



Guidance Document

Aspirational Blocks Programme

Ministry of Health and Family Welfare

Government of India

Guidance Document for Aspirational Blocks Programme developed to serve as a reference material and guiding tool for State/District/Blocks for strengthening and overall improvement of 7 Key Performance Indicators (KPIs) on Health sector

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Background

In 2018, the Honourable Prime Minister initiated the Aspirational Districts Programme (ADP) with the objective of transforming 112 relatively underdeveloped districts across the country. The ADP was founded on the belief that targeted and focused interventions in identified underprivileged districts could significantly enhance the quality of life and standard of living for their residents. Notably, over the past five years, there has been remarkable progress, resulting in tangible improvements in critical areas. While these districts have demonstrated exceptional performance, it is now time to extend these advancements to the grassroots level, down to the block level. The current aim is to shift from playing catch-up to leading the way, from being aspirational to serving as an inspiration.

In line with this vision, the Aspirational Blocks Programme (ABP) was launched by the Hon'ble Prime Minister on January 7, 2023, during the 2nd National Conference of Chief Secretaries. A total of 500 Blocks have been identified by NITI Aayog for rapid improvement, across 27 states and 4 Union Territories in the country.

The main objectives of this programme are similar to the Aspirational Districts initiative, aiming to improve socio-economic indicators, healthcare, education, infrastructure, and overall quality of life in these aspirational blocks. The programme is meant to uplift the living standards of people in these underdeveloped areas and reduce regional disparities.

It's important to note that the implementation of this programme involves cooperation between the Union government, State governments, and various stakeholders to drive development in these aspirational blocks.

Introduction to Aspirational Blocks Programme (ABP)

Aspirational Blocks Programme (ABP) focuses on improving governance to bring about social development in the relatively difficult and underdeveloped blocks of India by converging existing schemes, defining outcomes, and monitoring results on a constant basis using digital tools and approaches. Along the lines of aspirational districts strategy, the aspirational blocks strategy also hinges upon three broad contours,

- **Convergence** (of Central & State Schemes),
- **Collaboration** (of NITI Aayog, Central Ministries and Departments, State Governments and District and Blocks Administration) and,
- **Competition** among blocks driven by a spirit of mass movement.

The Aspirational Blocks Programme (ABP) places its emphasis on enhancing governance to improve the quality of life for citizens in the most challenging and underdeveloped blocks of India. It aims to achieve this by converging existing schemes, setting clear outcomes, and closely monitoring key socio-economic indicators across major sectors, including Health and Nutrition, Education, Agriculture and Allied Services, Drinking Water and Sanitation, Financial Inclusion, Basic Infrastructure, and overall Social Development.

Objectives

Under Aspirational Blocks Programme following are the key objectives:

- Reaching the last mile through **Convergence, Collaboration and Competition**
- Time bound **Blocks Specific Action Plan**
- Saturation coverage of **Key Performance Indicators**
- **Blocks, surpasses the State average within a year.**

Within the framework of ABP, it is anticipated that block-level officials responsible for Health, Nutrition, Education, Panchayati Raj, Social Development, and Water and Sanitation, among others, will play a pivotal role in leading and catalysing transformation within Aspirational Blocks. They will do so under the guidance and support of district and state-level officials. States are the primary driving force in this programme and will emphasize leveraging the unique strengths of each district and block to identify actionable measures for immediate improvement while also rigorously measuring progress.

Strategy under the Aspirational Blocks Programme

With States as the main drivers, this programme will focus on the strength of each district and block and identify doable actions for immediate improvement, measure progress, and rank blocks. Key strategies under this programme are:



Development of Block Development Strategy



Flexibility to States



API based data sourcing



Capacity Building of functionaries



Knowledge Portal for continuous learning



Ranking of blocks



Awards and Incentives

Key Strategies:

- (1) **Development of Block Development Strategy:** The ABP would support Blocks to develop a well thought out Block Development Strategy which would take into consideration Block specific challenges and opportunities. Blocks would undertake a SWOT analysis and develop strategies to maximize on the strengths and opportunities while developing methods and measures to manage weaknesses and threats. Blocks would identify key interventions across all the sectors of ABP that could help achieve saturation of services and surpass the State average on key socio- economic parameters.
- (2) **Flexibility to States:** States would have requisite flexibility to choose some indicators based on their context. This would help States prioritize sectors where concerted action is needed. ABP has allowed States to have 5 State specific indicators in the indicator's framework of the programme which will be monitored by States.
- (3) **API based data sourcing:** The Programme would source data against indicators directly from Management Information Systems of Ministries and Departments. This is expected to ease the requirements of reporting at the Blocks levels in addition to ensuring harmonization of data and progress reported by Blocks.
- (4) **Capacity Building of functionaries:** ABP would ensure continuous capacity building of Blocks level functionaries to ensure effective and accelerated implementation of schemes.
- (5) **Knowledge Portal for continuous learning:** The Programme would have a knowledge portal for documentation and dissemination of best practices. All States, Districts and Blocks would continuously feed to the knowledge portal through documenting what works and what is not easy to implement. A systematic approach to knowledge management would be adopted for continuous learning under the Programme.
- (6) **Ranking of blocks:** NITI Aayog would rank all the Blocks every quarter based on their performance. The financial incentives to Blocks will also be given on a quarterly basis.
- (7) **Awards and Incentives:** ABP will provide awards and incentives for exemplary contribution towards attainment of ABP Objectives. Each Block will be supported by District and State level Officials for development of Block Development Strategy in the initial stage of the Programme. Financial incentives will be provided to Blocks based on the delta ranking. Blocks will also be provided incentives for exemplary performance/achievement of annual targets across sectors. Several non-financial incentives will also be provided including training etc.

Key Performance Indicators (KPIs) Framework

In consultation with various stakeholders, 39 key performance indicators (KPIs) have been chosen to measure progress of the blocks which have been grouped into 5 themes.



Key Performance Indicators (KPIs)

Table-1: Theme wise key performance indicators and weightage for Aspirational Blocks

S. No.	Theme	Ministry/Department	No. of KPIs	Total KPIs	Theme Weightage
1	Health & Nutrition	Ministry of Health & Family Welfare (MoHFW)	7	14	30%
		Ministry of Women & Child Development (MoWCD)	7		
2	Education	Department of School Education & Literacy (DoSEL)	11	11	30%
3	Agriculture and Allied Services	Department of Agriculture & Farmers Welfare (DAFW)	3	5	20%
		Department of Animal Husbandry & Dairying (DAHD)	1		
		Department of Water Resources (DoWR)	1		
4	Basic Infrastructure	Department of Drinking Water & Sanitation (DDWS)	2	5	15
		Department of Telecommunications (DoT)	2		
		Ministry of Rural Development (MoRD)	1		
5	Social Development	Department of Financial Services (DFS)	1	4	5%
		Ministry of Electronics & Information Technology (MeitY)	1		
		Ministry of Rural Development (MoRD)	2		
Total		11 Ministries/Departments		39	100%

Health under Aspirational Blocks Programme (ABP)

Under the Aspirational Blocks Programme, the Ministry of Health and Family Welfare aims to strengthen the health care delivery system, governance, and accountability to meet the vision for health by leveraging health initiatives to bring transformation in the lives of people and meet their aspirations to be healthy.

The goal is to establish acceptable standards of healthcare for the people and ensure availability of high-quality healthcare services that are accessible and affordable across different regions and communities, with a particular focus on underserved populations and marginalized groups.

The Ministry of Health and Family Welfare would support the blocks in following aspects:

- Establishing institutional mechanisms to ensure effective programme implementation.
- Ensuring the timely allocation and disbursement of funds to address local-level gaps.
- Monitoring progress of Key Performance Indicators (KPIs) in the Aspirational Blocks.
- Adopting a holistic approach to enhance overall health outcomes, including strengthening the health system in terms of human resources, infrastructure, supply chain, and referral transportation.
- Providing guidance and mentorship on the planning and execution of health programmes in alignment with the health action plan.

A total of 07 key performing indicators have been assigned to Health sector with overall weightage of 30% under Health & Nutrition theme.

Table-2: List of Key Performance Indicators (KPIs)

S. No.	KPIs	Source
1	Percentage of ANC registered within the first trimester against total ANC registrations	HMIS
2	Percentage of institutional deliveries against total reported deliveries	HMIS
3	Percentage of low-birth weight babies (less than 2500g)	HMIS
4	Percentage of Tuberculosis (TB) cases treated successfully against TB cases notified a year ago	Nikshay Portal
5	Percentage of National Quality Assurance Standards (NQAS) certified facilities in Blocks	Saksham Portal
6	Percentage of persons screened for Hypertension against targeted population in the Blocks	NCD Portal
7	Percentage of persons screened for Diabetes against targeted population in the Blocks	NCD Portal

The 7 core indicators identified under Health sector in ABP are mainly focused on:

- Improving Maternal & Child Health.
- Early diagnosis and complete treatment for Tuberculosis.
- Health System strengthening through quality programmes (National Quality Assurance Standards) and
- Screening and management of Non-Communicable Diseases (NCD) like Hypertension and Diabetes.

