



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



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LIST OF ABBREVIATIONS

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

EXECUTIVE SUMMARY

The National Rural Health Mission was launched on 12th April 2005, to provide accessible, affordable and accountable quality health services to the poorest households in the remote rural regions. National Health Mission (NHM) was approved by the Cabinet on 1st May, 2013, with National Urban Health Mission (NUHM) as the new sub-mission, besides existing NRHM. The Annual PIP Monitoring has been one of the important monitoring mechanisms under NHM conducted by PRCs pan-India to provide valuable understanding of the strategies and programmes under the purview of NHM.

The PIP Monitoring visit to Dholpur was held in the month of September, 2021, to review implementation progress of the National Health Mission in the district. During the visit six health facilities across different health tiers were visited and studied. The focus of the undertaking this monitoring exercise was to undertake a rapid assessment of the implementation status of NHM and its key strategies and priority areas, analyze strengths and challenges with respect to strengthening health systems, identify trends in progress of key indicators, particularly relating to coverage, equity and affordability, document innovations and best practices, evaluate the readiness of the state to undertake implementation of new initiatives etc.

Below are the Key challenges that were observed during the visit and have been highlighted below as:

- With regards to Non-Communicable Disease (NCD) Screening, issues regarding Community Based Assessment Checklist (CBAC) forms have been witnessed as Chief Health Officers of all the HWCs have been deployed in the COVID-19 duty or are under training resulting to which the screening process is under-way.
- It was observed that no deliveries were being conducted in the majority of the PHCs and the entire load was on CHC and District Hospital.
- The reason for SNCU being over-crowded is due to unavailability of pediatrician available at the lower-level facilities resulting to which two babies share one radiant warmer and the risk of cross-infection is also high.
- It was reported that presence of quacks happens as per the information from local health staff. Some people tend to refer to these quacks and thus unscientific methods of treatments that may lead to rising infant and child deaths in the district.
- The main point that was highlighted by the officials was to improve the ANC registrations and duly fill Mamta cards as to trace and track the expectant mothers on timely basis. The reason being timely immunization of both the mother and child can be observed.
- One of the key concerning issue that was observed in the district is that “Silicosis” is quite prevalent as majority of the members are engaged in mining and the lifestyle practices adopted by them are not too appropriate.
- While interacting with the community members was that majority of the households don't have in-home “**Toilet**” facility and the one's that have been built under the government scheme are not properly built.

1.INTRODUCTION

National Health Mission envisages “Attainment of Universal Access to Equitable, Affordable and Quality health care services, accountable and responsive to people’s needs, with effective inter-sectoral convergent action to address the wider social determinants of health”. The mission thus, encompasses a wide range of services and programmes and aims at comprehensive target-interventions.

States prepare Program Implementation Plans (PIPs) on an annual basis which goes through a formal process of appraisal each year by MoHFW and with subsequent approval, the states commence implementation. A state PIP is a comprehensive document comprising of situation analysis, goals and strategies and corresponding costs. A holistic reporting of commitments made in the State PIP forms an essential component of Monitoring and Evaluation of NHM progress.

The monitoring and evaluation system for various national health programmes is integral to their strengthening. PRC, Delhi has time and again provided a continuous flow of good quality information on inputs, outputs and outcome indicators which are deemed essential for monitoring the progress of NHM at regular intervals.

This PIP monitoring report concerns the district of Dholpur in Rajasthan. The report provides are view of key population, socio-economic, health and service delivery indicators of the district. There portals deals with health infrastructure and human resource of the district and provides insights on MCH service delivery including JSSK and JSY schemes, family planning, bio-medical waste management, referral transport, ASHAs, communicable and non-communicable diseases and status of HMIS in the district. It also highlights the district progress with regards to flagship programmes implementation like Health and Wellness Centres, LaQshya, Kayakalp, etc. This report is based on the interviews of CMO, District Health Officials, ANM and beneficiaries. A very important aspect of financial management is also briefly overviewed in the report.

This report is essentially divided into two components, i.e., we first elaborate the district performance in key domains of NHM and then review the facility-wise observations made during our visit to the said district.

1.1 Framework

The report consists of Primary data collected from health facility visits as well secondary data collected from CMO office and DPM as well as information collected from HMIS Web Portal for Dholpur district 2021. Structured interview schedules were used for nodal officers and health facilities.

The assessment is based on observations made and information collected during:

- Round table meeting with CMO, DPMU and other Nodal officers and NHM staff.
- Visits to health facilities
- Beneficiary interactions
- Desk review of state PIPs
- Evaluation of HMIS data trends

Prior to the assessment of health facilities, a meeting with key personnel of NHM, Dholpur was held. The interactions gave an enriching insight into the health situation of the district, key challenges that lay ahead, and a prospective way forward. A table review of state PIP for the year 2020-21 was also done and a gap with respect to expected vs. actualized

deliverables was taken up with the concerned health officials. Table-1 provides the details of the health facilities visited for evaluation.

Table 1:List of Facilities Visited

S. No	Health Facility Visited	Date
1	District Hospital, Dholpur	13/09/21
2	Urban PHC, Sagarpada	13/09/21
3	Subcenter, Anganwadi and Community Interaction, Jarga	14/09/21
4	Rural CHC, Basedi	14/09/21
5	Rural PHC, Marena	15/09/21
6	Urban CHC, Rajakheda	15/09/21
7	SC-HWC,Dongarpur	15/09/21

1.2 Demographic Profile of the District

Dholpur district was formed in 1982 by separating four tehsils of Bharatpur namely Dholpur, Rajakheda, Bari and Baseri. This eastern district of Rajasthan shares its boundaries with Bharatpur, Uttar Pradesh to North, and Madhya Pradesh to the South, Karauli district to the West and Uttar Pradesh and Madhya Pradesh to the East. The district is divided into 6 tehsils viz. Dholpur, Bari, Baseri, Rajakheda, Saipau and Sarmathura and five development blocks namely Dholpur, Bari, Baseri, Rajakheda and Saipau.

Its population according to census of the year 2011 is 12.07 lakhs of which 653,647 are males and 5,52,869 females. The geographical arena for Dholpur is at 26° 42' 0" North, 77° 54' 0" East. The district has the Chambal River as southern boundary across which lies the state of Madhya Pradesh.

The district has a total population of 1206516 which is 1.76% of the entire Rajasthan state population. Decadal growth rate of the district is 22.71 per cent, which is higher than the state average (21.31 per cent) and national average (17.6 per cent). The urban population constitutes to around 24.9 per cent in Dholpur district. Whereas, the literacy rate of the district is 69.08 percent this that is higher than the state average. Around 20.47 per cent population is scheduled caste in Dholpur district and population density is 398 per sq. km in Dholpur. The total area of Dholpur district is 3033 sq. km. Sex ratio of the district is 846 females per thousand males and it is lower than both state and national sex ratio.

Table 2:Demographic Profile of Dholpur, Rajasthan and India

Indicators	Dholpur	Rajasthan	India
Population (Census 2011)	12.07 (Lakhs)	6.85 (Crore)	1.21 (Crore)
Male	653,647	35550997	62,37,24,248
Female	552,869	32997440	58,64,69,174
Decadal growth rate in %	22.71	21.31	17.6
Literacy rate (%)	69.08	66.11	73
Male literacy rate (%)	81.22	79.19	80.9
Female literacy rate (%)	54.67	52.12	64.6
Urban population (%)	24.9	24.91	31.6
Schedule caste (%)	20.47	17.83	16.6
Sex ratio	846	928	943
Child sex ratio	857	888	914
Density/km2	398	200	382
Area (in Sq. Km.)	3,033	342,239	3,287,240

Source: Census of India,2011

Table 3 shows the distribution of facilities across the district. There is one district hospital followed by 8 Community Health Centers and 30 Primary Health Centers. There are 233 sub centers in the district. District is also equipped with one TB clinic, an Ayurvedic hospital, 52 Ayurveda Aushadhalaya, a Homeopathic hospital and Unani hospital.

Table 3: Distribution of Health Facilities under NHM, Dholpur

Facility	Number
General Hospital	1
CHC	8
PHC	30
Sub Center	233
TB Clinic	1
Ayurved Hospital	1
Ayurved Aushdhalaya	52
Homeopathic Hospital	1
Unani Hospital	1

Source: CMHO Office, Dholpur

1.3 Health Profile-HMIS Indicators

The table-4 given ahead, presents the health profile of Dholpur district for the year 2020-21. It showcases the performance of major service delivery indicators and the subsequent health outcomes interims of the quantifiable goals of NHM. It analyses the input, output and outcomes of the public health delivery system in Dholpur with respect to many domains such as, Maternal Health, Child Health, Delivery care, Family Planning, Adult Health etc.

Antenatal care is a very crucial component of the Maternal Health. It caters to the need based counselling, screening and supplementary treatment to the pregnant women for their and child's wellbeing. It allows for the timely management of complications and provides opportunity to prepare a birth plan and identify the facility for delivery. In the district, 87.9 percent of women registered for ANC in the first trimester out of which 76.95 percent women receive 4 or more ANC checkups. On the other hand, satisfactorily 109.08 percent pregnant women receive 180 IFA tablets.

