implementation of the programme, low ANC coverage (both 1 st trimester & 4 th trimester) is a challenge.
96484 No. of MCP Card Issued	100% Medical College 40% DH 33% CHC 97% PHC	

Despite the implementation of PMSMA program, poor quality of ANC services is a serious concern in the district. ANC registration in the first trimester was found low due to the misconception by the community about declaration of the pregnancy at initial stage may resultant in any mishappening or unhealthy pregnancy. In addition, reasons behind the low ANC registration during 4th trimester was noticed due to migration. It was reported that most of pregnant women prefer to get delivered their child in their hometown which is different from that of their work place where they get their early stage’s test done.

Home Based Newborn Care Programme

ASHAs are responsible for the HBNC & HBYC visits in the villages or slums. HBNC programme is well implemented in the district. In the last financial year, ASHAs were also actively involved in the counseling of Immunization & HBNC visit as well. Around two thousand neonatal visits were conducted by ASHA worker under HBNC programme in the district. From the table it can be seen that around 95% ASHAs have the complete HBNC as well as drug kits. The following table 7 depicts the status of HBNC programme in the district.

Table 4: Status of HBNC programme in the Varanasi of Uttar Pradesh, 2021-22

 Home based Newborn Visits	1933 HBNC Visits by ASHAs	95% ASHA having HBNC Kits	95% ASHAs having Drugs Kits
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Source: CDMO Office (2021-22), Varanasi, Uttar Pradesh

Rashtriya Bal Swasthya Karyakaram/ School Health Scheme Program

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. RBSK programme is well implemented in the district despite the lack of dedicated manpower. In Varanasi district, there are a total of 20 RBSK teams, with 2 teams per block, which ensure coverage of children. 12 teams are complete in place as per the composition and 16 numbers of vehicles are on the road for RBSK team.

Numerous numbers of children are being screened by the team in the year 2022. However, the district required DEIC Centre for the treatment of children under the said program.

Immunization Program

The Reproductive and Child Health programme (RCH) II under the National Rural Health Mission (NRHM) systematically assimilates all possible interventions that improve child health and addresses factors contributing to Infant and under-five mortality. With regards to the service delivery for child health, more than 70 thousand children fully immunized (9-11 months) observed in Varanasi Uttar Pradesh. In the last financial year, out of the total planned session 36278, around 92% (33384) immunization session were held in the district. In addition, out of the total immunization session where ASHAs were presented to be 89 % session.



Family Planning Programs

Family planning provides a choice & freedom to Women for deciding their Family size number of children and determines the spacing of pregnancies. As per the HMIS data, female sterilization as a method of permanent family planning dominates the statistics with 99 per cent of all sterilization conducted in the year 2021-22 in Varanasi Uttar Pradesh (Tubectomies). Total sterilization conducted was reported to be more than 9 thousand in the district. Besides these, the total numbers of condom pieces that have been distributed in the last financial year were 6.9 lakh pieces followed by oral pills around 84 thousand.

Rashtriya Kishor Swasthya Karyakram (RKSK)

The Ministry of Health & Family Welfare has launched a health programme for adolescents (10-19 years), in the year of 2014, which would target their nutrition, reproductive health and substance abuse, among other issues. The main objective of this Karyakram was to improve nutrition, Sexual and Reproductive Health, enhance Mental Health, also prevent substance misuse injuries and violence. During last financial year, total 5690 adolescent registered under RKSK program in district, and out of which, 50.4 % were girls and remaining 49.6% were boys registered as depicted in the following table. Therefore, it can be observed that registration rate was almost equal among girls and boys in the district. The girls were received clinical services significantly higher than the boys in the district. Similar observation can be seen with regards to received counseling services. Out of the total registered, all 100% girls received the clinical services against the 38% boys.

Table 5: Status of RKSK program in Varanasi of Uttar Pradesh, 2021-22

8632 Total Registered	RKSK	2021-22
	Girls registered in AFHC	2868
	Out of registered, Girls received clinical services	96%
	Out of registered, Girls received counselling	100%
	Boys registered in AFHC	2822
	Out of registered, Boys received clinical services	44%
	Out of registered, Boys received counselling	38%

Source: HMIS Standard Report (2021-22), Varanasi, Uttar Pradesh

4.2. Communicable Diseases Control Programmes

One of the key objectives of NHM programme is prevention and control of most common communicable and non-communicable disease. This section will throw a light on the National Diseases Control Programmes related to the communicable diseases, i.e., IDSP, Leprosy Eradication; National Vector Borne Diseases Control & TB control Programme in the district.

Under IDSP programme, the surveillance units have been established in the district. Rapid response teams are available/ constituted at district level and team includes Epidemiologist, Data Manager and DEO. IDSP data utilized properly at the district level for identify trends and patterns of disease/ syndromes. The district generates EWS on the basis of weekly data analysis. After analysis of data, if any trend is found in a particular disease, preventive measures taken accordingly. Overall, just 6% of private health facilities reported weekly data of IDSP. It was reported that for better implementation of the programme, block level DEO should be provided in the district.

National Vector Borne Disease Control Programme (NVBDCP), overall Annual blood examination rate was reported 0.98 in the district. Weekly epidemiological and entomological situations were monitored in the district in the last financial year. There is a proper micro and macro plan available at the district level as to control the vector borne disease prevalent in the district. In the last 3-year, there have been a decrease in the vector borne disease due to COVID-19 pandemic.

Moving forward to the Tuberculosis Programme, it remains to be major public health problem in India. Diagnosis of TB through Intermediary UDST testing/lab is established in the district. Overall, 16 Tuberculosis Unit, and 2 Drug resistant TB centre were reported in the district. Total number of TB cases notified under NIKSHYA significantly varies from 7915 (60%) in public sector to 5184 (40%) in private sector

Table 6: Status of Communicable Diseases Programme in Varanasi of UP, 2021-22

Communicable Diseases Programs	In No.	Remarks/ Challenges
IDSP		
Rapid response team constituted	Yes	Program well Implementation in the district
IDSP team composition	3	
Types of diseases reporting under IDSP	25-26	
Epidemic and outbreaks reported in district (21-22)	Yes	
% Of private health facilities reporting	6%	
NVBDCP		
Micro plan and macro plan available at district	Yes	Anti-larval methods: 0.2liter tempos in 10 litter water covering 500 liner area
Annual Blood Examination Rate (21-22)	0.98	
Reason for decrease	COVID Pandemic	
LLIN distribution status	No	
Anti-larval methods	Yes	
Contingency plan for epidemic preparedness	Yes	
No. of MDR rounds observed	-	
W2eekly epidemiological & entomological situations monitored	Yes	
NTEP		
Target TB notification achieved	90%	Treatment success rate more in Private sector
HIV Status of all TB patient is known	96%	
Drugs available (both drug sensitive & drug resistance)	Yes	
Beneficiaries paid under NIKSHAY	Yes	
	Public	Private
Patients notified	7915	5184
Treatment success rate	83%	88%
No. of MDR TB Patients	792	137
Treatment initiation among MDR TB patients	100%	100%

Source: CDMO Office (2021-22), Varanasi, Uttar Pradesh

In the last financial year, around 929 numbers of TB patient deaths were reported in the district; out of them more than 85% MDR TB patient death was observed in public sector. However, treatment success rate was observed to be 83% in public sector against the 88% in the private sector.

4.3. Non- Communicable Diseases Control Programmes

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

NPCDCS Programme

The National Programme for Prevention and Control of Cancer, Diabetes, Cardiovascular Diseases and Stroke (NPCDCS) is launched in 2010 with an objective to prevent and control

major Non-communicable Diseases. Overall, Hypertension & Diabetes prevalence were reported more in the district.

National Mental Health Programme (NMHP)

Under this program, numerous types of Anxiety/ Depressive Disorder and Psychosis were treated. In Varanasi, mental health programme was well functional and noted state mental health authority in place in the district. Under non-communicable diseases pool, maximum utilization of funds is observed for the national mental health program with the 100 per cent of all allocated amount in the program in the Varanasi district.

National Tobacco Control Programme (NTCP)

Government of India launched the Tobacco Control Programme in the year 2007-08. Overall, total 40 healthcare facilities and 3 District hospitals covered under this program. The main aim of the program was to create awareness about the harmful effects of tobacco consumption as well as reduce the production and supply of tobacco products. This program will help the people quit tobacco use, and facilitate implementation of strategies for prevention and control of tobacco advocated by WHO Framework Convention of Tobacco Control. Total 5728 number of Tobacco users registered in TCC Centre in the district in last financial year 2021-22. Out of the total registered user, 13 tobacco users quit tobacco in the said year with the 0.22 percentage share.

National Oral Health Programme

Taking into account the oral health situation in the country, Government of India has initiated a National Oral Health Programme to provide integrated, comprehensive oral health care in the existing health care facilities. There is wide scope of improvement with regards to oral healthcare services in the district. Overall, severe shortage of equipment was reported to be major concern in the district as dental equipment is reported to be too old almost 10-15 years old thus able to provide the only partial services. Against the sanctioned post in the district, all Dentist, Hygienist, and technical assistant were noted in place. It is highly recommended that to functioning the oral health services in the district, the said department needs to be strengthened in the district by providing the modern dental device/ equipment's.

4.4. Quality Assurance and Other Health Programmes

To address the issue of low-quality of services in the healthcare premises, the GOI has introduced a set of quality-oriented programs under the National Health Mission. Quality care improvement initiatives i.e., Indian Public Health Standard (IPHS), NQAS, KAYAKALP,

MERA ASPATAAL, LaQshya, MusQan programme, have revolutionized the pathways of public healthcare service delivery in the country. The district quality assurance consultant was positioned in the district to look up these quality care programs. It was noted that district has been markedly lacking in LaQshya program implementation across all health tier. The following table depicts the broad status of quality care program implementation in Varanasi district in the last financial year.

Table 7: Status of Quality Care Programs in Varanasi, Uttar Pradesh, 2021-22

	40%	60%	22%	Key Challenge
60% DH Integrated with Mera Aspataal	NQAS Certified DH	Kayakalp Certified Hospital	Kayakalp Certified CHC	The district is markedly lacking in Quality care programme Implementation including LaQshya.
	2%	14%	0%	
	NQAS Certified PHC	Kayakalp Certified PHC	Kayakalp Certified SC	

Source: CDMO Office (2021-22), Varanasi, Uttar Pradesh

Out of the five District Hospital in district, two DH was reported to be NQAS certified. In Case of PHC, just 1 PHC was found NQAS certified with the share of 2% in the total facilities. There is no CHC observed to be NQAS certified in the district. It can be noted that the district has been markedly lacking in Kayakalp program implementation at the primary and secondary health tier. In case of PHC it was observed to be just 14% of total PHCs. The external assessment process completed at 4 Sub-centres only, however, the result was reported waited for the same. None of the SCs were noticed Kayakalp certified till now. There is dire need to look up and implementation of the program at the primary and secondary level health tier.

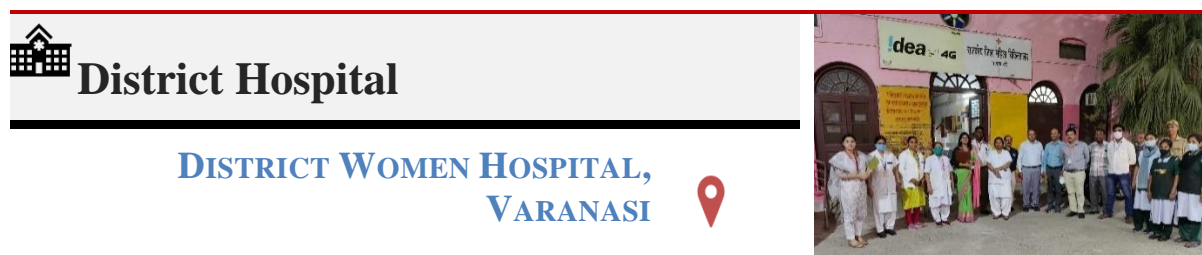
Mera-Aspataal initiative is implemented at 60% district hospital in the district. It is Ministry of Health, Government of India initiative to capture patient feedback for the services received at the hospital through user-friendly multiple channels such as SMS, Outbound Dialing (OBD) mobile application and web portal.

Chapter 5

PUBLIC HEALTH FACILITY ASSESSMENT

The major findings made by the monitoring team during the visit to various health facilities in Varanasi are tabulated below. Every facility would be assessed majorly on 7 themes i.e., HR, Physical Infrastructure, Core Healthcare services, Drugs Diagnostic & Equipment, Service

Delivery Indicators, NHM Programme Implementation, HMIS Data Verification & IT Services, with the key challenges in the respective domain.