Identification of the lowest ranking 100 blocks

During the unveiling of the Aspirational Blocks' Sankalp Sapath on September 30, 2023, the Hon'ble Prime Minister of India directed to each ministry to identify 100 blocks in the country that rank the lowest in terms of implementing schemes under their respective departments. These ministries were then to develop a time-bound action plans to elevate these underperforming blocks to the level of their State or National averages for their respective schemes.

The Ministry of Health and Family Welfare has identified the lowest ranking 100 blocks using the baseline values of all 7 indicators (data from the FY 2022-23 has been utilized) out of the 500 Aspirational Blocks, in consultation with NITI Aayog. These 100 lowest-performing blocks are spread across 19 States and encompass 68 districts among the 500 Aspirational Blocks. The selection criteria were based on the initial values of key performance indicators, with the aim of ensuring a rapid and substantial improvement that surpasses the state averages for these indicators within one year.

Selection criteria of lowest ranking blocks

Selection criteria of 100 lowest ranking blocks among 500 blocks based on baseline values of 7 KPIs and constitutes following methodology:

Overall Blocks Score ≤ 10 has been taken for selecting the blocks. (Max Marks-21)

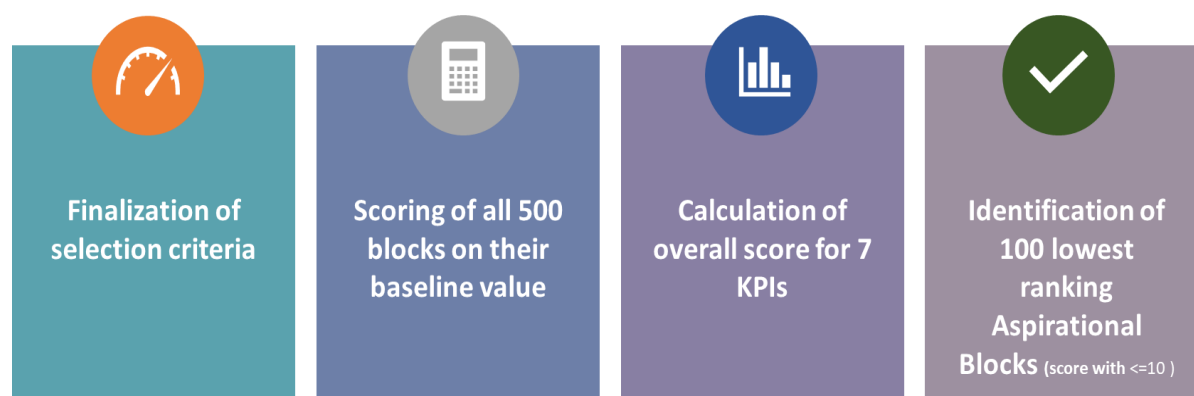


Table-3: Selection criteria for lowest ranking blocks

S.N	KPI	Criteria from the baseline values of KPI
1	Percentage of pregnant women registered for (ANC) within first trimester	Achievements 3 marks for $\geq 90\%$ 2 marks for $< 90\%$ to $\geq 80\%$ 1 mark for $< 80\%$ 0 marks for 0%
2	Percentage of institutional deliveries against total reported deliveries	
3	Percentage of low-birth weight babies (less than 2500g)	3 marks for $< 10\%$, 2 marks for $\geq 10\%$ to $< 20\%$ 1 mark for $\geq 20\%$ Exceptions: For blocks those who have not reported any delivery, has been given 0.
4	Percentage of Tuberculosis (TB) cases treated successfully against TB cases notified a year ago	1 mark for $> 0\%$ to $< 80\%$ 2 marks for $\geq 80\%$ to $< 90\%$ 3 marks for $\geq 90\%$ 21 Blocks for which No Baseline Data is available, marked as NA
5	Percentage of National Quality Assurance Standards (NQAS) certified facilities in Blocks	3 marks for $> 20\%$ 2 marks for $\leq 20\%$ to $\geq 10\%$ 1 mark for $< 10\%$ 0 mark for Equals to 0%
6	Percentage of person screened for Hypertension against targeted population in the Blocks	3 marks for $\geq 40\%$ 2 marks for $< 40\%$ to $\geq 20\%$ 1 mark for $< 20\%$ 0 mark for Equal to 0%
7	Percentage of person screened for Diabetes against targeted population in the Blocks	

List of 100 lowest ranking blocks is at Annexure-I

Strategies for overall improvement of Health KPIs

Mapping of MoHFW Schemes against each KPI

A complete mapping of the MoHFW schemes/programmes/initiatives has been done for focused interventions in order to improve the KPIs. A comprehensive thrust will be given to each programme for overall improvement of KPIs.

Table-4: Key MoHFW Schemes for overall improvement of KPIs

S. No.	KPIs	MoHFW Scheme/Programme/ Initiatives for overall improvement of KPIs
1	Percentage of ANC registered within the first trimester against total ANC registrations	<ul style="list-style-type: none"> • Surakshit Matritava Aashwasan (SUMAN)- Quality of care with grievance redressal mechanism. • Pradhan Mantri Surakshit Matritva Abhiyan (PMSMA) for ANC Registration and detection of High-Risk Pregnancies. • Janani Shishu Suraksha Karyakram (JSSK) & Janani Suraksha Yojana. • Village Health Sanitation & Nutrition Days (VHSND).
2	Percentage of institutional deliveries against total reported deliveries	<ul style="list-style-type: none"> • Cash less services under Janani Shishu Suraksha Karyakram (JSSK) & Janani Suraksha Yojana. • LaQshya-Labour room Quality Improvement Initiative • Birth Waiting homes. • Referral Transport mechanism. • Free diagnostics and drugs. • Capacity building trainings- Daksh, DAKSHATA, SBA, LSAS, BEmONC etc.
3	Percentage of low-birth weight babies (less than 2500g)	<ul style="list-style-type: none"> • Facility Based Newborn Care (FBNC) at delivery points. • Kangaroo Mother Care (KMC) • Early childhood development (ECD) • Home based Neonatal care visits (HBNC) • Home Based Young childcare visits (HBYC) • Mother Absolute Affection (MAA) Programme for Promotion of breastfeeding • Infant Young Child Feeding (IYCF) practices.
4	Percentage of Tuberculosis (TB) cases treated successfully against TB cases notified a year ago	<ul style="list-style-type: none"> • National TB Elimination Programme <ul style="list-style-type: none"> ○ Nikshay Poshan Yojana ○ PM-TB Mukht Panchayat ○ PM- TB Mukht Bharat Abhiyaan

S. No.	KPIs	MoHFW Scheme/Programme/ Initiatives for overall improvement of KPIs
5	Percentage of National Quality Assurance Standards (NQAS) certified facilities in Blocks	<ul style="list-style-type: none"> National Quality Assurance Standards (NQAS) LaQshya- Labour room Quality Improvement Initiative. Kayakalp
6	Percentage of persons screened for Hypertension against targeted population in the Blocks	<ul style="list-style-type: none"> Strengthening Ayushman Bharat-HWC Strengthening Non Communicable Disease (NCD) screening Training of CHOs/MOs Training of ANMs & ASHAs
7	Percentage of persons screened for Diabetes against targeted population in the Blocks	

Strategic interventions

Table-5: Strategies against KPIs

KPIs	Key Strategic Interventions
KPI-1 Percentage of ANC registered within the first trimester against total ANC registrations	<p>Early Registration:</p> <ul style="list-style-type: none"> Ensure eligible couples line listing by ASHAs & ANMs Regular home visits by ASHAs/ANMs for early registration of pregnancies. <p>Provision of service:</p> <ul style="list-style-type: none"> Quality ANC service delivery at facility level ANC services at PMSMA days by OBGYN/ Doctor Increased uptake of services through VHSND. Provision of MCP Cards and Safe motherhood booklets to all PWs and ensure its utilization. <p>Tracking of PW:</p> <ul style="list-style-type: none"> Preparation of due list for ANC services at SC level by CHO/ANM/ASHA. Tracking & monitoring of each Pregnant Women with a special focus on High-Risk Pregnancy (HRP) through RCH register. Regular home visits.

