
National Health Mission

A REPORT ON
MONITORING OF IMPORTANT COMPONENTS OF NHM
PROGRAMME IMPLEMENTATION
ALWAR DISTRICT, RAJASTHAN



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Table of Contents

Executive Summary	6
1 District Profile: Alwar District, Rajasthan.....	9
1.1 Demographic Profile: Size, Density & Growth Rate	9
1.2 Health Profile: Infrastructure & HMIS Service Delivery Indicators	11
1.3 State Resource Envelope and District Allocations	13
1.4 List of Visited Healthcare Facilities & AWC.....	15
2 Public Health Planning & Implementation of National Programmes	15
2.1 Public Health Planning.....	16
2.1.1 District Health Action Plan (DHAP)	16
2.1.2 National Health Mission Fund Utilization	16
2.1.3 Health Infrastructure, Ambulance & Referral Services	19
2.1.4 Human Resources	21
2.1.5 Training	23
2.2 Service Delivery & Implementation Status of National Programme.....	23
2.2.1 Maternal Health, New Born & Child Health Services/ Programmes	23
2.2.2 Communicable & Non- Communicable Diseases Control Programmes	27
2.2.3 Quality of Care/Assurance Programme	29
2.2.4 Community Health Worker (CHW) & Programmes	30
3 Service Availability: Focus Group Discussions (FGDs) with Community	32
3.1 Community Awareness & Health Seeking Behaviors	32
3.2 Out of pocket expenditure, Access of Medicine & Transportation services:.....	33
3.3 Staff Behavior with the Community	33
3.4 Key Challenges at Grass root level.....	34
4 Service Availability: Facility wise Observation.....	34
4.1 Rajiv Gandhi District Hospital, Alwar	34
4.2 Urban Community Health Centre, Khairthal.....	38
4.3 Rural Community Health Centre, Bansur	40
4.4 Urban Primary Health Centre, Shivaji Park	42
4.5 Rural Primary Health Centre, Karana	44
4.6 Sub-Centre/ Health & Wellness Centre, Naya Gawn	45
5 Discussion & Key Recommendations	47
Annexure	49
District level Monitoring Checklist.....	49
DH level Monitoring Checklist.....	58
CHC/ UHC level Monitoring Checklist.....	64
PHC/ U-PHC level Monitoring Checklist	69
Sub-Centre (SC) Level Checklist.....	74
Community level Monitoring Checklist	77

List of Tables

Table 1: Key Demographic Indicators: All India, Rajasthan & Alwar District	10
Table 2: Details of Public Health Infrastructure in Alwar Rajasthan, 2020-21.....	11
Table 3: Health Care Service Delivery Indicators in Alwar District of Rajasthan, 2020-21	11
Table 4: Breakup of resource envelope, NHM FY 2020-21, Rajasthan	14
Table 5: List of Visited Healthcare Facilities & AWC in Alwar District, Rajasthan	15
Table 6: Submission & Approval Timelines of DPIP/ DHAP, 2020-21 & 2021-22.....	16
Table 7: FMR wise Status of Budget Utilization for the year 2020-21, Alwar Rajasthan.....	17
Table 8: Programme wise Status of Budget Utilization for the year 2020-21, Alwar Rajasthan.	18
Table 9: Status of Health Infrastructure in Alwar District, Rajasthan, 2020-21	20
Table 10: Status of Delivery Points in Alwar District, Rajasthan	20
Table 11: Status of Ambulance & Referral services in Alwar District	21
Table 12: Status of Human Resources in the Alwar District, Rajasthan	22
Table 13: Trainings Planned Vs Accomplished (As per ROP approval), Alwar Rajasthan	23
Table 14: Mortality Indicators in Alwar District, 2019-20 & 2020-21.....	24
Table 15: JSY Payments Status, Alwar District, Rajasthan	24
Table 16: Overall Status of JSSK Program in Alwar District, Rajasthan, 2020-21	25
Table 17: Neonatal Health Service Delivery in Alwar District, 2020-21	26
Table 18: Status of HBNC programme in the Alwar District of Rajasthan, 2020-21	26
Table 19: Status of RBSK programme in Alwar District, Rajasthan.....	27
Table 20: NTEP Programme: Public Vs Private Sector, 2020-21	28
Table 21: Status of Kayakalp programme in Alwar Rajasthan, 2020-21.....	30
Table 22: Contemporary status of ASHAs Worker, 2020-21.....	31
Table 23: Enrolled status of ASHAs under Different Programme, 2020-21.....	31
Table 24: Infrastructure, Services & Equipment Availability in Rajiv Gandhi Hospital, Alwar .	36
Table 25: Status of Human Resources in Rajiv Gandhi District Hospital, Alwar, 2020-21	37
Table 26: JSY Payment Status, Rajiv Gandhi District Hospital Alwar, 2021-22	37
Table 27: Infrastructure, Services & Equipment Availability in CHC, Khairthal.....	39
Table 28: Infrastructure, Services, Medicine & Equipment Availability in CHC Bansur	41
Table 29: Infrastructure, Services, Medicine & Equipment Availability in PHC Shivaji Park ...	43
Table 30: Infrastructure, Services & Equipment Availability in PHC Karana.....	45
Table 31: Infrastructure, Services & Equipment Availability in SC/ HWC, Naya Gawn	46

List of Figures

Figure 1: Map of Alwar District of Rajasthan	10
Figure 2: Top Two areas of Major Budget Utilization in Alwar District of Rajasthan	17
Figure 3: Vacancy of Human Resources in Alwar, Rajasthan, 2020-21	22
Figure 4: JSSK program in Alwar Rajasthan in 2020-21: Pregnant Women vs. Sick Infants	25
Figure 5: Discussion with beneficiaries, CHC Bansur	32
Figure 6: Focus Group Discussion with community members, Bada Gawn Village	34
Figure 7: DH, Alwar Rajasthan	35
Figure 8: CHC, Khairthal	38
Figure 9: PHC Shivaji Park, Alwar.....	42
Figure 10: R- PHC Bansur, Karana	44
Figure 11: HWC, Naya Gawn	46

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List of Acronyms & Abbreviations

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

Executive Summary

The National Health Mission embodies the prime mission of the government of India for the Indian Health scenario holistically. The advancement of NHM is carried out by the Monitoring and Evaluation action which is also a significant determinant. The Ministry of Health and Family Welfare (MoHFW) has assigned the responsibility to Population Research Centres (PRCs) for the evaluation with respect to quality monitoring of important components of NHM State Programme Implementation Plan (PIP) 2020-21.

This report is prepared by the Population Research Centre, Rajasthan on the basis of the observation during the field visit and also brings with it significant inputs provided by the key personnel of NHM. The assessment was conducted in September 2021, thus captures the status of NHM activities in the Alwar District of Rajasthan. The primary focus of this report is the monitoring of essential components of NRHM i.e. Maternal Health, Child Health, and Family Planning in “Alwar District” Rajasthan (2020-21). Furthermore, the status of NHM functioning of the district is highlighted in this report. The major executive summary of the district are as follows:

Maternal & Child Health Programmes

- ⊕ The district has shown a marginal reduction in the Maternal, Infant & Child Death.
- ⊕ In comparison to the maternal and child death, infant deaths are quite higher in the district.
- ⊕ In Aanchal mother milk bank, around 5.24 lakh unit of mother milk has been donated by more than 130 lactating mothers. Milk from this milk-bank has been provided/ issued to around 2478 infants in the last financial year.
- ⊕ JSY payment gap was around 9% primarily due to incomplete records of the beneficiaries.
- ⊕ There are a total of 28 RBSK teams in the district, out of which 19 teams are complete in place with HR as per the composition.

Communicable & Non-Communicable Diseases Control Programmes

- ⊕ In last financial year, overall 79 numbers of TB patient deaths were reported in the district.
- ⊕ Under NTEP programme, treatment success rate of TB patients was observed more than 85 per cent in public sector.

- ⊕ There is a proper micro and macro plan available at the district level to control the vector borne disease (NVBDCP) prevalent in the district.

Human Resources/ Manpower

- ⊕ There is acute shortage of Gynea observed at CHC level in the district.
- ⊕ The district highly requires more data entry operator cum accountant as COVID-19 pandemic has increased additional documentation work.

Infrastructure, Medicines & Equipment maintenance

- ⊕ The district has 1 district hospitals, 3 Sub-district hospitals, 42 CHCs, and 129 PHCs. There are 697 Sub-centres, out of which around 10% were functioning in rented buildings.
- ⊕ Alwar district has Comprehensive lactation management center in the district hospital.
- ⊕ More beds can be added to the SNCU unit as due to high load new-borns were sharing their beds in SNCU.
- ⊕ There is no District Early intervention Center (DEIC) in the district.
- ⊕ CHC Bansur has been performing exceptionally well along the lines of patient satisfaction and optimum care delivery. The ICU facilities have been a major progress in its infrastructure with all the equipment being patient friendly. The infrastructure of the ICU is very modern ensuring optimum service delivery.
- ⊕ The timing and supply of drugs and medicines are not well synchronized according to the needs of the health facilities. Even shortage of basic medicine i.e. PCM & cough syrup was observed at the facility level.

Governance, Finance and Accountability

- ⊕ At the end of the last financial year; the unspent fund share of around 30% was likely due to the fact that the COVID-19 outbreak resulted in lesser activities undertaken in terms of the programme since COVID management was of utmost priority.
- ⊕ Delay in receiving fund was reported in the district since last three years. This adds another reason for unspent of entire fund.
- ⊕ Under communicable diseases, the maximum fund utilization has seen in IDSP programme. The reason is that it is being used with full force in tackling the COVID situation.
- ⊕ Out of the total budget allocation, most of fund is used for facility based service delivery.
- ⊕ In RCH flexipool, the least fund utilization can be seen under RKSK & MMU.

Access and Equity

- ⊕ Interactions with the beneficiaries reflect that staff is not found at the facility during OPD hours, and sometimes facility is found to be closed. Frequent surprise monitoring visits at regular intervals can play an important role in access/ utilization of service delivery in remote area.
- ⊕ There is lack of coordination between staff of NHM & state health department; this must be reviewed by the higher authority.

ASHAs & Community Processes

- ⊕ ASHAs kit reported to be incomplete in the district. ASHAs reported that sometimes they purchase the equipment themselves, as non-functional equipments were not provided in spite of constant demands.
- ⊕ There is heightened shortage of ASHAs worker in the district, especially in urban areas.
- ⊕ Observation found that pregnant women don't have the knowledge of ambulance toll free number. Awareness with regards to ambulance services should be provided at frequent interval through the ASHAs & ANM.

1 District Profile: Alwar District, Rajasthan

Rajasthan is located in the North-Western part of India and is considered as India's largest state by area covering approximately 342,239 square kilometers and caters a population of 68,548,437 inhabitants in 2011 with a population density of 200 people per square kilometers. Rajasthan is the seventh largest state of the India by population. It is bordered by five other Indian states: Punjab to the north, Haryana and Uttar Pradesh to the northeast, Madhya Pradesh to the southeast, and Gujarat to the southwest. At present, it is divided into seven divisions and thirty three districts; Alwar District being one of them.

Alwar is a part of Mewat region. The ancient name of Alwar is Salva or Salwa which means tribe. The map of Alwar District is given in figure 1. It is bound on the north by Rewari district of Haryana, on the east by Bharatpur district of Rajasthan & Nuh district of Haryana, on the south by Dausa district, and on the west by Jaipur district. It is surrounded by the Aravali hills from all sides which protect it from the sandy and hot winds coming from the Thar desert. To provide efficient administration the district is administratively divided into 15 sub-division. There is seven stationary towns & nine census town in the district. As per 2011 census, the district has 2054 villages with 636,660 number of household. In the recent development, Alwar city has been declared to be a part of the national capital region (NCR) because of which there has been a considerable development in the district.

1.1 Demographic Profile: Size, Density & Growth Rate

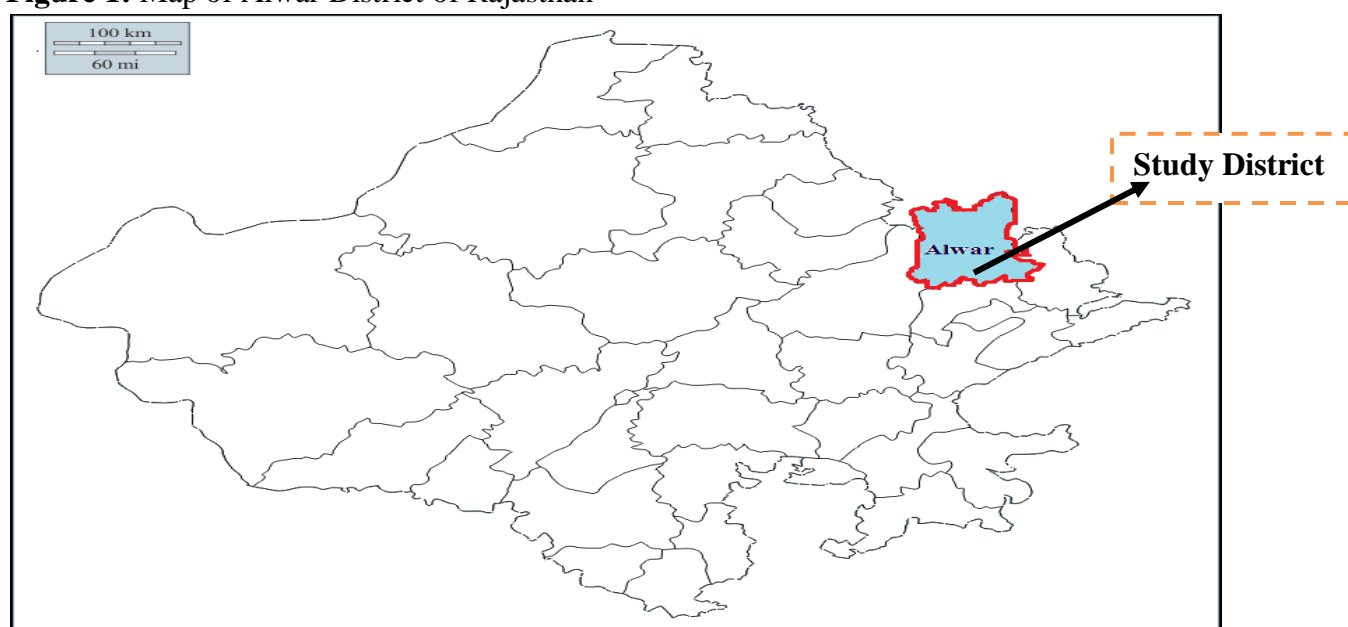
Alwar District ranked 3rd in the state in terms of size of population, and contributes to 5.4 per cent of the state's population count. The district ranked 15th in terms of area and 4th in terms of population density. The district has a geographical area of 8380 square kilometers, with the density of 438 persons per square kilometer. The district is home to about 36.7 lakhs people, among them about 19.4 lakhs are male and about 17.4 lakhs are female. Of the total female population in Rajasthan, 5.3 per cent resides in Alwar District. Majority of the population still resides in the rural area (82.1 per cent) whereas the remaining minute share occupies the urban sector. As per census 2011, the district records 22.8 per cent decadal growth rate while decadal growth rate of the state is 21.3 per cent. Therefore, decadal growth rate of the said district is higher than the state average. Table 1 shows the main demographic indicators scenario of the Alwar District, Rajasthan & India.

Table 1: Key Demographic Indicators: All India, Rajasthan & Alwar District

Health Facility	Alwar District	Rajasthan	India
Population (Census 2011)	36.7 (Lakh)	6.9 (Crore)	121 (Crore)
Male	1939026	35550997	623,270,258
Female	1735153	32997440	587,584,719
Decadal growth rate in % (Census 2011)	22.78	21.31	17.6
Rural Population (%)	82.19	75.09	68.9
Urban Population (%)	17.81	24.91	31.1
Child Population	16.0	-	13.6
Literacy rate (%)	70.10	66.11	73
Male literacy rate (%)	83.75	79.19	80.9
Female literacy rate (%)	56.25	52.12	64.6
Sex ratio	895	928	943
Density/km ²	438	200	382

Source: Census 2011

The percentage of child population (0-6 age) in Alwar Rajasthan is 16% which is significantly higher than India's child population (13.58 per cent). Alwar District has population density of 438 persons per sq. km. which is far higher than the state level average of 200 persons per sq. km and also higher than the country average of 382 persons per sq. km. The sex-ratio of the district is 895 which are significantly lower than the state (928) as well as country average i.e. 943. Alwar District ranks 5th in literacy with 70.1 percent which is higher than the state average 66.1 percent however lower than the overall country i.e. 73 percent. Furthermore, female literacy rate (56.25%) is found to be very low as compared to that of males' (83.8%).

Figure 1: Map of Alwar District of Rajasthan

1.2 Health Profile: Infrastructure & HMIS Service Delivery Indicators

Table 2: Details of Public Health Infrastructure in Alwar Rajasthan, 2020-21

Health Facility	In Number	Functioning in Govt. Building	Functioning in Rented Building
District Hospitals	1	✓	×
Sub District Hospital	3	✓	×
CHC	42	✓	×
PHC	129	✓	×
UPHC	8	✓	×
SCs	697	✓	✓

Source: HMIS Master Report of Health facilities, 2020-21

Table 2 depicts the details of health infrastructure in Alwar District of Rajasthan in the year 2020-21. The district has total 1 DH, 3 SDH, 42 CHC & 129 PHC. At present, there are a total 697 SC & 67 SC (Out of the total) are functioning in the rented building.

The following table 3 depicts the health care service delivery indicators in Alwar district of Rajasthan with respect to various domains such as Maternal Health, Child Health, Delivery care, Family Planning, etc. for the year 2020-21. Antenatal Care (Pre-Natal care), is one of the most important component of the Maternal Health. ANC refers to the regular medical and nursing care suggested for women throughout their gestation period of pregnancy to ascertain the well-being of the mother and the fetus as well. Furthermore with regular prenatal care, women can reduce the risk of pregnancy complications. According to the HMIS, around 59 per cent of women in Alwar Rajasthan registered for ANC in the first trimester while only 51 per cent women have registered for ANC up to 4 or more checkups. According to the HMIS data source, IFA supplementation was given to 66 per cent of all women who registered for ANC. Total 52 Maternal Deaths recorded in the district.

Delivery care is a vital factor of Infant health. Of the total home deliveries in Alwar Rajasthan, 43 % per cent deliveries were conducted by non- SBA worker. Skilled Birth Attendant (SBA) as an individual is the one who can handle common obstetric and neonatal emergencies. Thus the attendance of SBA in case of home delivery is necessary to combat maternal deaths. About 95 per cent of all deliveries were institutional deliveries and of all the institutional deliveries in Alwar Rajasthan, 18% women discharged in less than 48 hours of delivery at public institutions.

