



Ministry of Health & Family Welfare
Government of India



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

KANPUR DEHAT 2022-23

Submitted By

Dr. Anshita Sharma

Population Research Centre
Institute of Economic Growth
Delhi University Enclave, North Campus
Delhi - 110007

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-Dr. Anshita Sharma
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Abbreviations

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

Executive Summary

The report is prepared on the basis of field ~~—based~~ observations and visits to the following public health facilities in Kanpur Dehat: District Combined Hospital (female and male), CHC-Sikandra, CHC-Gajner, PHC- Rajpur, PHC-Sarwankheda, SC-HWC Hridaypur. Structured checklist was used to collect information on human resources, infrastructure, funds utilization, training, health care services including drugs and equipment's, family planning, disease control programmes and other programmes under the umbrella of NHM including the National Urban Health Mission (NUMH) activities.

Key Findings

During PIP visit and interaction with NHM officials following are the gaps identified in health service delivery noted in Kanpur Dehat District

- In Kanpur Dehat, there is only one district hospital, however the geographical expansion of the district is very large. The district hospital even serve population from nearby districts for delivery and other speciality services. In order to make public health facilities more accessible services at CHCs and PHCs should be strengthened.
- The district hospital female wing is recently operated, it lacks some of the important services, i.e. ultrasound services. The post of anaesthetic is also vacant at the facility.
- District stands very poor in LaQshya certification. Currently there are 12 delivery points in the district, however none of these are LaQshya certified.
- The branding at HWCs is very poor in the district. The IEC material is almost absent at primary health care facilities. At sub-centre level most of facilities do not have signboards and EDL display.
- In the district CHCs are providing advanced Reproductive and maternal health care services like abortion and C-section. Notwithstanding, most of the facilities lack proper space and equipment. These facilities should be equipped with ultrasound machine. The facility is not running even at PPP mode. Hence, this contributes to out-of-pocket expenditure for beneficiaries

- Most of the budget under PIP comes in second half of the year. Consequently, most of the outreach and programme activities concentrated for second half of the year.
- The implementation of NCD programme is weak in the district. The family folder screening has not taken place in 2021-22 due to COVID-19 pandemic.

Recommendations

- **Quality Assurance of Labour Rooms & Maternity OT:** All the public health facilities in Kanpur Dehat should initiate action for assessments and certification under LaQshya.
- **Ultrasound Machine & Radiologist at C-section Delivery Point:** Ultrasound facility is pre-requisite for c-section delivery. The CHCs those are conducting C-section deliveries need to be equipped with ultrasound machine and radiologist.
- **Strengthening of NCD Programme:** The screening for various non-communicable diseases is happening at most of the facilities on OPD basis only. The outreach screening based on CBAC form for hypertension, diabetes and breast cancer needs to be strictly implemented.
- **Strengthen coherence between various health agencies:** Sub-Centres and Primary health centres needs supports of local leaders and political authorities. However, due to lack of support outreach activities are getting affected.

CHAPTER-1: INTRODUCTION

BACKGROUND & OBJECTIVES

The Ministry of Health and Family Welfare (MoHFW), Government of India has assigned Population Research Centre (PRC) the task of quality monitoring of essential components of National Health Mission (NHM) State Programme Implementation Plan (PIP 2022-23). Considering PIP as a priority activity, Population Research Centre, Institute of Economic Growth, Uttar Pradesh (PRC-IEG) would identify critical concerns in implementation of NHM activities and also evolve suitable quality parameters to monitor the listed components.

This report presents the key findings from the concurrent monitoring of essential components of under NHM in Kanpur Dehat district. The overall objective is to monitor the functioning of National Health Mission in South Uttar Pradesh. Especially, the report aims to provide information on coverage of services, constraints in service delivery and utilization of health services by the population.

The specific objectives of the study are as follows.

- To monitor the status and adequacy of physical infrastructure of selected DH, CHC, PHC and SC equivalent facilities in Uttar Pradesh.
- To assess the availability of human resources and specialists along with their training status.
- To review service delivery status of institutional deliveries, antenatal care, post-natal care, immunization, and family planning services in the district.
- To understand the performance of incentive schemes such as JSSK and JSY of NHM.
- To review bio-medical waste management and infection control practices; community processes and activities related to ASHAs; functioning of disease control programme etc.
- To understand the budgetary allocations and utilization on various components including untied funds at selected health facilities through Rogi Kalyan Samiti (RKS).

The report is prepared on the basis of field – based observations and visits to the following public health facilities in Kanpur Dehat: District Combined Hospital (female and male), CHC-Sikandra, CHC-Gajner, PHC- Rajpur, PHC-Sarwankheda, SC-HWC Hridaypur. Structured checklist was used to collect information on human resources, infrastructure, funds utilization, training, health care services including drugs and equipment’s, family planning, disease control programmes and other programmes under the umbrella of NHM including the National Urban Health Mission (NUHM) activities.

Meetings were held with the Chief Medical Officer (CMO) and the NHM Nodal Officials. Interactions were also held with the Medical Officer-In-Charge (MOIC) of the selected facilities, health care providers (ANM, ASHAs etc.) and other supporting staff to understand the strengths and weakness of the facilities in service provisioning. Review of relevant programmatic data and information available from the NHM nodal officials were also conducted. Health Management Information System (HMIS) data was verified for the District Hospital Ranking data validation purposes. Specific observations regarding the status of service provisioning are also monitoring and evaluation of field visit and the key components of NHM are included.

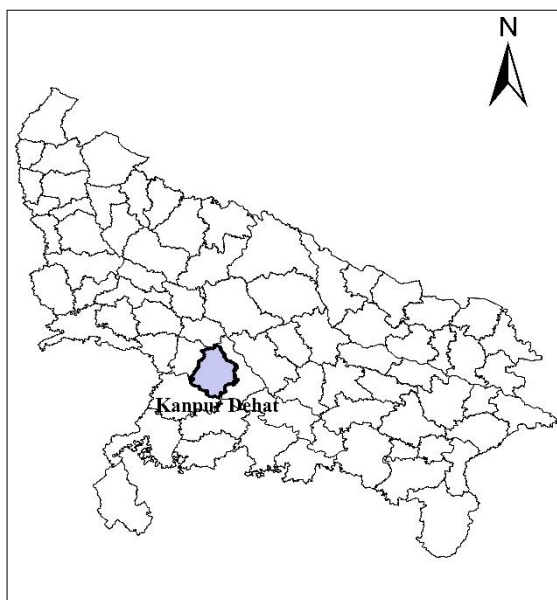
Table 1. 1 List of institutions and facilities visited with contact details of key resource person, Kanpur Dehat

Facility Type/Designation	Contact Person Name	Mobile Number	Email
Chief Medical Officer	Dr Arun Kumar Singh	9369201011	
DPM	Mr. Amitabh Verma	8005193062	
CMS(DH Male)	Dr. V.P.Singh	7355465056	
CMS (DH Female)	Archana Srivastava	9454455312	cmsdhmkd1@gmail.com
CHC (Sikandra)	Dr. Bhupendra Singh	9648424852	
CHC	Dr. Vishal Diwakar	8543957687	rajpurphc@gmail.com
PHC (Sarwankhera)	Dr Vishal Diwakar	9935423375	phcsarwankhera@gmail.com
PHC (Rajpur)	Dr.D K Singh	8543957687	rajpurphc@gmail.com
SC-HWC		9935423375	phcsarwankhera@gmail.com

DEMOGRAPHIC & HEALTH PROFILE

The total population of the district is 1,796,184 in which 1,622,761 live in rural and rest 173,423 in urban parts. There are five tahsils in district namely Rasulabad, Derapur, Akbarpur, Bhognipur and Sikandra. The most populous tahsil is Akbarpur followed by Bhognipur tahsil. The urban population in the district is about 9.7 per cent. The urban population is maximum at about 13.0 per cent in Bhognipur tahsil. There are 966 inhabited and 63 are uninhabited villages. The total rural population of Kanpur Dehat district is spread over 10 blocks. The most populated Block is Rasulabad with a population of 235,562, the maximum Number of inhabited villages 140 are also in Rasulabad Block. Although the population density in the district is about 595. In the total urban population of 173,423 as much as 24,258 persons live in Pukhrayan NPP next big town is Jhinjhak with a population of 24,027. Kanpur Dehat district have four class III towns, four class IV towns and four class V towns.

Fig 1. 1: Map of Kanpur Dehat with State outline



The district has area of 3,021 sq. km. The population density in the district is 595. In the rural areas of the district the density is about 552 and in the urban area it is 2,145. The sex ratio in the district at 865 is low to 912 at the state level. Indeed the sex ratio at the district has been all along lower in the district as against to the state since 1901. As against to urban areas of the district the sex ratio is higher in rural areas except to 1941, 1991, 2001 and 2011 Census. Among tahsils, highest sex ratio is in Bhognipur and lowest in Rasulabad. Among Block the sex ratio is highest in Amrodha at 873 and lowest in Jhinjhak at 852. Out of 966 inhabited villages in the district there are about 0.72 per cent villages (with 0.31 per cent of

rural population), which are having a sex ratio below 700. In the urban parts of the district the sex ratio is 890 and highest in Derapur 829 and lowest in Raniyan 861. The sex ratio of population on the age group 0-6 is 897 in the district, which is lower than the state average at 902. As against a sex ratio of 899 in the age group 0-6 of rural population of the district, it is highest at 926 in Derapur Block and lowest at 875 in Jhinjhak Block. It may be noted that out of 966 inhabited villages in the district is 15.32 per cent of villages with 20.19 per cent of rural population the sex ratio in the age group 0-6 is between 850 to 899. Among towns this sex ratio is highest at 1052 in Derapur and lowest at 811 in Pukhrayan. In the district 75.78 per cent population is literate. The literacy is 79.97 per cent in urban areas and 75.33

per cent in rural areas. The male literacy is as highest 83.45 per cent as against 66.86 per cent females literacy, and therefore the gap in male/female literacy rate is 16.59 per cent. In rural areas among all Blocks, the highest literacy is at 77.43 per cent in Maitha and lowest is 72.52 per cent in Amrodha. The literacy among males in rural areas is 83.29 per cent in comparison to 66.03 per cent among females. The lowest female literacy is 62.34 per cent is in Amrodha Block. The gap in male/female literacy rate is highest in malasa Block, which is 19.2 per cent. In 61.70 per cent of villages covering also 67.38 per cent of rural population the literacy range is 71 to 80. Among urbanites in the district, as much as 84.94 per cent males are literates as against 74.4 per cent females. The highest urban literacy is 86.21 per cent in Rura and lowest in Amrodha i.e. 71.16 per cent. The maximum male literacy is also found in Rural at 90.65 per cent and lowest 71.16 per cent is in Amrodha NP. However, the highest female literacy is in Rural i.e. 81.27 per cent and lowest 65.7 per cent in Amrodha. Still, the maximum gap in male-female literacy rate at 13.13 per cent is found in Derapur. The literacy among Scheduled Castes is 67.33 per cent in the countryside and it is 68.37 per cent in towns. Only 761 Scheduled Tribes population is found in the district. Out of this 296 are literates.

