



Ministry of Health & Family Welfare  
Government of India



## REPORT

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

#### CENTRAL DELHI DISTRICT



Submitted by

Dr. William Joe and Dr. Saroj Kumar

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

June 2022

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## ACKNOWLEDGMENTS

The monitoring and evaluation of the National Health Mission (NHM) of program implementation plan (PIP) in Central Delhi district was successfully completed with the help and cooperation from the Department of Health & Family Welfare of Government of NCT of Delhi. We are thankful to the Office of the Chief District Medical Officer (CDMO), Central Delhi, the NHM officials and staff in Central Delhi and the support extended by medical officers and officials from department of health & family welfare of government of NCT of Delhi and the Health Department of the Municipal Corporation of Delhi (MCD).

In particular, we are grateful to Dr. Kalpana Durani, Chief District Medical Officer, Central Delhi district for the support provided to conduct the meetings and monitoring visits to the selected health facilities. We are thankful to Dr. Sunita Meena, Medical Superintendent, Aruna Asaf Ali Government Hospital, Dr. Alka Kohli, Medical Officer-in-Charge (MOIC) of Maternity Home Kamla Nehru, Dr. Neelam Singh (MOIC) of Maternity Home Shakti Nagar, Dr. Dishant Jain, Medical Officer-in-Charge (MOIC) of Maternal & Child Welfare Centre, Nabi Karim, Dr. Rupinder Kaur, Medical Officer of Seed Primary Urban Health Centre (SPUHC), Jagatpur, and Dr. Asma Parveen Medical Officer-In-Charge of DGD Majnu Ka Tilla for facilitating the visits and discussions regarding functioning of the health facilities.

We also duly acknowledge the support provided by the health staff in the selected health facilities. In particular, we would like to thank all the ANMs and ASHAs who described their experiences of service delivery in the community. We are also thankful to the beneficiaries who gave their time for interaction and responded to our questions with enthusiasm.

Finally, we are thankful to Mr. Bharat Singh (District Programme Manager), Mr. J K Tyagi, HMIS Co-ordinator, Mr. Deepak, District Data Manager and Mr. Sukanta Nayak, district ASHA Co-ordinator for the support provided during the monitoring visit.

Last but not the least; we would like to thank the research and administrative staff of the Population Research Centre (PRC Delhi, IEG) for extending all the necessary support and coordination for the completion of this report.

**- Dr. William Joe and Dr. Saroj Kumar**

## ACRONYMS AND ABBREVIATIONS

AFHS	Adolescent Friendly Health Clinic
ANC	Ante Natal Care
ANM	Auxiliary Nurse Midwife
ASHA	Accredited Social Health Activist
AYUSH	Ayurveda, Yoga & Naturopathy, Unani, Siddha and Homeopathy
BB	Blood Bank
BCC	Behaviour change communication
BCG	Bacillus Calmette Guerin
BEmOC	Basic Emergency Obstetric Care
BPL	Below Poverty Line
BSU	Blood Storage Unit
CHC	Community Health Centre
CMO	Chief Medical Officer
DEIC	District Early Intervention Centre
DH	District Hospital
DHQ	District Health Quarter
DOTS	Directly Treatment Strategy
DPMU	District Programme Management Unit
DPT	Diphtheria Pertussis Tetanus
DWH	District Women Hospital
EmOC	Emergency Obstetric Care
F-IMNCI	Facility based Integrated Management of Neonatal and Childhood Illness
FRU	First Referral Unit
HBNC	Home Based New Born Care
HIV	Human Immunodeficiency Virus
HMIS	Health Management Information System
HWC	Health & Wellness Centre
ICDS	Integrated Child Development Services
IEC	Information Education & Communication
IFA	Iron & Folic Acid
IMEP	Infection Management and Environment Plan
IPD	Indoor-Patients Department
IPHS	Indian Public Health Standards
IUCD	Intra Uterine Contraceptive Device
JSSK	Janani Shishu Suraksha Karyakaram
JSY	Janani Suraksha Yojana
KMC	Kangaroo Mother Care
LaQshya	Labour room Quality improvement initiative

LHV	Lady Health Visitor
LSAS	Life Saving Anaesthesia Skill
MCH	Maternal and Child Health
MCTS	Mother and Child Tracking System
MOIC	Medical Officer In-Charge
MCD	Municipal Corporation of Delhi
NBCC	New Born Care Corner
NBSU	New Born Special Unit
NGO	Non-Government Organization
NHM	National Health Mission
NLEP	National Leprosy Eradication Programme
NPCB	National Programme for Control of Blindness
NPCC	National Program Coordination Committee
NRC	National Rehabilitation Centre
NRHM	National Rural Health Mission
NSSK	Navjat Shishu Surksha Karyakram
NSV	Non-Scalpel Vasectomy
NUHM	National Urban Health Mission
NVBDCP	National Vector Borne Disease Control Programme
NVHCP	National Viral Hepatitis Control Programme
OBG	Obstetrics Gynaecologist
OCP	Oral Contraceptive Pill
OPV	Oral Polio Vaccine
ORS	Oral Rehydration Solution
PFMS	Public Financial Management System
PHC	Primary Health Centre
PIP	Programme Implementation Plan
PPIUCD	Post-Partum Intra-utérine Contraceptive Devise
RKS	Rogi Kalyan Samiti
RNTCP	Revised National Tuberculosis Control Programme
RTI	Reproductive Tract Infection
SBA	Skilled Birth Attendant
SNCU	Special Newburn Care Unit
SPUHC	Seed Primary Urban Health Centre
STI	Sexually Transmitted Infection
U5MR	Under 5 Mortality Rate
VHND	Village Health and Nutrition Day

## EXECUTIVE SUMMARY

The Ministry of Health and Family Welfare (MoHFW), Government of India has assigned Population Research Centre (PRC) the task of quality monitoring of essential components of National Health Mission (NHM) State Programme Implementation Plan (PIP 2022-23). This report of Population Research Centre, Institute of Economic Growth, Delhi (PRC-IEG) presents the key findings from the concurrent monitoring of essential components of under NHM in Central Delhi. The report provides information on coverage of services, constraints in service delivery and utilization of health services by the population in the catchment area.

The report is prepared on the basis of visits to the following public health facilities in Central Delhi: District Hospital Aruna Asaf Ali, MCD Maternity Home Kamla Nehru, MCD Maternity Home Shakti Nagar, MCW Nabi Karim, Seed-PUHC Jagatpur and DGD Majnu Ka Tila. Meetings were held with the Chief District Medical Officer (CDMO) and the NHM Nodal Officials. Interactions were also held with the Medical Officer-in-Charge (MOIC) of the selected facilities, health care providers (ANM, ASHAs etc.) to understand the strengths and weakness of the facilities in service provisioning. Health Management Information System (HMIS) data was verified for the District Hospital Ranking data validation purposes.

### Key findings

**Maternal and child health and nutrition:** Central Delhi has high proportion of institutional births (92%) but there is a need to ensure full coverage of ANC registration in first trimester and four ANC visits. The average out of pocket expenditure per delivery in public health facility was Rs. 2313/- which can be further reduced through improved availability of drugs and diagnostic services. In Central Delhi, 44.8% women are overweight or obese (BMI > 25.0 kg/m<sup>2</sup>) which is emerging as a major concern in public health.

**District NHM health financing:** The overall expenditure under NHM Central Delhi is Rs 1609.4 lakhs. The bulk of the budget is allocated under RCH + NDCPs flexipool at Rs 1274.8 lakhs followed by NUHM at Rs 389.2 lakhs. The NCD Flexipool shows the least expenditure (Rs 4.8 lakhs). Under RCH / NDCPs flexipool 69.1% of the budget is spent for human resources under NHM. Similarly, 40.9% of the NUHM budget is for human resources.

**District health infrastructure:** A total of 11 district hospital are functioning in central district but only 6 have a monthly delivery load of more than 50 cases. There are two Maternity Homes (Kamla Nehru and Shakti Nagar) in the district but both have less than 20 deliveries per month. A total of 71 Seed Primary Urban Health Centre (S-PUHC) are operational and provide services like OPD, immunization, ANC check-up and family planning counselling.

**District human resources for health:** The district has a total of 737 sanctioned regular positions of doctors and specialists out of which 31% are vacant. A total of 170 sanctioned position are available for contractual doctors and specialists and out of this 96.5% are in-position. 12 positions are outsourced for AYUSH care and physiotherapy. Overall, Central Delhi has a vacancy of 20% under the paramedical, clinical and health support workers. 60% of the regular sanctioned positions for sanitary worker are vacant and the work is outsourced.

**Status of NHM programmes:** The JSY has weak implementation status in Central Delhi. This is associated with factors such as low JSY incentive for urban areas, limited interest among beneficiaries, inadequate documentation and high proportion of migrants. However, all the delivery points in the district implement JSSK (except drop back facility). The PMSMA activities are conducted at PHC / PUHC equivalent facilities. Major NCD programmes such as NPCDCS, NPCBVI, NPHCE, NPPCD, and NTCP were functional in Central Delhi. The district is working on Quality Assurance Programmes (LaQshya and Kayakalp).

**Observations on Aruna Asaf Ali district hospital:** The 100-bedded facility is yet to fully reach the pre-COVID levels in delivery care. There are provisions for diet support and other facilities for delivery care through JSSK funds. The DH receives maintenance grant and Kayakalp grant from NHM. The DH was in the process of shifting its banking arrangements to be consistent with the requirements of the District NHM office.

**Observations on maternity homes:** In order to optimize staff and service delivery, the MCD maternity homes are merged with co-located polyclinics. The maternity homes have low delivery load with MH Kamla Nehru yet to resume delivery care post-COVID. Both MH reported shortage of water supply especially during summer season. There was no power back up arrangement in the facility. The computer system / printer for data entry required upgradation for speed and efficiency. There was no functional quality improvement programme at facility level (LaQshya). There was no registration for JSY payments. No drop back facility available under JSSK.

**Observations on PHC equivalent facilities:** The facilities served the community through ANM outreach for ANC services. Family planning services was available at both the facilities. The lab tests from the S-PUHC was referred to Mohalla clinic whereas MCD referred tests to the polyclinic. The ASHAs associated with the ANMs at the centre have initiated the HBYC activities. The MCW centre had new formulation of IFA 60 mg tablets to be given to pregnant women to improve anemia. MCW Centre had IFA syrup (children 6-59 months) and digital hemoglobinometers. The S-PUHC don't have IFA syrup or digital hemoglobinometers.

**Observations on DGD Majnu Ka Tila:** The DGD was co-located in the Delhi Urban Shelter Improvement Board premises along with a night-shelter. The DGD staff reported security issues with respect to DGD boards and hoardings. The DGD outer walls and boundaries were unhygienic. The lab test for ANC cases and Covid cases (RAT and RTPCR tests) was conducted in the same room. There was no proper waiting area for the patients despite high OPD load. The Hb testing was referred to Mohalla clinics. There was no functional digital Hb meter with the facility. There was no IFA 60 mg tablet or IFA syrup for distribution.

**Health concerns and services perception:** There was a mixed preference in the community for health care services. While low-income households relied on both public sector and the private sector but the quality and certification of private sector was questionable. Chronic diseases such as hypertension and diabetes was common among the older adult population. Alcohol consumption is high in the community. Majority of the households use a common shared toilet. Beneficiaries have highlighted that the frontline workers have limited interaction with them. There is a greater need to improve the time allocation and quality of counselling services. ASHAs do not necessarily accompany the beneficiary for the antenatal or delivery care. Some community members preferred dry ration over the hot cooked meal provided at the AWC.

## **Main recommendations**

**Conduct sensitization workshops for nodal officials about NHM programs:** The public health care system in Delhi is managed by multiple authorities and departments. It is important for the State NHM Officials to disseminate information on NHM for collaborations in programme implementation. The sensitization can focus on merits such as funding and HR provisions for implementation of national flagship programmes. The District Health Action Plan (DHAP) should be strengthened with orientation of district officials (including Medical Superintendent) on the PIP planning process for each programme. This is important because of the underutilization of the funds in major programmes during the COVID-19 pandemic.

**Undertake regular training and capacity building of health officials:** Training and capacity building for health officers under various programmes such as under RCH, NDCPs, and other departments must be organised on regular basis. The CDMO office in Central Delhi only provides logistical support for several of the programmes (MMU, RBSK, AMB, NDD, etc.) with low supporting supervision for the programmes. The ANMs, ASHAs and the AWWs should be trained to improve the community service delivery practices. Counselling services as well as clinical services indicators that are used for program reviews are currently too customary and does not adequately capture the skill set and performance of the frontline workers.

**Improve facility and community level implementation of AMB:** The Delhi government facilities (DGDs and PUHCs) currently do not have adequate stock of IFA syrup for under-five children under Anemia Mukh Bharat (AMB). Regular testing of pregnant women should be strengthened. There is a high number of anemia cases among pregnant women across the visited health facilities. Moreover, the haemoglobin levels show only minor improvements over the course of the pregnancy. In this regard, it is important to improve the consumption of IFA tablets during pregnancy. The ASHAs can be incentivized for efforts toward reducing anemia.

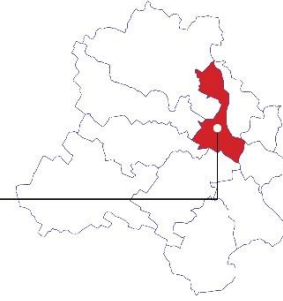
**Strengthen convergence mechanism between health and WCD departments:** The convergence of maternal and child health and nutrition services should be improved for ensuring wellbeing through a continuum of care approach. Currently, the WCD department relies heavily on MPC cards for releasing incentives under the PMMVY. However, there are gaps in data quality and correspondence in case of indicators of nutritional status of women and children.

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

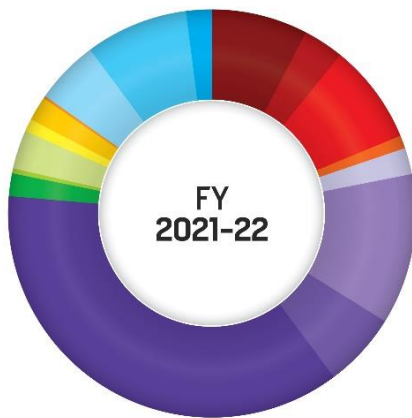
**Launch of national programmes for various NCDs:** While some of the major NCD programmes such as the NPCDCS, NPCBVI, NPHCE, NPPCD, and NTCP were functional but it is important to strengthen these programmes in the post-COVID situation. Also, these services should be implemented at all designated facilities. The district should engage with state government to launch major national programmes on NCD to reduce the mounting burden of NCDs and NCD risk factors in the national capital.



# NHM-PIP MONITORING CENTRAL DELHI DISTRICT HIGHLIGHTS



## Budget Share in Total Approval, NCT of Delhi



● Service Delivery - Facility Based	7.6%
● Service Delivery - Community Based	3.2%
● Community Interventions	8.0%
● Untied Fund	1.0%
● Infrastructure	2.1%
● Procurement	12.0%
● Referral Transport	5.9%
● Human Resources	36.6%
● Training and Capacity Building	1.8%
● Reviews, Research, Surveys and Surveillance	0.4%
● IEC/BCC	3.1%
● Printing	1.0%
● Quality Assurance	1.9%
● Drug Warehousing and Logistics	0.2%
● PPP	5.1%
● Programme Management	8.1%
● IT Initiatives for strengthening Service Delivery	0.0%
● Innovations (if any)	2.0%

INR **463.6 cr**  
PIP Budget (Proposed)

INR **430.6 cr**  
ROP Budget (Approvals)  
**(92.8%** of the PIP budget)

## Key MCH Indicators, Central Delhi



**92.2%**  
Institutional Births



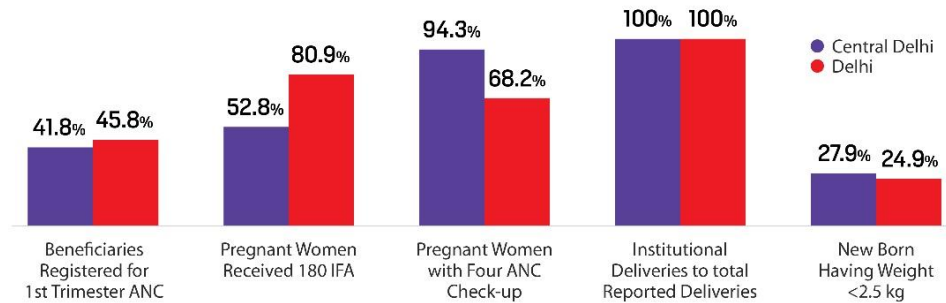
**94.1%**  
Full Immunization Coverage



**73.1%**  
Mother who had Four ANC Visits

Source: NFHS 2019-21

## Key HMIS Indicators, Central Delhi



The Central Delhi district has to improve coverage of IFA supplementation among pregnant women. Every fourth delivery case is of low-birth weight babies and it needs greater focus on strengthening antenatal care and nutrition.

Source: Estimates based on HMIS Data (Central Delhi) FY 2021-22

## District Hospital

### 📍 Aruna Asaf Ali Government Hospital

The Aruna Asaf Ali government hospital is a 100-bedded facility. The number of delivery cases at the DH is again improving after the Covid-19 impact but the levels are yet to match the pre-Covid situation. The C-section services are provided but owing to competing opportunities and varied interests the DH finds it difficult to retain specialist doctors and surgeons to further strengthen the delivery care services.