Table 3: Health Care Service Delivery Indicators in Alwar District of Rajasthan, 2020-21

Indicators	Rajasthan	Alwar
1. Maternal Health		
1.(a) Pre Natal Care		
% 1st Trimester registration to Total ANC Registrations	70.7	59.09
% Pregnant women received ≥ 4 ANC checkups to total ANC Registration	61.9	51.42
% Pregnant women given 180 IFA to Total ANC Registrations	96.6	66.02
1.(b) Home Deliveries		
Number of Home Deliveries	28797	3657
% Deliveries attended by SBA to total home deliveries	35.5	56.63
% Home deliveries to total reported deliveries	97.9	5.5
1.(c) Institutional Deliveries including C-Section Deliveries		
Total Number of Institutional Deliveries including C-section	-	-
% of Institutional Deliveries to total reported deliveries	97.9	94.8
% Institutional Deliveries to total ANC Registrations	79	61.9
% women discharge in < 48 hours of delivery to total deliveries (Public)	15.1	17.6
% of C-Section deliveries to total institutional deliveries	11.9	10.1
1.(d) Post Natal Care/New Born Care		
% 1st post-partum checkup between 48 hours & 14 days to total deliveries	10	4.09
% Newborn breast fed within 1 hour of birth to Total Live Birth	86.9	83.71
% Newborn weighed at Birth to Live Birth	93.4	90.33
2. Child Immunization & Diseases		
Number of Fully Immunized children (9-11 months)	1340317	72129
% Infants received BCG to full immunization	101	89.9
% Infants received Measles to full immunization	100	100.8
Number of cases of Pneumonia (0-5Age)	35721	1473
Number of cases of Diarrhea	264888	11216
Number of cases of Malaria	5197	174
3. Family Planning		
Total Sterilization conducted	233676	14196
% Male Sterilization (Vasectomies) to Total sterilization	0.8	0.9
% Female Sterilization (Tubectomies) to Total sterilization	99.2	99.1
4. Facility Service Delivery		
IPD	4828165	222543
OPD (Ayush + Allopathic)	106210724	4975402
% IPD to OPD	4.54	4.47
5. Mortality Indicators		
Maternal Death	1544	52
Child Death	3330	199
Infant Death	26082	1077
Still Birth	25639	1356
Death due to Sterilization	9	0

Source: HMIS Standard Report, 2020-21

*CMO Office

Of all women who registered for ANC, 61 per cent went for institutional delivery and similarly 10 per cent of all institutional deliveries were C-section deliveries. With regards to Post Natal Care, around 84 per cent of the newborns were breast fed within 1 hour of delivery and 90 percent newborns were weighed at birth in the district. Approximately 4.1 per cent of women received the 1st post-partum checkup within 48 hours and 14 days of delivery. Still birth & Infant death for the district is significantly high i.e. 1356 & 1077 respectively.

In the last financial year, 199 child deaths were reported in Alwar, Rajasthan. The Reproductive and Child Health programme (RCH) II under the National Rural Health Mission (NRHM) systematically assimilates all possible interventions that improve child health and addresses factors contributing to Infant and under-five mortality. With regards to the service delivery for Child Health, around 72 thousand children fully immunized (9-11 months) observed in Alwar Rajasthan. The most common childhood disease is reported as diarrhea in the last financial year. The district had 11216 & 1473 cases of diarrhea and Pneumonia respectively. Total 174 numbers of Malaria cases were reported in the district.

Female sterilization as a method of permanent family planning dominates the statistics with 99.1 per cent of all sterilization conducted in the year 2020-21 in Alwar Rajasthan (Tubectomies). Total sterilization conducted was reported to be 14196 in numbers.

To improve the health care delivery, increase in the OPD and IPD services through better facilitation and coordination of public health systems has been a contribution of NHM. Facility Service Delivery with regards to patient services, the OPD patient load is as high as 4975402 number of OPD patients in 2020-21 as against 222543 IPD patients. In terms of percentage, IPD to OPD accounts 4.47 per cent in Alwar Rajasthan District.

1.3 State Resource Envelope and District Allocations

Rajasthan had proposed a total of Rs.3967.38 Crore for NHM and state received approval of Rs. 3019.2 Crore for NHM. Thus, 76.1 % of the proposed budget under NHM is approved by the National Program Coordination Committee (NPCC).

For the financial year (FY) 2020-21, against a resource envelope of 3019.2 Crore, state share was noted of 1207.7 Crore. The resource envelope for FY 2020-21 consists of government's support of Rs. 1294 Crore for NRHM-RCH flexible pool allocation including cash and kind, Rs. 35.5

Crore under NUHM, and Rs. 357 Crore for infrastructure maintenance. The total support from Government of India is Rs. 1811.5 crore whereas the state share of 40% works out to be Rs. 1207.7 Crore.

The breakup of the total resource envelope shows that Rs. 401.65 Crore is allocated for RCH Flexible Pool (including RI, IPPI, and NIDDCP), Rs. 892.4 is allocated for Health System Strengthening (HSS) under NHM. Thus the GOI contribution toward total NRHM-RCH Flexible Pool works out to be Rs. 1294. The GOI contribution toward NDCP Flexible Pool, NCD Flexible Pool & NUHM Flexible Pool is Rs. 74.2 Crore, Rs. 50.8 Crore and Rs. 35.5 Crore respectively. Within NDCP Flexible Pool bulk of the resources are allocated for RNTCP activities. Finally, around 19.7 % of the GOI contribution under the total resource envelope is allocated toward infrastructure maintenance (including Direction and Administration).

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

Indicators	Amount* (GoI Share)	Percent (GoI share)	State Share
1.Total NRHM-RCH Flexible Pool (a+b)	1294	71.4%	
(a) RCH Flexible Pool (including RI, IPPI, NIDDCP)	401.65	22.2%	
RCH Flexible Pool, Cash Grant Support	278.6	-	
RCH Flexi Pool (Kind grant support under immunization)	123.1	-	
(b) HSS under NRHM	892.4	49.3%	
Other HSS covered under NRHM	740.4	-	
Comprehensive Primary Health Care under HSS	105.2	-	
ASHA Benefit Package (incl. ASHA facilitators)	46.7	-	
2. NUHM Flexible Pool	35.5	2%	
Other Health System Strengthening covered under NUHM	25.8	-	
Comprehensive Primary Health Care under NUHM	9.7	-	
3. NDCP Flexible Pool	74.2	4.1%	
NVBDCP (Cash & Kind)	19.7	-	
RNTCP (Cash &Kind)	40.9	-	
NVHCP (Cash &Kind)	9	-	
NLEP	0.6	-	
IDSP	4	-	
4. NCD Flexible Pool (NPCB, NMHP, HCE, NTCP, NPCDCS)	50.8	2.8%	
5. Infrastructure Maintenance (Incl. Direction & Administration)	357	19.7%	
Total Resource Envelope (1+2+3+4+5)	1811.5	100%	1207.7
Grand Total Resource Envelope (GOI Allocation + UT Share)	3019.2		

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

*indicate amount in Crore

1.4 List of Visited Healthcare Facilities & AWC

The monitoring report is based on both primary as well as secondary data. Primary data collected from visited health facility and CMO Office while secondary data has been collected from HMIS Web Portal for Alwar District of Rajasthan, 2020-21. Therefore, this monitoring and evaluation report concerned with the Alwar District where the monitoring was carried out in August 2021. The field team members were Ms. Bindiya Kumari (Field Investigator) & Ms. Debayanti Bhowmick (Research Fellow) of the same centre. Structure interview schedules were used for nodal officers and health facilities. Hence, qualitative and quantitative data have been used for collecting the relevant data (Annexure). Prior to visiting to Alwar District, the monitoring and evaluation team reviewed the Alwar PIP document and formulated the semi structured interviews schedules for the DPM, facility staff and beneficiaries. The healthcare facilities visited are listed below:

Table 5: List of Visited Healthcare Facilities & AWC in Alwar District, Rajasthan

Visited Healthcare Facility/ Place	Name of the Facilities / Place
District Hospital	Rajiv Gandhi District Hospital, Alwar
Community Health Centre	U-CHC Khairthal & R-CHC Bansur
Primary Health Centre	U-PHC Shivaji Park & R- PHC Bansur, Karana
Health & Wellness Centre/ SC	HWC, Naya Gawn
AWC	Anganwadi Centre, Khairthal
Village (FGD)	Bada Gaon, Village

Before visiting the different level of healthcare facilities, a meeting with key personnel of NHM, Alwar District was held. The main motive of the interaction with the officials i.e. CMO, DPMO and Nodal officer, was to know their problems and take their opinions for the improvement of the programmes. Furthermore, the interactions gave an enriching insight into the health situation of the district, key challenges that lay ahead, and a prospective way forward. The present study would focus on the performance of the Alwar District of Rajasthan in NRHM activities. This study would analyze different issues and problems of the district.

2 Public Health Planning & Implementation of National Programmes

This section will attempt to discuss in details Public health planning & Implementation of various national programmes related to mother, child neo natal healthcare services under National Health Mission:

2.1 Public Health Planning

This section will attempt to discuss in details District Health Action Plan & National Health Mission fund utilization against the sanctioned amount for the last financial year. The important components that have been highlighted in this section includes -DHAP, NHM Fund utilization & physical infrastructure including Ambulance & referral transportation.

2.1.1 District Health Action Plan (DHAP)

District Health Action plan is a principal instrument for planning, implementation & monitoring, formulated through a participatory and bottom up planning process.

Table 6: Submission & Approval Timelines of DPIP/ DHAP, 2020-21 & 2021-22

Approving Authority	Year DPIP/ DHAP	Submission Date	ROPs Received	Fund Release
State	2020-21	25 November, 2019	Yes	-
State	2021-22	22 December, 2020	Yes	May 2021*

Source: CMO Office, Alwar District, Rajasthan, 2020-21

* Ist Sanctioned

The above table shows the time process of preparation & approval of PIPs/ DHAP. The district has submitted the DHAP/DPIP in December 2020. The district has received fund on May 2021. It was reported that funds release from state to districts in a minimum of three or more tranches. Furthermore, one by one activity wise sanctioned are being released by the state. Therefore, delay in receiving fund was reported in the district in the last three years.

2.1.2 National Health Mission Fund Utilization

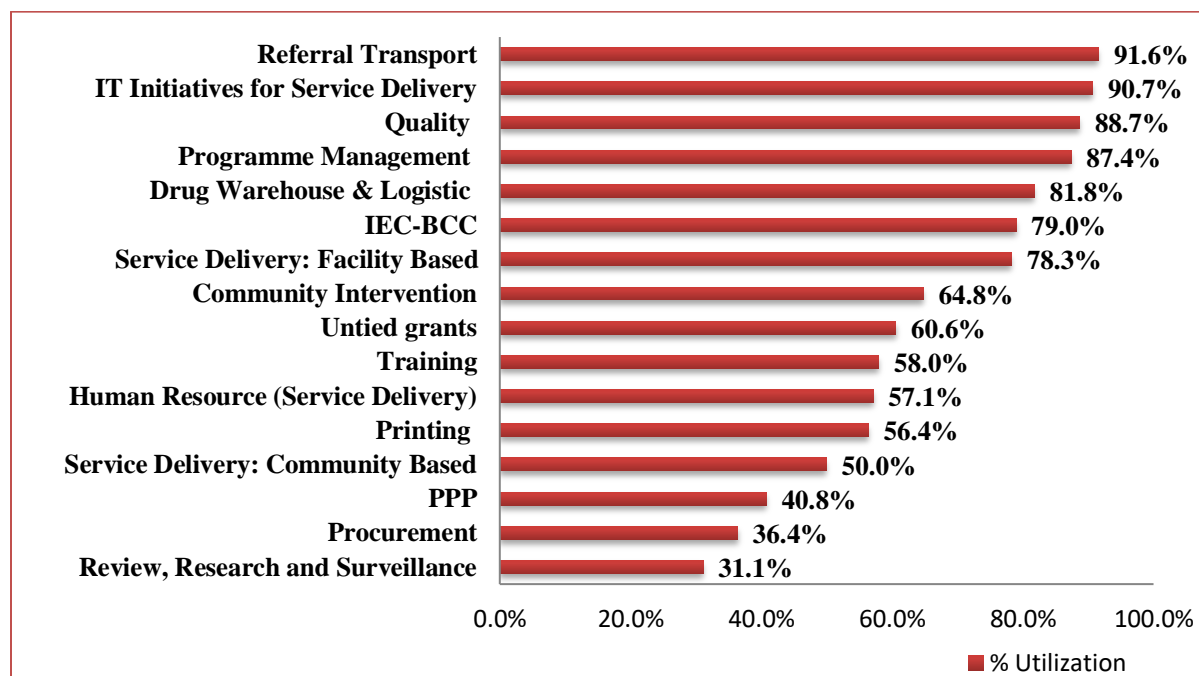
Budgeting plays an important role in the effective utilization of available resources in order to achieve over all objectives. Furthermore, every state's/ district's future will depend upon the efficient utilization of funds like growth, and expanding the facilities. If funds are used effectively then the district has healthy growth in all the ways. The extent of utilization of NHM funds is analyzed here using the utilization ratio. The utilization ratio is defined as the ratio of actual expenditure to total Budget allocation. Overall more than 30 per cent of funds remained unspent at the end of the last financial year.

Table 7: FMR wise Status of Budget Utilization for the year 2020-21, Alwar Rajasthan

(In lakhs)

Indicator (Budget Head)	Budget Released	Budget Utilized	% Utilization
FMR 1: Service Delivery: Facility Based	1404.83	1099.38	78.3%
FMR 2: Service Delivery: Community Based	493.1	246.46	50.0%
FMR 3: Community Intervention	846.7	548.94	64.8%
FMR 4: Untied grants	651.75	394.78	60.6%
FMR 5: Infrastructure	-	-	-
FMR 6: Procurement	276.96	100.89	36.4%
FMR 7: Referral Transport	344.41	315.32	91.6%
FMR 8: Human Resource (Service Delivery)	1158.85	662.09	57.1%
FMR 9: Training	58.8	34.09	58.0%
FMR 10: Review, Research and Surveillance	6.72	2.09	31.1%
FMR 11: IEC-BCC	42.58	33.64	79.0%
FMR 12: Printing	4.47	2.519	56.4%
FMR 13: Quality	264.39	234.62	88.7%
FMR 14: Drug Warehouse & Logistic	14.42	11.8	81.8%
FMR 15: PPP	146.26	59.69	40.8%
FMR 16: Programme Management	453.91	396.54	87.4%
FMR 17: IT Initiatives for Service Delivery	42.36	38.41	90.7%
FMR 18: Innovations	-	-	-
Total	6210.51	4181.26	67%

Source: CMO Office, Alwar District, Rajasthan, 2020-21

Figure 2: Top Two areas of Major Budget Utilization in Alwar District of Rajasthan

The majority of the money is used under facility based service delivery (depicted in table 7). As per the FMR, the maximum utilization of funds is observed in referral transport & IT initiative

(for service delivery) with more than 90%. There is significantly least utilization were observed under Review, Research & Surveillance, Procurement, & community based service delivery.

Table 8: Programme wise Status of Budget Utilization for the year 2020-21, Alwar Rajasthan

(In lakhs)			
Indicator	Budget Released	Budget utilized	% Utilization
RCH and Health Systems Flexi pool	7366.2	4808.2	65.3%
Maternal Health	1523.6	925.7	60.8%
Child Health	73.2	32.1	43.9%
RBSK	147.0	136.5	92.8%
Family Planning	399.1	358.2	89.7%
RKSK/ Adolescent health	19.1	1.0	5.2%
PC-PNDT	0.2	0.1	50.0%
Immunization	357.5	295.3	82.6%
Untied Fund	651.8	394.8	60.6%
Comprehensive Primary Healthcare			-
Blood Services and Disorders	2.0	1.3	67.0%
Infrastructure	-	-	-
ASHAs	1065.3	698.3	65.6%
HR	1158.9	662.1	57.1%
Programme Management	720.6	563.5	78.2%
MMU	216.0	28.9	13.4%
Referral Transport	344.4	315.3	91.6%
Procurement	277.0	100.9	36.4%
Quality Assurance	264.4	234.6	88.7%
PPP	146.3	59.7	40.8%
NIDDCP			-
NUHM			-
Communicable Diseases Pool	146.26	59.69	40.81%
IDSP	17.9	11.4	63.8%
NVBDCP	17.0	5.4	31.7%
NLEP	2.8	0.4	12.7%
NTEP	-	-	-
Non-Communicable Diseases Pool	1431.89	816.22	57%
NPCB+VI	201.9	36.1	17.9%
NMHP			-
NPHCE			-
NTCP	34.2	31.0	90.7%
NPCDCS	69.9	63.3	90.6%
National Dialysis Programme			-
NPCCHH			-
NPPC			-
NPPCF	1.7	1.1	68.1%
NRCP			-
NPPCD	0.2	0.1	25.0%
PPPBI			-
PPCL			-
Total (RCH+NUHM+CD+NCD)	7820.26	4999.44	64%

Source: CMO Office, Alwar District, Rajasthan, 2020-21

Note: Budget release also includes the carry forward amount

The budget utilization summary for Alwar District by the programme wise/different flexi pool and their major components is presented in above Table 8. The table indicates that more than 30 per cent of funds remained unspent at the end of the last financial year. The major reason cited for under-utilization of the budget was that very few activities were performed in the district due to COVID-19 outbreak in the previous year. Besides, another reason for under-utilization of fund was unfilled sanctioned posts in the district.

The highest part of the budget accrues to RCH & Health Systems flexipool. In the last financial year, the district was not able to utilize the entire sanctioned amount under all the flexipool i.e. RCH, NCD & Communicable diseases flexipool. In RCH flexipool, the least utilization can be seen under RKSK (5.2%) & Mobile Medical Units (13.4%).

Moving forward to the communicable disease pool, the maximum utilization of funds is observed in the Integrated Disease Surveillance Programme (IDSP) at 63.8 percent. The reason being all the fund is being utilized in tackling the COVID-19 situation with full force. On the contrary, the least utilization is being in National Leprosy Eradication Programme (NLEP) nearly 13%. With regards to non-communicable disease, around 90 % of the fund has been utilized in the NTCP & National Programme for Prevention and Control of Diabetes, Cardiovascular Disease, and Stroke (NPCDCS).

2.1.3 Health Infrastructure, Ambulance & Referral Services

Above table depicts the health infrastructure details of the Alwar District. The district has one district hospitals; Rajiv Gandhi District Hospital. It has 3 Sub-district Hospital, 42 CHC, 129 PHC & 8 urban PHC. There are 697 Sub-centre and out of the total SCs, around 10% are functioning in rented buildings. There are 6 FRU, 2 blood storage units, & 1 blood bank in the district. In addition, district has 1 SNCU & 2 NRC Centre. However, it must be noted that the district doesn't have District Early Intervention Centre (DEIC).