Looking at the status of deliveries, 81.86 percent deliveries took place at the health facilities in Dholpur in the year 2020-21. This number is bigger than the state average (78.98 percent). Timely ANC registration helps in increasing the institutional deliveries and safe motherhood. Post natal care is very essential as mother needs recovery time and good care. Around 95.5% percent women are discharged after 48 hours of delivery in the district in the public health facilities while first post partum checkups between 48 hours to 14 days need to improve which is only 6.3 percent. Newborn is a very delicate entity and needs 24*7 attention and care. Hence it is necessary to check its weight and breastfeed the child.

Around 99.93 percent newborn out of total live births is weighed and 98.34 percent are breastfed within one hour of birth. Early child immunization prevents infants from catching infections and protects against fatal diseases. Understanding this, NHM has given a special focus on routine immunization for the children and shows a significant improvement in the vaccination drive against when started. In Dholpur district, 100 percent immunization for measles took place in last year and for BCG, it was 103 percent. Immunization coverage is quite impressive in the district.

Table 4:Key Health Indicators of Rajasthan and Dholpur

Health and Health Care Service Delivery Indicators	Rajasthan	Dholpur
1. Maternal Health		
% of beneficiaries registered for 1st trimester to total ANC registration	70.73	87.9
% of pregnant women with 4 or more ANC checkups to total ANC registration	61.93	76.95
% of pregnant women given 180 IFA to total ANC registrations	96.58	109.08
a) Institutional and Home Deliveries		
% of SBA attended home deliveries to total home deliveries	35.53	56.63
% of institutional deliveries to total reported deliveries	97.89	98.12
% of institutional deliveries to total ANC registrations	78.98	81.86
% of C-Section deliveries to total institutional deliveries	11.88	4.7
b) Post natal Care		
% of women discharge in < 48 hours of delivery to total deliveries (Public)	15.05	0.5
% 1st post-partum checkup between 48 hours and 14 days to total deliveries	9.96	6.3
c) Newborn and Child Health		
% of newborn weighted to total live birth	93.41	99.73
% of newborn breast fed within 1 hour of birth to total live birth	86.9	98.34
2. Child Immunization & Diseases		
Number of children (9-11 months) fully immunized	1340317	29630
% of children received measles to full immunization	100.38	100.34
% of children received BCG to full immunization	101.02	103.14
3. Family Planning		
Total Sterilization conducted		
% of male sterilization to total sterilization	0.83	0
% of female sterilization to total sterilization	99.16	99.92
4. Mortality Indicators		
Maternal Death	1544	57
Child Death	3330	43
Infant Death	26082	644
Still Birth	25639	502
5. Other Services		
IPD	4828165	147214
OPD (Ayush + Allopathic)		1619382
% IPD to OPD	4.54	9.09

Source: HMIS Report,2020-21

Family planning has gained importance in the community in the recent years; govt. has made good efforts to advertise the need of the family planning through social media and counseling. There is an increased awareness in the district for the family planning and various temporary methods and sterilization are adopted easily. Female sterilization is prominent and almost 99.9 percent females of who wants to stop having babies opt for it.

Maternal deaths in the last year were 57 in the district. When investigated the causes, the reasons were found to be severe Hypertension, Bleeding, and other causes. Infant deaths were 644 and still births were 502 in the district. Percentage of IPD to OPD is 9.09 in Dholpur which is higher than state average (4.54 percent). Presence of quacks happens as per the information from local health staff. Some people tend to refer to these quacks and thus unscientific methods of treatments that may lead to rising infant and child deaths.

2.PUBLIC HEALTH PLANNING AND STATUS OF SERVICE DELIVERY

2.1 Budget Utilization

As per the table-5 utilization of funds released during FY 2020-21 have been analyzed and it is found that more than 80% fund allocated to Facility Based and IT Initiatives for Service Delivery was utilized. Utilization of the budget allocated for Community Based Service Delivery, Community Intervention, Human Resource (Service Delivery), Quality Assurance, Programme Management have been found to be above 70%. Amount allocated towards Untied grants, Referral Transport, Drug Warehouse & Logistic, and Public Private Partnership (PPP) were utilized above 60% but not more than 70%. Under-utilization of funds for Training and Review, Research and Surveillance reflects lack of proper action plan for effective outreach and knowledge dissemination.

Table 5:FMR Status of Dholpur District

Indicator	Budget Released (in lakhs)	Budget utilized (in lakhs)	Budget utilized (in %)
1. FMR 1: Service Delivery: Facility Based	811.02	708.64	87.38
2. FMR 2: Service Delivery: Community Based	121.07	95.63	78.99
3. FMR 3: Community Intervention	600.05	423.13	70.52
4. FMR 4: Untied grants	122.25	78.89	64.53
5. FMR 5: Infrastructure	0.7	0.42	60
6. FMR 6: Procurement	53.26	26.79	50.3
7. FMR 7: Referral Transport	244.43	169.26	69.24
8. FMR 8: Human Resource (Service Delivery)	453.74	326.62	71.98
9. FMR 9: Training	29.15	12.06	41.37
10. FMR 10: Review, Research and Surveillance	1.90	0.56	29.38
11. FMR 11: IEC-BCC	19.25	9.45	49.09
12. FMR 12: Printing	4.2	0.58	13.81
13. FMR 13: Quality	114.42	91.33	79.82
14. FMR 14: Drug Warehouse & Logistic	24.42	16.23	66.44
15. FMR 15: PPP	54.01	36.48	67.54
16. FMR 16: Programme Management	87.56	65.54	74.85
FMR 16.1: PM Activities Sub Annexure	0	0	0
17. FMR 17: IT Initiatives for Service Delivery	19.78	17.38	87.87
18. FMR 18: Innovations	0	0	0

Source: CMHO Office,2020-21

Table-6 shown below highlights the detailed breakup of the fund released and utilized programme-wise under NHM. It may be seen, 100% of funds have not been utilized under any pool which raises concern over the achievement of set targets of SDGs regarding “*health for all*”. Thus, while preparing annual action plan for expenditure under various sub-heads proper attention need to be given in defining the target population and need based assessment may be followed in allocation of funds so as to ensure the reach of government’s program across all the sections of the society.

If we observe programme wise, depicted in the table below, out of the RCH and Health Systems Flexi Pool about 80.7 per cent of the funds have been utilized. Of which the maximum utilization of funds is seen under Human Resource(85.4%) followed by Child Health (81.74%),

and maternal health(80.1%).Whereas, the least percentage of utilization below 60 percent, under the said head is observed in Immunization(43.04%).

With regards to communicable disease pool, the highest fund utilization has been done in the National Leprosy Eradication Programme (NLEP) with around 93.3 percent respectively. Followed by National TB Elimination Programme (NTEP) with 89.37 percent of fund utilization. Whereas, the least utilization of fund has been observed in National Vector Borne Disease Control Programme (NVBDCP) with an approximate of 68.33 percent.

However, in the case of Non-Communicable Diseases, the highest fund utilization has been reported under the head of National Program for Control of Blindness and Vision Impairment (NPCB+VI) of around 86.78 percent. Whereas, the least percentage of fund utilization under the said head is observed in the National Mental Health Programme(NMHP) of around 49.3 percent.

Furthermore, with regards to National Urban Health Mission, the total budget released as per the last financial year (2020-21) stood at 135.1 lakhs of which 126.3 lakhs have been utilized by the Dholpur district.

Table 6: Fund Utilization of Programme Wise

Indicator	Budget Released (in lakhs)	Budget utilized (in	Budget utilized (%)
1. RCH and Health Systems Flexi pool	2908.71	2159.3	74.24
• Maternal Health	889.45	712.12	80.06
• Child Health	17.31	14.15	81.74
• RBSK	49.37	39.23	79.46
• Family Planning	235.9	179.13	75.93
• RKSK/ Adolescent health	4.46	2.96	66.37
• PC-PNDT	1.2	0.86	71.67
• Immunization	76.3	32.84	43.04
• Untied Fund	122.25	78.79	64.45
• Comprehensive Primary Healthcare (CPHC)	67.36	47.24	70.13
• Blood Services and Disorders	1.3	0.76	58.46
• Infrastructure	0.7	0.42	60
• ASHAs	498.44	348.36	69.89
• HR	315.26	269.15	85.37
• Programme Management	87.56	65.54	74.85
• MMU	75.72	34.56	45.64
• Referral Transport	244.43	178.59	73.06
• Procurement	53.26	26.79	50.3
• Quality Assurance	114.42	91.33	79.82
• PPP	54.01	36.48	67.54
• NIDDCP	0	0	0
2. NUHM	135.1	126.3	93.49
3. Communicable Diseases Pool	242.1	215.32	88.94
• Integrated Disease Surveillance Programme (IDSP)	8.5	7.15	84.12
• National Vector Borne Disease Control Programme	3	2.05	68.33
• National Leprosy Eradication Programme (NLEP)	0.6	0.56	93.33
• National TB Elimination Programme (NTEP)	230	205.56	89.37
4. Non-Communicable Diseases Pool	67	46.66	69.64
• National Program for Control of Blindness and Vision Impairment (NPCB+VI)	18	15.62	86.78
• National Mental Health Program (NMHP)	7	3.45	49.29
• National Programme for Health Care for the Elderly (NPHCE)	0	0	0