Financial transactions from NHM funds were affected as the DH was in the process of shifting its banking arrangements as per the new requirements of the District NHM office. It was also felt that the process of listing signatory authorities for financial matters can be expanded to include more than two nodal officials to ensure timeliness of payments during contingent situations. From an administrative perspective, the Medical Superintendent should be regularly provided information on new NHM programs and features that can be implemented at the DH level.

## Maternity Homes

### 📍 Kamla Nehru and Shakti Nagar

In case of co-located facilities, the Maternity Homes are merged with MCD polyclinic for administration and service delivery. While this is facilitating pooling of resources but some of the dedicated staff of the maternity home are now providing services for the two facilities combined. In such settings, the pregnant women for ANC cases have to now utilize testing and pharmacy services from the polyclinic though it would be prudent to plan these services for greater convenience of beneficiaries.

The MH have very low delivery case load which is primarily associated with vast network of tertiary care facilities (including private sector) in the district. This, however, provides an opportunity for strengthening other MCH services and allows scope for considering provisioning of other NHM services through these facilities. These facilities also need to actively participate for NQAS certification.

## Primary Health Centres

### 📍 MCWC Nabi Karim and S-PUHC Jagatpura

The diagnostics and testing arrangements varied across the PHC set up in the district. For instance, some centres had in-house diagnostics for anemia with digital hemoglobinometers but others referred testing to Mohalla Clinics in the vicinity. Provisioning of IFA syrup for children (6-59 months) was also inadequate in some facilities. However, Home Based Young Child (HBYC) Program has been introduced in the district and ASHAs are being trained for the HBYC services.

## Sub-Centre

### 📍 DGD Majnu Ka Tila

The facility surroundings was dense and the outside premises unhygienic and was deemed unsafe for IEC and signboards as there was high chances of those being damaged or stolen. There was no proper waiting area for the patients. The lab test for routine ANC check-ups and suspected Covid-19 cases was conducted in the same room. The Hb testing was referred to Mohalla clinics. There was no functional digital Hb meter with the facility. There was no IFA 60 mg tablet or IFA syrup for distribution.

## Recommendations

- **Regular sensitization and communication with nodal officials of all departments:** Since the public health care system in Delhi is managed by multiple authorities and departments it necessitates a dynamic administrative environment for program implementation. The State NHM Officials should regularly sensitize the nodal officials of all the various departments (DH, MCD, CGHS, ESIS etc.) on scope and opportunities for implementing NHM programs.
- **Strengthening implementation of Anemia Mukht Bharat program:** The Delhi government facilities (DGDs and PUHCs) currently do not have adequate stock of IFA syrup for under-five children. The status can be reviewed and necessary arrangements for procurement and supply could be initiated. Also, efforts for testing anemia prevalence and control among children under-five can be reviewed for implementation as per the AMB guidelines. The ASHAs can be incentivized for efforts toward reducing anemia prevalence during pregnancy and also among children under-five.
- **Boost convergent action between health and WCD departments:** The WCD department relies heavily on MCP card data for verifying conditionality associated with release of PMMVY incentives. However, there are gaps in data quality and correspondence in case of indicators of nutritional status of women and child beneficiaries. The measurement reporting and monitoring of nutritional status of children through MCP card should be emphasized in training of frontline workers.
- **Action on NQAS, LaQshya and Kayakalp assessments:** All the public health facilities in Delhi should actively participate and initiate action for assessments and certification under NQAS, LaQshya and Kayakalp initiatives. While some of these activities are performed more regularly such as the (Kayakalp) but facilities are lagging in terms of their performance and assessment activities to meet the criteria specified under NQAS and LaQshya guidelines.

# 1. INTRODUCTION

## 1.1. Background and objectives

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

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

The report also provides insights on the status of utilization of health care services under NHM by the population in facility catchment areas. The report is expected to help NHM programme officials and health policymakers to comprehend the status of service delivery in Central Delhi and assess the gaps and challenges for further improvements in service delivery.

The specific objectives of the study are as follows.

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

The report is prepared on the basis of field – based observations and visits to the following public health facilities in Central Delhi: District Hospital Aruna Asaf Ali, MCD Maternity Home Kamla Nehru, MCD Maternity Home Shakti Nagar, MCW Nabi Karim, Seed-PUHC Jagatpur and DGD Majnu Ka Tila. Structured checklist was used to collect information on human resources, infrastructure, funds utilization, training, health care services including drugs and equipment's, family planning, disease control programmes and other programmes under the umbrella of NHM including the National Urban Health Mission (NUMH) activities.

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

**Table 1.1.** List of institutions and facilities visited, Central Delhi

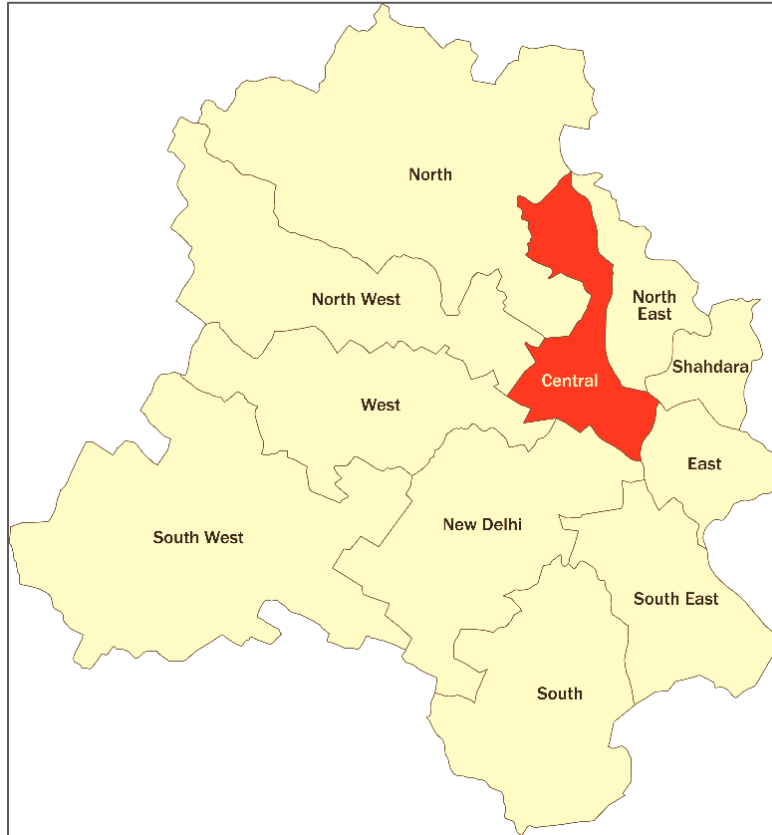
<b>Institution and facilities</b>	<b>Contact Person</b>
Chief District Medical Officer	Dr. Kalpana Virmani
Medical Superintendent, Aruna Asaf Ali Hospital, Central Delhi	Dr. Sunita Meena
District Immunization Officer	Dr. Meenu
Medical Officer In-Charge, Maternity Home, Kamla Nehru	Dr. Alka Kohli
Medical Officer In-Charge, Maternity Home, Shakti Nagar	Dr. Neelam Singh
Medical-Officer in Charge, MCW Centre, Nabi Karim	Dr. Dishant Jain
Medical Officer, Seed Primary Urban Health Centre, Jagatpur	Dr. Rupinder Kaur
Medical Officer, Delhi Government Dispensary, Majnu Ka Tilla	Dr. Asma Parveen
District Programme Manager	Mr. Bharat Singh
District HMIS Coordinator	Mr. J K Tyagi
District ASHA Coordinator	Mr. Sukanta Nayak
District Accounts Manager	Ms. Geeta

## 1.2. Demographic profile

Delhi is the capital of India and the city shares its boundary with two states; Haryana and Delhi. Delhi was declared as a state under the National Capital Territory (NCT) in 1992. There are 11 districts and 33 Tehsils / sub divisions in Delhi. It has a length of 51.9 km and breadth of 48.5 km. It is located in India's seismic zone-IV, an indication of its vulnerability to major earthquakes. As per the Census of India 2011, the total population of Delhi is enumerated to be 16.8 million with a high population density of 11,320 persons per square km as compared to the national population density of 382 persons per square km.

Delhi is one of the fastest growing cities in the country. The population growth in the urban areas during 2001-11 was observed at 20.4%. The expansion of non-agricultural activities and the pace of urbanization has reduced the number of villages in Delhi from 300 in 1961 to 112 in 2011. The number of urbanized villages has increased from 20 in 1961 to 135 in 2011. According to Census 2011, about 97.5% of the population of Delhi live in urban areas and the remaining 2.5% in rural areas. This urban population includes the population of 110 census towns as per the Census of India 2011.

**Figure 1.** Outline map of NCT of Delhi and Central Delhi district, India



Note: Not to scale

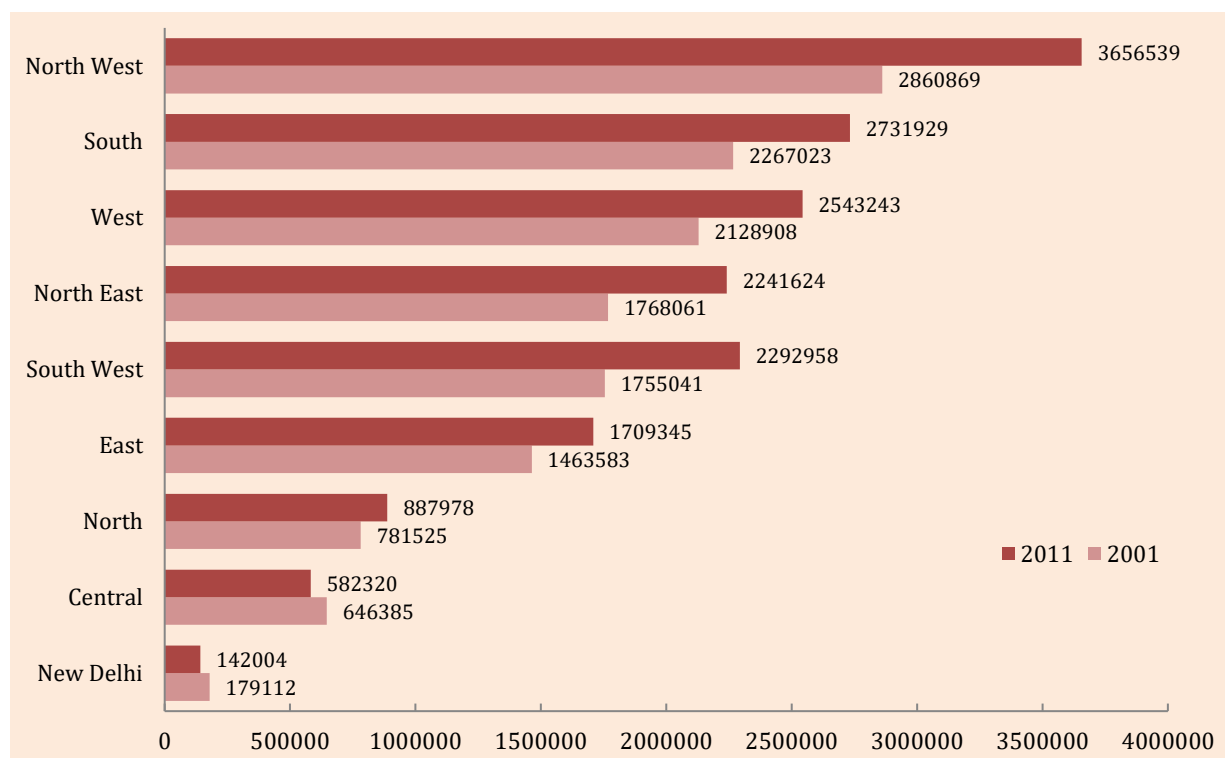
At the time of Census of India 1991, Delhi was a single district territory. In 1996, the Government of NCT Delhi, created nine districts and 27 sub-divisions. The Census of India (2011) provides the following highlights for the district.

**Table 1.2.** Key demographic indicators for Central Delhi, Delhi and India, 2011

Indicators	Central Delhi	Delhi	India
Actual Population	582320	16,787,941	1,21,05,69,573
Male	307821	8,987,326	6,231,843
Female	274499	78,00615	58,74,47,730
Child sex ratio (0-6 year)	905	871	914
Sex ratio	892	868	943
Literacy rate (%)	85.1	86.2	74.0
Male literacy rate (%)	87.5	90.9	80.9
Female literacy rate (%)	82.5	80.8	64.6
Decadal population growth (%)	9.9	21.2	17.7
Density/Km <sup>2</sup>	27730	11320	382
Area (in sq. Km.)	21	1483	3287240

Source: Census of India, 2011

**Figure 2.** District wise population of Delhi, Census 2001 to 2011



Source: Census of India, 2011

### 1.3. Maternal and child health and nutrition

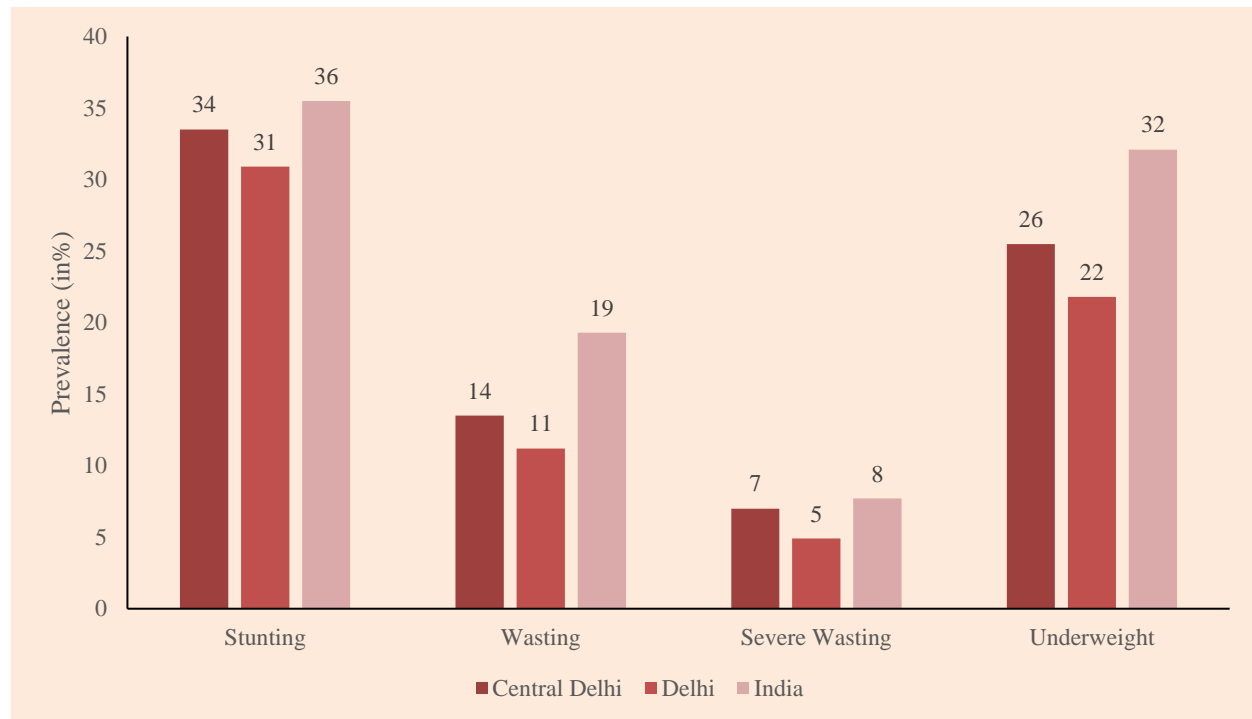
As per NFHS 2019-21, in Central Delhi 70.4% mothers had antenatal check up in the first trimester and 73.1% had undertaken at least four ANC visits. IFA consumption for 100 days or more was reported at 62.2% during pregnancy and 43.3% mother consumed IFA 180 days or more when they were pregnant. A total of 92.2% births took place in institutional facilities with 69.3% births happening across public health facilities. Of the total births, 90.9% births were assisted by a skilled birth attendant whereas 25.3% births were through caesarean section (public sector 20.2% and private sector 49.4%). About 84.9% mothers received postnatal care from doctor or other skilled health personnel. The average out of pocket expenditure per delivery in public health facility was Rs. 2313.

In Central Delhi, 82.1% children age 12-23 months are fully immunized (BCG, measles, and 3 doses each of polio and DPT). The coverage of 3 doses of polio is 84.4% and the coverage of 3 doses of Hepatitis B vaccine is 87.2%. 48.8% children age 9-35 months have received vitamin A dose in the last 6 months. The district has high prevalence of diarrhoea in the last two weeks prior to the survey among children (11.0%). In 2019-21, there was no information available about children received oral rehydration solution and children under age 5 years is received Zinc.

In Central Delhi, 10.4% women in the age group 15-49 years have a low body mass index (BMI < 18.5 kg/m<sup>2</sup>). In addition, 44.8% women are overweight or obese (BMI > 25.0 kg/m<sup>2</sup>). Anemia is noted as a major concern among women in Central Delhi. A total of 44.6% women age groups

15-49 years are anemic. The anemia prevalence among non-pregnant women is 45.1%. However, no information is available on anemia prevalence among pregnant women in Central Delhi. The prevalence of high blood sugar among women is 4.5% and hypertension (slightly above normal with systolic 140-159 mm of Hg and/or diastolic 90-99 mm of Hg) is 15.7% among those 15 years and above.