There are 15 Tuberculosis units (Tus), 6 CBNAAT/TruNat sites, and 1 drug resistant TB centre. In addition, total number of functional NCD clinic is 46 at DH, SDH & CHC level in the district. Out of the total NCD clinic, there is 1 NCD clinic functional at the DH and 3 clinics at SDH, and 42 at CHC level. The total number of institutions providing comprehensive abortion care services (CAC) is reported to be at 16 facilities.

Table 9: Status of Health Infrastructure in Alwar District, Rajasthan, 2020-21

Facility Details	Operational
District Hospitals	1
Sub District Hospital	3
Community Health Centres	42
Primary Health centre	129
Sub-Centres	697
Urban Primary Health Centers (U-PHC)	8
No. of PHC converted to HWCs	129
No. of Sub-centre converted to HWCs	466
Special Newborn Care Units (SNCU)	1
Nutritional Rehabilitation Centres (NRC)	2
District Early intervention Center (DEIC)	0
First Referral Units (FRU)	6
Blood Bank	1
Blood Storage Unit (BSU)	2
Designated Microscopy Center (DMC)	45
Tuberculosis Units (TUs)	15
CBNAAT/TruNat Sites	6
Drug Resistant TB Centres	1
Facility with NCD clinics	46
Facility with Abortion care services	16

Source: CMHO Office (2020-21), Alwar District, Rajasthan

Above table clearly depicts that there are total 53 delivery points in the district. Only 7 SCs are conducting more than 3 deliveries per month out of 697 SCs in the district. The situation is extremely bleak in case of PHC. The district has total 129 PHCs, out of total PHC only 7 PHCs are able to conduct more than 10 deliveries per month. Similarly, out of 42 CHC, 19 CHC are able to conduct more than 20 deliveries in a month.

Table 10: Status of Delivery Points in Alwar District, Rajasthan

Delivery points	In number
No. of SC centre conducting > 3 deliveries /month	7
No. of PHC conducting < 10 deliveries /month	7
No. of CHC conducting > 20 deliveries /month	19
No. of DH conducting > 50 deliveries/ month	1
No. of DH conducting C-section	1
Total Delivery points in district	53

Source: CMHO Office (2020-21), Alwar District, Rajasthan

Health infrastructure also includes transport facilities at the district for the safe and timely movements of the patients. The district have 2 Advanced Life Support, 32 Basic life support, 12 Mobile Medical Units (MMU) & 104 Ambulance are 25.

Table 11: Status of Ambulance & Referral services in Alwar District

Transport Facility	In Number	GPS fitted	Average calls received /day	Average trips per Ambulance/ day
ALS	2	Yes	100	-
BLS	32	Yes	70	-
104 Ambulance	25	Yes	-	4
Mobile Medical Units	12	-	-	20

Source: CMHO Office (2020-21), Alwar District, Rajasthan

All ambulances are GPS fitted and are being handled through centralized call centres. The average numbers of calls of ALS that are being received are 100 calls per day. However, in case of BLS the number of calls received is 70. With regards to the trips conducted, total 4 trips are being conducted by per “104 Ambulance” per day. On an average 20 trips per day is being carried by Mobile Medical Units. The observation found that community were aware of the ambulance services, however were unable to use the transport services due to lack of information about the toll free ambulance number. Hence, it was not being utilized on a good scale.

2.1.4 Human Resources

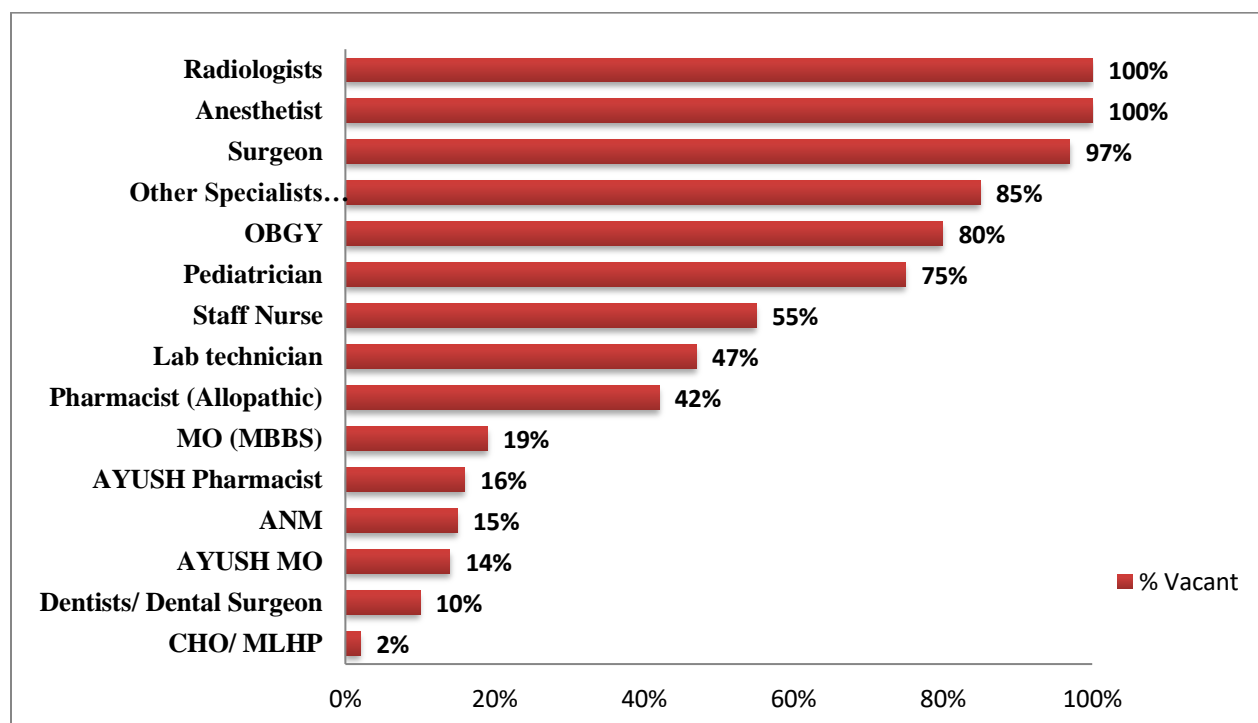
Lack of Human Resource is one of the major concerns of the District; more specifically during the COVID-19 outbreak major issue was reported regarding the shortage of LT & Doctors in the district. Table 12 depicts the status of manpower in the district. Total number of sanctioned post of Gynecologists is 20 out of which only four posts has been filled and sixteen post is still vacant. The total number of sanctioned posts for Medical officers including specialist is 227 out of which only 185 has been filled and 42 posts is still held vacant. It has 4 Pediatrician against the sanctioned post of 16. Against the total number of sanctioned posts for ANM, 625 posts are vacant in the district. Furthermore, sanctioned post for pharmacist and lab technicians are 156 and 191 respectively out of which 65 post and 89 posts are vacant for pharmacist and lab technician, respectively. Position for the Surgeon is also significantly high in the district. Non-availability of Anesthetist, & Radiologist was observed in the district.

Figure 3 presents the vacant percentages for the various Medical, Paramedical and Administrative positions in Alwar District of Rajasthan. High % vacancy pertains in the district for mostly Anesthetist, Surgeon, Gyne (particularly at CHC level in rural area) Pediatrician, Staff Nurse, LT & MO.

Table 12: Status of Human Resources in the Alwar District, Rajasthan

Staff Details at Public Facility	Sanctioned	In place	Vacant	% Vacant
ANM	1186	1012	174	15%
MPW (Male)	23	23	0	0%
Staff Nurse	1127	502	625	55%
Lab technician	191	102	89	47%
Pharmacist (Allopathic)	156	91	65	42%
MO (MBBS)	227	185	42	19%
OBGY	20	4	16	80%
Pediatrician	16	4	12	75%
Anesthetist	8	0	8	100%
Surgeon	37	1	36	97%
Radiologists	1	0	1	100%
Other Specialists Pathologist	39	6	33	85%
Dentists/ Dental Surgeon/ Dental MO	21	19	2	10%
Dental technician	5	5	0	0%
Radiographer/ X-ray technician	17	17	0	0%
CHO/ MLHP	330	324	6	2%
AYUSH MO	51	44	7	14%
AYUSH Pharmacist	25	21	4	16%
Total	3480	2360	1120	32%

Source: CMHO Office (2020-21), Alwar District, Rajasthan

Figure 3: Vacancy of Human Resources in Alwar, Rajasthan, 2020-21

Against the sanctioned post in the district, 100 percent position of Anesthetist & Radiologist, 97 percent position of Surgeon, 80 percent position of gynecologists, 75 percent position of Pediatrician, 47 per cent of LT's position and 55 per cent are vacant for staff Nurse.

2.1.5 Training

Table 13 shows the training status of Alwar district as per the ROP approval in last financial year. The district has not completed 100 per cent trainings against the planned trainings under any programme. Against the planned training in ROP document, around 50 %, 47 % & 18 % of training has been completed on SBA, HBYC & ASHA module 6-7 training respectively. Owing to the COVID pandemic, trainings on Routine immunization, cold chain, SANS & VHSNC were not conducted in the last financial year 2020-21.

Table 13: Trainings Planned Vs Accomplished (As per ROP approval), Alwar Rajasthan

Training	Planned	Completed	% Completed
HBYC training	15	7	47%
ASHA MODUAL 6-7 training	22	4	18%
SBA training	2	1	50%
RI training	3	0	0
Cold chain training	3	0	0
SANS training	2	0	0
VHSNC training	30	0	0

Source: CMHO Office (2020-21), Alwar District, Rajasthan

2.2 Service Delivery & Implementation Status of National Programme

This section will attempt to discuss in details service delivery & implementation of various national programmes related to mother, child healthcare services under National Health Mission:

2.2.1 Maternal Health, New Born & Child Health Services/ Programmes

Improving the well-being of mothers, infants and children is an important public health goal for Government of India (GOI). India's Reproductive, Maternal, Newborn, Child and Adolescent Health (RMNCH+A) Strategy, was launched in 2013. The RMNCH+A strategy aim to reduce child and maternal mortality through strengthening of health care delivery system. The following table depicts the scenario of mortality indicators in Alwar District of Rajasthan for last two financial years.

Table 14: Mortality Indicators in Alwar District, 2019-20 & 2020-21

Mortality Indicators	2019-20	2020-21
Maternal Death	58	52
Child Death	214	199
Infant Death	1161	1077
Still birth	1186	1356

Source: CMHO Office (2020-21), Alwar District, Rajasthan

Overall, total number of Maternal, Infant & Child death has decreased from 2019-20 to 2020-21 in the district. The vast majority of these deaths are preventable. To ensure the maternal & Child health, GoI has launched numerous initiative i.e. JSY, JSSK, HBNC & RBSK etc. In this section we will discuss the implementation status of the national programme for mothers & Child Health.

JSY Programme

Janani Suraksha Yojana is an initiative for safe motherhood under NRHM. It aims at reducing maternal and neo mortality rate, promoting institutional deliveries among poor pregnant women by incentivizing them through cash benefits for getting institutional deliveries. The initiative is working well in the district and also the level of awareness among the beneficiaries is satisfactory in the district. Table 15 depicts the disbursement of the JSY entitlements.

Table 15: JSY Payments Status, Alwar District, Rajasthan

No. of Beneficiaries	Backlog	DBT status
42694	3749	38945 (91.2%)

Source: CMHO Office (2020-21), Alwar District, Rajasthan

JSSK Programme

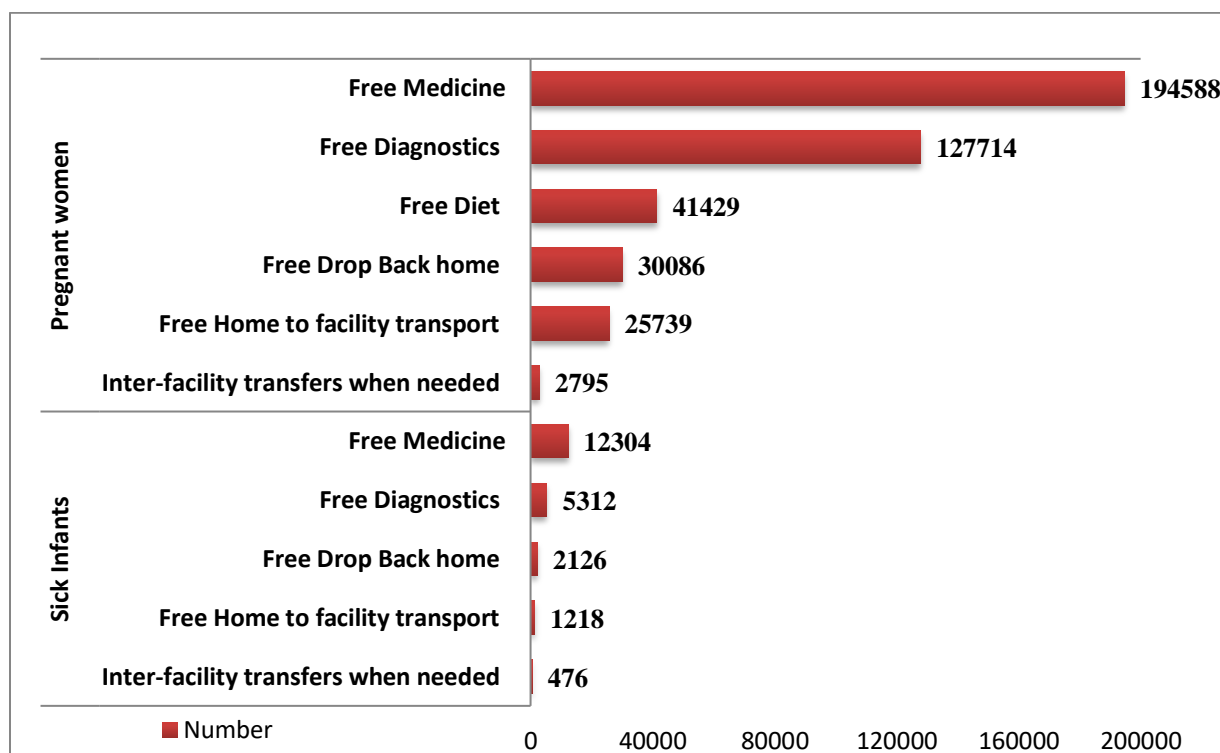
Janani Shishu Suraksha Karyakaram aims to improve maternal and child health by minimizing financial expenses of pregnancy and sick new born child. Furthermore, the aim of this scheme is to promote institutional deliveries. Under this scheme cashless services are provided to the pregnant woman and new born in form of free drug, free food, free diagnostics, and free transport or any other cost which might be incurred during the process of normal delivery till 3 days after birth, and 7 days in case of caesarean section. Table 16 shows the JSSK status in Alwar Rajasthan for the year 2020-21.

Table 16: Overall Status of JSSK Program in Alwar District, Rajasthan, 2020-21

Pregnant Women/Children provided - Free Medicines under JSSK	In No.
(Pregnant women + Sick Infants)	
Free Diet	41429
Free Medicine	206892
Free Diagnostics	133026
Free Home to facility transport	26957
Inter-facility transfers when needed	3271
Free Drop Back home	32212

Source: HMIS (2020-21), Alwar District, Rajasthan

The JSSK scheme is well implemented in the Alwar District of Rajasthan. Free diet (three time in a day) was given to 41429 beneficiary mothers. The JSSK fund was being almost completely utilized for the medicine services. The official mentioned that three times meal in a day provide to the pregnant women to ensure quality food.

Figure 4: JSSK program in Alwar Rajasthan in 2020-21: Pregnant Women vs. Sick Infants

Free drugs were given to 194588 mothers and 12304 infants. Free diagnostics was conducted for 127714 beneficiary mothers and 5312 infants. Home to facility transport was availed by solely 26957 beneficiaries and referral transport was availed by total 3271 beneficiaries, facility to home transport was availed by 32212 beneficiaries.

Table 17: Neonatal Health Service Delivery in Alwar District, 2020-21

Neo Natal Facility	In Number
SNCU	
Total number of SNCU	1
Inborn Admission	1121
Out born Admission	1262
NBSU	
In-born admission	1101
Out born Admission	159
Discharged	912
Referral	344
LAMA	1
Died	2
NRC	
Total number of NRC	2
Admission	125

Source: CMHO Office (2020-21), Alwar District, Rajasthan

Table 17 depicts the neonatal health service delivery with regard to infrastructure and manpower in Alwar District of Rajasthan for the year 2020-21. The district has 1 SNCU and 2 NRC. The total numbers of admissions in the SNCU unit were 1121 for In-born and 1262 for out-born. Currently, it was running in 20 bedded & 10 additional SNCU beds arranged in SNCU. However, above number of beds is not enough for the quality services to the newborn. Therefore, more beds can be added to the SNCUs because during peak load new-borns have to share beds. The district have New born stabilization units (NBSU) also. The total numbers of admissions in the NBSU unit were 1101 for In-born and 159 for out-born.

HBNC Programme

ASHAs are responsible for the HBNC & HBYC visits in the villages or slums. HBNC programme is well implemented in the district. The following table 18 depicts the HBNC programme in the district. During the COVID period, ASHAs were also actively involved in the counseling of Immunization & HBNC visit as well by following all the COVID protocol.

Table 18: Status of HBNC programme in the Alwar District of Rajasthan, 2020-21

Home Based Newborn Care (HBNC)	In number
Availability of HBNC kit with ASHAs	1459
% ASHA having HBNC kit, of total ASHAs	49%
Availability of drug kit with ASHAs	1459
Newborns visited under HBNC	33989

Source: CMHO Office (2020-21), Alwar District, Rajasthan

A total of 33989 neonatal visits were conducted by ASHA worker under HBNC programme in the year 2020-21. However, it can be clearly seen from the table that merely 49% ASHAs have the complete HBNC kit.

RBSK Program

Rashtriya Bal Swasthya Karyakram (RBSK) is an important initiative aiming at early identification and early intervention for children from birth to 18 years to cover 4 'D's viz. Defects at birth, Deficiencies, Diseases, Development delays including disability. Under this program team of experts are sent to schools for regular checkups of the children. The checkups include, the eye testing, dental checkups, and any prominent symptoms of any communicable and non-communicable disease are being screened. RBSK programme is well implemented in the district. In Alwar district, there are a total of 28 RBSK teams, with 2 teams per block, which ensure coverage of children. Out of which, 19 teams are complete in place as per the composition and 28 number of vehicles are on the road for RBSK team. Per day, on an average of 40 children are being screened by the team. A total of 21922 children have been screened at the delivery points for defects at birth.