District women hospital is a 180 bedded facility located in Varanasi District, Uttar Pradesh. The facility was awarded with Kayakalp in the last financial year with the 73% score in external assessment. However, the labour room and OT of the facility was not observed to be LaQshya certified. Currently, the facility has an average OPD load of approximately 500-550 patients per day. Further, around 170-180 per month deliveries were conducted at the facility; out of them more than 50% were reported to be LSCS. The percentage of C-section was quite high as primary and secondary health tier facilities were performing quite well in normal deliveries, so the DWH had most of the C-section deliveries. Thus, refer cases from Periphery facilities is the main reason behind the increasing rate of C-section; followed by the on-demand C-section delivery. During the beneficiary interaction monitoring team found that health personnel staff was charging money from them during some crucial stage of the delivery/ C-section which needs to be addressed.

At the given delivery load, there was acute shortage of OBGYN was reported at the facility. It was highlighted that in MCH Wing, 2 posts sanctioned for Anesthetist, 1 positioned on regular basis and another one was reported under contract basis. Due to deficiency of the Anaesthetist, OT services were not fully rendered 24*7 services. In addition, non-availability of Radiologist was reported an issue at the facility. With regards to record keeping maintenance, some indicators i.e., new born weighted at birth, newborns breast fed within 1 hour of birth, infants deaths within 24 hours, and post operative surgical site rate were not recorded/ captured by the respective department of DH of Varanasi. The following table provides the detailed status of Manpower, Physical Infrastructure, Diagnostics services, Specialized Services, Medicine & Equipment, NHM program implementation, fund utilization & HMIS data verification at the facility.

Table 8: Status of District Women Hospital across various Health Domains in the year 2020-21

Key Areas/ Observations		Remarks/ Challenges	
Human Resource			
General Duty Doctor	4	Hospital Manager	0
OB&GYN	7	Staff Nurse	26

Pediatrician	4	LTs	1	13% OBGY
Anesthetist	2	Pharmacist	6	
Radiologist	0	EmOC trained doctor	1	Non- availability of Hospital Manager is an issue.
Pathologist	1	LSAS trained doctor	4	

Physical Infrastructure

Accessible from nearest road ahead	✓	Drinking water facility	✓	
24*7 running water facility	✓	ASHA rest room available	✗	
Geriatric and disability friendly	✓	Drug storeroom with rack	✓	Over-crowding in Pathology
Hospital located near residential area	✓	Power backup (Complete facility)	✓	
Clean functional toilets	✓	Good Condition of Building	✓	
OPD waiting area sufficient space	✓	Complete Construction Status	✓	

Core/ Specialized Health care Services

Medicine	✓	SNCU	✓	
O&G	✓	CLMC	✗	
Pediatric	✓	NICU& PICU	✗	
General Surgery	✗	DEIC	✗	In SNCU, inborn admissions were observed more than the out-born.
Anesthesiology	✓	Labour Room Complex	✓	
Ophthalmology	✗	Emergency Care (Delivery)	✓	
Dental	✗	Skill Lab	✓	
Imaging Services (USG)	✓			

Drugs, Diagnostic & Equipment's

Essential Medicine on the day of visit	✓	Blood Storage Unit	✗	
Laboratory services	✓	Fully Equipped Blood Bank	✗	Shortage of Inj. Ketamine & cefotaxime was reported
X-ray	✗	Availability of testing kits	✓	
CT Scan	✗	Major Instrument Functional	✓	

Service Delivery Indicators (2021-22)

Approx. 12 thousand OPD per month	5-6 Still birth per month	
Around 170-180 deliveries per month	6 Maternal Deaths	C- section rate was quite high at the facility.
50-60% deliveries were C-section		

NHM Program Implementation

JSY Program	Functioning well	
JSSK	Diet were being provided to beneficiaries	JSY payment lacks due to the beneficiary's documentation
Kayakalp	Certified with 74% score	
NQAS & LaQshya	Not Certified	LaQshya program was not implemented well.
PM-National Dialysis programme	Not Implemented at the facility	
PMSMA	Services rendered on 9 th of every month	

HMIS Data Verification (Indicator's name with reason for mismatch): HMIS vs Register Record

Newborns breast fed within 1 hour	Not captured/ recorded by department	
Aayush OPD	Record not up to the mark maintenance	
Live Birth – Male/ Female	Live Births are not calculated separately for Male & Female	Mismatches were observed with regards to availability of the existing Manpower details as the manpower data was not updated
New born having weight <2.5 kg	Mismatch across all months observed	
Total Deliveries incl. C-section	Record not appropriately maintained	
Post-surgical site infection rate	Data not recorded by the facility	
Infant deaths within 24 hours	Data not recorded by the facility	

Others

NHM Fund Utilization	Fund under-utilization observed	Fund delay reported major issue
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COMMUNITY HEALTH CENTRE,
CHOLAPUR



CHC Cholapur is 30 bedded health facilities, with average OPD of 450 per day. The health facility was easily accessible and runs in a government building. Overall, the infrastructure of the is good. The CHC has been Kayakalp awarded facility during the last year with the scored 88% in external assessment and scoring rank 16th in UP state. It was observed that Kayakalp proved to be helpful to ensure strong infrastructure, good furniture and surrounded with greenery in the premises. The impact of Kayakalp on cleanliness, sanitation, and hygiene has been seen at the entire facility except for the toilet & washroom. Toilet and washroom were found to be in highly unsanitary condition. These were seen smelly and unclean. Further, the facility has initiated for the NQAS & LaQshya yet which needs to be lookup further.

In terms of health care services, the CHC Cholapur lies first in the district in terms of female Sterilization and PPIUD insertion, this was because of the extra counselling practices by the health personnel of the centre and the training for the same is being done at the centre by the family planning trainers. All the essential services i.e., ANC, PNC, pregnancy check-up, labour room services including C-section, family planning, basic lab tests, COVID vaccination, health counseling, tele-medicine (initiated) and dental services rendered at the facility. Deliveries with minor test were handled effectively on the facility. However, the high-risk cases & pregnant women with COVID positive referred to the district women hospital, Varanasi. In the last financial year more than 33 thousand laboratory test were performed at the facility. Almost all specialized services i.e., Medicine, Gynecologist, Paediatric, General Surgery and Ophthalmology available at the CHC. Post for the Anesthesiology were laid vacant at the facility. Dentist was positioned at the facility however, for the better services fully functional dental chair set required as the existing dental set was reported too old and more than 15 years old.

The following table provides the detailed status of manpower, Physical Infrastructure, Diagnostics services, Specialized Services, Medicine & Equipment, fund utilization at the facility. It was highlighted that CHC was receiving only 50% of the budget from last 3 financial years. Further delay in receiving fund was also reported at the facility. With regards to medicine availability, shortage of inj. Ondansetron, Adrenaline, Pentazocine, Chlorpheniramine, and furosemide in last one month.

Table 9: Status of CHC Cholapur across various Health Domains: 2021-22

Key Areas/ Observations		Remarks/ Challenges
Human Resource		
MO (MBBS)	- LT	4 Shortage of Anesthetist is a major challenge Against the
OB&GYN	1 Dental Assistant/ hygienist	1 Sanctioned post, position of
Pediatrician	1 Pharmacist	4 Anesthetist lied vacant at the
Anesthetist	0 EmOC trained doctor	0 facility.
Dentist	1 LSAS trained doctor	1

Medicine	-	ASHAs	-
SNs/ GNMs	9		
Physical Infrastructure			
Accessible from nearest road ahead	✓	Drinking water facility	✓
24*7 running water facility	✓	Power backup (Complete facility)	✓
Geriatric and disability friendly	✓	Drug storeroom with rack	✓
Hospital located near residential area	✓	Complete Construction Status	✓
Clean functional toilets	✗	Good Condition of Building	✓
OPD waiting area sufficient space	✓		
Core/ Specialized Health care Services			
Medicine	✓	MCH Services inc. delivery	✓
O&G	✓	C-section	✓
Pediatric	✓	24*7 Emergency (General)	✓
General Surgery	✓	Family Planning services	✓
Anesthesiology	✓	Blood storage Unit	✓
Ophthalmology	✓	OT available	✓
Dental	✓	OT Functional	✓
Imaging Services (X – ray)	✓	New Born Stabilization Unit	✓
Drugs, Diagnostic & Equipment's			
All Essential medicine on day of visit	✗	Blood Storage Unit	✓
Laboratory services	✓	Fully Equipped Blood Bank	✗
X-ray services	✓	Availability of testing kits	✓
CT Scan	✗	Major Instrument Functional	✓
Service Delivery/ Mortality Indicators (2021-22)			
Approx. 450 OPD per day	General OPD timing- 10 to 4pm (6 days)	In last six month more than 500 Hypertension cases noted	
130-150 deliveries per month	No maternal & child death observed		
5-10 C-section delivery per month	For NCD services facility has fixed day		
NHM Program Implementation			
JSY Program	JSY payment was observed 95%	Facility is markedly lacking in Elderly care program, NQAS & LaQshya program implementation	
JSSK	all entitlements being provided to beneficiaries		
Kayakalp	Certified with 88% score		
TB	Facility is designated as DMC		
Elderly Care	No preference given to Elderly population		
PMSMA	Well implemented & identified high risk PW		
HMIS Data Verification & IT Services			
Service Delivery Indicators Verification	Mismatches were observed at the facility with regards to service delivery indicators i.e., ANC & BCG/ Measles.	-	
IT services	Desktop available with good internet connectivity.		
Others			
NHM Fund Utilization	50% Fund Received	Fund Delay by six months	

COMMUNITY HEALTH CENTRE, GANGAPUR



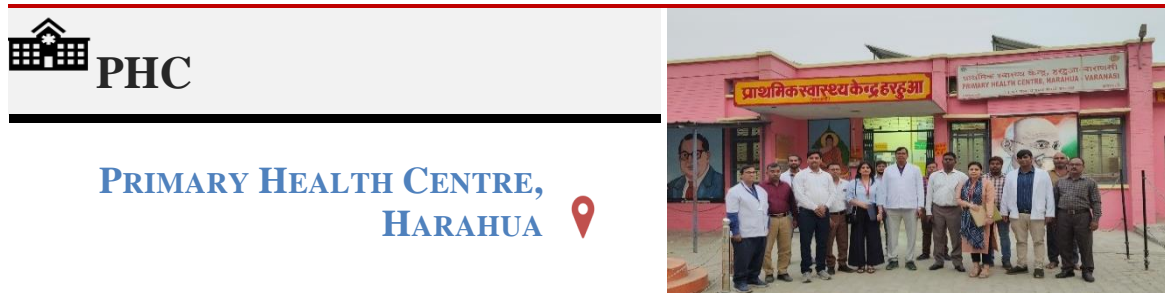
The CHC is 30 bedded health facility, with an extreme low OPD load i.e., average OPD of 140-150 per day. The facility is running in government building where the issue manpower shortage, medicine shortage, equipment shortage etc. persists. However, the good practices was observed at the facility related to minimize the privation with regards to medicines. The facility had implemented the Pradhan Mantri Jan Aushadhi Kendra” since 2017 under which the medicines were prescribed by the doctors could be taken from these Kendra at very less amount/price if the same was not available at the facility. Jan Aushadhi charges only Rs.20/- for the services which prove to be minimized the privatization under the same.

This facility rendered mostly clinical services as posted staff manages minor problems and general OPD rest of the patients were referred. The next referral centre of the facility was reported to be SSPG and Pandit Deen Dayal Hospital which is around 30km away from the facility. With regards to delivery care services, just 1-2 delivery cases per day performed at the facility. Two reasons were reported behind the less delivery load at the facility which needs to be addressed. First, JSY payment as JSY entailments provides from block PHC level instead of this CHC which effects the delivery cases at the facility. Thus, most of the beneficiaries prefer block PHC instead of this CHC. Secondly, diet services were also noted another reason behind the same. Owing to the less delivery load none of the person is ready to take the same tender. As a result, less delivery load directly affected the RKS amount, as the facility received lower amount under NHM.

Overall, there was acute shortage of Medicine, Anesthetist, Pediatrician and Ortho was observed at the facility. The facility did not have Lab assistant for Lab. Further there were no Dark room assistant was positioned at the facility. The following table provides the detailed status of Manpower, Physical Infrastructure, Diagnostics services, Specialized Services, Medicine & Equipment, NHM programme implementation status, fund utilization at the facility. The CHC, Gangapur had shortage of many medicines at the facility, some of them were related to anti-allergic tablets and paracetamol. Under NHM specific programmes, the facility needs to really focus the Kayakalp, NQAS, LaQshya, JSSK (Diet), JSY and Elderly Health Care national programmes etc.