KPIs	Key Strategic Interventions
	<p>Awareness Generation:</p> <ul style="list-style-type: none"> • Strengthen awareness generation activities for leveraging service delivery platforms. • Community mobilization and awareness generation. • Special plan for difficult/flooded areas-outreach camp. • Community awareness on existing Govt. schemes like JSY, JSSK, PMSMA etc. • Social media plan with key messages <p>Strengthening Supply chain:</p> <ul style="list-style-type: none"> • Ensure availability of Pregnancy Testing Kits with ASHAs/ANMs. • Availability of MCP Cards and Safe motherhood booklets <p>Reporting and review:</p> <ul style="list-style-type: none"> • Timely reporting in HMIS and monthly review at District level • State/District/Blocks level review • Supportive supervision of ANC clinic/PMSMA/VHSND by State/District/Blocks level officials.
<p>KPI-2 Percentage of institutional deliveries against total reported deliveries</p>	<p>Gap assessment:</p> <ul style="list-style-type: none"> • Identify pockets with high home deliveries within the blocks. • Mapping of areas which are difficult to reach/ remote. • Mapping of facilities without SBA trained staff. <p>Functionalization of Delivery Points through Health System Strengthening (HSS):</p> <ul style="list-style-type: none"> • Functionalization of delivery points by ensuring provision of HR, drugs, and equipment. • Strengthening referral system under NHM • Provision of JSY and JSSK services to women. • Establishment of Birth Waiting Homes/Huts at peripheral CHCs/PHCs and wherever necessary. <p>Capacity Building:</p> <ul style="list-style-type: none"> • Priority training for doctors and staff nurses for SBA. • Deployment of SBA trained staff in labour room. <p>Quality of Care</p> <ul style="list-style-type: none"> • Provision of quality service and respectful maternity care at health facilities. • LaQshya certification of labour room and maternity OT.

KPIs	Key Strategic Interventions
	<p>Awareness Generation:</p> <ul style="list-style-type: none"> • Strengthen awareness generation activities for leveraging service delivery platforms. • Community awareness on existing Govt. schemes like JSY, JSSK and benefits of institutional delivery. • Social media plan with key messages • Community awareness through CHO/ANM/ASHA workers during VHSND and community visits. <p>Reporting and review</p> <ul style="list-style-type: none"> • All facilities within the District/Blocks including Private Hospitals to be mapped in HMIS to capture the maximum number of institutional deliveries. • Timely reporting in HMIS and monthly review at District level. • State/District/Blocks level review and supportive supervision by team.
<p>KPI-3 Percentage of low-birth weight babies (less than 2500g)</p>	<p>Capacity building</p> <ul style="list-style-type: none"> • Training of healthcare providers on FBNC, NSSK etc. • Completion of HBNC and HBYC trainings for ASHAs. <p>Convergence with other stakeholders:</p> <ul style="list-style-type: none"> • Promoting intake of healthy diet and IFA tablets during Pregnancy. • Coordination and Convergence of Health Department with MWCD for LBW <p>Focus on key maternal health intervention:</p> <ul style="list-style-type: none"> • Maternal malnutrition: anaemia, underweight, overweight, etc., before and during pregnancy. • Maternal health problems: high blood pressure, diabetes, infection • Maternal characteristics: low/high maternal age, multiple parity, poor birth spacing, etc. • Other risk factors: smoking, alcohol, medically unnecessary caesarean deliveries, etc. • Identification, management and follow up of High Risk Mothers. <p>Reporting and review</p> <ul style="list-style-type: none"> • Timely reporting in HMIS • State/District/Blocks level review and supportive supervision by team.

KPIs	Key Strategic Interventions
<p>KPI-4 Percentage of Tuberculosis (TB) cases treated successfully against TB cases notified a year ago</p>	<p>Focussed interventions:</p> <ul style="list-style-type: none"> • Upfront testing of presumptive TB with molecular diagnostics and universal drug susceptibility testing for diagnosed TB – early detection and appropriate treatment. • Differentiate TB care - prioritizing high risk TB patients for intensified care. • TB co-morbidity management especially in priority populations • Timely DBT for nutritional support (Rs 500/month) – Nikshay Poshan Yojana • Ensure all consented TB patients are linked to a Ni-kshay Mitra for additional nutritional, diagnostic and vocational support. • Ni-kshay Saathi (Family Care Giver) for each TB patient to monitor treatment adherence and provide patient support. • Tracking treatment adherence including through digital adherence & AI for predicting loss-to-follow-up • Ensure adequate nutrition for all TB patients. <p>Reporting and review</p> <ul style="list-style-type: none"> • Timely reporting in NIKSHAY portal • State/District/Blocks level review and supportive supervision by team.
<p>KPI-5 Percentage of National Quality Assurance Standards (NQAS) certified facilities in Blocks</p>	<ul style="list-style-type: none"> • Map the total number of health facilities in a blocks • Periodic assessment of facilities by District & State Quality Assurance Committee. • Formation of Quality Assurance Team at Facility Level to undertake Quality Assurance activities based on NQAS and other checklists (like Kayakalp, LaQshya etc.) • Identify the gaps through periodic internal assessment and prepare an action plan with resource allocation, responsible person, time frame etc. • Orientation of facility staff on the quality standards.

KPIs	Key Strategic Interventions
<p>KPI-6 Percentage of persons screened for Hypertension against targeted population in the Blocks</p> <p>&</p>	<ul style="list-style-type: none"> • Completion of all necessary steps for upgradation of selected facilities to Health & Wellness Centre (HWC). • Recruitment/Appointment of Community Health Officers (CHO). • Training of Community Health Officers (CHO). • Provision of Comprehensive Primary Health Care (CPHC) through delivery of expanded ranges of services as envisaged in Ayushman Bharat Health & Wellness Centre (AB-HWC) Guidelines. • 100% enrolment along with screening of 30+ individuals for Hypertension and Diabetes. • Data capturing on the NCD portal on daily basis. <p>Reporting and review</p> <ul style="list-style-type: none"> • Timely reporting in NCD portal • State/District/Blocks level review and supportive supervision by team.
<p>KPI-7 Percentage of persons screened for Diabetes against targeted population in the Blocks</p>	

Monitoring and Supervision Framework

The Aspirational Blocks Programme holds a position of great policy importance within the Government of India and is closely monitored at the highest level, within the Prime Minister's Office (PMO). NITI Aayog serves as the primary coordinating body for the programme, with support from Central Ministries and State Governments. All districts containing these blocks fall under the direct supervision of NITI Aayog. NITI Aayog is responsible for overseeing the progress of work in these blocks and ensuring the efficient utilization of funds under various schemes.

Monthly reporting and monitoring of 7 Key Performance Indicators (KPIs) on health

Out of the seven Key Performance Indicators (KPIs), data for three indicators will be derived from the Health Management Information System (HMIS), one indicator from the Central TB Division (Nikshay Portal), one indicator from the National Health Systems Resource Centre (NHSRC) through the Saksham Portal, and two indicators from the Non-Communicable Diseases (NCD) portal. The progress of Key Performance Indicators in respective blocks will be reviewed through NITI Aayog's Aspirational Blocks Programme portal (<http://Abp.championsofchange.gov.in>).

Nodal Officer for 100 lowest ranked Aspirational Blocks

To facilitate rapid improvement and transformation in 100 lowest ranked Aspirational Blocks, the Ministry of Health and Family Welfare (MoHFW) has identified Nodal Officers for the lowest ranked 100 blocks. Each of these blocks has been assigned a "Nodal Officer" of rank of Joint Secretary, Deputy Secretary, Additional Commissioners/Commissioners, Directors and Joint Directors of various programmes at MoHFW including DGHS and NHSRC. These officers are tasked with guiding and overseeing progress on identified Key Performance Indicators (KPIs) and providing supportive supervision to enhance overall health outcomes in these blocks.

Key responsibilities of Nodal Officer, Aspirational Blocks:

To achieve the objective of the ABP, the Nodal Officer of Aspirational Blocks will play a pivotal role in guiding and supporting healthcare initiatives within these blocks. They will offer strategic guidance and technical expertise to enhance healthcare delivery and outcomes in Aspirational Blocks, ultimately leading to an improvement in the health and well-being of the marginalized populations in these areas. Consequently, a comprehensive Terms of Reference (ToR) outlining the scope of work has been developed. **(Annexure-II)**

Supportive Supervision

Supportive supervision checklists will assist Nodal Officers and mentors to assess health programmes at every level of care within a blocks. Nodal officers and other assigned monitors will evaluate each item on the checklist, observe service delivery, analyze bottlenecks and gaps, and formulate an action plan to enhance health interventions and programmes.