Table 19: Status of RBSK programme in Alwar District, Rajasthan

RBSK	In number
Total no. of RBSK teams sanctioned	28
Complete teams with all HR in-place	19
No. of vehicles for team	28
No. of Teams / Block	2
No. of blocks without dedicated teams	0
Average no of children screened per team/ day	40
Number of children born in delivery points screened for defects at birth	21922

Source: CMHO Office (2020-21), Alwar District, Rajasthan

2.2.2 Communicable & Non- Communicable Diseases Control Programmes

One of the key objectives of NHM programme is prevention and control of most common communicable and non-communicable disease.

IDSP Programme

The surveillance units have been well established in the district. Rapid response teams are available/ constituted at district level and team includes- 1 Doctor, 1 Nursing Staff, 1 Lab Tech.,

and 1 Concern Area ANM. IDSP data utilized properly at the district level for routine surveillance & identify any abnormal health activity. Overall, 38 percent of private health facilities (out of total facilities) report weekly data of IDSP.

NTEP Programme

Tuberculosis (TB) is an infectious disease caused by Mycobacterium Tuberculosis bacteria. It spreads through air when a person suffering from tuberculosis cough, sneeze or spit. TB remains to be major public health problem in India. TB control efforts are initiated countrywide since 1962 with inception of National TB Control Programme. The programme was reviewed and revised strategy was pilot tested in 1993. The Revised National TB Control Programme (RNTCP) was launched in 1997 with implementation of Directly Observed Treatment, Short Course Strategy, Programme is further renamed as National Tuberculosis Elimination Programme in the year 2020 by Central TB Division, Government of India.

Table 20: NTEP Programme: Public Vs Private Sector, 2020-21

NTEP	Public Sector	Private Sector
No of patients notified	4176	3236
Treatment success rate	87%	82%
No. of MDR TB Patients	79	-
Treatment initiation among MDR TB patients	79	-

Source: CMHO Office (2020-21), Alwar District, Rajasthan

Diagnosis of TB through Intermediary UDST testing/lab is established in the district. Around 20% of the TB patients are eligible for UDST testing i.e., out of 7412 patients 1446 patients are eligible for the same. Total number of TB cases notified under NIKSHYA significantly varies from 4176 (87%) in Public sector to 3236 (82%) in private sector. In the last financial year, overall total 79 numbers of TB patient deaths were reported in the district and all MDR TB patient death was observed in public sector. However, in public sector treatment success rate was observed 87 per cent, while in private sector it was observed 82 per cent. Therefore, treatment success rate was observed high in public sector. Total 2962 (Rs. 5,826,000) number of beneficiaries paid under Nikshay Poshan Yojana.

NVBDCP Programme

The National Vector Borne Disease Control Programme (NVBDCP) is a focal agency of the Government of India responsible for control of 6 vector-borne diseases, i.e. malaria, visceral

leishmaniasis, lymphatic filariasis, dengue, chikungunya and Japanese encephalitis. NVBDCP is a vertical programme due to separate budgets, healthcare cadres, supply chains, health information systems, monitoring, and evaluation frameworks but partially embedded in the existing mainstream healthcare system of the country at the grass root level, especially after the advent of National Rural Health Mission (NRHM).

Detection methods for Filariasis include blood survey and filarial test strip. Overall Annual blood examination rate was reported 3.28 per cent in the district. Weekly epidemiological and entomological situations were monitored in the district and no MDR rounds have been observed in the last financial year. There is a proper micro and macro plan available at the district level as to control the vector borne disease prevalent in the district. In the last 3-year, there have been a decrease in the vector borne disease due to COVID-19.

Table 21: Status of Non-Communicable Diseases in Alwar District of Rajasthan, 2020-21

Diseases	No. of cases screened
Hypertension	44160
Diabetes	35928
Oral Cancer	15077
Breast Cancer	5351
Cervical Cancer	2031

Source: CMO Office, Alwar District, Rajasthan

Non-communicable diseases (NCDs) are the leading cause of adult mortality and morbidity worldwide. Several programmes which cater to Mental Health, Blindness, Diabetes, Hypertension, Heart Disease, Cancer, etc. are covered under NHM. Above table 21 depicts the status of Non-Communicable Diseases (NCDs) in Alwar District of Rajasthan for the year 2020-21. Numbers of cases of screening have been high for hypertension & diabetes in the last financial year.

2.2.3 Quality of Care/Assurance Programme

To address the challenge of the continuing perception of low quality services in the public healthcare premises, the policy makers in India introduced a set of quality-oriented programmes i.e. NQAS, KAYAKALP & MERA ASPATAAL under the National Health Mission. Kayakalp programme, which was launched in the year 2015 was a cleanliness and Hygiene drive initiated

to promote proper sanitary standard in the public health premises in India. Its main objective was to inculcate a culture for promotion of cleanliness, infection control and hygiene practices in the facilities by incentivizing & recognizing the facilities showing exemplary performance in adherence to Kayakalp guidelines & thereafter sustaining such practices as well. The assessment involves a stepwise procedure i.e. Internal Assessment, Peer Review & External Assessment. After reviewing external assessment, the facilities are ranked based on scores obtained and the facilities acquiring maximum scores are declared the winners and awarded accordingly. The following table (22) displays the scenario of awarded facilities under Kayakalp program in Alwar District of Rajasthan. The table 20 clearly demonstrates that there are 3 SDH, 42 CHC, 121 PHC & 8 UPHC; out of them 33% SDH, 5 % CHC, 1 % PHC & 50% UPHC scored more than 70% in the year 2020-21.

Table 21: Status of Kayakalp programme in Alwar Rajasthan, 2020-21

Facility Details	Total Public Facilities	Facility Awarded (>70% score)	% Awarded
District Hospitals/ SDH	1	1	100%
SDH	3	1	33%
CHC	42	2	5%
PHC	121	1	1%
UPHC	8	4	50%

Source: Kayakalp Portal (2020-21), Alwar District, Rajasthan

Mera-Aspataal Initiative

Apart from Kayakalp programme, Mera-Aspataal initiative is also implemented in Rajasthan. It is Ministry of Health, Government of India initiative to capture patient feedback for the services received at the hospital through user-friendly multiple channels such as Short Message Service (SMS), Outbound Dialing (OBD) mobile application and web portal. Currently, it has been implemented in district hospital of Alwar Rajasthan.

2.2.4 Community Health Worker (CHW) & Programmes

Community health workers like ASHAs play strategic role in the area of public health. ASHAs have been established as the first port of call for all health related and allied activities at the community level. The bottom up approach of NHM especially draws attention to the role of

ASHAs all the more. They help in educating and mobilizing the masses to adopt healthy behaviors. The broad working status of ASHAs is highlighted in following Table 22.

Table 22: Contemporary status of ASHAs Worker, 2020-21

Status of ASHAs	(In number)
Total working	2970
Required as per population	3240
Gap/ Positions vacant	270
ASHAs covering more than 1500 rural population	225
ASHAs covering more than 3000 urban population	120
No. of villages/ slum areas with no ASHA	35

Source: CMO Office, Alwar District, Rajasthan, 2020-21

At present, a total of 2970 ASHAs (625 sanctioned) are working in the district and there are 270 vacant positions against the sanctioned position for ASHAs. The average payment received by ASHA ranges from Rs. 6000-7000 which includes Rs. 2000/month for routine and recurring activities. Salaries of ASHA were reported to be on an average 3 months delayed. Out of total ASHAs, 8 % ASHAs were covering more than 3000 rural population. Similarly, out of total ASHAs, around 5% ASHAs were covering more than 3000 urban population. In district, total 35 no. of villages/ slum areas with non ASHA worker availability.

Table 23: Enrolled status of ASHAs under Different Programme, 2020-21

Scheme/ Programme	No of ASHA Enrolled	% Enrolled of total ASHAs:
PMJJBY	2850	96.0%
PMSBY	2962	99.7%
PMSYMY	0	-

Source: CMO Office, Alwar District, Rajasthan, 2020-21

ASHAs were actively involved in the counseling of ANC, PNC, Immunization and Hygiene and sanitation practices during the COVID period. They were responsible for the HBNC & HBYC visits in the village/ slum. Community interactions & interaction with ANM indicated that the role of the ASHA is well appreciated as they bridge the gap between health department and community.



Figure 5: Discussion with beneficiaries, CHC Bansur

MAS (Mahila Arogya Smiti)

MAS is one of the key interventions under National Health Mission aimed at promoting community participation in health at all levels, including planning, implementing and monitoring of health programmes. One MAS covers approximately 100-150 households in slum and slum like settlements. This Samiti addresses local issues related to Health i.e. Immunization, Family planning, COVID, Water, and Sanitation at slum level. Total 32 number of Samiti formed & trained in the district. MAS account was opened and it was reported that ASHA handling the MAS account under supervision of ANM. Meeting of MAS was held at least once every month. It is better if there is a particular day or date for the meeting, for example 10th of every month or third Saturday of every month. This will ensure that the members are aware beforehand of when the meeting is to be held so that they can plan for participating in it.

3 Service Availability: Focus Group Discussions (FGDs) with Community

3.1 Community Awareness & Health Seeking Behaviors

Community interaction in HWC, Naya Gawn reflected that they are pleased with the public healthcare services provided by the facility. Most of the community prefers public facilities over private clinics/ facilities. Therefore, utilization & faith towards the public health system was satisfactory. Community were aware of most services like free drugs/ medicine, ANC, PNC, Immunization, and family planning which were provided by the facility as well as by ASHAs

worker. Almost all the people are aware about where to go for institutional deliveries; however they don't have the information of ambulance toll free number.

While community interaction with the people of Bada Gaon village, was not satisfactory response about the public healthcare facilities. Even they were not utilizing the services provided by public health facilities. Community's perception about public healthcare facilities was that staff is not found at the facility during OPD hours, and sometimes it is found to be closed. Therefore, a significantly different scenario can be observed between Naya Gawn community & Bada Gawn community regarding access to public health facilities.

3.2 Out of pocket expenditure, Access of Medicine & Transportation services:

Community was satisfied with the existing services being provided at the HWC, Naya Gawn. However, they opt private facilities because most of the services at the HWC are not available. In case of private facilities, out of pocket expenditure in drugs passes 3000, while for delivery; 50-60000 could also drain out. While with regards to public health care facilities, out of pocket expenditure almost zero on medicine, however they bear the transport charges self. It was seen that pregnant beneficiaries are coming by their own personal vehicles; hence they were not using the free public ambulance services facilities. Monitoring team found that pregnant women don't have the knowledge of Ambulance toll free number. Awareness with regards to ambulance services should be provided at frequent interval through the ASHAs & ANM.

3.3 Staff Behavior with the Community

Over all perceptions of patients about doctors and nurses that staff behavior/ attitude was observed indifferent. Community at the HWC, Naya Gawn reflected that they doesn't avail the facility at CHC Gahanpur & CHC Bibirani due to rude/ negative staff behaviour and transport difficulty. They prefer CHC Kishangarh at a distance of 12kms away because the staff availability and behavior is quite satisfactory. With regards to ASHAs worker, overall community has realized the importance & contribution of ASHAs worker in providing healthcare services i.e. ANC, Immunization and PNC. Community interactions indicated that the role of the ASHA is well appreciated in the community as they bridge the gap between health department and community. On the other hand, community interaction with the Bada Gaon village entirely reflected the bad staff behavior & unsatisfactory response.

3.4 Key Challenges at Grass root level

Major concerns brought out during group discussion were about the staff behavior, provides only half medicine, lack of information about ambulance toll free number, and Interactions with the beneficiaries reflect that staff is not found at the facility during OPD hours, and sometimes it is found to be closed. Frequent surprise monitoring visits at regular intervals can play an important role in access/ utilization of service delivery in remote area.



Figure 6: Focus Group Discussion with community members, Bada Gawn Village

4 Service Availability: Facility wise Observation

The observations made by the monitoring team during the visit to various health facilities in Alwar District are listed below. This section of report summarizes the broad status of the health facilities with regards to infrastructure, service delivery, manpower, drugs and equipment, etc as per the IPHS standard.

4.1 Rajiv Gandhi District Hospital, Alwar

Rajiv Gandhi district hospital is a 587 bedded facility located in Indira colony at Mangal marg, Alwar. The health facility was easily accessible being located on the main road and was functioning in government building. Alwar district has only one district level hospital, namely Rajiv Gandhi District Hospital. Being the only hospital in the district and has a catchment population of 45 lakh. The facility is overloaded with patients (both IPD and OPD) as it caters to approximately 2000 thousand patients in OPD on a daily basis. The CLMC facilities have been a

major progress in its services & infrastructure with all the equipment being patient friendly. In Aanchal mother milk bank, around 5.24 lakh unit of mother milk has been donated by more than 130 lactating mothers (4066 sitting) in the last year. More than 17.3 thousand unit of the milk issued from these banks has been provided to around 2478 infants.



Figure 7: DH, Alwar Rajasthan

In last financial year, total 12249 numbers of deliveries were conducted at the hospital. Out of the total deliveries, around 20% were reported to be C-section deliveries. Total 18 maternal deaths were reported at the facility in last financial year, while child death reported to be quite high i.e. 149. The main reason behind the maternal was PPH, Anemia & lack of proper investigation. High maternal death was related to the shortage of ASHA workers who could not essentially screen and investigate the high-risk mothers. Anaemia is a serious problem in the district which the facilities are trying to control via disbursement of pills and rectifying the gaps of investigation. As per the officials, the high infant deaths were owing to the high inflow of referred cases from neighbouring districts and states.

The list of essential medicines has a total of 843 medicines, out of which 594 medicines available on the day of the visit. Overall, shortage of Iv fluids (RL, DNS ,NS ,GDw5%), Antibiotics (Inj Pipracillin tazobactam, Miropenam, inj Amoxyclace1.2mg), Syringes10ml, Psy tab clonazipam , and Antihypertensive (Tab telmisartan 40 , Losartan 50) was observed at the facility in last 30 days.

Table 24: Infrastructure, Services & Equipment Availability in Rajiv Gandhi Hospital, Alwar

Physical Infrastructure Availability	Yes/No	Specialized Services Availability	Yes/No
Accessible from nearest road ahead	√	O&G	√
24*7 running water facility	√	Pediatric	√
Facility is geriatric and disability friendly	√	Medicine	√
Hospital located near residential area	√	General Surgery	√
Clean functional toilets (separate for M/F)	√	Anesthesiology	√
Drinking water facility available	√	Ophthalmology	√
OPD waiting area has sufficient sitting space	√	Dental	√
ASHA rest room is available	×	Imaging Services (X – ray)	√
Drug storeroom with rack is available	√	Imaging Services (USG)	√
Power backup at Complete Hospital	√	DEIC	×
Good Condition of Building	√	NRC	√
Complete Construction Status of Building	√	SNCU/ MNCU	√
Diagnostic Services Availability		CLMC	√
Laboratory Service	√	NICU	×
X-ray	√	PICU	×
Ultra Sound	-	Labour Room Complex	√
CT Scan	√	ICU	√
Fully Equipped Blood Bank	√	Dialysis Unit	√
Physiotherapy	√	Burn Unit	√
Medicine & Instruments Availability		Teaching blocks (medical/paramd.)	√
Essential Medicine on the day of visit	×	Skill Lab	√
Major Instrument Available & Functional	×	Telemedicine Services	√
All essential consumable	√	Emergency Care	√

Table 24 clearly depicts the availability & non-availability of the services at the facility. Overall, non- availability of DEIC, NICU & PICU was observed. Following table 25 presents the vacant percentages for the various Medical, and Paramedical positions in Alwar District of Rajasthan. There are 53 MO, 3 Medicine, OBGY, 4 Pediatrician, 7 Anesthetist, 10 Surgeon, 3 Ophthalmologist, 1 Orthopedic, 1 Radiologist, 5 Pathologist, 4 Dentist, 226 Staff Nurses, 8LTs, and 19 Pharmacist at the district hospital. High % vacancy pertains in the facility for mostly LTs, Radiologist, and Orthopedic.

Table 25: Status of Human Resources in Rajiv Gandhi District Hospital, Alwar, 2020-21

DH Manpower	Sanctioned	In position	% Vacant against sanctioned
MO	53	53	0%
Medicine	3	7	#
OBGY	5	9	#
Pediatrician	4	13	#
Anesthetist	4	7	#
Surgeon	4	10	#
Ophthalmologist	2	3	#
Orthopedic	3	1	33%
Radiologist	3	1	33%
Pathologist	3	5	#
Others specialist	8	31	#
Dentist	4	4	0%
Staff Nurses	213	226	#
LTs	12	8	67%
Pharmacist	19	19	0%
Hospital Manager	-	1	-
Others	123	106	86%

#Surplus

Table 26: JSY Payment Status, Rajiv Gandhi District Hospital Alwar, 2021-22

Financial Year	Total Deliveries	JSY Payment	Pending Cases	% Pending
2021-22	2894	2414	479	17%

As on 25 August, 2021

Out of the total deliveries, around 83 percent of the JSY payments have been done till date and the average delay of the payments is roughly around 17 percent reason being incomplete documentation record or bank details.

Key Challenges:

- ⊕ District hospital has 20 bedded SNCU & presently 10 additional beds arranged in SNCU. However, owing to high load new-borns were still sharing their beds. Therefore, more of these should be added for the quality services to the newborn.
- ⊕ The district hospital faces huge delivery load in the District hospital due to the migratory population from the other district, therefore patient load is automatic high at the facility.

4.2 Urban Community Health Centre, Khairthal

Community Health Centre Khairthal is 30 bedded health facility, & it has been recently upgraded to satellite facility. It is 45 kilometers away from the Rajiv Gandhi District Hospital, Alwar. Average monthly 300-400 OPD were observed at the facility. The area of the facility is enormous, however construction and infrastructure is built over a very little place, resulting in space crunch. Toilet and washroom as monitored were found to be in highly unsanitary condition. These were seen smelly, unclean & few were out of services.



Figure 8: CHC, Khairthal

With regard to manpower, presently there are 6 MO, 1 Medicine, 1 ObGy, 2 Pediatrician, 2 Anesthetist, 1 dentist, 15 SNs/ GNMs, 4 LTs, 1 Pharmacists, 1 Dental assistant & 1 other specialist at the facility. It is Kayakalp Awarded facility in the last financial year with the outstanding score of 94.6%. All essential services i.e. General OPDs, IPD, AYUSH OPD, maternal and child health services, NBSU, and diagnosis were provided at the facility. It is well equipped for the normal delivery cases, while the cases of C-section, high risk cases & pregnant women with COVID positive directly referred to the Rajiv Gandhi district hospital Alwar. In the year 2019-20, three maternal deaths were reported at the facility, while in last financial year child & maternal death was not observed.