The total area of Kanpur Dehat district is 3,021 km². Thus the density of Kanpur Dehat district is 595 people per square kilometer. As per the initial provisional data of Census 2011, around 81 sq. km. area is under urban region while 2,940 sq. km. is under rural region.

Table 1. 2: Key Demographic Indicators, South Uttar Pradesh, Uttar Pradesh

Indicators	Kanpur Dehat	Uttar Pradesh	India
Actual Population	1796184	199812341	1,21,05,69,573
Male	963255	104480510	6,231,843
Female	832929	95331831	58,74,47,730
Child sex ratio (0-6 year)	897	902	914
Sex ratio	865	912	943
Literacy rate (%)	75.33	67.68	74
Male literacy rate (%)	83.29	77.28	80.9
Female literacy rate (%)	66.86	57.18	64.6
Decadal population growth	14.89	20.23	17.7
Density/Km ²	595	829	382
Area (in sq. Km.)	3021	240928	3287240

Source: Census of India 2011, ORGI, GOI

HEALTH CARE INDICATORS

In Kanpur Dehat, 47.1 % of the ANC registrations occur in the first trimester and 74.3 % pregnant women receive four or more ANC check-up. The coverage of 180 IFA tablets among pregnant women is 66.06 % and is way lower than state average of 90.5 %.

In the district, 94.95% births are institutional deliveries with C-section deliveries accounting for 1.66 % of the total institutional births in public health facilities. The number of institutional deliveries conducted in district outnumbers the total women registered for ANC.

The post-partum check-up after 48 hours of delivery stands very low (32.01 %) compared to 66% for the Uttar Pradesh. The HMIS report shows that 93.49 % of the new-born are breastfed within the first hour of the birth. About 14.95 % of the births are categorized as low birth weight babies (below 2.5 kg). 93.91% children have been weighted at birth in the districts which is 3% higher comparing Uttar Pradesh.

The share of maternal deaths reported in Kanpur Dehat is low compared to Uttar Pradesh. In FY 2021-22, total 22 maternal deaths have been reported. Similarly, no under 5 child deaths have been reported in the districts. The number of reported still birth were 328 in 2021-22. The share of maternal and infant deaths is low in the district, which highlight availability of good health services in the district.

In Kanpur Dehat acceptance of male sterilization remain low in 2021-22, only 0.5 percent of all sterilization were male sterilization. The female sterilization is still dominant methods (99.4%) of family planning followed by IUCD and condoms. In 2021-22 33.47 % women have been inserted PPIUCD. The coverage of ANTARA injectable also remain low due to side effects after first dose of injectable.

Table 1. 3: Status of key health indicators, 2021-22

HMIS indicators 2021-22	Kanpur Dehat	Uttar Pradesh
1. Maternal Health		
% of beneficiaries registered for 1 st trimester to total ANC registration	47.1	64.7
% of pregnant women with 4 or more ANC check-ups	74.3	83
% of pregnant women given 180 IFA to total ANC registrations	66.06	90.5
2. Institutional Deliveries		
% of institutional deliveries to total reported deliveries	94.36	98.7
% of institutional deliveries to total ANC registrations	38.19	54
% of C-Section deliveries to total institutional deliveries	1.66	9.4
% of women received 1st post-partum check-up after delivery	32.01	66.1
3. New-born and Child Health		
% of new-born weighted to total live birth	94.95	91.7
% of new-born breastfed within 1 hour of birth to total live birth	93.49	90
% of new-born having weight less than 2.5 kg to total live birth	14.95	9.6
Number of children (9-11 months) fully immunized	31062	4419723
4. Family Planning		
% of male sterilization to total sterilization	0.5	1.1
% of female sterilization to total sterilization	99.4	98.9
% of PPIUCD insertion to total institutional deliveries	33.47	40.9
Total Sterilization conducted	997	259718
5. Mortality Indicators		
Maternal death	22	3345
Child (1-5 years) death	0	1473
Infant (1-12 months) death	0	10130
Still Birth	328	33936

Source: HMIS, 2021-22

CHAPTER-2: PUBLIC HEALTH FINANCING

STATE & DISTRICT PROGRAMME IMPLEMENTATION PLAN

For the financial year (FY) 2021-22, against a resource envelope of Rs. 7366.43 Crore (calculated assuming state share of 40%), State received administrative approval for an amount of Rs. 4419.86 Crore. The total support from Government of India is Rs. 4419.86 Crore whereas the state share of 40% works out to be Rs. 2946.57 Crore.

The resource envelope for FY 2021-22 consists of union government's support of Rs. 891.04 Crore for RCH flexible pool allocation including cash and kind, Rs. 643.24 Crore for incentive pool based on last year's performance and Rs. 877.93 Crore for infrastructure maintenance.

The breakup of the total resource envelope shows that Rs. 247.8 Crore is allocated for RCH Flexible Pool (including Routine Immunization (RI), Intensified Pulse Polio Immunization (IPPI), National Iodine Deficiency Disorders Control Programme (NIDDCP), Rs. 2237.78 Crore is allocated for Health System Strengthening (HSS) under NHM. Thus, the GOI contribution toward total NUHM Flexible Pool works out to be Rs. 103.48 Crore.

The GOI contribution toward NUHM Flexible Pool, National Disease Control Programme (NDCP) Flexible Pool and Non-Communicable Disease (NCD) Flexible Pool is Rs. 207.47 Crore, Rs. 29.6 Crore and Rs. 135.17 Crore, respectively. Within NDCP Flexible Pool, bulk of the resources is allocated for NTEP activities (135.17 cr).

The key budget heads that contribute to the total expenditure on flexipool are Maternal Health, Immunization, human resources, ASHAs and NTEP. A total of 3860.09 lakhs have been spent on RCH and health system flexipool. 71.20% fund under NRHM has been utilised. Only 58.13 percent of all allotted budget under communicable disease pool has been utilised. Under NTEP 65.94%, NVBDCP 56.96% budget has been utilised in FY 2021-22. Only 31 percent of all allotted budget has been utilised under NPCDCS. Big chunk of funds were underutilised under non-communicable disease pool.

Table 2. 1: Breakup of resource envelope, NHM FY 2021-22 – State specific (Uttar Pradesh)

S.No.	Particulars	Amount	Percent	State share (60:40) (in lakh)
		(in lakh) (GoI Share)	(GOI Share)	
1	RCH Flexible Pool (including RI, IPPI, NIDDCP)	891.04	12.10	
1(i)	RCH Flexible Pool (including RI, IPPI, NIDDCP) Cash Grant Support	643.24		
1(ii)	RCH Flexible Pool (Kind Grant Support under Immunization)	247.8		
2	Health System Strengthening (HSS) under NRHM	2237.78	30.38	
2(i)	Other Health system Strengthening covered under NRHM	1837.85		
2(ii)	Ayushman Bharat-Health & Wellness Centres Under NUHM	258.44		
2(iii)	ASHA Benefit Package	141.49		
	Total NRHM-RCH Flexible Pool	3128.82		
3	NUHM Flexible Pool	103.48	1.40	
3(i)	Other Health System Strengthening covered under NUHM	76.69		
3(ii)	Ayushman Bharat-Health & Wellness Centres under NUHM	26.79		
4	NDCP Flexible Pool (NTEP, NVHCP, NVBDCP, NLEP, IDSP)	207.47	2.82	2946.57
4(i)	NVBDCP (Cash & Kind)	29.6		
4(ii)	NTEP (Cash & Kind)	135.17		
4(iii)	NVHCP (Cash & Kind)	30.14		
4(iv)	NLEP	4.2		
4(v)	IDSP	6.25		
4(vi)	National Rabies Control Programme (NRCP)	1.95		
4(vii)	Programme for Prevention and Control of Leptospirosis (PPCL)	0.16		
5	NCD Flexible Pool (NPCB, NMHP, NPHCE, NTCP, NPCDCS, NPCCHH, PMNDP)	102.15	1.39	
6	Infrastructure Maintenance (including Direction and Administration)	877.93	11.92	
	Total Resource Envelope	4419.86		
	Grand Total Resource Envelope (Central Allocation + State Share)	7366.43		

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

Table 2. 2: Share of expenditure by budget heads, Kanpur Dehat2021-22

Indicator	Budget Re-leased (in lakhs)	Budget uti-lized (in lakh)
1. RCH and Health Systems Flexipool	6664.50	3860.09
· Maternal Health	1298.24	839.63
· Child Health	346.67	215.64
· RBSK	360.73	265.36
· Family Planning	118.18	49.10
· RKSK/ Adolescent health	8.10	0
· PC-PNDT		
· Immunization	257.79	95.22
· Untied Fund	242.25	73.20
· Infrastructure		
· ASHAs	681.18	515.25
· Blood Services and Disorder	66.55	36.24
· HR	2183.40	1399.23
· Programme Management	521.75	314.32
· MMU		
· Referral Transport	2.51	0.35
· Procurement	202.93	44.36
· Quality Assurance	44.58	12.07
· PPP		
· NIDDCP	0.13	0.12
2. NUHM	7.28	5.62
3. Communicable Diseases Pool	872.45	498.79
· Integrated Disease Surveillance Programme (IDSP)	415.98	241.41
· National Vector Borne Disease Control Programme (NVBDCP)	87.04	49.58
· National Leprosy Eradication Programme (NLEP)	92.42	25.15
· National TB Elimination Programme (NTEP)	277.01	182.65
4. Non-Communicable Diseases Pool	377.84	89.72
· National Program for Control of Blindness and Vision Impairment (NPCB+VI)	174.27	37.45
National Oral Health Programme (NOHP)	0	0
· National Mental Health Program (NMHP)	41.48	3.12
· National Programme for Health Care for the Elderly (NPHCE)	21.08	2.88
· National Tobacco Control Programme (NTCP)	31.85	8.32
· National Programme for Prevention and Control of Diabetes, Cardiovascular Disease and Stroke (NPCDCS)	92.43	29.46
· National Programme for Prevention and Control of Deafness (NPPCD)	8.75	8.49