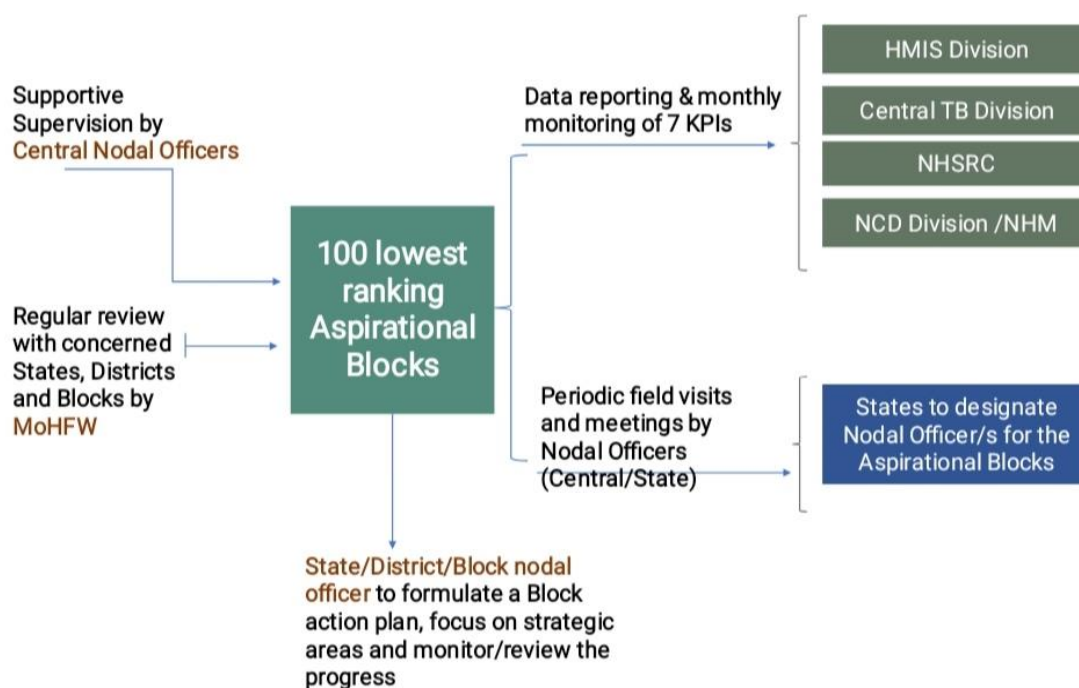
The following supportive supervision checklists will help in assessments at each level of care within a blocks:

- **Blocks Assessment Checklist**
- **Facility Assessment Checklist**
- **Community Assessment Checklist**

Engagement of Stakeholders and building partnership

The Ministry of Health and Family Welfare (MoHFW) collaborates closely with a range of UN organizations, Development partners, and local bodies to strengthen technical expertise in health programmes and implementation at various levels. These organizations provide valuable support through on-site mentoring, monitoring, and programmes evaluation at the district or state level. Each of the 100 lowest performing Aspirational Blocks have been assigned to development partners for continuous support at State, District and Blocks level to achieve the desired outcome in a timebound manner.

M&E Framework for Aspirational Blocks Programme (ABP):



Monitoring Process & Frequency

To ensure the impact of interventions in Aspirational Blocks, it is essential to conduct regular monitoring of the indicators and provide field staff with guidance through supportive supervision visits. These visits should focus on observation and problem-solving. Additionally, Nodal officers are responsible for reviewing the progress of the blocks at monthly intervals.

Table-6: Frequency of monitoring and review

National level	Frequency
Supportive supervision by Central Nodal Officers	Monthly/Quarterly
Review of concerned Aspirational Blocks by Central Nodal Officer	Monthly
Review meeting with Blocks/District/State officials by MoHFW	Quarterly
State level	Frequency
Supportive supervision by State Nodal Officers	Bi-monthly
Review of progress of Aspirational Blocks on KPIs	Monthly
Review meeting with Blocks/District officials by State	Quarterly

District/Blocks level	Frequency
Supportive supervision by District and Blocks Nodal Officers	Monthly
Review of progress of Aspirational Blocks on KPIs	Monthly
Review meeting with health functionaries	Quarterly

Roles and Responsibilities

National Level

- Nominate Central Nodal Officers for 100 Aspirational Blocks.
- Ensure coordination and collaboration with NITI Aayog, other Ministries, and State/District/Blocks teams through Aspirational District Unit, MoHFW.
- Establish a structured monitoring system, checklist, data management system etc.
- Provide supportive supervision to identified blocks by Central Nodal Officers.
- Regularly monitor progress on Key Performance Indicators (KPIs) in coordination with concerned programme division.
- Conduct quarterly reviews with State/District/Blocks teams at the national level.
- Technical assistance to State/District and blocks in creating time-bound strategic frameworks for each blocks.
- Contribute to knowledge management by documenting and sharing best practices on the knowledge portal.
- Create an enabling environment by issuing guidelines and advisories that facilitate fast-tracking programme implementation.

State level:

- **Programme Planning and Implementation:** Support programme planning and implementation in Aspirational Blocks. Ensure Effective implementation of key strategies developed for the overall improvement of KPIs. (table-5).
- **Blocks Action Plan:** Develop blocks-specific strategic plans/frameworks to enhance KPIs.
- **Nomination of Nodal Officer:** State to nominate State/District/Blocks level Nodal Officers for regular coordination with the Central team and District/Blocks teams.
- **Resource Allocation:** Allocate adequate resources, including budgetary provisions and skilled personnel, to address the healthcare needs of aspirational blocks. Ensure efficient utilization of allocated resources for health programmes.
- **Health Workforce Development:** Develop and maintain a skilled healthcare workforce in aspirational blocks. Provide training and capacity-building programmes for healthcare professionals to ensure quality services.

- **Healthcare Access:** Ensure accessibility to quality healthcare services within aspirational blocks. This includes extending the reach of healthcare facilities, telemedicine services, mobile clinics etc.
- **Quality Assurance:** Maintain high standards of healthcare service delivery. Quality assurance measures should include regular inspections, audits, and feedback mechanisms.
- **Supportive Supervision:** Provide guidance and support to blocks-level healthcare teams. Conduct periodic supervision and review meetings to ensure adherence to standards and best practices.
- **Monitoring and Evaluation:** Establish a robust system for monitoring and evaluating the progress of health-related KPIs. Regular assessments to identify challenges and opportunities for improvement.
- **Data Management:** Implement effective data management and reporting systems. Timely and accurate data collection is critical for tracking health-related KPIs and adjusting strategies as needed.
- **Coordination:** Collaborate with other state departments, organizations, and agencies to create a holistic approach to health programmes. Engage Development Partners working in the State/Districts.
- **Documentation:** Document best practices and promote dissemination.

District level

District Magistrates:

- Integrate and prioritize the Aspirational Blocks Programme in the district's development agenda.
- Support Blocks-level programme planning and implementation.
- Promote convergence and coordination with all relevant departments and Development Partners.
- Regularly review and monitor ongoing programmes and Key Performance Indicators (KPIs).
- Optimize human resources, strengthen infrastructure, and utilize available funds.

District Health Department:

- **Needs Assessment:** Conduct a comprehensive needs assessment to identify the specific health challenges and requirements in Aspirational Blocks. This assessment should consider factors like maternal and child health, infectious diseases, nutrition, and access to healthcare services.
- **Strategic Planning:** Develop time-bound strategic frameworks for each blocks and ensure effective implementation.
- **Programme Implementation:** Ensure implementation of key strategic interventions designed for overall improvement of KPIs (table-5).
- **Supportive Supervision:** Conduct periodic supportive supervision and review progress on KPIs and other health parameters.

- **Monitoring and Evaluation:** Regularly monitor the progress of healthcare programmes in Aspirational Blocks. Evaluate the impact of interventions and make necessary adjustments.
- **Data reporting:** Ensure timely reporting of KPIs in various data portal like HMIS, NIKSHAY, NCD etc.
- **Programme Review:** Regularly review and monitor ongoing programmes and Key Performance Indicators (KPIs).
- **Partnership with Development Agencies:** Partnership with various stakeholders to leverage resources and expertise for healthcare improvements.

Block level

- **Nominate Nodal Officer:** Each blocks to nominate nodal officer for Aspirational Blocks Programme for regular coordination and overall implementation and monitoring.
- **Strategic Planning:** Develop a timebound strategic plan for the blocks, outlining key objectives and activities to improve key performance indicators.
- **Coordination and partnership:** Collaborate with different government departments, non-governmental organizations, and stakeholders to ensure effective programme implementation.
- **Implementation:** Ensure effective implementation of strategic areas identified for improvement of KPIs and aimed at addressing the specific development needs of the blocks.
- **Monitoring and Evaluation:** Regularly assess the progress of ongoing programmes, strategies and KPIs using data to track performance against predefined targets.
- **Resource Utilization:** Efficiently manage available resources, including funds, manpower, and infrastructure, for programme activities.
- **Data Reporting:** Maintain data systems for accurate record-keeping and reporting to higher authorities and ensure accurate and timely reporting of data related to key performance indicators, programme outcomes, and achievements.
- **Public Awareness:** Promote public awareness about government schemes and programmes, encouraging community participation.
- **Innovation:** Explore innovative solutions and best practices to enhance development outcomes in the blocks.
- **Community Engagement:** Engage with the local community to identify their needs and involve them in programme design and execution.
- **Capacity Building:** Enhance the capacity of healthcare functionaries to deliver improved services and results. Provide orientation to blocks health functionaries on key strategic interventions identified under each theme for aspirational blocks.
- **Feedback Mechanism:** Establish a mechanism for collecting feedback from the community and stakeholders to make necessary improvements.
- **Sustainability:** Develop strategies to ensure that the benefits of the programme are sustained in the long term.

- **Adherence to Policies:** Abide by government policies and guidelines while executing programmes and projects.