Table 10: Status of CHC Gangapur across various Health Domains: 2021-22

Key Areas/ Observations		Remarks/ Challenges
Human Resource		
MO (MBBS)	3 LT	1
OB&GYN	1 SNs/ GNMs	3
Pediatrician	0 Dental Assistant	1
Anesthetist	0 Pharmacist	2
Dentist	1	
Physical Infrastructure		
Accessible from nearest road ahead	✓ Drinking water facility	✓
24*7 running water facility	✓ Drug storeroom with rack	✗
Geriatric and disability friendly	✗ Power backup (Complete facility)	✓
Hospital located near residential area	✓ Complete Construction Status	✓
Clean functional toilets	✗ Good Condition of Building	✓
OPD waiting area sufficient space	✓ ASHA rest room available	✗
Core/ Specialized Health care Services		
Medicine	✗ MCH Services inc. delivery	✓
O&G	✓ C-section	✗
Pediatric	✗ 24*7 Emergency (General)	✓
General Surgery	✓ Family Planning services	✓
Anesthesiology	✗ Tele-medicine services	✓
Ophthalmology	✗ OT Services	✓
Dental	✓ NBSU	✗
Imaging Services (X – ray)	✓	
Drugs, Diagnostic & Equipment's		
All Essential Medicine available	✗ Blood Storage Unit	✗
Laboratory services	✓ Fully Equipped Blood Bank	✗
X-ray services	✓ Availability of testing kits	✓
Ultrasound	✗ Availability of instruments	✓
Major Instrument available	✗ -	
Service Delivery/ Mortality Indicators (2021-22)		
140-150 OPD per day	Tele-medicine consultation services 10 cases per day	No Child & Maternal deaths observed in 2021-22
1-2 Delivery per day		
40-50 Lab test performed per day		
NHM Program Implementation		
JSY Program	No JSY payment from this facility	No Quality care program implementation.
JSSK	Received all services under programme except diet and blood services	
NQAS/Kayakalp/ LaQshya	Not Certified	JSY payment provide from block PHC level which effects the delivery load at the facility.
PMSMA	Well implemented	
Pradhan Mantri Jan Aushadhi Kendra	Implement at the facility	
TB elimination Programme	Facility is designated as DMC	
HMIS Data Verification& IT Services		
Service Delivery Indicators Verification	Data Mismatches (HMIS Vs Register) were not observed at the facility with regards to service delivery indicators	Poor Internet connectivity was reported an issue at the facility.
IT services	Desktop available with poor internet connectivity.	
Others		
NHM/RKS Fund Utilization	Less fund received due to low delivery load	Fund Delay



PHC Harahua is running in an old government building and functioning on 24* bases. It is 8 bedded health facility with an average OPD of more than 250 per day. Being a PHC, the OPD was quite well and appreciable in the given manpower and infrastructure resources. Apart from the regular medicine consultations, the concerning case-mix at the health facility is that of Tuberculosis, Hypertension and Leprosy. For the management of the TB cases, facility has the DOTS Centre. Per month on an average 120-130 delivery care cases were reported from this facility. The next referral point from this facility is district Hospital of Varanasi which is just 15 km away. The facility has its own ambulance “108 and 102” stationed at the facility.

All essential services i.e., General OPDs, maternal and child health services, 24*7 Emergency services, Family Planning, adolescent services diagnosis, and follow-up for common NCDs were provided at the facility. Further, tele-medicine consultation services were reported at initial stage at the facility. Family planning services were rendered well at the facility. Condom, Mala & Chaya was noted to be most prominent method of the family planning at the facility. Low ANC registration was noted an issue at the facility. ANC registration in first trimester was might affected due to non-effective counselling by ASHAs worker in the community; they don't get enough time to counsel for the same due to overburdened with work. With regard to the duration of the postpartum period, average length of stay at facility after delivery was noted less than the adequate/ required period. Thus, mothers receive inadequate care due to short discharge times by the facility. Further, another reason for the early discharge could be the infrastructure of the facilities as well, and the resources which the patient could attain from the hospital were not up-to mark. Adequate postpartum care is crucial, thus early discharge after delivery needs to be addressed strictly.

The following table depicts the availability as well as non- availability of the infrastructure, diagnostic services, medicine & equipment at the facility. All the essential medicines were not available as per the demand of the facility, while medicine with regards to NCD was available at the facility. Elderly care Programmes were well implemented at the facility. Under JSY program, just 5% pendency was noticed at the facility due to documentation gap by the beneficiaries' side.

Table 11: Status of PHC Harahua across various Health Domains: 2021-22

Key Areas/ Observations		Challenges	
Human Resource			
MO (MBBS)	2	Pharmacist (Aaush)	1
MO Ayush	2	LHV	1
Staff Nurse/ GNM	3	ASHAs	204
LT	1		
Physical Infrastructure			
Accessible from nearest road ahead	✓	Drinking water facility	✓
24*7 running water facility	✓	Drug storeroom with rack	✓
Geriatric and disability friendly	✗	Complete Construction Status	✓
Facility -located near residential area	✓	Power backup	✓
Clean functional toilets	✓	Good Condition of Building	✓
OPD waiting area sufficient space	✗	-	
Core Health care Services			
Availability of Delivery care services	✓		
ANC	✓	The facility is performing well in delivery care services in the district.	
Line Listing of High- risk pregnancy	✓		
Immunization	✓	Condom, Mala, & Chaya noted most prominent method of Family Planning.	
Family Planning Services	✓		
COVID Vaccination	✓		
NCD services	✓		
Adolescent	✓		
Drugs, Diagnostic & Equipment's			
Essential Medicine on visited day	✗	Blood Transfusion & Storage	✗
NCD Medicine available	✓	Essential Consumables	✓
Laboratory services	✓	Availability of testing kits	✓
COVID based testing	✓	Major Instrument Functional	✗
Service Delivery/ Mortality Indicators (2021-22)			
250 OPD per day	General OPD timing- 8 to 2pm (6 days)	No Maternal Death & Child deaths was observed	
120-130 delivery per month observed	High risk cases refer to DH Varanasi		
191 Hypertension cases (last 6 month)			
NHM Program Implementation			
Kayakalp	Awarded with 84% score in external		
TB elimination Programme	Facility have dedicated DOTS Centre	Facility was lacking in the JSSK program implementation with regards to 48 hours stay after delivery.	
PMSMA	Functional at the facility		
JSY	94% JSY Payment have been done		
PMJSY	Well Implement at the facility		
NLEP	5-6 Leprosy cases were noted at the facility		
HMIS Data Verification & IT Services			
Service Delivery Indicators Verification	Data Verification done at the block level on monthly basis.		
IT services	Average internet connectivity		
Others			
NHM Fund Utilization	100% fund Utilization		



URBAN PRIMARY HEALTH CENTRE, MANDUADIH



U-PHC Manduadih is well functioning in a spacious rented building. The selection of UPHC's buildings was observed to be exceptional well. It was observed to be well maintained facility with proper ventilation. The facility had only one issue that being in a rented building won't allow them to construct according to their needs to change in the infrastructure. The Facility has been converted in HWC and wellness activity were performing on daily basis. It is 2 bedded healthcare facility. This facility is a delivery point and per month on an average 10-15 deliveries were reported from this facility. Diet services under JSSK were not provided to the mothers at this facility. Owing to the less OPD load no one is ready to take the tender for the same. In addition, the no. of deliveries even not fixed per day, thus facility was unable to provide the free diet benefit to the beneficiaries. All essential services i.e., General OPDs, IPD, ANC, Immunization, COVID Vaccination, Family planning, Adolescent services, diagnosis, and follow-up for common NCDs were provided at the facility. Total 30 number of new-borns have been immunized with birth dose at the facility in the last 3 months respectively. OPD load around 50-60 per day was observed at this facility. Apart from the regular medicine consultations, the concerning case-mix at the health facility is that of Hypertension, Diabetes. This facility was observed Kayakalp awarded with the score of 74% in external assessment in last financial year.

The following table provides the detailed status of Manpower, Physical Infrastructure, Diagnostics services, Specialized Services, Medicine & Equipment, NHM programme implementation status, fund utilization & HMIS data verification at the facility. Overall, non-availability of essential medicine & NCD medicines was observed at this facility. Supply of some tablet such as, Amlodipine 5 mg, Metformin, Glimepiride, Calcium and Amox potassium clavulanate were reported to be less than the demand. The total 10-11 types of tests i.e., HB, VDRL, Malaria, Tiefert, Urine pregnancy test, Dengue, HIV, Sugar etc. have been taken place at the facility. Out of the total OPD load, lab testing for 30-40 per cent patients were done at the facility. With regards to testing kit availability, minimal shortage of the same were reported. Fetal weight machine was noted to be non-functional for more than 7 days.

Table 12: Status of PHC Manduadih across various Health Domains: 2021-22

Key Areas/ Observations		Challenges	
Human Resource			
MO (MBBS)	1	Pharmacist	1
MO (AYUSH)	-	LHV	-
ANM	4	Class IV	3
LTs	1	Staff Nurse	2
Physical Infrastructure			
Accessible from nearest road ahead	✓	Drinking water facility (by jar)	✓
24*7 running water facility	✓	ASHA rest room available	✗
Geriatric and disability friendly	✓	Drug storeroom with rack	✓
Facility located near residential area	✓	Power backup (Functional)	✓
Clean functional toilets	✓	Good Condition of Building	✓
OPD waiting area sufficient space	✓	Complete Construction Status	✓
Core Health care Services			
Availability of Delivery care services	✓		
ANC	✓	The facility is performing well in	Training gaps was observed among Staff Nurse as they were not found SBA trained. Delivery care services is thus a serious heckle.
Line Listing of High-risk pregnancy	✓	Immunization, Family planning services	
Immunization	✓	Condom & oral pills noted most	
Family Planning Services	✓	prominent method of Family Planning.	
COVID Vaccination	✓		
NCD services	✓		
Adolescent Services	✓		
PMJSY	✓		
Drugs, Diagnostic & Equipment's			
Essential Medicine on visited day	✗	X-ray services	✗
NCD Medicine availability	✗	Availability of testing kits	✗
Essential consumable availability	✓	NCD testing kits	✓
Laboratory services	✓	Major Instrument Functional	✓
COVID based testing	✓		
Service Delivery/ Mortality Indicators (2021-22)			
50-60 OPD per day	General OPD timing- 9 to 5pm		
10-15 delivery care cases per month	High risk cases refer to district hospital		In last 6 months more than 400 cases noted for Hypertension
No Maternal deaths	ANC Checkup-day fixed		
No Child deaths			
NHM Program Implementation			
Kayakalp	Certified with 74% score		
NQAS/ LaQshya	Not Certified		
JSY Programme	Well functional		Almost 100% JSY payment were reported
IDSP	Well Functional, Reporting P& L type form		
NLEP	No leprosy cases		
JSSK Program	No free diet services		
Record Maintenance & IT Services			
IT services	Desktop available at the facility with the good internet connectivity		-
Record Keeping	All the record related to the rendered services were up to the mark at the facility		
Others			
NHM Fund Utilization	100% Fund Utilization in last year		In 2022, facility haven't received the fund under NHM



SUB-CENTRE HEALTH & WELLNESS CENTRE, SINDHORA



Sub-Centre Sindhora functioning in a government building where issues pertaining to shortage of essential medicine, power backup issues, delay in NHM funds etc. persists and significantly hampered the quality-of-care services. The facility was well maintained in terms of cleanliness and hygiene. The health facility has the sufficient essential functional equipment's i.e., BP instrument, Glucometer, & Thermometer. All the essential testing kits/ rapid diagnostic kits are sufficient supply as per the demand at the facility. However, it was highlighted that malaria testing kits unable to detect malaria infection, thus there is instant need to include the RDT kits in product assessments otherwise a malaria infected person could go untreated. With regards to medicine availability minimal shortage of cough syrup, joint pain, and skin infection related tablet were observed.

Presently, this SC transformed as Health & Wellness centre (HWCs). The branding for Sub-Centre - Health and Wellness (HWC) has not been done properly. Proper display of IEC material was observed at the facility. Total 1 ANM & 1 CHO were associated with this health & wellness Centre. Yoga practices were conducted twice in a month at this premises. This facility caters around 7 thousand population with an average OPD of 15-20 per day. There is 2798 number of CBAC forms have been filled in the last 6 months at the facility, out of which, 775 cases were found to be 4 or more than 4 score.

All essential services OPD, ANC, routine immunization, COVID vaccination, and family planning were rendered at the facility including Delivery care services. In SC, cases of deliveries being conducted without any electricity were reported due to non- availability of designated power backup for labour room. The said SC caters to a considerable delivery load, and given that deliveries are being performed using mobile & torch light, serves as a serious handicap. Among family planning Antra, Chaya and Condom method reported to be most prominent among the community.

The record maintenance was up to the mark as it was found to be proper maintained. Ambulance connectivity in this area was found to good with a half hour waiting time reported for the same. The following table clearly depicts the availability as well as non- availability of the infrastructure, manpower, diagnostic services, medicine & equipment at the facility. Significant delay in NHM untied fund was reported, which needs to be addressed.

