



सत्यमेव जयते



# OPERATIONAL GUIDELINES

For Improving Health and Nutrition Status in  
ASPIRATIONAL DISTRICTS



**Aspirational District Unit**  
Ministry of Health and Family Welfare,  
Government of India







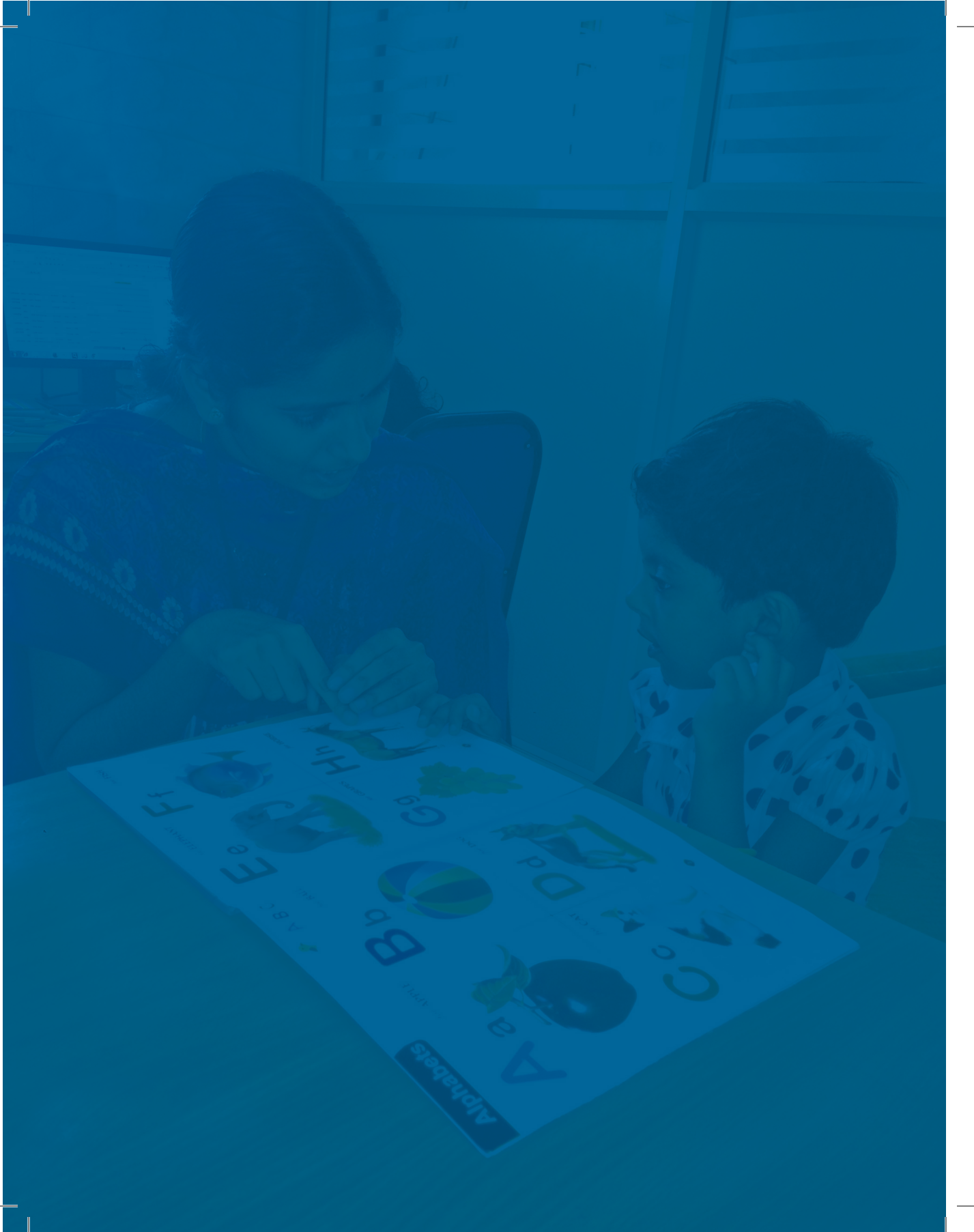
# Operational Guidelines

For Improving Health and Nutrition Status in  
ASPIRATIONAL DISTRICTS



**Aspirational District Unit**  
Ministry of Health and Family Welfare,  
Government of India









जगत प्रकाश नड्डा  
Jagat Prakash Nadda



स्वास्थ्य एवं परिवार कल्याण मंत्री  
भारत सरकार  
Minister of Health & Family Welfare  
Government of India



### Message



Our hon'ble Prime Minister, Shri Narendra Modi ji, has a vision of a New India, wherein the fruits of development reach each and every geographical region and citizen. In order to realise this vision, Government of India has started a first of its kind initiative by shortlisting 117 districts for rapid transformation and inclusive growth. These districts have, hitherto, lagged behind on several key indicators, including health and nutrition.

2. In recent months, the Union Ministry of Health & Family Welfare, has successfully implemented various key interventions in these districts, viz. Mission Indradhanush, Nikshay Poshan Yojana and Health & Wellness Centres. However, there is still a long way to go till these districts reap the benefits of equitable development.

3. As the road to transformation is an arduous one, it requires convergence and collaboration at all levels. With a view to achieve the desired results, the Union Ministry of Health & Family Welfare has come out with the '**Operational Guidelines for Aspirational Districts**', which is an important step towards acknowledging our commitment towards improving the health and nutrition indicators in these districts. As active participation of states and districts is the key to the success of this initiative, I urge all stakeholders to make optimal use of these guidelines to understand their roles and responsibilities. It is my firm belief that with this transformation, India will develop uniformly and at higher pace while simultaneously ensuring equity.

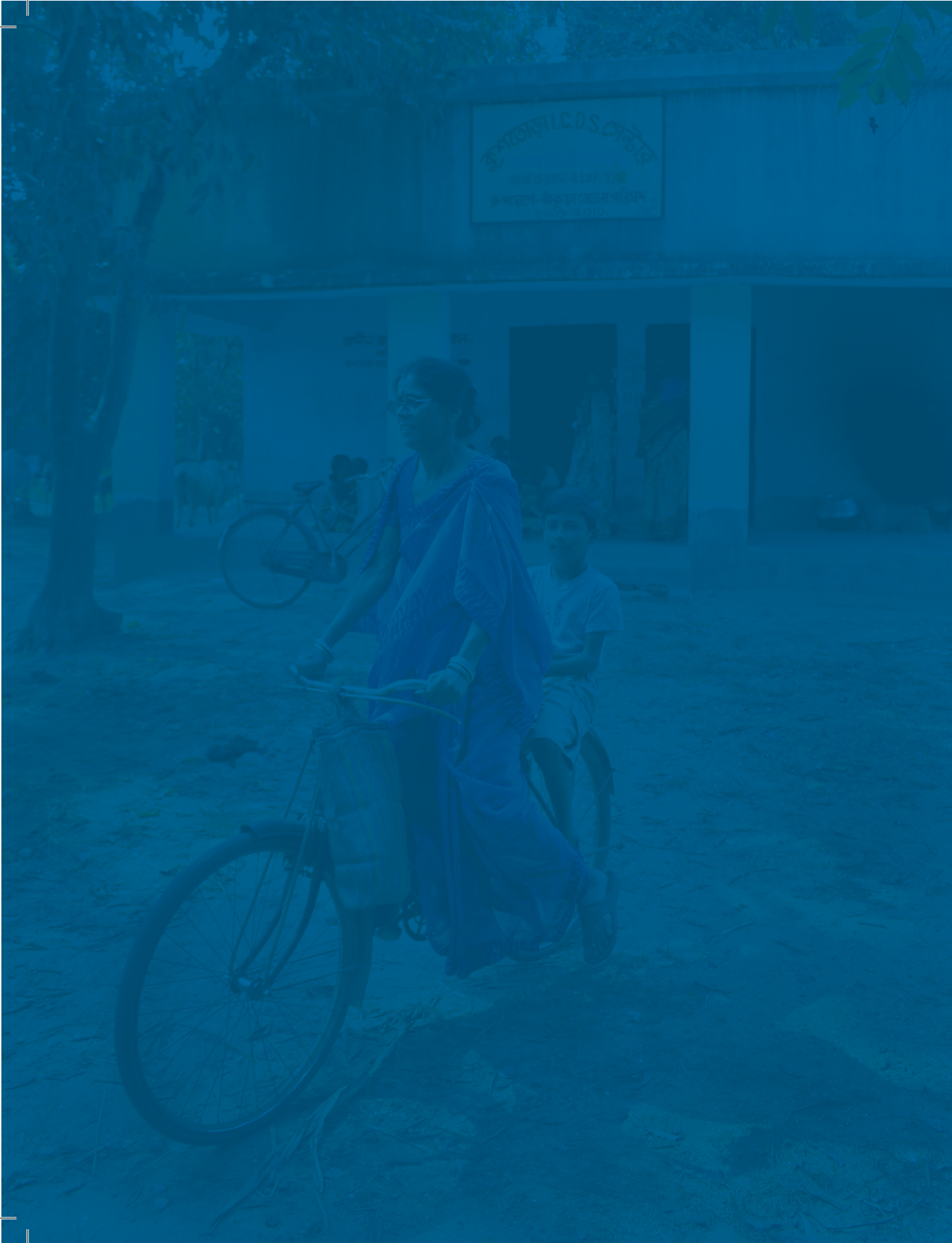
4. I wish the identified districts success in this endeavour.

(Jagat Prakash Nadda)

New Delhi,  
October 2, 2018

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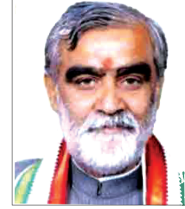




अश्विनी कुमार चौबे  
Ashwini Kumar Choubey



स्वास्थ्य एवं परिवार कल्याण राज्य मंत्री  
भारत सरकार  
MINISTER OF STATE FOR  
HEALTH & FAMILY WELFARE  
GOVERNMENT OF INDIA



### MESSAGE

It gives me great pleasure to place before you the **Operational Guidelines for Aspirational Districts**. Formulation of these guidelines is an important step towards formalizing standard operating procedures for implementing the health and nutrition initiatives in the aspirational districts.

Our Honorable Prime Minister's vision of '*sabka saath sabka vikas*' is borne out of a desire to ensure inclusive growth for all. As we all know, India has taken great strides on the path of development. While India's success story continues, we cannot ignore the fact that the fruits of development have not been equitably distributed. It is with this vision that the Government of India has launched the Aspirational Districts programme, wherein districts which are lagging behind will be guided in a coordinated manner by the Centre and the State Governments.

Since there can be no development without progress in health and healthcare, the same has been accorded due importance in the programme. In order to guide the states and districts in this journey, the Government of India has brought out these guidelines.

I am convinced that these guidelines will be extremely useful for States and Districts for achieving the desired results, and I hope all stakeholders will make optimal use of them.

New Delhi  
Sept, 2018.

  
(Ashwini Kumar Choubey)









**अनुप्रिया पटेल**  
**Anupriya Patel**



*I/3185156/2018*  
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**भारत सरकार**

**Minister of State For**  
**Health & Family Welfare**  
**Government of India**



### MESSAGE

It gives me immense pleasure to present the Operational Guidelines for Aspirational Districts. Preparation of these guidelines is a sincere effort by the Ministry of Health and Family Welfare towards formalizing the implementation of the Aspirational Districts programme.

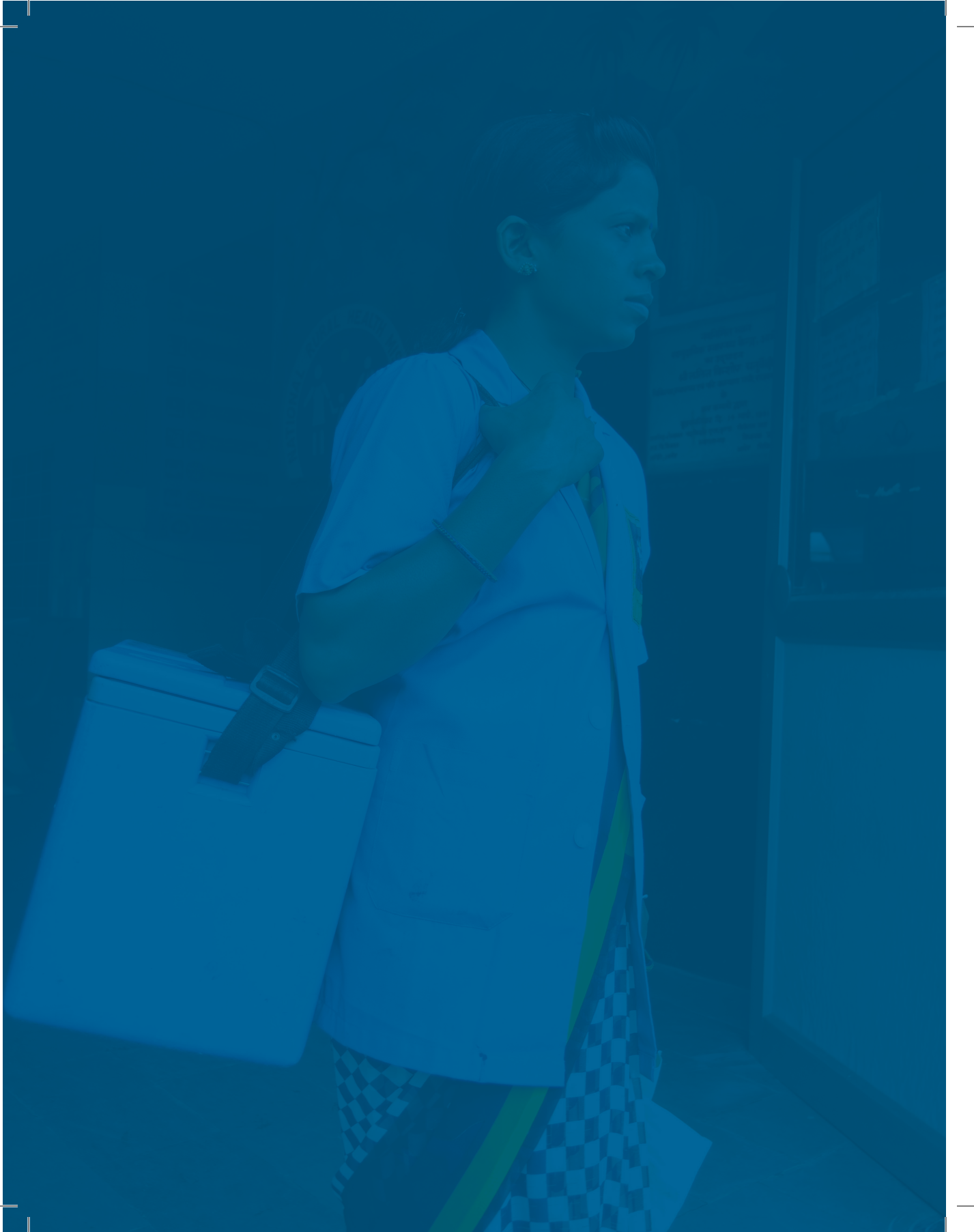
India has achieved many milestones on the path to achieving health for all. India's Maternal Mortality Ratio (MMR), Infant Mortality Rate (IMR) and Under 5 Mortality Rate (U5MR) have declined at a pace much higher than the global decline. While these achievements are commendable, there still exist stark disparities in between and within states and districts. The country's growth story will not be complete until these last mile challenges are taken care of.

In order to achieve our Hon'ble Prime Minister's vision of a transformed India, it is imperative to reduce these inequities. For a diverse country like India, different sectors are interdependent, and inclusive development cannot take place unless a holistic approach is adopted. It is with this aim that the NITI Aayog has identified 117 districts based on several indicators to bring about rapid change.

Since health is crucial component of this framework, the task before us is an uphill one. In order to guide states and districts on this path, Government of India has formulated these guidelines to provide a broad contour and direction to the tasks. I hope these guidelines will serve as a useful tool on this arduous journey.

*(Anupriya Patel)*









प्रीति सूदन

सचिव

**PREETI SUDAN**  
Secretary



भारत सरकार  
स्वास्थ्य एवं परिवार कल्याण विभाग  
स्वास्थ्य एवं परिवार कल्याण मंत्रालय

Government of India  
Department of Health and Family Welfare  
Ministry of Health & Family Welfare  
Dated : 17<sup>th</sup> September, 2018



### **PREFACE**

The National Health Mission has led to significant improvement in various health indicators; however inequities in health outcomes continue to persist across States and districts. As India is advancing towards the goal of universal health coverage, it is important to address this inequity by transforming laggard districts.

In order to address these challenges, the government launched the 'Transformation of Aspirational Districts' initiative in January, 2018 with a vision of a new India by 2022. The focus is on raising standard of living of our citizens and ensuring inclusive growth of all, thereby improving India's ranking under human development index. Since health & nutrition is a critical component of development, a district specific health action plan along with a structured review mechanism becomes imperative to achieve the desired outcomes.

Government of India has prepared the Operational Guidelines for Aspirational Districts which will provide a framework of implementation for various health initiatives. It has been developed with the intention to guide the state, district, block programme officers and other stakeholders in organizing various activities under this initiative to bring about transformation in the lives of the people.

I earnestly hope that these guidelines will enable state and district officials in formulation of district specific action plans for rapid progress of the aspirational districts as envisaged by the Honourable Prime Minister of India .

  
(Preeti Sudan)









मनोज झालानी  
**Manoj Jhalani**

अपर सचिव एवं मिशन निदेशक (रा.स्वा.मि.)  
Additional Secretary & Mission Director (NHM)



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### PREAMBLE

India has made significant progress in betterment of the health of her people as is evident from the improvement in key health indicators. This has been possible due to various NHM initiatives including Janani Suraksha Yojana, Janani Shishu Suraksha Karyakaram, RBSK, National Ambulance Services, National Free Drug & Diagnostics Services etc.

However, a closer look at the data reveals not only high degree of heterogeneity among states but also wide inter- district variations. Hence to focus the efforts on districts with weak health indicators, The NHM had started a concept of high priority districts to provide higher resources per capita, focused supervision including through Development Partners and flexible approach. This approach helped accelerated improvement in health outcomes with reducing inequity: Now the NITI Aayog has identified 117 Aspirational districts across 28 states based on indicators in the field of health and nutrition, education, deprivation and infrastructure etc.