• National Tobacco Control Programme (NTCP)	15	8.75	58.33
• National Programme for Prevention and Control of Diabetes, Cardiovascular Disease and Stroke (NPCDCS)	26	18.35	70.58
• National Dialysis Programme	0	0	0
• National Program for Climate Change and Human Health	0	0	0
• National Oral health programme (NOHP)	1	0.49	49
• National Programme on palliative care (NPPC)	0	0	0
• National Programme for Prevention and Control of Fluorosis (NPPCF)	0	0	0
• National Rabies Control Programme (NRCP)	0	0	0
• National Programme for Prevention and Control of Deafness	0	0	0
• National programme for Prevention and Management of Burn and injuries	0	0	0
• Programme for Prevention and Control of Leptospirosis	0	0	0

Source: CMHO Office, 2020-21

2.2 Status of Service Delivery

This section will talk about the status of service delivery in the Dholpur district as to observe the provisions rendered under NHM so that there is smooth service delivery. The important components that have been highlighted is physical infrastructure, Human Resource (HR) and for capacity building various trainings are being provided to the health personnel and front-line workers so that they are properly trained.

2.2.1 Health Infrastructure

The Table-7 below outlines the details of Health Infrastructure in Dholpur. With regards to public health infrastructure, there is 1 District Hospital, 8 Community Health Centres (CHCs), 30 Primary Health Centers (PHCs), 233 Sub Centers (SCs) in Dholpur. The district observes a total of 15 delivery point. As per the IPHS norms, the population wise facility distribution at the plain areas is as follows:

- Sub-center: 1 SC for 5000 population
- Primary Health Center: 1 PHC for 30000 population
- Community Health Center: 1 CHC for 120000 population

There are 4 UPHCs available in the district. Two Special New-Born Care Unit (SNCU) and 1 Nutrition Rehabilitation Centre is present at the district level. Moreover, only one first referral unit (FRU), 1 blood bank, and 1 blood storage units are operational in the district respectively.

Around 28 PHC's, have been converted into Health and Wellness Centres (PHC-HWC). Besides this, all the 4 UPHC's have been transformed into HWCs. Furthermore, out of 233 SC's, only 104 SCs have been converted into HWCs.

Presently, the district has 1 Tuberculosis units (Tus), 1 CBNAAT/TruNat site, and 1 drug resistant TB centre. In addition, the number of functional NCD clinic is found to be at the DH, SDH, and CHC level, of which there is 1 NCD clinic at the DH and 8 clinics functional at the CHC level.

Whereas on the other hand, the total number of institutions providing comprehensive abortion care services (CAC) are 7. Of which, 4 facilities are providing 1st trimester services and the total number of facilities providing both 1st and 2nd trimester services are 3. However, it must be noted that the district doesn't have District Early Intervention Centre (DEIC).

Table 7: Status of Infrastructure

Facility Details	Sanctioned/ Planned	Operational
1. District Hospitals	1	1
2. Sub District Hospital	1	1
3. Community Health Centers (CHC)	8	8
4. Primary Health Centers (PHC)	30	30
5. Sub Centers (SC)	233	233
6. Urban Primary Health Centers (U-PHC)	4	4
7. Urban Community Health Centers (U-CHC)	0	0
8. Special Newborn Care Units (SNCU)	2	2
9. Nutritional Rehabilitation Centers (NRC)	1	1
10. District Early intervention Center (DEIC)	0	0
11. First Referral Units (FRU)	4	1
12. Blood Bank	1	1
13. Blood Storage Unit (BSU)	3	1
14. No. of PHC converted to HWC	28	28
15. No. of U-PHC converted to HWC	4	4
16. Number of Sub Centre converted to HWC	104	104
17. Designated Microscopy Center (DMC)	22	22
18. Tuberculosis Units (TUs)	1	1
19. CBNAAT/TruNat Sites	1	1
20. Drug Resistant TB Centers	1	1
21. Functional Non-Communicable Diseases (NCD) clinic		
At DH	1	1
At SDH	1	1
At CHC	8	8
22. Institutions providing Comprehensive Abortion Care (CAC) services		
Total no. of facilities	7	7
Providing 1st trimester services	4	4
Providing both 1st & 2nd trimester services	3	3

Source: CMHO Office, Dholpur

2.2.2 Status of Human Resource

Efficient Human Resources is the backbone of NHM programs. This caters to the recruitment, deployment, and continued capacity building and functioning of adequate health care labor force. Visiting health facilities in the district and meeting with CMHO gave us a picture of human resource shortage at ground level.

The table-8 shown below highlights the status of HR (under NHM) availability in Dholpur district. It is evident from the data that almost 51 percent vacancies are unfilled for staff nurse in the district. Shortage of lab technicians is very noticeable and they are outsourced in many facilities. There is a scarcity of specialist doctors in the district especially at CHC level. 66 percent posts are vacant for the same. CHOs are not deployed or under training and hence many sub centers run without them. This is a major cause of the patients moving to upper tier facilities for the treatment leading into overburdening. Surgeons are available at district hospitals and very few at CHCs. 60 percent Dentist posts are vacant. Overall, there is shortage in every unit at the facility levels.

Table 8:Status of Human Resource

Staff details at public facility (Regular+ NHM+ other sources)	Sanctioned	In-place	Vacancy (%)
ANM	441	360	18.37
MPW (Male)	20	8	60
Staff Nurse	438	215	50.91
Lab technician	74	49	33.78
Pharmacist (Allopathic)	51	19	62.75
MO (MBBS)	112	73	34.82
OBGY	11	9	18.18
Paediatrician	12	10	16.67
Anaesthetist	5	3	40
Surgeon	15	8	46.67
Radiologists	2	1	50
Other Specialists	59	20	66.1
Dentists/ Dental Surgeon/ Dental MO	10	4	60
Dental technician	2	0	100
Dental Hygienist	1	1	100
Radiographer/ X-ray technician	30	10	66.67
CSSD Technician	4	0	100
OT technician	5	2	60
CHO/ MLHP	71	71	0
AYUSH MO	30	11	63.33
AYUSH Pharmacist	14	8	42.86

Source: CMHO Office, Dholpur

2.2.3 Referral Transport

Health infrastructure also includes transport facilities at the district for the safe and timely movements of the patients. The table-9 shown below highlights the status of MMU of the district wherein there is 1 Mobile Medical Unit in the district of which the number of trips per MMU per month is approximately 20 trips. Around 20 camps have being organized in 240 villages. The services being rendered are health check-ups and lab services wherein the average number of OPD per MMU per month stands at 150 and average number of lab investigations are 20. On the other hand, the average number of blood smears collected or through RDT were 5 samples for Malaria.Approximately,3 number of patients have been referred to higher facilities.

Table 9:Status of Referral Transport

Program details	Count
No. of Mobile Medical Unit (MMU) (on the road) and micro-plan	1
No. of trips per MMU per month	20
No. of camps per MMU per month	20
No. of villages covered	240
Average number of OPD per MMU per month	150
Average no. of lab investigations per MMU per month	20
Avg. no. of X-ray investigations per MMU per month	0
Avg. no. of blood smears collected / Rapid Diagnostic Tests (RDT) done for Malaria, per MMU	5
Avg. no. of sputum collected for TB detection per MMU per month	4
Average Number of patients referred to higher facilities	3

Payment pending (if any)	Nil
If yes, since when and reasons thereof	
Vehicle for Referral Transport	
No. of Basic Life Support (BLS) (on the road) and their distribution	6
No. of Advanced Life Support (ALS) (on the road) and their distribution	1

Source: CMHO Office, Dholpur

With regards to vehicle for referral transport, the district has 108 ambulance wherein there are 6 Basic Life Support (BLS) and 1 Advance Life Support (ALS) available in the district. Both the categories have been operationalized by the state itself and GPS is fitted and timely it is being handled through centralized call centres.

3.STATUS OF NATIONAL PROGRAMME IMPLEMENTATION IN DHOLPUR

3.1 Maternal Health

Maternal Health remains the cornerstone for every public policy. The well-being of mothers is important not only itself but also helps in breaking down the inter-generational poverty circle. The public policy being a combination of the rights-based approach and life cycle approach ensures that the well-being of the child starts at age zero along with the mother's health. Most NHM programmes have their prime focus in ensuring the well-being of mothers. These programmes range from direct cash transfers to indirect transfer programmes and universal health coverage.

The sharp decline in percentage of home deliveries and rising proportion of institutional deliveries is due to success of the schemes such as Janani Suraksha Yojana (JSY) and Janani Shishu Suraksha Karyakaram launched by the Government of India.