Table 13: Status of SC Sindhora across various Health Domains: 2021-22

Key Areas/ Observations		Challenges
Human Resource		
ANM	1	Caters around 7 thousand population
CHO	1	
Physical Infrastructure		
Accessible from nearest road ahead	✓	Drinking water facility ✓
24*7 running water facility	✗	Complete Construction Status ✓
Geriatric and disability friendly	✓	Power backup (functional) ✗
Facility located near residential area	✓	Good Condition of Building ✓
OPD waiting area sufficient space	✗	Clean functional toilets ✓
No proper infrastructure established/ ensured for the HWC.		
Core Health care Services		
Availability of Delivery care services	✓	The facility is performing well in child immunization. Per month outreach session were observed for the same.
ANC	✓	
Line Listing of High- risk pregnancy	✓	IUCD & Mala noted most prominent method of Family Planning at this facility.
Immunization	✓	
Family Planning Services	✓	Tele-consultation services initially started and per day average 5 OPD noted at the facility.
COVID Vaccination	✓	
Adolescent Health Services	✓	Gap of Non- SBA training
NCD services	✓	
Childhood nutritional	✓	
Tele-consultation	✓	
Drugs, Diagnostic & Equipment's		
Essential Medicine on visited day	✗	Major Instrument Functional ✓
NCD Medicine availability	✗	Availability of testing kits ✓
Essential consumable availability	✓	NCD testing kits ✓
Laboratory services	✗	ANM' s received tablet ✓
Medicine Shortage noted		
Service Delivery/ Mortality Indicators (2021-22)		
15-20 OPD load per day		Outstanding Record Keeping of the services
50-60 Delivery per month	COVID Vaccination- Saturday	
Hypertension & diabetes cases noted	Immunization day- Wednesday and Saturday	
NHM Program Implementation		
HBNC	Well Implement	
Immunization	Birth dose missed at SC	
Anemia Mukht Bharat	Iron syrup & Albendazole tablets distributed by the ASHAs & Aanganwaadi worker	-
Poshan Maah	Awareness on the Child nutrition, ANC Nutrition, Breast feeding, lactation etc.	
JSY Program	Registration of beneficiaries	
HMIS Data Verification& IT Services		
Data Verification	-	-
IT services	Tablets were provided to ANM	Good Internet connectivity
Others		
NHM Fund Utilization		Fund Delay by 6 months reported

Chapter 6

CONCLUSION AND KEY RECOMMENDATIONS

The purpose of this report is to present a brief overview of the major components pertaining to Maternal & Child Health, Family planning & Immunisation by monitoring & evaluation action at each health tier. This report also highlights the broad status of healthcare system in Varanasi of Uttar Pradesh regarding the Infrastructure, Manpower, NHM program implementation, fund utilization, and finally HMIS data validation.

Total five healthcare facilities in Varanasi were visited for Monitoring & Evaluation purpose in the November 2022. Besides visiting the facilities, the team had interacted with the beneficiaries. Overall, still births have observed to be significantly high as compared to mortality indicators in the district. With regards to data quality, high data quality noted for still births and maternal deaths in the district. However, data quality of some specific mortality indicators i.e., Infant deaths, and child deaths is observed to be quite poor on HMIS portal, which needs to be addressed seriously.

The biggest issue was reported regarding the late receipt of approved RoPs, which is the biggest obstacle in achieving the physical targets of the district. Fund delay was reported another major issue across all the public healthcare facilities. Human resource availability emerged as a notable cause of concern across the district, especially in medical specialists (Radiologist, OBGY, Anesthetist), MO, Staff Nurse, ANM, and CHO. Furthermore, low ANC registration, length of the postpartum stay of women, quality of Malaria testing kits is a matter of grave concern in district. Further, health facilities, specifically at the lower tier, do not have the sufficient/ essential medicines related to the painkiller, skin infection, NCDs & even cough syrup etc. There is wide scope of improvement with regards to power-backup at delivery points in the Sub-Centre level as cases of deliveries are being performed using mobile & torch light, serves as a serious handicap. With regards to NHM specific programmes, the district needs to really focus the following national programmes:

- Oral Health Care Program in terms of Dental Devices/ Equipment's
- National Program for Elderly Healthcare (NPHCE) in accordance with needs & preference
- Pradhan Mantri Surakshit Matritva Abhiyaan (PMSMA) for ensuring the ANC checkup
- JSSK Program: diet services & length of the post-partum stay at primary & secondary tier
- Strengthening Immunization at delivery points in Sub-centres: by addressing birth dose
- Quality Care Programmes at lower health tier: NQAS, Kayakalp
- LaQshya Program for Labour room & OT across all health tier

Recommendations

This section covers the recommendations for the policy makers for the improvement of health care system in the Varanasi of Uttar Pradesh. Recommendations with the key challenges of the district are mentioned below:

- + Malaria testing kits failing to detect malaria infection in the district. Thus, there is dire need for quality assessment of Malaria RDTs testing kit otherwise a malaria infected person might go untreated.
- + Oral Health Care Program needs to be strengthened in the district by gigantic investment in terms of modernize Dental Devices/ Equipment's for the effective and quality services.
- + The data quality of Infant, and child mortality on HMIS portal was noted to be quite poor at district level. To ensure the high quality of data, the district must engage in data validation exercise, regular monitoring & evaluation at the concerned levels.
- + Late receipt of approved ROP and fund delay is the biggest obstacle in achieving the physical targets of the district. Timely release of the funds & approved ROP must be planned for the district so as to plan accordingly.
- + There is wide scope of improvement with regards to power-backup at Sub-Centre level delivery points as cases of deliveries are being performed using mobile & torch light, serves as a serious handicap. It is highly recommended that a separate & designated provision of power-backup for labour room must be ensured at all delivery points, especially where the delivery load is extreme high.
- + Under JSSK program, diet services need to be addressed at primary and even secondary level health facilities, especially where the delivery load is significant low in the district. Further, length of postpartum stay after delivery is also a concern, which needs to tackle.
- + The major contributor towards the OOPE for beneficiaries in Varanasi can be attributed to C-section delivery care services. As seen the Instances of taking bribe by the concerned staff from the patient at the crucial stage. Strict action must be taken against corrupt staffs of the government facility to address the same.
- + To ensure the full range of the services with the quality care, the district must prioritize the immediate filling post of specialists, Medical Officers, Staff Nurse, ANM and CHO.
- + Strengthening the ASHAs role and added more ASHAs worker are required, to target the low Antenatal Care registration in the first trimester in the district.
- + There is dire need to re-monitor the quality certified facilities at a specific interval as benchmark facilities markedly lacking in maintaining the sanitation protocols, particularly in washroom. A certified facility should be fined if found to be exceptionally unhygienic based on protocol violations.

Annexure**Table 1:** Key Demographic Indicators: All India, Uttar Pradesh & Varanasi

Health Facility	Varanasi	UP	India
Population (Census 2011)	36.7 (lakh)	19.98 (Crore)	1,210,854,977
Male	19.2 (lakh)	10.4 (Crore)	623,270,258
Female	17.5 (lakh)	9.5 (Crore)	587,584,719
Decadal growth rate in % (Census 2011)	17.1	20.2	17.6
Rural Population (%)	56.6	77.7	68.9
Urban Population (%)	43.4	22.3	31.1
Child Population	-	-	13.6
Literacy rate (%)	75.6	67.7	73
Male literacy rate (%)	83.8	77.3	80.9
Female literacy rate (%)	66.7	57.2	64.6
Sex ratio	913	912	943
Density/km2	2395	829	382

Source: Census of India 2011, ORGI, GOI

Table 2: Health Care Service Delivery Indicators in Varanasi of Uttar Pradesh, 2021-22

Indicators	Varanasi
1. Maternal Health	
1.(a) Pre Natal Care	
% 1st Trimester registration to Total ANC Registrations	56%
% Pregnant women received \geq 4 ANC checkups to total ANC Regist.	86%
% Pregnant women given 180 IFA to Total ANC Registrations	77%
1.(b) Home Deliveries	
% Deliveries SBA attended home deliveries to total home deliveries	51%
% Deliveries attended by non- SBA to total home deliveries	49%
% Home deliveries to total reported deliveries	1%
1.(c) Institutional Deliveries including C-Section Deliveries	
Total number of Institutional Deliveries including C-section	34871
% of Institutional Deliveries to total reported deliveries	99%
% Institutional Deliveries to total ANC Registrations	36%
% women discharge in < 48 hours of delivery to total deliveries (Public)	66%
% of C-Section deliveries to total institutional deliveries	10%
1.(d) Post Natal Care/New Born Care	
% 1st post-partum checkup b/w 48 hours & 14 days to total deliveries	66%
% Newborn breast fed within 1 hour of birth to Total Live Birth	91%
% Newborn weighed at Birth to Live Birth	93%
% Newborn having weight less than 2.5 kg to total weighted	12%
No. of pre-term newborns (<37 weeks of pregnancy)	1525
2. Child Immunization	
Number of Fully Immunized children (9-11 months)	73342
% Infants received BCG to full immunization	104%
3. Family Planning	
Total Condom pieces distributed	697475
% Male Sterilization (Vasectomies) to Total sterilization	1%
% Female Sterilization (Tubectomies) to Total sterilization	99%
4. Mortality Indicators	
Maternal Deaths	88
Infant deaths within 24 hours	23
Infant deaths up to 4 weeks	37
Infant deaths (1-12months)	38
Child Deaths (1-5 years)	29
Still birth	408

Source: HMIS Standard Report, 2021-22

Table 3: Breakup of resource envelope, NHM FY 2021-22, Uttar Pradesh

Indicators	Amount* (GoI Share)	Percent (GoI share)	State Share
1.Total NRHM-RCH Flexible Pool (a+b)	3128.82	70.6%	
(a) RCH Flexible Pool (including RI, IPPI, NIDDCP)	891.04	20.2%	
RCH Flexible Pool, Cash Grant Support	643.24	-	
RCH Flexi Pool (Kind grant support under immunization)	247.8	-	
(b) HSS under NRHM	2237.78	50.6%	
Other HSS covered under NRHM	1837.85	-	
Ayushman Bharat- HWCs under NRHM	258.44	-	
ASHA Benefit Package	141.49	-	
2. NUHM Flexible Pool	103.48	2.3%	
Other Health System Strengthening covered under NUHM	76.69	-	
Ayushman Bharat- HWCs under NUHM	26.79	-	
3. NDCP Flexible Pool	207.47	4.7%	
NVBDCP (Cash & Kind)	29.6	-	
NTEP (Cash &Kind)	135.17	-	
NVHCP (Cash &Kind)	30.14	-	
NLEP	4.20	-	
IDSP	6.25	-	
NRCP	1.95	-	
Programme for Prevention and Control of Leptospirosis (PPCL)	0.16	-	
4. NCD Flexible Pool (NPCB, NMHP, NPHCE, NTCP, NPCDCS, NPCCHH, PMNDP)	102.15	2.3%	
5. Infrastructure Maintenance (Incl. Direction & Administration)	877.93	19.9%	
Total Resource Envelope (1+2+3+4+5)	4419.86	100%	2946.57
Grand Total Resource Envelope (GOI Allocation + UT Share)	7366.43		

Source: Record of Proceedings (NHM Uttar Pradesh 2021-22), MoHFW

*indicated amount in Crore

Table 4: Summary of budget approval, 2021-22, (Rs. in lakhs) – State specific

FMR	Budget Head	Proposed Amount	Total Approved	%Share in Approval	%Approved to proposed
U.1	Service Delivery - Facility Based	120403.20	114863.85	11.94	95.40
U.2	Service Delivery - Community Based	27465.84	23816.56	2.48	86.71
U.3	Community Interventions	136781.71	132480.72	13.77	96.86
U.4	Untied Fund	30852.40	26941.38	2.80	87.32
U.5	Infrastructure	71805.45	70762.92	7.35	98.55
U.6	Procurement	136534.92	117379.00	12.20	85.97
U.7	Referral Transport	79692.55	72295.65	7.51	90.72
U.8	Human Resources	290196.24	251647.80	26.15	86.72
U.9	Training and Capacity Building	24705.14	22451.78	2.33	90.88
U.10	Reviews, Research, Surveys & Surveillance	1931.21	1568.82	0.16	81.24
U.11	IEC/BCC	16714.13	12308.73	1.28	73.64
U.12	Printing	9270.77	8284.69	0.86	89.36
U.13	Quality Assurance	1495.50	1495.00	0.16	99.97
U.14	Drug Warehousing and Logistics	9906.32	6445.16	0.67	65.06
U.15	PPP	33058.12	26015.75	2.70	78.70
U.16	Programme Management	67570.57	65268.75	6.78	96.59
U.17	IT Initiatives (strengthening Service Delivery)	8809.74	5695.29	0.59	64.65
U.18	Innovations (if any)	3025.14	2456.70	0.26	81.21
Grand total		1070218.92	962178.62	100.00	89.90
Total amount approved		962178.62			
	Infrastructure maintenance (a)	87793			
	Immunization kind grants (b)	24780			