As health is an important and integral component of the initiative, Ministry of Health & Family Welfare has developed **Operational Guidelines for Aspirational Districts**. The purpose of these guidelines is to create an enabling mechanism for improved implementation of key health interventions in these districts.

The Aspirational Districts approach is helping create an environment of convergence, collaboration and competition to bring about rapid improvement in key human development indicators in these districts.

Accordingly, it would act as a guide for implementation by the District Collectors and key district-level functionaries, enable quick learning about the Scheme, implementation modalities, roles and responsibilities of the various functionaries as well as stakeholders.

I firmly believe that these guidelines will provide valuable insights in prioritizing their efforts to achieve rapid transformation in health indicators of these districts and this in turn will help India in achieving the Sustainable Development Goals.

  
(Manoj Jhalani)

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### FOREWORD

India has shown considerable improvement in key health indicators like IMR, MMR and TFR in recent years. Under the National Health Mission, Government of India has implemented several initiatives that aim to improve the health outcomes in the country. However, there is uneven development across states and districts, and many districts are lagging behind on health, education, and socio-economic development indicators when compared to National averages and other districts.

In order to address this issue and to promote balanced and inclusive growth in the country, NITI Aayog has identified 117 aspirational districts, to accelerate the pace of overall development. These districts have been selected on the basis of various indicators including health & nutrition.

This document provides a strategic framework for planning and implementation of different health initiatives that need to be undertaken to achieve the desired results. It will guide the state, district, block programme officers and other stakeholders in organizing activities expected to meet the vision of this initiative. This document also spells out clear cut roles and responsibilities at every level along with the role of development partners in this initiative.

I extend my best wishes and support to this new and important programme and urge the States and districts to intensify their efforts towards the rapid transformation of these aspirational districts which will enable our country to achieve the Sustainable Development Goals before 2030.

(Vandana Gurnani)









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**MINISTRY OF HEALTH & FAMILY WELFARE**  
**NIRMAN BHAVAN, NEW DELHI - 110011**



### **ACKNOWLEDGEMENT**

The 'Operational Guidelines for Aspirational Districts' has been developed with the intent of providing a framework which states and districts can follow while they endeavour to improve their services. Since the programme is in a nascent stage, guidance on how to proceed is vital at this juncture. The Guidelines provide information on the tenets of the programme, define roles and responsibilities of stakeholders and lay down action points at different levels.

I extend my heartfelt thanks to Honourable Minister of Health and Family Welfare Sri J. P. Nadda, Honourable Ministers of State Sri Ashwini Kumar Choubey and Smt. Anupriya Patel who have been a constant source of inspiration for us.

I am also grateful to Ms. Preeti Sudan, Secretary (Health & Family Welfare) and Sri Manoj Jhalani, Additional Secretary & Mission Director (NHM) for guiding us in formulating the guidelines. My special thanks are due to Ms. Vandana Gurnani JS (RCH) for her unflinching support and encouragement.

I would also like to place on record my appreciation for the substantial contributions made by NHSRC and the 'Aspirational District Unit' who spearheaded the development of this manual.

I am confident that these guidelines will serve as an effective tool to guide districts in this initiative and ensure effective implementation of the programme.

(Dr. S. K. Sikdar)

**जोड़ी जिम्मेदार**



**जो प्लान करे परिवार**





आपके बच्चे का  
पैराना हो रहा है?



ए.एन.एम. या आंगनवाड़ी सेविका  
से बच्चों को पतला पैराना  
होने पर संपर्क करें।

से प्रभावित 6 माह से 6 वर्ष तक के बच्चों को  
आर.एस. के साथ जिया की गोली दें

यह :  
शरीर में पानी की कमी नहीं होने देता है।  
बिमारियों से लड़ने की ताकत देता है।

Micronutrient  
Initiative

आर.एस. की  
गोली



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# Contents


|   |    |
|---|----|
| Executive Summary .....                             | 22 |
| Introduction .....                                  | 26 |
| Selection Criteria for Aspirational Districts ..... | 28 |
| Stewardship Structure .....                         | 30 |
| Monitoring Mechanism .....                          | 34 |
| Scope of Guidelines.....                            | 36 |
| Planning for Aspirational Districts.....            | 38 |
| Situational Analysis .....                          | 39 |
| Health Action Plan .....                            | 42 |
| Implementation for Improving Indicators.....        | 44 |
| Sustainability .....                                | 48 |
| Roles & Responsibilities.....                       | 50 |
| Convergence .....                                   | 54 |
| Conclusion .....                                    | 57 |
| Annexures .....                                     | 58 |
| Abbreviations.....                                  | 94 |





# Executive Summary





In order to realize the vision of a new India wherein the fruits of development reach each and every citizen of the country, the Government of India has started a first of its kind programme wherein 117 identified Aspirational Districts have been taken up for rapid transformation and inclusive growth. These districts have hitherto lagged behind on several key indicators including health & nutrition.

The identified districts are eligible for enhanced funding and priority allocation for various initiatives undertaken by the Department and Ministry e.g. MCH wings, SNCUs, blood banks, stores, Health & Wellness centre etc. which shall be prioritized under National Health Mission (NHM) for these districts.

The three critical components of the programme are Convergence (of Central & State Schemes), Collaboration (of Central, State level 'Prabhari' Officers & District Collectors) and Competition among districts driven by a mass movement.


Health & Nutrition, Education, Agriculture & Water Resources, Financial Inclusion & Skill Development and Basic Infrastructure have been identified as core areas of focus in this programme.

Each of the above focus areas have been represented through 11 core indicators and measurable outcomes. Weightages too have been accorded to these areas at 30% for Health & Nutrition, 30% for Education, 20% for Agriculture and Water Resources, 10% for financial inclusion and 10% for skill development and basic infrastructure.

This programme is a policy priority of Government of India and is monitored at the highest level of Honorable Prime Minister's Office. NITI Aayog anchors the programme with support from Central Ministries and the State Governments. All districts have been placed under the direct stewardship of NITI Aayog and various Central Ministries.

At the district level, the District Magistrate will be the overall in-charge of the programme who will supervise line departments like Health, Women and Child Development, Rural electrification, Education etc. to drive development works as per district needs.





NITI Aayog has identified 13 core indicators along with 31 sub indicators for the health sector. The districts will be closely monitored and their performance will be evaluated on a periodic basis through the composite index.

The districts would then be ranked every month on the basis of incremental changes (Delta) in identified indicators through survey/data maintained by select Central Ministries and data provided by District teams.

The program calls for a situation analysis to identify strengths and gaps in the health system, and would include the following key components:

- Accessibility to Health Services
- Quality of services
- Essential Medicines and Logistics
- Health workforce
- Health Information systems
- Health Finance
- Leadership and Governance

Based on this situation analysis a Health Action Plan needs to be formulated which will serve as the guiding document for corrective action.

To sustain the impact of interventions in Aspirational Districts it is of paramount importance that regular monitoring of indicators and hand holding of field staff through supportive supervision is carried out on a continuous basis focussing more on problem solving and on the job training apart from observations and data collection.

The Roles and Responsibilities of Mentors at State and District level, and those of Development partners have been defined for the benefit of the program.

It is hoped that corrective actions led by the District Collector and overseen by the National and State mentors would lead to the overall transformation of the Aspirational Districts. This would not only raise the living standards but also improve India's ranking under Human Development Index.










# Introduction





India has made great strides in the health sector over time. It has achieved the MDG target of Maternal Mortality Ratio (MMR) and recorded an impressive 77% reduction in maternal mortality ratio from 1990 (556) to 2015 (130). Under-five mortality fell by 66% in the same period. Life expectancy has increased from 33 years in 1947 to 68.7 years in 2015. The country eliminated guinea worm (2000), became polio free in 2014, eliminated yaws and maternal and neonatal tetanus in 2016. Leprosy stands eliminated at the national level and the country is rapidly moving ahead to eliminate *kala-azar*, lymphatic filariasis, leprosy and malaria<sup>1</sup>.

However while significant progress has been made, inequities in health outcomes continue to persist across states and districts. A closer look at the data reveals high heterogeneity in the living standards in India. Moreover there are significant inter-state and inter-district variations.

To address these challenges, the Government of India has launched the 'Transformation of Aspirational Districts' initiative in January, 2018 in 117 districts with a vision of a New India by 2022<sup>2</sup> by improving India's ranking under human development index, raising living standards and ensuring inclusive growth of all its citizens.

The identified districts are eligible for enhanced funding and priority allocation of various initiatives undertaken by the department and ministry e.g. MCH wings, SNCUs, blood banks, stores, health & wellness centres etc. under National Health Mission (NHM) for these districts.

The three critical components of the programme are Convergence (of Central & State Schemes), Collaboration (of Central, State level 'Prabhari' Officers & District Collectors) and Competition among districts driven by a mass movement.

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<sup>1</sup> [http://apps.who.int/iris/bitstream/handle/10665/136895/ccsbrief\\_ind\\_en.pdf?sequence=1](http://apps.who.int/iris/bitstream/handle/10665/136895/ccsbrief_ind_en.pdf?sequence=1)

<sup>2</sup> <http://niti.gov.in/content/about-aspirational-districts-programme>





# Selection Criteria for Aspirational Districts



**H**ealth & Nutrition, Education, Agriculture & Water Resources, Financial Inclusion & Skill Development and Basic Infrastructure have been identified as core areas of focus of this programme.

Each of the above focus areas have been represented through 11 core indicators and measurable outcomes (given below). Weightages too have been accorded to these areas at 30% for Health & Nutrition, 30% for Education, 20% for Agriculture and Water Resources, 10% for Financial Inclusion and 10% for Skill Development and Basic Infrastructure.

| S No | Indicator                                     | Source         | Sector         | Weight |
|------|---|----------------|----------------|--------|
| 1    | Landless household dependent on Manual Labour | SECC D7        | Deprivation    | 25%    |
| 2    | Ante Natal Care                               | NFHS-IV        | Health         | 7.50%  |
| 3    | Institutional Deliveries                      |                |                | 7.50%  |
| 4    | Stunting of children below 5 years            |                |                | 7.50%  |
| 5    | Wasting of children below 5 years             |                |                | 7.50%  |
| 6    | Elementary Drop-out Rate                      | U-DISE 2015-16 | Education      | 7.50%  |
| 7    | Adverse pupil teacher ratio                   |                |                | 7.50%  |
| 8    | Unelectrified household                       | Ministry data  | Infrastructure | 7.50%  |
| 9    | Household without individual toilet           |                |                | 7.50%  |
| 10   | Un-connected PMGSY village                    |                |                | 7.50%  |
| 11   | Rural Household without access to water       |                |                | 7.50%  |

A composite index was arrived at considering the above mentioned indicators and the districts were ranked based on it. This exercise resulted in identification of 117 Aspirational Districts which had huge potential for transformation and had somehow missed the fruits of equitable and homogenous development work.



## HOW ?

### Do at least 5 things

- Use bed-nets, especially insecticide treated nets
- Screen doors and windows with wire-netting
- Avoid water collections around the houses
- Insist on indoor insecticide (DDT) spray
- Use large voracious fish in ponds & other permanent water bodies

For further information  
Contact your nearest Health Centre / Health Worker



National Vector Borne Disease Control Programme, Sri Lanka



WA

## WHAT EVERYONE SHOULD KNOW

Remember, there is the best possible way about how to prevent malaria.

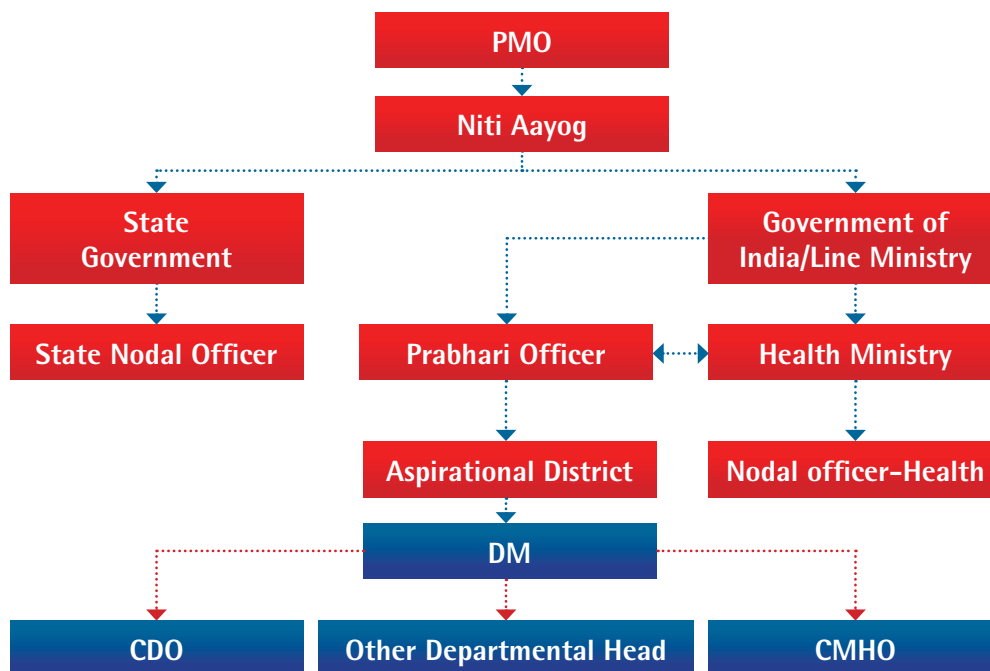
TO GET THE MOST FROM YOUR SALT PRACED IN BOREAL AREA



SALT PRACT WITHOUT LID

# Stewardship Structure






**T**his programme is a policy priority of Government of India and is monitored at the highest level of Honorable Prime Minister's Office. NITI Aayog anchors the programme with support from Central Ministries and the State Governments. All districts have been placed under the direct stewardship of NITI Aayog and different central Ministries.

An Empowered Committee of Secretaries under the convenorship of the Chief Executive Officer (CEO), NITI Aayog will oversee the progress of work being undertaken in the districts and ensure optimal utilization of funds under the scheme. It will also help in the convergence of various government schemes and streamlining of efforts.

Each of the districts has been assigned a Central "Prabhari Officer" of the rank of Joint Secretary and above, drawn from various ministries, to guide and oversee the development





activities. These Officers would be making periodic visits to the assigned districts and interact closely with district administration.

Besides this, individual ministries will also be responsible for the development agenda for their respective line departments. For e.g. while Ministry of Health and Family Welfare is nodal for only four Aspirational Districts but it will be responsible for Health related transformation in all the 117 districts.

State nodal officers have also been identified by individual states for supporting Aspirational Districts.

At the district level the District Magistrate will be the overall in-charge of the programme who will supervise line departments like Health, Women and child development, Rural electrification, Education etc. to drive development works as per the district needs.







A photograph of a classroom scene with a blue overlay. On the left, a woman wearing a blue saree is leaning forward, writing on a small white notepad with a pen. In the center, a young girl in a white dress stands on a white circular platform, which is part of a scale. The girl is looking directly at the camera. The background shows a wall with a grid of boxes, each containing a drawing of a different animal or plant, such as a lotus, a bird, a lion, and a camel. The text 'Monitoring Mechanism' is written in white at the bottom left of the image.

# Monitoring Mechanism



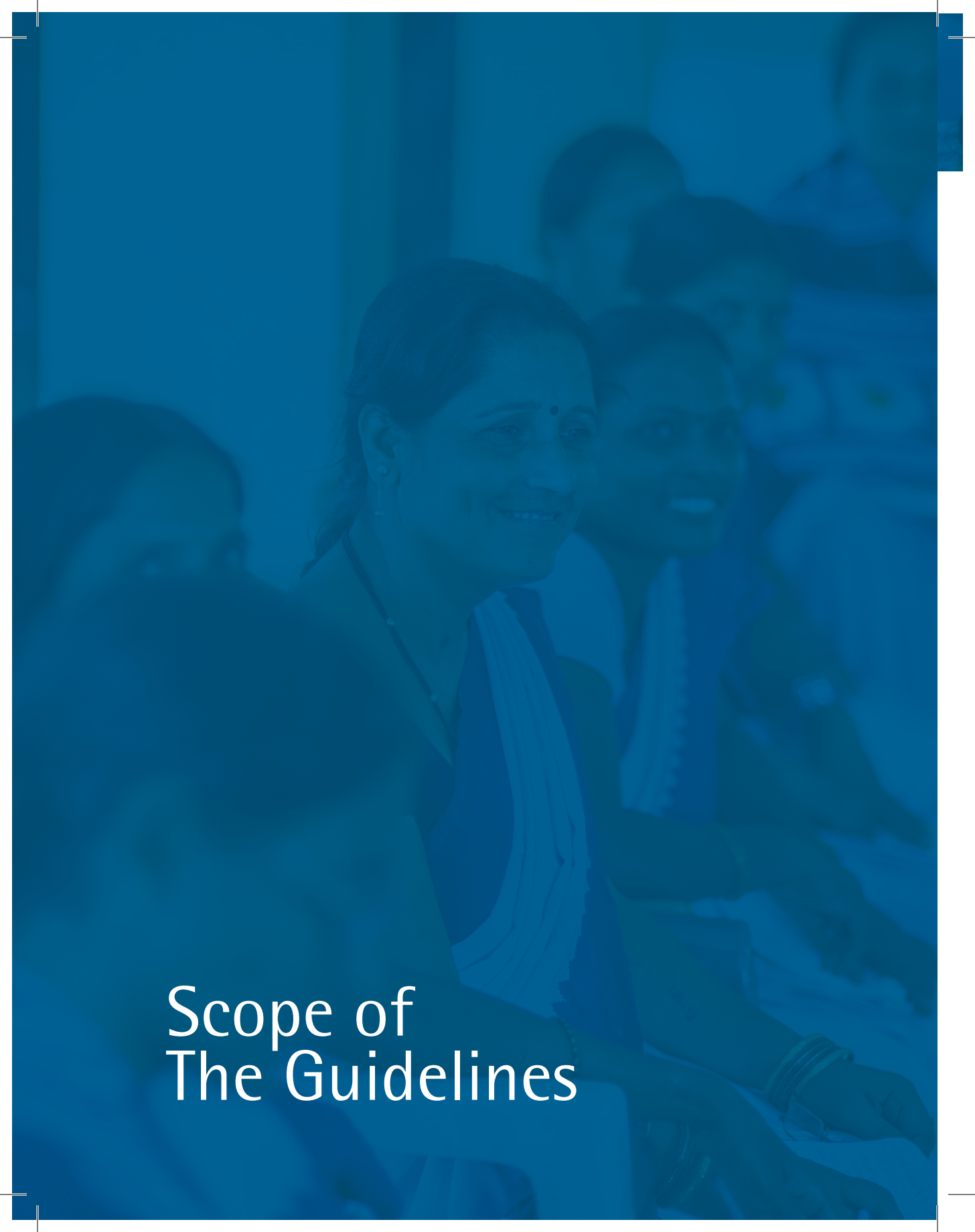
**A**fter several rounds of consultations with various stakeholders, NITI Aayog has identified 13 core indicators along with 31 sub indicators for the health sector. (Annexure 1).