**Figure 3.** Child undernutrition (0-5 years) in Central Delhi, NFHS-5 (2019-21)



Source: NFHS 2019-21

In Central Delhi, 33.5% children under five years are stunted, 25.5% are underweight and 13.5% are wasted including 7.0% with severe wasting. With a prevalence of 70.3%, anemia is also a major concern among children. Only 18.2% children age 6-23 months are estimated to receive an adequate diet as per NFHS 2019-21. The practice of important interventions such as breastfeeding within one hour of birth is 47.6% which is very low and exclusively breastfed estimates is unavailable for children in Central Delhi NFHS 2019-21 factsheet.

#### 1.4. Family planning services

Education has an important influence on family planning. As per NFHS-5 (2019-21), in Central Delhi, 83.5% women are literate and 57.1% women have 10 or more years of schooling. In Central Delhi, 11.2% of women aged 20-24 years were married before the age of 18 years. About 4.0% women age 15-19 years were already mother or pregnant at the time of the survey. The use of any modern method of contraception was 49.8% with female sterilization having 17.6% coverage and 22.9% reported using of condoms. Use of IUD/PPIUD (5.7%) and pills (2.1%) is also low. Male sterilization is negligible at 0.6%. Overall, the total unmet need for family planning was 9.4% including a 3.3% unmet need for spacing and 6.1% unmet need for limiting.

## 1.5. HMIS service delivery indicators

In Central Delhi, 41.8% of the ANC registrations occur in the first trimester and 94.3% pregnant women receive four or more ANC check-up. The coverage of 180 IFA tablets among pregnant women is 52.8% and is lower than state average of 80.9%. In the district, 100% births are institutional deliveries with C-section deliveries accounting for 40.5% of the total institutional births. The HMIS report shows that 71.1% of the new-born are breastfed within the first hour of the birth. About 27.9% of the births are categorized as low birth weight babies (below 2.5 kg). The district reported a total of 81 maternal deaths during 2020-21. The number of infant deaths reported is 45 whereas the number of still births reported is 544. Female sterilization is dominant method of family planning in the district.

**Table 1.3.** Maternal and child health indicators, Central Delhi, HMIS 2021-22

HMIS indicators 2021-22	Central Delhi	Delhi
<b>1. Maternal Health</b>		
% of beneficiaries registered for 1 <sup>st</sup> trimester to total ANC registration	41.8	45.8
% of pregnant women with 4 or more ANC check-ups	94.3	68.2
% of pregnant women given 180 IFA to total ANC registrations	52.8	80.9
% Pregnant women given 360 calcium tablets	51.8	80.2
<b>2. Institutional and Home Deliveries</b>		
% of institutional deliveries to total reported deliveries	100.0	100.0
% of institutional deliveries to total ANC registrations	75.9	46.4
% of C-Section deliveries to total institutional deliveries	40.5	34.9
% of women received 1st post-partum check-up after delivery	71.6	45.0
<b>3. New-born and Child Health</b>		
% of new-born weighted to total live birth	97.6	97.3
% of new-born breastfed within 1 hour of birth to total live birth	71.1	67.6
% of new-born having weight less than 2.5 kg to total live birth	27.9	24.9
No of children admitted in NRC	231	550
% of children discharged with target weight gain from NRC	56.3	49.1
Number of children (9-11 months) fully immunized	24359	254760
<b>4. Family Planning</b>		
% of male sterilization to total sterilization	3.9	2.7
% of female sterilization to total sterilization	96.1	97.3
% of IUCD insertion to total institutional deliveries	33.9	35.7
Total Sterilization conducted	1294	11596
<b>5. Mortality Indicators</b>		
Maternal death	81	644
Child (1-5 years) death	32	939
Infant (1-12 months) death	45	2601
Still Birth	544	4088

Source: HMIS, 2021-22

## 2. NHM BUDGET AND FINANCES

### 2.1. Record of proceedings, NHM Delhi

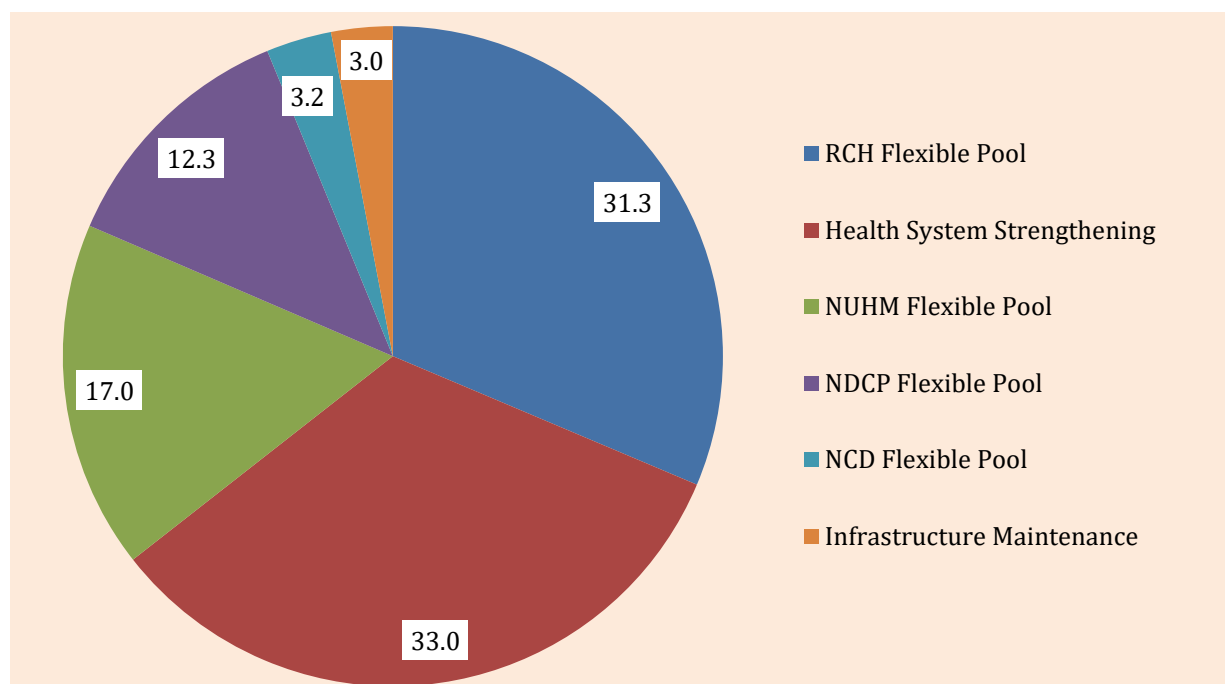
For the financial year (FY) 2021-22, against a resource envelope of Rs. 299.40 Crore (calculated assuming state share of 40%), Delhi received administrative approval for an amount of Rs. 430.60 Crore. The total support from Government of India is Rs. 147.14 Crore whereas the state share of 40% works out to be Rs. 119.76 Crore.

The resource envelope for FY 2021-22 consists of union government's support of Rs. 147.14 Crore for flexible pool allocation including cash and kind, Rs.27.04 Crore for incentive pool based on last year's performance and Rs. 5.46 Crore for infrastructure maintenance.

The breakup of the total resource envelope shows that Rs. 56.30 Crore is allocated for RCH Flexible Pool (including Routine Immunization (RI), Intensified Pulse Polio Immunization (IPPI), National Iodine Deficiency Disorders Control Programme (NIDDCP), Rs. 59.37 Crore is allocated for Health System Strengthening (HSS) under NHM. Thus, the GOI contribution toward total NRHM-RCH Flexible Pool works out to be Rs. 115.67 Crore.

The GOI contribution toward NUHM Flexible Pool, National Disease Control Programme (NDCP) Flexible Pool and Non-Communicable Disease (NCD) Flexible Pool is Rs. 30.61 Crore, Rs. 22.15 Crore and Rs. 5.75 Crore, respectively. Within NDCP Flexible Pool, bulk of the resources is allocated for NTEP activities.

**Figure 4.** Flexipool-wise share (%) of resource envelope, Delhi 2021-22



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

**Table 2.1.** Breakup of resource envelope, NHM FY 2021-22, Delhi

S.No.	Particulars	Amount (in lakh)	Percent	State share (in lakh)
		(GoI Share)	(GOI Share)	
1	RCH Flexible Pool (including RI, IPPI, NIDDCP)	56.30	31.3	
1(i)	RCH Flexible Pool (including RI, IPPI, NIDDCP) Cash Grant Support	39.49		
1(ii)	RCH Flexible Pool (Kind Grant Support under Immunization)	16.81		
2	Health System Strengthening (HSS) under NRHM	59.37	33.0	
2(i)	Other Health system Strengthening covered under NRHM	53.88		
2(ii)	Ayushman Bharat-Health & Wellness Centres Under NUHM	0.00		
2(iii)	ASHA Benefit Package	5.49		
	Total NRHM-RCH Flexible Pool	115.67		
3	NUHM Flexible Pool	30.61	17.0	
3(i)	Other Health System Strengthening covered under NUHM	30.61		
3(ii)	Ayushman Bharat-Health & Wellness Centers under NUHM	0.00		119.76
4	NDCP Flexible Pool (NTEP, NVHCP, NVBDCP, NLEP, IDSP)	22.15	12.3	
4(i)	NVBDCP (Cash & Kind)	0.55		
4(ii)	NTEP (Cash & Kind)	17.96		
4(iii)	NVHCP (Cash & Kind)	1.37		
4(iv)	NLEP	0.85		
4(v)	IDSP	0.90		
4(vi)	National Rabies Control Programme (NRCP)	0.52		
4(vii)	Programme for Prevention and Control of Leptospirosis (PPCL)	0.00		
5	NCD Flexible Pool (NPCB, NMHP, NPHCE, NTCP, NPCDCS, NPCCHH, PMNDP)	5.75	3.2	
6	Infrastructure Maintenance (including Direction and Administration)	5.46	3.0	
	Total Resource Envelope	179.64	100%	119.76
	Grand Total Resource Envelope (Central Allocation + State Share)	299.40		

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

**Table 2.2.** Summary of budget approval, 2021-22, (Rs. in Lakhs), Delhi

FMR	Budget head	Total amount proposed	Total amount approved	share of total approvals	% approved to proposed	
1	U.1	Service Delivery - Facility Based	3190.72	3111.85	7.62	97.53
2	U.2	Service Delivery - Community Based	2438.8	1309.81	3.21	53.71
3	U.3	Community Interventions	2754.74	3246.75	7.95	117.86
4	U.4	Untied Fund	418.5	418.5	1.02	100.00
5	U.5	Infrastructure	1361.55	856.55	2.1	62.91
6	U.6	Procurement	5842.85	4886.67	11.97	83.64
7	U.7	Referral Transport	2421.93	2421.93	5.93	100.00
8	U.8	Human Resources	15618.28	14929.39	36.56	95.59
9	U.9	Training and Capacity Building	817.43	735.51	1.8	89.98
10	U.10	Reviews, Research, Surveys and Surveillance	133.21	159.61	0.39	119.82
11	U.11	IEC/BCC	1464.61	1249.03	3.06	85.28
12	U.12	Printing	444.4	414.46	1.01	93.26
13	U.13	Quality Assurance	831.48	786.09	1.93	94.54
14	U.14	Drug Warehousing and Logistics	83.15	83.15	0.2	100.00
15	U.15	PPP	2069	2067	5.06	99.90
16	U.16	Programme Management	4121.87	3324.78	8.14	80.66
17	U.17	IT Initiatives for strengthening Service Delivery	19.2	19.2	0.05	100.00
18	U.18	Innovations (if any)	2332.44	813.34	1.99	34.87
Grand total			46364.16	40833.62	100	88.07
Total amount approved						40833.62
Infrastructure maintenance						546
Immunization kind grants						1681
Grand total approved including MI and Immunization kind grants FY 2021-22						43060.62

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

## 2.2. District financial management report, Central Delhi

For FY 2020-21, the expenditure are categorized into 4 Flexipool (RCH+NDCPS, NUHM, NHM, and NCD) Plus COVID-19 budget. The four flexipool budget are disaggregated into 18 major budget heads. The overall expenditure under NHM Central Delhi is Rs 1609.4 lakhs. The bulk of the budget is allocated under RCH + NDCPs flexi-pool at Rs 1274.8 lakhs followed by NUHM at Rs 389.2 lakhs. The NCD Flexipool shows the least expenditure (Rs 4.8 lakhs).

**Table 2.3.** Summary of budget expenditure, Central Delhi 2021-22

S.No	Budget Heads	RCH+NDCP	NCD	NUHM	COVID	NHM
1	Service delivery facility based	175.8	0.03	6.3	-	176.7
2	Service delivery community based	1.1	0.61	0.1	-	1.7
3	Community interventions	40.5	0.00	69.1	-	57.9
4	Untied fund	0.0	0.00	0.0	-	0.0
5	Infrastructure	0.2	0.00	11.1	-	11.4
6	Procurement	35.7	0.00	3.5	-	37.0
7	Referral transport	0.1	0.00	0.0	-	0.1
8	Human resource	880.7	0.00	159.1	-	1039.8
9	Training and capacity building	0.5	0.00	0.0	-	0.5
10	Reviews, research, surveillance	0.1	0.00	0.0	-	0.1
11	IEC/BCC	7.1	0.71	0.0	-	7.8
12	Printing	4.5	0.00	0.0	-	4.5
13	Quality assurance	0.0	0.00	2.2	-	2.2
14	Drug ware house and logistic	6.8	0.00	0.0	-	6.8
15	PPP	0.0	3.46	0.0	-	3.5
16	Programme management	121.7	0.00	137.7	-	259.4
17	IT initiatives for service delivery	0.0	0.00	0.0	-	0.0
18	Innovations	0.0	0.00	0.0	-	0.0
A	Total	1274.8	4.8	389.2	-	1609.4
	Operational cost of covid-19 vaccination				7.30	
	Logistics & PPE				0.09	
	Cold chain & vaccine distribution				1.32	
	IEC activities				4.12	
	Monitoring				0.02	
	Contingency				1.75	
	India covid-19 emergency response and health systems preparedness package (ECRP-I)				2791.95	
B	Total				2806.56	

Source: NHM FMR Central Delhi, 2021-22

The key budget heads that contribute to the total expenditure on flexipool are service delivery – facility-based, human resources, community interventions, and programme management and procurement. Under the NCD Flexipool, a total of Rs 3.46 lakh has been spent under PPP for the reimbursement for cataract operation to an NGO and for services of private practitioners.

A total of Rs.2806.56 lakhs has been spent under the Emergency COVID-19 response plan. Due to the COVID-19 pandemic, less expenditure was incurred on outreach activities including the IEC/BCC activities, printing etc. Relatively less expenditure is incurred on untied funds for the health facilities and referral transport services.

Under RCH / NDCPs flexipool 69.1% of the budget is spent for human resources under NHM. Similarly, 40.9% of the NUHM budget is also spent on human resources. Community interventions (17.8%) and programme management (35.4%) activities account for major share of NUHM expenditure.

**Table 2.4.** Share of expenditure by budget heads, Central Delhi 2021-22

S.No	Budget Heads	RCH+NDCP %	NCD %	NUHM %	NHM %
1	Service delivery facility based	13.8	0.7	1.6	11.0
2	Service delivery community based	0.1	12.6	0.0	0.1
3	Community interventions	3.2	0.0	17.8	3.6
4	Untied fund	0.0	0.0	0.0	0.0
5	Infrastructure	0.0	0.0	2.9	0.7
6	Procurement	2.8	0.0	0.9	2.3
7	Referral transport	0.0	0.0	0.0	0.0
8	Human resource	69.1	0.0	40.9	64.6
9	Training and capacity building	0.0	0.0	0.0	0.0
10	Reviews, research, surveillance	0.0	0.0	0.0	0.0
11	IEC/BCC	0.6	14.8	0.0	0.5
12	Printing	0.4	0.0	0.0	0.3
13	Quality assurance	0.0	0.0	0.6	0.1
14	Drug ware house and logistic	0.5	0.0	0.0	0.4
15	PPP	0.0	71.8	0.0	0.2
16	Programme management	9.5	0.0	35.4	16.1
17	IT initiatives for service delivery	0.0	0.0	0.0	0.0
18	Innovations	0.0	0.0	0.0	0.0
A	Total	100.0	100.0	100.0	100.0

Source: NHM FMR Central Delhi, 2021-22

## 3. PUBLIC HEALTH PLANNING AND IMPLEMENTATION

### 3.1. Health infrastructure and facilities

The National Capital Territory (NCT) of Delhi has made significant progress in improving the health status of its people. Delhi has made substantial progress in building reliable health infrastructure at various levels. The NCT of Delhi has been at the forefront of health care development. Basic tertiary health care services are being provided by the public and private sectors and voluntary organizations. Integrated management of health services has helped tide over the critical phase of the COVID-19 pandemic.

Health care delivery system in Delhi has been re-organized as per order dated 25.07.2015 in the following manner (Economic Survey of Delhi, 2021-22): 1) Mohalla Clinics (*Aam Aadmi Mohalla Clinics*), 2) Multi-Specialty Clinics (polyclinics), 3) Multi-Specialty Hospitals (earlier called Secondary Level Hospitals), 4) Super Specialty Hospitals (earlier called Tertiary Level Hospitals).