The following table 27 clearly depicts the non- availability of Medicine store, Telemedicine, Isolation ward, OT services, Blood storage Unit, Imaging Services (X – ray) was observed at this

facility. For the TB services, facility has DOTS centre. In last financial year, overall 17239 numbers of in-house tests performed at the facility. In last six month, total 9846 cases were screened, of which 1945 cases of hypertension, 318 cases of diabetes, 1 case of oral cancer were confirmed. The list of essential medicines has a total of 447 medicines, out of which 308 medicines available on the day of the visit.

Table 27: Infrastructure, Services & Equipment Availability in CHC, Khairthal

Physical Infrastructure Availability	Yes/No	Specialized Services Availability	Yes/No
Accessible from nearest road ahead	√	Medicine	×
24*7 running water facility	√	O&G	√
Facility is geriatric and disability friendly	√	Pediatric*	√
Hospital located near residential area	√	General Surgery	√
Clean functional toilets	×	Anesthesiology	√
Drinking water facility available	√	Ophthalmology	√
OPD waiting area has sufficient sitting space	×	Dental	√
ASHA rest room is available	×	Imaging Services (X – ray)	√
Drug storeroom with rack is available	√	Imaging Services (USG)	×
Power backup at Complete Facility	×	NBSU	√
Good Condition of Building	×	Instrument Availability	
Services Availability		Major Instrument Available & Functional	×
24*7 Emergency (Only on call)	√	Medicine & Diagnostic Availability	
Tele-medicine Services	×	Essential Medicine	√
Delivery Services	√	Essential diagnostic (In House)	√
OT Available	×	Testing kits	√
Blood storage Unit	×	Essential Consumable	√

In the previous year 2020-21, the facility was unable to utilize the entire sanctioned amount under NHM. Around 8 per cent funds remained unspent at the end of the last financial year.

Key Challenges:

- ⊕ Construction work of the entire facility is incomplete or pending due to budget related issue.

4.3 Rural Community Health Centre, Bansur

CHC Bansur is running in a government old premises. In spite of old building, the facility is well maintained, well-functioning and efficient. Heavy OPD load was observed at the facility i.e. 600 per day. All essential services, for instance, General OPDs, IPD, AYUSH OPD, maternal and child health services including C-section delivery, Telemedicine, OT, ICU, COVID Vaccination, COVID sampling, TB services were provided at the facility. Furthermore, all essential tests were provided at the facility. The facility has been performing well along the lines of patient satisfaction and optimum care delivery. The ICU facilities have been a major progress in its infrastructure with all the equipment being patient friendly. The infrastructure of the ICU is very modern ensuring optimum service delivery. The Medical officer in charge has taken the voluntary initiative of personally heading the varied departments, resulting in efficient outcomes and progress.



Figure: CHC, Bansur

ICU Unit

With regard to manpower, presently there are two MO, one Medicine, One ObGy, One Pediatrician, one Anesthetist, one dentist, sixteen SNs/ GNMs, five LTs, and five Pharmacists at the facility. It is Kayakalp Awarded facility in the last financial year with the outstanding score of 95%. Table 28 depicts the availability as well as non- availability of the Infrastructure, Diagnostic Services, Medicine & Equipment at the facility. Overall non-availability of Blood storage, NBSU Unit, and Ophthalmology services was observed. The list of essential medicines has a total of 632 medicines, out of which 339 medicines available on the day of the visit. A total of 37 types of in-house tests performed at the facility. In last six month, total 8688 cases were screened, of which 1622 cases of hypertension, 1657 cases of diabetes, 1 case of breast cancer were confirmed.

Table 28: Infrastructure, Services, Medicine & Equipment Availability in CHC Bansur

Physical Infrastructure Availability	Yes/No	Specialized Services Availability	Yes/No
Accessible from nearest road ahead	√	Medicine	√
24*7 running water facility	√	O&G	√
Facility is geriatric and disability friendly	√	Pediatric*	√
Hospital located near residential area	√	General Surgery	√
Clean functional toilets (separate for M/F)	√	Anesthesiology	√
Drinking water facility available	√	Ophthalmology	×
OPD waiting area has sufficient sitting space	√	Dental	√
ASHA rest room is available	√	Imaging Services (X – ray)	√
Drug storeroom with rack is available	√	Imaging Services (USG)	√
Power backup at Complete Facility	√	NBSU	×
Good Condition of Building*	×	Instrument Availability	
Services Availability		Major Instrument Available & Functional	√
24*7 Emergency (Resuscitation)	√	Medicine & Diagnostic Availability	
Tele-medicine Services	√	DVDMS Implementation	√
MCH Services (incl. High Risk Pregnant)	√	Essential Medicine	√
OT services	√	Essential diagnostic (In House)	√
ICU services	√	Testing Kits/ Rapid diagnostic Kits	√
Blood storage Unit	×	Essential Consumable	√

*Very Old building

In the previous year 2020-21, the facility was unable to utilize the entire sanctioned amount under NHM. Around 9 per cent funds remained unspent at the end of the last financial year.

Key challenges:

- ⊕ The primary challenge as identified by the MO is unavailability of local facilities to encourage doctors to be posted at the community level. Self-motivation often lacks to promote grass root level public health quality.
- ⊕ Very old building premises again a big challenge for the facility.
- ⊕ Both ANC & PNC services were providing in a single ward. Therefore, space crunch was observed at the facility.
- ⊕ Transport parking problem was reported at the facility, due to heavy OPD load & less open space/area.

4.4 Urban Primary Health Centre, Shivaji Park

PHC Shivaji Park is running in government building with the catchment population of more than 50000. This facility caters to a catchment population where a large section can be identified as vulnerable. This facility is not a delivery point, because the DH is just 4 kms away where the beneficiaries prefer going. All essential services i.e. General OPDs, maternal and child health services, diagnosis, and follow-up for common NCDs were provided at the facility. OPD load around 170 per day was observed at this facility. Apart from the regular medicine consultations, the concerning case-mix at the health facility is that of HIV, and Tuberculosis. The facility has a dedicated DOTS centre for the management of tuberculosis cases. Besides these, COVID Vaccine drive was also running in a proper and efficient manner every day in the facility. The infrastructure of the facility is well-maintained. The property was kept clean and hygienic, following all the COVID 19 protocols.



Figure 9: PHC Shivaji Park, Alwar

COVID Vaccination

With regard to manpower, presently there was one MO, one pharmacist, two SNs/ GNMs, 9 ANM, one LT, one public health manager working, and one COVID health consultant staff at the facility. It is Kayakalp Awarded facility for the year 2020-21 with the score of 93%. The following table 29 depicts the availability as well as non- availability of the Infrastructure, Diagnostic Services, Medicine & Equipment at the facility. Overall non-availability of delivery care services, 24*7 service delivery, Imaging Services (X – ray), essential medicine & essential consumable was observed. The list of essential medicines has a total of 410 medicines, out of

which 187 medicines were present on the day of the visit. The top 5 shortage of drugs includes Acelo +PCM, Azithromycin 500, Syrup Azithro, & Dicyclomine in last 30 days. The total numbers of tests performed in-house are 5962 and various tests have been taken place such as HB, ESR, Urine sugar/ Albumin test, UPT, TLC, DLC, ESR, BT-CT, ABO grouping, VDRL rapid test, HIV & Widal.

Table 29: Infrastructure, Services, Medicine & Equipment Availability in PHC Shivaji Park

Physical Infrastructure Availability	Yes/No	Services Availability	Yes/No
Accessible from nearest road ahead	√	24*7 Service Delivery	×
24*7 running water facility	√	Availability of Delivery care services	×
Facility is geriatric and disability friendly	√	Line listing of High risk pregnancy	√
Facility located near residential area	√	X-Ray	×
Clean functional toilets (separate for M/F)	√	DOTS Centre	√
Drinking water facility available	√	Instrument Availability	
OPD waiting area has sufficient sitting space	√	Major Instrument Available & Functional	×
ASHA rest room is available	√	Medicine & Diagnostic Availability	
Drug storeroom with rack is available	√	Essential Medicine	×
Power backup at the Facility	√	Essential diagnostic (In House)	√
Good Condition of Building	√	Essential Consumable	×

In the year 2020-21, the facility has received the total Rs. 11.5 lakh under NHM. At the end of the last financial year, the unspent fund share of around 6 % was likely due to COVID-19 outbreak resulted in lesser number of outreach camps. It was reported that less number of outreach camps was held in last financial year. Overall majority of the money is used for COVID -19 mobility & infrastructure maintenance.

Key Challenges:

- ⊕ Unavailability of medicine was observed as an issue with even basic medicines (PCM) for common diseases not in stock in last 30 months.
- ⊕ Insufficient numbers of ASHAs was reported at the facility. At present the facility cater greater than 50K population, while only 10 ASHAs were associated with this facility. Therefore, one ASHA worker was covering more than 5000 urban population.
- ⊕ Hasankha ward (58 no.) doesn't have any ASHA worker.

4.5 Rural Primary Health Centre, Karana

R- PHC Karana functioning in a government building where issues pertaining to space crunch, proper waiting area for the beneficiaries, staff shortage, etc. persists. This facility caters the population of 20-30 K. This facility is a delivery point, and the referral point CHC Bansur is 23 km away from the facility. All essential services i.e. General OPDs, AYUSH, COVID vaccination, ANC, Immunization, PNC, and FP were provided at the facility. OPD load 250-300 patient per day was observed at this facility. Presently, total 20 ASHAs were associated with this facility.



Figure 10: R- PHC Bansur, Karana

With regard to manpower, presently there was one MO, One AYUSH MO, four SNs/ GNMs and 1 ANM working on regular basis at the facility. While one pharmacist & one LT (only for 2 days in a week) was reported on contractual basis. It is Kayakalp Awarded facility for the year 2020-21 with the score of 84%.

The following table 30 depicts the availability as well as non- availability of the infrastructure, diagnostic services, medicine & equipment at the facility. All the essential medicines were present on the day of the visit except the basic medicine PCM. PCM shortage was observed at the facility from the last 20 days. In last financial year, total numbers of tests performed in-house are 120 which includes particularly HB & Sugar test.

Table 30: Infrastructure, Services & Equipment Availability in PHC Karana

Physical Infrastructure Availability	Yes/No	Services Availability	Yes/No
Accessible from nearest road ahead	√	24*7 Service Delivery	√
24*7 running water facility	√	Availability of Delivery care services	√
Facility is geriatric and disability friendly	√	Line listing of High risk pregnancy	√
Facility located near residential area	√	X-Ray	×
Clean functional toilets (separate for M/F)	√	Functional AFHC	√
Drinking water facility available	√	Instrument Availability	
OPD waiting area has sufficient sitting space	×	Major Instrument Available & functional	√
ASHA rest room is available	√	Medicine & Diagnostic Availability	
Drug storeroom with rack is available	√	Essential Medicine	√
Power backup at the Facility	√	Essential diagnostic (In House & Outsourced)	√
Good Condition of Building	√	Essential Consumable	√

Overall majority of the money is used for facility maintenance, electricity and water, & salary of LT (in case of delay). The facility has completely utilized the fund allocated to facility under NHM. With respect to the JSY payments, it is up to date & payment reported to be 100 per cent.

Key Challenges:

- ⊕ Data Entry Operators (DEO) was reported to be overburdened with work. During the COVID pandemic period, more documentation work load has increased. Furthermore, numerous programmes & uploading of data in multiple portals create excess workload & hence disrupt efficient documentation.
- ⊕ Shortage of LT & Pharmacist was reported at the facility.
- ⊕ There was no LHV/ PHN at the facility.

4.6 Sub-Centre/ Health & Wellness Centre, Naya Gawn

HWC/SC Nayagawn functioning in a government building where issues pertaining to 24*7 water supply, power-backup, non-functional of CHO tablet, delay in funds etc. persists and significantly hamper quality of care/ services. The health facility was not easily accessible due to the extremely bad condition of road. However, the facility was well maintained & clean. The sweeper is hired under contractual basis for a pay of 500. However, she has not been receiving her pay since last few months.



Figure 11: HWC, Naya Gawn

At present there are one ANM, one CHO & 2 ASHAs worker at the facility. All essential services were rendered at the facility except the Delivery care services. The next referral point from this facility is PHC Ghanghar & Bibirani which is located 3 & 4 km from the SC respectively.

Average OPD is 15-20 per day, who are mostly above 30 years. Total 300, CBAC forms have been filled in the last 6 months. The area has mix cases of TB, hypertension and diabetes respectively. In last six month, total 300 cases were screened, of which 7 cases of hypertension, 3 cases of diabetes were confirmed.

Table 31: Infrastructure, Services & Equipment Availability in SC/ HWC, Naya Gawn

Physical Infrastructure Availability	Yes/No	Services Availability	Yes/No
Accessible from nearest road ahead	×	Maternal & child health services	√
24*7 running water facility	×	Availability of Delivery care services	×
Facility is geriatric and disability friendly	×	Line listing of High risk pregnancy	√
Facility located near residential area	√	NCD Screening	√
Clean functional toilets (separate for M/F)	√	Family planning services	√
Drinking water facility available	√	Instrument Availability	
OPD waiting area has sufficient sitting space	√	Major Instrument Available & Functional	√
ASHA rest room is available	×	Medicine & Diagnostic Availability	
Drug storeroom with rack is available	√	Essential Medicine	×
Branding	√	Essential Consumable	√
Specified area for Yoga Activities	√	Essential diagnostic (In House)	√
Power backup at the Facility	×	Testing kits	√

The above table 31 clearly depicts the availability as well as non-availability of the infrastructure, diagnostic services, medicine & equipment at the facility. All the essential medicines were present on the day of the visit except the basic medicine PCM & cough syrup. PCM shortage was observed at the facility from the last 20 days. The total fund received last year was Rs. 40000, of which 100% fund have been utilized by the facility.

Key Challenges:

- ⊕ The facility faces the issue of medicine shortage, even basic medicine i.e. PCM & cough syrup was not available at the facility from the last 30 days.
- ⊕ There are issues related to fund delay, water supply and power backup persists at the facility.
- ⊕ CHO tablet reported to be likely non-functional as they received second hand tablet.
- ⊕ ASHAs kit reported to be incomplete. For instance, some item (weighing scale & thermometer) are not working. ASHAs reported that sometimes they purchase the equipment themselves, as non-functional equipments are not provided, in spite of constant demands.

5 Discussion & Key Recommendations

- ⊕ SNCU unit must be strengthened at District hospital. It has 20 bedded & presently 10 additional beds arranged in SNCU. However, owing to high load new-borns were still sharing their beds. Therefore, more of beds should be added for the quality services to the newborn.
- ⊕ There is great delay in funds assigned to reach the facilities. The prompt transfer of funds can lead to efficient utilization at the district as well as facility level.
- ⊕ There is acute shortage of Gynea observed at CHC level in the district, especially in rural area. Overall, around 80 per cent of Gynea positions are still vacant as medical staffs are not willing to work in remote areas due to unavailability of local facilities to encourage doctors. Thus there is insistent need to concentrate on health policies related to community level posting.

- ⊕ The district highly requires more data entry operator. During the COVID period, additional documentation work has increased. Furthermore, numerous programmes & uploading of data in multiple portals create excess work load on DEO, and hence disrupt efficient documentation. In order to ensure timely reporting of data DEOs post might be increased at the CHC as well as PHC level.
- ⊕ There is heightened shortage of ASHAs worker in the district, especially in urban areas. Filling of vacant positions can play an imperative role in educating & mobilizing the masses to adopt healthy behaviours.
- ⊕ ASHAs kit reported to be incomplete. For instance, some item (weighing scale & thermometer) are not working. ASHAs reported that sometimes they purchase the equipment themselves, as non-functional equipments are not provided, in spite of constant demands. To ensure the home based newborn quality care visit, non-functional equipment should be provided to ASHAs timely.
- ⊕ Interactions with the beneficiaries reflect that staff is not found at the facility during OPD hours. Whenever they go to the facility for treatment, it is found to be closed. Frequent surprise monitoring visits at regular intervals can play an important role in the utilization of health care services & will ensure the access of service delivery in remote area.
- ⊕ There is lack of coordination between staff of NHM & state health department, and this must be reviewed by the higher authority and proper protocols/channels must be established.