Source: NHM FMR South Uttar Pradesh, 2021-22

CHAPTER-3: PUBLIC HEALTH PLANNING & IMPLEMENTATION

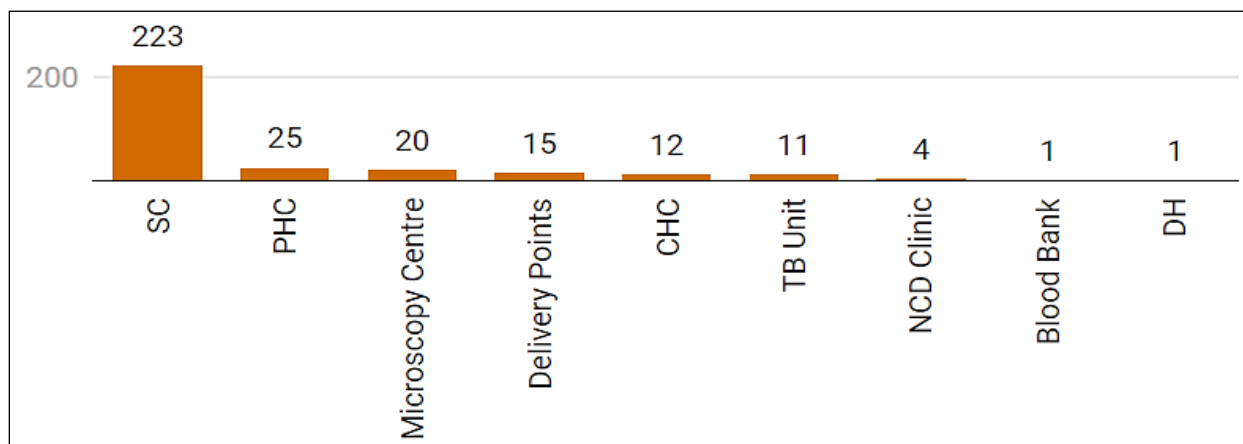
PHYSICAL HEALTH INFRASTRUCTURE

Health care delivery system in Kanpur Dehat has been organized in three tier system. The Sub-Centre is the most peripheral and first contact point between the primary health care system and the community. Each Sub-Centre is required to be manned by at least one Auxiliary Nurse Midwife (ANM) / Female Health Worker and one Male Health Worker. Sub-Centres are assigned tasks relating to interpersonal communication in order to bring about behavioral change and provide services in relation to maternal and child health, family welfare, nutrition, immunization, diarrhoea control and control of communicable diseases programmes. PHC is the first contact point between village community and the Medical Officer. The PHCs were envisaged to provide an integrated curative and preventive health care to the rural population with emphasis on preventive and promotive aspects of health care. CHCs are being established and maintained by the State Government under MNP/BMS programme.

As per minimum IPHS norms, a CHC is required to be manned by four Medical Specialists i.e. Surgeon, Physician, Gynecologist and Pediatrician supported by 21 paramedical and other staff. An existing facility (district hospital, sub-divisional hospital, community health centre etc.) can be declared a fully operational First Referral Unit (FRU) only if it is equipped to provide round-the-clock services for Emergency Obstetric and New Born Care, in addition to all emergencies that any hospital is required to provide. It should be noted that there are three critical determinants of a facility being declared as a FRU: i) Emergency Obstetric Care including surgical interventions like Caesarean Sections; ii) New-born Care; and iii) Blood Storage Facility on a 24-hour basis. The Kanpur Dehat has made significant progress in improving the health status of its people, particularly in tertiary care. Some of the super speciality hospitals like Lala Lajpat Rai Hospital not only cater the district's population but also foster the peripheral and other state's complicated cases.

In Kanpur Dehat District there is one districts hospitals located at Akbarpur. Currently, there are 223 sub-centres, 25 primary health centres and 20 Community health centres are functional. In entire districts there are 15 delivery points, including 1 delivery points conducting C-section deliveries. The district has 20 microscopy centres, 11 DOTS centres. There is only Nutritional Rehabilitation Center (NRC) in the District.

Fig 3. 1: Distribution of Public Health Facilities in Kanpur Dehat District, 2021-22



Source: PIP Monitoring District Checklist, Kanpur Dehat

In Kanpur Dehat district, C-section deliveries are happening only at tertiary level. Delivery services at primary level is completely missing. Consequently, district Hospitals share all the burden of normal and complicated deliveries.

Referral Transport

In Kanpur Dehat District the primary mode of referral services is centralized 102 and 108 ambulances. Dial 108 is predominantly an emergency response system, primarily designed to attend to patients of critical care, trauma and accident victims etc. Dial 102 services essentially consist of basic patient transport aimed to cater the needs of pregnant women and children though other categories are also taking benefit and are not excluded. JSSK entitlements e.g. free transfer from home to facility, inter facility transfer in case of referral and drop back for mother and children are the key focus of 102 service.

HUMAN RESOURCE FOR HEALTHCARE

Based on HMIS portal the human resource profile of the Kanpur Dehat is presented herewith. In case of doctors and specialists, a total of 45 sanctioned positions (contractual and regular) are available out of which a total 14 positions are filled.

Paramedics and Front-Line Workers

Huge deficit in health care workers can be observed for the posts of paramedical and front line health workers. Currently, 44 staff nurses are in position (regular +contractual) post against 60 sanctioned posts. Similarly, out of all 250 sanctioned posts 192 ANMs are in positions

A total of 1668 ASHAs were working in the district whereas 1724 ASHAs are required as per the population norm whereby each ASHA can serve a population of 1500-2500 persons.

Social benefit schemes was implemented on October, 2018 for ASHAs and ASHA facilitators meeting the eligibility criteria to be covered under the Pradhan Mantri Jeevan Jyoti Bima Yojana (Accident Insurance), the age criteria is 18-50 years and annual premium of average Rs. 330 will be paid by the government. ASHAs and ASHA Facilitators with age criteria between 18-70 years are covered under the Pradhan Mantri Suraksha Bima Yojana (Life Insurance) scheme where government pays an annual premium of Rs. 12 per beneficiary. The details of ASHAs and ASHA Facilitators enrolled under the Pradhan Mantri Suraksha Bima Yojana (Life Insurance) scheme in districts of Uttar Pradesh is provided herewith. A total of 457 ASHAs were covered under the Pradhan Mantri Suraksha Bima Yojana in South district.

Table 3. 1: Status of social benefit scheme for ASHAs and ASHA Facilitators, 2021-22

Status of ASHAs	
Required as per population	1724
Selected ASHAs	1668
No. of ASHAs covering more than 1500 (rural)/ 3000 (urban) population	65
No. of villages/ slum areas with no ASHA	0
Status of social benefit scheme for ASHAs and ASHA Facilitators	
No. of ASHAs enrolled for Pradhan Mantri Jeevan Jyoti Bima Yojana	0
No. of ASHAs enrolled for Pradhan Mantri Suraksha Bima Yojana	0
No. Of ASHAs enrolled for Pradhan Mantri Shram Yogi Maandhan Yojana (PMSYMY)	0
Village Health Sanitation and Nutrition Committee (VHSNC)	
Formed	826

Source: District Checklist, NHM PIP Monitoring, 2021-22

Mahila Arogya Samitis (MAS) is one of the key interventions under National Health Mission aimed at promoting community participation in health including planning, implementation and monitoring of health programmes. The MAS is to be formed at Slum level and covers about 50-100 household. Mahila Arogya Samitis have 10-12 members depending on the size of slum and ASHA will be the member secretary and fix the schedule and venue for monthly meetings of the samiti. In South district, a total of nine Mahila Arogya Samiti was formed and basic training to the members was provided. Every MAS has a bank account opened in the nearest bank in which the untied fund of Rs. 5000 per year to each MAS credited and the chairperson and member secretary (ASHA) are the joint signatories of MAS account .

Chapter-4: NATIONAL HEALTH MISSION PROGRAMMES

REPRODUCTIVE MATERNAL NEWBORN CHILD HEALTH+ADOLESCENT

Pradhan Mantri Surakshit Matritva Abhiyan (PMSMA)

All pregnant women were given ANC care under the programme on 9th of every month at all facilities. During VHNDs and Mukhya Mantri Arogya Mela health and nutritional advices are being given to pregnant women. Besides, every Thursday is a dedicated ANC day at all facilities in the district. In the year total 55692 women registered for ANC services. Out of all women 66 % women received full ANCs and 47 % have been checked for HB in four times.

Janani Shishu Suraksha Karyakram(JSSK)

Implementation of JSSK is smooth in Kanpur Dehat District. All three delivery points in the district have in house kitchen to provide diet to women. In the year, out of all women delivered at public health facilities, 20630 received free drugs and 20258 received free diet as reported on HMIS portal. 20630 women provided home to facility transfer. 20012 women provided drop back home

Janani Suraksha Yojna (JSY)

The Janani Suraksha Yojana has excellent implementation status in the Kanpur Dehat district. In the year 2021-22, 94.7% women delivered in health facilities, out of all eligible women for JSY 5248 women have received JSY payment. The pending payment is associated with factors such as low JSY incentive for urban areas, limited interest among beneficiaries to claim JSY, inadequate documentation and high proportion of migrant population.









Home Based New Born Care (HBNC)

In Kanpur Dehat district total 1270 home deliveries reported in the district. Out of 1535 all the home deliveries received HBNC visit. Currently there are 1360 ASHAs are there, all of them have received module 6 &7 training. All ASHAs in the districts have HBNC kits.

Rashtriya Bal Swasthya Karyakram (RBSK)

Under the programme 1868 new-born screened by RBSK team. 2091 children have been identified with disease and 131 male and 140 female children were identified with deficiency. Under the programme intervention 247 children were treated medically.

Table 4. 1: RMNCH+A Programme Implementation status in the District, 2021-22

RMNCH+A	Status of Implementation	Key activities performed 2021-22
 PMSMA	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<ul style="list-style-type: none"> - Universally all Pregnant women are given ANC on 9th of every month - Total 55692 women registered - 66 % women received full ANC - 47% women registered for ANC in first trimester
 JSSK	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<ul style="list-style-type: none"> - 20630 women received free drugs - Out of all delivery conducted in public health facilities 20258 received free diet - 20588 Diagnostic Services - 20630 women provided home to facility transfer - 20012 women provided drop back home
 JSY	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<ul style="list-style-type: none"> - % Total delivery conducted in health facilities. - Only 5248 women have been transferred JSY payment. - The status of JSY payment is average. - Currently, there is backlog of payment for 309 women
 HBNC	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<ul style="list-style-type: none"> - Total 1270 home deliveries have been reported in the district - 16 home deliveries are SBA attended - 1535 home deliveries children received HBNC checkup - 1360 ASHAs are trained in module 6& 7 - 1360 ASHAs are equipped with HBNC kits
 Family Planning	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<ul style="list-style-type: none"> - Awareness & sensitization activities performed at various health facility - Family Planning basket available at all facilities - PPIUCD and Condoms were most preferred family planning methods - 37 % PPIUCD coverage against all institutional deliveries
 RBSK	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<ul style="list-style-type: none"> - 2 newborn screened for defects at birth - 1868 children screened by RSKS team - 131 male children identified with deficiency - 140 female children identified with deficiency - 247 children managed by medical intervention
 SNCU	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<ul style="list-style-type: none"> - One SNCU is currently functional in district - 12 radiant warmers functional - 12 step-down care unit - 6 Kangaroo Mother Care (KMC unit) - 408 inborn admissions and 420 out born admission - 16 children admitted with defect at birth
 Immunization	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<ul style="list-style-type: none"> - 15956 children have been given hepatitis birth dose - 22776 children have been given OPV birth dose - 7740 have given Vitamin K birth dose

Source: NHM PIP Monitoring

COMMUNICABLE DISEASE PROGRAMME

National Tuberculosis Elimination Programme (NTEP)

Tuberculosis (TB) is an infectious disease caused by Mycobacterium Tuberculosis bacteria. TB remains to be major public health problem in India. Under National Tuberculosis Elimination Programme (NTEP), the target TB notification from all medical practitioners, hospitals, laboratories, and chemists (government, private and NGOs) in 2021-22, was achieved to be at 62%. Of the total TB patients notified, all patients was with known HIV status. The treatment success rate for public sector patients were 87% . Total 2552 TB patients were notified by public health sector. Number of MDR TB patients identified were 48 cases from public and 89 from private initiated treatment among MDR patients. The incentives under Nikshay Poshan Yojna is updated in the district.