The districts will be closely monitored and their performance will be evaluated on a periodic basis through the composite index.

The districts would then be ranked every month on the basis of incremental changes (Delta) in identified indicators through survey/data maintained by select Central Ministries and data provided by District teams.





A photograph of a group of women, likely in a professional or community meeting, is shown with a semi-transparent blue overlay. The women are smiling and looking towards the right side of the frame. The text 'Scope of The Guidelines' is written in white at the bottom left.

# Scope of The Guidelines



## AIM

The document provides a framework for implementing action to be undertaken for various health initiatives to guide the state, district, block programme officers and other stakeholders in organizing various activities expected to meet the vision for health by leveraging health and nutrition initiatives to bring transformation in the lives of people and meet their aspirations to be healthy.

## OBJECTIVES

- Define the process of implementation and strengthen planning.
- Define roles and responsibilities of various functionaries.
- Prioritize programs to improve NITI Aayog indicators.
- Leverage convergence to improve health and nutrition outcomes.
- Leverage financial resources.
- Define a mechanism for Monitoring and sustenance.



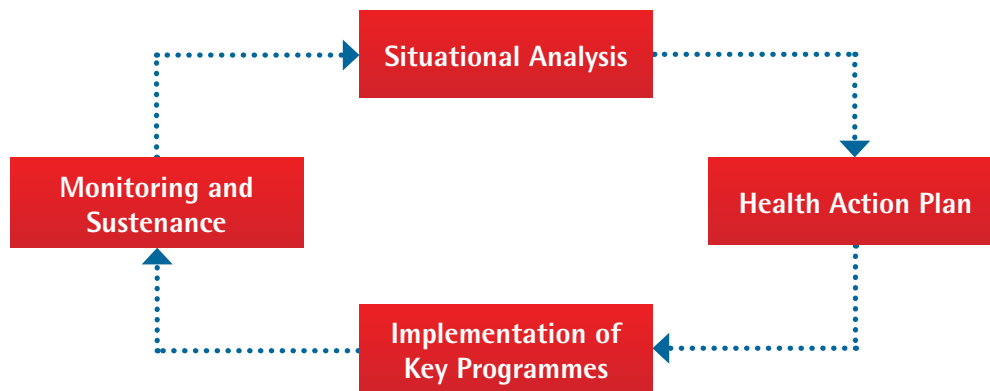




# Planning For Aspirational Districts



**T**ransformative changes in health in any district are a challenging task and it is even more so in an Aspirational District. The suggested approach for intensifying actions in Aspirational Districts is depicted below:



## SITUATIONAL ANALYSIS

It is important to adopt a health systems approach to identify strengths and gaps in the health system. Health situation needs to be analysed in totality in terms of health systems blocks as follows:

- 1. Health Services:** Includes all services dealing with the diagnosis and treatment of disease or the promotion, maintenance and restoration of health. Institutional delivery rate and immunization coverage can be used as proxy indicators to identify blocks with poor reach of health services.

Key priorities which need to be assessed in Aspirational Districts are:

### A. Accessibility to Health Services

- Health services must be accessible both geographically and financially, especially for those who need it the most.
- An elaborate referral transport plan comprising empanelled ambulances and outsourced empanelled vehicles should be in place to provide services to farthest of areas.
- Average trips per day and distance covered can be taken as proxy for efficient functioning of the referral transport system.
- Transportation plan should be as per time to care approach.





## B. Quality of Services (Means of verification)

Could be appraised through

- Rapid assessment of quality of services in key thematic areas of RMNCH+A, NCDs, and communicable diseases including Tuberculosis etc.
- KAYAKALP and NQAS assessment for all facilities to identify the service delivery related gaps.
- LaQShya assessment for all high case load facilities.
- Patient feedback from various mechanisms viz. *Mera Aspatal*, MCTFC reports and Grievance redressal desks etc.

## 2. Essential Medicines and Logistics

- Current status in implementation of free drugs and diagnostics initiative.
- Assessment of District Drug store for infrastructure and HR related gaps.

## 3. Health Workforce

- Human resource availability versus requirement for all cadres at all levels including community level workforce.
- Assessment of vacancy status of ASHA and ANM since outreach activities play critical role in success of any program.
- Assessment of availability and rationalisation of excess staff under various vertical programs e.g. Lab technician under various national programs.
- Ideally the health facilities must be IPHS compliant and IPHS checklists can be used to do this assessment.

Key areas of capacity building that need to be assessed are: SBA, NSSK, PPIUCD, Injectable Contraceptive, BEmOc, EmOC, *Dakshata*, SNCU staff, RNTCP, CPHC, NCD screening, ASHA etc. as per guidelines.

## 4. Health Information Systems

- Status of roll out and issues of various key IT platforms like RCH portal, HMIS, DVDMS, FP-LMIS, E-Vin, *Nikshaya*, SNCU online etc.
- Gaps in HMIS, RCH and other data systems with respect to timeliness, completeness and correctness must be identified so that actionable data is available on time.
- Availability of data entry operators and their continuous capacity building in line with the programmatic changes.





### 5. Health Finance

- Assessing whether adequate finances have been provisioned to ensure quality health services in the first place.
- Exploring the scope of funding and rational use of finances for cost effective interventions.
- Status of utilization of NHM funds under various budget head and reasons for low utilization, if any.
- Implementation status of PFMS and DBT under various national health schemes.

### 6. Leadership and Governance

- Frequency of review meetings at state, district and block levels.
- Status of inter-departmental meeting and joint action plan with line departments.
- Review existing system of supportive supervision structures and mechanisms.





## HEALTH ACTION PLAN

Basic Principles to be taken care of while planning:

1. Undertake decentralized planning
2. Follow health systems approach.
3. Ensure participation of all relevant stakeholders.

### The Strategy

1. Focus on district specific strengths and ensure utilization of existing resources.
2. Identify and prioritize low hanging fruits (*Targeting areas that may yield immediate improvement with minimal efforts*).
3. Tailor interventions as per local context.
4. Leverage involvement of all stakeholders for implementing innovative measures on the ground.

The main aim of planning is to prepare a District Health Action Plan, which will help the district channelize its resources in right direction and serve as a guiding document for corrective action.

The planning must take into account all the available resources that include existing facilities (infrastructure), available human resource, logistics, supply chain systems and financial arrangements. Improvement in the quality and coverage of basic health services at the district level requires a move from vertical to more horizontal interventions in terms of service delivery and public health workforce. Planning with respect to health system blocks can be done as follows:

### A. Service Delivery

Various strategies to strengthen the health service delivery are:

- Mapping the available facilities (both public and private).
- Mapping the available services within the facilities.
- Strengthening the existing services.
- Increasing access to widened scope of special services.

For each level of health facility in India, GoI provides detailed guidelines on the population catchment area, staffing and the services expected at that level. Facility mapping can establish a comprehensive profile of public and private facilities at the district level, including details on the population and geographical areas they cover. In addition, mapping can also examine infrastructure, human resource, drugs, equipment and supplies to assess capacity of the facilities for service delivery.





## B. Human Resource

Concerted efforts may be required at both state and district level to achieve optimal human resource at facilities and at community level. A few strategies to address HR bottlenecks could be:

- Rational and need based deployment.
- Training of MBBS doctors on Multitasking such as EmOC, LSAS, IUCD/PPIUCD.
- Assured transfer after a certain tenure and transparent transfer policy.
- Bridge course for midlevel service providers.
- Provision of facilitation for professional growth and quota in PG seats for MBBS doctors.
- Use of NHM flexibility norms to hire specialists.
- Incentives for difficult and hard to reach areas.
- Campus recruitment.

## C. Information Systems

It is important to ensure the timeliness, completeness and correctness of information systems like HMIS and MCTS/RCH Portal.

Review and Monitoring of programmes should be conducted by the districts strictly on HMIS data which would not only strength the data quality but also meaningfully aid in planning of interventions.

Filling of vacant positions of data entry operators with regular capacity building must be prioritized.

## D. Finance Resources

The DHAP must be prepared in consultation with all relevant stakeholders and adequate funds should be earmarked to overcome the identified bottlenecks.

In addition to the funds routed through NHM PIP, other heads can also be tapped viz.

- State budget.
- DM Flexipool.
- District Mineral fund.
- District Tribal fund.
- Minorities development funds.
- CSR funds etc.



## IMPLEMENTATION FOR IMPROVING INDICATORS

This section enlists all the important NITI Aayog indicators pertaining to health sector. In line with these indicators, evidence based key strategies and high impact interventions have been identified which should form part of the action oriented framework for an Aspirational District. The DM and CMHO should provide leadership and guidance for implementation of these interventions which can lead to overall improvement.

| INDICATORS  | INTERVENTIONS  |
|---|--|
| MATERNAL HEALTH   |  |
| <ul style="list-style-type: none"> <li>Percentage of Pregnant Women (PW) registered for ANC against estimated pregnancies</li> <li>Percentage of ANC registered within first trimester against total ANC registrations</li> <li>Percentage of PW receiving four or more antenatal care check-ups against total ANC registrations</li> <li>Percentage of Institutional Deliveries</li> <li>Percentage of home deliveries attended by a SBA</li> <li>Proportion of functional FRUs (First referral units) against the norm of 1 per 5,00,000 population (1 per 3,00,000 for hilly terrain)</li> <li>Percentage of First referral units (FRU) having labour room and obstetrics OT (NQAS certified i.e. meeting LaQshya guidelines)</li> <li>Sex Ratio at birth</li> </ul> | <ul style="list-style-type: none"> <li>Early registration of pregnancy, ANC services including 4 ANC's &amp; detection and follow-up of high risk cases using RCH portal</li> <li>Effective Implementation of Pradhan Mantri Surakshit Matritva Abhiyan (PMSMA)</li> <li>Ensure every PW is tested for HIV &amp; Syphilis during ANC</li> <li>Operationalize FRUs-Use NHM flexibility of In-sourcing/Hard Area allowance/Top-up allowance/LSAS &amp; EmOC training to keep FRUs functional 24x7</li> <li>Improve quality of Intra partum and Immediate Post partum services: Implementation of LaQshya in High Case Load Facilities</li> <li>Zero Preventable deaths. Capture all maternal and child deaths and Institutionalize Maternal and Child Death Review</li> <li>Ensure Free and Zero Expense delivery for C-section, free care in case of ante-natal &amp; post-natal complications for PW and infants under Janani Shishu Suraksha Karyakaram (JSSK)</li> <li>Mapping of High Home Delivery Areas - Ensure that every pregnant woman should deliver through SBA trained ANM and roll out of Home based distribution of Misoprostol</li> <li>Effective implementation of PCPNDT Act and Beti Bachao Beti Padhao Abhiyan</li> </ul> |



| ANAEMIA   |   |
|---|---|
| <ul style="list-style-type: none"> <li>Anaemia among children</li> <li>Anaemia among women</li> <li>Percentage of PW tested for Haemoglobin 4 or more for respective ANC's against total ANC registration</li> <li>Percentage of PW having severe anaemia treated against PW having severe anaemia tested cases</li> </ul>  | <ul style="list-style-type: none"> <li>Anaemia Mukht Bharat: Life cycle approach has been targeted i.e. Adolescent girl and boys, PW, Women in Reproductive age group and Children (6-59 months)</li> <li>IFA Tablet and Syrup: Effective supply chain and logistics management for IFA tablet and syrup at all levels</li> <li>Inter Departmental Coordination: for Anaemia Mukht Bharat Programme</li> <li>Line listing of severely anaemic PW and ensure treatment and follow up of these cases</li> <li>Address non-nutritional causes of Anaemia i.e. Malaria in Endemic areas</li> </ul>  |
| NEW-BORN HEALTH   |   |
| <ul style="list-style-type: none"> <li>Proportion of live babies weighed at birth</li> <li>Percentage of new-borns having weight less than 2.5 kg to new-borns weighed at birth</li> <li>Percentage of new born breastfed within one hour of birth</li> <li>Percentage of exclusive breast-feeding</li> <li>Breastfeeding children receiving adequate diet (6-23 months)</li> <li>Non-Breastfeeding children receiving adequate diet (6-23 months)</li> </ul> | <ul style="list-style-type: none"> <li>Early initiation of breast feeding (EIBF) within one hour</li> <li>Staff sensitization and capacity building at all delivery points</li> <li>Ensure counselling and support to mothers for breastfeeding promotion</li> <li>Ensure presence of birth companions and trained labour room staff to support mothers for EIBF</li> <li>Essential new-born care at facility - Specialised units for stabilization and care of sick new-born &amp; LBW babies (SNCUs, NBSUs &amp; NBCCs)</li> <li>Establishment of KMC units for LBW babies</li> <li>Home based young child care</li> <li>Ensure availability of all essential equipment &amp; commodities (Inj. Vitamin K, BCG, OPV, Hep B, Functional Radiant Warmer, Mucuos Extractor, Ambu bag etc.)</li> <li>Ensure effective implementation of Infant Milk Substitute (IMS) act and Baby Friendly Hospital Initiative</li> </ul> |





| CHILD HEALTH & NUTRITION  |  |
|---|--|
| <ul style="list-style-type: none"> <li>• Percentage of stunted children under 5 years of age</li> <li>• Percentage of Severe Acute Malnutrition (SAM)</li> <li>• Percentage of Moderate Acute Malnutrition (MAM)</li> <li>• Percentage of children with ARI in the last 2 weeks taken to a health facility</li> <li>• Percentage of children with Diarrhoea treated with ORS</li> </ul> | <ul style="list-style-type: none"> <li>• Ensure registration of all under five children in AWC</li> <li>• Ensure admission and management of all identified SAM cases at Nutrition Rehabilitation Centre (NRC) as per protocols</li> <li>• Ensure strong co-ordination between NRCs and Community based management of SAM</li> <li>• Micronutrient supplementation (IFA, Calcium, Vitamin A and Deworming)</li> <li>• Implement Home Based Young Child Care (HBYC) to improve complementary feeding</li> <li>• Detection of children with growth and developmental delays and deficits and their appropriate referral and management (RBSK)</li> <li>• Promotion of Integrated Management of Neonatal and Childhood Illness (IMNCI) for early diagnosis and case management</li> <li>• Awareness of use of ORS and Zinc for diarrhea management and ensuring availability of ORS at household level</li> </ul> |
| IMMUNIZATION  |  |
| <ul style="list-style-type: none"> <li>• Percentage of children fully immunized</li> </ul>  | <ul style="list-style-type: none"> <li>• Ensuring convergence of all concerned departments for success of MI</li> <li>• Ensure regular District Task Force Meetings on Immunization (DTFI)</li> <li>• Ensure integration of MI sessions into RI after the campaign</li> <li>• Review the plan of integration of MI sessions into RI</li> <li>• Ensure vaccine availability and development of microplan using MCTS</li> <li>• Ensure smooth and timely flow of allocated funds for immunization programme especially for IEC activities, mobility support to deployed vaccinators and incentives/honorarium to ASHAs/mobilizers</li> <li>• Facilitate rational deployment of ANMs as a permanent measure &amp; ensure deployment to vacant sub-centres/urban areas during MI</li> </ul>  |



| FAMILY PLANNING   |  |
|---|--|
| <ul style="list-style-type: none"> <li>• Total Unmet Need (UN)</li> <li>• Use of any modern method (mCPR)</li> <li>• Percentage of spacing methods use (Condoms, Pills, Injectables, IUCD)</li> <li>• Spacing between births</li> <li>• Birth order 3 and above</li> </ul>  | <ul style="list-style-type: none"> <li>• Rapid Scaling up of injectable contraceptive services across the facilities</li> <li>• Provision of quality PPIUCD services especially for the facilities with high delivery loads</li> <li>• Fixed day services for sterilisation</li> <li>• Promotion of Minilap and post-partum sterilization</li> <li>• Provision of Condom boxes at all facilities</li> <li>• Mission Parivar Vikas campaign to be effectively implemented in MPV districts</li> <li>• Ensure operationalization of FP-LMIS to sub-centre level</li> <li>• Orientation and engagement of ASHAs on ASHA schemes for strengthening FP services</li> <li>• Quarterly review of Death, failure and complications in DQAC meetings</li> </ul> |
| ADOLESCENT HEALTH   |  |
| <ul style="list-style-type: none"> <li>• Teen age marriage</li> <li>• Teen age pregnancy</li> </ul>   | <ul style="list-style-type: none"> <li>• Ensure effective implementation of RKSK</li> <li>• Establish functional &amp; dedicated Adolescent Friendly Health Clinics (AFHC)</li> <li>• Implement Weekly Iron &amp; Folic Acid Supplementation Program (WIFS)</li> <li>• Implement Peer Educator Program</li> <li>• Implement Menstrual Hygiene Scheme</li> <li>• Strengthen inter-personal communication and mass media campaigns</li> </ul>  |
| REVISED NATIONAL TUBERCULOSIS CONTROL PROGRAM (RNTCP)   |  |
| <ul style="list-style-type: none"> <li>• Tuberculosis (TB) case notification rate (Public and Private Institutions) against estimated cases</li> <li>• TB case notification rate (Public Institution) as against estimated cases</li> <li>• TB case notification rate (Private Institution) as against estimated cases</li> </ul> | <ul style="list-style-type: none"> <li>• Improve TB notification rate from public and private sector</li> <li>• Ensure mandatory TB notification from private sector</li> <li>• Active TB Case Finding to reach the unreached</li> </ul>   |






|  |   |   |
|--|---|---|
|  |   | <ul style="list-style-type: none"> <li>• Ensure provision of Nutritional Assistance to All TB notified cases through DBT under NIKSHAY Poshan Yojna</li> <li>• Establishment of DRTB centre at District Hospital</li> <li>• Universal Drug Susceptibility Testing to all TB patients</li> <li>• Expansion of newer treatment regimens (daily regimen, Bedaquiline, shorter MDR TB regimen)</li> </ul> |
| <b>HEALTH &amp; WELLNESS CENTRE &amp; IPHS</b>   |   |   |
| <ul style="list-style-type: none"> <li>• Proportion of PHCs compliant to Indian Public Health Standards</li> <li>• Proportion of sub centres/PHCs converted to health &amp; wellness centre</li> <li>• Proportion of specialist services available in District hospitals against 10* core specialist services</li> </ul>   | <ul style="list-style-type: none"> <li>• IPHS to be used as norms for planning of infrastructure/HR deployment facilities</li> <li>• Ensure the availability of following for operationalization of HWCs:               <ul style="list-style-type: none"> <li>• Human Resource</li> <li>• Infrastructure</li> <li>• Medicine</li> <li>• Diagnostics</li> <li>• IT System</li> <li>• Training</li> <li>• Community outreach (in co-located SHC)</li> <li>• Services (All 12 types of services)</li> </ul> </li> </ul> |   |
| <b>VILLAGE HEALTH, NUTRITION AND SANITATION DAY (VHND)</b>   |   |   |
| <ul style="list-style-type: none"> <li>• Percentage of Anganwadi centres/Urban PHCs reported to have conducted at least one Village Health &amp; Sanitation Nutrition day/Urban Health Nutrition &amp; Sanitation day respectively in the last one month</li> <li>• Proportion of Anganwadis with own buildings</li> </ul> | <ul style="list-style-type: none"> <li>• Ensure micro plan preparation for conducting VHNDs after completing head count surveys</li> <li>• Ensure all hard to reach areas with poor mobilization have been covered</li> <li>• Ensure appropriate IEC display</li> </ul>   |   |

## SUSTAINABILITY

To sustain the impact of interventions in Aspirational Districts it is of paramount importance that regular monitoring on indicators and hand holding of field staff through supportive supervision is carried out on a continuous basis. The focus should be more on problem solving, handholding and on the job training apart from observations and data collection.