Development partners

- Development Partners have been assigned to all the identified lowest ranked Aspirational Blocks for providing technical assistance and supportive supervision activities.
- Each Development Partner to provide technical assistance to State/District/Blocks to develop Block Action Plan.
- Assist in the implementation of activities identified under the Blocks Action Plan to improve KPIs.

Annexures

Annexure-I:

List of 100 lowest ranked Aspirational Blocks

S.N	State	District Name	Aspirational Block Name
1	Arunachal Pradesh	Longding (Non AD)	Pongchau
2		Kra Daadi (Non AD)	Tali
3	Assam	West Karbi Anglong (Non AD)	Chinthong
4			Socheng
5			Amri
6		Hailakandi (AD)	South Hailakandi
7		South Salmara Mancachar (Non AD)	Fekamari
8		Dima Hasao (Non AD)	Diyungbra
9			Diyang Valley
10			New Sangbar
11		Karbi Anglong (Non AD)	Rongmongwe
12			Nilip
13		Barpeta (AD)	Mandia
14	Bihar	Banka (AD)	Chandan
15			Katoria
16			Shambhuganj
17		Purbi Champaran (Non AD)	Kalyanpur
18			Kesaria
19		Aurangabad (AD)	Kutumba
20			Nabinagar
21			Madanpur
22			Deo
23		Araria (AD)	Palasi
24		Rohtas (Non AD)	Tilouthu
25		Bhagalpur (Non AD)	Sabour
26			Jagdishpur
27			Pirpainti
28		Sitamarhi (AD)	Bairganja
29		Gaya (AD)	Imamganj
30			Konch
31			Fatehpur
32			Wazirganj
33		Bhojpur (Non AD)	Shahpur
34			Behea
35			Sandesh
36		Katihar (AD)	Kursela
37	Jamui (AD)	Barhat	
38		Sono	
39		Khaira	
40		Laxmipur	

S.N	State	District Name	Aspirational Block Name	
41		Buxar (Non AD)	Brahmpur	
42		Siwan (Non AD)	Andar	
43		Kaimur (Bhabua)	Ramgarh	
44		Munger (Non AD)	Bariyarpur	
45	Haryana	Nuh (AD)	Nuh	
46			Punhana	
47		Palwal (Non AD)	Hathin	
48	Jharkhand	Jamtara (Non AD)	Karmatanr Vidyasagar	
49			Fatehpur	
50		Saraikela Kharsawan (Non AD)	Seraikella	
51		Kukru		
52			Ranchi (AD)	Mandar
53			Giridih (AD)	Jamua
54		Dhanbad (Non AD)	Govindpur	
55	Kerala	Kasaragod (Non AD)	Parappa	
56		Idukki (Non AD)	Devikulam	
57		Wayanad (AD)	Panamaram	
58		Palakkad (Non AD)	Attappadi	
59	Madhya Pradesh	Khargone (Non AD)	Ziranya	
60			Bhagvanpura	
61		Sheopur (Non AD)	Karahal	
62			Vijaypur	
63		Katni (Non AD)	Rithi	
64		Jhabua (Non AD)	Ranapur	
65	Maharashtra	Nandurbar (AD)	Akarani	
66	Manipur	Chandel (AD)	Chakpikarong	
67	Meghalaya	North Garo Hills (Non AD)	Resubelpara	
68		West Jaintia Hills (Non AD)	Amlarem	
69	Mizoram	Lunglei (Non AD)	Lungsen	
70	Nagaland	Noklak (Non AD)	Thonoknyu	
71		Kiphire (AD)	Khonsa	
72		Zunheboto (Non AD)	Akuhaito	
73	Punjab	Ferozepur (AD)	Makhu	
74		Amritsar (Non AD)	Harshe Chhina	
75			Ajnala	
76	Rajasthan	Pratapgarh (Non AD)	Peepal Khoont	
77		Dungarpur (Non AD)	Jothari	
78		Jodhpur (Non AD)	Shergarh	
79	Sikkim	Soreng (AD)	Chumbong Chakung	
80	Telangana	Jayashankar Bhupalapally (AD)	Palimela	
81	Uttar Pradesh	Siddharth Nagar (AD)	Khesraha	
82		Kheri (Non AD)	Bankeyganj	
83			Dhaurhara	
84		Budaun (Non AD)	Asafpur	

S.N	State	District Name	Aspirational Block Name
85		Jaunpur (Non AD)	Machhali Sahar
86			Ram Pur
87		Bijnor (Non AD)	Kotwali
88		Bareilly (Non AD)	Damkhauda
89		Etah (Non AD)	Jaithra
90			Awagarh
91		Sambhal (Non AD)	Asmauli
92		Jalaun (Non AD)	Jalaun
93			Rampura
94		Gonda (Non AD)	Rupaideeh
95			Pandari Kripal
96		Sant Kabeer Nagar (Non AD)	Baghauri
97		Barabanki (Non AD)	Nindaura
98		Kaushambi (Non AD)	Kaushambi
99	Uttarakhand	Pauri Garhwal (Non AD)	Duggada
100	West Bengal	Uttar Dinajpur (Non AD)	Goalpokher-2

Annexure-II

Terms of Reference for MoHFW Nodal Officers for 100 lowest ranked Aspirational Blocks

The Ministry of Health and Family Welfare is committed to improving healthcare services in most poor performing under developed blocks across the country as part of Aspirational Blocks Programme.

To achieve this objective, Nodal Officers for Aspirational Blocks will play a pivotal role in guiding and supporting healthcare initiatives in these blocks by providing strategic directions and technical expertise to enhance healthcare delivery and outcomes in Aspirational Blocks, ultimately contributing to improved health and well-being of the marginalized population in these areas.

Scope of Work

The scope of work for Nodal Officers of Aspirational Blocks shall include but not be limited to:

1. Providing Strategic Guidance

- Guidance to Block officials for developing Block Development Strategy (BDS).
- To develop actionable recommendations based on the progress of Key Performance Indicators and facilitate implementation of these recommendations.
- Guide the Block and take corrective actions based on supportive supervision findings.
- Technical assistance for decentralized planning & strengthening health systems in their respective blocks.

2. Review & Strengthen NHM Programmes

- To review Key Performance Indicators of various programmes under RMNCAH, Tuberculosis and Non communicable Diseases.
- To review Key Performance Indicator's progress from NITI Aayog's Aspirational Blocks Programme portal (<http://Abp.championsofchange.gov.in>).
- To support State Mentoring team to guide District/Block administration of respective blocks.

3. Inter Sectoral Coordination

- To ensure convergence and collaboration with other departments like WCD, Education as well as key stakeholders.

4. Knowledge Repository

- To create a knowledge repository including best practices for possible scale up at block level.

5. Other Activities

- Support in other activities as deemed relevant for programmes aligned with the Key Performance Indicator's progress in Aspirational Blocks.
- Support in other activities assigned by MoHFW for the Aspirational Blocks.

6. Reporting:

- Provide Weekly reports/factsheets on the progress and impact of healthcare initiatives to MoHFW and other relevant authorities.

Annexure-III:

Supportive Supervision Checklists & Reporting Formats



Block Assessment Checklist for Central Nodal Officers



(Aspirational Blocks Programme)

A. General Information

Block Name:	District:	State:
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Name of Central Nodal Officer:	Designation:	Date of visit:
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Name of BDO:	Contact Number	Email Id:
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Name of Block Medical Officer:	Contact number:	Email Id:
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Population covered by the block:	No. of Villages/Gram Panchayats/Wards in the block:
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PMJAY card issued (till date):	Number of ABHA ID card generated (till date):
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B.1 Block Preparedness

Items	Observations
Orientation on Aspirational Blocks Programme completed?	
Block health action plan prepared and available (verify the hard copy)	
Key focus areas identified for strategic interventions	
Whether Block Health Action Plan disseminated with all health functionaries?	
Whether meeting with all the line departments organized under chairmanship of DC/DM for Aspirational Blocks Programme?	
Is there any review mechanism in place for the overall improvement of KPIs?	
Has the block identified the facilities for NQAS certification? If yes, the number of facilities identified	
Is the referral mechanism established from SC-HWC up to DH/other referral centre?	