**Table 3.1.** Health infrastructure status, Delhi 2021-22

Health Agency	Type of Facilities	Number	Functional bed
Delhi Government	District Hospital	28	9717
CGHS	District Hospital	4	4315
MCD	District Hospital	4	1897
ESI	District Hospital	4	1500
Railway	District Hospital	1	422
Others	District Hospital	1	100
Autonomous	District Hospital	5	2376
NDMC	District Hospital	1	150
<b>Total</b>	<b>District Hospital</b>	<b>48</b>	<b>20477</b>
Delhi Government	Sub-District Hospital	4	209
MCD	Community Health Centre	23	307
Delhi Government	Community Health Centre	2	8
Railways	Community Health Centre	1	16
CGHS	Community Health Centre	1	20
<b>Total</b>	<b>Community Health Centre</b>	<b>27</b>	<b>351</b>
Delhi Government	DGD-PHC	174	Not Available
Delhi Government	Seed-PUHC	60	Not Available
Delhi Government	Polyclinic-PHC	25	Not Available
<b>Total</b>	<b>Primary Health Centre</b>	<b>259</b>	<b>-</b>
Delhi Government	Health Sub Centre	512	Not Available
MCD	Health Sub Centre	112	Not Available
CGHS	Health Sub Centre	11	Not Available
<b>Total</b>	<b>Health Sub Centre</b>	<b>635</b>	<b>-</b>

Source: HMIS Facility Master Report, Delhi 2021-22

As of December 2021, there are 38 Multispecialty and Super Specialty Hospitals, 175 Allopathic Dispensaries, 520 Aam Aadmi Mohalla Clinics, 29 Polyclinics, 60 Seed Primary Urban Health Centers (PUHCs), 49 Ayurvedic, 22 Unani, 108 Homeopathic Dispensaries, 22 Mobile Clinics, covering 78-day shelters & 311-night shelters and 61 School Health Clinics are providing preventive, promotive and curative health care services to the citizens of Delhi (Economic Survey of Delhi, 2021-22).

**Table 3.2.** Operational health facilities, Central Delhi 2021-22

Facility Details	Sanctioned / Planned	Operational
1. District Hospitals	11	11
1a) No. of DH conducting > 50 deliveries /month	-	6
1b) No. of DH conducting C-section	-	6
2. Community Health Centres (CHC)/ Maternity Home (MH)	2	2
2a) No. of CHCs / MH conducting > 20 deliveries /month	-	0
3. Primary Health Centres (PHC) / Seed-PUHC	71	71
3a) No. of 24X7 PHCs conducting > 10 deliveries /month	-	0
4. Sub Centres (SC) / DGD Hospital	82	82
4a) No. of SCs conducting >3 deliveries/month	-	0
5. Special New-born Care Units (SNCU)	2	2
6. Nutritional Rehabilitation Centres (NRC)	2	2
7. District Early intervention Centre (DEIC)	0	0
8. First Referral Units (FRU)	0	0
9. Blood Bank	4	4
10. Blood Storage Unit (BSU)	0	0
11. No. of PHC converted to HWC	NA	NA
12. No. of U-PHC converted to HWC	NA	NA
13. Number of Sub Centre converted to HWC	NA	NA
14. Designated Microscopy Centre (DMC)	29	29
15. Tuberculosis Units (TUs)	7	7
16. CBNAAT/ TruNat Sites	9 CBNAAT; 9 TrueNat	9 + 9
17. Drug Resistant TB Centres	6	6
18. Functional NCD Clinic at DH	0	0
19. Functional NCD Clinic at CHCs	0	0
20. Institutions with ultrasound facilities (Public + Private)	6 + 0	6 + 0

Source: District Performa, Central Delhi, NHM PIP monitoring visit June 2022

A total of 11 district hospital was functioning in central district, out of which only 6 district hospital was conducting more than 50 deliveries per month including C-section. Maternity Home is functioning equivalent to the Community Health Centre nomenclature in Delhi. Only two Maternity Homes (Kamla Nehru and Shakti Nagar) was functioning in the district. However, both the maternity home have a delivery load of less than 20 deliveries per month.

A total of 71 Seed Primary Urban Health Centre (S-PUHC) are operational and provide general services like: OPD, immunization, ANC check-up and family planning services at the centre. There is no delivery service facility was available in the Seed-PUHC. On the other hand, 82 sub-health centres are functioning in the district. For sick and low birth weight babies, two SNCU and NRC are available in the district.

District Early Intervention Centre (DEIC) is not available in the district. Four blood bank facility is available in the district. For screening and testing of sputum regarding the tuberculosis, district have 29 designated Microscopy Centre that are functional and seven tuberculosis units have been also established in the district.

Further, nine CBNAAT and TruNat sites are available for collection of sputum for testing. No NCD clinic service is operational in the district. However, such services are provided through the general services at the hospital and also through the Mohalla Clinic. In Central district, six ultrasound facilities were available at public health institutions.

### **3.2. Human resources for health**

The human resource profile of the Central Delhi as per the HMIS information is presented herewith. In case of doctors and specialists, a total of 737 sanctioned regular positions are available out of which a total 507 positions are filled (69% in-position). A total of 320 sanctioned positions pertain to casualty doctors and general duty doctors (medical officers). However, only 73% of the positions are occupied whereas 88 positions are vacant under this category. Further, a total of 170 sanctioned position are available for contractual doctors and specialists. Out of this a total 164 positions are filled (96.5% in position). The portal also shows 13 outsourced positions sanctioned against which 12 positions are occupied. The outsourcing is mainly for AYUSH doctors and for physiotherapists.

In case of paramedical, clinical support and health workers a total of 4029 regular positions, 154 contractual positions and 63 outsourced positions are noted. Out of this 3228, 188 and 67 positions are occupied under regular, contractual and outsourced categories, respectively. Overall, Central Delhi finds a vacancy of 20% under the paramedical, clinical and health support workers category. It may be noted that there is more than 100% recruitment in case of contractual and outsourced positions. The data from HMIS therefore can validated for the overall status of sanctioned and in-position human resources for health. It is also worth noting that more than half of the regular positions are for Staff Nurse (2683) followed by hospital worker (535), lab technician (137) and pharmacist (121).

Managerial staff for health and health care plays an important role for supporting and delivery of services. In Central Delhi a total of 106 regular, 7 contractual and 6 outsourced positions are sanctioned for the managerial support services. Out of this a total of 59, 12 and 20 staff is appointed under regular, contractual and outsourced services, respectively. There is a vacancy

of 44% under the regular category whereas over-hiring than sanctioned position is noted for contractual and outsourced position. The outsourced positions are mainly to support computer operations and registration activities.

Finally, other health related staff mainly functioning for support services such as cleaning, maintenance (plumbing and electricity) has a sanction for total of 874 regular positions, 24 contractual and 827 outsourced position. It is worth noting that 60% of the regular sanctioned positions for sanitary worker are vacant. Accordingly, a major proportion of the work under maintenance is outsourced in the form of sanitation services and hospital security.

**Table 3.3.** Doctors and specialist staff, Central Delhi 2021-22

Designation	Regular		Contractual		Outsourced	
	Sanction	In-Position	Sanction	In-Position	Sanction	In-Position
Anesthetist (Regular / trained)	47	25	0	0	0	0
Blood Bank / Lab Technician	18	22	0	0	0	0
Blood Bank / Doctor (Pathology)	2	2	0	0	0	0
Casualty / GD (Medical Officer)	320	232	25	29	2	2
Dental Surgeon	9	4	0	2	0	0
Dermatologist / Venereologist	8	5	0	1	0	0
ENT Surgeon	11	10	0	1	0	0
Eye Surgeon	0	0	0	0	0	0
Forensic Specialist	4	3	0	0	0	0
General Duty MO AYUSH	0	0	0	1	5	4
General Surgeon	0	0	0	0	0	0
Junior Resident	29	15	45	71	0	0
Medical Specialist	54	46	0	1	0	0
Microbiologist	10	6	0	0	0	0
Obstetrician/Gynecologist	44	29	0	0	0	0
Ophthalmologist	32	24	0	1	0	0
Orthopedician	10	8	2	2	0	0
Pathologist	0	0	0	0	0	0
Pathologist / BB In-charge	12	9	0	0	0	0
Pediatrician	17	11	0	1	0	0
Physician	0	0	0	0	0	0
Physiotherapist	24	18	0	0	6	6
Psychiatrist	1	1	0	0	0	0
Radiologist	13	4	0	0	0	0
Senior Resident	54	24	98	54	0	0
Specialist of AYUSH	0	0	0	0	0	0
Surgery Specialists	20	11	0	0	0	0
<b>Total</b>	<b>739</b>	<b>509</b>	<b>170</b>	<b>164</b>	<b>13</b>	<b>12</b>

Source: HMIS Infrastructure and HR Report, Delhi 2021-22

**Table 3.4.** Clinical support and health workers, Central Delhi 2021-22

Designation	Regular		Contractual		Outsourced	
	Sanction	In-Position	Sanction	In-Position	Sanction	In-Position
ANM (Health Worker-Female)	8	7	32	24	1	4
Assistant Matron	2	2	0	0	0	0
Audiometrician	3	1	0	0	0	0
AYUSH practitioner	12	12	4	4	0	0
Blood Bank / Storage Technician	1	1	0	0	0	0
CMS / Hospital Superintendent	8	7	0	0	0	0
Community Health officer (CHO)	1	0	4	4	1	1
Dark Room Assistant	8	4	0	0	0	0
Dietician	16	12	0	0	0	0
ECG Technician	28	19	0	0	0	0
Health Assistant	8	8	1	1	0	0
Health Educator	24	19	1	1	0	0
Health Worker (Male)	3	2	29	32	2	3
Hospital Superintendent	3	3	0	0	0	0
Hospital worker (OP/OT/ward)	535	387	0	3	34	34
Infection Control Nurse	1	14	0	0	0	0
Lab Attendant (Hospital)	86	62	0	0	0	0
Lab Technician	27	25	17	18	0	0
Lab Technician (Blood Bank)	137	99	2	3	0	0
LT Dermatology/STD/Leprosy	3	3	0	0	0	0
Maternity assistant (ANM)	6	1	0	0	0	0
Matron	2	2	0	0	0	0
MRO / Technician	10	5	0	0	0	0
Ophthalmic Assistant	19	8	0	0	2	2
OT Assistant	78	69	0	0	20	20
Pharmacist	121	99	1	4	0	0
Pharmacist / compounder	87	82	11	11	0	0
Radiographer	84	62	0	0	0	0
Social Worker / Counsellor	6	2	0	0	1	1
Staff Nurse	2683	2203	52	83	2	2
Statistical Assistant	19	8	0	0	0	0
<b>Total</b>	<b>4029</b>	<b>3228</b>	<b>154</b>	<b>188</b>	<b>63</b>	<b>67</b>

Source: HMIS Infrastructure and HR Report, Delhi 2021-22

**Table 3.5.** Managerial staff and workers, Central Delhi 2021-22

Designation	Regular		Contractual		Outsourced	
	Sanction	In-Position	Sanction	In-Position	Sanction	In-Position
Account Manager	1	1	0	0	0	0
Account Officer	3	3	0	0	0	0
Accountant	1	1	0	0	0	0
Assistant	5	0	0	0	0	0
Assistant / Computer Operator	29	5	0	1	0	14
Environmental Officer	1	1	0	0	0	0
Junior Administrative Officer	2	1	0	0	0	0
Junior Assistant / Typist	31	20	0	4	0	0
Manager (Adm. & Procurement)	2	1	0	0	0	0
Office Assistant	1	0	0	0	0	0
Office Superintendent	5	3	0	0	0	0
Record Clerk	1	1	0	0	0	0
Registration Clerk	23	21	7	7	6	6
Waste Management Officer	1	1	0	0	0	0
<b>Total</b>	<b>106</b>	<b>59</b>	<b>7</b>	<b>12</b>	<b>6</b>	<b>20</b>

Source: HMIS Infrastructure and HR Report, Delhi 2021-22

**Table 3.6.** Other staff and workers, Central Delhi 2021-22

Designation	Regular		Contractual		Outsourced	
	Sanction	In-Position	Sanction	In-Position	Sanction	In-Position
Class IV	118	101	22	19	21	21
Driver	33	24	0	3	0	0
Electrician	1	1	0	0	4	5
Peon	27	15	0	0	0	0
Plumber	1	0	0	0	4	4
Sanitary Worker	541	213	0	32	339	247
Security Staff*	148	113	0	1	341	244
Sweeper	5	9	0	0	118	118
Voluntary worker	0	0	2	2	0	0
<b>Total</b>	<b>874</b>	<b>476</b>	<b>24</b>	<b>57</b>	<b>827</b>	<b>639</b>

Source: HMIS Infrastructure and HR Report, Delhi 2021-22

A total of 499 ASHAs were working in the district whereas 510 ASHAs are required as per the population norm whereby each ASHA can serve a population of 1500-2500 persons. Social benefit schemes was implemented on October, 2018 for ASHAs and ASHA facilitators meeting the eligibility criteria to be covered under the Pradhan Mantri Jeevan Jyoti Bima Yojana (Accident Insurance), the age criteria is 18-50 years and annual premium of average Rs. 330 will be paid by the government. ASHAs and ASHA Facilitators with age criteria between 18-70 years are

covered under the Pradhan Mantri Suraksha Bima Yojana (Life Insurance) scheme where government pays an annual premium of Rs. 12 per beneficiary. The details of ASHAs and ASHA Facilitators enrolled under the Pradhan Mantri Suraksha Bima Yojana (Life Insurance) scheme in Central district of Delhi is provided herewith. A total of 278 ASHAs were covered under the Pradhan Mantri Jeevan Jyoti Bima Yojana and 380 under the Pradhan Mantri Suraksha Bima Yojana in Central district.

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

**Table 3.7.** Key indicators for ASHA and ASHA facilitators, Central Delhi 2021-22

Sl.No.	Key indicators	Number
1	Status of ASHAs	
1.1	Required as per population	510
1.2	Selected ASHAs	499
1.3	ASHAs covering more than 1500 (rural)/ 3000 (urban) population	499
1.4	Villages/ slum areas with no ASHA	NA
2	Status of social benefit scheme for ASHAs and ASHA Facilitators	
2.1	ASHAs enrolled for Pradhan Mantri Jeevan Jyoti Bima Yojana (PMJJBY)	278
2.2	ASHA Facilitator enrolled for PMJJBY	NA
2.3	ASHAs enrolled for Pradhan Mantri Suraksha Bima Yojana (PMSBY)	380
2.4	ASHA facilitator enrolled for PMSBY	NA
2.5	ASHAs enrolled for Pradhan Mantri Shram Yogi Maandhan Yojana (PMSYMY)	14
2.6	ASHA facilitator enrolled for PMSYMY	NA
3	Status of Mahila Arogya Samitis (MAS)	
3.1	MAS Formed	9
3.2	MAS Trained	9
3.3	MAS account opened	9
4	Status of Village Health Sanitation and Nutrition Committee (VHSNC)	
4.1	VHSNC Formed	NA
4.2	VHSNC Trained	NA
4.3	VHSNC account opened	NA

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

## 4. NHM PROGRAMMES AND INTERVENTIONS

### 4.1. RMNCH + A services

The Janani Suraksha Yojana has a weak implementation status in the Central Delhi district. This is associated with factors such as low JSY incentive for urban areas, limited interest among beneficiaries to claim JSY, inadequate documentation and high proportion of migrant population. However, all the delivery points in the district implement the Janani Shishu Suraksha Karyakram (JSSK). The PMSMA activities are conducted at the PHC / PUHC equivalent facilities. The Central Delhi district has SNCU with a capacity of 61 in-radiant warmer and 34 KMC units. A total of 1964 inborn and 133 out born admissions are reported in 2021-22.

**Table 4.1.** RMNCH+A programmes status, Central Delhi 2021-22

Intervention / Activities	Indicator status	
Janani Shishu Suraksha Karyakram (JSSK)	<ul style="list-style-type: none"> <li>• Total Delivery Points: 9</li> <li>• Facilities where free diet is available for PW: 9</li> <li>• Facilities where lab is functional for basic tests for PW: 9</li> </ul>	
Pradhan Mantri Surakshit Matritva Abhiyan (PMSMA)	<ul style="list-style-type: none"> <li>• Health facilities where current round of PMSMA was conducted:               <ol style="list-style-type: none"> <li>a. Medical College: 0</li> <li>b. DH: 5</li> <li>c. SDH: 1</li> <li>d. CHC/UCHC: 2</li> <li>e. PHC/UPHC: 52</li> <li>f. Private Clinics: 0</li> </ol> </li> </ul>	
Special New-born Care Units (SNCU)	<ul style="list-style-type: none"> <li>• In-radiant warmer: 61</li> <li>• Stepdown care: 8</li> <li>• Kangaroo Mother Care (KMC) unit: 34</li> <li>• Non-functional radiant warmer for more than a week: 14</li> <li>• Non-functional phototherapy unit for more than a week: 0</li> </ul>	
	Inborn	Out born
Admissions	1964	133
Discharged	1730	118
Defects at birth	96	0
Referral	32	4
LAMA	22	4
Died	144	4
Home Based New-born Care (HBNC)	<ul style="list-style-type: none"> <li>• Total number of ASHA: 500</li> <li>• Total New-born visited under HBNC: 5414</li> <li>• ASHAs with drug kits: 480</li> <li>• Total no. of ASHAs with HBNC Kits: 455</li> </ul>	
Maternal and Child Deaths	Number of maternal deaths reported at (2021-22): 85 <ul style="list-style-type: none"> <li>• DH-80, SDH-0, CHC-0, PHC-3, SC-2</li> </ul> Number of Neonatal Deaths: 90 (FY 2021-22) Number of Total Child Deaths: 466 (FY 2021-22)	

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

The 500 ASHAs of the district have conducted a total of 5414 HBNC visits. 480 ASHAs have drug kits and 455 ASHAs have HBNC kits. In 2021-22, a total of 85 maternal deaths are reported in the Central Delhi district. Out of this 5 deaths are reported at PHC and SC equivalent facilities. 80 cases of maternal deaths are reported at the DH equivalent health facilities. The district also reports a total 466 child deaths in FY 2021-22 out of which a total of 90 neonatal deaths are reported.