Annexure

District level Monitoring Checklist

Indicator	Remarks/ Observation			
1. Name of District				
2. Total number of Blocks				
3. Total number of Villages				
4. Total Population				
Rural population				
Urban population				
5. Literacy rate				
6. Sex Ratio				
7. Sex ratio at birth				
8. Population Density				
9. Estimated number of deliveries				
10. Estimated number of C-section				
11. Estimated numbers of live births				
12. Estimated number of eligible couples				
13. Estimated number of leprosy cases				
14. Target for public and private sector TB notification for the current year				
15. Estimated number of cataract surgeries to be conducted				
16. Mortality Indicators:	Previous year (2019-20)		Current FY (2020-21)	
	Estimated	Reported	Estimated	Reported
Maternal Death				
Child Death				
Infant Death				
Still birth				
Deaths due to Malaria				
Deaths due to sterilization procedure				
17. Facility Details	Sanctioned/ Planned		Operational	
1. District Hospitals				
2. Sub District Hospital				
3. Community Health Centers (CHC)				
4. Primary Health Centers (PHC)				
5. Sub Centers (SC)				
6. Urban Primary Health Centers (U-PHC)				
7. Urban Community Health Centers (U-CHC)				
8. Special Newborn Care Units (SNCU)				
9. Nutritional Rehabilitation Centres (NRC)				
10. District Early intervention Center (DEIC)				
11. First Referral Units (FRU)				
12. Blood Bank				
13. Blood Storage Unit (BSU)				
14. No. of PHC converted to HWC				
15. No. of U-PHC converted to HWC				
16. Number of Sub Centre converted to HWC				
17. Designated Microscopy Center (DMC)				
18. Tuberculosis Units (TUs)				
19. CBNAAT/TruNat Sites				

20. Drug Resistant TB Centres		
21. Functional Non-Communicable Diseases (NCD) clinic <ul style="list-style-type: none"> At DH At SDH At CHC 		
22. Institutions providing Comprehensive Abortion Care (CAC) services <ul style="list-style-type: none"> Total no. of facilities Providing 1st trimester services Providing both 1st & 2nd trimester services 		

Overview: DHAP

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

Service Availability

Indicator	Remarks/ Observation
1. Implementation of Free drugs services (if it is free for all)	
2. Implementation of diagnostic services (if it is free for all) <ul style="list-style-type: none"> Number of lab tests notified 	
3. Status of delivery points	
<ul style="list-style-type: none"> No. of SCs conducting >3 deliveries/month No. of 24X7 PHCs conducting > 10 deliveries /month No. of CHCs conducting > 20 deliveries /month No. of DH/ District Women and child hospital conducting > 50 deliveries /month No. of DH/ District Women and child hospital conducting C-section No. of Medical colleges conducting > 50 deliveries per month No. of Medical colleges conducting C-section 	
4. Number of institutes with ultrasound facilities (Public+Private) <ul style="list-style-type: none"> Of these, how many are registered under PCPNDT act 	
5. Details of Pradhan Mantri Surakshit Matritva Abhiyan PMSMA activities performed	
6. RBSK <ul style="list-style-type: none"> Total no. of RBSK teams sanctioned No. of teams with all HR in-place (full-team) No. of vehicles (on the road) for RBSK team No. of Teams per Block No. of block/s without dedicated teams 	

Indicator	Remarks/ Observation	
<ul style="list-style-type: none"> Average no of children screened per day per team 		
<ul style="list-style-type: none"> Number of children born in delivery points screened for defects at birth 		
7. Special Newborn Care Units (SNCU)		
<ul style="list-style-type: none"> Total number of beds <ul style="list-style-type: none"> In radiant warmer Stepdown care Kangaroo Mother Care (KMC) unit 		
<ul style="list-style-type: none"> Number of non-functional radiant warmer for more than a week 		
<ul style="list-style-type: none"> Number of non-functional phototherapy unit for more than a week 		
	Inborn	Out born
<ul style="list-style-type: none"> Admission 		
<ul style="list-style-type: none"> Defects at birth 		
<ul style="list-style-type: none"> Discharged 		
<ul style="list-style-type: none"> Referral 		
<ul style="list-style-type: none"> LAMA 		
<ul style="list-style-type: none"> Died 		
8. Newborn Stabilization Unit (NBSU)		
	Inborn	Out born
<ul style="list-style-type: none"> Admission 		
<ul style="list-style-type: none"> Discharged 		
<ul style="list-style-type: none"> Referral 		
<ul style="list-style-type: none"> LAMA 		
<ul style="list-style-type: none"> Died 		
9. Nutrition Rehabilitation Centers (NRC)		
<ul style="list-style-type: none"> Admission <ul style="list-style-type: none"> Bilateral pitting oedema MUAC<115 mm <'3SD WFH with Diarrhea ARI/ Pneumonia TB HIV Fever Nutrition related disorder Others 		
<ul style="list-style-type: none"> Referred by <ul style="list-style-type: none"> Frontline worker Self Ref from VCDC/ CTC RBSK Pediatric ward/ emergency 		
<ul style="list-style-type: none"> Discharged 		
<ul style="list-style-type: none"> Referral/ Medical transfer 		
<ul style="list-style-type: none"> LAMA 		
<ul style="list-style-type: none"> Died 		
10. Home Based Newborn Care (HBNC)		
<ul style="list-style-type: none"> Status of availability of HBNC kit with ASHAs 		
<ul style="list-style-type: none"> Newborns visited under HBNC 		
<ul style="list-style-type: none"> Status of availability of drug kit with ASHAs 		

Indicator	Remarks/ Observation	
11. Number of Maternal Death Review conducted <ul style="list-style-type: none"> • Previous year • Current FY 		
12. Number of Child Death Review conducted <ul style="list-style-type: none"> • Previous year • Current FY 		
13. Number of blocks covered under Peer Education (PE) programme		
14. No. of villages covered under PE programme		
15. No. of PE selected		
16. No. of Adolescent Friendly Clinic (AFC) meetings held		
17. Weekly Iron Folic Acid Supplementation (WIFS) stockout		
18. No. of Mobile Medical Unit (MMU) (on the road) and micro-plan		
• No. of trips per MMU per month		
• No. of camps per MMU per month		
• No. of villages covered		
• Average number of OPD per MMU per month		
• Average no. of lab investigations per MMU per month		
• Avg. no. of X-ray investigations per MMU per month		
• Avg. no. of blood smears collected / Rapid Diagnostic Tests (RDT) done for Malaria, per MMU per month		
• Avg. no. of sputum collected for TB detection per MMU per month		
• Average Number of patients referred to higher facilities		
• Payment pending (if any)		
• If yes, since when and reasons thereof		
19. Vehicle for Referral Transport		
• No. of Basic Life Support (BLS) (on the road) and their distribution		
• No. of Advanced Life Support (ALS) (on the road) and their distribution		
	ALS	BLS
○ Operational agency (State/ NGO/ PPP)		
○ If the ambulances are GPS fitted and handled through centralized call centre		
○ Average number of calls received per day		
○ Average number of trips per ambulance per day		
○ Average km travelled per ambulance per day		
○ Key reasons for low utilization (if any)		
• No. of transport vehicle/102 vehicle (on the road)		
○ If the vehicles are GPS fitted and handled through centralized call centre		
○ Average number of trips per ambulance per day		
○ Average km travelled per ambulance per day		
○ Key reasons for low utilization (if any)		
20. Universal health screening		
• If conducted, what is the target population		
• Number of Community Based Assessment Checklist (CBAC) forms filled till date		

Indicator	Remarks/ Observation		
<ul style="list-style-type: none"> • No. of patients screened, diagnosed, and treated for: <ul style="list-style-type: none"> ○ Hypertension ○ Diabetes ○ Oral cancer ○ Breast Cancer ○ Cervical cancer 			
21. If State notified a State Mental Health Authority			
22. If grievance redressal mechanism in place			
<ul style="list-style-type: none"> • Whether call center and toll-free number available 			
<ul style="list-style-type: none"> • Percentage of complains resolved out of the total complains registered in current FY 			
23. If Mera-aaspatal has been implemented			
24. Payment status:	No. of beneficiaries	Backlog	DBT status
<ul style="list-style-type: none"> • JSY beneficiaries 			
<ul style="list-style-type: none"> • ASHA payment: 			
<ul style="list-style-type: none"> ○ A- Routine and recurring at increased rate of Rs. 2000 pm 			
<ul style="list-style-type: none"> ○ B- Incentive under NTEP 			
<ul style="list-style-type: none"> ○ C- Incentives under NLEP 			
<ul style="list-style-type: none"> • Payment of ASHA facilitators as per revised norms (of a minimum of Rs. 300 per visit) 			
<ul style="list-style-type: none"> • Patients incentive under NTEP programme 			
<ul style="list-style-type: none"> • Provider's incentive under NTEP programme 			
<ul style="list-style-type: none"> • FP compensation/ incentive 			
25. Implementation of Integrated Disease Surveillance Programme (IDSP)			
<ul style="list-style-type: none"> • If Rapid Response Team constituted, what is the composition of the team 			
<ul style="list-style-type: none"> • No. of outbreaks investigated in previous year and in current FY 			
<ul style="list-style-type: none"> • How is IDSP data utilized 			
<ul style="list-style-type: none"> • Proportion (% out of total) of Pvt health facilities reporting weekly data of IDSP 			
26. Implementation of National Vector Borne Disease Control Programme (NVBDCP)			
<ul style="list-style-type: none"> • Micro plan and macro plan available at district level 			
<ul style="list-style-type: none"> • Annual Blood Examination Rate 			
<ul style="list-style-type: none"> • Reason for increase/ decrease (trend of last 3 years to be seen) 			
<ul style="list-style-type: none"> • LLIN distribution status 			
<ul style="list-style-type: none"> • IRS 			
<ul style="list-style-type: none"> • Anti-larval methods 			
<ul style="list-style-type: none"> • Contingency plan for epidemic preparedness 			
<ul style="list-style-type: none"> • Weekly epidemiological and entomological situations are monitored 			
<ul style="list-style-type: none"> • No. of MDR rounds observed 			
<ul style="list-style-type: none"> • No. of districts achieved elimination status for Lymphatic Filariasis i.e. mf rate <1% 			
27. Implementation of National Tuberculosis Elimination Programme (NTEP)			
<ul style="list-style-type: none"> • Target TB notification achieved 			

Indicator	Remarks/ Observation
<ul style="list-style-type: none"> Whether HIV Status of all TB patient is known 	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If No, no. of TB patients with known HIV status _____
<ul style="list-style-type: none"> Eligible TB patients with UDST testing 	
<ul style="list-style-type: none"> Whether drugs for both drug sensitive and drug resistance TB available 	
<ul style="list-style-type: none"> Patients notification from public sector 	No of patients notified: Treatment success rate: No. of MDR TB Patients: Treatment initiation among MDR TB patients:
<ul style="list-style-type: none"> Patients notification from private sector 	No of patients notified: Treatment success rate: No. of MDR TB Patients: Treatment initiation among MDR TB patients:
<ul style="list-style-type: none"> Beneficiaries paid under Nikshay Poshan Yojana 	
<ul style="list-style-type: none"> Active Case Finding conducted as per planned for the year 	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
28. Implementation of National Leprosy Eradication Programme (NLEP)	
<ul style="list-style-type: none"> No. of new cases detected 	
<ul style="list-style-type: none"> No. of G2D cases 	
<ul style="list-style-type: none"> MDT available without interruption 	
<ul style="list-style-type: none"> Reconstructive surgery for G2D cases being conducted 	
<ul style="list-style-type: none"> MCR footwear and self-care kit available 	
29. Number of treatment sites and Model Treatment Center (MTC) for viral hepatitis	
30. Percent of health workers immunized against Hep B	
31. Key activities performed in current FY as per ROP under National Fluorosis Control Programme	
32. Key activities performed in current FY as per ROP under National Iron Deficiency Disorders Control Programme	
33. Key activities performed in current FY as per ROP under National Tobacco Control Programme	
34. Number of ASHAs <ul style="list-style-type: none"> Required as per population Selected No. of ASHAs covering more than 1500 (rural)/ 3000 (urban) population No. of villages/ slum areas with no ASHA 	
35. Status of social benefit scheme for ASHAs and ASHA Facilitators (if available) <ul style="list-style-type: none"> No. of ASHAs enrolled for Pradhan Mantri Jeevan Jyoti Bima Yojana (PMJJBY) No. of ASHA Facilitator enrolled for Pradhan Mantri Jeevan Jyoti Bima Yojana (PMJJBY) No. of ASHAs enrolled for Pradhan Mantri Suraksha Bima Yojana (PMSBY) No. of ASHA Facilitators enrolled for Pradhan Mantri Suraksha Bima Yojana (PMSBY) No. of ASHAs enrolled for Pradhan Mantri Shram Yogi Maandhan Yojana (PMSYMY) No. of ASHA Facilitators enrolled for Pradhan Mantri Shram Yogi Maandhan Yojana (PMSYMY) 	

Indicator	Remarks/ Observation																				
<ul style="list-style-type: none"> Any other state specific scheme _____ 																					
36. Status of Mahila Arogya Samitis (MAS)- <ol style="list-style-type: none"> Formed Trained MAS account opened 																					
37. Status of Village Health Sanitation and Nutrition Committee (VHSNC) <ol style="list-style-type: none"> Formed Trained MAS account opened 																					
38. Number of facilities quality certified																					
39. Status of Kayakalp and Swachh Swasth Sarvatra (SSS)																					
40. Activities performed by District Level Quality Assurance Committee (DQAC)																					
41. Recruitment for any staff position/ cadre conducted at district level																					
42. Details of recruitment	<table border="1"> <thead> <tr> <th colspan="2">Previous year (2019-20)</th> <th colspan="2">Current FY (2020-21)</th> </tr> <tr> <th>Regular cadre</th> <th>NHM</th> <th>Regular cadre</th> <th>NHM</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	Previous year (2019-20)		Current FY (2020-21)		Regular cadre	NHM	Regular cadre	NHM												
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Regular cadre	NHM	Regular cadre	NHM																		
<ul style="list-style-type: none"> Total no. of posts vacant at the beginning of FY Among these, no. of posts filled by state Among these, no. of posts filled at district level 																					
43. If state has comprehensive (common for regular and contractual HR) Human Resource Information System (HRIS) in place																					

Implementation of CPHC

Status as on: _____

Indicator	Planned	Completed
1. Number of individuals enumerated		
2. Number of CBAC forms filled		
3. Number of HWCs started NCD screening: <ol style="list-style-type: none"> SHC- HWC PHC- HWC UPHC – HWC 		
4. Number of individuals screened for: <ol style="list-style-type: none"> Hypertension Diabetes Oral Cancer Breast Cancer Cervical Cancer 		
5. Number of HWCs providing Tele-consultation services		
6. Number of HWCs organizing wellness activities		

Status of HRH

Status as on: _____

1. Staff details at public facility (Regular+ NHM+ other sources)	Sanctioned	In-place	Vacancy (%)
ANM			
MPW (Male)			
Staff Nurse			

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

State of Fund Utilization

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

Status of Expenditure as on: _____ to _____

Indicator	Budget Released (in lakhs)	Budget utilized (in lakhs)	Reason for low utilization (if less than 60%)
1. FMR 1: Service Delivery: Facility Based			
2. FMR 2: Service Delivery: Community Based			
3. FMR 3: Community Intervention			
4. FMR 4: Untied grants			
5. FMR 5: Infrastructure			
6. FMR 6: Procurement			
7. FMR 7: Referral Transport			
8. FMR 8: Human Resource (Service Delivery)			
9. FMR 9: Training			
10. FMR 10: Review, Research and Surveillance			
11. FMR 11: IEC-BCC			
12. FMR 12: Printing			
13. FMR 13: Quality			
14. FMR 14: Drug Warehouse & Logistic			
15. FMR 15: PPP			
16. FMR 16: Programme Management			
• FMR 16.1: PM Activities Sub Annexure			
17. FMR 17: IT Initiatives for			

Service Delivery			
18. FMR 18: Innovations			

Programme Wise

Status of Expenditure as on: _____ to _____

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

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

Status of trainings

Status as on: _____

List of training (to be filled as per ROP approval)	Planned	Completed
1.		
2.		
3.		
4.		

DH level Monitoring Checklist

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

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

Indicator	Remarks/ Observation																																																																					
	<input type="checkbox"/> ASHA rest room is available <input type="checkbox"/> Drug storeroom with rack is available Power backup: <input type="checkbox"/> Complete Hospital/ <input type="checkbox"/> Part of the hospital Last major renovation done in (Year): _____																																																																					
3. Number of functional in-patient beds	_____ No of ICU Beds available:																																																																					
4. List of Services available																																																																						
<ul style="list-style-type: none"> Specialized services available in addition to General OPD, ANC, Delivery, PNC, Immunization, FP, Laboratory services 	<table border="1"> <thead> <tr> <th data-bbox="652 579 727 611">Sl.</th> <th data-bbox="727 579 1260 611">Service</th> <th data-bbox="1260 579 1377 611">Y/N</th> </tr> </thead> <tbody> <tr><td>1</td><td>Medicine</td><td></td></tr> <tr><td>2</td><td>O&G</td><td></td></tr> <tr><td>3</td><td>Pediatric</td><td></td></tr> <tr><td>4</td><td>General Surgery</td><td></td></tr> <tr><td>5</td><td>Anesthesiology</td><td></td></tr> <tr><td>6</td><td>Ophthalmology</td><td></td></tr> <tr><td>7</td><td>Dental</td><td></td></tr> <tr><td>8</td><td>Imaging Services (X – ray)</td><td></td></tr> <tr><td>9</td><td>Imaging Services (USG)</td><td></td></tr> <tr><td>10</td><td>District Early Intervention Centre (DEIC)</td><td></td></tr> <tr><td>11</td><td>Nutritional Rehabilitation Centre (NRC)</td><td></td></tr> <tr><td>12</td><td>SNCU/ Mother and Newborn Care Unit (MNCU)</td><td></td></tr> <tr><td>13</td><td>Comprehensive Lactation Management Centre (CLMC) / Lactation Management Unit (LMU)</td><td></td></tr> <tr><td>14</td><td>Neonatal Intensive Care Unit (NICU)</td><td></td></tr> <tr><td>15</td><td>Pediatric Intensive Care Unit (PICU)</td><td></td></tr> <tr><td>16</td><td>Labour Room Complex</td><td></td></tr> <tr><td>17</td><td>ICU</td><td></td></tr> <tr><td>18</td><td>Dialysis Unit</td><td></td></tr> <tr><td>19</td><td>Emergency Care</td><td></td></tr> <tr><td>20</td><td>Burn Unit</td><td></td></tr> <tr><td>21</td><td>Teaching block (medical, nursing, paramedical)</td><td></td></tr> <tr><td>22</td><td>Skill Lab</td><td></td></tr> </tbody> </table>	Sl.	Service	Y/N	1	Medicine		2	O&G		3	Pediatric		4	General Surgery		5	Anesthesiology		6	Ophthalmology		7	Dental		8	Imaging Services (X – ray)		9	Imaging Services (USG)		10	District Early Intervention Centre (DEIC)		11	Nutritional Rehabilitation Centre (NRC)		12	SNCU/ Mother and Newborn Care Unit (MNCU)		13	Comprehensive Lactation Management Centre (CLMC) / Lactation Management Unit (LMU)		14	Neonatal Intensive Care Unit (NICU)		15	Pediatric Intensive Care Unit (PICU)		16	Labour Room Complex		17	ICU		18	Dialysis Unit		19	Emergency Care		20	Burn Unit		21	Teaching block (medical, nursing, paramedical)		22	Skill Lab	
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5. Emergency	General emergency: or facilities available for: 1. Triage 2. Resuscitation 3. Stabilization																																																																					
6. Tele-medicine/Consultation services available	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, average case per day _____																																																																					
7. Operation Theatre available	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, Single general OT:																																																																					