National Vector Borne Disease Control Programme (NVBDCP)





The activities under NVBDCP are done by Municipal Corporation (MCD) and district health authorities. Most of the preventive measures like, fumigation and spray were done in collaboration with gram panchayat and health authorities under NHM. The Kanpur Dehat District have micro plan for vector borne disease control for FY 2021-22. For total 26994 person blood examination for malaria. Total 71 positive dengue cases has been registered in year 2021-22. The district has history of high prevalence of vector borne diseases. Seeing that, there are designated dengue wards at district hospitals and few CHCs.

National Leprosy Eradication Programme & Integrated Disease Surveillance Programme

Under National Leprosy Eradication Programme, 104 new cases were detected, out of which 0 were Grade 2 Disabilities (G2D) cases. However, the supply of Multi Drug therapy (MDT) was not available throughout, reconstructive surgery for G2D cases are not being conducted and MCR footwear and self-care kit are also not available under the programme.

Rapid response team has constituted under the Integrated Disease Surveillance Programme (IDSP). Eighty percent private health facilities are reporting weekly data on IDSP. Due to COVID-19 pandemic, outbreak investigations has been temporarily halted since 2019-2020. The team members involves Doctor, pharmacist, LT, AMO, MI, Field worker and ASHA.

Table 4. 2: Communicable Diseases Programme Implementation status in the District, 2021-22

Communicable Diseases Programme	Status of Implementation	Key activities performed 2021-22
 NTEP	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<ul style="list-style-type: none"> - 2552 patients notified from public sector - 310 patients notified from private sector - DOTS cases completed successfully - 87% Treatment success rate for public sector - 87% Treatment success rate for private sector - 48 MDR TB Patients
 NVBDCP	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<ul style="list-style-type: none"> - 26994 person were examined for malaria - 71 positive dengue cases - 54 positive malaria cases - All preventive activities like fumigation and spray were done on regular basis - The prevalence of Vector borne disease has reduced in the district comparing previous year
 NLEP	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<ul style="list-style-type: none"> - Total 104 new cases detected in district - Out which all cases 0 are G2 disability cases - MCR footwear & self-care kits are available in the district
 IDSP	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<ul style="list-style-type: none"> - Rapid response team have been formed - Total there are 10 teams in the district - Team Composition: Doctor, pediatrician, Pharmacist, LT, AMO, MI, Field Worker, ASHA

Source: NHM PIP Monitoring


Key Issues

- The screening for non-communicable disease is poor in the district.
- The acceptance of family planning methods i.e. ANTARA, Male sterilization is poor.
- Currently there are 104 active cases of leprosy in the district.

NON-COMMUNICABLE DISEASE PROGRAM

The following NCD programmes under NHM were reported to be functional in the Kanpur Dehat district. However, these activities were affected because of COVID-19 in 2021-22.

Table 4. 3: Non-Communicable Diseases Programme Implementation status in the District, 2021-22

Non-Communicable Diseases Programme	Status of Implementation	Key activities performed 2021-22
 <p>NPCDCS (National Programme for prevention & Control of Cancer, Diabetes, Cardiovascular Diseases & stroke)</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<ul style="list-style-type: none"> - Total There are 11 NCD clinics are functional in the district. - The screening for hypertension and Diabetes is being done both through CBAC forms and OPD basis - 5980 people screened for Diabetes - 4586 people screened for Hypertension - Screening for oral cancer is being done at OPD basis, 11693 individuals have been screened - 299 individuals screened for mental illness - The awareness activities on lifestyle, eating behavior were being given through health talks and outreach activities
- National Programme For Control Of Blindness & Visual Impairment(NPCBVI)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	NO camps due to covid-19
- National Mental Health Programme (NMHP)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Counselling provided by ANM and SN, Outreach camps have been organized at community level for awareness building
- National Programme for healthcare of Elderly(NPHCE)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
- National Programme for the Prevention & Control of Deafness (NPPCD)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	No activities due to COVID-19
- National Oral Health Programme(NOHP)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<ul style="list-style-type: none"> - OPD basis - Awareness activities about oral hygiene - 11693 people have been screened for oral health
- National Programme for Palliative care (NPPC)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
- National Programme for Prevention & Management of Burn Injuries (NPPMBI)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

Source: NHM PIP Monitoring

OTHER PROGRAMMES: QUALITY ASSURANCE PROGRAMME

Currently, in Kanpur Dehat District, the status of quality assurance certification is satisfactory. However, there is no labour room or maternity OT LaQshya certified in the district. AT primary level there are 4 PHCs, 1 DH, 3 CHCs and 2 SCs are Kayakalp awarded. Currently two facilities (PHCs) are NQAS certified.

All the public health facilities in Kanpur Dehat should initiate action for assessments and certification under NQAS, LaQshya. While some of these activities are performed more regularly such as LaQshya but facilities are lagging in terms of their performance and assessment activities to meet the criteria specified under NQAS and Kayakalp guidelines.

Key Issues

- Currently, the LaQshya certification is zero in the district.
- However, the status of Kayakalp certification is good in the district.

CHAPTER-5: PUBLIC HEALTH FACILITY ASSESSMENT



DISTRICT HOSPITAL: District Combined Hospital, Akbarpur

Images	Field Based Observation
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Services

- O & G, ANC, PNC, Delivery, Emergency, Normal Delivery, C-section Deliveries, Family Planning, IPD, OPD, Blood Storage, Minor and Major OT, SNCU, Dialysis Center
- Average OPD load 350 and above/day
- Average Delivery load 150/month
- Average C-section Delivery load 25/month

Infrastructure

- The facility is 100 bedded and equipped with 12 bedded SNCU.
- The building of facility is newly built as per the IPHS guidelines. The facility is situated in building having enough waiting area at every floor
- The facility has geriatric facilities
- The facility is equipped with electric lift
- There 5 operation theatres in the facilities including maternity OT.
- The facility is easily accessible from road

Program Wise

- JSSK diet is being provided through outsourced means as per guidelines
- Free drugs and diagnostics are being given to all
- new born immunized with birth dose in last three months
- PPIUCD and Female Sterilization are most accepted family planning methods.
- ANC services are being provided at every 9th of month.

Table 5. 1: Status of health infrastructure, District Hospital, 2021-22

Infrastructure	Yes/No
Accessible from nearest road head	Yes
24*7 running water facility	Yes
Clean functional toilets available (separate for Male and female)	Yes
Drinking water facility available	Yes
OPD waiting area has sufficient sitting arrangement	Yes
Facility is geriatric and disability friendly (ramps etc.)	Yes
ASHA rest room is available	Yes
Drug storeroom with rack is available	Yes
Power backup (Complete Hospital / Part of the hospital)	Yes
Availability of delivery services	Yes
If facility is designated as FRU, whether C-section are performed	Yes
Functional newborn care corner (radiant warmer neo-natal ambu bag)	Yes
PMSMA services provided on 9 th of every month	Yes
Number of functional in-patient beds	103

Table 5. 2: Availability of specialized services at District Hospital, 2021-22

Services Available
a. :: General Medicine
b. :: General Surgery
c. :: Obstetrics & Gynaecology
d. :: Paediatrics including Neonatology (as required for level II SNCU)
e. :: Emergency (Accident & other emergency) (Casualty 24X7 basis)
f. :: Critical Care (ICU)
g. :: Anaesthesia
h. :: Ophthalmology
i. :: ENT
k. :: Orthopaedics
l. :: Dental Care
n. :: Radiology
a. :: Laboratory (Yes/No)
b. :: ECG
e. :: Drugs and Pharmacy
f. :: X-Ray
g. :: Ultrasound
ii. :: Ambulance services
vii. :: Waste management including biomedical waste
x. :: Electric Supply (power generation and stabilization)
xi. :: Water supply (plumbing)
xvii. :: Sterilization and Disinfection
xix. :: Lift and vertical transport
1.4.5.1 :: OPD
1.4.5.2 :: IPD
1.4.5.3 :: Pharmacy

Table 5. 3: Availability of Human resources at District Hospital (male wing), 2021-22

	In Position	IPHS Norm
Chief Medical Superintendent/ Hospital Superintendent	1	
Medical Specialist	4	1/80 OPD/IPD per day
Surgery Specialists	4	1/ 80 OPD/IPD per day
Obstetrician/Gynacologist(O&G specialist)	0	1/ 80 OPD/IPD per day
Dermatologist / Venereologist	0	1/60 OPD
Paediatrician	4	1/ 80 OPD/IPD per day
Anaesthetist (Regular / trained)	4	as per requirement
ENT Surgeon	0	1/ 80 OPD/IPD per day
Ophthalmologist	4	1/ 80 OPD/IPD per day
Orthopedician	5	1/ 80 OPD/IPD per day
Radiologist	3	1/20-30 pts/day
Casualty Doctors / General Duty Doctors(Medical Officer)	5	1/ 75 OPD/IPD per day
Dental Surgeon	2	1/ 20 cases per day



Community Health Center, Sikandra



Key Observation

- OPD, Delivery, C-section Delivery, Abortion Care, DOTS Clinic, NCD services, ICTC, Adolescent Counselling, Family Planning Services, Routine Immunization, X-Ray Services, Routine Immunization
- 30 functional Beds
- Average OPD 200-250/day
- Delivery load NVD : 250/Month, C-section 35-40/month

Activities Performed 2021-22

- ANC services are given every 9th and 24th under PMSMA
- Routine Immunization every Wednesday.
- Outsourced diet for JSSK
- 70% coverage of PPIUCD out of all institutional deliveries, 90 minilap from April 22 to August 22.

Challenges

- The CHC is running in building built for PHC, however seeing the load of services, there is need for bigger space as per the IPHS guidelines.
- Shortage of essential consumables for maternity OT and labour room
- Inadequate supply of drugs listed in EDL
- Poor cleanliness and no dedicated waiting area for patients
- The facility is not very well accessible by public transport.



Community Health Center, Gajner



Key Observation

- OPD, Delivery, DOTS Clinic, NCD services, Adolescent Counselling, Family Planning Services, Routine Immunization
- 30 functional Beds
- Average OPD 200-250/day
- Delivery Load 25-30 /Month

Activities Performed 2021-22

- ANC services are given every 9th and 24th under PMSMA
- Routine Immunization every Wednesday.
- 95 % DBT is done under Nikshay Poshan Yojna
- The facility is Kayakalp certified in 2021-22, score 76.2
-



Challenges

- X-ray machine is required at the facility, as this is the only public health facility covering bigger geographical area
- Insufficient supply of supplementary material for lab
- The TB officer comes on roster basis, however its DOTS clinic, hence permanent posting of TB officer is required.