## 4.2. National nutrition programmes

In the year 2021-22, a total of 228 children were admitted at the Nutritional Rehabilitation Centres (NRCs). Out of which, 215 were discharged, four children each were referred to other facilities and took a leave against medical advice (LAMA). There were zero deaths occurred in the year. Of the total children admitted, majority of them had WHZ <-3SD (n=128) and MUAC <115cm (n=122). Only 14 had bilateral pitting oedema.

Admitted SAM children also were suffering from other co-morbidities such as diarrhoea (n=113), Acute Respiratory Infection (ARI)/Pneumonia (n=65), tuberculosis (n=4), fever (n=134), nutrition related disorder (n=64), and others (n=50). Eighty-two of the admitted SAM children were referred by frontline worker and 18 were by Paediatric ward/emergency.

**Table 4.2.** Status of NRC services, Central Delhi 2021-22

<b>Nutrition Rehabilitation Centres (NRC)</b>	<b>Numbers</b>
Total admission (2021-22)	228
Discharged	215
Referral / Medical transfer	4
LAMA	4
Died	0
<b>Admissions in NRC by Cause</b>	
Bilateral pitting oedema	14
Mid-Upper Arm Circumference (MUAC) <115 mm	122
<-3SD Weight-for-Height	128
With Diarrhoea, ARI/Pneumonia, TB, HIV, Fever	113+65+4+0+134
Nutrition-related disorder	64
Others	50
<b>Referred by</b>	
Frontline worker	82
Self	0
VCDC / CTC	0
RBSK	NA
Paediatric ward / emergency	18

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

### 4.3. Communicable diseases programmes

Under National Tuberculosis Elimination Programme (NTEP), the target TB notification from all medical practitioners, hospitals, laboratories, and chemists (government, private and NGOs) in 2021-22, was achieved to be at 83%. Of the total TB patients notified, patients with known HIV status was 84%. Of the total TB patients seeking care, 44% were eligible for Universal Drug Susceptibility Testing (UDST). Under the programme, drugs for both drug sensitive and drug resistance TB were made available. Public sector notified a total number of 7290 TB patients to local health authorities while private sector notified only 2375 patients. Of the total notified cases, treatment success rate was almost 75% for both public and private sector. Number of MDR TB patients identified were 240 cases and 91% from public and 82% from private initiated treatment among MDR patients.

**Table 4.3.** NTEP, NLEP and IDSP services, Central Delhi 2021-22

<b>1. National Tuberculosis Elimination Programme (NTEP)</b>	
<ul style="list-style-type: none"> <li>• Target TB notification achieved: 83%</li> <li>• Whether HIV Status of all TB patient is known: No</li> <li>• If No, % of TB patients with known HIV status: 84%</li> <li>• Eligible TB patients with UDST testing: 44%</li> <li>• Whether drugs for both drug sensitive and drug resistance TB available: Yes</li> </ul>	<ul style="list-style-type: none"> <li>• No of patients notified: 7290</li> <li>• Treatment success rate: 74%</li> </ul>
<ul style="list-style-type: none"> <li>• Patients notification from public sector</li> </ul>	<ul style="list-style-type: none"> <li>• No. of MDR TB Patients: 215</li> <li>• Treatment initiation among MDR TB patients: 91%</li> <li>• No of patients notified: 2735</li> <li>• Treatment success rate: 76%</li> </ul>
<ul style="list-style-type: none"> <li>• Patients notification from private sector</li> </ul>	<ul style="list-style-type: none"> <li>• No. of MDR TB Patients: 25</li> <li>• Treatment initiation among MDR TB patients: 82%</li> </ul>
<b>2. Implementation of National Leprosy Eradication Programme (NLEP)</b>	
<ul style="list-style-type: none"> <li>• No. of new cases detected: 67</li> <li>• No. of G2D cases: 14</li> <li>• MDT available without interruption: Yes</li> <li>• Reconstructive surgery for G2D cases being conducted: Yes</li> <li>• MCR footwear &amp; self-care kit available: Yes</li> </ul>	
<b>3. Integrated Disease Surveillance Programme (IDSP)</b>	
<ul style="list-style-type: none"> <li>• Rapid Response Team (RRT) Constituted: Yes</li> <li>• Team Composition:</li> <li>• Proportion of private health facilities reporting weekly data on IDSP: 80%</li> <li>• Outbreaks investigated:</li> <li>• 2020-21 and 2021-22: No due to COVID-19</li> </ul>	

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

Under National Leprosy Eradication Programme, 67 new cases were detected, out of which 14 were Grade 2 Disabilities (G2D) cases. The supply of Multi Drug therapy (MDT) was available without interruption throughout, reconstructive surgery for G2D cases are being conducted and

MCR footwear and self-care kit are available under the programme. Rapid response team are being constituted under the Integrated Disease Surveillance Programme (IDSP). Eighty percent private health facilities are reporting weekly data on IDSP. Due to COVID-19 pandemic, outbreak investigations has been temporarily halted since 2019-2020.

#### 4.4. Non-communicable diseases programmes

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

**Table 4.4.** Status of NCD programmes under NHM, Central Delhi 2021-22

Non-Communicable Diseases Programme	Status of Implementation	Key activities performed as per RoP 2021-22
1. National Programme for prevention & Control of Cancer, Diabetes, Cardiovascular Diseases & stroke (NPCDCS)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
2. National Programme for Control of Blindness & Visual Impairment (NPCBVI)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
3. National Mental Health Programme (NMHP)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
4. National Programme for healthcare of Elderly (NPHCE)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
5. National Programme for the Prevention & Control of Deafness (NPPCD)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
6. National Tobacco Control Programme (NTCP)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Due to COVID-19 no activities in 2021-22
7. National Oral Health Programme (NOHP)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. National Programme for Palliative care (NPPC)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. National Programme for Prevention & Management of Burn Injuries (NPPMBI)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
10. Other Non-Communicable Disease Control Programmes	Specify:	

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

#### 4.5. Other national programmes

The Central Delhi district is working on Quality Assurance Programmes such as LaQshya and Kayakalp. During FY 2021-22 a total of Rs 0.52 lakhs has been utilised for LaQshya certifications and recertification (National & State Certification) under NUHM. Further, Rs 1.69 lakhs has been utilized for the Kayakalp Awards under NUHM. It may be noted that under NUHM the Central Delhi district has utilized Rs. 389.2 lakhs in FY 2021-22. The financial management report shows major utilization under the budget heads human resource (Rs 159.1 lakhs), programme management (Rs 137.7 lakhs) and community interventions (Rs 69.1 lakhs).

## 5. HEALTH FACILITY MONITORING ASSESSMENT

### 5.1. Aruna Asaf Ali Government Hospital

- The Aruna Asaf Ali government hospital is District Hospital equivalent with 100-bedded facility. The number of deliveries are recovering after the Covid-19 impact but the levels are yet to match the pre-Covid situation. The C-section services are provided but the DH reported shortage of specialist doctors and surgeons to further strengthen the services.
- The DH does not have provision for NCD clinic as per the NHM. The NCD clinic also has provisions for HR for the facility. However, this calls for sensitization of all DH Nodal Officials (Medical Superintendent) for the various NHM programs that are implemented through DH facilities for improve uptake and service delivery through these programs.
- There are provisions for diet support for delivery care through JSSK funds. The DH provides all free services such as delivery care, diet, drugs and consumables, diagnostics, blood services, referral transport and drop back services. However, the coverage of referral transport from home to facility and drop back facilities after delivery is negligible.
- The DH reported 3 cases of maternal death in FY 2020-21 and 2 cases of maternal death in FY 2021-22. A total of 36 child deaths is reported in FY 2020-21 and 15 deaths in 2021-22.
- The DH also receives maintenance grant from NHM. Provisions of up to Rs.1000/- per month are available for supporting internet charges with scope for vendor selection based on connection suitability for internet data speed and quality.
- The counselling on family planning services is provided by doctors and ANM. The facility provides condoms, oral pills, Chhaya and sterilization services. FPLMIS is implemented in the facility. The DH also has functional Adolescent Friendly Health Clinic but there was no reporting of adolescents being counselled in the last 6 months.
- A total of 1443 cases of hypertension were confirmed in the facility. In case of diabetes, a total of 22775 cases were screened and a total of 2968 cases were found to be diabetic in 2021-22.
- A total of 146 normal deliveries were performed in May 2022. The DH also performed a total of 23 C-section deliveries.
- The DH was also in the process of shifting its banking arrangements to be consistent with the requirements of the District NHM office. It was felt that the process of listing signatory authorities for financial matters can be expanded to include more than two nodal officials to ensure timeliness during contingent situations.
- The DH received a total of Rs.200,000/- (with previous balance of Rs.43,367/-) during FY 2021-22. Out of the total amount a total of Rs.210,925/- was utilized in FY 2021-22.
- The DH has a RKS with the last meeting being held on Dec 3, 2021.

- The DH reported shortage of skilled HR to support service delivery. It was felt that it is difficult to retain specialists in DH because of greater demand and opportunities in the city. Also, the interests of the specialists vary and some are more inclined toward advanced care.
- The DH officials are entrusted with multiple responsibilities which increases their time commitments for administrative matters and also to some extent can affect patient care and service delivery.
- The DH is working on LaQshya and Kayakalp certification and scoring. The state has outsourced the solid waste management activities to an agency (SMS Water Grace BMW Ltd). The DH has a dedicated Medical Records Department with adequate staff for maintenance of hospital records.
- Kayakalp initiative assessment for the DH was conducted and the DH received a score of 95%. However, the DH has not received any award under Kayakalp. LaQshya certification process is also initiated with internal assessment score of 94% for the labour room and 90% for the OT.
- A total of 365 EDL is listed. The DH reported shortage of four EDL drugs including Syp Digene, T Clotrimazole.
- Altogether the DH provides 54 types of lab tests. The DH conducted a total of 483492 tests during the FY 2021-22. However, only portable x-ray machine is working.
- The DH received a total of 34 referral cases from lower level facilities in the last month. The DH referred out a total of 29 cases in May 2022 including 11 emergency cases.

**Table 5.1.** Aruna Asaf Ali DH infrastructure, Central Delhi 2021-22

DH infrastructure indicators	Yes/No
24*7 running water facility	Yes
Clean functional toilets available (separate for Male and female)	Y
Drinking water facility available	Y
OPD waiting area has sufficient sitting arrangement	N
Facility is geriatric and disability friendly (ramps etc.)	N
ASHA rest room is available	N
Drug storeroom with rack is available	N
Power backup (Complete Hospital / Part of the hospital)	Y
Availability of delivery services	Y
If facility is designated as FRU, whether C-section are performed	Y
Functional new-born care corner (radiant warmer neo-natal ambu bag)	Y
PMSMA services provided on 9 <sup>th</sup> of every month	Y
Number of functional in-patient beds	100

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

**Figure 5.** Pictures of Aruna Asaf Ali DH visit, June 2022



Meeting with MS, Aruna Asaf Ali DH



Emergency services, Aruna Asaf Ali DH



Labour room registers, Aruna Asaf Ali DH



Labour room, Aruna Asaf Ali DH



Meeting with MRD, Aruna Asaf Ali DH



PNC ward, Aruna Asaf Ali DH



Radiant warmers, Aruna Asaf Ali DH



Pediatric ward, Aruna Asaf Ali DH

**Table 5.2.** Aruna Asaf Ali DH services, Central Delhi 2021-22

List of services	Yes/No
Medicine	Y
O&G	Y
Paediatrician	Y
General Surgery	Y
Anaesthesiology	Y
Ophthalmology	Y
Dental	Y
Imaging Services (X - ray)	Y
Imaging Services (USG)	Y
District Early Intervention Centre (DEIC)	N
Nutritional Rehabilitation Centre (NRC)	N
SNCU/ Mother and New-born Care Unit (MNCU)	Y
Comprehensive Lactation Management Centre / Lactation Management Unit (LMU)	N
Neonatal Intensive Care Unit (NICU)	Y
Paediatric Intensive Care Unit (PICU)	Y
Labour Room Complex	N
ICU	Y
Dialysis Unit	N
Emergency Care	N
Burn Unit	N
Teaching block (medical, nursing, paramedical)	N
Skill Lab	N
Tele-medicine/Consultation services available	Y

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

**Table 5.3.** Aruna Asaf Ali DH staff, Central Delhi 2021-22

HR Positions	Sanctioned	Regular	Contractual
MO (MBBS)	0	0	0
Medicine (Specialist)	2	2	0
Ob & Gy (Specialist)	3	1	0
Pediatrician (Specialist)	2	2	0
Anesthetist (Specialist)	3	3	0
Surgeon (Specialist)	3	1	0
Ophthalmologist (Specialist)	1	0	0
Orthopedics (Specialist)	2	2	0
Radiologist (Specialist)	2	0	0
Pathologist (Specialist)	2	0	0
Others (Specialist)	0	0	0
Dentist	0	0	0
Staff Nurses/ GNMs	99	82	10
LTs	0	0	0
Pharmacist	8	5	1
Dental Technician/ Hygienist	1	0	1
Hospital/ Facility Manager	0	0	0
EmOC trained doctor	0	0	0
LSAS trained doctor	0	0	0
Others	0	0	0

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

**Table 5.4.** Aruna Asaf Ali DH emergency and OT services, Central Delhi 2021-22

Emergency services	Yes/No	Key information
General emergency	Y	
Facility available for-Triage	Y	
Facility available for-Resuscitation	Y	
Facility available for-Stabilization	Y	
OT services available		
If Yes, types of OT services available		
Single general OT	N	
Elective OT-Major (General)	Y	
Elective OT-Major (Ortho)	Y	
Obstetrics & Gynaecology OT	Y	
Ophthalmology / ENT OT	Y	
Emergency OT	Y	
Other services		
Availability of functional blood bank	N	
Whether blood is issued free or user fee charged	NA	
Biomedical waste management practices	Y	SMS Grace Pvt Ltd
Line listing of high-risk pregnancies	Y	
Whether facility have register for entering births and deaths	Y	
Comprehensive abortion care (CAC) available	Y	
Availability of vaccine and hub cutter	Y	

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

## 5.2. Maternity Homes (CHC equivalent)

### 5.2.1. Maternity Home (Kamla Nehru)

- The facility is merged with MCD polyclinic for service delivery. As a consequence, there is pooling of resources and some of the dedicated staff of the maternity home are now performing joint services for the two facilities. This is on account of optimization of services delivered. The pregnant women for ANC cases have to now utilize testing and pharmacy services from the polyclinic. It was suggested that the pharmacy and testing services be shifted to the MH building.
- The maternity home was functioning with 15 bed and provides normal delivery service and delivery was hampered in COVID-19. It was reported that the facilities will start conduct of delivery care from June 2022 onwards.
- Availability of public facilities in the vicinity leads to lower delivery case load in these facilities. Only 82 normal deliveries were conducted in 2021-22. In case of any complication, women referred to Deep Chand Bandhu hospital which is the referral point.

- Maternity home was provided limited services like; ANC, family planning, adolescent health clinic, HIV counselling and done basic lab test. They also conducted outreach services in their respective area.
- The shortage of water supply observed at the facility especially in summer season. There was no power back up in the facility.
- The facility has no functional computer printer. Also, the computer system for data entry required upgradation for speed and efficiency.
- There was no functional quality improvement programme at the facility level (NQAS, Kayakalp, LaQshya).
- The infrastructure facility of the maternity home requires upgradation. There was complaint of seepage in labour room and other areas of the facility which requires repairs and renovations. There is no power back up at the facility.
- The Radiologist from Hindu Rao Hospital visits the facility three times a week for providing ultrasound services for the ANC cases. It is reported that about 150 ANC cases receive ultrasound services.
- The facility provides adolescent friendly health clinic based counselling to adolescents through a Medical Officer. However, no separate male and female counsellors are available.
- The facility received a total of Rs.150,000/- during the last financial year and out of which a total of Rs.88886/- was utilized till May 2022.