3.1.1 Janani Suraksha Yojana (JSY)

Janani Suraksha Yojana or JSY is an integral direct cash transfer scheme aimed to incentivise women to choose institutional delivery. Launched in April 2005, this scheme aimed at reducing maternal and child mortality that may occur due to unsafe delivery. The cash transfer is conditional upon the woman choosing institutional delivery. The scheme has been effective in increasing institutional deliveries over a period of time. The scheme incentivises both mother and ASHA.

The average delay of payment is round 3-4 days and the reason being, the women beneficiaries do not have bank accounts. The other problems that occur are when beneficiaries are unable to provide identity proofs as required. Moreover, it was even mentioned that with merging of banks the beneficiaries didn't have the updated IFSC code with them due to which they couldn't avail the benefit of JSY.

3.1.2 Janani Shishu Suraksha Karyakaram(JSSK)

Janani Shishu Suraksha Karyakram (JSSK) is a rights-based policy measure to reduce the out-of-pocket expenditures of the families during child birth and newborn care. This policy covers aspects such as diet, transport, drugs, diagnostics, referral and other user charges which are otherwise incurred. The scheme entitles all pregnant women free transport from their homes to the public institution both before and after birth. The delivery is free of charge which also

includes C-section. Other entitlements include meals for the mother, new born care and free drugs if needed.

All the JSSK entitlements are being given to the beneficiaries and are well aware of the scheme. With regards to transport services, most of the beneficiaries have availed the free ambulance facility from their homes to facility and facility to home. There have been very less chances where the beneficiaries have paid from their own pockets.

3.1.3 SUMAIV-Surakshit Matritva Aashwasan

Based on the framework, comprehensive care is provided to women and children through five pillars or thematic areas of reproductive, maternal, neonatal, child, and adolescent health. Ministry of Health & Family Welfare, Government of India has launched a new initiative namely- SUMAIV- Surakshit Matritva Aashwasan" with an aim to provide assured, dignified, respectful and Quality healthcare at no cost and zero tolerance for denial of services for every woman and newborn visiting the public health facility in order to end all preventable maternal and newborn deaths and morbidities and provide, a positive birthing experience.

The expected outcome of this new initiative is "**Zero Preventable Maternal and Newborn Deaths and high quality of maternity care delivered with dignity and respect**" Following this strategy, the Maternal Health Division strives to provide quality services to pregnant women and their newborns through various interventions and programmes, building capacity of health personnel and routine health systems strengthening activities.

3.2 Child Health

An integrated approach to improve health outcomes includes the interventions that reduce morbidity and mortality among children. The NHM components have carefully integrated many of these along with maternal health programmes. The early stages of development are crucial for the overall healthy growth of a child thus programmes like full immunisation lay stress on improving the child health indicators. India has committed to reduce IMR in the Sustainable Development Goals to 25 or less per 1,000 live births in under 5-year-old children and 12 or less per 1,000 live births for new-borns by 2030. Therefore, to ensure healthy child survival various thrust areas have been identified. These are:

Area 1: Neonatal Health

- Essential new born care (at every 'delivery' point at time of birth)
- Facility based sick New-born care (at FRUs & District Hospitals)
- Home Based New-born Care (HBNC)

Area 2: Nutrition

- Promotion if optimal Infant and Young Child Feeding (IYCF) practices
- Micronutrient supplementation (Vitamin A, Iron Folic Acid)
- Management of children with Severe Acute Malnutrition (SAM)

Area 3: Management of Common Childhood Illness

- Management of childhood diarrheal diseases and acute respiratory infections

Area 4: Immunization

- Intensification of routine immunization

- Eliminating measles and Japanese encephalitis related death
- Polio Eradication

Table 10: Status of SNCU

Special New-born Care Units (SNCU)	
Total number of beds	
In radiant warmer	29
Step-down care	10
Kangaroo Mother Care Unit	12
Number of non-functional radiant warmer for more than a week	1
Number of non-functional phototherapy unit for more than a week	0

Source: CMHO Office, Dholpur

Special Newborn Care Unit is where kids with extra care like low birth weight, or sick borns are looked after. There are 29 beds under SNCU in the district with 10 radiant warmers and twelve step down care. There are 12 Kangaroo Mother Care units placed available in the district. Many initiatives have been taken to carefully handle neonates. In the district hospital a Kangaroo Mother Care Lounge is made for low-birth-weight children.

While these children are kept under observation in the SNCU, they are fed and cared for by their mother in the KMC lounge under the supervision of the staff nurses. Mothers are taught how to feed and care for the baby and keep them warm by holding them close to the mother's body.

3.2.1 Home Based New-Born Care (HBNC)

The scheme has been implemented in the year 2011, under National Rural Health Mission with the prime aim to reduce neonatal mortality in rural areas. With this scheme, the ASHA workers have incentivized for making visits to all the respective new-borns and their mothers according to the specified schedule of up to 42 days of life. As per the data, there are 950 HBNC kits with ASHAs. These kits contain weighing scale, height measurement tape, Digital Clinical Thermometer etc. There were 7560 home visits done under HBNC by ASHAs in this year

3.2.2 Rashtriya Bal Swasthya Karyakaram (RBSK)

Rashtriya Bal Swasthya Karyakram (RBSK) is a flagship programme under NHM which aims at early identification and intervention for children from the ages 0-18 to tackle the 4 D's i.e., Defects at birth, Deficiencies, Diseases and Development Delays (including disability). The district has 1 NRC which is solely dedicated to tackle the issues clubbed under the 4 D's.

The district in total has eight RBSK teams are in place with four HR teams. There are about eight vehicles ready for RBSK team. There are no blocks where the RBSK team does not function. The programme remains functional in all government schools and Anganwadis. The total number of 80 children have been screened at the delivery points for defects at birth.

Table 11: Status of RBSK

RBSK	Count
Total no. of RBSK teams sanctioned	8
No. of teams with all HR in-place (full-team)	4
No. of vehicles (on the road) for RBSK team	8
No. of Teams per Block	2
No. of block/s without dedicated teams	0
Average no of children screened per day per team	
Number of children born in delivery points screened for defects at birth	80

Source: CMHO Office, Dholpur

3.2.3 Status of Immunization and Childhood Diseases

The table-12 below depicts the status of immunization and childhood diseases that are prevalent in the Dholpur district. 2021. Dholpur is doing well in terms of child immunization. BCG and Measles vaccines are very much achieved and has success rate of 100 percent. The most prevalent childhood diseases that are common i.e., Diarrhoea(9257 cases) followed by pneumonia(1668 cases),and Infection(1373 cases).It must be noted that 61 cases were observed to be in the case of Severe Acute Malnutrition(SAM) and 798 children have been admitted with upper respiratory infection and 231 cases of low birth weight(LBW).

Table 12:Immunization Status

No. of Infants 0- to 11-month-old who received the Vaccines	March 2021
Vitamin K1 (Birth dose)	27649
BCG	30562
Pentavalent 1	29778
Pentavalent 2	28756
Pentavalent 3	28091
OPV 0 (Birth dose)	28886
OPV 1	29744
OPV 2	28795
OPV 3	28195
Hepatitis B-0 (Birth dose)	13366
FIPV 1	28640
FIPV 2	27259
Rotavirus 1	28813
Rotavirus 2	27859
Rotavirus 3	27118
PCV 1	27537
PCV 2	25463
PCV Booster	11947
Measles rubella 1	29733
Childhood Diseases (0-5 years)	Cases
Pneumonia	1668
Asthma	325
Sepsis	45
Diphtheria	6
Pertussis	0
Tetanus Neonatorum	0
Tuberculosis	6
Acute Flaccid Paralysis	4
Measles	16
Malaria	54
Diarrhoea	9257
Severe Acute Malnutrition (SAM)	61
Infection	1373
Birth asphyxia	2
Low birth weight	231
Diarrhoea treated in Inpatients	2983
Children admitted with upper Respiratory Infections	798

Source: CMHO Office, Dholpur

3.3 Comprehensive Primary Health Care (CPHC)

Over the years, the emergence of Universal Health Coverage has arisen as a key objective for assuring accessible, affordable, and quality health care services. One such target is being

achieved through the recently launched programme that is the Ayushman Bharat-Health and Wellness Centres (HWCs). The prime aim of HWCs is to provide all the health care services under one umbrella by covering majority of the population. The Ministry of Health and Family Welfare (MoHFW) has rolled-out the programme with a view to furnish wide and expanded range of services through Comprehensive Primary Health Care (CPHC) and cater the needs specifically at the peripheral level.

As with the rapid urbanization and change in the lifestyles the epidemiology pattern of diseases is increasing day by day with non-communicable diseases being highly prevalent throughout the country. Hence, with the help of Ayushman Bharat-Health and Wellness Centres, it would play a key role in reducing the burden of Non-Communicable Diseases (NCDs) and would tackle the burden of the disease through primordial and primary prevention.

As per the plan 90,300 individuals have been enumerated of which 51,630 enumerations have been completed. Till now, 51630 CBAC forms have been completed but majority of the forms are still pending as the CHOs have been deployed in the COVID-19 duty due to which they are unable to update the portal and fill the CBAC forms on time.