Health facility performing poorly on key performance indicators should be prioritized in the supportive supervision visit. The checklist at *Annexure 5*, can be utilized for the visit and its data can be further analysed for corrective action and improvements.

#### KEY ACTION POINTS

- Appoint nodal officers for each block for continued monitoring and support.
- Track the performance of blocks by generating scorecard based on key Health and Nutrition indicators.
- Conduct regular supportive supervision (SS) visits to facility and community using SS checklists to assess facility and community level infrastructure, human resource, provision and quality of services.
- Use services of development partners and other stakeholders for providing technical support.

#### Review

To achieve the desired results it is imperative that periodic review mechanisms be established as an integral part of the health systems. This would help in taking corrective actions without any delay. It would also help in sensitizing and motivating the staff for further improvement.

Review meeting under District Magistrate at least once a month would set the tone for not only improvement in health indicators but would also ensure inter departmental convergence which is essential for transformative change. An indicative checklist for review meeting is placed at *Annexure 2*.

#### KEY ACTION POINTS


- Monthly review meetings to be conducted under the Chairmanship of DM based on standardized checklists and key health and nutrition performance indicators from all the sources (HMIS/MCTS/RCH Portal/Supportive Supervision).
- Fortnightly review meetings at the level of respective CMHOs.
- Weekly review at the block level by Block Medical officer.
- Documentation of all the review meetings with action taken report and strategy plan should be maintained.





# Roles & Responsibilities





**T**he Government of India is committed to raise the living standards of its citizens and ensuring inclusive growth for all – “Sabka Saath Sabka Vikas”. To enable optimum utilization of their potential, this program focuses closely on improving people’s ability to participate fully in the vibrant economy.

## ROLES AND RESPONSIBILITIES OF MENTORS

### At State Level

- The state should appoint a nodal officer for the Aspirational Districts to oversee its overall development including health.
- The State Nodal officer should form a mentors’ team for supportive supervision comprising of Program Officers from core thematic areas to monitor performance of the Aspirational Districts.
- State Nodal Officer should organise orientation programs for all district level officers and programme managers by national level mentor teams to instill clarity regarding their responsibilities.
- The Key Performance Indicators should be analysed from the NITI Aayog’s Dashboard for each district and communicated to District level Nodal officers.
- Chief Secretary/Development commissioner should regularly review the monthly progress of the Aspirational Districts where State Nodal Officer should also be present.
- SWOT (Strength, Weakness, Opportunity and Threat) analysis should be conducted for each district and subsequently interventions should be planned for low-hanging fruits for areas that may yield immediate improvement with minimal efforts.
- The National/State mentors should review District Health Action Plan of Aspirational Districts and rate and rank should be given based on the MIS of all departments, fund utilization and NITI Aayog’s performance indicators.
- The State Nodal Officer will coordinate and facilitate the mitigation of all challenges faced in the Aspirational Districts.
- The mentors should also facilitate the development of Health and Wellness centres through Health systems approach.
- The Innovations at the district level should be documented and published by Chief Ministers of the State.





### At District Level

- The District should appoint a district nodal officer to oversee the overall development including health.
- The District Magistrate should form a three member team at the District level for overseeing the programme comprising of District Nodal Officer, District Health Officer (CMHO) and District Programme Manager/Manager from the Education, Agriculture and Rural development, Bank representative and ICDS Department.
- District Magistrate shall also form a mentors' team comprising of Program Officers from core thematic areas to monitor performance.
- The District Magistrate should monitor the progress of the activities in a three colour coded scale i.e., green for activities that have been completed, yellow for activities under process and red for activities that have not yet started.
- District level mentors should build a good rapport with the state level mentors and be well versed with the NITI Aayog's Dashboard for Aspirational Districts and its performance indicators.
- District Nodal Officer may organise orientation programs of all district level officers and programme managers by state level mentor teams to instill clarity regarding their responsibilities.
- District Nodal Officer may also organize orientation program once every 6 months for the frontline workers and other stakeholders. It should be conducted in three phases.
  - **1st Phase:** For Anganwadi workers, ANM, ASHA.
  - **2nd Phase:** For School Teachers.
  - **3rd Phase:** For Community leaders and PRIs.
- The District Nodal Officer will prepare an integrated District Health Action Plan (DHAP) with the support of PRI members in a participatory manner.
- The District Nodal officer should prepare a Gantt chart with timelines to keep track of the on-going activities.
- The District officials of each department should submit a regular feedback to the nodal officer as per the timeline.
- The challenges faced in the implementation of these activities should be escalated to the District Magistrate.
- Similarly block level teams should also be activated.
- At the block level the team should visit the VHSNDs in their respective blocks as per visit plan and submit report to the District Nodal Officer.





### ROLE OF DEVELOPMENT PARTNERS

Development partners should play the role of a catalyst in implementation of key NHM interventions in the Aspirational Districts.

The Development Partners may provide support at district level in the form of a dedicated 'District Monitor' who would conduct field visits atleast twice a month and report after validating the interventions being carried out in the district by the district health authorities.

To ensure uniformity in the reporting and monitoring, a common reporting/monitoring format has been developed and the same would be used by all the District monitors across the country. This data would be collected, collated and analysed by the state at the state level and shall be sent to the Aspirational District Unit (ADU), who in-turn would collate the state/country data and share with the Ministry of the Health & Family Welfare.

#### KEY ACTION POINTS FOR 'DISTRICT MONITOR'

- Conduct rapid gap analysis of health facilities based on health system building blocks.
- Provide support in preparation of District Health actionplan.
- Provide monitoring support to district, participate in monthly meetings and share the progress and issues related to NITI Aayog indicators with CMHOs and District Magistrates.
- Support District CMHO in implementation of all key NHM interventions to improve the overall health services in the district.

Development Partner wise allocation of Districts is placed at *Annexure- 3*.



A photograph of a woman with glasses administering eye drops to a young child. The woman is wearing a light-colored, patterned shirt and has her hair pulled back. She is holding a small bottle of eye drops in her right hand and is carefully placing a drop into the child's eye. The child is looking up at her. The background is dark and out of focus. The entire image is overlaid with a semi-transparent blue filter.

# Convergence





Integration sits at the top of the convergence spectrum, which includes Collaboration, Coordination and Cooperation, in that order. Convergence needs to be achieved under the following broad headings:

### Center and State

A greater synergy between national and state health programs would not only ensure efficient resource utilization but would also lead to effective implementation of the public health programs and ensure accountability in the Aspirational Districts. Convergence on policies is desirable.

### Inter-departmental Convergence

At grassroots level, services provided by different departments, often have overlapping aims and objectives. It is important that such services be mapped and an integrated strategy for synergizing the efforts to harmonize their reach be devised through regular communication between the departments.

### Service Delivery

Since majority of Aspirational Districts have a human resource crunch, integration of services across programs and referral chain can help harmonize the transformation strategy in the short term. In the long term, integration efforts must be carefully calibrated to offer better services along with resolving HR bottlenecks.





### Enlisting of Private Sector Providers

Private sector involvement can contribute in strengthening the health system, if they complement the health services available in the Government health facilities. The possible areas of collaboration with private sector are:

- Diagnostics viz. Laboratory and USG Services
- Specialist Services
- National Health Programs - The various National programs under which convergence with private sector is already established are - PMSMA, RNTCP, RKSK, RBSK, Family Planning, Dialysis programs etc.

### KEY ACTION POINTS

- States need to provide free diagnostics to every patient under the 'Free Diagnostics initiative'. However if existing infrastructure is not adequate for provision of essential diagnostics, states/districts can empanel private vendors through MoU for provision of services including USG.
- Government of India has given the following relaxation to states for increasing availability of and accessibility to emergency obstetric care:
  - States can hire services of specialists as per market rate under JSY
  - States can empanel private hospitals under JSY
  - States can empanel non-profit organizations for provision of EmOC care
  - States can also enter into dialogues with professional organisations like Federation of Obstetric and Gynecological societies of India (FOGSI), Indian Medical Association (IMA) etc. for enlisting their support in their domain areas.



# Conclusion



The above guidelines have outlined the systems to be put in place and the suggested interventions to be implemented in great details.

It is hoped that corrective action from all concerned led by the District Collector and overseen by the national and state mentors would lead to the overall transformation of the Aspirational Districts. This would not only raise the living standards of the people but also improve India's ranking under Human Development Index.





# Annexure



## ANNEXURE-1

### Indicators and Data Points

| S. NO. | INDICATORS  | WEIGHT IN COMPOSITE INDEX |
|--------|---|---------------------------|
| 1.1    | Percentage of pregnant women (PW) receiving four or more antenatal care (ANC) check-ups against total ANC registrations | 0.6                       |
| 1.2    | Percentage of ANC registered within first trimester against the total ANC registrations                                 | 0.9                       |
| 1.3    | Percentage of PW receiving four or more ANC check-ups against total ANC registrations                                   | 0.9                       |
| 2      | Percentage of PW taking supplementary nutrition under the ICDS program regularly  | 0.9                       |
| 3.1    | Percentage of PW having severe anaemia treated against PW having severe anaemia tested cases                            | 1.5                       |
| 3.2    | Percentage of PW tested for Haemoglobin 4 or more than 4 times for respective ANCs against total ANC registration       | 1.2                       |
| 4.1    | Sex ratio at birth  | 0.9                       |
| 4.2    | Percentage of Institutional Deliveries out of total estimated deliveries  | 1.2                       |
| 5      | Percentage of home deliveries attended by an SBA trained health worker out of total home deliveries                     | 0.9                       |
| 6.1    | Percentage of new borns breast fed within one hour of birth   | 1.2                       |
| 6.2    | Percentage of low birth weight babies (Less than 2500 gms)  | 0.9                       |
| 6.3    | Proportion of live babies weighed at birth  | 0.9                       |
| 7      | Percentage of underweight children under 5 years  | 2.1                       |
| 8.1    | Percentage of stunted children under 5 years  | 0.6                       |
| 8.2    | Percentage of children with Diarrhoea treated with ORS  | 0.6                       |
| 8.3    | Percentage of children with Diarrhoea treated with Zinc   | 0.6                       |
| 8.4    | Percentage of children with ARI in the last 2 weeks taken to a health facility  | 0.6                       |
| 9.1    | Percentage of Severe Acute Malnutrition (SAM)   | 1                         |
| 9.2    | Percentage of Moderate Acute Malnutrition (MAM)   | 0.5                       |
| 10.1   | Breastfed children receiving adequate diet (6-23 months)  | 1                         |
| 10.2   | Non-Breastfed children receiving adequate diet (6-23 months)  | 0.5                       |
| 11     | Percentage of children fully immunized (9-11 months) (BCG+ DPT3 + OPV3 +Measles1)                                       | 3                         |



| S. NO. | INDICATORS   | WEIGHT IN COMPOSITE INDEX |
|--------|--|---------------------------|
| 12.1   | Tuberculosis (TB) case notification rate (Public and Private Institutions) against estimated cases   | 0.75                      |
| 12.2   | TB Treatment success rate among notified TB patients (public and private)  | 0.75                      |
| 13.1   | Proportion of Sub centres/PHCs converted into Health & Wellness Centres (HWCs)   | 1.8                       |
| 13.2   | Proportion of Primary Health Centres compliant with Indian Public Health Standards   | 1.5                       |
| 13.3   | Proportion of functional FRUs (First referral units) against the norm of 1 per 5,00,000 population (1 per 3,00,000 for hilly terrain)  | 0.45                      |
| 13.4   | Proportion of specialist services available in District hospitals against 10* core specialist services   | 0.6                       |
| 13.5   | Percentage of Anganwadis centres/Urban PHCs reported to have conducted at least one Village Health Sanitation & Nutrition day/Urban Health Sanitation & Nutrition day/respectively in the last one month | 0.6                       |
| 13.6   | Proportion of Anganwadis with own buildings  | 0.6                       |
| 13.7   | Percentage of First referral units (FRU) having labour room and obstetrics OT NOAS certified (ie meet LaQShya guidelines)  | 0.45                      |



## ANNEXURE-2

### District Magistrate Checklist

| HEALTH SYSTEMS   |
|--|
| • HR against sanctioned staff (IPHS norms)   |
| • Proportion of functional FRUs against population norms                                 |
| • Number of delivery points as a proportion of total population                          |
| • Proportion of specialist services available in district hospitals against IPHS norms   |
| • Number of functional MCH wings against total sanctioned                                |
| • Status of 24X7 water and electricity at all facilities (DH, CHC, PHC, Sub-centre)      |
| • Proportion of PHCs/Sub-centres converted into Health and Wellness Centres (HWC)        |
| • Fund expenditure in last quarter   |
| • Total no. of inter departmental convergence meetings held between all line departments |
| • Nodal officer identified at district and blocks  |
| SERVICE DELIVERY   |
| MATERNAL HEALTH  |
| • Roll out status of Laqshaya  |
| • Involvement of private sector in PMSMA   |
| • JSSK and JSY   |
| • Percentage of institutional deliveries   |
| • Percentage home deliveries   |
| NEW BORN, CHILD HEALTH & IMMUNIZATION  |
| • Roll out status of MAA program   |
| • Roll out status of HBYC program  |
| • Total no. of functional NRCs   |
| • SNCU/NRC tracking mechanism in district and linkages with community                    |
| • Status of DTFI meetings and Mission Indradhanush                                       |
| • Status of micro-plan prepared by blocks for IMI  |
| • IMI coverage in last month against target  |
| FAMILY PLANNING  |
| • Status of PPIUCD and IUCD services   |
| • Roll out status of newer contraceptives e.g. Injectables, Chhaya                       |
| • Roll out status of FPLMIS  |
| • Roll out status Mission Parivar Vikas (MPV) (if district is under MPV)                 |
| • Functionality of Quality Assurance Committees (mandated by the Supreme Court)          |
| ADOLESCENT HEALTH  |
| • No. of functional AFHCs  |
| • WIFS coverage status   |
| • Roll out status of Peer group educator program   |