Primary Health Center, Rajpur



Key Observation

- OPD, Delivery, DOTS Clinic, NCD services, Adolescent Counselling, Family Planning Services, Routine Immunization
- 10 functional Beds
- Average OPD 200-250/day
- Normal deliveries are happening, delivery load is 30/month



Activities Performed 2021-22

- ANC services are given every 9th and 24th under PMSMA
- Routine Immunization every Wednesday.
- 85% DBT is done under Nikshay Poshan Yojna
- Facilities is kayakalp awarded for the year 2021-22, score 89.7.
- National assessment for NQAS is done, score 89.5, result awaited



Challenges

- Inadequate supply of drugs listed in EDL i.e Misoprost, Ranietidine, Indomithacin, Amlodipine



Primary Health Center, Sarwankhera



Key Observation

- OPD, Delivery, DOTS Clinic, NCD services, Adolescent Counselling, Family Planning Services, Routine Immunization
- 10 functional Beds
- Average OPD 200-250/day
- Normal deliveries are happening at facilities average 25/month



Activities Performed 2021-22

- ANC services are given every 9th and 24th under PMSMA
- Routine Immunization every Wednesday.
- 85% DBT is done under Nikshay Poshan Yojna
- Facility is Kayakalp awarded for the year 2020-21, score 87
- National assessment for NQAS is done, facility score 90
- 95% payment of JSY is done for the year 2021-22

Challenges

- The building is well managed, however its old building, hence most of the budget spent on repairing work
- There is no regular pick up for BMW by pick up vehicle
- Its block PHC, which also look after administration and training for surrounding facilities. One meeting hall is required for conducting such meetings and training.





Sub-Center-Health & Wellness Centres, Hridayapur



Key Observation

- OPD, Delivery, DOTS Clinic, NCD services, Adolescent . Counselling, Family Planning Services, Routine Immunization.
- Average OPD 50-60/day .
- Currently Deliveries are not happening at facility.

Activities Performed 2021-22

- ANC services are given every 9th and 24th under PMSMA
- Routine Immunization every Wednesday.
- 85% DBT is done under Nikshay Poshan Yojna.

Challenges

- No Branding.
- No name board for the facility.
- Shortage of essential drugs .

CHAPTER-6: COMMUNITY HEALTH

- **Background: Name of Locality:** Hridaypur, Kanpur Dehat, Uttar Pradesh
- **Community Interaction:** The community interaction has done at Hridaypur, Kanpur Dehat. The population of the area is mostly migrants from neighboring states.

Health seeking behavior	
Community perception	Public Facility preferred for primary and tertiary care, for seasonal sickness also seek private health services
Frontline worker perception:	Public health services are satisfactory, but long waiting time and some-time drugs are not available People prefer public facilities for delivery care, new born and child care and communicable and non-communicable diseases
Access to health	
Community perception	Most primary health care facilities are located nearby, hence do not require to travel long distance
Behavior of health service providers	
Community perception	Satisfactory, sometimes less attendance time due to long queues
Out of Pocket expenditure in public health facilities	
Community perception	Majority of out of pocket expenditure goes on transport services and diagnostics
Coverage, Knowledge and skills of ASHA as perceived by the community	
Community perception	ASHAs are very helpful, routinely provide information about health care services
Frontline worker perception	Outreach activities like ANC and immunization, few communities have very low acceptance
Availability of services for Immunization, ANC, PNC, AH counseling, Contraceptive services, Nutrition counseling and preferred facilities for each	
Community perception	For ANC and immunization services mostly goes to nearest Mohalla Clinic or MCW center
Screening for common NCDs (HT, DM) and preferred facilities for seeking treatment	
Community perception	Mostly prefer government facilities for long term treatment
Frontline worker perception	Mostly prefer government facilities for long term treatment
Preferred facilities for emergency services (Burn, Accidents etc.)	
Community perception	Go to District Combined Hospital or Lala Lajpat Rai Hospital (Kanpur Nagar), because there is no facility available nearby.
Preferred facilities for Eye ailments (eg. Cataract), Dental ailments (e.g. for denture, RCT etc.)	
Community perception-	Go to District Combined Hospital or Lala Lajpat Rai Hospital (Kanpur Nagar), because there is no facility available nearby.

CHAPTER-7: CONCLUSION

The report is prepared on the basis of field – based observations and visits to the following public health facilities in Kanpur Dehat: District Combined Hospital (female and male), CHC-Sikandra, CHC-Gajner, PHC- Rajpur, PHC-Sarwankheda, SC-HWC Hridaypur. Structured checklist was used to collect information on human resources, infrastructure, funds utilization, training, health care services including drugs and equipment's, family planning, disease control programmes and other programmes under the umbrella of NHM including the National Urban Health Mission (NUMH) activities.

The following are the inferential key points out of PIP-NHM visit to Uttar Pradesh:

Status of Health Infrastructure

The implementation of quality assurance programme like NQAS and Kayakalp is satisfactory in the Kanpur Dehat. However, in entire district there is no labour room and maternity OT is LaQshya certified. While some of these activities are performed more regularly such as LaQshya but facilities are lagging in terms of their performance and assessment activities to meet the criteria specified under NQAS and Kayakalp guidelines. The JSY has updated status in Kanpur nagar. 85% payment under JSY is done for FY 2021-22. The remaining payment is associated with factors such as low JSY incentive are limited interest among beneficiaries to claim JSY, inadequate documentation and high proportion of migrant population. All the delivery points in the district implement JSSK. However, the provision of diet under JSSK is not regular due to lag in tender process. The PMSMA activities are conducted at the PHC / PUHC equivalent facilities. The Kanpur Dehat district has three SNCUs with a capacity of 36 beds, 48 in- radiant warmer, 17 stepdown care and 29 KMC units. The ASHAs of the district have conducted a total of 657 HBNC visits. Under NTEP, the target TB notification from all medical practitioners, hospitals, laboratories, and chemists (government, private and NGOs) in 2021-22, was achieved to be at 60%.

Status of Human Resource

The implementation of quality assurance programme like NQAS and Kayakalp is satisfactory in the Kanpur Nagar. While some of these activities are performed more regularly such as LaQshya but facilities are lagging in terms of their performance and assessment activities to meet the criteria specified under NQAS and Kayakalp guidelines. The JSY has updated status in Kanpur Dehat. 85% payment under JSY is done for FY 2021-22. The remaining payment is associated with factors such as low JSY incentive are limited interest among beneficiaries to claim JSY, inadequate documentation and high proportion of migrant population. All the delivery points in the district implement JSSK. However, the provision of diet under JSSK is

not regular due to lag in tender process. The PMSMA activities are conducted at the PHC / PUHC equivalent facilities. The Kanpur Dehat district has three SNCUs with a capacity of 24 beds, 48 in-radiant warmer, 16 stepdown care and 16 KMC units. The ASHAs of the district have conducted HBNC visits. Under NTEP, the target TB notification from all medical practitioners, hospitals, laboratories, and chemists (government, private and NGOs) in 2021-22, was achieved to be at 60%.

Dominant Health Issues in the District

The share of maternal deaths reported in Kanpur Dehat is low compared to Uttar Pradesh. In FY 2021-22, no maternal deaths have been reported. Similarly, under 5 child deaths are also low. The share of maternal and infant deaths is low in the district, which highlight availability of good health services in the district. In the district, 94.71% births are institutional deliveries with C-section deliveries accounting for 18.1 % of the total institutional births in public health facilities. The number of institutional deliveries conducted in district outnumber the total women registered for ANC. In Kanpur Dehat acceptance of male sterilization remains low in 2021-22. The female sterilization is still dominant methods of family planning followed by IUCD and condoms. In 2021-22 78.8 % women have been inserted PPIUCD. The coverage of ANTARA injectable also remain low due to side effects after first dose of injectable.

ANNEXURE – I: DH CHECKLIST



Ministry of Health & Family Welfare
Government of India



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

Service Delivery:

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

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

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

Indicator	Remarks/ Observation
ANC, Delivery, PNC, Immunization, FP, Laboratory services	2 O&G 3 Pediatric 4 General Surgery 5 Anesthesiology 6 Ophthalmology 7 Dental 8 Imaging Services (X - ray) 9 Imaging Services (USG) 10 District Early Intervention Centre (DEIC) 11 Nutritional Rehabilitation Centre (NRC) 12 SNCU/ Mother and Newborn Care Unit (MNCU) 13 Comprehensive Lactation Management Centre (CLMC) / Lactation Management Unit (LMU) 14 Neonatal Intensive Care Unit (NICU) 15 Pediatric Intensive Care Unit (PICU) 16 Labour Room Complex 17 ICU 18 Dialysis Unit 19 Emergency Care 20 Burn Unit 21 Teaching block (medical, nursing, paramedical) 22 Skill Lab
5. Emergency	General emergency: or facilities available for: 1. Triage 2. Resuscitation 3. Stabilization
6. Tele-medicine/Consultation services available	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, average case per day _____
7. Operation Theatre available	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, Single general OT: Elective OT-Major (General): Elective OT-Major (Ortho): Obstetrics & Gynecology OT: Ophthalmology/ENT OT: Emergency OT:
8. Availability of functional Blood Bank	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, number of units of blood currently available: _____ No. of blood transfusions done in last month: _____
9. Whether blood is issued free, or user-fee is being charged	<input type="checkbox"/> Free for BPL <input type="checkbox"/> Free for elderly <input type="checkbox"/> Free for JSSK beneficiaries <input type="checkbox"/> Free for all