Table 13: Status of CPHC

Indicator	Planned	Completed
1. Number of individuals enumerated	90300	51630
2. Number of CBAC forms filled	60500	51630
3. Number of HWCs started NCD screening:		
a. SHC- HWC	104	68
b. PHC- HWC	30	30
c. UPHC – HWC	4	3
4. Number of individuals screened for:		
a. Hypertension	14448	10582
b. Diabetes	5418	2595
c. Oral Cancer	903	244
d. Breast Cancer	500	1
e. Cervical Cancer	200	13
5. Number of HWCs providing Teleconsultation services	5	5
6. Number of HWCs organizing wellness activities	5	5

Source: CMHO Office, Dholpur

In addition, all the SC's and PHC's which have been transformed into HWCs have started with NCD screening.

Majority of the cases that have been screened for NCDs is majorly observed in hypertension and Diabetes. Majority of the treatment that the community members are seeking is in case for Hypertension and Diabetes. If we talk about the status of cancer, proper screening is being done for all the three cancers in the HWCs, wherein 244 cases are being observed in oral cancer followed by cervical cancer 13 cases, and 1 case for breast cancer.

4. SERVICE AVAILABILITY AT PUBLIC HEALTH FACILITIES AND COMMUNITY INTERACTION

The team visited a total of 7 facilities in Dholpur district. The observations of the team are listed below. This includes points about patient load, infrastructure, manpower, drugs and equipment. The six facilities visited comprises of 1 District Hospital, 2 Community Health Centres, 2 Primary Health Centres, and 2 sub-centre.

A dedicated “Focussed Group Discussions” (FGD’s) was held to understand the community level perception on various fronts and in order to accurately capture their lifestyle, health seeking behaviour, health service accessibility, perceived behaviour of health service providers and know-how on out-of-pocket expenditure incurred while accessing public health services.

4.1 District Hospital

The district hospital is sprawling with seven huge wards and is covered by boundaries. The hospital infrastructure is quite old and is in dire need of servicing. The overload of patients makes the premises very unhygienic and unhealthy. However, when it comes to trusting the treatments, people highly rely on this facility. The monitoring team visited district hospital of Dholpur–Kesar Maharani Memorial Hospital MCH wing. The following observations were made in the health facility:

- The catchment population is 1476000 and it caters to three different states such as Madhya Pradesh, Rajasthan and Uttar Pradesh. Daily average OPD is around 800-1000. And Average delivery load is around 62-70 deliveries per day and number of Cesarean section is about 10 per day.
- The facility has an average OPD load of 400-500 patients per day. This hospital is spread across huge campus and further divided into 7 different sections.
- Infrastructure was found to be enormous and separated ward wise. The maternity ward was visited and in observation, it looked overcrowded with lack of sanitation and hygiene. As per the observations, it wasn’t well maintained and cleanliness was also lacking the reason being the overload the DH is catering too.
- With regards to Bio Medical Waste management proper color coded bins have been placed in the facility and Common Treatment Facility connectivity is also available.
- There are 3 ambulances in the facility i.e. Advanced Life Support-1, Basic Life Support-1, and one that was given by the local MLA which is generally used for referral purposes.
- When discussed about Janani Suraksha Yojana (JSY) payment status, it is around 70 percent however it was cited that there is hesitancy among the beneficiaries which come from different districts of Uttar Pradesh and Madhya Pradesh. The remaining is due to the delay in the incomplete records like missing account numbers shared by the beneficiary.
- Janani Shishu Suraksha Karyakram (JSSK) is implemented in the hospital. All the services are given free to the patients under the scheme. The food is cooked in the in hospital premises run by the “Indira Rasoi Yojana” and four times the diet is being provided to the beneficiaries
- The LaQshya score for OT is 90% and 92% for labour room. There is enough staff available in the OT and Labor room
- The major reasons for maternal deaths as cited are: failure of periphery, C-section, Anemic and other health issues
- Major diseases that are reported in the facility are Dengue and Malaria. Due to mining in the nearby areas, “Silicosis” is prominent in the district.
- Covid Vaccination drive has got good response from the locals and govt. has put in lot of efforts to provide vaccine to all the public. As of now, nearby 70% vaccination has been done successfully in the district.
- Dialysis is running on PPP mode, CT scan facility is available and around 15-18 tests are being conducted through PPP mode with the help of “Krishna “company.
- The scheme RAJASHREE of Rajasthan govt. is active in the district and payment to the family of new born is done as per the norms.

- RMRS meeting is being held with local bodies and prominent members as to give the strategy and how to overcome the challenges.
- It was observed that the facility was over-burdened with patients in each nook and corner. Waiting area does not have enough sitting arrangement. Some women were admitted in the corridors of the hospital.

Figure 1: District Hospital, Dholpur



4.2 UPHC-HWC, Sagar Pada

UPHC Sagar Pada is located almost 5-10 kilometres from the district headquarter. Following are the observations made during the visit are highlighted below:

- The catchment population of the facility that it caters to is 38,000. The PHC covers 13 wards SC's 5 ANMs and 1 Lady Health Visitor (LHV).
- The facility is a 2-bedded facility which is less than the IPHS norms.
- No deliveries are being conducted and hence, it is referred to DH respectively. The average OPD load of the facility is approx. 40-45 per day.
- Total of 1713 CBAC forms have been filled and majorly hypertension and diabetic patients are observed. Proper availability of medicines of these is full in stock
- The routine immunization status that was achieved was approximately 93% and many delays were not observed in urban areas
- However, there were some delays and issues observed in the rural settings. The acceptance of temporary family planning methods are more by the community members. There is reluctance for ANTARA due to reasons of excessive bleeding
- The branding of the HWC is not as per the guidelines.
- One of the major challenges observed was the "accessibility" to the facility
- The nearest referral point is DH as it is at a distance of 1-2 km. The cold chain point is available and is running extremely well

- Mental Health outreach camps are organized twice a month. Monthly 25 yoga sessions are being organized at the centre as a teacher has been appointed for the same.
- During MCHND various counseling sessions are being done for PW, adolescents. WIFS stock is adequate in the facility. Overall, the facility is well managed and the MO was extremely proactive.

Figure 2:UPHC-HWC,Sagar Pada



4.3 Sub-Centre,Jarga

The catchment population is 6650 and number of villages covered under this SC is 3 in Basedi block. Below are the observations of the respected facility:

- The total number of staff available is 4 ASHAs and 1 ANM and the village has 4 AWC's.
- The facility is not nearest to the road and not easily accessible by the beneficiaries as well.
- The overall surrounding of the facility is not well maintained and the building is extremely old. IEC material wasn't sufficient at the facility.
- No medicines were available for hypertension and diabetes in the facility. Besides this, it was reported that there has been a shortage of sanitary napkins for quite a long time.
- The acceptance of ANTARA is good and 8th doses have been administered. Besides this, Mala-N and Copper-T is also being widely accepted among women of the village.
- During the lockdown 2020-21, one home delivery was conducted and 2 maternal deaths were reported.

Figure 3:Sub-Centre,Jarga



4.4 CHC,Basedi

The facility is running in a govt. building and is very old. The facility had displayed ample amount of IEC material in every nook and corner of the facility.

- The average OPD load is 700-800 patients and the average delivery load is more than 200 per month.
- Around 98% of the JSY payment has been made and the remaining payment is pending due to the delay in the incomplete records shared by the beneficiary, account numbers are also missing
- The provision of JSSK diet is done through Kaleva Yojana and 2 times the meal is being served to the beneficiaries and the cost of the diet is Rs.100/-.
- Ambulance service is available on call. Janani express 104 and 108. It was cited that One ambulance is given by the NGO to the hospital.
- There is no availability of Trauma centre in the facility and there is a need for such centre at the facility
- There are 3 teams for RBSK earlier they were deployed for COVID duty but now they are assigned to work in the AWCs for ration distribution.
- With regards to family planning, ANTARA/PPIUCD/IUCD/Oral Pills are being availed by the female members of the community. More and significant efforts are being made for PPIUCD through counseling and motivation.
- The status of COVID-19 vaccine status for 1st dose is 92 percent and that of 2nd dose is approx. 72 percent.
- During the pandemic, a nearby school was utilized as a COVID designated centre to cater the patients. Oxygen plant is being installed through MLA fund.
- Outreach camps are being conducted such as NCD camps (every Wednesday), PMSMA (9th of every month), Family Planning camps are decided through district and is being organized in October-November, TB camps (once in a month), RKSK (Thursday and Friday) with the help of AWW/ASHA/ANM.
- Through RKSK adolescent counseling is being done and number of males is more being counseled due to reasons such as substance abuse, stress, and skin disease. Whereas, females visit the counselor for period camps, and for anemia
- Due to water clogging in the area, Malaria cases are prevalent. Dog bite cases are also more in the block. It was reported that burning cases are also prevalent due to the occupation of mining. Over the past 2 years a total of 8 maternal deaths have occurred.
- Drop-out rates amongst girls for schools have been cited i.e., after the 15 years girls tend to drop their studies.
- The infrastructure is not structured in a systematic basis it was cited that as per funds the infrastructure was made. One of the instances that at times it becomes an issue is with emergency cases. These cases are taken at the 1st floor which at times it becomes an issue.