## ANNEXURE-3

### Development Partner Wise Allocation of Aspirational Districts

| S NO. | STATE             | NO. OF DISTRICTS | DISTRICT            | DEVELOPMENT PARTNERS |
|-------|-------------------|------------------|---------------------|----------------------|
| 1     | Andhra Pradesh    | 3                | Vizianagaram        | UNICEF               |
| 2     | Andhra Pradesh    |                  | Cuddapah            | UNICEF               |
| 3     | Andhra Pradesh    |                  | Visakhapatnam       | UNICEF               |
| 4     | Arunachal Pradesh | 1                | Namsai              | UNICEF               |
| 5     | Assam             | 7                | Hailakandi          | UNICEF               |
| 6     | Assam             |                  | Barpeta             | UNICEF               |
| 7     | Assam             |                  | Goalpara            | UNICEF               |
| 8     | Assam             |                  | Darrang             | UNICEF               |
| 9     | Assam             |                  | Dhubri              | UNICEF               |
| 10    | Assam             |                  | Baksa               | UNICEF               |
| 11    | Assam             |                  | Udalguri            | UNICEF               |
| 12    | Bihar             | 13               | Begusarai           | BMGF                 |
| 13    | Bihar             |                  | Gaya                | UNICEF               |
| 14    | Bihar             |                  | Nawada              | BMGF                 |
| 15    | Bihar             |                  | Sitamarhi           | BMGF                 |
| 16    | Bihar             |                  | Jamui               | BMGF                 |
| 17    | Bihar             |                  | Sheikhpura          | BMGF                 |
| 18    | Bihar             |                  | Khagaria            | BMGF                 |
| 19    | Bihar             |                  | Araria              | BMGF                 |
| 20    | Bihar             |                  | Aurangabad          | BMGF                 |
| 21    | Bihar             |                  | Banka               | BMGF                 |
| 22    | Bihar             |                  | Purnia              | UNICEF               |
| 23    | Bihar             |                  | Katihar             | BMGF                 |
| 24    | Bihar             |                  | Muzaffarpur         | BMGF                 |
| 25    | Chhattisgarh      | 10               | Bastar              | TATA Trust           |
| 26    | Chhattisgarh      |                  | Kondagaon           | TATA Trust           |
| 27    | Chhattisgarh      |                  | Sukma               | TATA Trust           |
| 28    | Chhattisgarh      |                  | Dantewada           | UNICEF               |
| 29    | Chhattisgarh      |                  | Uttar Bastar Kanker | TATA Trust           |
| 30    | Chhattisgarh      |                  | Mahasamund          | TATA Trust           |
| 31    | Chhattisgarh      |                  | Narayanpur          | TATA Trust           |



| S NO. | STATE            | NO. OF DISTRICTS | DISTRICT        | DEVELOPMENT PARTNERS |
|-------|------------------|------------------|-----------------|----------------------|
| 32    | Chhattisgarh     |                  | Korba           | TATA Trust           |
| 33    | Chhattisgarh     |                  | Bijapur         | UNICEF               |
| 34    | Chhattisgarh     |                  | Rajnandgaon     | TATA Trust           |
| 35    | Gujarat          | 2                | Narmada         | UNICEF               |
| 36    | Gujarat          |                  | Dahod           | UNICEF               |
| 37    | Haryana          | 1                | Mewat           | USAID (IPE Global)   |
| 38    | Himachal Pradesh | 1                | Chamba          | USAID (IPE Global)   |
| 39    | Jammu & Kashmir  | 2                | Kupwara         | NIPI                 |
| 40    | Jammu & Kashmir  |                  | Baramula        | NIPI                 |
| 41    | Jharkhand        | 19               | Chatra          | USAID (IPE Global)   |
| 42    | Jharkhand        |                  | Latehar         | USAID (IPE Global)   |
| 43    | Jharkhand        |                  | Palamu          | USAID (IPE Global)   |
| 44    | Jharkhand        |                  | Lohardaga       | USAID (IPE Global)   |
| 45    | Jharkhand        |                  | Garhwa          | USAID (IPE Global)   |
| 46    | Jharkhand        |                  | Gumla           | USAID (IPE Global)   |
| 47    | Jharkhand        |                  | Purbi Singhbhum | USAID (IPE Global)   |
| 48    | Jharkhand        |                  | Simdega         | USAID (IPE Global)   |
| 49    | Jharkhand        |                  | West Singhbhum  | USAID (IPE Global)   |
| 50    | Jharkhand        |                  | Sahibganj       | USAID (IPE Global)   |
| 51    | Jharkhand        |                  | Giridih         | USAID (IPE Global)   |
| 52    | Jharkhand        |                  | Khunti          | USAID (IPE Global)   |
| 53    | Jharkhand        |                  | Ramgarh         | USAID (IPE Global)   |
| 54    | Jharkhand        |                  | Ranchi          | USAID (IPE Global)   |
| 55    | Jharkhand        |                  | Dumka           | USAID (IPE Global)   |
| 56    | Jharkhand        |                  | Bokaro          | USAID (IPE Global)   |
| 57    | Jharkhand        |                  | Hazaribagh      | USAID (IPE Global)   |
| 58    | Jharkhand        |                  | Pakur           | USAID (IPE Global)   |
| 59    | Jharkhand        |                  | Godda           | USAID (IPE Global)   |
| 60    | Karnataka        | 2                | Yadgir          | UNICEF               |
| 61    | Karnataka        |                  | Raichur         | UNICEF               |
| 62    | Kerala           | 1                | Wayanad         | UNICEF               |



| S NO. | STATE          | NO. OF DISTRICTS | DISTRICT    | DEVELOPMENT PARTNERS |
|-------|----------------|------------------|-------------|----------------------|
| 63    | Madhya Pradesh | 8                | Khandwa     | Tata Trust           |
| 64    | Madhya Pradesh |                  | Rajgarh     | Tata Trust           |
| 65    | Madhya Pradesh |                  | Guna        | Tata Trust           |
| 66    | Madhya Pradesh |                  | Singrauli   | Tata Trust           |
| 67    | Madhya Pradesh |                  | Chhatarpur  | Tata Trust           |
| 68    | Madhya Pradesh |                  | Damoh       | Tata Trust           |
| 69    | Madhya Pradesh |                  | Barwani     | Tata Trust           |
| 70    | Madhya Pradesh |                  | Vidisha     | Tata Trust           |
| 71    | Maharashtra    | 4                | Washim      | UNICEF               |
| 72    | Maharashtra    |                  | Nandurbar   | UNICEF               |
| 73    | Maharashtra    |                  | Gadchiroli  | UNICEF               |
| 74    | Maharashtra    |                  | Osmanabad   | UNICEF               |
| 75    | Manipur        | 1                | Chandel     | UNICEF               |
| 76    | Meghalaya      | 1                | Ribhoi      | UNICEF               |
| 77    | Mizoram        | 1                | Mamit       | UNICEF               |
| 78    | Nagaland       | 1                | Kiphire     | UNICEF               |
| 79    | Odisha         | 10               | Nuapada     | UNFPA                |
| 80    | Odisha         |                  | Gajapati    | UNFPA                |
| 81    | Odisha         |                  | Balangir    | UNICEF               |
| 82    | Odisha         |                  | Malkangiri  | UNICEF               |
| 83    | Odisha         |                  | Koraput     | UNICEF               |
| 84    | Odisha         |                  | Rayagada    | UNFPA                |
| 85    | Odisha         |                  | Kalahandi   | UNFPA                |
| 86    | Odisha         |                  | Nabarangpur | UNFPA                |
| 87    | Odisha         |                  | Kandhamal   | UNICEF               |
| 88    | Odisha         |                  | Dhenkanal   | UNFPA                |
| 89    | Punjab         | 2                | Moga        | USAID/IPE Global     |
| 90    | Punjab         |                  | Firozpur    | USAID/IPE Global     |
| 91    | Rajasthan      | 5                | Sirohi      | -                    |
| 92    | Rajasthan      |                  | Jaisalmer   | UNFPA                |
| 93    | Rajasthan      |                  | Dholpur     | -                    |



| S NO. | STATE         | NO. OF DISTRICTS | DISTRICT          | DEVELOPMENT PARTNERS |
|-------|---------------|------------------|-------------------|----------------------|
| 94    | Rajasthan     |                  | Baran             | -                    |
| 95    | Rajasthan     |                  | Karauli           | -                    |
| 96    | Sikkim        | 1                | West Sikkim       | UNICEF               |
| 97    | Tamil Nadu    | 2                | Ramanathapuram    | UNICEF               |
| 98    | Tamil Nadu    |                  | Virudhunagar      | UNICEF               |
| 99    | Telangana     | 3                | Khammam           | -                    |
| 100   | Telangana     |                  | Asifabad          | -                    |
| 101   | Telangana     |                  | Bhoopalpalli      | -                    |
| 102   | Tripura       | 1                | Dhalai            | UNICEF               |
| 103   | Uttar Pradesh | 8                | Fatehpur          | BMGF                 |
| 104   | Uttar Pradesh |                  | Chitrakoot        | BMGF                 |
| 105   | Uttar Pradesh |                  | Sonbhadra         | UNICEF               |
| 106   | Uttar Pradesh |                  | Bahraich          | BMGF                 |
| 107   | Uttar Pradesh |                  | Chandauli         | BMGF                 |
| 108   | Uttar Pradesh |                  | Shrawasti         | UNICEF               |
| 109   | Uttar Pradesh |                  | Siddharthnagar    | BMGF                 |
| 110   | Uttar Pradesh |                  | Balrampur         | UNICEF               |
| 111   | Uttarakhand   | 2                | Udham Singh Nagar | USAID (IPE Global)   |
| 112   | Uttarakhand   |                  | Haridwar          | USAID (IPE Global)   |
| 113   | West Bengal   | 5                | Maldah            | UNICEF               |
| 114   | West Bengal   |                  | Dakshin Dinajpur  | -                    |
| 115   | West Bengal   |                  | Murshidabad       | UNICEF               |
| 116   | West Bengal   |                  | Nadia             | -                    |
| 117   | West Bengal   |                  | Birbhum           | -                    |



## ANNEXURE-4

### District Assessment Checklist

| District Assessment Checklist – Aspirational District |              |                            |  |   |  |  |
|---|--------------|----------------------------|--|---|--|--|
| A. General Information                                |              |                            |  |   |  |  |
| Name of the Supervisor:                               |              | Designation of Supervisor: |  |   |  |  |
| District:   |              | Block:                     |  |   |  |  |
| B. Infrastructure & Human Resource                    |              |                            |  |   |  |  |
|   | Sanctioned   | Functional                 | No. of Facilities without Water Supply | No. of Facilities without 24 X 7 Electricity supply | No. of Facilities with 24 X 7 Power back up out of No. of facilities without 24 X 7 Electricity supply |  |
| Number of DH  | Number       | Number                     | Number                                 | Number  | Number   |  |
| Sub District Hospital                                 | Number       | Number                     | Number                                 | Number  | Number   |  |
| FRU CHC   | Number       | Number                     | Number                                 | Number  | Number   |  |
| Non FRU CHC   | Number       | Number                     | Number                                 | Number  | Number   |  |
| 24 X 7 PHC  | Number       | Number                     | Number                                 | Number  | Number   |  |
| Normal PHC  | Number       | Number                     | Number                                 | Number  | Number   |  |
| Subcentre   | Number       | Number                     | Number                                 | Number  | Number   |  |
| Urban Health Centre                                   | Number       | Number                     | Number                                 | Number  | Number   |  |
| MCH Wing  | Number       | Number                     |  |   |  |  |
| SNCU  | Number       | Number                     |  |   |  |  |
| NBSU  | Number       | Number                     |  |   |  |  |
| NBCC  | Number       | Number                     |  |   |  |  |
| No. of cold chain points                              | Number       | Number                     |  |   |  |  |
| C. Trainings  |              |                            |  |   |  |  |
|   | Dakshata/CAB | NSSK                       | Skills lab                             | PPIUCD  | SBA  |  |
| Medical Officer                                       | Number       | Number                     | Number                                 | Number  | Number   |  |
| Staff Nurses  | Number       | Number                     | Number                                 | Number  | Number   |  |
| ANM   | Number       | Number                     | Number                                 | Number  | Number   |  |
| Store Manager   |              |                            |  |   |  |  |





| District Assessment Checklist – Aspirational District |                          |                              |            |                                       |            |             |
|---|--------------------------|------------------------------|------------|---------------------------------------|------------|-------------|
|   |                          |                              |            |                                       |            |             |
| Organization:   |                          | Level:                       |            | Block/District/State/<br>National:    |            |             |
| Date of visit:  |                          | Name and Contact of Officer: |            |                                       |            |             |
|   |                          |                              |            |                                       |            |             |
|   |                          | Sanctioned                   | Functional | Human Resource                        | Sanctioned | In Position |
|   | NRC                      | Number                       | Number     | CMHO                                  | Number     | Number      |
|   | Blood bank               | Number                       | Number     | ACMO & RCHO                           | Number     | Number      |
|   | Blood Storage Unit (BSU) | Number                       | Number     | Divisional Program Manager            | Number     | Number      |
|   | Skills lab               | Number                       | Number     | DPM                                   | Number     | Number      |
|   | DEIC                     | Number                       | Number     | Block Proram Manager                  | Number     | Number      |
|   | AFHC                     | Number                       | Number     | Medical officer                       | Number     | Number      |
|   |                          |                              |            | Gynecologist                          | Number     | Number      |
|   |                          |                              |            | Anaesthetist                          | Number     | Number      |
|   |                          |                              |            | Paediatrician                         | Number     | Number      |
|   |                          |                              |            | Lab Technician                        | Number     | Number      |
|   |                          |                              |            | Staff Nurse                           | Number     | Number      |
|   |                          |                              |            | Pharmacist                            | Number     | Number      |
|   |                          |                              |            | ANM                                   | Number     | Number      |
|   |                          |                              |            |                                       |            |             |
|   | BEmOC                    | EmOC                         | LSAS       | Newer Contraceptives (Antara, Chhaya) | FPLMIS     |             |
|   | Number                   | Number                       | Number     | Number                                | Number     |             |
|   | Number                   | Number                       | Number     | Number                                | Number     |             |
|   | Number                   | Number                       | Number     | Number                                | Number     |             |
|   |                          |                              |            |                                       | Number     |             |



| D. District Preparedness   |              |  |              |   |        |  |
|--|--------------|--|--------------|---|--------|--|
| Whether district health action plan for niti aayog indicators is available or not? | Yes/No       | Whether district level meeting with all the line department was held under chairmanship of DC? (Verify with the minutes) | Yes/No       | Free Drug Initiative rolled out ?                               |        |  |
| No. of GPS fitted Ambulance ?  | Number       | Nodal officer's name for Aspirational District   |              | Availability of district monitors from any development partners | Yes/No |  |
| E. Quality Assurance   |              |  |              |   |        |  |
| No. of Facilities selected under LaQshya   | Number       | No. of Facilities in which Base line assessment is done ?  | Number       | No. of facilities certified under LaQshya                       | Number |  |
| F. Finance   |              |  |              |   |        |  |
| PIP funds for current FY received by districts in which Month?                     | Month & Year | PIP funds for current FY distributed by districts to Blocks in which Month?  | Month & Year |   |        |  |
| G. Family Planning   |              |  |              |   |        |  |
| Has new contraceptives being rolled out in the district?                           | Yes/No       | Has FP-LMIS being rolled out in the district?  | Yes/No       | Number of facilities providing post partum FP services          | Number |  |
| Number of facilities providing post abortion FP services                           | Number       |  |              |   |        |  |





|  |  |        |  |
|--|--|--------|--|
|  |  |        |  |
|  | Free Diagnostic Initiative rolled out ?                        | Yes/No |  |
|  |  |        |  |
|  | Is any grievance addressal system in place?                    | Yes/No |  |
|  |  |        |  |
|  | No. of facilities certified under Kayakalp                     | Number |  |
|  |  |        |  |
|  |  |        |  |
|  |  |        |  |
|  | Number of facilities providing MPA injectable (Antara program) | Number |  |
|  |  |        |  |



| H. Maternal Health  |   |   |        |  |                   |  |
|---|---|---|--------|--|-------------------|--|
| New MCP card, Gol case sheets, Labour room register available           | A. MCP Card<br>B. Gol Case sheets<br>C. Labour room Register  | How many Private volunteers are registered under PMSMA?       | Number | How many facilities conducted PMSMA last month?                                  | Government Number |  |
|   |   |   |        |  | Private Number    |  |
| Whether mapping of high home delivery blocks has been done by district? | Yes/No  | Whether district level training for LaQShya has been done?    | Yes/No | MDSR committee is constituted ?  | Yes/No            |  |
| I. Child Health & Immunization  |   |   |        |  |                   |  |
| Staus of roll out of newer child health interventions                   | A. MAA<br>B. FPC/KMC<br>C. CDR<br>D. HBYC<br>E. Paediatric HDU<br>F. NDD G. NIPI<br>G. Anemia Mukd Bharat | Whether health & ICDS convergence meeting held in last month? | Yes/No | Number of vacant sub-centers (sub-centers which don't have full time ANM posted) | Number            |  |
| Availability of   | ORS<br>Zinc,<br>Vitamin K1 (1 mg),<br>Albendazole<br>IFA Syrup and tablet                                 | Whether district has made INAP                                | Yes/No | Whether DTFI meeting was held in last month?                                     | Yes/No            |  |
| J. Adolescent Health  |   |   |        |  |                   |  |
| Number of functionl AFHC's in the district                              | Number  | Whether peer group educator program rolled out in district?   | Yes/No |  |                   |  |





|  |   |   |  |  |
|--|---|---|--|--|
|  |   |   |  |  |
|  | Staus of roll out of newer maternal health interventions                                | A. Dakshata<br>B. GDM through OGTT<br>C. Universal screening for HIV & Syphilis<br>D. MDSR & MNM<br>E. Obst. ICU & HDU<br>F. Home based distribution of Misoprostol<br>G. Birth Companion |  |  |
|  | How many maternal deaths have been reviewed under chairman ship of DM in the last year? | Yes/No  |  |  |
|  |   |   |  |  |
|  | Number of Subcentres covered in IMI out of total vacant sub-centers in the district?    | Number  |  |  |
|  |   |   |  |  |
|  |   |   |  |  |
|  |   |   |  |  |
|  |   |   |  |  |
|  |   |   |  |  |



| L. RNTCP  |                             |   |                  |  |   |
|---|-----------------------------|---|------------------|--|---|
| Has any review meeting of TB held in last Quarter (chaired by DM) | Yes/No                      | Number of TB cases notified in Public sector (against the target notification in public sector)                     | Number           | Number of TB cases notified in Private sector (against the target notification in private sector)          | Number  |
| Treatment Success Rate of patients (Public Sector)                |                             | Out of notified TB patients, number offered CBNAAT testing to detect Drug Resistance-UDST (Public Sector)           | Number           | Out of notified TB patients, number offered CBNAAT testing to detect Drug Resistance-UDST (Private Sector) | Number  |
| M. HWC and Universal Screening of NCDs                            |                             |   |                  |  |   |
|   |                             |   |                  | NCD Training   |   |
| Facilities  | HWC – (SHCs, PHCs or UPHCs) | Universal Screening of NCDs (for facilities covered under Universal Screening of NCDs but are not upgraded as HWCs) |                  | HWC  | Universal Screening of NCDs (for facilities covered under Universal Screening of NCDs but are not upgraded as HWCs) |
| No.of SHC covered   | Number                      | Number  | ANM              | Number   | Number  |
| No.of PHCscovered   | Number                      | Number  | MLHP             | Number   | Number  |
| No.of UPHCscovered  |                             |   |                  |  |   |
| No. of SHCwith Tablets available                                  | Number                      | Number  | ASHAs            | Number   | Number  |
| No. of PHC with Desktops  | Number                      | Number  | Medical Officers | Number   | Number  |
| No. of UPHC with Desktops   |                             |   |                  |  |   |
| No. of SHC using NCD CPHC IT Applications                         | Number                      | Number  | Staff Nurses     | Number   | Number  |
| No. of PHCs using NCD CPHC IT application                         | Number                      | Number  |                  |  |   |
| No. of uPHCs using NCD CPHC IT application                        | Number                      | Number  |                  |  |   |