Grand total approved including (a+b) 1074751.62

Source: Record of Proceedings (NHM 2021-22), MoHFW

Table 5: Program-wise Status of Budget Utilization for the year 2021-22, Varanasi UP

Indicators	Budget Released	Budget Utilized	% Utilization	Max. Utilization
RCH & Health Systems Flexi pool	4767.86	3657.56	77%	
Maternal Health	1410.86	901.01	64%	NIDDCP, Maternal Health & Family Planning
Child Health	502.78	181.08	36%	
RBSK	350.86	200.60	57%	
Family Planning	352.42	232.40	66%	
RKSK/ Adolescent health	14.46	3.44	24%	
PC-PNDT	0.15	0	0%	
Immunization	455.43	162.17	36%	
Untied Fund	249.10	46.39	19%	
Comprehensive Primary Healthcare	-	-	-	
Blood Services and Disorders	588.15	234.43	40%	
Infrastructure	584.09	174.75	30%	
ASHAs	-	1489.70	-	
Programme Management	125.74	-	-	
MMU	-	-	-	
Referral Transport	-	-	-	
Procurement	29.86	10.92	37%	
Quality Assurance	102.27	19.38	19%	
NIDDCP	1.69	1.29	76%	
NUHM	1764.63	651.87	37%	-
Communicable Diseases Pool	1870.26	781.19	42%	
IDSP	749.60	333.13	44%	NVDCP
NVBDCP	84.86	40.47	48%	
NLEP	126.15	8.60	7%	
NTEP	909.65	398.99	44%	
Non-Communicable Diseases Pool	728.28	211.27	29%	
NPCB+VI	309.40	11.45	4%	NMHP
NMHP	117.64	117.58	100%	
NPHCE	58.34	20.58	35%	
NTCP	46.53	11.81	25%	
NPCDCS	179.79	46.47	26%	
National Dialysis Programme	-	-	-	
NPCCHH	-	-	-	
NOHP	6.07	-	-	
NPPC	-	-	-	
NRCP	10.51	3.38	32%	
NPPCD	-	-	-	
NVHCP	-	-	-	
Total (RCH+NUHM+CD+NCD)	9131.03	5301.89	58%	

Source: CMO Office, Varanasi, Uttar Pradesh, 2021-22

Table 6: Status of Human Resources in the Varanasi, Uttar Pradesh

Manpower	Uttar Pradesh			
	Sanctioned	In place	Vacant	% Vacant
ANM	637	468	169	27%
MPW (Male)	365	215	150	41%
Staff Nurse	267	180	87	33%
Lab technician	17	14	3	18%
Pharmacist (Allopathic)	60	58	2	3%
MO (MBBS)	21	11	10	48%
OBGY	27	14	13	48%
Paediatrician	22	18	4	18%
Anaesthetist	22	10	12	55%
Radiologists	3	0	3	100%
Other Specialists	-	-	-	-
Dentists/ Dental Surgeon/ Dental MO	15	15	0	0%
Dental Hygienist	1	1	0	0%
Radiographer/ X-ray technician	17	14	3	18%
OT technician	9	9	0	0%
CHO/ MLHP	225	168	57	25%
AYUSH MO	46	-	-	-
AYUSH Pharmacist	12	-	-	-

Source: CDMO Office (2021-22), Varanasi, Uttar Pradesh

Table 7: Details of Frontline health workers, MAS & UHSNC in Varanasi

Status of ASHAs/ MAS/UHSNC	(In number)
ASHAs Facilitators	-
ASHAs	
Total working	2032
Required as per population	2133
ASHAs covering more than 1500 rural population	30
ASHAs covering more than 3000 urban population	10
No. of Villages with no ASHA worker	10
MAS	
Formed	283
Trained	248
MAS account opened	200

Source: CMO Office, Varanasi, Uttar Pradesh, 2021-22

District Level Checklist

Key Correspondence: DPMU

1. District Profile

A.1. Healthcare				
Indicator	Values		Source	
2. Name of the District				
3. Total number of Blocks				
4. Total number of Villages				
5. Total Population				
• Rural population				
• Urban population				
6. Literacy rate				
7. Sex Ratio				
8. Sex ratio at birth				
9. Population Density				
10. Estimated number of deliveries				
11. Estimated number of C-section				
12. Estimated numbers of live births				
13. Estimated number of eligible couples				
14. Estimated number of leprosy cases				
15. Target for public and private sector TB notification for the current year	Public:			
	Private:			
16. Estimated number of cataract surgeries to be conducted				
*Estimated numbers (Sl. No 9-15) to be filled for the financial year 2021-22				
Mortality Indicators:	Financial year (2021-21)		Financial Year (2021-22)	
	Estimated	Reported	Estimated	Reported
• Maternal Death				
• Child Death				
• Infant Death				
• Still birth				
• Deaths due to Malaria				
• Deaths due to sterilization procedure				
A.2. Healthcare Infrastructure				
Facility Details	Sanctioned/ Planned		Operational	
1. District Hospitals				
2. Sub District Hospital				
3. Community Health Centers (CHC)				
4. Primary Health Centers (PHC)				
5. Sub Centers (SC)				
6. Urban Primary Health Centers (U-PHC)				
7. Urban Community Health Centers (U-CHC)				
8. Special Newborn Care Units (SNCU)				
9. Nutritional Rehabilitation Centres (NRC)				
10. District Early intervention Center (DEIC)				
11. First Referral Units (FRU)				
12. Blood Bank				
13. Blood Storage Unit (BSU)				
14. No. of PHC converted to HWC				

15. No. of U-PHC converted to HWC		
16. Number of Sub Centre converted to HWC		
17. Designated Microscopy Center (DMC)		
18. Tuberculosis Units (TUs)		
19. CBNAAT/TruNat Sites		
20. Drug Resistant TB Centres		
21. Functional Non-Communicable Diseases (NCD) clinic		
• At DH	_____	_____
• At SDH	_____	_____
• At CHC	_____	_____
22. Institutions providing Comprehensive Abortion Care (CAC) services		
• Total no. of facilities	_____	_____
• Providing 1st trimester services	_____	_____
• Providing both 1st & 2nd trimester services	_____	_____
A.3 Infrastructure Construction Status Details		
• Details of Construction pending for more than 2 years		
• Details of Construction completed but not handed over		

17. Overview: Submission & approval timelines of DHAP

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

18. Service Availability

Indicator	Remarks/ Observation
C.1. Drugs & Diagnostics	
1. Implementation of Free drugs services (if it is free for all)	
2. Implementation of diagnostic services (if it is free for all)	
• Number of lab tests notified	
C.2. Status Of Delivery Points	
• No. of SCs conducting >3 deliveries/month	
• No. of 24x7 PHCs conducting > 10 deliveries /month	
• No. of CHCs conducting > 20 deliveries /month	
• No. of DH/ District Women and child hospital conducting > 50 deliveries /month	
• No. of DH/ District Women and child hospital conducting C-section	
• No. of Medical colleges conducting > 50 deliveries per month	
• No. of Medical colleges conducting C-section	
• Number of institutes with ultrasound facilities (Public+Private)	Public: Private:
• Of these, how many are registered under PCPNDT act	Public: Private:
C.3. National Health Programmes	

Indicator	Remarks/ Observation																
3. Pradhan Mantri SurakshitMatritva Abhiyan (PMSMA)	1. No. issued MCP card and Safe Motherhood Booklet: _____ 2. Number of health facilities where current round of PMSMA was conducted: a. Medical College: _____ b. DH: _____ c. SDH: _____ d. CHC/UHC: _____ e. PHC/UPHC: _____ f. Private Clinics: _____																
4. Rashtriya Bal Suraksha Karyakram (RBSK)	Total no. of RBSK teams sanctioned No. of teams with all HR in-place (full-team) No. of vehicles (on the road) for RBSK team No. of Teams per Block No. of block/s without dedicated teams Average no of children screened per day per team Number of children born in delivery points screened for defects at birth																
5. Special Newborn Care Units (SNCU)	<ul style="list-style-type: none"> Total number of beds <ul style="list-style-type: none"> In radiant warmer _____ Stepdown care _____ Kangaroo Mother Care (KMC) unit _____ Number of non-functional radiant warmer for more than a week _____ Number of non-functional phototherapy unit for more than a week _____ 																
	<table border="1"> <thead> <tr> <th>Inborn</th> <th>Out born</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> </tr> <tr> <td>• Admissions (2021-22)</td> <td></td> </tr> <tr> <td>• Defects at birth</td> <td></td> </tr> <tr> <td>• Discharged</td> <td></td> </tr> <tr> <td>• Referral</td> <td></td> </tr> <tr> <td>• LAMA</td> <td></td> </tr> <tr> <td>• Died</td> <td></td> </tr> </tbody> </table>	Inborn	Out born			• Admissions (2021-22)		• Defects at birth		• Discharged		• Referral		• LAMA		• Died	
Inborn	Out born																
• Admissions (2021-22)																	
• Defects at birth																	
• Discharged																	
• Referral																	
• LAMA																	
• Died																	

6. Newborn Stabilization Unit (NBSU)	Inborn	Out born
• Admission (2021-22)		
• Discharged		
• Referral		
• LAMA		
• Died		
7. Nutrition Rehabilitation Centers (NRC)	<ul style="list-style-type: none"> Total Admissions(2021-22) Discharged Referral/ Medical transfer LAMA Died Admission <ul style="list-style-type: none"> Bilateral pitting oedema 	

	<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"> • Admission to NRC Referred by <ul style="list-style-type: none"> • Frontline worker • Self • Ref from VCDC/ CTC • RBSK • Pediatric ward/ emergency
<p>8. Home Based Newborn Care (HBNC)</p>	<ul style="list-style-type: none"> • Status of availability of HBNC kit with ASHAs >Total No. of ASHAs: _____ > No. of ASHAs with HBNC kits: _____ > Reasons of Non-provision: _____ _____ _____ • Total Newborns visited under HBNC: _____ • Status of availability of drug kit with ASHAs: > Total No. of ASHAs: _____ > No. of ASHAs with drug kits: _____ > Reasons of Non-provision: _____ _____ _____
<p>9. Peer Education (PE) programme (Adolescent Health) & Weekly Iron Folic Acid Supplementation(WIFS)</p>	<ul style="list-style-type: none"> • No. of Blocks covered under Peer Education (PE) programme:..... • No. of villages covered under PE programme:..... • No. of Peer Educators: • No. of Adolescent Friendly Clinic (AFC) meetings held:..... • WIFS stockout:.....
<p>10. Mobile Medical Unit (MMU) (on the road) and micro-plan</p>	<ul style="list-style-type: none"> • No. of Mobile Medical Unit (MMU) (on the road) and micro-plan _____ • MMU team Composition _____ _____ _____ • List of Services provided by MMU _____ _____ _____ • No. of trips per MMU/month • No. of camps per MMU/month • No. of villages covered • Average number of OPD per MMU per month • Average no. of lab investigations per MMU per month