Figure 4:CHC,Basedi



4.5 PHC-HWC,Marena

The catchment population of the facility that it caters to is 56,000. However, the PHC will convert into CHC. The PHC covers 8 Sub Centers, 11 ANMs and 3 nurses. Below are the highlights of the visited facility:

- The total number of beds available at the facility is 5 which is more or less equivalent to the IPHS norms.
- The average OPD is around 150 per day and average delivery load is 2-3 deliveries. JSY pendency was due to merger of banks; rejection from bank etc
- As it is a HWC converted, no yoga sessions are being conducted. AYUSH OPD is running well and medicines are also available at the facility.
- Proper color-coded bins are placed at the facility and burial pits are also there for BMW. Disposal bed sheets are being used at the facility.
- With regards to adolescent counseling girls visit or get counseled for anemia and boys get counseled for substance abuse.
- As there is more tobacco consumption, timely outreach camps are arranged to generate awareness among the members.
- Most preferred methods in family planning are Copper-T, PPIUCD, Condom, and ANTARA doses have reached till 5th dosage.
- There is availability of Lab Technician at the facility and approximately 15 tests are being conducted.
- Major diseases prevalent are skin diseases and fungal infection. Besides these, dog bites have too been cited
- The facility is Kayakalp awardees and properly maintained. With the help of Lupin Foundation various improvements have been made for the facility. Tele-consultation is available but not yet started.
- Community participation is very less and are not that educated enough as to which hassles were observed during COVID vaccination.
- Water is the key concern, there is availability of tubes but as such no source of water is available.

Figure 5:PHC-HWC,Marena



4.6 CHC, Rajakheda

The facility CHC Rajakheda was nearest to the road and was easily accessible amongst the community members. The catchment population is approx. 1,20,000 and has 8 SC's and 5 Grampanchayats. Following are the highlights of the facility:

- The facility has upgraded and currently has 50 beds in the facility and due to excessive overload, it is planned to have 100 beds.
- The average OPD per day is 800 cases reason being there is availability of surgeon in the facility. The average deliveries conducted per day at the facility is about 8-10 deliveries.
- JSSK diet is outsourced through Kaleva Yojana and 2 meals are given in a day to the beneficiaries.
- Routine Immunizations are being conducted every alternate day as to meet the targets timely.
- Outreach camps are being conducted for RKSK for varied reasons such as skin problems, stress. They are more females who visit the camps than males.
- The target status for PPIUCD is approx. 40 percent and is more than the previous CHC visited. Proper counseling is being given to the beneficiaries. There is acceptance of NSV but more is female sterilization.
- There are 2 X-ray machines in the facility i.e., digital and the non-digital.
- It was reported that dengue cases are more here because of UP periphery which is near to the block and timely anti-larva activity and fogging are being done.
- Bio- Medical Waste is transferred to SM Medical College, Agra every alternate day.
- The facility is a Kayakalp awardees facility and Ujjala clinic is running well.
- No trauma centre is available at the facility. Crime cases are also visible and at times complicated cases have been observed because UP is the nearest periphery and mostly it is being referred to the district.
- OT medicines are not available at the facility.
- Due to delivery load, the protocol of keeping the beneficiary at the facility of 48 hours gets broken as it becomes very difficult to handle.
- Surgical medicines are not available and nursing staff is also short at the facility.
- There is shortage of space as per the load if it gets transferred to some remote area then it would be difficult for the public to commute.

- ICU facility is available but no staff is there, hence the it is non-operational
- CBNAAT is not working properly due to which drug resistant cases are not able to be observed

Figure 6:CHC,Rajakheda



4.7 SC-HWC,DonagarPur

- The catchment population is 830 and number of villages covered under this SC is 1. Only one ANM is working there and no ASHAs are there at the facility.
- Around 4-5 cases per day are being registered for OPD. This is not a delivery point and hence it being referred to CHC Rajakheda.
- In terms of family planning, only 2 doses of ANTARA have been done and problems for CHHAYA have been reported such as delay in periods
- Cases of hypertension and diabetes have been reported and with non-availability of medicines people prefer to go at private facilities for the treatment.
- The only challenge reported by the ANM is that with no ASHAs available at the facility the entire burden is on the ANM.

Figure 7:SC-HWC,Dongarpur



4.8 Community Interaction

We conducted a “Focussed Group Discussion” to know the overall community perception regarding the accessibility of health facilities available in their district and their lifestyle choices with ASHAs, Anganwadi Workers, Anganwadi Helpers, ANMs, and local community members. The findings of the community interaction are highlighted below:

- With regards to “**Health Seeking**” it was cited and observed that the community members preferred to seek treatment from public health facilities irrespective of the level. They generally preferred to go to either CHC or PHC of Basedi block for common ailments such as infections, cold, fever and pain.
- On interaction with the community members and health care providers it was reported that the “**Consumption of Tobacco and Alcohol**” is prevalent amongst males. Alcohol abuse is higher among the males. Whereas, the consumption of tobacco is both in males and females.
- One of the key issues, that was observed while interacting with the community members was that majority of the households don’t have in-home “**Toilet**” facility and the one’s that have been built under the government scheme are not properly built.
- There is easy “**Accessibility of Health Care Services**” in terms of drugs, diagnostics, and referral transport. None of them were made to pay for the services and have availed free of cost. However, some sections do prefer to go to the facility with their own vehicle. In addition, the community members too have reported that out-of-pocket(OOP) was done in transportation as at times there is huge waiting time for 108 ambulances, due to which the delivery happens at home after long hours of wait of ambulance
- ASHAs are easily approachable by community members in the village and participants have reported that the ASHAs come for regular visits and also help in referral of pregnant women. ASHAs along with anagwandi workers and helpers have reported that they go door to door for delivery of family planning services, take suspected case for TB screening at CHC and pregnant women for ANC check-ups.They had complete knowledge about their roles and responsibilities with regards to CBAC forms for NCD screening, Immunization schedule etc.Timely incentives have been received and no lags were reported for the same.
- For NCDs screening and diagnosis,the community members preferred to seek treatment either from CHC Basedi or District Hospital as the Sub-centre located in Jarga doesn’t have the adequate availability of drugs to cater the patients resulting to which the load shifts to CHC or DH.
- CHC Basedi was the preferred facility amongst the community members for TB screening or any sort of emergency service required around the clock.

5. CONCLUSION AND RECOMMENDATIONS

The Population Research Centre, Delhi undertook the monitoring of NHM Programme Implementation Plan in various states, wherein the team was expected to carry out the field visit of the state for quality checks and further improvement of the different components of NHM. This report explains the Monitoring and Evaluation findings of the Dholpur District of Rajasthan.

The following healthcare facilities in Dholpur were visited for Monitoring & Evaluation: District Hospital Dholpur, 2 CHCs one in Basedi and Rajakheda, 2 PHC-HWC's i.e., one in urban Sagar Pada and the other one in rural setting namely Marena. Besides visiting the facilities, the team even interacted with the beneficiaries and Focussed Group Discussion with ASHAs, ANMs, Aganwadi Workers and local community members. A summary of our findings in the district is presented below:

The district has 1 DH, 8 CHCs, 30 PHCs and 233 SCs. With respect to transport, the district is equipped with 6 BLS and 1 ALS ambulances. One mobile medical unit is also available in the district and around 20 camps have been organized in 240 villages for MMU. There is a vacancy for Medical Officers, Surgeons, OT Technician, Lab Technician, Allopathic Pharmacist, Staff Nurse, and CHOs.

After the roll out of NHM the district certainly had improved a lot. This was most visible on the maternal health front; wherein institutional deliveries had gone up drastically. NHM programmes also fuelled behaviour change in the common public who became aware of their rights. Quality of care had improved after proper infrastructure was built. However as mentioned by the officials that there much to be done in this regard but due to COVID there has been a diversion in some of the activities. It was cited by many health personnel that to manage the patient load there should be adequate infrastructure and manpower to handle the increasing load and crisis. Shortage of Human Resource led to delays in some major developments in the hospital.

It is important to note that the IECs were displayed in all facilities for timings of the facility, drug list, immunization, JSY, JSSK and many others. Colourful charts representing facility's monthly performance for immunisation and IUCD insertions were also displayed at the visited facilities.

On interaction with the community members various valuable insights were delivered from their end with respect to service delivery, their lifestyle practices, out-of-pocket expenditure incurred and preferability on type of facility visit. Based on the monitoring the following recommendations for improving the service delivery in the district are made:

- Despite having contractual sweeping staff, maintenance is difficult due to overload and undisciplined public behavior, sanitation is a very big challenge in the District Hospital. Awareness towards cleanliness through exposures to mass media and community involvement may be created.
- All the visited facilities in the Dholpur district there is a dire need to improve the infrastructure by timely repairs and renovation as majority of the facilities had seepage issues.
- There is a need of gap analysis to understand the challenges in effective service delivery mechanism. Avenues for Public Private Partnership may be explored to bridge the gap.