|  |  |   |                         |   |
|--|--|---|-------------------------|---|
|  |  |   |                         |   |
|  | Number of TB cases recieved incentive for nutritional support out of those eligible (public + private) | Number  |                         |   |
|  |  |   |                         |   |
|  |  |   |                         |   |
|  |  |   |                         |   |
|  | VIA Training   |   | IT Application training |   |
|  | HWC  | Universal Screening of NCDs (for facilities covered under Universal Screening of NCDs but are not upgraded as HWCs) | HWC                     | Universal Screening of NCDs (for facilities covered under Universal Screening of NCDs but are not upgraded as HWCs) |
|  |  |   | Number                  | Number  |
|  |  |   | Number                  | Number  |
|  |  |   |                         |   |
|  |  |   | Number                  | Number  |
|  | Number   | Number  | Number                  | Number  |
|  |  |   |                         |   |
|  | Number   | Number  | Number                  | Number  |
|  |  |   |                         |   |
|  |  |   |                         |   |



| Service Delivery              |        |   |                |  |        |  |
|-------------------------------|--------|---|----------------|--|--------|--|
| Population enumeration status | Number | Population enumeration target             | Number         |  |        |  |
| CBAC status                   | Number | CBAC status target                        | Number         |  |        |  |
| Screening status-             |        | Confirmation status-                      |                | On treatment -                                 |        |  |
| Hypertension                  | Number | Hypertension                              | Number         | Hypertension                                   | Number |  |
| Diabetes                      | Number | Diabetes                                  | Number         | Diabetes                                       | Number |  |
| Oral Cancer                   | Number | Oral Cancer                               | Number         | Oral Cancer                                    | Number |  |
| Breast Cancer                 | Number | Breast Cancer                             | Number         | Breast Cancer                                  | Number |  |
| CervicalCancer                | Number | CervicalCancer                            | Number         | CervicalCancer                                 | Number |  |
| Community Processes           |        |   |                |  |        |  |
| No.of ASHAs                   | Number | Training status of ASHAs -                |                | No.of ASHA trainers currently available        | Number |  |
| target                        | Number | Round 1 of Module 6 & 7                   | Number         | No.of ASHA trainers trained in Round 3         | Number |  |
| inposition                    | Number | Round 2 of Module 6 & 7                   | Number         | No.of ASHA trainers trained in NCDs            | Number |  |
| No.of villages with no ASHAs  | Number | Round 3 of Module 6 & 7                   | Number         | Grievance redressal committee for ASHAs formed | Number |  |
| No.of ASHA facilitators       | Number | Round 4 of Module 6 & 7                   | Number         | Payment process of ASHAs - PFMS linked         | Number |  |
| target                        | Number | NCD                                       | Number         | Target for No.of RKS                           | Number |  |
| inposition                    | Number | No. of ASHA to which Drug kit Distributed | Number         | No. of RKS formed                              | Number |  |
| No.of BCMs                    | Number | Drug kit                                  | Number of ASHA | No. of RKS Trained                             | Number |  |
| target                        | Number | HBNC kits                                 | Number of ASHA |  |        |  |
| inposition                    | Number |   |                |  |        |  |
| DCM                           | Number |   |                |  |        |  |
| target                        | Number |   |                |  |        |  |
| inposition                    | Number |   |                |  |        |  |
| Remarks                       |        |   |                |  |        |  |







## ANNEXURE-5

### Facility Assessment Checklist for all Level of Facilities

| Facility Assessment Checklist for all Level of Facilities |                                |                           |                           |  |
|---|--------------------------------|---------------------------|---------------------------|--|
| Date of Visit:  |                                |                           | District:                 |  |
| Facility Name:  |                                |                           |                           |  |
| Name Et Designation of facility in charge/Nodal officers: |                                |                           |                           |  |
| <b>B. Data (Last month)</b>                               |                                |                           |                           |  |
| OPD load:   | Number                         | IPD load:                 | Number                    |  |
| Total no. of beds   | Number                         | Beds in MCH ward          | Number                    |  |
| <b>Deliveries and Post Partum Contraception</b>           |                                |                           |                           |  |
| Normal  | Assisted                       | C-section                 |                           |  |
|   |                                | From 09:00 AM to 06:00 PM | From 06:00 PM to 09:00 PM |  |
| Number  | Number                         | From 09:00 PM to 12:00 AM | From 12:00 AM to 06:00 AM |  |
|   |                                |                           |                           |  |
| <b>High Risk Labour Cases</b>                             |                                |                           |                           |  |
|   | Refer In from other facilities | Total Cases               | Managed at Facilities     |  |
| PPH   | Number                         | Number                    | Number                    |  |
| "Pre eclampsia/Eclampsia"                                 | Number                         | Number                    | Number                    |  |
| Severe Anemia (Hb < 7 gm/dl)                              | Number                         | Number                    | Number                    |  |
| Preterm   | Number                         | Number                    | Number                    |  |
| HIV   | Number                         | Number                    | Number                    |  |
| <b>High Risk Pregnancy Cases</b>                          |                                |                           |                           |  |
| Categories  | Refer In from other facilities | Total Cases               | Managed at Facilities     |  |
| Severe Anemia (Hb < 7 gm/dl)                              | Number                         | Number                    | Number                    |  |
| "Pre eclampsia/Eclampsia"                                 | Number                         | Number                    | Number                    |  |
| Antepartum Haemorrhage                                    | Number                         | Number                    | Number                    |  |
| <b>Newborns immunized before discharge</b>                |                                |                           |                           |  |
| BCG   | OPV                            | Hep B                     | All three                 |  |
| Number  | Number                         | Number                    | Number                    |  |





| Facility Assessment Checklist for all Level of Facilities |  |                            |                                |               |                                      |           |                                   |        |
|---|--|----------------------------|--------------------------------|---------------|--------------------------------------|-----------|-----------------------------------|--------|
|   | Block:   |                            |                                |               |                                      |           |                                   |        |
|   | Facility type (SC/Non 24x7 PHC/24X7 PHC/Non FRU CHC/SDH/DH/MC) |                            |                                |               |                                      |           |                                   |        |
|   | Facility Level (L1/L2/L3)                                      |                            |                                |               |                                      |           |                                   |        |
|   |  |                            |                                |               |                                      |           |                                   |        |
|   | Total ANC registered/Attended:                                 |                            |                                |               |                                      | Number    |                                   |        |
|   |  |                            |                                |               |                                      |           |                                   |        |
|   |  |                            | Delivery Outcome               |               |                                      |           |                                   |        |
|   | PPIUCD   | PPS                        | Live birth                     | Preterm Birth | Still birth                          |           |                                   | LBW    |
|   |  |                            |                                |               | Fresh                                | Macerated | Total                             |        |
|   | Number   | Number                     | Number                         | Number        | Number                               | Number    | Number                            | Number |
|   |  |                            |                                |               |                                      |           |                                   |        |
|   | Referred out at Higher facilities                              | Family Planning            |                                |               | Abortion and Post abortion care      |           |                                   |        |
|   | Number   | Male Sterilization         |                                | Number        | Abortions                            |           | Number                            |        |
|   | Number   | Injectable MPA (Antara)    |                                | Number        | Spontaneous                          |           | Number                            |        |
|   | Number   | Interval IUCD              |                                | Number        | MTP                                  |           | Number                            |        |
|   | Number   | Minilap Sterilization      |                                | Number        | PAIUCD                               |           | Number                            |        |
|   | Number   | Laparoscopic Sterilization |                                | Number        | PAS                                  |           | Number                            |        |
|   |  |                            |                                |               |                                      |           |                                   |        |
|   | Referred out at Higher facilities                              | Categories                 | Refer In from other facilities | Total Cases   | Managed at facilities                |           | Referred out at Higher facilities |        |
|   | Number   | GDM                        | Number                         | Number        | Number                               |           | Number                            |        |
|   | Number   | Previous CS                | Number                         | Number        | Number                               |           | Number                            |        |
|   | Number   | HIV                        | Number                         | Number        | Number                               |           | Number                            |        |
|   |  |                            |                                |               |                                      |           |                                   |        |
| Deaths  |  |                            |                                |               |                                      |           |                                   |        |
|   | Neonatal Death   |                            | Maternal Death                 |               | Deaths attributable to Sterilization |           |                                   |        |
|   | Number   |                            | Number                         |               | Number                               |           |                                   |        |



| C. Human Resource  |                         |                                       |                          |  |
|--|-------------------------|---------------------------------------|--------------------------|--|
| HR   | Sanctioned              | In position                           | HR                       |  |
| Medical officers   | Number                  | Number                                | Lab Technician           |  |
| OBGYN  | Number                  | Number                                | Pharmacist               |  |
| Paediatrician  | Number                  | Number                                | Staff Nurse              |  |
| General Surgeon  | Number                  | Number                                | LHV                      |  |
| Anaesthetist   | Number                  | Number                                | ANM                      |  |
| General Medicine   | Number                  | Number                                | MPW                      |  |
| Pathologist  | Number                  | Number                                | Data Entry Operator      |  |
| Radiologist  | Number                  | Number                                | Other para medical staff |  |
| Training of Human Resource   |                         |                                       |                          |  |
| HR   | SBA/BEMoC               | CEMoC                                 | LSAS                     |  |
| MOs  | Number                  | Number                                | Number                   |  |
| SNs (Posted in Labour room)*   | Number                  |                                       |                          |  |
| ANMs (Posted in Labour room)*  | Number                  |                                       |                          |  |
| Adolescent Friendly Health Clinic ?  | Available/Not Available | Nutrition Rehabilitation Centre (NRC) |                          |  |
| Counselling  | Number                  | Total No. of beds                     | Number                   |  |
| Treatment  | Number                  | Total number of admissions            | Number                   |  |
| Referral   | Number                  | Total number of Deaths                | Number                   |  |
| F.1 SNCU/NBSU  |                         |                                       |                          |  |
| Total no. of beds  |                         | Number                                |                          |  |
| Total number of Inborn admission in last month   |                         | Number                                |                          |  |
| Total number of Outborn admission in last month  |                         | Number                                |                          |  |
| RNTCP Services   |                         |                                       |                          |  |
| Chest x-ray services offered for TB patients screening   |                         |                                       | Y/N                      |  |
| Microscopy services for sputum examination offered for TB diagnosis  |                         |                                       | Y/N                      |  |
| Molecular tests (CBNAAT) for detecting MDR TB offered? (Incance of CBNAAT lab established at health facility)          |                         |                                       | Y/N                      |  |
| Are facility for sputum collection and packing and transport to the nearest CBNAAT lab/CDST lab established/available? |                         |                                       | Y/N                      |  |
| Anti TB Drugs available and given to TB diagnosed patients?  |                         |                                       | Y/N                      |  |

\*For FRU CHCs, SDH, DH, training status of SN posted in LR should be taken.

\*For Non FRU CHCs, PHC (24 x 7 and normal), SC, status of training of SN posted in facility should be taken.





|  |   |                                    |  | General Information                          |                               |                                |               |          |
|--|---|------------------------------------|--|--|-------------------------------|--------------------------------|---------------|----------|
|  |   | Sanctioned                         | In position                                  |  |                               |                                |               |          |
|  |   | Number                             | Number                                       | Availability of round the clock Lab services |                               | Y/N                            |               |          |
|  |   | Number                             | Number                                       | Functional Blood bank/BSU                    |                               | Y/N                            |               |          |
|  |   | Number                             | Number                                       | Availability of EDL                          |                               | Y/N                            |               |          |
|  |   | Number                             | Number                                       | Free drug and diagnostics                    |                               | Y/N                            |               |          |
|  |   | Number                             | Number                                       | Citizen Charter                              |                               | Y/N                            |               |          |
|  |   | Number                             | Number                                       | Electricity back up 24X7                     |                               | Y/N                            |               |          |
|  |   | Number                             | Number                                       | Running water 24 X 7                         |                               | Y/N                            |               |          |
|  |   |                                    |  |  |                               |                                |               |          |
|  | Skills lab  | NSSK                               | PPIUCD                                       | Injectable MPA/New Contraceptives            | Dakshata                      | LaQshya                        | Sterilization |          |
|  | Number  | Number                             | Number                                       | Number                                       | Number                        | Number                         |               |          |
|  | Number  | Number                             | Number                                       | Number                                       |                               |                                | Number        |          |
|  | Number  | Number                             | Number                                       | Number                                       |                               |                                | Number        |          |
|  | Nutrition Rehabilitation Centre (NRC)   |                                    |  |  | Diarrhoea in under 5 Children |                                | Diagnosed     | Admitted |
|  |   | Total number of Inpatient days     |  | Number                                       |                               |                                | Number        | Number   |
|  |   | Average % weight gain at discharge |  | Percentage                                   | Pneumonia in under 5 Children |                                | Number        | Number   |
|  |   |                                    |  |  |                               |                                |               |          |
|  | Paediatrician   | Number                             | Availability of Operational KMC Unit at SNCU |  | Y/N                           | Earmarked beds for KMC in NBSU |               | Y/N      |
|  | Medical Officer   | Number                             | SNs trained on KMC                           |  | Y/N                           | Inborn Admission Death         |               | Number   |
|  | Staff Nurse   | Number                             | Data entry Operator                          |  | Y/N                           | Outborn Admission Death        |               | Number   |
|  |   |                                    |  |  |                               |                                |               |          |
|  | Are Medical officers doing supervisory visit of TB patients?                  |                                    |  |  | Y/N                           |                                |               |          |
|  | Are RNTCP Staff (STS/STLS/TBHV) doing home visit of TB patients?              |                                    |  |  | Y/N                           |                                |               |          |
|  | Are IEC/ACSM activities regarding TB disease awareness in the community held? |                                    |  |  | Y/N                           |                                |               |          |
|  |   |                                    |  |  |                               |                                |               |          |



| Essential Equipments, Commodities & Drugs |   |   |     |
|---|---|---|-----|
| Family Planning                           |   |   |     |
| Interval IUCD Tray                        | Available and Used/Unavailable/Available & not used | Male Condoms  | Y/N |
| PPIUCD Tray                               | Available and Used/Unavailable/Available & not used | COCs (Mala N)   | Y/N |
| Small ring forceps for PAIUCD Tray        | Available and Used/Unavailable/Available & not used | Centchroman (Chhaya)  | Y/N |
| 'carbon dioxide insufflator'              | Available and Used/Unavailable/Available & not used | Emergency Contraceptive Pills (ECPs)  | Y/N |
| Laparoscope                               | Available and Used/Unavailable/Available & not used | Injectable MPA (Antara Program)   | Y/N |
| Cidex                                     |   | Tubal Rings   | Y/N |
| Cidex Tray                                | Y/N   | IUCD 380A/375   | Y/N |
| FP Counselling Tray/Material              | Y/N   | Nischay Kits  | Y/N |
| Maternal Health                           |   |   |     |
| Antenatal Care                            |   | Labour room   |     |
| BP apparatus & Stethoscope                | Y/N   | Number of labor tables  |     |
| Stethoscope                               |   | Availability of Autoclaved/ Sterilized Delivery Tray                          | Y/N |
| Height Scale                              | Y/N   | No. of Autoclaved/Sterilized delivery trays as per MNH tool kit/ Delivery set | Y/N |
| Thermometer                               | Y/N   | Labour room Protocol posters  | Y/N |
| Fetoscope                                 | Y/N   | BP Apparatus & Stethoscope  | Y/N |
| Weighing Machine                          | Y/N   | Partograph  | Y/N |
| Examination Table                         | Y/N   | Fetoscope   | Y/N |
| Privacy curtain for Examination Table     | Y/N   | MMA Kit   | Y/N |
| Tab. IFA                                  | Y/N   | Manual Vacuum Aspiration kit  | Y/N |
| Tab. Calcium                              | Y/N   | Electric Vacuum Aspiration kit  | Y/N |
| Tab. Albendazole                          | Y/N   | Inj. Oxytocin (Check whether kept in Refrigerator/Coldbox)                    | Y/N |
| Inj. TT                                   | Y/N   | Tab. Alpha methyl dopa  | Y/N |
|   |   | Inj. Labetalol  | Y/N |
|   |   | Tab. Nifedipine   | Y/N |
|   |   | Inj. Magnesium Sulphate   | Y/N |
|   |   | Inj. Dexamethasone  | Y/N |
|   |   | Room Thermometer  | Y/N |
|   |   | Elbow Tap   | Y/N |
|   |   | Refrigerator (PHC & above facilities)   | Y/N |



|   |  |   |     |
|---|--|---|-----|
|   |  | Attached Toilet   | Y/N |
|   |  | Syp. Nevirapine   | Y/N |
|   |  | Inj. Dexamethasone  | Y/N |
|   |  | Tab. Misoprostol  | Y/N |
| Newborn Care  |  |   |     |
| Radiant Warmer  |  | Not Available/Available & Functional/Available & Non Functional |     |
| Ambu Bag 500 ml                                       |  | Y/N   |     |
| Ambu Bag 250 ml                                       |  | Y/N   |     |
| Mucous Extractor available                            |  | Y/N   |     |
| Clean Towels for Drying & Wrapping the Baby available |  | Y/N   |     |
| Room Thermometer                                      |  | Y/N   |     |
| Mask (0 Size)   |  | Y/N   |     |
| Mask (1 Size)   |  | Y/N   |     |
| Shoulder Roll   |  | Y/N   |     |
| Vitamin K1 (1 mg preparation)                         |  | Y/N   |     |
| Digital Thermometer                                   |  | Y/N   |     |
| Functional Oxygen Cylinder                            |  | Y/N   |     |
| Child Health  |  |   |     |
| ORS   |  | Y/N   |     |
| Zinc  |  | Y/N   |     |
| Syp. Salbutamol                                       |  | Y/N   |     |
| Tab. Albendazole                                      |  | Y/N   |     |
| Syp. IFA  |  | Y/N   |     |
| Immunization  |  |   |     |
| BCG   |  | Y/N   |     |
| OPV   |  | Y/N   |     |
| Hepatitis B   |  | Y/N   |     |
| Pentavalent   |  | Y/N   |     |
| IPV   |  | Y/N   |     |
| Rotavirus   |  | Y/N   |     |
| PCV   |  | Y/N   |     |
| Measles Rubella - MR                                  |  | Y/N   |     |
| JE Vaccine  |  | Y/N   |     |
| Vitamin A   |  | Y/N   |     |
| TT  |  | Y/N   |     |