	<ul style="list-style-type: none"> Avg. no. of X-ray per MMU per month Avg. no. of blood smears collected / Rapid Diagnostic Tests (RDT) done for Malaria, per MMU/month Avg. no. of sputum collected for TB detection per MMU per month Average Number of patients referred to higher facilities Payment pending (if any) <p>If yes, since when and reasons thereof</p>																																																	
<p>11. Universal health screening</p> <ul style="list-style-type: none"> No. of patients screened, diagnosed, and treated for: <ul style="list-style-type: none"> Hypertension Diabetes Oral cancer Breast Cancer Cervical cancer 	<ul style="list-style-type: none"> If conducted, what is the target population Number of Community Based Assessment Checklist (CBAC) forms filled till date <table border="1" style="width:100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th>Screened</th> <th>Diagnosed</th> <th>Treated</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table>	Screened	Diagnosed	Treated																																														
Screened	Diagnosed	Treated																																																
<p>12. Integrated Disease Surveillance Programme (IDSP)</p>	<ul style="list-style-type: none"> Rapid Response Team (RRT) Constituted: Y/N Team Composition: Outbreaks investigated: <ul style="list-style-type: none"> 2021-21: 2021-22: Proportion (% out of total) of Pvt health facilities reporting weekly data of IDSP How is IDSP data utilized? Elaborate. _____ 																																																	
<p>13. National Viral Hepatitis Control Program (NVHCP)</p>	<ul style="list-style-type: none"> % of health workers immunized against Hep B Number of treatment sites and Model Treatment Center (MTC) for viral hepatitis 																																																	
<p>14. If District notified a State Mental Health Authority (SMHA)</p>	<ul style="list-style-type: none"> If District notified a State Mental Health Authority (SMHA) <ul style="list-style-type: none"> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No SMHA in place <input type="checkbox"/> No Mental Health Service or Facility in the district 																																																	
<p>15. Vehicle for Referral Transport</p> <ul style="list-style-type: none"> Details of Referral Transport – Number and Distribution: <table border="1" style="width:100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th>Stationed at:</th> <th>BLS</th> <th>ALS</th> <th>PTA</th> <th>Kilkari</th> <th>Neonatal</th> <th>Others</th> </tr> </thead> <tbody> <tr> <td>Medical College</td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td>DH</td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td>SDH</td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td>CHC</td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td>PHC</td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td>Others</td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>		Stationed at:	BLS	ALS	PTA	Kilkari	Neonatal	Others	Medical College							DH							SDH							CHC							PHC							Others						
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<ul style="list-style-type: none"> Details of Referral Transport – Performance Indicators: 						
Year	Ambulances Purchased	Total Cases	Pregnant Women	Accident Cases	Referral from one health facility to another	Others
2020-21						
2021-22						
				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) 						
<ul style="list-style-type: none"> 						
16. National Fluorosis Control Programme				<ul style="list-style-type: none"> Key activities performed in 2021-22 as per ROP: 		
17. National Iron Deficiency Disorders Control Programme				<ul style="list-style-type: none"> Key activities performed in 2021-22 as per ROP: 		
18. National Tobacco Control Programme				<ul style="list-style-type: none"> Key activities performed in 2021-22 as per ROP: 		
19. National Vector Borne Disease Control Programme (NVBDCP)				<ul style="list-style-type: none"> Micro plan and macro plan available at district level Y/N Annual Blood Examination Rate: <ul style="list-style-type: none"> 2019-20: 2020-21: 2021-22: Reason for increase/ decrease (as per the trend of last 3years) LLIN distribution status IRS Anti-larval methods Contingency plan for epidemic preparedness Weekly epidemiological and entomological situations are monitored No. of MDR rounds observed No. of blocks achieved elimination status for Lymphatic Filariasis i.e. mf rate <1% 		
20. National Tuberculosis Elimination Programme (NTEP)				<ul style="list-style-type: none"> Target TB notification achieved Y/N Whether HIV Status of all TB patient is known: <ul style="list-style-type: none"> <input type="checkbox"/> Yes/ <input type="checkbox"/> No 		

<ul style="list-style-type: none"> • Patients notification from public sector (2021-22) • Patients notification from private sector (2021-22) 	<p>If No, no. of TB patients with known HIV status _____</p> <ul style="list-style-type: none"> • Eligible TB patients with UDST testing • Whether drugs for both drug sensitive and drug resistance TB available • No of patients notified: • Treatment success rate: • No. of MDR TB Patients: • Treatment initiation among MDR TB patients: • No of patients notified: • Treatment success rate: • No. of MDR TB Patients: • Treatment initiation among MDR TB patients: • Beneficiaries paid under NikshayPoshan Yojana <input type="checkbox"/> Yes/ <input type="checkbox"/> No • Active Case Finding conducted as per planned for the year <input type="checkbox"/> Yes/ <input type="checkbox"/> No
<p>21. Implementation of National Leprosy Eradication Programme (NLEP)</p>	<p>No. of new cases detected</p> <p>No. of G2D cases</p> <p>MDT available without interruption Y/N</p> <p>Reconstructive surgery for G2D cases being conducted Y/N</p> <p>MCR footwear & selfcare kit avlY/N</p>

<p>22. ASHAs</p>	<p>Number of ASHAs</p> <ul style="list-style-type: none"> • Required as per population • Selected • No. of ASHAs covering more than 1500 (rural) population • No. of ASHAs covering more than 3000 (urban) population • Villages with no ASHA • Slum areas with no ASHA <p>Status of social benefit scheme for ASHAs and ASHA Facilitators (if available)</p> <ul style="list-style-type: none"> • No. of ASHAs enrolled for Pradhan Mantri Jeevan Jyoti Bima Yojana (PMJJBY) • No. of ASHA Facilitator enrolled for Pradhan Mantri Jeevan Jyoti Bima Yojana (PMJJBY) • No. of ASHAs enrolled for Pradhan Mantri Suraksha Bima Yojana (PMSBY) • No. of ASHA Facilitators enrolled for Pradhan Mantri Suraksha Bima Yojana (PMSBY) • No. of ASHAs enrolled for Pradhan Mantri Shram Yogi Maandhan Yojana (PMSYMY) • No. of ASHA Facilitators enrolled for Pradhan Mantri Shram Yogi Maandhan Yojana (PMSYMY)
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	<ul style="list-style-type: none"> Any other state specific scheme _____ 									
23. Mahila Arogya Samitis (MAS)-	Status of Mahila Arogya Samitis (MAS)- <ol style="list-style-type: none"> Formed Trained MAS account opened Samiti addresses issues related to..... 									
24. Village Health Sanitation and Nutrition Committee (VHSNC)	Status of Village Health Sanitation and Nutrition Committee (VHSNC): <ol style="list-style-type: none"> Formed: Trained: MAS account opened: 									
25. Kayakalp and Quality Assurance	<ul style="list-style-type: none"> No. of facilities quality certified NQAS..... LaQshya Status of Kayakalp programme- No. of awarded DH CHC PHC SC..... Activities performed by District Level Quality Assurance Committee (DQAC) 									
26. Maternal and Child Health	<ul style="list-style-type: none"> Number of maternal deaths reported at: DH: _____ SDH: _____ CHC: _____ PHC: _____ SC: _____ Prime reason for the maternal death..... Number of Maternal Death Review conducted <ul style="list-style-type: none"> 2020-21: _____ 2021-22: _____ Number of Neonatal Deaths: _____ Number of Total Child Deaths: _____ Number of Child Death Review conducted <ul style="list-style-type: none"> 2020-21: _____ 2021-22: _____ 									
C.4. Healthcare Systems										
27. Payment status:	<table border="1"> <thead> <tr> <th>No. of beneficiaries</th> <th>Backlog</th> <th>DBT status</th> </tr> </thead> <tbody> <tr> <td> <ul style="list-style-type: none"> JSY beneficiaries </td> <td></td> <td></td> </tr> <tr> <td> <ul style="list-style-type: none"> ASHA payment: <ul style="list-style-type: none"> A- Routine and recurring at increased rate of Rs. 2000 pm B- Incentive under NTEP C- Incentives under NLEP </td> <td></td> <td></td> </tr> </tbody> </table>	No. of beneficiaries	Backlog	DBT status	<ul style="list-style-type: none"> JSY beneficiaries 			<ul style="list-style-type: none"> ASHA payment: <ul style="list-style-type: none"> A- Routine and recurring at increased rate of Rs. 2000 pm B- Incentive under NTEP C- Incentives under NLEP 		
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<ul style="list-style-type: none"> • Payment of ASHA facilitators as per revised norms (of a minimum of Rs. 300 per visit) • Patients incentive under NTEP programme • Provider’s incentive under NTEP programme • FP compensation/ incentive 				
28. Recruitment for any staff position/ cadre conducted at district level				
29. Details of recruitment	Previous year (2020-21)		Current Year (2021-22)	
	Regular cadre	NHM	Regular cadre	NHM
<ul style="list-style-type: none"> • Total no. of posts vacant at the beginning of FY • Among these, no. of posts filled by state • Among these, no. of posts filled at district level 				
30. If state has comprehensive (common for regular and contractual HR) Human Resource Information System (HRIS) in place				
31. If grievance redressal mechanism in place: Y/N	<ul style="list-style-type: none"> • Whether call center and toll-free number available..... • Percentage of complains resolved out of the total complains registered in current FY..... 			
32. Mera-Aaspatal (Attach MeraAspataal performance report)	<ul style="list-style-type: none"> • Implemented in how many facilities..... DH.....CHC.....PHC • Total Responses collected: • % reported Very Satisfied: • % reported Satisfied: • % reported not satisfied: • Total response for dis-satisfied: Dissatisfied with staff behaviors... Dissatisfied with cleanliness..... Dissatisfied with cost of treatment..... Dissatisfied with quality of treatments..... With other reason 			

19. Implementation of CPHC

Status as on: **31st March, 2022**

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		

20. Status of HRH

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			

21. State of Fund Utilization

FMR Wise (as per ROP budget heads, if available): FY 2021-22

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

Programme Wise

Status of Expenditure (Financial year 2021-22):

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

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

22. 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.		

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 Please comment on the condition and tick the appropriate box	Comments: <input type="checkbox"/> 24*7 running water facility <input type="checkbox"/> Facility is geriatric and disability friendly (ramps etc.) <input type="checkbox"/> Clean functional toilets available (separate for Male and female) <input type="checkbox"/> Drinking water facility available <input type="checkbox"/> OPD waiting area has sufficient sitting arrangement <input type="checkbox"/> ASHA rest room is available <input type="checkbox"/> Drug storeroom with rack is available Power backup: <input type="checkbox"/> Complete Hospital/ <input type="checkbox"/> Part of the hospital Last major renovation done in (Year): _____																																							
3. Number of functional in-patient beds	_____ No of ICU Beds available:																																							
4. List of Services available	<table border="1"> <thead> <tr> <th align="center">Sl.</th> <th align="center">Service</th> <th align="center">Y/N</th> </tr> </thead> <tbody> <tr><td align="center">1</td><td>Medicine</td><td></td></tr> <tr><td align="center">2</td><td>O&G</td><td></td></tr> <tr><td align="center">3</td><td>Pediatric</td><td></td></tr> <tr><td align="center">4</td><td>General Surgery</td><td></td></tr> <tr><td align="center">5</td><td>Anesthesiology</td><td></td></tr> <tr><td align="center">6</td><td>Ophthalmology</td><td></td></tr> <tr><td align="center">7</td><td>Dental</td><td></td></tr> <tr><td align="center">8</td><td>Imaging Services (X – ray)</td><td></td></tr> <tr><td align="center">9</td><td>Imaging Services (USG)</td><td></td></tr> <tr><td align="center">10</td><td>District Early Intervention Centre (DEIC)</td><td></td></tr> <tr><td align="center">11</td><td>Nutritional Rehabilitation Centre (NRC)</td><td></td></tr> <tr><td align="center">12</td><td>SNCU/ Mother and Newborn Care Unit (MNCU)</td><td></td></tr> </tbody> </table>	Sl.	Service	Y/N	1	Medicine		2	O&G		3	Pediatric		4	General Surgery		5	Anesthesiology		6	Ophthalmology		7	Dental		8	Imaging Services (X – ray)		9	Imaging Services (USG)		10	District Early Intervention Centre (DEIC)		11	Nutritional Rehabilitation Centre (NRC)		12	SNCU/ Mother and Newborn Care Unit (MNCU)	
Sl.	Service	Y/N																																						
1	Medicine																																							
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10	District Early Intervention Centre (DEIC)																																							
11	Nutritional Rehabilitation Centre (NRC)																																							
12	SNCU/ Mother and Newborn Care Unit (MNCU)																																							

Indicator	Remarks/ Observation				
	13	Comprehensive Lactation Management Centre (CLMC) / Lactation Management Unit (LMU)			
	14	Neonatal Intensive Care Unit (NICU)			
	15	Pediatric Intensive Care Unit (PICU)			
	16	Labour Room Complex			
	17	ICU			
	18	Dialysis Unit			
	19	Emergency Care			
	20	Burn Unit			
	22	Teaching block (medical, nursing, paramedical)			
	22	Skill Lab			
5. Emergency	General emergency: or facilities available for: 1. Triage 2. Resuscitation 3. Stabilization				
6. Tele-medicine/Consultation services available	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, average cases per day _____				
7. Operation Theatre available	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, Single general OT: Elective OT-Major (General): Elective OT-Major (Ortho): Obstetrics & Gynecology OT: Ophthalmology/ENT OT: Emergency OT: Others:				
8. Availability of functional Blood Bank	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, number of units of blood currently available: _____ No. of blood transfusions done in last month: _____ If No, availability of blood storage unit:-----				
9. Whether blood is issued free, or user-fee is being charged	<input type="checkbox"/> Free for BPL <input type="checkbox"/> Free for elderly <input type="checkbox"/> Free for JSSK beneficiaries <input type="checkbox"/> Free for all				
10. Biomedical waste management practices	1. Sharp pit 2. Deep Burial pit 3. Incinerator 4. Using Common Bio Medical Treatment plant 5. Other				
11. Details of HR available in the facility (Sanctioned and In-place)	HR				
	MO (MBBS)				
	Specialist	Medicine			
		ObGy			
		Pediatrician			
		Anesthetist			
		Surgeon			
		Ophthalmologist			
		Orthopedic			
		Radiologist			
		Pathologist			
	Others				
	Dentist				
Staff Nurses/ GNMs					
LTs					
Pharmacist					