B.2 Health Governance & Finance

Items	Observations
Whether the Block Programme Management Unit is existing? If Yes, please specify the HRH in the unit. a. Block Programme Manager: Yes/No b. Block Data Manager: Yes/No c. Block Account Manager: Yes/No d. Any Other:	

Whether the Block Public Health unit is set up? If Yes, what are the components functional? a. Block Public Health Unit b. Block Public Health Lab c. Block HMIS Cell	
Any additional funds proposed by district in NHM PIP for Aspirational Blocks Programme activities? If yes, mention the activities proposed	
Any additional funds available for activities under CSR/JICA/other resources? If yes, mention activities planned under this budget	
Status on timely Direct Beneficiary Transfer (DBT) under JSY, JSSK NTEP etc? Status of ASHA payments.	
Whether the Jan Aarogya Samiti and Rogi Kalyan committees constituted? (If Yes verify with minutes of last meeting)	

Overall observations

C. Health Care Infrastructure (to be collected at DHQ)

Healthcare Infrastructure	Sanctioned (Number)	Functional (Yes/No/Not Applicable) , If yes, provide number	Healthcare Infrastructure	Sanctioned (Number)	Functional (Yes/No/Not Applicable) , If yes, provide number
Medical College		Yes/No/Not Applicable	MCH Wings		Yes/No/Not Applicable
District Hospital		Yes/No/Not Applicable	SNCUs		Yes/No/Not Applicable
SDH		Yes/No/Not Applicable	NBSUs		Yes/No/Not Applicable
Community Health Centre (CHC)		Yes/No	Nutritional Rehabilitation Centres		Yes/No/Not Applicable
FRUs Community Health Centre (FRU CHC)		Yes/No	Adolescent Friendly Health clinics (AFHCs)		Yes/No/Not Applicable
PHC		Yes/No	Blood Storage Unit (BSU)		Yes/No/Not Applicable
24*7 PHC		Yes/No			
HWC-PHC		Yes/No			
24*7 HWC-PHC		Yes/No			
Urban Primary Health Centre (U-PHC)		Yes/No/Not Applicable			
Urban Primary Health Centre-HWC (U-PHC-HWC)		Yes/No/Not Applicable			

Sub Centre (SC)		Yes/No			
HWC Sub Centre		Yes/No			
HWC-Urban Health Centre		Yes/No/Not Applicable			

General Observations (healthcare infrastructure)
Example: Population norms saturated as per IPHS 2022. Rented/dilapidated building, Renovations required etc, any other.

Total number of beds available at block public health facilities:

D. Human Resource for Health (HRH) at block level

S.N	Human Resource for Health	Sanctioned (Number)		Available (Number)		Key Observations
		Regular	Contractual	Regular	Contractual	
1	Obstetrician and Gynecologist					
2	Anaesthetist					
3	Paediatrician					
4	General Surgeon					
5	General Medicine					
6	Medical Officers (GDMO)					
7	Community Health Officers (CHO)					
8	Pharmacist					
9	Lab technicians					
10	Data Entry Operators					
11	Staff Nurses					

12	ANMs					
13	ASHAs					

E. Capacity Building

S. No.	Areas	Trainings (Conducted in past 3 years)	Key Observations on Training and Capacity building
1	Reproductive, Maternal and Child Health	Antara/Skilled Birth Attendant/ Daksh/ Comprehensive Abortion Care/ LaQshya/ MusQan/Home Based Neonatal Care/Home Based Care for Young Child /Basic Emergency Obstetrics Newborn Care/ Maternal Death Surveillance & Review/Child Death Review/Integrated Management of Childhood Illnesses/ Facility based- Integrated Management of Child hood illnesses/Adolescent family health services etc.	
2	Communicable Diseases	NVBDCP/ NTEP/ IDSP/ NLEP etc	
3	Non Communicable diseases	Extended service package of Comprehensive Primary Health Care, National Programme for Prevention & Control of Non-Communicable Disease (NP-NCD), 6th & 7th module of ASHA etc.	
4	Other Trainings	National Quality Assurance Standards/National Emergency Life Support/Jan Aarogya Samiti /Rogi Kalyan Samiti/Integrated Health Information Platform/Health Management Information System/IT portals etc.	

F. Status of Key Performance Indicators (KPIs)

	Key Performance Indicators (KPIs)	Block level	State level	District level	Block level*			
		Baseline Status (%) (RY 22-23)	State Average (of RY)	District Average	Status (1 st QTR)	Status (2 nd QTR)	Status (3 rd QTR)	Status (4th QTR)
1	Percentage of ANC registered within the first trimester against total ANC registrations. (Source-HMIS)	in %	in %	in %	in %	in %	in %	in %
2	Percentage of institutional deliveries against total reported deliveries (Source-HMIS)	in %	in %	in %	in %	in %	in %	in %
3	Percentage of low-birth weight babies (less than 2500g) (Source-HMIS)	in %	in %	in %	in %	in %	in %	in %
4	Percentage of Tuberculosis (TB) cases treated successfully against TB cases notified a year ago (Source: Nikshay Portal)	in %	in %	in %	in %	in %	in %	in %
5	Percentage of National Quality Assurance Standards (NQAS) certified facilities in Block (Source: Saksham Portal)	in %	in %	in %	in %	in %	in %	in %
6	Percentage of persons screened for Hypertension against targeted population in the Block. (Source: NCD Portal)	in %	in %	in %	in %	in %	in %	in %
7	Percentage of persons screened for Diabetes against targeted population in the Block (Source: NCD Portal)	in %	in %	in %	in %	in %	in %	in %

Observations on the progress of KPIs and any special initiative taken by Block for the improvement of KPIs and data management

--

G. Key programmatic issues identified during facility visit, interaction with the community and State/District/Block level interactions**

S.No	Areas	Key Issues identified
1	Reproductive, Maternal, Newborn, Child Health and Adolescent Health & Nutrition (RMNCHA+N) Programme	
2	National Tuberculosis Elimination Programme (NTEP)	
3	Non Communicable Disease (NCD)	
4	Quality Assurance & Patient Safety	

5	Comprehensive Primary Healthcare (CPHC) through Ayushman Bharat Health & Wellness Centre	
6	Overall Health System Strengthening (HSS) through NHM including budget utilization	
7	National Vector Borne Disease Control Programme (NVBDCP)	
8	Others	

H. Suggestions for overall improvement

S. No.	Key Suggestions
1	
2	
3	
4	
5	
6	
7	
8	

I. Key highlights of the meeting conducted with Block Development Officer (BDO) and District Magistrate (DM)

Name and Signature of Nodal Officer

**Cumulative data*

*** Interaction with Pregnant Women (ANC registration, Complete ANC check-up, Post-partum FP choices), New-born/ child health (Full immunisation, counselling on underweight/malnourished children, treatment of diarrhoea), TB patients (Financial aid for nutritional support, sputum microscopy, ATT treatment initiated post diagnosis), Individuals over 30 years of age (NCD), (Counselling on NCD, screening & referral).*



Weekly Review Format for Central Nodal Officers



(Aspirational Blocks Programme)

A. General Information

Block Name:	District:	
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State:	
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Name of the Nodal Officer:	Designation:	
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Date of visit:	
-----------------------	--

Date of review:	
------------------------	--

S.N	Discussion Points	Yes/No
1	Whether the Block Health Action Plan has been formulated	
2	Orientation on Aspirational Blocks Programme (ABP) conducted for all key stakeholders (including frontline workers)	
3	Reviews taken by State Nodal Officer & frequency (at least 1-2/month)	
4	Reviews taken by District Nodal Officer & frequency (at least 2/month)	
5	Reviews taken by Block Nodal Officer & frequency (weekly or more)	
6	Any other	

Action Points identified based on Key Programmatic areas

1. RMNCHA+N	
2. National Tuberculosis Elimination Programme	

3. Non Communicable Diseases	
4. Quality Assurance & Patient Safety	
5. Comprehensive Primary Healthcare (CPHC) through Ayushman Bharat Health & Wellness Centres	
6. National Vector Borne Disease Control Programme (NVBDCP)	
7. Others	
Action Taken on Previous Discussion Points	
Suggestions/Way forward	



Monthly Reporting format for Central Nodal Officers



(Aspirational Blocks Programme)

General Information

Month:

Year:

Block Name:

District:

State:

Name of the Nodal Officer:

Designation:

Date of visit:

Status of key Performance Indicators (KPIs)

	Key Performance Indicators (KPIs)	Baseline Status (%)*	State Average (%)	Current Status (%)
1	Percentage of ANC registered within the first trimester against total ANC registrations. (Source-HMIS)			
2	Percentage of institutional deliveries against total reported deliveries (Source-HMIS)			
3	Percentage of low-birth weight babies (less than 2500g) (Source-HMIS)			
4	Percentage of Tuberculosis (TB) cases treated successfully against TB cases notified a year ago (Source: Nikshay Portal)			
5	Percentage of National Quality Assurance Standards (NQAS) certified facilities in Block (Source: Saksham Portal)			
6	Percentage of persons screened for Hypertension against targeted population in the Block. (Source: NCD Portal)			
7	Percentage of persons screened for Diabetes against targeted population in the Block (Source: NCD Portal)			

Overall comments on the progress of KPIs and any special initiative taken by Block for the improvement of KPIs and data management

**Baseline and State Averages will be available on Aspirational Blocks Dashboard (<https://abp.championsofchange.gov.in>), For current status cumulative data of current FY may be taken.*



Aspirational Block Visit Report

Name of Aspirational Block & District:

Date of visit:

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

Name of the Central Nodal Officer:

Designation:

Name of the District Nodal (DM/CMO)

Name of the Block Nodal (BDO/BMO)

Population covered by the block:

No. of Villages/Gram Panchayats in the block:

Date of first visit:

Date of current visit:

Team Composition:

S. No.	Name of Team Member (Central Nodal Officer, State Nodal Officer, Block Nodal Officer, Others)
1.	
2.	
3.	
4.	
5.	

Details of Field Visits:

S.No.	Facilities Visited	Type of facility
1.		
2.		
3.		
4.		
5.		