Indicator	Remarks/ Observation																																																																																							
	Elective OT-Major (General): Elective OT-Major (Ortho): Obstetrics & Gynecology OT: Ophthalmology/ENT OT: Emergency OT:																																																																																							
8. Availability of functional Blood Bank	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, number of units of blood currently available: _____ No. of blood transfusions done in last month: _____																																																																																							
9. Whether blood is issued free, or user-fee is being charged	<input type="checkbox"/> Free for BPL <input type="checkbox"/> Free for elderly <input type="checkbox"/> Free for JSSK beneficiaries <input type="checkbox"/> Free for all																																																																																							
10. Biomedical waste management practices	1. Sharp pit 2. Deep Burial pit 3. Incinerator 4. Using Common Bio Medical Treatment plant																																																																																							
11. Details of HR available in the facility (Sanctioned and In-place)	<table border="1"> <thead> <tr> <th colspan="2" data-bbox="649 705 1036 739">HR</th> <th data-bbox="1036 705 1166 739">San.</th> <th data-bbox="1166 705 1304 739">Reg.</th> <th data-bbox="1304 705 1443 739">Cont.</th> </tr> </thead> <tbody> <tr> <td colspan="2" data-bbox="649 739 1036 772">MO (MBBS)</td> <td></td> <td></td> <td></td> </tr> <tr> <td data-bbox="649 772 808 806" rowspan="9">Specialists</td> <td data-bbox="808 772 1036 806">Medicine</td> <td></td> <td></td> <td></td> </tr> <tr> <td data-bbox="808 806 1036 840">ObGy</td> <td></td> <td></td> </tr> <tr> <td data-bbox="808 840 1036 873">Pediatician</td> <td></td> <td></td> </tr> <tr> <td data-bbox="808 873 1036 907">Anesthetist</td> <td></td> <td></td> </tr> <tr> <td data-bbox="808 907 1036 940">Surgeon</td> <td></td> <td></td> </tr> <tr> <td data-bbox="808 940 1036 974">Ophthalmologist</td> <td></td> <td></td> </tr> <tr> <td data-bbox="808 974 1036 1008">Orthopedic</td> <td></td> <td></td> </tr> <tr> <td data-bbox="808 1008 1036 1041">Radiologist</td> <td></td> <td></td> </tr> <tr> <td data-bbox="808 1041 1036 1075">Pathologist</td> <td></td> <td></td> </tr> <tr> <td data-bbox="808 1075 1036 1108">Others</td> <td></td> <td></td> </tr> <tr> <td colspan="2" data-bbox="649 1108 1036 1142">Dentist</td> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="2" data-bbox="649 1142 1036 1176">Staff Nurses/ GNMs</td> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="2" data-bbox="649 1176 1036 1209">LTs</td> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="2" data-bbox="649 1209 1036 1243">Pharmacist</td> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="2" data-bbox="649 1243 1036 1276">Dental Technician/ Hygienist</td> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="2" data-bbox="649 1276 1036 1310">Hospital/ Facility Manager</td> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="2" data-bbox="649 1310 1036 1344">EmOC trained doctor</td> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="2" data-bbox="649 1344 1036 1377">LSAS trained doctor</td> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="2" data-bbox="649 1377 1036 1411">Others</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	HR		San.	Reg.	Cont.	MO (MBBS)					Specialists	Medicine				ObGy			Pediatician			Anesthetist			Surgeon			Ophthalmologist			Orthopedic			Radiologist			Pathologist			Others			Dentist					Staff Nurses/ GNMs					LTs					Pharmacist					Dental Technician/ Hygienist					Hospital/ Facility Manager					EmOC trained doctor					LSAS trained doctor					Others				
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16. Availability of list of essential medicines (EML)/ drugs (EDL)	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, total number of drugs in EDL _____ EDL displayed in OPD Area: <input type="checkbox"/> Yes/ <input type="checkbox"/> No No. of drugs available on the day of visit (out of the EDL) _____																																																																																							

Indicator	Remarks/ Observation
17. Implementation of DVDMS or similar supply chain management system	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If other, which one _____
18. Shortage of 5 priority drugs from EDL in last 30 days, if any	
19. Availability of Essential Consumables:	<input type="checkbox"/> Sufficient Supply <input type="checkbox"/> Minimal Shortage <input type="checkbox"/> Acute shortage List the consumables for with there was shortage In last 6 months how many times there was shortage _____
20. Availability of essential diagnostics	<input type="checkbox"/> In-house <input type="checkbox"/> Outsourced/ PPP <input type="checkbox"/> Both/ Mixed
• In-house tests (For 2020-21)	Timing: Total number of tests performed: _____ Details of tests performed:
• Outsourced/ PPP (For 2020-21)	Timing: Total number of tests performed: _____ Details of tests performed:
21. X-ray services is available	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If Yes, type & nos. of functional X-ray machine is available in the hospital: Is the X-ray machine AERB certified: <input type="checkbox"/> Yes/ <input type="checkbox"/> No
22. CT scan services available	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes: <input type="checkbox"/> In-house/ <input type="checkbox"/> PPP Out of Pocket expenditures associated with CT Scan services (if any, approx. amount per scan): _____
23. Whether diagnostic services (lab, X-ray, USG etc.) are free for all	<input type="checkbox"/> Free for BPL <input type="checkbox"/> Free for elderly <input type="checkbox"/> Free for JSSK beneficiaries <input type="checkbox"/> Free for all
24. Availability of Testing kits/ Rapid Diagnostic Kits	<input type="checkbox"/> Sufficient Supply <input type="checkbox"/> Minimal Shortage <input type="checkbox"/> Acute shortage
25. Implementation of PM-National Dialysis programme	<input type="checkbox"/> Yes/ <input type="checkbox"/> No <input type="checkbox"/> In-house <input type="checkbox"/> Outsourced/ PPP Total number of tests performed: _____
• Whether the services are free for all	<input type="checkbox"/> Free for BPL <input type="checkbox"/> Free for elderly <input type="checkbox"/> Free for JSSK beneficiaries <input type="checkbox"/> Free for all
• Number of patients provided dialysis service (for 2020-21)	○ Previous year _____ ○ Current FY _____ <i>*Calculate the approximate no. of patients provided dialysis per day</i>
26. If there is any shortage of major instruments/ equipment (List the Equipments)	
27. Average downtime of equipment.	

Indicator	Remarks/ Observation
Details of equipment are nonfunctional for more than 7 days	
28. Availability of delivery services	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
<ul style="list-style-type: none"> If the facility is designated as FRU, whether C-sections are performed 	<input type="checkbox"/> Yes/ <input type="checkbox"/> No Number of normal deliveries performed in last month: _____ No. of C-sections performed in last month: _____
<ul style="list-style-type: none"> Comment on the condition of: 	Labour room: OT: Functional New-born care corner (functional radiant warmer with neo-natal ambu bag): <input type="checkbox"/> Yes/ <input type="checkbox"/> No
29. Status of JSY payments	Payment is up to date: <input type="checkbox"/> Yes/ <input type="checkbox"/> No Average delay: Payment done till: Reasons for delay:
30. Availability of JSSK entitlements	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, whether all entitlements being provided <input type="checkbox"/> Free delivery services (Normal delivery/ C-section) <input type="checkbox"/> Free diet <input type="checkbox"/> Free drugs and consumables <input type="checkbox"/> Free diagnostics <input type="checkbox"/> Free blood services <input type="checkbox"/> Free referral transport (home to facility) <input type="checkbox"/> Free referral transport (drop back from facility to home) <input type="checkbox"/> No user charges
31. PMSMA services provided on 9 th of every month	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, how are high risks identified on 9 th ? If No, reasons thereof:
32. Line listing of high-risk pregnancies	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
33. Practice related to Respectful Maternity Care	
34. Whether facility have registers for entering births and deaths	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
35. Number of Maternal Death reported in the facility	Previous year: Current year:
36. Number of Child Death reported in the facility	Previous year: Current year:
37. If Comprehensive Abortion Care (CAC) services available	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
38. Availability of vaccines and hub cutter	<input type="checkbox"/> Yes/ <input type="checkbox"/> No Nurses/ ANM aware about open vial policy: <input type="checkbox"/> Yes/ <input type="checkbox"/> No
39. Number of newborns immunized with birth dose at the facility in last 3 months	
40. Newborns breastfed within one hour of birth (observe if practiced and	

Indicator	Remarks/ Observation		
women are being counselled)			
41. Status of functionality of DEIC	<input type="checkbox"/> Fully functional with all staff in place <input type="checkbox"/> Functional with few vacancies (approx. 20% -30%) <input type="checkbox"/> Functional with more than 50% vacancies <input type="checkbox"/> Not functional/ All posts vacant		
42. Number of sterilizations performed in last one month			
43. Availability of trained provider for IUCD/ PPIUCD	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
44. Who counsels on FP services?			
45. Please comment on utilization of other FP services			
46. FPLMIS has been implemented	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
47. Availability of functional Adolescent Friendly Health Clinic	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, who provides counselling to adolescents: _____ Separate male and female counselors available: <input type="checkbox"/> Yes/ <input type="checkbox"/> No Total No of Adolescents counseled in last 6 months _____		
48. Whether facility has fixed day NCD clinic	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If Yes, how many days in a week: _____ days		
49. Are service providers trained in cancer services?	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
50. Number of individuals screened for the following in last 6 months:		Screened	Confirmed
	a. Hypertension		
	b. Diabetes		
	c. Oral Cancer		
	d. Breast Cancer		
	e. Cervical Cancer		
51. Whether reporting weekly data in P, S and L form under IDSP	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
1. Status of TB elimination programme	Facility is designated as Designated Microscopy Centre (DMC): <input type="checkbox"/> Yes/ <input type="checkbox"/> No		
	If yes, percent of OPD whose samples were tested for TB (microscopy) in last 6 month (average) _____		
	If anti-TB drugs available at the facility: <input type="checkbox"/> Yes/ <input type="checkbox"/> No		
	If yes, are there any patients currently taking anti-TB drugs from the facility: <input type="checkbox"/> Yes/ <input type="checkbox"/> No		
	Availability of CBNAAT/ TruNat: <input type="checkbox"/> Yes/ <input type="checkbox"/> No Percent of patients tested through CBNAAT/TruNat for Drug resistance in the last 6 months _____		
	Are all TB patients tested for HIV? <input type="checkbox"/> Yes/ <input type="checkbox"/> No		
	Are all TB patients tested for Diabetes Mellitus: <input type="checkbox"/> Yes/ <input type="checkbox"/> No		
	Percent of TB Patients for whom DBT installments have been initiated under Nikshay Poshan Yojana in the last 6 months: _____		
52. Maintenance of records on	<ul style="list-style-type: none"> • TB Treatment Card cases (both for drug sensitive and drug resistant cases): <input type="checkbox"/> Yes/ <input type="checkbox"/> No • TB Notification Registers: <input type="checkbox"/> Yes/ <input type="checkbox"/> No • Malaria cases: <input type="checkbox"/> Yes/ <input type="checkbox"/> No • Palliative cases: <input type="checkbox"/> Yes/ <input type="checkbox"/> No 		

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

CHC/ UHC level Monitoring Checklist

Name of facility visited	
Facility Type	<input type="checkbox"/> CHC/ <input type="checkbox"/> U-CHC
FRU	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
Standalone/ Co-located	<input type="checkbox"/> Standalone/ <input type="checkbox"/> Co-located Co-located with (if applicable):
Accessible from nearest road head	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
Date of Visit	
Next Referral Point	Facility: Distance:
Indicator	Remarks/ Observation
4. OPD Timing	
5. Whether the facility is functioning in PPP mode	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
6. Condition of infrastructure/	Comments:

building Please comment on the condition and tick the appropriate box	<input type="checkbox"/> 24*7 running water facility <input type="checkbox"/> Facility is geriatric and disability friendly (ramps etc.) <input type="checkbox"/> Clean functional toilets available (separate for Male and female) <input type="checkbox"/> Drinking water facility available <input type="checkbox"/> OPD waiting area has sufficient sitting arrangement <input type="checkbox"/> ASHA rest room is available <input type="checkbox"/> Drug storeroom with rack is available Power backup: <input type="checkbox"/> Complete Hospital/ <input type="checkbox"/> Part of the hospital		
7. Number of functional in-patient beds			
8. List of Services available			
<ul style="list-style-type: none"> Specialized services available in addition to General OPD, ANC, Delivery, PNC, Immunization, FP, Laboratory services 	Sl.	Service	Y/N
	1	Medicine	
	2	O&G	
	3	Pediatric	
	4	General Surgery	
	5	Anesthesiology	
	6	Ophthalmology	
	7	Dental	
	8	Imaging Services (X – ray)	
	9	Imaging Services (USG)	
	10	Newborn Stabilization Unit	
<ul style="list-style-type: none"> If any of the specialists are available 24*7 	<input type="checkbox"/> Yes available <input type="checkbox"/> Yes, available only on-call <input type="checkbox"/> Not available		
<ul style="list-style-type: none"> Emergency 	General emergency: or facilities available for: 1. Triage 2. Resuscitation 3. Stabilization		
9. Tele-medicine/Consultation services available	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, average case per day _____		
10. Operation Theatre available	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, Major: Minor:		
11. Availability of functional Blood Storage Unit	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, number of units of blood currently available: _____ No. of blood transfusions done in last month: _____		
12. Whether blood is issued free, or user-fee is being charged	<input type="checkbox"/> Free for BPL <input type="checkbox"/> Free for elderly <input type="checkbox"/> Free for JSSK beneficiaries <input type="checkbox"/> Free for all		

13. Biomedical waste management practices	Sharp pit: Deep Burial pit: Other System, if any:			
14. Details of HR available in the facility (Sanctioned and In-place)	HR			
	San.			
	Reg.			
	Cont.			
	MO (MBBS)			
	Specialists	Medicine		
		ObGy		
		Pediatrician		
		Anesthetist		
	Dentist			
	SNs/ GNMs			
	LTs			
	Pharmacist			
	Dental Assistant/ Hygienist			
Hospital/ Facility Manager				
EmOC trained doctor				
LSAS trained doctor				
Others				
15. IT Services	<ul style="list-style-type: none"> Desktop/ Laptop available: <input type="checkbox"/>Yes/ <input type="checkbox"/>No Internet connectivity: <input type="checkbox"/>Yes/ <input type="checkbox"/>No Quality/strength of internet connection: _____			
16. Kayakalp	Initiated: Facility score: Award received:			
17. NQAS	Assessment done: Internal/State Facility score: Certification Status:			
18. LaQshya	Labour Room: Operation Theatre:			
19. Availability of list of essential medicines (EML)/ drugs (EDL)	<input type="checkbox"/> Yes/ <input type="checkbox"/> No			
	If yes, total number of drugs in EDL _____			
	EDL displayed in OPD Area: <input type="checkbox"/> Yes/ <input type="checkbox"/> No No. of drugs available on the day of visit (out of the EDL) _____			
20. Implementation of DVDMS or similar supply chain management system	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If other, which one _____			
21. Shortage of 5 priority drugs from EDL in last 30 days, if any				
22. Availability of Essential Consumables:	<input type="checkbox"/> Sufficient Supply <input type="checkbox"/> Minimal Shortage <input type="checkbox"/> Acute shortage In last 6 months how many times there was shortage _____ List the consumables for which there has been shortage _____			
23. Availability of essential diagnostics	<input type="checkbox"/> In-house <input type="checkbox"/> Outsourced/ PPP <input type="checkbox"/> Both/ Mixed			
<ul style="list-style-type: none"> In-house tests (for 2020-21) 	Timing: Total number of tests performed: _____ Details of tests performed:			
<ul style="list-style-type: none"> Outsourced/ PPP (for 2020-21) 	Timing: Total number of tests performed: _____ Details of tests performed:			
24. X-ray services is available	<input type="checkbox"/> Yes/ <input type="checkbox"/> No			

	If Yes, type & nos. of functional X-ray machine is available in the hospital: Is the X-ray machine AERB certified: <input type="checkbox"/> Yes/ <input type="checkbox"/> No
25. Whether diagnostic services (lab, X-ray, USG etc.) are free for all	<input type="checkbox"/> Free for BPL <input type="checkbox"/> Free for elderly <input type="checkbox"/> Free for JSSK beneficiaries <input type="checkbox"/> Free for all
26. Availability of Testing kits/ Rapid Diagnostic Kits	<input type="checkbox"/> Sufficient Supply <input type="checkbox"/> Minimal Shortage <input type="checkbox"/> Acute shortage (List the name of kits for which there is shortage)
27. If there is any shortage of major instruments/ equipment	
28. Average downtime of equipment. Details of equipment are nonfunctional for more than 7 days	
29. Availability of delivery services	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
• If the facility is designated as FRU, whether C-sections are performed	<input type="checkbox"/> Yes/ <input type="checkbox"/> No Number of normal deliveries performed in last month: _____ No. of C-sections performed in last month: _____
• Comment on condition of:	Labour room: OT: Functional New-born care corner (functional radiant warmer with neo-natal ambu bag): <input type="checkbox"/> Yes/ <input type="checkbox"/> No
30. Status of JSY payments	Payment is up to date: <input type="checkbox"/> Yes/ <input type="checkbox"/> No Average delay: Payment done till: Reasons for delay:
31. Availability of JSSK entitlements	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, whether all entitlements being provided <input type="checkbox"/> Free delivery services (Normal delivery/ C-section) <input type="checkbox"/> Free diet <input type="checkbox"/> Free drugs and consumables <input type="checkbox"/> Free diagnostics <input type="checkbox"/> Free blood services <input type="checkbox"/> Free referral transport (home to facility) <input type="checkbox"/> Free referral transport (drop back from facility to home) <input type="checkbox"/> No user charges
32. PMSMA services provided on 9 th of every month	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, how are high risks identified on 9 th ? If No, reasons thereof:
33. Line listing of high-risk pregnancies	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
34. Practice related to Respectful Maternity Care	
35. Whether facility have registers for entering births and deaths	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
36. Number of Maternal Death reported in the facility	Previous year: 2019-20 _____ Current year: 2020-21 ____
37. Number of Child Death reported in the facility	Previous year: Current year:
38. If Comprehensive Abortion Care	<input type="checkbox"/> Yes/ <input type="checkbox"/> No

(CAC) services available			
39. Availability of vaccines and hub cutter	<input type="checkbox"/> Yes/ <input type="checkbox"/> No Nurses/ ANM aware about open vial policy: <input type="checkbox"/> Yes/ <input type="checkbox"/> No		
40. Number of newborns immunized with birth dose at the facility in last 3 months			
41. Newborns breastfed within one hour of birth			
42. Number of sterilizations performed in last one month	Male__ Female____		
43. Availability of trained provider for IUCD/ PPIUCD	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
44. Who counsels on FP services?			
45. Please comment on utilization of other FP services			
46. FPLMIS has been implemented	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
47. Availability of functional Adolescent Friendly Health Clinic	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, who provides counselling to adolescents: _____ Separate male and female counselors available: <input type="checkbox"/> Yes/ <input type="checkbox"/> No Number of Adolescents counseled in last 6 months _____		
48. Whether facility has fixed day NCD clinic	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If Yes, how many days in a week: _____ days		
49. Are service providers trained in cancer services?	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
50. Number of individuals screened for the following in last 6 months:	Screened	Confirmed	
	a. Hypertension		
	b. Diabetes		
	c. Oral Cancer		
	d. Breast Cancer		
	e. Cervical Cancer		
51. Are service providers trained in cancer services?	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
52. Whether reporting weekly data in P, S and L form under IDSP	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
53. Status of TB elimination programme	Facility is designated as Designated Microscopy Centre (DMC): <input type="checkbox"/> Yes/ <input type="checkbox"/> No		
	If yes, percent of OPD whose samples were tested for TB (microscopy) in last 6 month (average) _____		
	If anti-TB drugs available at the facility: <input type="checkbox"/> Yes/ <input type="checkbox"/> No		
	If yes, are there any patients currently taking anti-TB drugs from the facility: <input type="checkbox"/> Yes/ <input type="checkbox"/> No		
	Percent of patients tested through CBNAAT/TruNat for Drug resistance in the last 6 months _____		
	Is there a sample transport mechanism in place for:		
	<ul style="list-style-type: none"> • investigations within public sector for TB testing? <input type="checkbox"/> Yes/ <input type="checkbox"/> No • investigations within public sector for other tests? <input type="checkbox"/> Yes/ <input type="checkbox"/> No • outsourced testing? <input type="checkbox"/> Yes/ <input type="checkbox"/> No 		
	Are all TB patients tested for HIV? <input type="checkbox"/> Yes/ <input type="checkbox"/> No		
Are all TB patients tested for Diabetes Mellitus: <input type="checkbox"/> Yes/ <input type="checkbox"/> No			
Percent of TB Patients for whom DBT installments have been initiated under Nikshay Poshan Yojana in the last 6 months:			