Indicator	Remarks/ Observation																																																																																																									
10. Biomedical waste management practices	1. Sharp pit 2. Deep Burial pit 3. Incinerator 4. Using Common Bio Medical Treatment plant 5.																																																																																																									
11. Details of HR available in the facility (Sanctioned and In-place)	<table border="0" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;"></td> <td style="width: 15%; text-align: center;">HR</td> <td style="width: 15%; text-align: center;">San.</td> <td style="width: 15%; text-align: center;">Reg.</td> <td style="width: 15%; text-align: center;">Cont.</td> </tr> <tr> <td>MO (MBBS)</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Specialists</td> <td>Medicine</td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>ObGy</td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>Pediatrician</td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>Anesthetist</td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>Surgeon</td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>Ophthalmologist</td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>Orthopedic</td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>Radiologist</td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>Pathologist</td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>Others</td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>Dentist</td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>Staff Nurses/ GNMs</td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>LTs</td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>Pharmacist</td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>Dental Technician/ Hygienist</td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>Hospital/ Facility Manager</td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>EmOC trained doctor</td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>LSAS trained doctor</td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>Others</td> <td></td> <td></td> <td></td> </tr> </table>		HR	San.	Reg.	Cont.	MO (MBBS)					Specialists	Medicine					ObGy					Pediatrician					Anesthetist					Surgeon					Ophthalmologist					Orthopedic					Radiologist					Pathologist					Others					Dentist					Staff Nurses/ GNMs					LTs					Pharmacist					Dental Technician/ Hygienist					Hospital/ Facility Manager					EmOC trained doctor					LSAS trained doctor					Others			
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16. Availability of list of essential medicines (EML)/ drugs (EDL)	<input type="checkbox"/> Yes/ <input type="checkbox"/> No																																																																																																									
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Indicator	Remarks/ Observation
19. Availability of Essential Consumables:	<input type="checkbox"/> Sufficient Supply <input type="checkbox"/> Minimal Shortage <input type="checkbox"/> Acute shortage In last 6 months how many times there was shortage_____
20. Availability of essential diagnostics	<input type="checkbox"/> In-house <input type="checkbox"/> Outsourced/ PPP <input type="checkbox"/> Both/ Mixed
<ul style="list-style-type: none"> In-house tests 	Timing: Total number of tests performed: _____ Details of tests performed:
<ul style="list-style-type: none"> Outsourced/ PPP 	Timing: Total number of tests performed: _____ Details of tests performed:
21. X-ray services is available	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If Yes, type & nos. of functional X-ray machine is available in the hospital: Is the X-ray machine AERB certified: <input type="checkbox"/> Yes/ <input type="checkbox"/> No
22. CT scan services available	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes: <input type="checkbox"/> In-house/ <input type="checkbox"/> PPP Out of Pocket expenditures associated with CT Scan services (if any, approx. amount per scan): _____
23. Whether diagnostic services (lab, X-ray, USG etc.) are free for all	<input type="checkbox"/> Free for BPL <input type="checkbox"/> Free for elderly <input type="checkbox"/> Free for JSSK beneficiaries <input type="checkbox"/> Free for all
24. Availability of Testing kits/ Rapid Diagnostic Kits	<input type="checkbox"/> Sufficient Supply <input type="checkbox"/> Minimal Shortage <input type="checkbox"/> Acute shortage
25. Implementation of PM-National Dialysis programme	<input type="checkbox"/> Yes/ <input type="checkbox"/> No <input type="checkbox"/> In-house <input type="checkbox"/> Outsourced/ PPP Total number of tests performed: _____
<ul style="list-style-type: none"> Whether the services are free for all 	<input type="checkbox"/> Free for BPL <input type="checkbox"/> Free for elderly <input type="checkbox"/> Free for JSSK beneficiaries <input type="checkbox"/> Free for all
<ul style="list-style-type: none"> Number of patients provided dialysis service 	<ul style="list-style-type: none"> ○ Previous year_____ ○ Current FY_____ *Calculate the approximate no. of patients provided dialysis per day

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

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

Indicator	Remarks/ Observation
52. Maintenance of records on	<ul style="list-style-type: none"> • TB Treatment Card cases (both for drug sensitive and drug resistant cases): <input type="checkbox"/>Yes/ <input type="checkbox"/>No • TB Notification Registers: <input type="checkbox"/>Yes/ <input type="checkbox"/>No • Malaria cases: <input type="checkbox"/>Yes/ <input type="checkbox"/>No • Palliative cases: <input type="checkbox"/>Yes/ <input type="checkbox"/>No • Cases related to Dengue and Chikungunya: <input type="checkbox"/>Yes/ <input type="checkbox"/>No • Leprosy cases: <input type="checkbox"/>Yes/ <input type="checkbox"/>No
53. How much fund was received and utilized by the facility under NHM?	Fund Received last year: Fund utilized last year:
	Items/ Activities whose expenditure is met out of the RKS/ Untied Fund regularly:
	Reasons for underutilization of fund (if any)
54. Status of data entry in (match with physical records)	HMIS: <input type="checkbox"/> Updated/ <input type="checkbox"/> Not updated MCTS: <input type="checkbox"/> Updated/ <input type="checkbox"/> Not updated IHIP: <input type="checkbox"/> Updated/ <input type="checkbox"/> Not updated HWC Portal: <input type="checkbox"/> Updated/ <input type="checkbox"/> Not updated Nikshay Portal: <input type="checkbox"/> Updated/ <input type="checkbox"/> Not updated
55. Frequency of RKS meeting (check and obtain minutes of last meeting held)	
2. Availability of ambulance services in the area	<input type="checkbox"/> Own ambulance available <input type="checkbox"/> DH/ SDH has contracted out ambulance services <input type="checkbox"/> Ambulances services with Centralized call centre <input type="checkbox"/> Government ambulance services are not available
	Comment (if any):
<ul style="list-style-type: none"> • How many cases from referred to in last month? 	Number: Types of cases referred in:
<ul style="list-style-type: none"> • How many cases were referred out last month? 	Number: Types of cases referred out:
3. Key challenges observed in the facility and the root causes	
Challenge	Root causes
a)	
b)	
c)	
d)	

ANNEXURE – III: CHC CHECKLIST



**Ministry of Health & Family Welfare
Government of India**



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

Service Delivery:

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

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

Indicator	Remarks/ Observation
4. OPD Timing	
5. Whether the facility is functioning in PPP mode	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
6. Condition of infrastructure/ building Please comment on the condition and tick the appropriate box	Comments: <input type="checkbox"/> 24*7 running water facility <input type="checkbox"/> Facility is geriatric and disability friendly (ramps etc.) <input type="checkbox"/> Clean functional toilets available (separate for Male and female) <input type="checkbox"/> Drinking water facility available <input type="checkbox"/> OPD waiting area has sufficient sitting arrangement <input type="checkbox"/> ASHA rest room is available <input type="checkbox"/> Drug storeroom with rack is available Power backup: <input type="checkbox"/> Complete Hospital/ <input type="checkbox"/> Part of the hospital
7. Number of functional in-patient beds	
8. List of Services available	

Indicator	Remarks/ Observation																																												
<ul style="list-style-type: none"> Specialized services available in addition to General OPD, ANC, Delivery, PNC, Immunization, FP, Laboratory services 	<table border="0"> <tr> <td style="text-align: right;">Sl.</td> <td style="text-align: left;">Service</td> </tr> <tr> <td style="text-align: right;">1</td> <td>Medicine</td> </tr> <tr> <td style="text-align: right;">2</td> <td>O&G</td> </tr> <tr> <td style="text-align: right;">3</td> <td>Pediatric</td> </tr> <tr> <td style="text-align: right;">4</td> <td>General Surgery</td> </tr> <tr> <td style="text-align: right;">5</td> <td>Anesthesiology</td> </tr> <tr> <td style="text-align: right;">6</td> <td>Ophthalmology</td> </tr> <tr> <td style="text-align: right;">7</td> <td>Dental</td> </tr> <tr> <td style="text-align: right;">8</td> <td>Imaging Services (X - ray)</td> </tr> <tr> <td style="text-align: right;">9</td> <td>Imaging Services (USG)</td> </tr> <tr> <td style="text-align: right;">10</td> <td>Newborn Stabilization Unit</td> </tr> </table>	Sl.	Service	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																						
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8	Imaging Services (X - ray)																																												
9	Imaging Services (USG)																																												
10	Newborn Stabilization Unit																																												
<ul style="list-style-type: none"> If any of the specialists are available 24*7 	<input type="checkbox"/> Yes available <input type="checkbox"/> Yes, available only on-call <input type="checkbox"/> Not available																																												
<ul style="list-style-type: none"> Emergency 	General emergency: or facilities available for: 1. Triage 2. Resuscitation 3. Stabilization																																												
9. Tele-medicine/Consultation services available	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, average case per day _____																																												
10. Operation Theatre available	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, Major: Minor:																																												
11. Availability of functional Blood Storage Unit	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, number of units of blood currently available: _____ No. of blood transfusions done in last month: _____																																												
12. Whether blood is issued free, or user-fee is being charged	<input type="checkbox"/> Free for BPL <input type="checkbox"/> Free for elderly <input type="checkbox"/> Free for JSSK beneficiaries <input type="checkbox"/> Free for all																																												
13. Biomedical waste management practices	Sharp pit: Deep Burial pit: Other System, if any:																																												
14. Details of HR available in the facility (Sanctioned and In-place)	<table border="0"> <tr> <td style="text-align: right;">MO (MBBS)</td> <td style="text-align: right;">HR</td> <td style="text-align: right;">San.</td> <td style="text-align: right;">Reg.</td> </tr> <tr> <td style="text-align: right;">Specialists</td> <td>Medicine</td> <td></td> <td></td> </tr> <tr> <td></td> <td>ObGy</td> <td></td> <td></td> </tr> <tr> <td></td> <td>Pediatrician</td> <td></td> <td></td> </tr> <tr> <td></td> <td>Anesthetist</td> <td></td> <td></td> </tr> <tr> <td style="text-align: right;">Dentist</td> <td></td> <td></td> <td></td> </tr> <tr> <td style="text-align: right;">SNs/ GNMs</td> <td></td> <td></td> <td></td> </tr> <tr> <td style="text-align: right;">LTs</td> <td></td> <td></td> <td></td> </tr> <tr> <td style="text-align: right;">Pharmacist</td> <td></td> <td></td> <td></td> </tr> <tr> <td style="text-align: right;">Dental Assistant/ Hygienist</td> <td></td> <td></td> <td></td> </tr> <tr> <td style="text-align: right;">Hospital/ Facility Manager</td> <td></td> <td></td> <td></td> </tr> </table>	MO (MBBS)	HR	San.	Reg.	Specialists	Medicine				ObGy				Pediatrician				Anesthetist			Dentist				SNs/ GNMs				LTs				Pharmacist				Dental Assistant/ Hygienist				Hospital/ Facility Manager			
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Y/N

Cont.