Details of Interactions/FGDs with Community/ FLW/ beneficiaries:

S.No.	Interaction	Place
1.		
2.		
3.		
4.		
5.		

Detailed Report with photographs

Key Positive Findings

- 1.
- 2.
- 3.
- 4.
- 5.

Key Issues (*Name of facility/community to be mentioned for any specific observation*)

- 1.
- 2.
- 3.
- 4.
- 5.

Observations in specific thematic areas

1. **RCH (Reproductive, Maternal, Child, Adolescent, Nutrition)**
2. **Health & Wellness Centers**
3. **Non- Communicable Diseases**
4. **Communicable Disease (NTEP, NVBDCP, IDSP and NLEP)**
5. **Quality Assurance**
6. **PMJAY Cards**
7. **Status of NHM Funds utilization/15th FC/ PMABHIM**
8. **Referral Linkages/NAS**
9. **Community Interaction (With ASHA/ANM/AWW/Beneficiaries)**
10. **Any Other**

KPIs: Key issues and recommendations

Indicators	Issues	Recommendations
Percentage of ANC registered within the first trimester against total ANC registrations		
Percentage of institutional deliveries against total reported deliveries		
Percentage of low-birth weight babies (less than 2500g)		
Percentage of Tuberculosis (TB) cases treated successfully against TB cases notified a year ago		

Percentage of National Quality Assurance Standards (NQAS) certified facilities in Block		
Percentage of persons screened for Hypertension against targeted population in the Block		
Percentage of persons screened for Diabetes against targeted population in the Block		

Overall Summary & Recommendations:

Enclosures:

- 1. Block Assessment Checklist**
- 2. Monthly Report for the Block**



Ministry of Health and Family Welfare
Government of India

SUPPORTIVE SUPERVISION -COMMUNITY CHECKLIST FOR BLOCK/DISTRICT/STATE NODAL OFFICERS



Ministry of Health & Family Welfare

Community Assessment

A. General Information

Name of Nodal		Name of the Village/Ward (in urban areas)		Date of visit		Name of State	
Name of District		Name of Block					

B. VHND Assessment (If witnessed)

Is Due list for Routine Immunization, ANC, PNC available with ASHA/ANM?	Yes/No	Routine Immunization Micro plan available?	Yes/No	BP instrument & stethoscope	Yes/No	Albendazole tabs	Yes/No
Family planning services and counselling provided?	Yes/No	Routine Immunization provided?	Yes/No	Is functional weighing scale available at site?	Yes/No	Vitamin A syrup	Yes/No
Ante natal care provided?	Yes/No	Is growth Monitoring of children done?	Yes/No	Hemoglobinometer	Yes/No	IFA and Calcium Tablets	Yes/No
Post natal care provided?	Yes/No	Nutrition and health promotion to children and adolescents provided?	Yes/No	Vaccines in Vaccine carrier	Yes/No	MCP cards	Yes/No

C. ASHA Interaction

Do ASHA know about danger sign during pregnancy	Yes/No	Is ASHA trained in HBYC?	Yes/No	Has the ASHA carried out eligible couple survey (at least 1 survey per year)?	Yes/No	Have ASHAs been trained in use of NCD- CPHC IT application?	Yes/No
If Yes, number of high risk pregnancies identified by ASHA in last three months	Number	If yes, number of newborns visited for HBYC in last three months	Number	Is ASHA aware about the contraceptive choices available?	Yes/No	Does the ASHA function as Treatment Supporter (DOT Provider)	Yes/No
Is the ASHA trained on module 6 & 7 for HBNC?	Yes/No	Number of sick newborn/ with danger signs identified by ASHA last three months	Number	Has the ASHA started indenting FP commodities through FP-LMIS?	Yes/No	No. of cases of presumptive TB referred to nearest microscopy centre	Number

If yes, number of newborns visited for HBNC in last three months	Number	Sick new-born/ with danger signs referred to Higher facilities in last three months	Number	Number of individuals aged 30 years and above for NCD screening at SHC/ SHC-HWCs in last three months	Number	Is there any delay in payments to ASHA in last six months	Yes/No
--	--------	---	--------	---	--------	---	--------

D. Essential Commodities (with ASHA/AWW/Schools)

Pregnancy Testing Kit (Nischay Kit)	Yes/No	Condoms (Nirodh)	Yes/No	Syrup Amoxycillin	Yes/No	Pink IFA tabs (WIFS junior)	Yes/No
COCs (Mala N)	Yes/No	Red IFA tablets (for pregnant women)	Yes/No	Cotrimoxazole (Syp & Tab.)	Yes/No	Blue IFA tabs (Adolescents)	Yes/No
Centchroman (Chhaya Pills)	Yes/No	Calcium Tablets	Yes/No	ORS and Zinc	Yes/No	IFA syrup	Yes/No
Emergency Contraceptive Pills (EZY pills)	Yes/No	Paracetamol	Yes/No	HBNC Kit (Newborn weighing Scale, Digital Thermometer, Baby Blanket & Stopwatch)	Yes/No	MBI kit to test iodine level in salt	Yes/No

E. Community Interaction (Key findings from field during interaction with Beneficiaries)

Pregnant Women (ANC registration, Complete ANC check-up, Post-partum FP choices)	
Lactating Mothers (JSSK entitlements, initiation of breast feeding, breast feeding practices)	
New-born/ children (Full immunisation, counselling on underweight/malnourished children, treatment of diarrhoea)	
TB patients (Financial aid for nutritional support, sputum microscopy, ATT treatment initiated post diagnosis)	

Individuals over 30 years of age (NCD)(Counselling on NCD, screening forNCDs, treatment received post screening

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F. Key Programmatic Issues which need to be addressed

Program	Issue	Action
Knowledge		
Attitude		
Practice		
Others (specify)		

	r/NA	r/NA	r/NA	r/NA			A		
Anaesthetists	Number/NA	Number/NA	Number/NA	Number/NA	Number/NA	Number/NA	Number/NA	Number/NA	
Paediatricians	Number/NA	Number/NA	Number/NA	Number/NA	Number/NA	Number/NA	Number/NA	Number/NA	
D. Service Delivery									
OPD load	Number/NA	Abortions/ MTP	Number/NA	Post abortion & Post partum Family Planning	Number	No. of under 5 children treated for diarrhoea with ORS and Zinc together			Number
IPD load	Number/NA	Live births	Number/NA	Injectable Contraceptive (Antara)		Number	No. of Under 5 children treated for ARI		Number
High risk pregnancies identified		Number/NA	Still births	Number/NA	Number of inborn admissions in SNCU/NBSU		Number/NA	Adolescents counselled/ treated at AFHC	Number/NA
High Risk Labor cases referred out		Number/NA	Low birth weight babies (<2500 gms)		Number/NA	Number of out born admissions in SNCU/NBSU		Number/NA	No. of tests conducted in CBNAAT machine per day (for DH only)
High risk Pregnancies Managed		Number/NA	Newborns provided birth doses of BCG, OPV, Hepatitis B (all three)			Number/NA	Total no. of deaths in inborn admissions in SNCU/NBSU		Number/NA
Deliveries conducted		Number/NA	PPIUCD			Number/NA	Total no. of deaths in Out born admissions in SNCU/NBSU		Number/NA
C-section		Number/NA	Post partum Sterilization		Number/NA	No. of children admitted in NRCs		Number/NA	
E. Medicines									
Injection TD		Yes/No	Inj. Adrenaline		Yes/No/NA	Inj. Iron Sucrose	Yes/No/NA	Measles Rubella (MR) vaccine	
IFA tabs		Yes/No	Inj. Dexamethasone		Yes/No/NA	BCG	Yes/No/NA	Vitamin A	
Inj. Oxytocin (Check if kept in Refrigerator/ Cold box)		Yes/No/NA	Tab Misoprostol		Yes/No/NA	OPV	Yes/No/NA	Injectable Contraceptive (Antara Programme)	
Inj. Mg Sulph		Yes/No/NA	Vitamin K1 (1 mg preparation)		Yes/No/NA	Pentavalent	Yes/No/NA	IUCD	
Inj. Labetalol		Yes/No/NA	Syp. Nevirapine		Yes/No/NA	IPV	Yes/No/NA	Centchroman pills (Chhaya)	
Tab Alpha Methyl dopa		Yes/No/NA	Tab. Nifedipine		Yes/No/NA	Hepatitis B	Yes/No/NA	Dual Testing Kit for HIV/Syphilis	