- It is advised that the district administration should collaborate with the urban local bodies so that there can be connectivity within the district for the local people and access the facilities without any hassles.
- With regards to delivery points the district has 15 delivery points i.e., it is being delivered at PHC, CHC and DH. Thus, it is suggested that there is a need of increasing more delivery points so that in the remote areas, delivery will be easily accessible.
- In many delivery points, JSSK diet provision is not made available. Patients have to rely on outside food or home cooked food. Food provision and food quality need to be given attention at the delivery points.
- Women were reported to be hesitant and non-compliant in letting health workers know their pregnancy status in the first trimester. Community awareness must be raised with regards to the significance of early registration. Screening of High-Risk pregnancies is further delayed due to the underlying problem. Given that the district is only somewhat equipped to cater to complicated pregnancies, delayed registration can significantly affect identification of such cases and further weaken the referral system.
- Emerging cases of Silicosis draws major concerns which necessitate timely interventions for preventive and curative gains.
- Regulatory visits by CMO, DPM, etc. to guarantee adherence to the standards and norms with respect to various activities. This will bring the existing gaps to the surface and also restructure the redressal system



Ministry of Health & Family Welfare
Government of India



Schedule for PIP Monitoring

District Profile

Indicator	Remarks/ Observation			
1. Name of District				
2. Total number of Blocks				
3. Total number of Villages				
4. Total Population				
• Rural population				
• Urban population				
5. Literacy rate				
6. Sex Ratio				
7. Sex ratio at birth				
8. Population Density				
9. Estimated number of deliveries				
10. Estimated number of C-section				
11. Estimated numbers of live births				
12. Estimated number of eligible couples				
13. Estimated number of leprosy cases				
14. Target for public and private sector TB notification for the current year				
15. Estimated number of cataract surgeries to be conducted				
16. Mortality Indicators:	Previous year (2019-20)		Current FY (2020-21)	
	Estimated	Reported	Estimated	Reported
• Maternal Death				
• Child Death				
• Infant Death				
• Still birth				
• Deaths due to Malaria				
• Deaths due to sterilization procedure				
17. Facility Details	Sanctioned/ Planned		Operational	
1. District Hospitals				
2. Sub District Hospital				
3. Community Health Centers (CHC)				
4. Primary Health Centers (PHC)				
5. Sub Centers (SC)				
6. Urban Primary Health Centers (U-PHC)				
7. Urban Community Health Centers (U-CHC)				
8. Special Newborn Care Units (SNCU)				
9. Nutritional Rehabilitation Centres (NRC)				
10. District Early intervention Center (DEIC)				
11. First Referral Units (FRU)				

12. Blood Bank		
13. Blood Storage Unit (BSU)		
14. No. of PHC converted to HWC		
15. No. of U-PHC converted to HWC		
16. Number of Sub Centre converted to HWC		
17. Designated Microscopy Center (DMC)		
18. Tuberculosis Units (TUs)		
19. CBNAAT/TruNat Sites		
20. Drug Resistant TB Centres		
21. Functional Non-Communicable Diseases (NCD) clinic • At DH • At SDH • At CHC		
22. Institutions providing Comprehensive Abortion Care (CAC) services • Total no. of facilities • Providing 1st trimester services • Providing both 1st & 2nd trimester services		

Overview: DHAP

Indicator	Remarks/ Observation
1. Whether the district has prepared any District Programme Implementation Plan (PIP) for current year and has submitted it to the states (verify)	
2. Whether the District has received the approved District Health Action Plan (DHAP) from the state (verify).	If yes, date of release_____
3. Date of first release of fund against DHAP	
4. Infrastructure: Construction Status	
• Details of Construction pending for more than 2 years	
• Details of Construction completed but not handed over	

Service Availability

Indicator	Remarks/ Observation
1. Implementation of Free drugs services (if it is free for all)	
2. Implementation of diagnostic services (if it is free for all) • Number of lab tests notified	
3. Status of delivery points	
• No. of SCs conducting >3 deliveries/month	
• No. of 24X7 PHCs conducting > 10 deliveries /month	
• No. of CHCs conducting > 20 deliveries /month	
• No. of DH/ District Women and child hospital conducting > 50 deliveries /month	
• No. of DH/ District Women and child hospital conducting C-section	

Indicator	Remarks/ Observation	
• No. of Medical colleges conducting > 50 deliveries per month		
• No. of Medical colleges conducting C-section		
4. Number of institutes with ultrasound facilities (Public+Private)		
• Of these, how many are registered under PCPNDT act		
5. Details of Pradhan Mantri Surakshit Matritva Abhiyan PMSMA activities performed		
6. RBSK		
• Total no. of RBSK teams sanctioned		
• No. of teams with all HR in-place (full-team)		
• No. of vehicles (on the road) for RBSK team		
• No. of Teams per Block		
• No. of block/s without dedicated teams		
• Average no of children screened per day per team		
• Number of children born in delivery points screened for defects at birth		
7. Special Newborn Care Units (SNCU)		
• Total number of beds ○ In radiant warmer ○ Stepdown care ○ Kangaroo Mother Care (KMC) unit		
• Number of non-functional radiant warmer for more than a week		
• Number of non-functional phototherapy unit for more than a week		
	Inborn	Out born
• Admission		
• Defects at birth		
• Discharged		
• Referral		
• LAMA		
• Died		
8. Newborn Stabilization Unit (NBSU)		
	Inborn	Out born
• Admission		
• Discharged		
• Referral		
• LAMA		
• Died		
9. Nutrition Rehabilitation Centers (NRC)		
• Admission ○ Bilateral pitting oedema ○ MUAC<115 mm ○ <'3SD WFH ○ with Diarrhea ○ ARI/ Pneumonia ○ TB ○ HIV ○ Fever		

Indicator	Remarks/ Observation	
○ Nutrition related disorder ○ Others		
• Referred by ○ Frontline worker ○ Self ○ Ref from VCDC/ CTC ○ RBSK ○ Pediatric ward/ emergency		
• Discharged		
• Referral/ Medical transfer		
• LAMA		
• Died		
10. Home Based Newborn Care (HBNC)		
• Status of availability of HBNC kit with ASHAs		
• Newborns visited under HBNC		
• Status of availability of drug kit with ASHAs		
11. Number of Maternal Death Review conducted • Previous year • Current FY		
12. Number of Child Death Review conducted • Previous year • Current FY		
13. Number of blocks covered under Peer Education (PE) programme		
14. No. of villages covered under PE programme		
15. No. of PE selected		
16. No. of Adolescent Friendly Clinic (AFC) meetings held		
17. Weekly Iron Folic Acid Supplementation (WIFS) stock out		
18. No. of Mobile Medical Unit (MMU) (on the road) and micro-plan		
• No. of trips per MMU per month		
• No. of camps per MMU per month		
• No. of villages covered		
• Average number of OPD per MMU per month		
• Average no. of lab investigations per MMU per month		
• Avg. no. of X-ray investigations per MMU per month		
• Avg. no. of blood smears collected / Rapid Diagnostic Tests (RDT) done for Malaria, per MMU per month		
• Avg. no. of sputum collected for TB detection per MMU per month		
• Average Number of patients referred to higher facilities		
• Payment pending (if any)		
• If yes, since when and reasons thereof		
19. Vehicle for Referral Transport		
• No. of Basic Life Support (BLS) (on the road) and their distribution		
• No. of Advanced Life Support (ALS) (on the road) and their distribution		
	ALS	BLS

Indicator	Remarks/ Observation		
○ Operational agency (State/ NGO/ PPP)			
○ If the ambulances are GPS fitted and handled through centralized call centre			
○ Average number of calls received per day			
○ Average number of trips per ambulance per day			
○ Average km travelled per ambulance per day			
○ Key reasons for low utilization (if any)			
• No. of transport vehicle/102 vehicle (on the road)			
○ If the vehicles are GPS fitted and handled through centralized call centre			
○ Average number of trips per ambulance per day			
○ Average km travelled per ambulance per day			
○ Key reasons for low utilization (if any)			
20. Universal health screening			
• If conducted, what is the target population			
• Number of Community Based Assessment Checklist (CBAC) forms filled till date			
• No. of patients screened, diagnosed, and treated for: ○ Hypertension ○ Diabetes ○ Oral cancer ○ Breast Cancer ○ Cervical cancer			
21. If State notified a State Mental Health Authority			
22. If grievance redressal mechanism in place			
• Whether call center and toll-free number available			
• Percentage of complains resolved out of the total complains registered in current FY			
23. If Mera-aaspatal has been implemented			
24. Payment status:	No. of beneficiaries	Backlog	DBT status
• JSY beneficiaries			
• ASHA payment:			
○ A- Routine and recurring at increased rate of Rs. 2000 pm			
○ B- Incentive under NTEP			
○ C- Incentives under NLEP			
• Payment of ASHA facilitators as per revised norms (of a minimum of Rs. 300 per visit)			
• Patients incentive under NTEP programme			
• Provider's incentive under NTEP programme			
• FP compensation/ incentive			
25. Implementation of Integrated Disease Surveillance Programme (IDSP)			
• If Rapid Response Team constituted, what is the composition of the team			