**Table 5.5.** Maternity home specialized services, Central Delhi 2021-22

Maternity home infrastructure	MH Kamla Nehru	MH Shakti Nagar
Medicine	No	No
O&G	No	No
Pediatrician	Yes	Yes, 2 days in week
General Surgery	No	No
Anesthesiology	No	No
Ophthalmology	Yes	No
Dental	NA	No
Imaging Services (X - ray)	No	No
Imaging Services (USG)	Yes	No
Newborn Stabilization Unit	No	No
Tele-medicine/Consultation	No	No
Operation theatre	No	No
Availability of functional blood storage unit	No	No

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

**Figure 6.** Pictures of MH Kamla Nehru and MH Shakti Nagar visit, June 2022



Meeting with MOIC, MH Kamla Nehru

Meeting with MOIC, MH Shakti Nagar

Labour room, MH Shakti Nagar

PNC ward, MH Shakti Nagar

Waiting area, MH Shakti Nagar

Entrance, MH Shakti Nagar

Month	2021		2022		2023	
	DELIVERY	PPIUCD	DELIVERY	PPIUCD	DELIVERY	PPIUCD
JANUARY	10	03	15	Nil		
FEBRUARY	12	01	06	01		
MARCH	13	07	07	02		
APRIL	09	03	08	01		
MAY	12	03	07	03		
JUNE	12	04				
JULY	13	02				
AUGUST	14	03				
SEPTEMBER	15	Nil				
OCTOBER	13	03				
NOVEMBER	11	01				
DECEMBER	16	04				

Service delivery statistics, MH Shakti Nagar

Sl. No.	Name	Gender	Phone No.
1	POOJA RANDEET	F	8130588359
2	SANDHYA PAWAN	F	9510589645
3	SHASHI KOMAR HEMBAI	F	9810265201
4	VAASHALI ANURAG	F	9919132014
5	ABIDA PARVEEN MOHD SHARAF	F	9258612018
6	ARTI DEVI LALIT RAM	M	9929350520
7	SOMVATI HARIJAN BABLU CHOUKI BAR SITADEVI KANHAJIA CHAUDHAR	F	9999404763

Labour room register, MH Shakti Nagar

**Table 5.6.** Maternity home health infrastructure, Central Delhi 2021-22

Maternity home infrastructure	MH Kamla Nehru	MH Shakti Nagar
24*7 running water facility	No	Yes
Facility is geriatric and disability friendly (ramps etc.)	Yes	Yes
Clean functional toilets (separate for Male and female)	No	No
Drinking water facility available	Yes	Yes
OPD waiting area has sufficient sitting arrangement	Yes	Yes
ASHA rest room is available	No	No
Drug storeroom with rack is available	No	Yes

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

### 5.2.2. Maternity Home (Shakti Nagar)

- The labor room was on first floor and can be difficult for pregnant women to climb during delivery care. The scope for improvement in labor room location was minimal and would require re-designing of the ground floor layout.
- The facility tests were referred to Mohalla clinic for tests.
- The MOIC has attempted creating a garden in the facility as part of the Kayakalp initiative. The scope for planting of herbs and flowers and other medicinal plan because of lack of space.
- There was shortage of certain drugs such as folic acid, mesoprost, oxytocin, IV fluids and anti-hypertensive drugs. Also, it was reported that there was irregular supply of essential consumables.
- There was shortage of oxygen concentrator.
- The ultrasound services for pregnant women were also utilized from nearby Mohalla clinic and also from public hospital (Deep Chand Bandhu Hospital)
- Kayakalp assessment was done for the FY 2021-22. The facility score was 70%.
- Internal assessment of NQAS was also performed with a facility score of 65%.
- There was no provision for JSY payments and the registrations are not done. It was partly because of lack of interest among beneficiary as well as partly due to unavailability of documentation support for the JSY payments. Similarly, no transport services were used under JSSK for the delivery care.
- Because of low delivery load in the facility, the provision of diets was done through direct purchasing of food and snacks from outside vendors.

- A total of 25 delivery cases were referred to the Maternity Home from the lower facilities (PHC equivalent). During May 2022, the maternity home also referred a total of 8 cases to DH.
- There is no power back up for the facility. There is provision of 24\*7 water facility with support from electric motor for pumping the water to overhead tanks.
- The facility has received a total of Rs,143,000/- for the financial year 2021-22. Out of this a total of Rs.100,000/- is reported to be utilized so far. The funds underutilization is partly because Kayakalp funds was not utilized because of ongoing shifting process for the bank account to ICICI bank.

**Table 5.7.** Maternity home staff, Central Delhi 2021-22

Staff designation	MH Kamla Nehru			MH Shakti Nagar		
	Sanction	Regular	Contract	Sanction	Regular	Contract
MO (MBBS)	5	2	1	5	2	0
Medicine (Specialist)	0	0	0	0	0	0
OB & Gy (Specialist)	0	0	0	0	0	0
Pediatrician (Specialist)	1	0	1	0	0	0
Anesthetist (Specialist)	0	0	0	0	0	0
Dentist	0	0	0	0	0	0
Staff Nurses/ GNMs	8	1	7	8	5	0
LTs	1	1	0	1	0	1
Pharmacist	1	0	0	1	0	1
Dental Technician/ Hygienist	0	0	0	0	0	0
Hospital/ Facility Manager	0	0	0	0	0	0
EmOC trained doctor	0	0	0	0	0	0
LSAS trained doctor	0	0	0	0	0	0
Others	0	0	0	9	3	4

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

### 5.3. Primary health centre equivalent

#### 5.3.1. MCW centre Nabi Karim

- The MCW Centre Nabi Karim is regarded as a Model Centre for the delivery of health care services for pregnant women and children. The OPD services are functional from 9.00 am to 3.00 pm during Monday to Saturday.
- The facility has a 24\*7 running water facility. The facility is operated at first floor and hence not suitable for geriatric or disabled persons. However, the facility does refer such cases to other facilities. There is functional toilet in the facility along with drinking water facility in the OPD area with adequate sitting arrangement. The facility also has power back up and also branding of the facility is done.

- The MCW centre does not provide delivery services or tele-medicine or consultation services. The biomedical waste management is outsourced to agency.
- The MCW Centre is adequately staffed with all positions sanctioned in place except for 1 ANM and 1 LHV.
- The facility also was assessed for Kayakalp score and has a score of 91.1% in 2021-22. The NQAS assessment was initiated in 2019 but it was not completed due to the COVID-19 outbreak.
- The facility has an IDMS system for drugs or supply chain management which is the portal of the MCD.
- The x-ray and diagnostic services are referred to the MCD polyclinic in the area.
- Line listing of high risk pregnancies is done at the facility.
- In last one month, a total of 5 females and 1 male was referred to LNJP Hospital for sterilization services. The facility provides IUCD services through trained provider. The LHV conducts counselling on family planning services.
- The centre had new formulation of IFA 60 mg tablets to be given for pregnant women to improve anemia. Also, IFA syrup for children 6-59 months was also available at the facility. Digital hemoglobinometers for testing of anemia was also available at the facility.
- In the last three months a total of 28 cases were referred to higher facilities. Some of these cases were related to severe anemia.

**Table 5.8.** Status of PUHC infrastructure, Central Delhi 2021-22

Condition of infrastructure	Seed-PUHC, Jagatpur	MCW-Nabi Karim
Accessible from nearest road head	Yes	Yes
24*7 running water facility	Yes	Yes
Facility is geriatric and disability friendly (ramps etc.)	No	Yes
Clean functional toilets (separate for Male and female)	No	Yes
Drinking water facility available	Yes	Yes
OPD waiting area has sufficient sitting arrangement	Yes	Yes
ASHA rest room is available	No	Yes
Drug storeroom with rack is available	Yes	Yes
Branding of the health facility	No	No
Power backup	No	No

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

**Figure 7.** MCW Nabi Karim, S-PUHC Jagatpur and DGD majnu Ka Tila visit, June 2022



**Table 5.9.** Status of PUHC health staff, Central Delhi 2021-22

HR Positions	S-PUHC Jagatpur			MCW Nabi Karim		
	Sanction	Regular	Contract	Sanction	Regular	Contract
MO (MBBS)	1	0	1	1	1	0
MO (AYUSH)	0	0	0	0	0	0
SNs/ GNMs	0	0	0	0	0	0
ANM	3	1	2	4	3	0
LTs	1	1	0	1	1	0
Pharmacist	1	0	1	0	0	0
Health Manager (NUHM)	0	0	0	0	0	0
LHV/PHN	0	0	0	3	2	0
Others	1	1	0	0	0	0

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

**Table 5.10.** Status of PUHC health services, Central Delhi 2021-22

Drugs and diagnostics services	S-PUHC Jagatpur	MCW Nabi Karim
Availability of list of essential medicines (EML)/ drugs (EDL)	Yes	Yes
EDL/EML display in OPD area	No	No
Implementation of DVDMS	No	Yes
Shortage of 5 priority drugs from EDL in last 30 days, if any	Yes	No
Drugs Available for Hypertension & Diabetic patients	Yes	Yes
Shortage of drugs for Hypertension & Diabetes in last 7 days	Yes	No
Availability of Testing kits/ Rapid Diagnostic Kits	Yes	Yes
Line listing of all high-risk pregnancies	Yes	Yes
Availability of vaccines and hub cutter	Yes	Yes
Availability of trained provider for IUCD / PPIUCD	Yes	Yes
Whether reporting weekly data in P and L form under IDSP	Yes	Yes
Maintenance of Records		
- TB cases (drug sensitive/resistant cases)	No	No
- Malaria cases	No	No
- Palliative cases	No	No
- Dengue and Chikungunya cases	No	No
- Leprosy cases	No	No

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

### 5.3.2. S-PUHC Jagatpur

- The facility serves the community through ANM outreach for ANC services. The S-PUHC is functioning in a rented building with a monthly rent of Rs.18,000/- per month. The payment for the rent is through the NUHM funds.
- The lab tests from the S-PUHC was referred to Mohalla clinic.
- The ASHAs associated with the ANMs at the centre have initiated the HBYC activities.

- Kayakal assessment of the S-PUHC was conducted.
- There was no IFA syrup (6-59 months) available for distribution for anemia prevention.
- Family planning services was available at the facility. Under this services, counselling on education of family planning provided by ANMs and Medical Officer. Provision of contraceptives methods such as Injectable MPA, Nirodh, Chhaya and Mala-N is made at the facility. The facility also motivates and refers beneficiaries for sterilization.
- Counselling on adolescent health services was available at the health facility by ANMs but there is no separate male and female counsellors available at the facility.
- Facility displayed the list of EDL in waiting areas. A total number of 180 drugs in the EDL list. Out of total drugs, only 140 drugs are reported to be available on the day of visit to the facility. Tablets metrogyl 400, lotion calamine, nasal drops, tablet brufen 400, tablet ethamsylate was in short supply.
- Facility was functioning with 1 medical officers, 3 ANMs, 1 LT and pharmacist. The facility has one desktop / laptop with internet connection. All ANMs have functional tablets and smart phones are given to all ASHAs.
- Facility reported that Microscope, centrifuge and colorimeter are non-functional for more than seven days.
- No child death reported in the facility in previous year and one maternal death in the area was reported in 2020-21.
- Facility has vaccine and hub cutter and ASHA / Nurses is aware about open vial policy. In the last three month, a total of 23 new-born immunized with birth dose at the facility.

#### **5.4. Sub-centre equivalent (DGD Majnu Ka Tila)**

- The DGD was co-located in the Delhi Urban Shelter Improvement Board premises along with a night-shelter home.
- The entrance roads to the DGD was congested and clustered and it was difficult for a four-wheeler to enter the premises.
- The DGD staff reported security issues with respect to DGD boards and hoardings. The DGD outer walls and boundaries were unhygienic.
- The lab test for ANC cases and Covid cases was conducted in the same room. There was no proper waiting area for the patients. There is no fixed day NCD clinic but these patients can seek consultation on a daily basis. In the last six months a total 130 pregnancies are screened for hypertension. 61 and 18 cases are screened for oral and cervical cancer, respectively.

- The Hb testing was referred to Mohalla clinics. There was no functional digital Hb meter with the facility. There was no IFA 60 mg tablet or IFA syrup for distribution.
- The facility performed RAT and RTPCR tests. All routine tests were started from 1<sup>st</sup> April 2022 onwards. Some of the tests are performed at the Aam Aadmi Mohalla Clinics.
- The facility does not conduct delivery care services. Hence, no provisions for JSY or JSSK is applicable at the facility. The delivery cases are referred to Aruna Asaf Ali district hospital or Hindu Rao hospital of the MCD.
- Under Kayakalp the facility has received a total funding of Rs. 34090/- out of which the expenditure is reported to be Rs. 30905/- for the FY 2021-22. Under NHM funds the facility has received a total of Rs. 89020/- out of which Rs. 69090/- is utilized. There is no RKS at the facility level.

**Table 5.11.** Status of SC health services and records, Central Delhi 2021-22

<b>Drugs and diagnostics services</b>	<b>DGD-Majnu Ka Tilla</b>
Availability of list of essential medicines (EML)/ drugs (EDL)	Yes
EDL/EML display in OPD area	Yes
Availability of anti-TB drugs at SC	No
Shortage of 5 priority drugs from EDL in last 30 days, if any	Yes
Availability of Testing kits/ Rapid Diagnostic Kits	Yes
Availability of BP instrument	Yes
Availability of Thermometer	Yes
Availability of Contraceptives	Yes
Availability of Glucometer	No
Availability of vaccines and hub cutter	Yes
Availability of micro-plan for immunization	Yes
Follow up of SNCU discharge babies by ASHA	No
Follow up of LBW babies by ASHA	Yes
Line listing of all eligible couple in the area	Yes
Availability of trained provider for IUCD / PPIUCD	Yes
Whether universal screening of NCD has started	Yes
Whether reporting weekly data in S form under IDSP	Yes
Whether CHOs and HWC staffs are involved in VHSNC / MAS meeting	Yes
<b>Maintenance of Records</b>	
Maintenance of records on TB cases (drug sensitive/resistant cases)	No
Maintenance of records on Malaria cases	No
Maintenance of records on Palliative cases	No
Maintenance of records on Dengue and Chikungunya	No
Maintenance of records on Leprosy cases	Yes
Performance based incentives is disbursed to CHOs on monthly basis	No
Team-based incentives is disbursed for all HWC staffs	No

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

## 6. COMMUNITY HEALTH CONCERNS

### 6.1. Insights from community interaction

National Capital of Delhi comprises of 11 districts. Health care services are provided both by public and private hospital. Public health services is responsible by centre and state health department and offered through Aam Aadmi Mohalla Clinic, Delhi Government Dispensary, Seed-Primary Urban Health Centre (Seed-PUHC), Mother & Child Welfare Centre (MCW), Delhi Government Polyclinic, AYUSH Hospital and Multi/Super Specialty Hospital. To implement an effective and quality healthcare service delivery model.

We conducted a focus group discussion to know the overall community perception regarding the accessibility of health facilities available in the district and the lifestyle choices with ASHA workers, ANMs, and local community members. Questions related to knowledge training and incentive were even asked from ASHAs and AWWs. The main purpose was to get valuable insights from the community members and to capture the challenges faced by them while availing the public health facilities and how better the services can be provided.

#### 6.1.1. Health seeking behaviour

On discussion with the community members of (Central district) it was highlighted that the preferred health facility amongst the members of the area was majorly the public health facilities of the Delhi Government or the MCD. The reason being most of them had meagre incomes to survive resulting to which they relied on public facilities as these facilities provided free drugs an diagnostics. However, the preference for private health facilities is when they have to seek treatment in case of emergency situations where there is unavailability of specialist doctors, medicines, diagnostic services which was rarely cited. Some beneficiaries also reported visits to unqualified providers in the vicinity. Complaints of hypertension, diabetes and weakness among the older adults and elderly was noted.

#### 6.1.2. Lifestyle and sanitation environment

During the FGDs conducted at the AWCs, the participants have cited that, the use of alcohol consumption is very much prevalent, both amongst males and females respectively. The consumption of such item is quite widespread amongst such community members of the district. Whereas, on hygiene and sanitation front, majority of the households don't have an in-home toilet in the area, instead the members use a common toilet which is situated outside the area resulting to which the risk of infections increases such as for fungal or bacterial.

Access and utilization of health care services during pregnancy and childbirth is critical in determining the health of both the expectant mother and the unborn child. However, still today children from urban slums of Delhi are noted to have further improvements in the quality of these services. Given the congested and unhygienic conditions it may be difficult to contain infections and the households have to be cautious in ensuring proper care of children. In terms of drinking water, the community members highlighted that the main source of drinking water is through RO or filtered water i.e., installed and is readily available in their homes. Furthermore, iodized salt was being used by the members of the area.

### **6.1.3. Accessibility to drugs, diagnostics, and referral transport**

There was considerable reliance on public health facilities for basic health care needs including drugs and diagnostics. Drugs and medicine for seasonal illness was also taken from local providers who are usually unqualified and used to supply the medicine at reasonable prices. However, there was no greater reliance on public referral transport as most of the beneficiaries manage transport through their own vehicles or via public transport / rickshaws. It was also reported that some of the better-off households access high end private sector facilities.

### **6.1.4. Behaviour of health care providers**

Participants have highlighted that the available frontline workers in the visited area had limited interaction with the households. There was a difference in the envisaged functioning of the frontline workers regarding home visits and counselling. There is a greater need to improve the time allocation toward counselling services by ASHAs, ANMs and the AWWs. Also, the quality of interaction requires further considerations. Often, such interaction with the beneficiaries was much low. It is reported that often the service providers do not have enough time to explain things and also do not provide full information. Nevertheless, the beneficiaries reported the role and quality of the services to be satisfactory. The quality of delivery care at the Aruna Asaf Ali hospital was reported to be good. However, ASHAs do not necessarily accompany the beneficiary for the delivery care.