MMA Kit	Yes/No/NA	Any stock Outs	Yes/No/NA	Mentioned list of stock out medicine			
F. Diagnostics							
Haemoglobin	Yes/No/NA	Urine Pregnancy Test	Yes/No	Urine Albumin & Sugar	Yes/No	Blood Grouping	Yes/No/NA
Blood Sugar	Yes/No/NA	Oral Glucose Tolerance Test	Yes/No	HIV Testing	Yes/No	Ultrasound	Yes/No/NA
VDRL	Yes/No/NA	Microscopic Sputum Examination	Yes/No/NA	CBNAAT Machine (DH)	Yes/No/NA	X - Ray	Yes/No/NA
G. Supplies and Documentation							
Delivery register	Yes/No/NA	MTP register	Yes/No/NA	Weighing machine	Yes/No	Functional Radiant warmer	Yes/No/NA
Referral Register	Yes/No/NA	IUCD service delivery register	Yes/No/NA	Ambu Bag with mask (size 0 and 1)	Yes/No/NA	Thermometer	Yes/No/NA
ANC register	Yes/No/NA	Sterilization case records	Yes/No/NA	BP apparatus & stethoscope	Yes/No/NA	Mucus Extractor	Yes/No/NA
High Risk Pregnancy register	Yes/No/NA	SNCU/ NBSU inborn and out born register	Yes/No/NA	Baby Weighing machine	Yes/No/NA	Functional Oxygen Cylinder	Yes/No
Partograph	Yes/No/NA	Sterilized trays as per MNH toolkit	Yes/No/NA	Fetoscope	Yes/No/NA	MVA kit	Yes/No/NA
H. Knowledge and Practice Assessment							
ANM is aware about RCH service delivery?	Yes/No/NA	ANM aware about High risk pregnancies, complications and management?	Yes/No/NA	ANM meeting with ASHAs on tracking and management of LBW babies in community (Less than 2500 gms)	Yes/No/NA	Is Staff aware about the Central/State government schemes on TB and its components?	Yes/No/NA
Orientation on NQAS for facility staff?	Yes/No/NA	Baseline and State/National assessments for NQAS completed	Yes/No/NA	Are Service providers aware about quality tools?	Yes/No/NA	Quality improvement Meetings conducted for NQAS at facility	Yes/No/NA
Are service providers in Labour room, aware of AMTSL, Emergency complications (PPH,	Yes/No/NA	Is staff aware about emergency preparedness/Referral	Yes/No/NA	Staff is aware about NCD management and portal	Yes/No/NA	Review meeting by facility in charge at facility conducted last month for improving the quality-of-service deliveries	Yes/No/NA

Eclampsia), Essential newborn care, Newborn Resuscitation						in all departments	
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I. Key Programmatic Issues which need to be addressed		
Program	Issue	Action Plan
Service Delivery		
OPD		
Labor room & OT (if applicable)		
SNCU/ NBSU, including referral and follow-up (if applicable)		
ANC/ INC/PNC ward (if applicable)		
Medicines & Supplies		
Laboratory (if applicable)		
NRC (if applicable)) and management of SAM children including follow up		
Service Provisions for management TB cases		
Service Provision for management of NCD patients		
Others (specify)		
Referral management		

**for public health facilities except HWCs*

Specialists as defined in IPHS 2022. (OBGY/Paediatrician/General Medicine/Ophthalmologist/Dermatol ogist/Psychiatry)									
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D. Service Delivery (last month)

OPD load	Number	High risk pregnancies identified	Number	Low birth weight babies(<2500 gms)	Number	IUCD insertions	Number	Patients diagnosed with an NCD (Hypertension/ diabetes/ oral cancer/ breast cancer/ cervical cancer)	Hypertension- Diabetes- Cancers-
Total ANC Registered	Number	High Risk pregnancies referred out	Number	Sick newborns referred to higher facility	Number	PPIUCD insertions	Number	Patients with an NCD on treatment regime	Hypertension- Diabetes- Cancers-
No. of pregnant women registered in first trimester	Number	Deliveries conducted	Number	Newborns provided birth doses of BCG, OPV, Hepatitis B (all three) (only HWC-PHC)	Number	Injectable Contraceptive (Antara)	Number	Patients with an NCD referred to higher facility (only for HWC-PHC)	Hypertension- Diabetes- Cancers-
No. of pregnant women received ANC 4 check ups	Number			Under 5 Children diagnosed with diarrhoea	Number	Target for Population enumeration for NCD screening (only HWC-SC)	Number	Total Number Tele Consultations under e-Sanjeevani	Numbers
No. of pregnant women given IFA tablets	Number	Live births	Number	Under-5 children treated for diarrhoea with ORS and Zinc together	Number	Population enumeration for NCD screening completed (only HWC-SC)	Number		
Pregnant Women given Tab. Albendazole	Number	Still births	Number	Under 5 children diagnosed with ARI	Number	CBAC filling completed (only HWC-SC)	Number		
No. of pregnant women given Tab. Calcium	Number	Neonates received Early Breastfeeding (within 1 hour)	Number	Under 5 children treated for ARI	Number	No. of people screened positive for NCD (only HWC-SC)	Number		

E. Medicines & Consumable

Injection Td (only HWC-PHC)	Yes/No	Tab. Calcium	Yes/No	IPV (only HWC-PHC)	Yes/No	IUCD	Yes/No	Anti-histamines	Yes/No
IFA tablets	Yes/No	Vitamin K1 (1 mg preparation)	Yes/No	Rota virus (If applicable) (only PHC-HWC)	Yes/No	Centchroman pills (Chhaya)	Yes/No	Antiseptics	Yes/No
Inj. Mg Sulph	Yes/No	BCG (only HWC-PHC)	Yes/No	Japanese Encephalitis (JE) (If applicable) (only HWC-PHC)	Yes/No	Injectable MPA (Antara Programme)	Yes/No	Antihypertensives (amlodipine, atenolol, propranolol, enalapril)	Yes/No
Inj. Oxytocin	Yes/No	Hepatitis B (only HWC-PHC)	Yes/No	Vitamin A	Yes/No	EC pills	Yes/No	Antidiabetics (glimepiride/ insulin/	Yes/No
Tab Misoprostol	Yes/No	OPV (only HWC-PHC)	Yes/No	ORS sachets	Yes/No	Combined Oral contraceptives (Mala N)	Yes/No	Anti TB drugs	Yes/No
MMA Kit (only HWC-PHC)	Yes/No	Measles Rubella (MR) (only HWC-PHC)	Yes/No	Zinc tablets	Yes/No	Male Condoms	Yes/No	Anti Rabies Vaccine (only HWC-PHC)	Yes/No
Inj. Iron Sucrose (only HWC-PHC)	Yes/No	Pentavalent (only HWC-PHC)	Yes/No	Paracetamol Tab/ syrup	Yes/No	Sanitary Napkins	Yes/No		
Inj. Dexamethasone	Yes/No	DPT (only HWC-PHC)	Yes/No	Tab. Albendazole	Yes/No	Antibiotics	Yes/No		

F. Diagnostics

Hemoglobin	Yes/No	Blood Sugar	Yes/No	Oral Glucose Tolerance Test (only HWC-PHC)	Yes/No	Malaria Smear (RDK)	Yes/No	Water Quality Testing-H2S strip test for faecal contamination	Yes/No
Blood Grouping (only HWC-PHC)	Yes/No	Sickle Cell testing	Yes/No	HIV Testing (WBFPT) (only HWC-PHC)	Yes/No	Microscopic Sputum Examination	Yes/No	Rapid Syphilis Test	Yes/No
TLC, DLC (only HWC-PHC)	Yes/No	Urine Pregnancy Test kit	Yes/No	Serum Bilirubin (only HWC-PHC)	Yes/No	Wet mount- Direct Microscopy (RTI/STD) (only HWC-PHC)	Yes/No	Stool for OVA and cyst (only HWC-PHC)	Yes/No
ESR (only HWC-PHC)	Yes/No	Urine Albumin & Sugar	Yes/No	Serology for Dengue (RDK)	Yes/No	Typhoid serology (only HWC-PHC)	Yes/No		

G. Supplies and Documentation

Eligible couple/ RCH register (only at HWC-SHC)	Yes/No	BP apparatus & stethoscope	Yes/No	Delivery register	Yes/No	Mucus Extractor	Yes/No	BMW Colour coded bins	Yes/No
Due list (from MCTS portal or manual; only at HWC-SHC)	Yes/No	Weighing machine	Yes/No	Sterilized trays as per MNH toolkit	Yes/No	IUCD tray	Yes/No	VHND micro plans	Yes/No
ANC register	Yes/No	Height chart	Yes/No	Functional Oxygen Cylinder	Yes/No	PPIUCD forceps	Yes/No	NCD registers available	Yes/No
High Risk Pregnancy register	Yes/No	Thermometer	Yes/No	Baby Weighing machine	Yes/No	IUCD service delivery register	Yes/No	Telemedicine Register available	Yes/No
Referral Register	Yes/No	Fetoscope	Yes/No	Ambu Bag with mask (size 0 and 1)	Yes/No	Injectable MPA register and cards	Yes/No		

H. Key Programmatic Issues which need addressal

Major findings	Interventions/ Activities Identified	Level of Intervention	Responsibility	Timeline