Indicator	Remarks/ Observation																				
	<table border="1"> <tr> <td data-bbox="614 197 1002 230">Dental Technician/ Hygienist</td> <td data-bbox="1002 197 1134 230"></td> <td data-bbox="1134 197 1267 230"></td> <td data-bbox="1267 197 1380 230"></td> </tr> <tr> <td data-bbox="614 230 1002 264">Hospital/ Facility Manager</td> <td data-bbox="1002 230 1134 264"></td> <td data-bbox="1134 230 1267 264"></td> <td data-bbox="1267 230 1380 264"></td> </tr> <tr> <td data-bbox="614 264 1002 297">EmOC trained doctor</td> <td data-bbox="1002 264 1134 297"></td> <td data-bbox="1134 264 1267 297"></td> <td data-bbox="1267 264 1380 297"></td> </tr> <tr> <td data-bbox="614 297 1002 331">LSAS trained doctor</td> <td data-bbox="1002 297 1134 331"></td> <td data-bbox="1134 297 1267 331"></td> <td data-bbox="1267 297 1380 331"></td> </tr> <tr> <td data-bbox="614 331 1002 353">Others</td> <td data-bbox="1002 331 1134 353"></td> <td data-bbox="1134 331 1267 353"></td> <td data-bbox="1267 331 1380 353"></td> </tr> </table>	Dental Technician/ Hygienist				Hospital/ Facility Manager				EmOC trained doctor				LSAS trained doctor				Others			
Dental Technician/ Hygienist																					
Hospital/ Facility Manager																					
EmOC trained doctor																					
LSAS trained doctor																					
Others																					
12. IT Services	<ul style="list-style-type: none"> Desktop/ Laptop available: <input type="checkbox"/>Yes/ <input type="checkbox"/>No Internet connectivity: <input type="checkbox"/>Yes/ <input type="checkbox"/>No Quality/strength of internet connection: _____ 																				
13. Kayakalp (for year 2021-22)	Initiated: Facility score: Award received:																				
14. NQAS (for year 2021-22)	Assessment done: Internal/State Facility score: Certification Status:																				
15. LaQshya	Labour Room: Operation Theatre:																				
16. Availability of list of essential medicines (EML)/ drugs (EDL)	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, total number of drugs in EDL _____ EDL displayed in OPD Area: <input type="checkbox"/> Yes/ <input type="checkbox"/> No																				
17. Implementation of DVDMS(Drugs & Vaccine Management Distribution System) or similar supply chain management system	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If other, which one _____																				
18. Shortage of 5 priority drugs from EDL in last 30 days, if any																					
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 2021-22) 	Number of Tests available:----- Total number of tests performed during Apr 2021- March 22: _____ Days & Timing on which tests are done:																				
<ul style="list-style-type: none"> Outsourced/ PPP (For 2021-22) 	Number of Tests available:----- Total number of tests performed during Apr 2021- March 22: _____ Days & Timing on which tests are done:																				
21. X-ray services is available	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If Yes, type & nos. of functional X-ray machine is available in the hospital: Is the X-ray machine AERB certified: <input type="checkbox"/> Yes/ <input type="checkbox"/> No																				
22. CT scan services available	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes: <input type="checkbox"/> In-house/ <input type="checkbox"/> PPP																				

Indicator	Remarks/ Observation
	Out of Pocket expenditures associated with CT Scan services (if any, approx. amount per scan): _____
23. Whether diagnostic services (lab, X-ray, USG etc.) are free for all	<input type="checkbox"/> Free for BPL <input type="checkbox"/> Free for elderly <input type="checkbox"/> Free for JSSK beneficiaries <input type="checkbox"/> Free for all If not, charges for lab tests, X-Ray, USG, CT, etc
24. Availability of Testing kits/ Rapid Diagnostic Kits	<input type="checkbox"/> Sufficient Supply <input type="checkbox"/> Minimal Shortage <input type="checkbox"/> Acute shortage
25. Implementation of PM-National Dialysis programme	<input type="checkbox"/> Yes/ <input type="checkbox"/> No <input type="checkbox"/> In-house <input type="checkbox"/> Outsourced/ PPP Total number of tests performed: _____
<ul style="list-style-type: none"> Whether the services are free for all 	<input type="checkbox"/> Free for BPL <input type="checkbox"/> Free for elderly <input type="checkbox"/> Free for JSSK beneficiaries <input type="checkbox"/> Free for all If not, charges for lab tests, X-Ray, USG, CT, etc
<ul style="list-style-type: none"> Number of patients provided dialysis service 	<ul style="list-style-type: none"> ○ Previous year (2020-21) _____ ○ Current FY(2021-22) _____
26. If there is any shortage of major instruments/ equipment(List the Equipments)	
27. Average downtime of equipment. Details of equipment are nonfunctional for more than 7 days	
28. Availability of delivery services	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
<ul style="list-style-type: none"> If the facility is designated as FRU, whether C-sections are performed 	<input type="checkbox"/> Yes/ <input type="checkbox"/> No Number of normal deliveries performed in last month: _____ No. of C-sections performed in last month: _____
<ul style="list-style-type: none"> Comment on the condition of: 	Labour room: OT: Functional New-born care corner (functional radiant warmer with neo-natal ambu bag): <input type="checkbox"/> Yes/ <input type="checkbox"/> No
29. Status of JSY payments	Payment is up to date: <input type="checkbox"/> Yes/ <input type="checkbox"/> No Average delay: Payment done till: Reasons for delay:
30. Availability of JSSK entitlements	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, whether all entitlements being provided <input type="checkbox"/> Free delivery services (Normal delivery/ C-section) <input type="checkbox"/> Free diet <input type="checkbox"/> Free drugs and consumables <input type="checkbox"/> Free diagnostics <input type="checkbox"/> Free blood services

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

Indicator	Remarks/ Observation
	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 (2021-22) Fund utilized last year: (2021-22) Items/ Activities whose expenditure is met out of the RKS/ Untied Fund regularly: _____ Reasons for underutilization of fund (if any) _____
54. Status of data entry in (match with physical records)	HMIS: <input type="checkbox"/> Updated/ <input type="checkbox"/> Not updated MCTS: <input type="checkbox"/> Updated/ <input type="checkbox"/> Not updated IHIP: <input type="checkbox"/> Updated/ <input type="checkbox"/> Not updated HWC Portal: <input type="checkbox"/> Updated/ <input type="checkbox"/> Not updated Nikshay Portal: <input type="checkbox"/> Updated/ <input type="checkbox"/> Not updated
55. Frequency of RKS meeting Last meeting held on (date):	
<ul style="list-style-type: none"> • 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: _____

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

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

	6	Ophthalmology		
	7	Dental		
	8	Imaging Services (X – ray)		
	9	Imaging Services (USG)		
	10	Newborn Stabilization Unit		
• 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			
• Emergency	General emergency: or facilities available for: 1. Triage 2. Resuscitation 3. Stabilization			
8. Tele-medicine/Consultation services available	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, average case per day _____			
9. Operation Theatre available	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, Major: Minor:			
10. Availability of functional Blood Storage Unit	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, number of units of blood currently available: _____ No. of blood transfusions done in last month: _____			
11. Whether blood is issued free, or user-fee is being charged	<input type="checkbox"/> Free for BPL <input type="checkbox"/> Free for elderly <input type="checkbox"/> Free for JSSK beneficiaries <input type="checkbox"/> Free for all			
12. Biomedical waste management practices	Sharp pit: Deep Burial pit: Other System, if any:			
13. Details of HR available in the facility (Sanctioned and In-place)	HR		San.	Reg.
	MO (MBBS)			
	Specialists	Medicine		
		ObGy		
		Pediatrician		
		Anesthetist		
	Dentist			
	SNs/ GNMs			
	LTs			
	Pharmacist			
	Dental Assistant/ Hygienist			
	Hospital/ Facility Manager			
	EmOC trained doctor			
LSAS trained doctor				
Others				
14. IT Services	<ul style="list-style-type: none"> Desktop/ Laptop available: <input type="checkbox"/>Yes/ <input type="checkbox"/>No Internet connectivity: <input type="checkbox"/>Yes/ <input type="checkbox"/>No Quality/strength of internet connection: _____			
15. Kayakalp (2021-22)	Initiated: Facility score: Award received:			
16. NQAS (2021-22)	Assessment done: Internal/State Facility score: Certification Status:			
17. LaQshya	Labour Room: Operation Theatre:			

18. Availability of list of essential medicines (EML)/ drugs (EDL)	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, total number of drugs in EDL _____ EDL displayed in OPD Area: <input type="checkbox"/> Yes/ <input type="checkbox"/> No No. of drugs available on the day of visit (out of the EDL) _____
19. Implementation of DVDMS or similar supply chain management system	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If other, which one _____
20. Shortage of 5 priority drugs from EDL in last 30 days, if any	
21. Availability of Essential Consumables:	<input type="checkbox"/> Sufficient Supply <input type="checkbox"/> Minimal Shortage <input type="checkbox"/> Acute shortage In last 6 months how many times there was shortage _____ List the consumables for which there has been shortage _____
22. Availability of essential diagnostics	<input type="checkbox"/> In-house <input type="checkbox"/> Outsourced/ PPP <input type="checkbox"/> Both/ Mixed
• In-house tests (for 2021-22)	Timing: Total number of tests performed: _____ Details of tests performed:
• Outsourced/ PPP (for 2021-22)	Timing: Total number of tests performed: _____ Details of tests performed:
23. X-ray services is available	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If Yes, type & nos. of functional X-ray machine is available in the hospital: Is the X-ray machine AERB certified: <input type="checkbox"/> Yes/ <input type="checkbox"/> No
24. Whether diagnostic services (lab, X-ray, USG etc.) are free for all	<input type="checkbox"/> Free for BPL <input type="checkbox"/> Free for elderly <input type="checkbox"/> Free for JSSK beneficiaries <input type="checkbox"/> Free for all
25. Availability of Testing kits/ Rapid Diagnostic Kits	<input type="checkbox"/> Sufficient Supply <input type="checkbox"/> Minimal Shortage <input type="checkbox"/> Acute shortage (List the name of kits for which there is shortage)
26. If there is any shortage of major instruments/ equipment (List the Name of Equipment)	
27. Average downtime of equipment. Details of equipment are nonfunctional for more than 7 days	
28. Availability of delivery services	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
• If the facility is designated as FRU, whether C-sections are performed	<input type="checkbox"/> Yes/ <input type="checkbox"/> No Number of normal deliveries performed in last month: _____ No. of C-sections performed in last month: _____
• Comment on condition of:	Labour room: OT: Functional New-born care corner (functional radiant warmer with neonatal ambu bag): <input type="checkbox"/> Yes/ <input type="checkbox"/> No
29. Status of JSY payments	Payment is up to date: <input type="checkbox"/> Yes/ <input type="checkbox"/> No Average delay: Payment done till:

	Reasons for delay:
30. Availability of JSSK entitlements	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, whether all entitlements being provided <input type="checkbox"/> Free delivery services (Normal delivery/ C-section) <input type="checkbox"/> Free diet <input type="checkbox"/> Free drugs and consumables <input type="checkbox"/> Free diagnostics <input type="checkbox"/> Free blood services <input type="checkbox"/> Free referral transport (home to facility) <input type="checkbox"/> Free referral transport (drop back from facility to home) <input type="checkbox"/> No user charges
31. PMSMA services provided on 9 th of every month	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, how are high risks identified on 9 th ? If No, reasons thereof:
32. Line listing of high-risk pregnancies	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
33. Practice related to Respectful Maternity Care	
34. Whether facility have registers for entering births and deaths	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
35. Number of Maternal Death reported in the facility	Previous year: 2020-21 ____ Current year: 2021-22 ____
36. Number of Child Death reported in the facility	2020-21: ____ 2021-22: ____
37. If Comprehensive Abortion Care (CAC) services available	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
38. Availability of vaccines and hub cutter	<input type="checkbox"/> Yes/ <input type="checkbox"/> No Nurses/ ANM aware about open vial policy: <input type="checkbox"/> Yes/ <input type="checkbox"/> No
39. Number of newborns immunized with birth dose at the facility in last 3 months	
40. Newborns breastfed within one hour of birth (observe if practiced and women are being counselled)	
41. Number of sterilizations performed in last one month	Male ____ Female ____
42. Availability of trained provider for IUCD/ PPIUCD	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
43. Who counsels on FP services?	
44. Please comment on utilization of other FP services	
45. FPLMIS has been implemented	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
46. Availability of functional Adolescent Friendly Health Clinic	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, who provides counselling to adolescents: _____ Separate male and female counselors available: <input type="checkbox"/> Yes/ <input type="checkbox"/> No Number of Adolescents counseled in last 6 months _____
47. Whether facility has fixed day NCD clinic	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If Yes, how many days in a week: _____ days
48. Are service providers trained in cancer services?	<input type="checkbox"/> Yes/ <input type="checkbox"/> No