Indicator	Remarks/ Observation
	EmOC trained doctor LSAS trained doctor Others
15. IT Services	<ul style="list-style-type: none"> Desktop/ Laptop available: <input type="checkbox"/>Yes/ <input type="checkbox"/>No Internet connectivity: <input type="checkbox"/>Yes/ <input type="checkbox"/>No Quality/strength of internet connection: _____
16. Kayakalp	Initiated: Facility score: Award received:
17. NQAS	Assessment done: Internal/State Facility score: Certification Status:
18. LaQshya	Labour Room: Operation Theatre:
19. Availability of list of essential medicines (EML)/ drugs (EDL)	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, total number of drugs in EDL _____ EDL displayed in OPD Area: <input type="checkbox"/> Yes/ <input type="checkbox"/> No No. of drugs available on the day of visit (out of the EDL) _____
20. Implementation of DVDMS or similar supply chain management system	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If other, which one _____
21. Shortage of 5 priority drugs from EDL in last 30 days, if any	1 2 3 4 5
22. Availability of Essential Consumables:	<input type="checkbox"/> Sufficient Supply <input type="checkbox"/> Minimal Shortage <input type="checkbox"/> Acute shortage In last 6 months how many times there was shortage _____
23. Availability of essential diagnostics	<input type="checkbox"/> In-house <input type="checkbox"/> Outsourced/ PPP <input type="checkbox"/> Both/ Mixed
<ul style="list-style-type: none"> In-house tests 	Timing: Total number of tests performed: _____ Details of tests performed:
<ul style="list-style-type: none"> Outsourced/ PPP 	Timing: Total number of tests performed: _____ Details of tests performed:
24. X-ray services is available	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If Yes, type & nos. of functional X-ray machine is available in the hospital:

Indicator	Remarks/ Observation
	Is the X-ray machine AERB certified: <input type="checkbox"/> Yes/ <input type="checkbox"/> No
25. Whether diagnostic services (lab, X-ray, USG etc.) are free for all	<input type="checkbox"/> Free for BPL <input type="checkbox"/> Free for elderly <input type="checkbox"/> Free for JSSK beneficiaries <input type="checkbox"/> Free for all
26. Availability of Testing kits/ Rapid Diagnostic Kits	<input type="checkbox"/> Sufficient Supply <input type="checkbox"/> Minimal Shortage <input type="checkbox"/> Acute shortage
27. If there is any shortage of major instruments/ equipment	
28. Average downtime of equipment. Details of equipment are nonfunctional for more than 7 days	
29. Availability of delivery services	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
	<input type="checkbox"/> Yes/ <input type="checkbox"/> No Number of normal deliveries performed in last month: ____ No. of C-sections performed in last month: _____

Indicator	Remarks/ Observation
<ul style="list-style-type: none"> • Comment on condition of: 	Labour room: OT: Functional New-born care corner (functional radiant warmer with neo-natal ambu bag): <input type="checkbox"/> Yes/ <input type="checkbox"/> No
30. Status of JSY payments	Payment is up to date: <input type="checkbox"/> Yes/ <input type="checkbox"/> No Average delay: Payment done till: Reasons for delay:
31. Availability of JSSK entitlements	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, whether all entitlements being provided <input type="checkbox"/> Free delivery services (Normal delivery/ C-section) <input type="checkbox"/> Free diet <input type="checkbox"/> Free drugs and consumables <input type="checkbox"/> Free diagnostics <input type="checkbox"/> Free blood services <input type="checkbox"/> Free referral transport (home to facility) <input type="checkbox"/> Free referral transport (drop back from facility to home) <input type="checkbox"/> No user charges
32. PMSMA services provided on 9 th of every month	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, how are high risks identified on 9 th ? If No, reasons thereof:
33. Line listing of high-risk pregnancies	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
34. Practice related to Respectful Maternity Care	
35. Whether facility have registers for entering births and deaths	<input type="checkbox"/> Yes/ <input type="checkbox"/> No

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

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

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

ANNEXURE – IV: PHC CHECKLIST



**Ministry of Health & Family Welfare
Government of India**



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

Service Delivery:

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

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

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

Indicator	Remarks/ Observation																																												
F. If 24*7 delivery services available	<input type="checkbox"/> Yes/ <input type="checkbox"/> No																																												
G. Tele-medicine/Consultation services available	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, average case per day_____																																												
H. Biomedical waste management practices	Sharp pit: Deep Burial pit: Other System, if any:																																												
I. Details of HR available in the facility (Sanctioned and In-place)	<table border="0" style="width: 100%;"> <tr> <td style="width: 50%;"></td> <td style="width: 10%; text-align: center;">San.</td> <td style="width: 10%; text-align: center;">Reg.</td> <td style="width: 10%; text-align: center;">Cont.</td> </tr> <tr> <td>HR</td> <td></td> <td></td> <td></td> </tr> <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> </table>		San.	Reg.	Cont.	HR				MO (MBBS)				MO (AYUSH)				SNs/ GNMs				ANM				LTs				Pharmacist				Public Health Manager (NUHM)				LHV/PHN				Others			
	San.	Reg.	Cont.																																										
HR																																													
MO (MBBS)																																													
MO (AYUSH)																																													
SNs/ GNMs																																													
ANM																																													
LTs																																													
Pharmacist																																													
Public Health Manager (NUHM)																																													
LHV/PHN																																													
Others																																													
J. IT Services	<ul style="list-style-type: none"> • Desktop/ Laptop available: <input type="checkbox"/> Yes/ <input type="checkbox"/> No • All ANMs have functional Tablets: <input type="checkbox"/> Yes/ <input type="checkbox"/> No • Smart phones given to all ASHAs: <input type="checkbox"/> Yes/ <input type="checkbox"/> No • Internet connectivity: <input type="checkbox"/> Yes/ <input type="checkbox"/> No Quality/strength of internet connection: _____																																												
K. Kayakalp	Initiated: Facility score: Award received:																																												
L. NQAS	Assessment done: Internal/State Facility score: Certification Status:																																												
M. Availability of list of essential medicines (EML)/ drugs (EDL)	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, total number of drugs in EDL_____ EDL displayed in OPD Area: <input type="checkbox"/> Yes/ <input type="checkbox"/> No No. of drugs available on the day of visit (out of the EDL) _____																																												
N. Implementation of DVDMS or similar supply chain management system	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If other, which one_____																																												
O. Shortage of 5 priority drugs from EDL in last 30 days, if any	1 2 3 4 5																																												
P. Drugs Available for Hypertension & Diabetic patients:	1 2 3																																												
Q. Shortage of sufficient number of Hypertension & Diabetic in last 7 days	1 2 3																																												

Indicator	Remarks/ Observation
R. Availability of Essential Consumables:	<input type="checkbox"/> Sufficient Supply <input type="checkbox"/> Minimal Shortage <input type="checkbox"/> Acute shortage In last 6 months how many times there was shortage _____
S. Availability of essential diagnostics	<input type="checkbox"/> In-house <input type="checkbox"/> Outsourced/ PPP <input type="checkbox"/> Both/ Mixed
<ul style="list-style-type: none"> In-house tests 	Timing: Total number of tests performed: _____ Details of tests performed:
<ul style="list-style-type: none"> Outsourced/ PPP 	Timing: Total number of tests performed: _____ Details of tests performed:
T. X-ray services is available	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If Yes, type & nos. of functional X-ray machine is available in the hospital: Is the X-ray machine AERB certified: <input type="checkbox"/> Yes/ <input type="checkbox"/> No
U. Whether diagnostic services (lab, X-ray etc.) are free for all	<input type="checkbox"/> Free for BPL <input type="checkbox"/> Free for elderly <input type="checkbox"/> Free for JSSK beneficiaries <input type="checkbox"/> Free for all
V. Availability of Testing kits/ Rapid Diagnostic Kits	<input type="checkbox"/> Sufficient Supply <input type="checkbox"/> Minimal Shortage <input type="checkbox"/> Acute shortage
W. If there is any shortage of major instruments/ equipment	
X. Average downtime of equipment. Details of equipment are non-functional for more than 7 days	
Y. 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
Z. Status of JSY payments	Payment is up to date: <input type="checkbox"/> Yes/ <input type="checkbox"/> No Average delay: Payment done till: Reasons for delay:
AA. Availability of JSSK entitlements	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, whether all entitlements being provided <input type="checkbox"/> Free delivery services (Normal delivery/ C-section) <input type="checkbox"/> Free diet <input type="checkbox"/> Free drugs and consumables <input type="checkbox"/> Free diagnostics <input type="checkbox"/> Free blood services <input type="checkbox"/> Free referral transport (home to facility) <input type="checkbox"/> Free referral transport (drop back from facility to home) <input type="checkbox"/> No user charges
BB. Line listing of high-risk pregnancies	<input type="checkbox"/> Yes/ <input type="checkbox"/> No

Indicator	Remarks/ Observation		
CC. Number of normal deliveries in last three month			
DD. Availability of Daksh/ Dakshta trained/SBA trained MO/SN/ANM in Labour Room	<input type="checkbox"/> Yes <input type="checkbox"/> No		
EE. Practice related to Respectful Maternity Care			
FF. Number of Maternal Death reported in the facility	Previous year: Current FY:		
GG. Number of Child Death reported in the facility	Previous year: Current year:		
HH. Availability of vaccines and hub cutter	<input type="checkbox"/> Yes/ <input type="checkbox"/> No Nurses/ ANM aware about open vial policy: <input type="checkbox"/> Yes/ <input type="checkbox"/> No		
II. Number of newborns immunized with birth dose at the facility in last 3 months			
JJ. Newborns breastfed within one hour of birth (observe if practiced and women are being counselled)			
KK. Number of sterilizations performed in last one month			
LL. Availability of trained provider for IUCD/ PPIUCD	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
MM. Who counsels on FP services?			
NN. Please comment on utilization of other FP services			
OO. FPLMIS has been implemented	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
PP. Availability of functional Adolescent Friendly Health Clinic	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, who provides counselling to adolescents: _____ Separate male and female counselors available: <input type="checkbox"/> Yes/ <input type="checkbox"/> No		
QQ. Whether facility has fixed day NCD clinic	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If Yes, how many days in a week: _____ days		
RR. Are service providers trained in cancer services?	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
SS. Number of individuals screened for the following in last 6 months:			
	a. Hypertension	Screened	Confirmed
	b. Diabetes		
	c. Oral Cancer		
	d. Breast Cancer		
e. Cervical Cancer			
TT. Whether wellness activities are performed	<input type="checkbox"/> Yes/ <input type="checkbox"/> No Frequency:		
UU. Whether reporting weekly data in P and L form under IDSP	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
VV. Distribution of Long lasting Insecticidal nets (LLIN) in high-risk areas	No. of LLIN distributed per household: <input type="checkbox"/> 1 per family/ <input type="checkbox"/> Others (Specify): _____		
WW. Status of TB elimination programme	Facility is designated as Designated Microscopy Centre (DMC): <input type="checkbox"/> Yes/ <input type="checkbox"/> No		