### **6.1.5. Service provision for the community**

There was also difference in perception regarding availability of take home ration from the Anganwadi centre. Some of the community members preferred the dry ration over the hot cooked meal provided at the AWC. ASHAs, however, have reported that they go door to door for delivery of family planning services, take suspected case for TB screening at DH/PHC and pregnant women for ANC check-ups. ASHAs also reported that they visit door to door for counselling of adolescent girls related to sexual and reproductive wellness. IFA tablets and sanitary pads are also being distributed to girls through door-to-door visits by ASHAs and AWWs when needed. However, IFA tablets are not provided during lactation period to the beneficiaries. Similarly, no IFA syrup or vitamin A dose for children 6-59 months is provided. It is also reported that ASHAs do not accompany them for vaccination services and AWW does not remind the beneficiaries about the immunization schedule for the eligible children. The

### **6.1.6. COVID-19 concerns**

The locality had reported high level of COVID-19 infections during the peak waves. The government had conducted several rounds of sero-surveillance in the area. However, the results are not necessarily shared with the locals or the sample households. The current status of COVID-19 precautions are low as the case load is low in the region. ASHAs and AWWs were also engaged in COVID-19 survey as well as vaccination services. However, initially it was difficult to get local cooperation on these activities due to potential threat of COVID-19 infection.

## 7. CONCLUSION AND RECOMMENDATIONS

### 7.1. Summary of key findings

The report is prepared on the basis of field – based observations and visits to the following public health facilities in Central Delhi: District Hospital Aruna Asaf Ali, MCD Maternity Home Kamla Nehru, MCD Maternity Home Shakti Nagar, MCW Nabi Karim, Seed-PUHC Jagatpur and DGD Majnu Ka Tila. Meetings were held with the Chief District Medical Officer (CDMO) and the NHM Nodal Officials. Interactions were also held with the Medical Officer-In-Charge (MOIC) of the selected facilities, health care providers (ANM, ASHAs etc.) and other supporting staff to understand the strengths and weakness of the facilities in service provisioning. Review of relevant programmatic data and information available from the NHM nodal officials were also conducted. Health Management Information System (HMIS) data was verified for the District Hospital Ranking data validation purposes.

#### 7.1.1. Maternal and child health and nutrition:

As per NFHS 2019-21, in Central Delhi 70.4% mothers had antenatal check up in the first trimester and 73.1% had undertaken at least four ANC visits. IFA consumption for 100 days or more was reported at 62.2% during pregnancy. A total of 92.2% births took place in institutional facilities with 69.3% births happening across public health facilities. The average out of pocket expenditure per delivery in public health facility was Rs. 2313. Overall, the total unmet need for family planning was 9.4% including a 3.3% unmet need for spacing and 6.1% unmet need for limiting. 82.1% children age 12-23 months are fully immunized. In Central Delhi, 44.8% women are overweight or obese (BMI > 25.0 kg/m<sup>2</sup>). The HMIS indicators also show a consistent pattern as observed in the NFHS 2019-21 findings.

#### 7.1.2. District NHM health financing:

The overall expenditure under NHM Central Delhi is Rs 1609.4 lakhs. The bulk of the budget is allocated under RCH + NDCPs flexipool at Rs 1274.8 lakhs followed by NUHM at Rs 389.2 lakhs. The NCD Flexipool shows the least expenditure (Rs 4.8 lakhs). The key budget heads that contribute to the total expenditure on flexipool are service delivery – facility-based, human resources, community interventions, and programme management and procurement. Under RCH / NDCPs flexipool 69.1% of the budget is spent for human resources under NHM. Similarly, 40.9% of the NUHM budget is also spent on human resources. Community interventions (17.8%) and programme management (35.4%) activities account for major share of NUHM expenditure.

#### 7.1.3. District health infrastructure and facilities:

A total of 11 district hospital are functioning in central district but only 6 are conducting more than 50 deliveries per month including C-section. There are two Maternity Homes (Kamla Nehru and Shakti Nagar) in the district but both the maternity homes have a delivery load of less than 20 deliveries per month. A total of 71 Seed Primary Urban Health Centre (S-PUHC) are operational and provide general services like: OPD, immunization, ANC check-up and family planning services at the centre.

#### **7.1.4. District human resources for health:**

The district has total of 737 sanctioned regular positions of doctors and specialists out of which a total 507 positions are filled and 31% are vacant. A total of 170 sanctioned position are available for contractual doctors and specialists and out of this 96.5% are in position. 12 positions are outsourced for AYUSH care and physiotherapy. In case of paramedical, clinical support and health workers a total of 4029 regular positions, 154 contractual positions and 63 outsourced positions with 3228, 188 and 67 positions occupied, respectively. Overall, Central Delhi finds a vacancy of 20% under the paramedical, clinical and health support workers category. In Central Delhi a total of 106 regular, 7 contractual and 6 outsourced positions are sanctioned for the managerial support services. Out of this a total of 59, 12 and 20 staff is appointed under regular, contractual and outsourced services, respectively. It is worth noting that 60% of the regular sanctioned positions for sanitary worker are vacant. Accordingly, major proportion of the work under maintenance is outsourced.

#### **7.1.5. Status of NHM programmes:**

The JSY has weak implementation status in Central Delhi. This is associated with factors such as low JSY incentive for urban areas, limited interest among beneficiaries to claim JSY, inadequate documentation and high proportion of migrant population. However, all the delivery points in the district implement JSSK. The PMSMA activities are conducted at the PHC / PUHC equivalent facilities. The Central Delhi district has SNCU with a capacity of 61 in-radiant warmer and 34 KMC units. The 500 ASHAs of the district have conducted a total of 5414 HBNC visits. The district has two NRCs. Under NTEP, the target TB notification from all medical practitioners, hospitals, laboratories, and chemists (government, private and NGOs) in 2021-22, was achieved to be at 83%. Under National Leprosy Eradication Programme, 67 new cases were detected, out of which 14 were Grade 2 Disabilities (G2D) cases. The following NCD programmes under the NHM umbrella were functional: NPCDCS, NPCBVI, NPHCE, NPPCD, and NTCP. The Central Delhi district is working on Quality Assurance Programmes such as LaQshya and Kayakalp. During FY 2021-22 a total of Rs 0.52 lakhs has been utilised for LaQshya certifications and recertification (National & State Certification) under NUHM. Further, Rs 1.69 lakhs has been utilized for the Kayakalp Awards under NUHM.

#### **7.1.6. Observations on Aruna Asaf Ali district hospital:**

The 100-bedded facility is yet to fully reach the pre-COVID levels in delivery care. There are provisions for diet support and other facilities for delivery care through JSSK funds. However, the coverage of referral transport from home to facility and drop back facilities after delivery is negligible. The C-section services are provided but the DH reported shortage of specialist doctors and surgeons to further strengthen the services. The DH does not have provision for dedicated NCD clinic as per the NHM. The DH receives maintenance grant and Kayakalp grant from NHM. The DH was in the process of shifting its banking arrangements to be consistent with the requirements of the District NHM office. The DH has a dedicated Medical Records Department with adequate staff for maintenance of hospital records. Kayakalp initiative assessment for the DH was conducted and the DH received a score of 95%. However, the DH has not received any award under Kayakalp. LaQshya certification process is also initiated with internal assessment score of 94% for the labour room and 90% for the OT.

### **7.1.7. Observations on maternity homes:**

In order to optimize staff and service delivery, the MCD maternity homes are merged with polyclinics if they are co-located. The maternity homes have low delivery load with MH Kamla Nehru yet to resume delivery care post-COVID. The MH reported shortage of water supply especially during summer season. There was no power back up in the facility. The computer system for data entry required upgradation for speed and efficiency. There was no functional quality improvement programme at the facility level such as LaQshya. The infrastructure facility of the maternity home requires upgradation in both the facilities. There was no provision for JSY payments and the registrations are not done. It was partly because of lack of interest among beneficiary as well as partly due to unavailability of documentation support for the JSY payments. Similarly, no transport services were used under JSSK for the delivery care.

### **7.1.8. Observations on PHC equivalent facilities:**

The MCW Centre Nabi Karim is regarded as a Model Centre for health care services for pregnant women and children. Accordingly, it was well-staffed with adequate infrastructure. The MCW Centre is managed by the MCD. The S-PUHC Jagatpur is managed by Delhi government. Both the facility served the community through ANM outreach for ANC services. Family planning services was available at both the facilities. The lab tests from the S-PUHC was referred to Mohalla clinic whereas MCD referred tests to the polyclinic. The ASHAs associated with the ANMs at the centre have initiated the HBYC activities. The MCW centre had new formulation of IFA 60 mg tablets to be given for pregnant women to improve anemia. Also, IFA syrup for children 6-59 months was also available at the facility. Digital hemoglobinometers for testing of anemia was also available at the facility. The S-PUHC, however, did not have IFA syrup and also lacked digital hemoglobinometers. Kayakalp assessment at both the centres was conducted.

### **7.1.9. Observations on DGD Majnu Ka Tila:**

The DGD was co-located in the Delhi Urban Shelter Improvement Board premises along with a night-shelter home. The DGD staff reported security issues with respect to DGD boards and hoardings. The DGD outer walls and boundaries were unhygienic. The lab test for ANC cases and Covid cases (RAT and RTPCR tests) was conducted in the same room. There was no proper waiting area for the patients. The Hb testing was referred to Mohalla clinics. There was no functional digital Hb meter with the facility. There was no IFA 60 mg tablet or IFA syrup for distribution. The facility does not conduct delivery care services.

### **7.1.10. Health concerns and services perception**

There was a mixed preference in the community for health care services. While low-income households relied on both public sector and the private sector but the quality and certification of private sector was questionable. Certain high income households, however, sought care from higher tertiary level private sector hospitals. Chronic diseases such as hypertension and diabetes was common among the older adult population. Alcohol consumption is high amongst males as well as females. Majority of the households use a common shared toilet. Given the congested and unhygienic conditions it may be difficult to contain infections. Most of the beneficiaries manage transport through their own vehicles or via public transport / rickshaws.

Beneficiaries have highlighted that the available frontline workers in the visited area had limited interaction with the households. There was a difference in the envisaged functioning of the frontline workers regarding home visits and counselling. There is a greater need to improve the time allocation toward counselling services by ASHAs, ANMs and the AWWs. ASHAs do not necessarily accompany the beneficiary for the delivery care. There was also difference in perception regarding availability of take home ration from the Anganwadi centre. Some of the community members preferred the dry ration over the hot cooked meal provided at the AWC. It is also reported that ASHAs do not accompany them for vaccination services and AWW does not remind the beneficiaries about the immunization schedule for the eligible children.

## **7.2. Main recommendations**

### **7.2.1. Sensitization of nodal officials about NHM programs**

The public health care system in Delhi is managed by multiple authorities and departments. This creates a governance structure with varying reporting requirements that necessitates a dynamic administrative environment for program implementation. It is important for the State NHM Officials to disseminate information on NHM for collaborations in programme implementation through sensitizing the nodal officials of the DH and other facilities administered by MCD as well as central government departments. The sensitization can focus on intrinsic aspects of service delivery and also elaborate on merits such as HR provisions for implementation of certain NHM supported national flagship programs as well as specific schemes. The NCD clinic is an important opportunity for expansion of services as well as for strengthening of HR in selected facilities.

### **7.2.2. Improvements in implementation of AMB program**

The Delhi government facilities (DGDs and PUHCs) currently do not have adequate stock of IFA syrup for under-five children. The status can be reviewed and necessary arrangements for procurement and supply could be initiated. The MCD operated facilities, however, had IFA syrup for under-five children. Furthermore, the facility-based testing of anemia among pregnant women is functional at MCD facilities but the Delhi government DGDs and PUHCs refer anemia testing to nearby Mohalla Clinics. This arrangement can be reviewed for effective service delivery and record-keeping. Regular testing of pregnant women for improvements in anemia levels should be strengthened. Also, efforts for testing anemia prevalence and control among children under-five can be reviewed for implementation as per the AMB guidelines.

### **7.2.3. Convergence between health and WCD departments**

The convergence of maternal and child health and nutrition services should be improved for ensuring wellbeing through a continuum of care approach. Currently, the WCD department relies heavily on MPC card data for releasing incentives under the PMMVY. However, there are gaps in data quality and correspondence in case of indicators of nutritional status of women and child beneficiaries. An MCP card with key indicators from a convergence perspective (indicators for both ANM and AWW) can be developed for monitoring of health and nutrition services for beneficiaries who are largely from low-income background across poor settings. This can provide greater sense of integration of services and improve convergent action of the two key departments for improving maternal health and nutrition.

#### **7.2.4. Action on NQAS, LaQshya and Kayakalp assessments**

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

#### **7.2.5. Incentivising anemia testing and control**

There is a high reporting of anemia cases among pregnant women across the visited health facilities. Moreover, the hemoglobin levels show only minor improvements over the course of the pregnancy. In this regard, it is important to improve the consumption of IFA tablets during pregnancy and also to ensure appropriate dietary practices to improve dietary absorption of iron as well as other micronutrients. This can be supported through repeated testing and counselling by frontline workers ANM and ASHAs as well AWWs. The ASHAs can be incentivized for efforts toward reducing anemia prevalence during pregnancy and also among children under-five.

#### **7.2.6. Strengthening district health planning under NHM**

The District Health Action Plan (DHAP) was unavailable at the time of the visit. The State level PIP is developed based on the district demand for 2022-24. In this regard, a state-level meeting is recommended to strengthen the planning and budgeting structure of the PIP. This is important because of the underutilization of the funds in major programmes during the COVID-19 pandemic. The state must hold review meetings to ensure continued effective and efficient programme enhancement and coverage under various national health programmes. The District officials must also get training and orientation on the PIP planning process for each programme.

#### **7.2.7. Training and capacity building of health officials**

Training and capacity building for health officers under various programmes such as under RCH, NDCPs, and other departments must be organised on regular basis. Information must be channelled through a single reporting format to avoid confusion and duplication. Inter-coordination between departments in districts must be strengthened and pushed for better programme implementation. The CDMO office in Central Delhi only provides logistical support for several of the programmes (MMU, RBSK, AMB, NDD, etc.) with low oversight and supporting supervision over functioning of the programmes in the district.

#### **7.2.8. Training and capacity building of frontline workers**

The ANMs, ASHAs and the AWWs should be trained to improve the community service delivery practices. Counselling services as well as clinical services indicators that are used for program reviews are currently too customary and does not adequately capture the skill set and performance of the frontline workers. While at the one end it is important to have adequate incentives for all the frontline workers but their assessment in terms of outcomes also needs to be improved. They should be also provided with adequate drugs and equipment to carry out mandated activities as per major national health programmes.