| Adolescent Health                  |     |
|------------------------------------|-----|
| Contraceptives (condoms, OCP, ECP) | Y/N |
| Pregnancy testing kits             | Y/N |
| Sanitary napkin                    | Y/N |
| Tab. IFA                           | Y/N |
| Tab. Albendazole                   | Y/N |
| Weighing Machine                   | Y/N |
| Height Scale                       | Y/N |
| BP Apparatus & Stethoscope         | Y/N |
| IEC & IPC Materials                | Y/N |
| BMI Chart                          | Y/N |
| Snellens Chart                     | Y/N |

| Service Delivery & Documentation   |   |   |   |
|--|---|---|---|
| Family Planning  |   |   |   |
| Interval IUCD Services   | Y/N   | Laparoscopic Sterilization Services                           | Y/N   |
| PPIUCD Services  | Y/N   | Post Partum Sterilization                                     | Y/N   |
| PAIUCD Services  | Y/N   | Post Abortion Sterilization                                   | Y/N   |
| Minilap Services   | Y/N   | Male Sterilization Services                                   | Y/N   |
| Injectable MPA   | Y/N   | IUCD Card   | Available and Not Filled/<br>Available and Filled/<br>Not Available |
| Printed IUCD service delivery Register<br>IUCD insertion register  | Available and Not Filled/<br>Available and Filled/<br>Not Available | Counselling register (applicable where counsellor is present) | Available and Not Filled/<br>Available and Filled/<br>Not Available |
| Printed IUCD follow up Register  | Available and Not Filled/<br>Available and Filled/<br>Not Available | Injectable MPA (Antara Program) Register                      | Available and Not Filled/<br>Available and Filled/<br>Not Available |
| Printed Sterilization Register   | Available and Not Filled/<br>Available and Filled/<br>Not Available | Injectable MPA (Antara Program) card                          | Available and Not Filled/<br>Available and Filled/<br>Not Available |
| sterilization documents (consent forms, medical record checklist, post discharge card, sterilization certificate) as per supreme court mandate | Available and Not Filled/<br>Available and Filled/<br>Not Available |   |   |



| Maternal Health  |                                   |   |  |
|--|-----------------------------------|---|--|
| ANC Services   |                                   | Labour room & Postnatal ward  |  |
| Who is providing ANC services?                         | ANM/MO/Specialist/Other           | Recording of Partograph for monitoring progress of labour   | Y/N  |
| Dedicated ANC room                                     | Y/N                               | Active Management of Third stage of labour (Observation/ Knowledge Assessment)                                | Y/N  |
| Ultrasound services                                    | Outsource/In-house/ Not available | Antenatal Cortecosteroids used for Preterm Delivery   | Y/N  |
| Availability of Printed ANC Register                   | Y/N                               | Identification and Management of Post partum Haemorrhage  | Y/N  |
| Availability of HRP register and Line listing of HRP ? | Y/N                               | Identification and Management of Pre Eclampsia/Eclampsia  | Y/N  |
| Family Planning Counselling                            | Y/N                               | Post natal vital monitoring of Pregnant woman (Vaginal Bleeding, BP, Pulse) & its documentation in Case sheet | Y/N  |
| Universal HIV Screening                                | Y/N                               | Postnatal vital monitoring of Newborn & its documentation in Case sheet                                       | Y/N  |
| Universal Syphilis screening                           | Y/N                               | Discharge vital monitoring of Pregnant woman & its documentation in Case sheet                                | Y/N  |
| Haemoglobin measurement                                | Y/N                               | Discharge vital monitoring of Newborn & its documentation in Case sheet                                       | Y/N  |
| Blood Glucose measurement                              | Y/N                               | Newer Gol Labour room Register  | Available and Not Filled/<br>Available and Filled/<br>Not Available            |
| Weight Measurement & Recording in Register             | Y/N                               | Newer Gol Maternity Case sheet  | Available and Not Filled/<br>Available and completely Filled/<br>Not Available |
| Height measurement & Recording in Register             | Y/N                               | Availability of Refer In Register   | Available and Not Filled/<br>Available and Filled/<br>Not Available            |
| Blood pressure measurement & Recording in Register     | Y/N                               | Availability of Refer out Register  | Available and Not Filled/<br>Available and Filled/<br>Not Available            |
|  |                                   | Birth Companion implemented   | Y/N  |
|  |                                   | Post Delivery Hemoglobin Measurement ?  | Y/N  |



| Newborn Services  |   |              |
|---|---|--------------|
| Delivery of all Babies on Mother's Abdomen                            | Y/N   |              |
| Drying of Normal Baby with clean sterile towel just after delivery    | Y/N   |              |
| Early initiation of Breast feeding                                    | Y/N   |              |
| Administration of Vitamin K1 to all Newborns (within 24 hrs of Birth) | Y/N   |              |
| Diagnostic Services   |   |              |
| Haemoglobin   | Y/N   |              |
| Urine Albumin Et Sugar  | Y/N   |              |
| Blood Grouping  | Y/N   |              |
| Blood Sugar   | Y/N   |              |
| Oral Glucose Tolerance Test   | Y/N   |              |
| HIV Testing   | Y/N   |              |
| Point of care testing for Syphilis                                    | Y/N   |              |
| Microscopic Sputum Examination  | Y/N   |              |
| X - Ray   | Y/N   |              |
| CBNAAT Machine (DH)   | Y/N/NA  |              |
| Auto Analyzer (DH)  | Y/N/NA  |              |
| Semi Auto Analyzer (CHC/PHC)  | Y/N   |              |
| Adolescent Health   |   |              |
| Dedicated Space for AFHC  | Y/N   |              |
| IEC and Signage for AFHC  | Y/N   |              |
|   | Posted  | RKSK Trained |
| Medical officer   | Y/N   | Y/N          |
| Counsellor  | Y/N   | Y/N          |
| Weight measured   | Y/N   |              |
| Height Measured   | Y/N   |              |
| BP Measured   | Y/N   |              |
| BMI Calculated  | Y/N   |              |
| Client Register   | Available and Not Filled/Available and Filled/Not Available |              |
| Service Register  | Available and Not Filled/Available and Filled/Not Available |              |
| Outreach register with Plan   | Available and Not Filled/Available and Filled/Not Available |              |
| Revised National Tuberculosis Control Programme                       |   |              |
| TB Notification Register  | Available and Not Filled/Available and Filled/Not Available |              |
| Patient Treatment Cards   | Available and Not Filled/Available and Filled/Not Available |              |







## ANNEXURE-6

### Facility Assessment Checklist: Health and Wellness Center

| HEALTH AND WELLNESS CENTER ASSESSMENT CHECKLIST |   |                    |              |                           |
|---|---|--------------------|--------------|---------------------------|
| Primary Health Centre/Urban Health Centre       |   |                    |              |                           |
| S. No   | Indicators  | Response           |              |                           |
| 1   | No. of Beds   |                    |              |                           |
| 2   | Population Covered  |                    |              |                           |
| 3   | Infrastructure availability as per IPHS                                   | Y/N                |              |                           |
|   | Building  | Rented/Government  |              |                           |
|   | Status of Repair  | Completed/Underway |              |                           |
|   | Regular water supply  | Y/N                |              |                           |
|   | Power Back up 24x7  | Y/N                |              |                           |
|   | Patient waiting area to accommodate 20-25 people                          | Y/N                |              |                           |
|   | Privacy during examination is assured                                     | Y/N                |              |                           |
|   | Space for yoga/health promotion   | Y/N                |              |                           |
|   | Toilets   | Male _____         | Female _____ |                           |
|   | Approach Road Connectivity  | Y/N                |              |                           |
| 4   | Branding done   | Y/N                |              |                           |
| 5   | Availability of Human resources and their training                        | Response           | NCD Training | IT Application (NCD-CPHC) |
|   | MBBS Doctors  |                    | Y/N          | Y/N                       |
|   | Staff nurse   |                    | Y/N          | Y/N                       |
|   | Pharmacist  |                    | Y/N          | Y/N/NA                    |
|   | Lab Technician  |                    | Y/N          | Y/N/NA                    |
|   | LHV   |                    | Y/N          |                           |
|   | MPW – Female  |                    | Y/N          | Y/N                       |
|   | MPW – Male  |                    | Y/N          | Y/N                       |
|   | ASHA  |                    | Y/N          | Y/N/NA                    |
| 6   | Availability of Diagnostic Facilities (Minimum Requirement)               |                    |              |                           |
|   | Haemoglobin   | Y/N                |              |                           |
|   | TC, DC, Platelet count, Peripheral smear, ESR, Bleeding and Clotting time | Y/N                |              |                           |
|   | Blood grouping and typing   | Y/N                |              |                           |
|   | Urine Pregnancy Rapid Test  | Y/N                |              |                           |
|   | Urine Dipstick – urine albumin and sugar                                  | Y/N                |              |                           |
|   | Blood Glucose (biochemistry)  | Y/N                |              |                           |
|   | Malaria Smear (RDK)   | Y/N                |              |                           |
|   | Serology for vector borne disease-Dengue,                                 | Y/N                |              |                           |
|   | Rapid Syphilis Test (Rapid Plasma Reagin-RPR kit test)                    | Y/N                |              |                           |
|   | HIV Serology: Rapid Test  | Y/N                |              |                           |
|   | Typhoid serology  | Y/N                |              |                           |
|   | Sickle Cell testing- (other blood tests at higher hub)                    | Y/N                |              |                           |



| HEALTH AND WELLNESS CENTER ASSESSMENT CHECKLIST   |  |           |        |
|---|--|-----------|--------|
| Primary Health Centre/Urban Health Centre   |  |           |        |
| S. No   | Indicators   | Response  |        |
|   | TB Microscopy- AFB Smear - Collection of sputum samples and AFB where PHC serves as designated microscopy centre | Y/N       |        |
|   | Serum Bilirubin  | Y/N       |        |
|   | Stool for OVA and cyst   | Y/N       |        |
|   | Water Quality Testing-H2S strip test for faecal contamination  | Y/N       |        |
|   | Wet mount- Direct Microscopy (RTI/STD)   | Y/N       |        |
| 7   | Availability of essential Medicine as per IPHS   | Y/N       |        |
| 8   | Availability of IT Infrastructure  | Y/N       |        |
|   | Desktop/Laptop   | Y/N       |        |
|   | Tablets for co-located Sub-Centre  | Y/N       |        |
|   | Internet Connectivity  | Y/N       |        |
|   | RCH Portal/ANMOL App Operational   | Y/N       |        |
|   | NCD App Operational  | Y/N       |        |
| 9   | Linkage with Higher facility   | Y/N       |        |
| 10  | Service Delivery   | Completed | Target |
|   | Population enumeration   | Number    | Number |
|   | CBAC filling   | Number    | Number |
|   | NCD screening for -  | Number    | Number |
|   | Hypertension   | Number    | Number |
|   | Diabetes   | Number    | Number |
|   | Oral Cancer  | Number    | Number |
|   | Breast Cancer  | Number    | Number |
|   | Cervical Cancer  | Number    | Number |
|   | Total OPD from last three months   | Number    | Number |
|   | Average OPD per day  | Number    | Number |
| Revised National Tuberculosis Program   |  |           |        |
| Indicators  |  | Response  |        |
| What % of adult OPD is referred for sputum testing to the DMC                               |  |           |        |
| What % of TB diagnosed patients are entered in the notification register?                   |  |           |        |
| What % of TB notified patients are screened for HIV?  |  |           |        |
| What % of TB notified patients are screened for Diabetes?                                   |  |           |        |
| What % of TB notified patients are given nutritional support through Nikshay Poshan Yojana? |  |           |        |
| Status of NIKSHAY entry   |  |           |        |
| No. of tests per month using CBNAAT machine if available (expected 250)                     |  |           |        |



| HEALTH AND WELLNESS CENTER ASSESSMENT CHECKLIST |  |                    |   |              |                           |
|---|--|--------------------|---|--------------|---------------------------|
| Sub Health Centre                               |  |                    |   |              |                           |
| S. No   | Indicators   | Response           |   |              |                           |
| 1   | No. of Beds (If delivery point)                    |                    |   |              |                           |
| 2   | Population Covered                                 |                    |   |              |                           |
| 3   | Infrastructure availability as per IPHS            | Y/N                |   |              |                           |
|   | Building   | Rented/Government  |   |              |                           |
|   | Status of Repair                                   | Completed/Underway |   |              |                           |
|   | Regular water supply                               | Y/N                |   |              |                           |
|   | Power Back up 24x7                                 | Y/N                |   |              |                           |
|   | Patient waiting area to accommodate 20-25 people   | Y/N                |   |              |                           |
|   | Privacy during examination is assured              | Y/N                |   |              |                           |
|   | Space for yoga/health promotion                    | Y/N                |   |              |                           |
|   | Toilets  | Male _____         | Female _____                            |              |                           |
|   | Residential Facility                               | ANM _____          | MLHP _____                              |              |                           |
|   | Approach Road Connectivity                         | Y/N                |   |              |                           |
| 4   | Branding done                                      | Y/N                |   |              |                           |
| 5   | Availability of Human resources and their training | Response           | Certificate Program in Community Health | NCD Training | IT application (NCD-CPHC) |
|   | Mid level Health Provider                          | Y/N                | Y/N                                     | Y/N          | Y/N                       |
|   | MPW - Female                                       | Number             |   | Y/N          | Y/N                       |
|   | MPW - Male   | Number             |   | Y/N          | Y/N                       |
|   | ASHAs  | Number             |   | Y/N          | Y/N                       |
| 6   | Availability of Diagnostic Facilities              |                    |   |              |                           |
|   | Haemoglobin  | Y/N                |   |              |                           |
|   | Urine Pregnancy Rapid Test                         | Y/N                |   |              |                           |
|   | Urine Dipstick - urine albumin and sugar           | Y/N                |   |              |                           |
|   | Blood Glucose (glucometer)                         | Y/N                |   |              |                           |
|   | Slide preparation for malaria smear, RDK           | Y/N                |   |              |                           |



| HEALTH AND WELLNESS CENTER ASSESSMENT CHECKLIST |   |           |        |
|---|---|-----------|--------|
| Sub Health Centre                               |   |           |        |
| S. No   | Indicators  | Response  |        |
|   | RDK for Dengue  | Y/N       |        |
|   | Sickle Cell rapid test  | Y/N       |        |
|   | Collection of Sputum Samples  | Y/N       |        |
| 7   | Availability of essential Medicine<br>+ At least as per IPHS +<br>Antihypertensive+Antidiabetics+Anti epileptic | Y/N       |        |
| 8   | Availability of IT Infrastructure   |           |        |
|   | Desktop/Laptop  | Y/N       |        |
|   | Tablets   | Y/N       |        |
|   | Internet Connectivity   | Y/N       |        |
|   | RCH Portal/ANMOL App Operational  | Y/N       |        |
|   | NCD App Operational   | Y/N       |        |
| 9   | Linkage with Higher facility  | Y/N       |        |
| 10  | Service Delivery  | Completed | Target |
|   | Population enumeration  | Number    | Number |
|   | CBAC filling  | Number    | Number |
|   | NCD screening for -   | Number    | Number |
|   | Hypertension  | Number    | Number |
|   | Diabetes  | Number    | Number |
|   | Oral Cancer   | Number    | Number |
|   | Breast Cancer   | Number    | Number |
|   | Total OPD from last three months  | Number    | Number |
|   | Average daily OPD   | Number    | Number |