		Screened	Confirmed
49. Number of individuals screened for the following in last 6 months:	a. Hypertension		
	b. Diabetes		
	c. Oral Cancer		
	d. Breast Cancer		
	e. Cervical Cancer		
50. Are service providers trained in cancer services?	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
51. Whether reporting weekly data in P, S and L form under IDSP	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
52. Status of TB elimination programme	Facility is designated as Designated Microscopy Centre (DMC): <input type="checkbox"/> Yes/ <input type="checkbox"/> No		
	If yes, percent of OPD whose samples were tested for TB (microscopy) in last 6 month (average) _____		
	If anti-TB drugs available at the facility: <input type="checkbox"/> Yes/ <input type="checkbox"/> No		
	If yes, are there any patients currently taking anti-TB drugs from the facility: <input type="checkbox"/> Yes/ <input type="checkbox"/> No		
	Percent of patients tested through CBNAAT/TruNat for Drug resistance in the last 6 months _____		
	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:		
53. 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:		
54. Maintenance of records on	<ul style="list-style-type: none"> • TB Treatment Card cases (both for drug sensitive and drug resistant cases): <input type="checkbox"/>Yes/ <input type="checkbox"/>No • TB Notification Registers: <input type="checkbox"/>Yes/ <input type="checkbox"/>No • Malaria cases: <input type="checkbox"/>Yes/ <input type="checkbox"/>No • Palliative cases: <input type="checkbox"/>Yes/ <input type="checkbox"/>No • Cases related to Dengue and Chikungunya: <input type="checkbox"/>Yes/ <input type="checkbox"/>No • Leprosy cases: <input type="checkbox"/>Yes/ <input type="checkbox"/>No 		
55. How much fund was received and utilized by the facility under NHM?	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)		
56. 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		
57. Frequency of RKS meeting (check and obtain minutes of last meeting held)			
58. 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:
59. Key challenges in the facility and the root causes	
Challenge	Root causes
a)	
b)	

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	Comments: <input type="checkbox"/> 24*7 running water facility

<p>Please comment on the condition and tick the appropriate box</p>	<p><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</p>																																								
<p>4. Number of functional in-patient beds</p>																																									
<p>5. List of Services available</p>																																									
<p>6. If 24*7 delivery services available</p>	<p><input type="checkbox"/> Yes/ <input type="checkbox"/> No</p>																																								
<p>7. Tele-medicine/Consultation services available</p>	<p><input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, average case per day _____</p>																																								
<p>8. Biomedical waste management practices</p>	<p>Sharp pit: Deep Burial pit: Other System, if any:</p>																																								
<p>9. Details of HR available in the facility (Sanctioned and In-place)</p>	<table border="1"> <thead> <tr> <th>HR</th> <th>San.</th> <th>Reg.</th> <th>Cont.</th> </tr> </thead> <tbody> <tr> <td>MO (MBBS)</td> <td></td> <td></td> <td></td> </tr> <tr> <td>MO (AYUSH)</td> <td></td> <td></td> <td></td> </tr> <tr> <td>SNs/ GNMs</td> <td></td> <td></td> <td></td> </tr> <tr> <td>ANM</td> <td></td> <td></td> <td></td> </tr> <tr> <td>LTs</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Pharmacist</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Public Health Manager (NUHM)</td> <td></td> <td></td> <td></td> </tr> <tr> <td>LHV/PHN</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Others</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	HR	San.	Reg.	Cont.	MO (MBBS)				MO (AYUSH)				SNs/ GNMs				ANM				LTs				Pharmacist				Public Health Manager (NUHM)				LHV/PHN				Others			
HR	San.	Reg.	Cont.																																						
MO (MBBS)																																									
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LTs																																									
Pharmacist																																									
Public Health Manager (NUHM)																																									
LHV/PHN																																									
Others																																									
<p>10. IT Services</p>	<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: _____ 																																								
<p>11. Kayakalp (2021-22)</p>	<p>Initiated: Facility score: Award received:</p>																																								
<p>12. NQAS(2021-22)</p>	<p>Assessment done: Internal/State Facility score: Certification Status:</p>																																								
<p>13. Availability of list of essential medicines (EML)/ drugs (EDL)</p>	<p><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) _____</p>																																								
<p>14. Implementation of DVDMS or similar supply chain management system</p>	<p><input type="checkbox"/> Yes/ <input type="checkbox"/> No If other, which one _____</p>																																								
<p>15. Shortage of 5 priority drugs from EDL in last 30 days, if any</p>																																									
<p>16. Drugs Available for Hypertension & Diabetic patients:</p>																																									
<p>17. Shortage of sufficient number of Hypertension & Diabetic in last 7 days</p>																																									

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 2021-22 	Timing: Total number of tests performed: _____ Details of tests performed:
<ul style="list-style-type: none"> Outsourced/ PPP For 2021-22 	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/ Dakshita 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:2020-2021 Current FY:2021-2022		
33. Number of Child Death reported in the facility	Previous year: Current year:		
34. Availability of vaccines and hub cutter	<input type="checkbox"/> Yes/ <input type="checkbox"/> No Nurses/ ANM aware about open vial policy: <input type="checkbox"/> Yes/ <input type="checkbox"/> No		
35. Number of newborns immunized with birth dose at the facility in last 3 months			
36. Newborns breastfed within one hour of birth (observe if practiced and women are being counselled)			
37. Number of sterilizations performed in last one month	Male Female		
38. Availability of trained provider for IUCD/ PPIUCD	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
39. Who counsels on FP services?			
40. Please comment on utilization of other FP services			
41. FPLMIS has been implemented	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
42. Availability of functional Adolescent Friendly Health Clinic	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, who provides counselling to adolescents: _____ Separate male and female counselors available: <input type="checkbox"/> Yes/ <input type="checkbox"/> No		
43. Whether facility has fixed day NCD clinic	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If Yes, how many days in a week: _____ days		
44. Are service providers trained in cancer services?	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
45. Number of individuals screened for the following in last 6 months:		Screened	Confirmed
	a. Hypertension		
	b. Diabetes		
	c. Oral Cancer		
	d. Breast Cancer		
	e. Cervical Cancer		
46. Whether wellness activities are performed	<input type="checkbox"/> Yes/ <input type="checkbox"/> No Frequency:		
47. Whether reporting weekly data in P and L form under IDSP	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		

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

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

Sub-Centre (SC)Level Checklist

Service Delivery

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

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

Indicator	Remarks/ Observation																								
	<input type="checkbox"/> Drinking water facility available <input type="checkbox"/> OPD waiting area has sufficient sitting arrangement <input type="checkbox"/> ASHA rest room is available <input type="checkbox"/> Drug storeroom with rack is available <input type="checkbox"/> Branding <input type="checkbox"/> Specified area for Yoga / welfare activities <input type="checkbox"/> Power backup																								
3. Biomedical waste management practices																									
4. Details of HR available in the facility (Sanctioned and In-place)	<table border="1" data-bbox="708 510 1378 676"> <thead> <tr> <th data-bbox="708 510 995 539">HR</th> <th data-bbox="995 510 1139 539">San.</th> <th data-bbox="1139 510 1257 539">Reg.</th> <th data-bbox="1257 510 1378 539">Cont.</th> </tr> </thead> <tbody> <tr> <td data-bbox="708 539 995 568">ANM/ MPW Female</td> <td data-bbox="995 539 1139 568"></td> <td data-bbox="1139 539 1257 568"></td> <td data-bbox="1257 539 1378 568"></td> </tr> <tr> <td data-bbox="708 568 995 598">MPW Male</td> <td data-bbox="995 568 1139 598"></td> <td data-bbox="1139 568 1257 598"></td> <td data-bbox="1257 568 1378 598"></td> </tr> <tr> <td data-bbox="708 598 995 627">MLHP/ CHO</td> <td data-bbox="995 598 1139 627"></td> <td data-bbox="1139 598 1257 627"></td> <td data-bbox="1257 598 1378 627"></td> </tr> <tr> <td data-bbox="708 627 995 656">ASHA</td> <td data-bbox="995 627 1139 656"></td> <td data-bbox="1139 627 1257 656"></td> <td data-bbox="1257 627 1378 656"></td> </tr> <tr> <td data-bbox="708 656 995 676">Others</td> <td data-bbox="995 656 1139 676"></td> <td data-bbox="1139 656 1257 676"></td> <td data-bbox="1257 656 1378 676"></td> </tr> </tbody> </table>	HR	San.	Reg.	Cont.	ANM/ MPW Female				MPW Male				MLHP/ CHO				ASHA				Others			
HR	San.	Reg.	Cont.																						
ANM/ MPW Female																									
MPW Male																									
MLHP/ CHO																									
ASHA																									
Others																									
5. IT Services	<ul style="list-style-type: none"> • Functional Tablet/ laptop with CHO: <input type="checkbox"/>Yes/ <input type="checkbox"/>No • Electronic Tablets with MPWs (ANM): <input type="checkbox"/>Yes/ <input type="checkbox"/>No • Smart phones given to all ASHAs: <input type="checkbox"/>Yes/ <input type="checkbox"/>No • Internet connectivity: <input type="checkbox"/>Yes/ <input type="checkbox"/>No Quality/strength of internet connection: _____																								
6. Availability of list of essential medicines (EML)/ drugs (EDL)	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, total number of drugs in EDL _____ EDL displayed in OPD Area: <input type="checkbox"/> Yes/ <input type="checkbox"/> No No. of drugs available on the day of visit (out of the EDL) _____																								
7. Are anti-TB drugs available at the SHC?	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, are there any patients currently taking anti-TB drugs from the SHC? <input type="checkbox"/> Yes/ <input type="checkbox"/> No																								
8. Shortage of 5 priority drugs from EDL in last 30 days, if any																									
9. Drugs Available for Hypertension & Diabetic patients:																									
10. Shortage of sufficient number of Hypertension & Diabetic in last 7 days																									
11. Are CHOs dispensing medicines for hypertension and diabetes at SHC-HWC	<input type="checkbox"/> Yes/ <input type="checkbox"/> No																								
12. Availability of Testing kits/ Rapid Diagnostic Kits	<input type="checkbox"/> Sufficient Supply <input type="checkbox"/> Minimal Shortage <input type="checkbox"/> Acute shortage List of Kits (Shortage) _____																								
13. Availability of:	<ul style="list-style-type: none"> • BP instrument: <input type="checkbox"/>Yes/ <input type="checkbox"/>No. If yes, Type: _____ • Thermometer: <input type="checkbox"/>Yes/ <input type="checkbox"/>No • Contraceptives: <input type="checkbox"/>Yes/ <input type="checkbox"/>No. If yes, Type: _____ • Glucometer: <input type="checkbox"/>Yes/ <input type="checkbox"/>No 																								
14. Line listing of all Pregnant women in the area	<input type="checkbox"/> Yes/ <input type="checkbox"/> No <ul style="list-style-type: none"> • High risk women identified: <input type="checkbox"/>Yes/ <input type="checkbox"/>No • MCP cards duly filled: <input type="checkbox"/>Yes/ <input type="checkbox"/>No 																								
15. Number of Maternal Death Review conducted	Previous year:2020-21 Current year:2021-22																								
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																								

Indicator	Remarks/ Observation		
	<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			
CBAC forms filled in last 6 months			
24. Report for number of individuals for whom CBAC form has been filled in last six months.	Score with below 4: 4 and above score:		
25. Whether universal screening of NCD has started	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
26. Number of individuals screened for the following in last 6 months:	Screened		Confirmed
	a. Hypertension		
	b. Diabetes		
	c. Oral Cancer		
	d. Breast Cancer		
27. 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:		
28. 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)		
29. Status of use of:	<ul style="list-style-type: none"> Tele-consultation services HWC App Details:		
30. Whether wellness activities are performed	<input type="checkbox"/> Yes/ <input type="checkbox"/> No Frequency:		
31. Whether reporting weekly data in S form under IDSP	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
32. Status of Tuberculosis in the area:	Indicators	2020-21	2021-22
	Number of presumptive TB patients identified:		
	Number of presumptive TB patients referred for testing		
	Number of TB patients diagnosed out of the presumptive patients referred		
33. ASHA Interaction			

Indicator	Remarks/ Observation
<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) 	
34. Number of Village Health & Sanitation days conducted in last 6 months	
35. 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
36. Frequency of VHSNC/ MAS meeting (check and obtain minutes of last meeting held)	
37. Whether CHOs and HWC staffs are involved in VHSNC/ MAS meeting	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
38. 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
39. 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:
40. Availability of ambulance services in the area	Reasons for underutilization of fund (if any)
<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:
41. Key challenges in the facility and the root causes	
Challenge	Root causes
a)	