54. Status on Leprosy eradication Programme	Nos. of new case detected by Field Worker in last 12 months: Out of those, how many are having Gr. II deformity: Frequency of Community Surveillance:
55. Maintenance of records on	<ul style="list-style-type: none"> • TB Treatment Card cases (both for drug sensitive and drug resistant cases): <input type="checkbox"/>Yes/ <input type="checkbox"/>No • TB Notification Registers: <input type="checkbox"/>Yes/ <input type="checkbox"/>No • Malaria cases: <input type="checkbox"/>Yes/ <input type="checkbox"/>No • Palliative cases: <input type="checkbox"/>Yes/ <input type="checkbox"/>No • Cases related to Dengue and Chikungunya: <input type="checkbox"/>Yes/ <input type="checkbox"/>No • Leprosy cases: <input type="checkbox"/>Yes/ <input type="checkbox"/>No
56. How much fund was received and utilized by the facility under NHM?	Fund Received last year:
	Fund utilized last year:
	Items/ Activities whose expenditure is met out of the RKS/ Untied Fund regularly:
	Reasons for underutilization of fund (if any)
57. Status of data entry in (match with physical records)	HMIS: <input type="checkbox"/> Updated/ <input type="checkbox"/> Not updated MCTS: <input type="checkbox"/> Updated/ <input type="checkbox"/> Not updated IHIP: <input type="checkbox"/> Updated/ <input type="checkbox"/> Not updated HWC Portal: <input type="checkbox"/> Updated/ <input type="checkbox"/> Not updated Nikshay Portal: <input type="checkbox"/> Updated/ <input type="checkbox"/> Not updated
58. Frequency of RKS meeting	
59. Availability of ambulance services in the area	<input type="checkbox"/> CHC own ambulance available Number_____
	<input type="checkbox"/> CHC has contracted out ambulance services Number_____
	<input type="checkbox"/> Ambulances services with Centralized call centre <input type="checkbox"/> Government ambulance services are not available Comment (if any):
<ul style="list-style-type: none"> • How many cases from sub centre/ PHC were referred to this CHC last month? 	Number: Sub centre PHC Types of cases referred in:
<ul style="list-style-type: none"> • How many cases from the CHC were referred to the DH last month? 	Number: Types of cases referred out:
60. Key challenges in the facility and the root causes	
Challenge	Root causes
a)	
b)	

PHC/ U-PHC level Monitoring Checklist

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

Indicator	Remarks/ Observation																																								
1. OPD Timing For U-PHC, check if evening/morning OPD/Clinics being conducted	<input type="checkbox"/> Yes/ <input type="checkbox"/> No																																								
2. Whether the facility is functioning in PPP mode	<input type="checkbox"/> Yes/ <input type="checkbox"/> No																																								
3. Condition of infrastructure/ building Please comment on the condition and tick the appropriate box	Comments <input type="checkbox"/> 24*7 running water facility <input type="checkbox"/> Facility is geriatric and disability friendly (Ramps etc.) <input type="checkbox"/> Clean functional toilets available (separate for Male and female) <input type="checkbox"/> Drinking water facility available <input type="checkbox"/> OPD waiting area has sufficient sitting arrangement <input type="checkbox"/> ASHA rest room is available <input type="checkbox"/> Drug storeroom with rack is available <input type="checkbox"/> Power backup <input type="checkbox"/> Branding																																								
4. Number of functional in-patient beds																																									
5. List of Services available																																									
6. If 24*7 delivery services available	<input type="checkbox"/> Yes/ <input type="checkbox"/> No																																								
7. Tele-medicine/Consultation services available	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, average case per day_____																																								
8. Biomedical waste management practices	Sharp pit: Deep Burial pit: Other System, if any:																																								
9. Details of HR available in the facility (Sanctioned and In-place)	<table border="1"> <thead> <tr> <th data-bbox="753 1062 1045 1096">HR</th> <th data-bbox="1045 1062 1187 1096">San.</th> <th data-bbox="1187 1062 1305 1096">Reg.</th> <th data-bbox="1305 1062 1425 1096">Cont.</th> </tr> </thead> <tbody> <tr> <td data-bbox="753 1096 1045 1129">MO (MBBS)</td> <td data-bbox="1045 1096 1187 1129"></td> <td data-bbox="1187 1096 1305 1129"></td> <td data-bbox="1305 1096 1425 1129"></td> </tr> <tr> <td data-bbox="753 1129 1045 1163">MO (AYUSH)</td> <td data-bbox="1045 1129 1187 1163"></td> <td data-bbox="1187 1129 1305 1163"></td> <td data-bbox="1305 1129 1425 1163"></td> </tr> <tr> <td data-bbox="753 1163 1045 1197">SNs/ GNMs</td> <td data-bbox="1045 1163 1187 1197"></td> <td data-bbox="1187 1163 1305 1197"></td> <td data-bbox="1305 1163 1425 1197"></td> </tr> <tr> <td data-bbox="753 1197 1045 1230">ANM</td> <td data-bbox="1045 1197 1187 1230"></td> <td data-bbox="1187 1197 1305 1230"></td> <td data-bbox="1305 1197 1425 1230"></td> </tr> <tr> <td data-bbox="753 1230 1045 1264">LTs</td> <td data-bbox="1045 1230 1187 1264"></td> <td data-bbox="1187 1230 1305 1264"></td> <td data-bbox="1305 1230 1425 1264"></td> </tr> <tr> <td data-bbox="753 1264 1045 1297">Pharmacist</td> <td data-bbox="1045 1264 1187 1297"></td> <td data-bbox="1187 1264 1305 1297"></td> <td data-bbox="1305 1264 1425 1297"></td> </tr> <tr> <td data-bbox="753 1297 1045 1331">Public Health Manager</td> <td data-bbox="1045 1297 1187 1331"></td> <td data-bbox="1187 1297 1305 1331"></td> <td data-bbox="1305 1297 1425 1331"></td> </tr> <tr> <td data-bbox="753 1331 1045 1365">LHV/PHN</td> <td data-bbox="1045 1331 1187 1365"></td> <td data-bbox="1187 1331 1305 1365"></td> <td data-bbox="1305 1331 1425 1365"></td> </tr> <tr> <td data-bbox="753 1365 1045 1377">Others</td> <td data-bbox="1045 1365 1187 1377"></td> <td data-bbox="1187 1365 1305 1377"></td> <td data-bbox="1305 1365 1425 1377"></td> </tr> </tbody> </table>	HR	San.	Reg.	Cont.	MO (MBBS)				MO (AYUSH)				SNs/ GNMs				ANM				LTs				Pharmacist				Public Health Manager				LHV/PHN				Others			
HR	San.	Reg.	Cont.																																						
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LTs																																									
Pharmacist																																									
Public Health Manager																																									
LHV/PHN																																									
Others																																									
10. IT Services	<ul style="list-style-type: none"> • Desktop/ Laptop available: <input type="checkbox"/>Yes/ <input type="checkbox"/>No • All ANMs have functional Tablets: <input type="checkbox"/>Yes/ <input type="checkbox"/>No • Smart phones given to all ASHAs: <input type="checkbox"/>Yes/ <input type="checkbox"/>No • Internet connectivity: <input type="checkbox"/>Yes/ <input type="checkbox"/>No Quality/strength of internet connection: _____																																								
11. Kayakalp	Initiated: Facility score: Award received:																																								
12. NQAS	Assessment done: Internal/State Facility score: Certification Status:																																								
13. Availability of list of essential medicines (EML)/ drugs (EDL)	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, total number of drugs in EDL _____ EDL displayed in OPD Area: <input type="checkbox"/> Yes/ <input type="checkbox"/> No																																								

	No. of drugs available on the day of visit (out of the EDL) _____
14. Implementation of DVDMS or similar supply chain management system	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If other, which one _____
15. Shortage of 5 priority drugs from EDL in last 30 days, if any	
16. Drugs Available for Hypertension & Diabetic patients:	
17. Shortage of sufficient number of Hypertension & Diabetic in last 7 days	
18. Availability of Essential Consumables:	<input type="checkbox"/> Sufficient Supply <input type="checkbox"/> Minimal Shortage <input type="checkbox"/> Acute shortage In last 6 months how many times there was shortage _____ (Also list the consumables for which there was shortage)
19. Availability of essential diagnostics	<input type="checkbox"/> In-house <input type="checkbox"/> Outsourced/ PPP <input type="checkbox"/> Both/ Mixed
• In-house tests For 2020-21	Timing: Total number of tests performed: _____ Details of tests performed:
• Outsourced/ PPP For 2020-21	Timing: Total number of tests performed: _____ Details of tests performed:
20. X-ray services is available	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If Yes, type & nos. of functional X-ray machine is available in the hospital: Is the X-ray machine AERB certified: <input type="checkbox"/> Yes/ <input type="checkbox"/> No
21. Whether diagnostic services (lab, X-ray etc.) are free for all	<input type="checkbox"/> Free for BPL <input type="checkbox"/> Free for elderly <input type="checkbox"/> Free for JSSK beneficiaries <input type="checkbox"/> Free for all
22. Availability of Testing kits/ Rapid Diagnostic Kits	<input type="checkbox"/> Sufficient Supply <input type="checkbox"/> Minimal Shortage <input type="checkbox"/> Acute shortage
23. If there is any shortage of major instruments/ equipment	List of Equipment
24. Average downtime of equipment. Details of equipment are nonfunctional for more than 7 days	
25. Availability of delivery services	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
• If yes, details	Comment on condition of labour room: Functional New-born care corner (functional radiant warmer with neo-natal ambu bag): <input type="checkbox"/> Yes/ <input type="checkbox"/> No
26. Status of JSY payments	Payment is up to date: <input type="checkbox"/> Yes/ <input type="checkbox"/> No Average delay: Payment done till: Reasons for delay:
27. Availability of JSSK entitlements	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, whether all entitlements being provided <input type="checkbox"/> Free delivery services (Normal delivery/ C-section) <input type="checkbox"/> Free diet

	<input type="checkbox"/> Free drugs and consumables <input type="checkbox"/> Free diagnostics <input type="checkbox"/> Free blood services <input type="checkbox"/> Free referral transport (home to facility) <input type="checkbox"/> Free referral transport (drop back from facility to home) <input type="checkbox"/> No user charges		
28. Line listing of high-risk pregnancies	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
29. Number of normal deliveries in last three month			
30. Availability of Daksh/ Dakshta trained/SBA trained MO/SN/ANM in Labour Room	<input type="checkbox"/> Yes <input type="checkbox"/> No		
31. Practice related to Respectful Maternity Care			
32. Number of Maternal Death reported in the facility	Previous year:2019-2020 Current FY:2020-2021		
33. Number of Child Death reported in the facility	Previous year: Current year:		
34. Availability of vaccines and hub cutter	<input type="checkbox"/> Yes/ <input type="checkbox"/> No Nurses/ ANM aware about open vial policy: <input type="checkbox"/> Yes/ <input type="checkbox"/> No		
35. Number of newborns immunized with birth dose at the facility in last 3 months			
36. Newborns breastfed within one hour of birth			
37. Number of sterilizations performed in last one month	Male Female		
38. Availability of trained provider for IUCD/ PPIUCD	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
39. Who counsels on FP services?			
40. Please comment on utilization of other FP services			
41. FPLMIS has been implemented	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
42. Availability of functional Adolescent Friendly Health Clinic	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, who provides counselling to adolescents: _____ Separate male and female counselors available: <input type="checkbox"/> Yes/ <input type="checkbox"/> No		
43. Whether facility has fixed day NCD clinic	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If Yes, how many days in a week: _____ days		
44. Are service providers trained in cancer services?	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
45. Number of individuals screened for the following in last 6 months:		Screened	Confirmed
	a. Hypertension		
	b. Diabetes		
	c. Oral Cancer		
	d. Breast Cancer		
e. Cervical Cancer			
46. Whether wellness activities are performed	<input type="checkbox"/> Yes/ <input type="checkbox"/> No Frequency:		
47. Whether reporting weekly data in P and L form under IDSP	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
48. Distribution of Long lasting Insecticidal nets (LLIN) in high-risk areas	No. of LLIN distributed per household: <input type="checkbox"/> 1 per family/ <input type="checkbox"/> Others (Specify): _____		

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

• How many cases from the PHC were referred to the CHC last month?	Number: Types of cases referred out:
56. Key challenges in the facility and the root causes	
Challenge	Root causes
a)	
b)	
Only for U-PHC	
57. Population enumeration initiated for slum population	<input type="checkbox"/> Not yet initiated <input type="checkbox"/> Initiated <input type="checkbox"/> Completed
58. Number of CBAC forms filled (NUHM)	
59. Is Specialist services provided at U-PHC?	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, specialist services are provided through: <input type="checkbox"/> Teleconsultation/ <input type="checkbox"/> Clinic Schedule: <input type="checkbox"/> Fixed/ <input type="checkbox"/> Rotational Type of specialist services available: <input type="checkbox"/> OBGY, <input type="checkbox"/> Pediatrics, <input type="checkbox"/> Medicine, <input type="checkbox"/> Dermatology, <input type="checkbox"/> Ophthalmology, Others _____
60. UHNDs Conducted:	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, no. of UHND conducted per month _____
61. Special Outreach camps conducted:	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, no. of UHND conducted during last quarter _____ Type of specialties provided during special outreach camps: _____

Sub-Centre (SC) Level Checklist

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

Indicator	Remarks/ Observation
1. List of Services available	
2. Condition of infrastructure/ building Please comment on the condition and tick the appropriate box	Comments: <input type="checkbox"/> 24*7 running water facility <input type="checkbox"/> Facility is geriatric and disability friendly <input type="checkbox"/> Clean functional toilets available (separate for M/F) <input type="checkbox"/> Drinking water facility available <input type="checkbox"/> OPD waiting area has sufficient sitting arrangement <input type="checkbox"/> ASHA rest room is available <input type="checkbox"/> Drug storeroom with rack is available <input type="checkbox"/> Branding <input type="checkbox"/> Specified area for Yoga / welfare activities <input type="checkbox"/> Power backup
3. Biomedical waste management practices	

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

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

Indicator	Remarks/ Observation
<ul style="list-style-type: none"> Status of availability of Drug Kits (Check for PCM/ Amoxicillin/ IFA/ ORS/ Zinc/ IFA Syrup/ Cotrimoxazole) 	
<ul style="list-style-type: none"> ASHA Incentives: Any Time lag /Delay in Payment after submission of voucher. 	
<ul style="list-style-type: none"> ASHA is aware about provision of incentives under NTEP 	
35. Number of Village Health & Sanitation days conducted in last 6 months	
36. Incentives:	<ul style="list-style-type: none"> Performance Incentives is disbursed to CHOs on monthly basis: <input type="checkbox"/>Yes/ <input type="checkbox"/>No Team-based incentive being disbursed for all HWC staffs: <input type="checkbox"/>Yes/ <input type="checkbox"/>No
37. Frequency of VHSNC/ MAS meeting	
38. Whether CHOs and HWC staffs are involved in VHSNC/ MAS meeting	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
39. Maintenance of records on	<ul style="list-style-type: none"> TB cases: <input type="checkbox"/>drug sensitive/ <input type="checkbox"/>drug resistant cases/ <input type="checkbox"/>both Malaria cases: <input type="checkbox"/>Yes/ <input type="checkbox"/>No Palliative cases: <input type="checkbox"/>Yes/ <input type="checkbox"/>No Cases related to Dengue and Chikungunya: <input type="checkbox"/>Yes/ <input type="checkbox"/>No Leprosy cases: <input type="checkbox"/>Yes/ <input type="checkbox"/>No
40. How much fund was received and utilized by the facility under NHM?	Fund Received last year:
	Fund utilized last year:
	Items/ Activities whose expenditure is met out of the RKS/ Untied Fund regularly:
	Reasons for underutilization of fund (if any)
41. Availability of ambulance services in the area	
<ul style="list-style-type: none"> How many cases from the Sub Centre were referred to PHC in last month? 	Number: Types of cases referred out:
42. Key challenges observed in the facility and the root causes	
Challenge	Root causes

Community level Monitoring Checklist

Name of Village/ slum visited	
Whether the sub centre/ U-PHC is in the same village/ slum area	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
Details of nearest public health facility	Facility name: Facility type: Distance:
Accessible from nearest road head	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
Date of Visit	

Indicator	Please comment
43. Health seeking behavior Preferred health facility for primary, secondary and tertiary healthcare services <ul style="list-style-type: none"> • Public or Private? • If private, reason for not preferring public facilities 	
44. Lifestyles (tobacco, alcohol, substance abuse and physical activity level) and living conditions (Indoor air pollution, use of solid fuel, use of iodized salt, drinking water, hygiene and sanitation, ODF Status)	
45. Access to health: drugs, diagnostics, referral transport	
46. Behavior of health service providers	
47. Out of Pocket expenditure in public health facilities	
48. Coverage, Knowledge and skills of ASHA as perceived by the community	
49. Support, supervision, training and payment of incentives of ASHA (as per discussion with ASHAs)	
50. Availability of services for Immunization, ANC, PNC, AH counselling, Contraceptive services, Nutrition counselling and preferred facilities for each	
51. Screening for common NCDs (HT, DM) and preferred facilities for seeking treatment	
52. Screening for Leprosy, TB and preferred facilities for seeking treatment	
53. Availability of services for treatment of Malaria, Dengue, Kala-azar, Chikungunya, JE, Filaria, Fluorosis, rabies etc.	
54. Preferred facilities for emergency services (Burn, Accidents etc.)	
55. Preferred facilities for: <ul style="list-style-type: none"> • Eye ailments (eg. Cataract) • Dental ailments (e.g. for toothache, denture, RCT etc.) 	
56. Screening for 4Ds (by RBSK Team) at schools and Anganwadi centre	
57. Key challenges observed in the community and the root causes	
Challenge	Root causes
a)	
b)	