## ANNEXURE-7

### Community Assessment Checklist

| Community Assessment Checklist        |   |           |                                      |
|---------------------------------------|---|-----------|--------------------------------------|
| Name & Designation of the Supervisor: | Organization:   | Level:    | Block/District/State/National/Others |
| Name of village                       | Block:  | District: | Date of visit                        |
| <b>1. VHND Assessment</b>             |   |           |                                      |
| 1.1                                   | Whether ANM provides following services during a VHND?  |           |                                      |
| a                                     | Routine Immunization  |           | Y/N                                  |
| b                                     | Family planning services and counselling  |           | Y/N                                  |
| c                                     | Ante-natal care (Essential diagnostics + counselling)   |           | Y/N                                  |
| d                                     | Post-natal care (Essential diagnostics + counselling)   |           | Y/N                                  |
| e                                     | Nutrition and Health promotion to children and Adolescents  |           | Y/N                                  |
| 1.2                                   | Is Growth monitoring done at Anganwadi center/ VHNDs?   |           | Y/N                                  |
| 1.3                                   | Is Routine Immunization micro-plan available at VHND session?   |           | Y/N                                  |
| 1.4                                   | Is Due list for Routine Immunization, AN,PNC available with ASHA/ANM                                  |           | Y/N                                  |
| 1.5                                   | As per due list did 75% of the beneficiaries attend the VHND session?                                 |           | Y/N                                  |
| <b>2. Interview with ANM</b>          |   |           |                                      |
| 2.1                                   | Is Community distribution of Misoprostol for home deliveries implemented?                             |           | Y/N                                  |
| 2.2                                   | Are high risk pregnancies identified and separately line-listed at the health facility?               |           | Y/N                                  |
| 2.3                                   | Were maternal/child deaths reported from the area of the sub-center in last 1 year?                   |           | Y/N                                  |
| 2.4                                   | Whether the Maternal death reviewed   |           | Y/N                                  |
| 2.5                                   | Reviewed- Y/N , If death reviewed, were corrective actions taken for the probable community causes?   |           | Y/N                                  |
| 25.1                                  | Number of SAM children identified in the community (Data can be collected from AWW/ANM)               |           | Number                               |
| 2.6                                   | Number of SAM children referred to Nutritional Rehabilitation Centre (NRCs)/ higher centre?           |           | Number                               |
| 2.7                                   | Has the ANM been trained on RKSK (including Peer educator component)?                                 |           | Y/N                                  |
| 2.8                                   | Has the ASHA been trained on RKSK (including Peer educator component)?                                |           | Y/N                                  |
| 2.9                                   | Does the ANM function as Treatment Supporter (DOT Provider)   |           | Y/N                                  |
| 3                                     | Does she refer case of presumptive TB to nearest microscopy centre for diagnosis.                     |           | Y/N                                  |
| 3.1                                   | Does she provide IEC and community awareness regarding TB symptoms and availability of free services? |           | Y/N                                  |
| 3.2                                   | Status of Population enumeration  |           | Number                               |
| 3.3                                   | Status of CBAC forms  |           | Number                               |
| 3.4                                   | Is the IT application being used ? - Data of population enumeration and CBAC added to the Tablet      |           | Y/N                                  |
| 3.5                                   | Screening services started  |           | Number                               |
| 3.6                                   | Hypertension  |           | Number                               |



| Community Assessment Checklist |   |              |
|--------------------------------|---|--------------|
| 3.7                            | Diabetes  | Number       |
| 3.8                            | Oral Cancer   | Number       |
| 3.9                            | Breast Cancer   | Number       |
| 4. Interview with ASHA         |   |              |
| 4                              | Incentives to ASHA  |              |
| 4.1                            | Was ASHA paid incentives for ANC services & accompanying mother for Institutional delivery?   | Y/N          |
| 4.2                            | was ASHA paid incentives for conducting MPV activities (saas bahu sammelan/ nayi pehel kit/ updating EC register/ Motivating the client for adopting injectable MPA (Antara Programme) in MPV districts | Y/N          |
| 4.3                            | Was ASHA paid incentives for delaying and spacing of births?  | Y/N          |
| 4.4                            | Was ASHA paid incentives for counselling clients for adopting sterilization   | Y/N          |
| 4.5                            | Was ASHA paid incentives for escorting clients for PPIUCD/PAIUCD insertions?  | Y/N          |
| 4.6                            | Was ASHA paid incentive for immunization of children below 1 year and 1 to 2 year?  | Y/N          |
| 4.7                            | Is there any delay in last six months in payments to ASHA?  | Y/N          |
| 4.8                            | Is the ASHA trained on module 6 & 7 for HBNC (Ask upto which round training has been done)  | No. of Round |
| 4.8.1                          | If yes does she perform HH visits for HBNC?   | Y/N          |
| 4.9                            | Is ASHA trained in HBYC ?   | Y/N          |
| 4.9.1                          | If yes, does she perform Household visit for HBYC   | Y/N          |
| 5                              | Number sick new-born or newborns with danger signs identified in community by ASHA  | Number       |
| 5.1                            | Whether sick new-born or newborns with danger signs referred to Higher facilities?  | Y/N          |
| 5.2                            | Whether follow-up visit to LBW Babies & SNCU discharged babies done by ASHA?  | Y/N          |
| 5.3                            | Does the ASHA function as Treatment Supporter (DOT Provider)  | Y/N          |
| 5.4                            | Does she refer case of presumptive TB to nearest microscopy centre for diagnosis.   | Y/N          |
| 5.5                            | Does she provide IEC and community awareness regarding TB symptoms and services availability?   | Y/N          |
| 5.6                            | Does ASHA provides counselling for birth preprdnness/ Birth companion?  | Y/N          |
| 5.7                            | ASHA can identify danger sign during pregnancy?   | Y/N          |
| 5.8                            | ASHA aware about 108/104 emergency services?  | Y/N          |
| 5.9                            | Is ASHA trained on FP-LMIS  | Y/N          |
| 6                              | Has the ASHA been trained on RKSK (including Peer educator component)   | Y/N          |
| 6.1                            | Have they received printed formats for Population enumeration and CBAC  | Y/N          |



|   |   |        |
|---|---|--------|
| 6.2   | Status of completion of   |        |
| 6.2.1   | Population Enumeration  | Number |
| 6.2.2   | CBAC  | Number |
| 6.3   | Have ASHAs mobilized individuals of 30 years and age above for NCD screening at SHC/SHC- HWCs   | Y/N    |
| 6.4   | Have ASHAs received smart phones ?  | Y/N    |
| 6.5   | Have ASHAs been trained in use of NCD- CPHC IT application ?  | Y/N    |
| 6.6   | Have they started using of IT application ?   | Y/N    |
| <b>7. Interview with beneficiaries (Household visits)</b> |   |        |
| 7   | Interview with Pregnant woman   |        |
| 7.1   | Is the pregnant woman registered in the first trimester?  | Y/N    |
| 7.2   | Did the PW receive all services under Antenatal care?(ANC+1 USG+ Diagnostics,IFA,Calcium, Deworming, counselling) under Antenatal care?   | Y/N    |
| 7.3   | Is the PW counseled for Post-partum FP choices including PPIUCD by ASHA/ANM during ANC?   | Y/N    |
| 7.4   | Did you face any abuse or disrespect by health provider during your pregnancy and labour?   | Y/N    |
| 7.5   | Interview with TB patient (based on recall)   |        |
| 7.5.1   | Did the patient avail sputum microscopy/ CBNAAT services for TB diagnosis?  | Y/N    |
| 7.5.2   | How much time did it take for the patient to get his test results   |        |
| 7.5.3   | How long did it take for the patient to receive the anti-TB drugs after diagnosis   |        |
| 7.5.4   | Is the patient being given treatment through a treatment supporter?   | Y/N    |
| 7.5.5   | Did the patient receive financial aid / kind support on nutritional support through Nikshay Poshan Yojana?  | Y/N    |
| 8   | Interview with Lactating mother with 0-6 months baby (based on recall)  |        |
| 8.1   | Did she deliver at Public Health facility   | Y/N    |
| 8.2   | If yes; Did she receive entitlements under JSY?   | Y/N    |
| 8.3   | Did she receive entitlements under JSSK? (Free drugs/Free Diet/Free diagnostics/Free referral transport to mothers and sick new born)   | Y/N    |
| 8.4   | Did the ASHA fill any detailed format (for profile and past illness history) for your family ?  | Y/N    |
| 8.5   | Did the ASHA ask questions related to family history, consumption of alcohol etc and physical activity and about some symptoms and filled a format for individuals over 30 years of age                       | Y/N    |
| 8.6   | Did you receive any counselling for healthy life style (from ASHAs or ANMs or MLHPs)  | Y/N    |
| 8.7   | Are you aware about availability of services for screening of Hypertension, Diabetes, oral and breast cancer at SHCs / SHC- HWC and (of Hypertension, Diabetes, oral, breast and cervical cancer) at PHC- HWC | Y/N    |
| 8.8   | Have you been screened at SHC / SHC- HWC for -  |        |
| 8.8.1   | Hypertension  | Y/N    |
| 8.8.2   | Diabetes  | Y/N    |



|                             |   |                    |
|-----------------------------|---|--------------------|
| 8.8.3                       | Oral Cancer   | Y/N                |
| 8.8.4                       | Breast Cancer (females)   | Y/N                |
| 8.9                         | After screening at SHC/ SHC- HWC, did you seek services at PHC for diagnosis and confirmation (if needed) for   |                    |
| 8.9.1                       | Hypertension  | Y/N                |
| 8.9.2                       | Diabetes  | Y/N                |
| 8.9.3                       | Oral Cancer   | Y/N                |
| 8.9.4                       | Breast Cancer (females)   | Y/N                |
| 8.9.5                       | Cervical Cancer Screening at PHC (females)  | Y/N                |
| 9                           | For Screened Positive Beneficiaries   |                    |
| 9.0.1                       | Have you started your treatment for Hypertension and Diabetes if needed?  | Y/N                |
| 9.0.2                       | If No, Reason for not starting the treatment  |                    |
| 9.0.3                       | If yes, are you continuing treatment for Hypertension and diabetes?   | Y/N                |
| 9.0.4                       | IF yes, where are you taking medicines from?  | SHC/PHC/CHC/SDH/DH |
| 9.0.5                       | Have you incurred any OOPE?   | Y/N                |
| 9.1                         | In case of cancer screening, did you seek diagnostic service at higher centre (district hospital or medical college) if needed ? Are you continuing the required treatment? | Y/N                |
| 9.2                         | Are you aware about the posting of MLHP at the SHC- HWC? Have you been informed about provision of additional services being available at SHC- HWC?                         | Y/N                |
| <b>10. ASHA Commodities</b> |   |                    |
| a                           | Pregnancy testing kit (Nischay kit)   | Y/N                |
| b                           | COC (Mala N)  | Y/N                |
| c                           | Centchroman (CHHAYA)  | Y/N                |
| d                           | ECP (EZY PILL)  | Y/N                |
| e                           | Condoms (NIRODH)  | Y/N                |
| f                           | Cotrimoxazole (Syp & Tab.)  | Y/N                |
| g                           | Availability of IFA with ASHA   |                    |
| i                           | 6 month - 5yrs - IFA syrup (Bi-weekly)  | Y/N                |
| ii                          | Pregnant women and Lactating mothers -Red IFA Tab   | Y/N                |
| h                           | MBI kit to test iodine level in salt  | Y/N                |
| i                           | ORS and Zinc  | Y/N                |
| j                           | HBNC Kit (Newborn weighing Scale, Digital Thermometer, Baby Blanket & Stopwatch)  | Y/N                |
| k                           | Sanitary napkins  | Y/N                |
| l                           | Paracetamol   | Y/N                |
| m                           | Syrup Amoxycillin   | Y/N                |
| n                           | Availability of IFA at school/AWCs  |                    |
| i                           | 5-10yrs-Tab. IFA (Pink colored sugar coated) WIFS Junior  | Y/N                |
| ii                          | 10-19yrs - Tab. IFA (Blue colored - Enteric coated)   | Y/N                |





# Abbreviations



**ACMO:** Additional Chief Medical Officer  
**ADU:** Aspirational Districts Unit  
**AFB:** Acid Fast Bacilli  
**AFHC:** Adolescent Friendly Health Clinic  
**ANC:** Antenatal Care  
**ANM:** Auxillary Nurse Midwife  
**ARI:** Acute Respiratory Infection  
**ASHA:** Accredited Social Health Activist  
**AWC:** Anganwadi Center  
**BCG:** Bacillus Calmette Guerin  
**BEmOc:** Basic Emergency Obstetric Care  
**BMGF:** Bill and Melinda Gates Foundation  
**CBAC:** Community Based Assessment Checklist  
**CBNAAT:** Cartridge Based Nucleic Acid Amplification Test  
**CDO:** Chief Development Officer  
**CEO:** Chief Executive Officer  
**CMHO:** Chief Medical and Health Officer  
**CPHC:** Comprehensive Primary Health Care  
**C-Section:** Caesarian Section  
**CSR:** Corporate Social Responsibility  
**DBT:** Direct Benefit Transfer  
**DC:** Differential Counts  
**DEIC:** District Early Intervention Center  
**DH:** District Hospital  
**DHAP:** District Health Action Plan  
**DM:** District Magistrate  
**DMC:** District Microscopy Center  
**DPM:** District Program Manager  
**DPT:** Diptheria, Pertusis, Tetanus  
**DQAC:** District Quality Assurance Committee  
**DRTB:** Drug Resistant Tuberculosis  
**DTFI:** District Task force for Immunization  
**DVDMS:** Drugs and Vaccine Distribution Management System  
**EC:** Eligible Couple  
**EIBF:** Early Initiation of Breastfeeding  
**EmOc:** Emergency Obstetric Care  
**ESR:** Erythrocyte Sedimentation Rate  
**e-VIN:** Electronic Vaccine Intelligence Network

**FOGSI:** Federation of Obstetric and Gynecological Societies of India  
**FP-LMIS:** Family Planning Logistic Management Information System  
**FRU:** First Referral Unit  
**FY:** Financial Year  
**GDM:** Gestational Diabetes Mellitus  
**GoI:** Government of India  
**GPS:** Global Positioning System  
**HBYC:** Home Based Young Child Care  
**HDU:** High Dependency Unit  
**Hep B:** Hepatitis B  
**HIV:** Human Immunodeficiency Virus  
**HMIS:** Health Management Information System  
**HR:** Human Resource  
**HRP:** High Risk Pregnancy  
**HWC:** Health and Wellness Center  
**ICDS:** Integrated Childhood Development Scheme  
**IEC:** Information Education Communication  
**IFA:** Iron and Folic acid  
**IMA:** India Medical Association  
**IMNCI:** Integrated Management of Neonatal and Childhood Illness  
**IMR:** Infant Mortality Rate  
**IMS:** Infant Milk Substitutes  
**INAP:** India Newborn Action Plan  
**IPHS:** Indian Public Health Standards  
**IT:** Information Technology  
**IUCD:** Intra Uterine Contraceptive Device  
**JSSK:** Janani Shishu Suraksha Karyakaram  
**JSY:** Janani Suraksha Yojana  
**KMC:** Kangaroo Mother Care  
**LaQshya:** Labour Room Quality Improvement Initiative  
**LBW:** Low Birth Weight  
**LHV:** Lady Health Visitor  
**LSAS:** Life Saving Anaesthesia Skills  
**MAM:** Moderate Acute Malnutrition  
**MAS:** Mahila Arogya Samiti  
**MBBS:** Bachelor of Medicine and Bachelor of Surgery



|   |  |
|---|--|
| <b>MCH:</b> Maternal and Child Health                                     | <b>PPIUCD:</b> Postpartum Intrauterine Contraceptive device                  |
| <b>MCP Card:</b> Mother and Child Protection Card                         | <b>PRI:</b> Panchayati Raj Institution                                       |
| <b>mCPR:</b> Modern Method Contraceptive Prevalence Rate                  | <b>PW:</b> Pregnant Women  |
| <b>MCTFC:</b> Mother and Child Tracking Facilitation Center               | <b>RBSK:</b> Rashtriya Bal SwastyaKaryakaram                                 |
| <b>MCTS:</b> Mother and Child Tracking System                             | <b>RCH:</b> Reproductive and Child Health                                    |
| <b>MDR TB:</b> Multi Drug Resistant Tuberculosis                          | <b>RCHO:</b> Reproductive and Child Health Officer                           |
| <b>MDSR:</b> Maternal Death Surveillance and Review                       | <b>RDK:</b> Rapid Diagnostic Kit   |
| <b>MI:</b> Mission Indradhanush   | <b>RI:</b> Routine Immunization  |
| <b>MIS:</b> Management Information System                                 | <b>RMNCH+A:</b> Reproductive, Maternal, Newborn, Child and Adolescent Health |
| <b>MLHP:</b> Mid Level Health Provider                                    | <b>RNTCP:</b> Revised National Tuberculosis Control Program                  |
| <b>MMR:</b> Maternal Mortality Ratio                                      | <b>RPR:</b> Rapid Plasma Reagin  |
| <b>MPA:</b> Medroxyprogesterone acetate                                   | <b>RTI:</b> Reproductive Tract Infection                                     |
| <b>MPV:</b> Mission Parivar Vikas   | <b>SAM:</b> Severe Acute Malnutrition  |
| <b>MPW:</b> Multi-purpose Worker  | <b>SBA:</b> Skilled Birth Attendent  |
| <b>NBCC:</b> Newborn Care Corner  | <b>SDG:</b> Sustainable Development Goals                                    |
| <b>NBSU:</b> Newborn Stabilization Unit                                   | <b>SECC:</b> Socio-Economic Caste Census                                     |
| <b>NCD:</b> Non-Communicable Disease                                      | <b>SHC:</b> Sub Health center  |
| <b>NFHS:</b> National Family Health Survey                                | <b>SNCU:</b> Special Newborn Care Unit                                       |
| <b>NHM:</b> National Health Mission                                       | <b>SS:</b> Supportive Supervision  |
| <b>NIPI:</b> Norway India Partnership Initiative                          | <b>STD:</b> Sexually Transmitted Disease                                     |
| <b>NQAS:</b> National Quality Assurance Standards                         | <b>SWOT:</b> Strength, Weakness, Opportunity, Threat                         |
| <b>NRC:</b> Nutrition Rehabilitation Center                               | <b>TB:</b> Tuberculosis  |
| <b>NSSK:</b> Navjat Shishu Suraksha Karyakaram                            | <b>TC:</b> Total Counts  |
| <b>OGTT:</b> Oral Glucose Tolerance Test                                  | <b>TFR:</b> Total Fertility Rate   |
| <b>OOPE:</b> Out of Pocket Expenditure                                    | <b>U5MR:</b> Under 5 Mortality Rate  |
| <b>OPV:</b> Oral Polio Vaccine  | <b>U-DISE:</b> Unified District Information System for Education             |
| <b>ORS:</b> Oral Rehydration Salt   | <b>UN:</b> Unmet Need  |
| <b>OT:</b> Operation Theatre  | <b>UNFPA:</b> United Nations Population Fund                                 |
| <b>PAIUCD:</b> Post Abortion Intra Uterine Contraceptive Device           | <b>UNICEF:</b> United Nations Children Fund                                  |
| <b>PCPNDT Act:</b> Pre-Conception and Pre-natal Diagnostic Techniques Act | <b>USAID:</b> United States Agency for International Development             |
| <b>PFMS:</b> Public Finance Management System                             | <b>USG:</b> Ultrasonography  |
| <b>PG:</b> Post Graduate  | <b>VHND:</b> Village Health and Nutrition Day                                |
| <b>PHC:</b> Primary Health Center   | <b>VHSNC:</b> Village Health sanitation and Nutrition Committee              |
| <b>PIP:</b> Program Implementation Plan                                   | <b>WIFS:</b> Weekly Iron and Folic Acid Supplementation Program              |
| <b>PMO:</b> Prime Minister's Office                                       |  |
| <b>PMSMA:</b> Pradhan Mantri Surakshit Matritva Abhiyan                   |  |



## Notes



## Notes

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**Aspirational District Unit**  
Ministry of Health and Family Welfare,  
Government of India