Indicator	Remarks/ Observation
	<p>If yes, percent of OPD whose samples were tested for TB (microscopy) in last 6 month (average) _____</p> <p>If anti-TB drugs available at the facility: <input type="checkbox"/>Yes/ <input type="checkbox"/>No If yes, are there any patients currently taking anti-TB drugs from the facility: <input type="checkbox"/>Yes/ <input type="checkbox"/>No</p> <p>Percent of patients tested through CBNAAT/TruNat for Drug resistance in the last 6 months _____</p> <p>Is there a sample transport mechanism in place for:</p> <ul style="list-style-type: none"> • investigations within public sector for TB testing? <input type="checkbox"/>Yes/ <input type="checkbox"/>No • investigations within public sector for other tests? <input type="checkbox"/>Yes/ <input type="checkbox"/>No • outsourced testing? <input type="checkbox"/>Yes/ <input type="checkbox"/>No <p>Are all TB patients tested for HIV? <input type="checkbox"/>Yes/ <input type="checkbox"/>No Are all TB patients tested for Diabetes Mellitus: <input type="checkbox"/>Yes/ <input type="checkbox"/>No</p> <p>Percent of TB Patients for whom DBT installments have been initiated under Nikshay Poshan Yojana in the last 6 months: _____</p>
XX. Status on Leprosy eradication programme	<p>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:</p>
YY. Maintenance of records on	<ul style="list-style-type: none"> • TB Treatment Card cases (both for drug sensitive and drug resistant cases): <input type="checkbox"/>Yes/ <input type="checkbox"/>No • TB Notification Registers: <input type="checkbox"/>Yes/ <input type="checkbox"/>No • Malaria cases: <input type="checkbox"/>Yes/ <input type="checkbox"/>No • Palliative cases: <input type="checkbox"/>Yes/ <input type="checkbox"/>No • Cases related to Dengue and Chikungunya: <input type="checkbox"/>Yes/ <input type="checkbox"/>No • Leprosy cases: <input type="checkbox"/>Yes/ <input type="checkbox"/>No
ZZ. How much fund was received and utilized by the facility under NHM?	<p>Fund Received last year: Fund utilized last year:</p> <p>Items/ Activities whose expenditure is met out of the RKS/ Untied Fund regularly:</p> <p>Reasons for underutilization of fund (if any)</p>
AAA. Status of data entry in (match with physical records)	<p>HMIS: <input type="checkbox"/>Updated/ <input type="checkbox"/>Not updated 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</p>
BBB. Frequency of RKS meeting (check and obtain minutes of last meeting held)	
CCC. Availability of ambulance services in the area	<p><input type="checkbox"/>PHC own ambulance available <input type="checkbox"/>PHC has contracted out ambulance services <input type="checkbox"/>Ambulances services with Centralized call centre <input type="checkbox"/>Government ambulance services are not available</p> <p>Comment (if any):</p>
<ul style="list-style-type: none"> • How many cases from sub centre were referred to this PHC last month? 	<p>Number:</p>

Indicator	Remarks/ Observation
	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:
DDD. Key challenges observed in the facility and the root causes	
Challenge	Root causes
a)	
b)	
c)	
d)	
e)	
Only for U-PHC	
EEE. Population enumeration initiated for slum population	<input type="checkbox"/> Not yet initiated <input type="checkbox"/> Initiated <input type="checkbox"/> Completed
FFF. Number of CBAC forms filled (NUHM)	
GGG. Is Specialist services provided at U-PHC?	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, specialist services are provided through: <input type="checkbox"/> Teleconsultation/ <input type="checkbox"/> Clinic Schedule: <input type="checkbox"/> Fixed/ <input type="checkbox"/> Rotational Type of specialist services available: <input type="checkbox"/> OBGY, <input type="checkbox"/> Pediatrics, <input type="checkbox"/> Medicine, <input type="checkbox"/> Dermatology, <input type="checkbox"/> Ophthalmology, Others:
HHH. UHNDs Conducted:	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, no. of UHND conducted per month:
III. Special Outreach camps conducted:	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, no. of UHND conducted during last quarter: Type of specialties provided during special outreach camps:

ANNEXURE – V: SC CHECKLIST



**Ministry of Health & Family Welfare
Government of India**



Sub-Centre (SC) Level Checklist

Service Delivery: Sub Centre

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

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

Indicator	Remarks/ Observation																								
1. List of Services available																									
2. Condition of infrastructure/ building Please comment on the condition and tick the appropriate box	Comments: <input type="checkbox"/> 24*7 running water facility <input type="checkbox"/> Facility is geriatric and disability friendly <input type="checkbox"/> Clean functional toilets available (separate for Male and female) <input type="checkbox"/> Drinking water facility available <input type="checkbox"/> OPD waiting area has sufficient sitting arrangement <input type="checkbox"/> ASHA rest room is available <input type="checkbox"/> Drug storeroom with rack is available <input type="checkbox"/> Branding <input type="checkbox"/> Specified area for Yoga / welfare activities <input type="checkbox"/> Power backup																								
3. Biomedical waste management practices																									
4. Details of HR available in the facility (Sanctioned and In-place)	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">HR</td> <td style="width: 10%;">San.</td> <td style="width: 10%;">Reg.</td> <td style="width: 20%;">Cont.</td> </tr> <tr> <td>ANM/ MPW Female</td> <td></td> <td></td> <td></td> </tr> <tr> <td>MPW Male</td> <td></td> <td></td> <td></td> </tr> <tr> <td>MLHP/ CHO</td> <td></td> <td></td> <td></td> </tr> <tr> <td>ASHA</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Others</td> <td></td> <td></td> <td></td> </tr> </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 																								

Indicator	Remarks/ Observation
	<ul style="list-style-type: none"> • Electronic Tablets with MPWs (ANM): <input type="checkbox"/>Yes/ <input type="checkbox"/>No • Smart phones given to all ASHAs: <input type="checkbox"/>Yes/ <input type="checkbox"/>No • Internet connectivity: <input type="checkbox"/>Yes/ <input type="checkbox"/>No Quality/strength of internet connection:
6. Availability of list of essential medicines (EML)/ drugs (EDL)	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, total number of drugs in EDL: EDL displayed in OPD Area: <input type="checkbox"/> Yes/ <input type="checkbox"/> No No. of drugs available on the day of visit (out of the EDL)
7. Are anti-TB drugs available at the SHC?	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, are there any patients currently taking anti-TB drugs from the SHC? <input type="checkbox"/> Yes/ <input type="checkbox"/> No
8. Shortage of 5 priority drugs from EDL in last 30 days, if any	1 2 3 4 5
9. Drugs Available for Hypertension & Diabetic patients:	1 2 3
10. Shortage of sufficient number of Hypertension & Diabetic in last 7 days	1 2 3
11. Are CHOs dispensing medicines for hypertension and diabetes at SHC-HWC	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
12. Availability of Testing kits/ Rapid Diagnostic Kits	<input type="checkbox"/> Sufficient Supply <input type="checkbox"/> Minimal Shortage <input type="checkbox"/> Acute shortage
13. Availability of:	<ul style="list-style-type: none"> • BP instrument: <input type="checkbox"/>Yes/ <input type="checkbox"/>No. If yes, Type: _____ • Thermometer: <input type="checkbox"/>Yes/ <input type="checkbox"/>No • Contraceptives: <input type="checkbox"/>Yes/ <input type="checkbox"/>No. If yes, Type: _____ • Glucometer: <input type="checkbox"/>Yes/ <input type="checkbox"/>No
14. Line listing of all Pregnant women in the area	<input type="checkbox"/> Yes/ <input type="checkbox"/> No <ul style="list-style-type: none"> • High risk women identified: <input type="checkbox"/>Yes/ <input type="checkbox"/>No • MCP cards duly filled: <input type="checkbox"/>Yes/ <input type="checkbox"/>No
15. Number of Maternal Death Review conducted	Previous year: Current year:
16. Number of Child Death Review conducted	Previous year: Current year:
17. Availability of vaccines and hub cutter	<input type="checkbox"/> Yes/ <input type="checkbox"/> No <ul style="list-style-type: none"> • Awareness of ANM on vaccine schedule: <input type="checkbox"/>Yes/ <input type="checkbox"/>No • Awareness about open vial policy: <input type="checkbox"/>Yes/ <input type="checkbox"/>No
18. Availability of micro-plan for immunization	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
19. Follow up of:	SNCU discharge babies: <input type="checkbox"/> Yes/ <input type="checkbox"/> No LBW babies: <input type="checkbox"/> Yes/ <input type="checkbox"/> No
20. Line listing of all eligible couple in the area	<input type="checkbox"/> Yes/ <input type="checkbox"/> No

Indicator	Remarks/ Observation		
21. Availability of trained provider for IUCD/ PPIUCD	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
22. Please comment on utilization of other FP services			
23. Number of individuals above 30 years of age in the HWC population			
24. Number of CBAC forms filled in last 6 months			
25. Report for number of individuals for whom CBAC form has been filled in last six months.	Score with below 4: 4 and above score:		
26. Whether universal screening of NCD has started	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
27. Number of individuals screened for the following in last 6 months:		Screened	Confirmed
	a. Hypertension		
	b. Diabetes		
	c. Oral Cancer		
	d. Breast Cancer		
28. Number of individuals who had initiated treatment for HTN, DM and others during last six months	Advised for Lifestyle management:		
	Medicines for Hypertension: Medicines for Diabetes: Medicines for Others:		
29. Source of getting drugs/ medications for individual. Number of individuals taking medication for HTN and DM during last six months from which source Taking medication for HTN/DM	From SC-HWC: From Linked PHC: From other govt. facilities: (Specify) From pvt. Chemist shop: (Average OOP/month)		
	<ul style="list-style-type: none"> • Tele-consultation services • HWC App Details:		
30. Status of use of:	<input type="checkbox"/> Yes/ <input type="checkbox"/> No Frequency:		
31. Whether wellness activities are performed	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
32. Whether reporting weekly data in S form under IDSP	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
33. Status of Tuberculosis in the area:	Indicators	Last year	Current year
	Number of presumptive TB patients identified:		
	Number of presumptive TB patients referred for testing		
	Number of TB patients diagnosed out of the presumptive patients referred		
	Number of TB patients taking treatment under the Sub centre area		
34. ASHA Interaction			

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) 	
<ul style="list-style-type: none"> ASHA Incentives: Any Time lag /Delay in Payment after submission of voucher. <ul style="list-style-type: none"> Average delay 	
<ul style="list-style-type: none"> ASHA is aware about provision of incentives under NTEP (Informant Incentives, Treatment Supporter Incentives) and Nikshay Poshan Yojana (₹500 per month incentive to the TB patient for the duration of treatment) 	
35. Number of Village Health & Sanitation days conducted in last 6 months	
36. Incentives:	<ul style="list-style-type: none"> Performance Incentives is disbursed to CHOs on monthly basis: <input type="checkbox"/>Yes/ <input type="checkbox"/>No Team-based incentive being disbursed for all HWC staffs: <input type="checkbox"/>Yes/ <input type="checkbox"/>No
37. Frequency of VHSNC/ MAS meeting (check minutes of last meeting held)	
38. Whether CHOs and HWC staffs are involved in VHSNC/ MAS meeting	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
39. Maintenance of records on	<ul style="list-style-type: none"> TB cases: <input type="checkbox"/>drug sensitive/ <input type="checkbox"/>drug resistant cases/ <input type="checkbox"/>both Malaria cases: <input type="checkbox"/>Yes/ <input type="checkbox"/>No Palliative cases: <input type="checkbox"/>Yes/ <input type="checkbox"/>No Cases related to Dengue and Chikungunya: <input type="checkbox"/>Yes/ <input type="checkbox"/>No Leprosy cases: <input type="checkbox"/>Yes/ <input type="checkbox"/>No
40. How much fund was received and utilized by the facility under NHM?	Fund Received last year: Fund utilized last year: Items/ Activities whose expenditure is met out of the RKS/ Untied Fund regularly: Reasons for underutilization of fund (if any)
41. Availability of ambulance services in the area	
<ul style="list-style-type: none"> How many cases from the Sub Centre were referred to PHC in last month? 	Number: Types of cases referred out:
42. Key challenges observed in the facility and the root causes	
Challenge	Root causes
a)	
b)	
c)	
d)	