## ANNEXURE – I: DH CHECKLIST



Ministry of Health & Family Welfare  
Government of India



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

**Service Delivery:**

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

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

Indicator	Remarks/ Observation						
1. OPD Timing							
2. Condition of infrastructure/ building	Comments:						
Please comment on the condition and tick the appropriate box	<input type="checkbox"/> 24*7 running water facility <input type="checkbox"/> Facility is geriatric and disability friendly (ramps etc.) <input type="checkbox"/> Clean functional toilets available (separate for Male and female) <input type="checkbox"/> Drinking water facility available <input type="checkbox"/> OPD waiting area has sufficient sitting arrangement <input type="checkbox"/> ASHA rest room is available <input type="checkbox"/> Drug storeroom with rack is available  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"> <li>Specialized services available in addition to General OPD, ANC, Delivery, PNC,</li> </ul>	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;">Sl.</th> <th style="width: 70%;">Service</th> <th style="width: 20%;">Y/N</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>Medicine</td> <td></td> </tr> </tbody> </table>	Sl.	Service	Y/N	1	Medicine	
Sl.	Service	Y/N					
1	Medicine						

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

Indicator	Remarks/ Observation																				
10. Biomedical waste management practices	1. Sharp pit 2. Deep Burial pit 3. Incinerator 4. Using Common Bio Medical Treatment plant 5.																				
11. Details of HR available in the facility (Sanctioned and In-place)	<table border="0" style="width: 100%;"> <tr> <td style="width: 30%;"></td> <td style="width: 30%; text-align: center;">HR</td> <td style="width: 10%; text-align: center;">San.</td> <td style="width: 10%; text-align: center;">Reg.</td> <td style="width: 10%; text-align: center;">Cont.</td> </tr> <tr> <td>MO (MBBS)</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Specialists</td> <td>           Medicine            ObGy            Pediatrician            Anesthetist            Surgeon            Ophthalmologist            Orthopedic            Radiologist            Pathologist            Others         </td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>           Dentist            Staff Nurses/ GNMs            LTs            Pharmacist            Dental Technician/ Hygienist            Hospital/ Facility Manager            EmOC trained doctor            LSAS trained doctor            Others         </td> <td></td> <td></td> <td></td> </tr> </table>		HR	San.	Reg.	Cont.	MO (MBBS)					Specialists	Medicine ObGy Pediatrician Anesthetist Surgeon Ophthalmologist Orthopedic Radiologist Pathologist Others					Dentist Staff Nurses/ GNMs LTs Pharmacist Dental Technician/ Hygienist Hospital/ Facility Manager EmOC trained doctor LSAS trained doctor Others			
	HR	San.	Reg.	Cont.																	
MO (MBBS)																					
Specialists	Medicine ObGy Pediatrician Anesthetist Surgeon Ophthalmologist Orthopedic Radiologist Pathologist Others																				
	Dentist Staff Nurses/ GNMs LTs Pharmacist Dental Technician/ Hygienist Hospital/ Facility Manager EmOC trained doctor LSAS trained doctor Others																				
12. IT Services	<ul style="list-style-type: none"> <li>• Desktop/ Laptop available: <input type="checkbox"/>Yes/ <input type="checkbox"/>No</li> <li>• Internet connectivity: <input type="checkbox"/>Yes/ <input type="checkbox"/>No</li> </ul> Quality/strength of internet connection: _____																				
13. Kayakalp	Initiated: Facility score: Award received:																				
14. NQAS	Assessment done: Internal/State Facility score: Certification Status:																				
15. LaQshya	Labour Room: Operation Theatre:																				
16. Availability of list of essential medicines (EML)/ drugs (EDL)	<input type="checkbox"/> Yes/ <input type="checkbox"/> No																				
	If yes, total number of drugs in EDL_____																				
	EDL displayed in OPD Area: <input type="checkbox"/> Yes/ <input type="checkbox"/> No																				
17. Implementation of DVDMS 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	1 2 3 4																				

Indicator	Remarks/ Observation
19. Availability of Essential Consumables:	<input type="checkbox"/> Sufficient Supply <input type="checkbox"/> Minimal Shortage <input type="checkbox"/> Acute shortage  In last 6 months how many times there was shortage_____
20. Availability of essential diagnostics	<input type="checkbox"/> In-house <input type="checkbox"/> Outsourced/ PPP <input type="checkbox"/> Both/ Mixed
<ul style="list-style-type: none"> <li>In-house tests</li> </ul>	Timing: Total number of tests performed: _____ Details of tests performed:
<ul style="list-style-type: none"> <li>Outsourced/ PPP</li> </ul>	Timing: Total number of tests performed: _____ Details of tests performed:
21. X-ray services is available	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If Yes, type & nos. of functional X-ray machine is available in the hospital:  Is the X-ray machine AERB certified: <input type="checkbox"/> Yes/ <input type="checkbox"/> No
22. CT scan services available	<input type="checkbox"/> Yes/ <input type="checkbox"/> No  If yes: <input type="checkbox"/> In-house/ <input type="checkbox"/> PPP  Out of Pocket expenditures associated with CT Scan services (if any, approx. amount per scan): _____
23. Whether diagnostic services (lab, X-ray, USG etc.) are free for all	<input type="checkbox"/> Free for BPL <input type="checkbox"/> Free for elderly <input type="checkbox"/> Free for JSSK beneficiaries <input type="checkbox"/> Free for all
24. Availability of Testing kits/ Rapid Diagnostic Kits	<input type="checkbox"/> Sufficient Supply <input type="checkbox"/> Minimal Shortage <input type="checkbox"/> Acute shortage
25. Implementation of PM-National Dialysis programme	<input type="checkbox"/> Yes/ <input type="checkbox"/> No <input type="checkbox"/> In-house <input type="checkbox"/> Outsourced/ PPP Total number of tests performed: _____
<ul style="list-style-type: none"> <li>Whether the services are free for all</li> </ul>	<input type="checkbox"/> Free for BPL <input type="checkbox"/> Free for elderly <input type="checkbox"/> Free for JSSK beneficiaries <input type="checkbox"/> Free for all
<ul style="list-style-type: none"> <li>Number of patients provided dialysis service</li> </ul>	<input type="radio"/> Previous year_____ <input type="radio"/> Current FY_____ <i>*Calculate the approximate no. of patients provided dialysis per day</i>

Indicator	Remarks/ Observation
26. If there is any shortage of major instruments/ equipment	
27. Average downtime of equipment. Details of equipment are nonfunctional for more than 7 days	
28. Availability of delivery services	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
<ul style="list-style-type: none"> <li>If the facility is designated as FRU, whether C-sections are performed</li> </ul>	<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"> <li>Comment on the condition of:</li> </ul>	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 <sup>th</sup> of every month	<input type="checkbox"/> Yes/ <input type="checkbox"/> No  If yes, how are high risks identified on 9 <sup>th</sup> ?  If No, reasons thereof:
32. Line listing of high-risk pregnancies	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
33. Practice related to Respectful Maternity Care	
34. Whether facility have registers for entering births and deaths	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
35. Number of Maternal Death reported in the facility	Previous year: Current year:
36. Number of Child Death reported in the facility	Previous year: Current year:
37. If Comprehensive Abortion Care (CAC) services available	<input type="checkbox"/> Yes/ <input type="checkbox"/> No

Indicator	Remarks/ Observation		
38. Availability of vaccines and hub cutter	<input type="checkbox"/> Yes/ <input type="checkbox"/> No Nurses/ ANM aware about open vial policy: <input type="checkbox"/> Yes/ <input type="checkbox"/> No		
39. Number of newborns immunized with birth dose at the facility in last 3 months			
40. Newborns breastfed within one hour of birth (observe if practiced and women are being counselled)			
41. Status of functionality of DEIC	<input type="checkbox"/> Fully functional with all staff in place <input type="checkbox"/> Functional with few vacancies (approx. 20%-30%) <input type="checkbox"/> Functional with more than 50% vacancies <input type="checkbox"/> Not functional/ All posts vacant		
42. Number of sterilizations performed in last one month			
43. Availability of trained provider for IUCD/ PPIUCD	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
44. Who counsels on FP services?			
45. Please comment on utilization of other FP services			
46. FPLMIS has been implemented	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
47. Availability of functional Adolescent Friendly Health Clinic	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, who provides counselling to adolescents: _____ Separate male and female counselors available: <input type="checkbox"/> Yes/ <input type="checkbox"/> No		
48. Whether facility has fixed day NCD clinic	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If Yes, how many days in a week: _____ days		
49. Are service providers trained in cancer services?	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
50. Number of individuals screened for the following in last 6 months:		Screened	Confirmed
	a. Hypertension		
	b. Diabetes		
	c. Oral Cancer		
	d. Breast Cancer		
e. Cervical Cancer			
51. Reporting weekly data in P, S and L form under IDSP	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
1. Status of TB elimination programme	Facility is designated as Designated Microscopy Centre (DMC): <input type="checkbox"/> Yes/ <input type="checkbox"/> No		
	If yes, percent of OPD whose samples were tested for TB (microscopy) in last 6 month (average) _____		
	If anti-TB drugs available at the facility: <input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, are there any patients currently taking anti-TB drugs from the facility: <input type="checkbox"/> Yes/ <input type="checkbox"/> No		
	Availability of CBNAAT/ TruNat: <input type="checkbox"/> Yes/ <input type="checkbox"/> No Percent of patients tested through CBNAAT/TruNat for Drug resistance in the last 6 months _____		
	Are all TB patients tested for HIV? <input type="checkbox"/> Yes/ <input type="checkbox"/> No Are all TB patients tested for Diabetes Mellitus: <input type="checkbox"/> Yes/ <input type="checkbox"/> No		
	Percent of TB Patients for whom DBT installments have been initiated under Nikshay Poshan Yojana in the last 6 months:		

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

## ANNEXURE – III: CHC CHECKLIST



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



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

**Service Delivery:**

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

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

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

Indicator	Remarks/ Observation			
<ul style="list-style-type: none"> <li>Specialized services available in addition to General OPD, ANC, Delivery, PNC, Immunization, FP, Laboratory services</li> </ul>	Sl.	Service	Y/N	
<ul style="list-style-type: none"> <li>If any of the specialists are available 24*7</li> </ul>		<ul style="list-style-type: none"> <li>1 Medicine</li> <li>2 O&amp;G</li> <li>3 Pediatric</li> <li>4 General Surgery</li> <li>5 Anesthesiology</li> <li>6 Ophthalmology</li> <li>7 Dental</li> <li>8 Imaging Services (X – ray)</li> <li>9 Imaging Services (USG)</li> <li>10 Newborn Stabilization Unit</li> </ul>		<input type="checkbox"/> Yes available <input type="checkbox"/> Yes, available only on-call <input type="checkbox"/> Not available
<ul style="list-style-type: none"> <li>Emergency</li> </ul>		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 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	San.      Reg.      Cont.	

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

Indicator	Remarks/ Observation
26. Availability of Testing kits/ Rapid Diagnostic Kits	<input type="checkbox"/> Sufficient Supply <input type="checkbox"/> Minimal Shortage <input type="checkbox"/> Acute shortage
27. If there is any shortage of major instruments/ equipment	
28. Average downtime of equipment. Details of equipment are nonfunctional for more than 7 days	
29. Availability of delivery services	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
<ul style="list-style-type: none"> <li>If the facility is designated as FRU, whether C-sections are performed</li> </ul>	<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"> <li>Comment on condition of:</li> </ul>	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 <sup>th</sup> of every month	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, how are high risks identified on 9 <sup>th</sup> ? 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: Current year:
37. Number of Child Death reported in the facility	Previous year: Current year:
38. If Comprehensive Abortion Care (CAC) services available	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
39. Availability of vaccines and hub cutter	<input type="checkbox"/> Yes/ <input type="checkbox"/> No Nurses/ ANM aware about open vial policy: <input type="checkbox"/> Yes/ <input type="checkbox"/> No

Indicator	Remarks/ Observation		
40. Number of newborns immunized with birth dose at the facility in last 3 months			
41. Newborns breastfed within one hour of birth (observe if practiced and women are being counselled)			
42. Number of sterilizations performed in last one month			
43. Availability of trained provider for IUCD/ PPIUCD	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
44. Who counsels on FP services?			
45. Please comment on utilization of other FP services			
46. FPLMIS has been implemented	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
47. Availability of functional Adolescent Friendly Health Clinic	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, who provides counselling to adolescents: _____ Separate male and female counselors available: <input type="checkbox"/> Yes/ <input type="checkbox"/> No		
48. Whether facility has fixed day NCD clinic	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If Yes, how many days in a week: _____ days		
49. Are service providers trained in cancer services?	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
50. Number of individuals screened for the following in last 6 months:		Screened	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"> <li>• investigations within public sector for TB testing? <input type="checkbox"/>Yes/ <input type="checkbox"/>No</li> <li>• investigations within public sector for other tests? <input type="checkbox"/>Yes/ <input type="checkbox"/>No</li> <li>• outsourced testing? <input type="checkbox"/>Yes/ <input type="checkbox"/>No</li> </ul>		
	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		

Indicator	Remarks/ Observation
	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"> <li>• TB Treatment Card cases (both for drug sensitive and drug resistant cases): <input type="checkbox"/>Yes/ <input type="checkbox"/>No</li> <li>• TB Notification Registers: <input type="checkbox"/>Yes/ <input type="checkbox"/>No</li> <li>• Malaria cases: <input type="checkbox"/>Yes/ <input type="checkbox"/>No</li> <li>• Palliative cases: <input type="checkbox"/>Yes/ <input type="checkbox"/>No</li> <li>• Cases related to Dengue and Chikungunya: <input type="checkbox"/>Yes/ <input type="checkbox"/>No</li> <li>• Leprosy cases: <input type="checkbox"/>Yes/ <input type="checkbox"/>No</li> </ul>
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 (check and obtain minutes of last meeting held)	
59. Availability of ambulance services in the area	<input type="checkbox"/> CHC own ambulance available <input type="checkbox"/> CHC has contracted out ambulance services <input type="checkbox"/> Ambulances services with Centralized call centre <input type="checkbox"/> Government ambulance services are not available
	Comment (if any):
<ul style="list-style-type: none"> <li>• How many cases from sub centre/ PHC were referred to this CHC last month?</li> </ul>	Number: Types of cases referred in:
<ul style="list-style-type: none"> <li>• How many cases from the CHC were referred to the DH last month?</li> </ul>	Number: Types of cases referred out:
<b>60. Key challenges observed in the facility and the root causes</b>	
Challenge	Root causes
a)	
b)	
c)	
d)	

## ANNEXURE – IV: PHC CHECKLIST



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



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

Service Delivery:

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

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

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

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

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

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

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

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

## ANNEXURE – V: SC CHECKLIST



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



### Sub-Centre (SC) Level Checklist

Service Delivery: Sub Centre

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

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

Indicator	Remarks/ Observation																								
1. List of Services available																									
2. Condition of infrastructure/ building  Please comment on the condition and tick the appropriate box	Comments:  <input type="checkbox"/> 24*7 running water facility <input type="checkbox"/> Facility is geriatric and disability friendly <input type="checkbox"/> Clean functional toilets available (separate for Male and female) <input type="checkbox"/> Drinking water facility available <input type="checkbox"/> OPD waiting area has sufficient sitting arrangement <input type="checkbox"/> ASHA rest room is available <input type="checkbox"/> Drug storeroom with rack is available <input type="checkbox"/> Branding <input type="checkbox"/> Specified area for Yoga / welfare activities <input type="checkbox"/> Power backup																								
3. Biomedical waste management practices																									
4. Details of HR available in the facility (Sanctioned and In-place)	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">HR</td> <td style="width: 10%;">San.</td> <td style="width: 10%;">Reg.</td> <td style="width: 20%;">Cont.</td> </tr> <tr> <td>ANM/ MPW Female</td> <td></td> <td></td> <td></td> </tr> <tr> <td>MPW Male</td> <td></td> <td></td> <td></td> </tr> <tr> <td>MLHP/ CHO</td> <td></td> <td></td> <td></td> </tr> <tr> <td>ASHA</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Others</td> <td></td> <td></td> <td></td> </tr> </table>	HR	San.	Reg.	Cont.	ANM/ MPW Female				MPW Male				MLHP/ CHO				ASHA				Others			
HR	San.	Reg.	Cont.																						
ANM/ MPW Female																									
MPW Male																									
MLHP/ CHO																									
ASHA																									
Others																									
5. IT Services	<ul style="list-style-type: none"> <li>• Functional Tablet/ laptop with CHO: <input type="checkbox"/> Yes/ <input type="checkbox"/> No</li> </ul>																								

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

Indicator	Remarks/ Observation		
21. Availability of trained provider for IUCD/ PPIUCD	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
22. Please comment on utilization of other FP services			
23. Number of individuals above 30 years of age in the HWC population			
24. Number of CBAC forms filled in last 6 months			
25. Report for number of individuals for whom CBAC form has been filled in last six months.	Score with below 4: 4 and above score:		
26. Whether universal screening of NCD has started	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
27. Number of individuals screened for the following in last 6 months:		Screened	Confirmed
	a. Hypertension		
	b. Diabetes		
	c. Oral Cancer		
	d. Breast Cancer		
	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"> <li>• Tele-consultation services</li> <li>• HWC App</li> </ul> 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	Current year
	Number of presumptive TB patients identified:		
	Number of presumptive TB patients referred for testing		
	Number of TB patients diagnosed out of the presumptive patients referred		
	Number of TB patients taking treatment under the Sub centre area		
34. ASHA Interaction			

Indicator	Remarks/ Observation
<ul style="list-style-type: none"> <li>Status of availability of Functional HBNC Kits (weighing scale/ digital thermometer/ blanket or warm bag)</li> </ul>	
<ul style="list-style-type: none"> <li>Status of availability of Drug Kits (Check for PCM/ Amoxicillin/ IFA/ ORS/ Zinc/ IFA Syrup/ Cotrimoxazole)</li> </ul>	
<ul style="list-style-type: none"> <li>ASHA Incentives: Any Time lag /Delay in Payment after submission of voucher. <ul style="list-style-type: none"> <li>Average delay</li> </ul> </li> </ul>	
<ul style="list-style-type: none"> <li>ASHA is aware about provision of incentives under NTEP (Informant Incentives, Treatment Supporter Incentives) and Nikshay Poshan Yojana (₹500 per month incentive to the TB patient for the duration of treatment)</li> </ul>	
35. Number of Village Health & Sanitation days conducted in last 6 months	
36. Incentives:	<ul style="list-style-type: none"> <li>Performance Incentives is disbursed to CHOs on monthly basis: <input type="checkbox"/>Yes/ <input type="checkbox"/>No</li> <li>Team-based incentive being disbursed for all HWC staffs: <input type="checkbox"/>Yes/ <input type="checkbox"/>No</li> </ul>
37. Frequency of VHSNC/ MAS meeting (check minutes of last meeting held)	
38. Whether CHOs and HWC staffs are involved in VHSNC/ MAS meeting	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
39. Maintenance of records on	<ul style="list-style-type: none"> <li>TB cases: <input type="checkbox"/>drug sensitive/ <input type="checkbox"/>drug resistant cases/ <input type="checkbox"/>both</li> <li>Malaria cases: <input type="checkbox"/>Yes/ <input type="checkbox"/>No</li> <li>Palliative cases: <input type="checkbox"/>Yes/ <input type="checkbox"/>No</li> <li>Cases related to Dengue and Chikungunya: <input type="checkbox"/>Yes/ <input type="checkbox"/>No</li> <li>Leprosy cases: <input type="checkbox"/>Yes/ <input type="checkbox"/>No</li> </ul>
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"> <li>How many cases from the Sub Centre were referred to PHC in last month?</li> </ul>	Number: Types of cases referred out:
42. Key challenges observed in the facility and the root causes	
Challenge	Root causes
a)	
b)	
c)	
d)	