Indicator	Remarks/ Observation
• No. of outbreaks investigated in previous year and in current FY	
• How is IDSP data utilized	
• Proportion (% out of total) of Pvt health facilities reporting weekly data of IDSP	
26. Implementation of National Vector Borne Disease Control Programme (NVBDCP)	
• Micro plan and macro plan available at district level	
• Annual Blood Examination Rate	
• Reason for increase/ decrease (trend of last 3 years to be seen)	
• LLIN distribution status	
• IRS	
• Anti-larval methods	
• Contingency plan for epidemic preparedness	
• Weekly epidemiological and entomological situations are monitored	
• No. of MDR rounds observed	
• No. of districts achieved elimination status for Lymphatic Filariasis i.e. mf rate <1%	
27. Implementation of National Tuberculosis Elimination Programme (NTEP)	
• Target TB notification achieved	
• Whether HIV Status of all TB patient is known	☐ Yes/ ☐ No If No, no. of TB patients with known HIV status _____
• Eligible TB patients with UDST testing	
• Whether drugs for both drug sensitive and drug resistance TB available	
• Patients notification from public sector	No of patients notified: Treatment success rate: No. of MDR TB Patients: Treatment initiation among MDR TB patients:
• Patients notification from private sector	No of patients notified: Treatment success rate: No. of MDR TB Patients: Treatment initiation among MDR TB patients:
• Beneficiaries paid under Nikshay Poshan Yojana	
• Active Case Finding conducted as per planned for the year	☐ Yes/ ☐ No
28. Implementation of National Leprosy Eradication Programme (NLEP)	
• No. of new cases detected	
• No. of G2D cases	
• MDT available without interruption	
• Reconstructive surgery for G2D cases being conducted	
• MCR footwear and self-care kit available	
29. Number of treatment sites and Model Treatment Center (MTC) for viral hepatitis	

Indicator	Remarks/ Observation			
30. Percent of health workers immunized against Hep B				
31. Key activities performed in current FY as per ROP under National Fluorosis Control Programme				
32. Key activities performed in current FY as per ROP under National Iron Deficiency Disorders Control Programme				
33. Key activities performed in current FY as per ROP under National Tobacco Control Programme				
34. Number of ASHAs • Required as per population • Selected • No. of ASHAs covering more than 1500 (rural)/ 3000 (urban) population • No. of villages/ slum areas with no ASHA				
35. Status of social benefit scheme for ASHAs and ASHA Facilitators (if available) • No. of ASHAs enrolled for Pradhan Mantri Jeevan Jyoti Bima Yojana (PMJJBY) • No. of ASHA Facilitator enrolled for Pradhan Mantri Jeevan Jyoti Bima Yojana (PMJJBY) • No. of ASHAs enrolled for Pradhan Mantri Suraksha Bima Yojana (PMSBY) • No. of ASHA Facilitators enrolled for Pradhan Mantri Suraksha Bima Yojana (PMSBY) • No. of ASHAs enrolled for Pradhan Mantri Shram Yogi Maandhan Yojana (PMSYMY) • No. of ASHA Facilitators enrolled for Pradhan Mantri Shram Yogi Maandhan Yojana (PMSYMY) • Any other state specific scheme_____				
36. Status of Mahila Arogya Samitis (MAS)- - Formed - Trained - MAS account opened				
37. Status of Village Health Sanitation and Nutrition Committee (VHSNC) - Formed - Trained - MAS account opened				
38. Number of facilities quality certified				
39. Status of Kayakalp and Swachh Swasth Sarvatra (SSS)				
40. Activities performed by District Level Quality Assurance Committee (DQAC)				
41. Recruitment for any staff position/ cadre conducted at district level				
42. Details of recruitment	Previous year (2019-20)		Current FY (2020-21)	
	Regular cadre	NH M	Regular cadre	NH M

Indicator	Remarks/ Observation
• Total no. of posts vacant at the beginning of FY	
• Among these, no. of posts filled by state	
• Among these, no. of posts filled at district level	
43. If state has comprehensive (common for regular and contractual HR) Human Resource Information System (HRIS) in place	

Implementation of CPHC

Status as on: _____

Indicator	Planned	Completed
1. Number of individuals enumerated		
2. Number of CBAC forms filled		
3. Number of HWCs started NCD screening: a. SHC- HWC b. PHC- HWC c. UPHC – HWC		
4. Number of individuals screened for: a. Hypertension b. Diabetes c. Oral Cancer d. Breast Cancer e. Cervical Cancer		
5. Number of HWCs providing Teleconsultation services		
6. Number of HWCs organizing wellness activities		

Status of HRH

Status as on: _____

1. Staff details at public facility (Regular+ NHM+ other sources)	Sanctioned	In-place	Vacancy (%)
• ANM			
• MPW (Male)			
• Staff Nurse			
• Lab technician			
• Pharmacist (Allopathic)			
• MO (MBBS)			
• OBGY			
• Pediatrician			
• Anesthetist			
• Surgeon			
• Radiologists			
• Other Specialists			
• Dentists/ Dental Surgeon/ Dental MO			
• Dental technician			
• Dental Hygienist			

• Radiographer/ X-ray technician				
• CSSD Technician				
• OT technician				
• CHO/ MLHP				
• AYUSH MO				
• AYUSH Pharmacist				
2. Performance of EMOC/ LSAS trained doctors	Trained	Posted in FRU	Performing C-section	
• LSAS trained doctors				
• EmOC trained doctors				

State of Fund Utilization

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

Status of Expenditure as on: _____ to _____

Indicator	Budget Released (in lakhs)	Budget utilized (in lakhs)	Reason for low utilization (if less than 60%)
1. FMR 1: Service Delivery: Facility Based			
2. FMR 2: Service Delivery: Community Based			
3. FMR 3: Community Intervention			
4. FMR 4: Untied grants			
5. FMR 5: Infrastructure			
6. FMR 6: Procurement			
7. FMR 7: Referral Transport			
8. FMR 8: Human Resource (Service Delivery)			
9. FMR 9: Training			
10. FMR 10: Review, Research and Surveillance			
11. FMR 11: IEC-BCC			
12. FMR 12: Printing			
13. FMR 13: Quality			
14. FMR 14: Drug Warehouse & Logistic			
15. FMR 15: PPP			
16. FMR 16: Programme Management			
• FMR 16.1: PM Activities Sub Annexure			
17. FMR 17: IT Initiatives for Service Delivery			
18. FMR 18: Innovations			

Programme Wise

Status of Expenditure as on: _____ to _____

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

Indicator	Budget Released (in lakhs)	Budget utilized (in lakhs)	Reason for low utilization (if less than 60%)
• National Mental Health Program (NMHP)			
• National Programme for Health Care for the Elderly (NPHCE)			
• National Tobacco Control Programme (NTCP)			
• National Programme for Prevention and Control of Diabetes, Cardiovascular Disease and Stroke (NPCDCS)			
• National Dialysis Programme			
• National Program for Climate Change and Human Health (NPCCHH)			
• National Oral health programme (NOHP)			
• National Programme on palliative care (NPPC)			
• National Programme for Prevention and Control of Fluorosis (NPPCF)			
• National Rabies Control Programme (NRCP)			
• National Programme for Prevention and Control of Deafness (NPPCD)			
• National programme for Prevention and Management of Burn & Injuries			
• Programme for Prevention and Control of Leptospirosis (PPCL)			

Status of trainings

Status as on: _____

List of training (to be filled as per ROP approval)	Planned	Completed
1.		
2.		
3.		
4.		
5.		
6.		
7.		

8.		
9.		
10.		
11.		
12.		
13.		
14.		
15.		



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	☐ DH/ ☐ SDH
FRU	☐ Yes/ ☐ No
Standalone/ Co-located	☐ Standalone/ ☐ Co-located Co-located with (if applicable):
Accessible from nearest road head	☐ Yes/ ☐ No
Date of Visit	
Next Referral Point	Facility: Distance:

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

Indicator	Remarks/ Observation
Delivery, PNC, Immunization, FP, Laboratory services	2 O&G
	3 Pediatric
	4 General Surgery
	5 Anesthesiology
	6 Ophthalmology
	7 Dental
	8 Imaging Services (X – ray)
	9 Imaging Services (USG)
	10 District Early Intervention Centre (DEIC)
	11 Nutritional Rehabilitation Centre (NRC)
	12 SNCU/ Mother and Newborn Care Unit (MNCU)
	13 Comprehensive Lactation Management Centre (CLMC) / Lactation Management Unit (LMU)
	14 Neonatal Intensive Care Unit (NICU)
	15 Pediatric Intensive Care Unit (PICU)
	16 Labour Room Complex
	17 ICU
	18 Dialysis Unit
	19 Emergency Care
	20 Burn Unit
	21 Teaching block (medical, nursing, paramedical)
	22 Skill Lab
	5. Emergency
6. Tele-medicine/Consultation services available	☐ Yes/ ☐ No If yes, average case per day _____
7. Operation Theatre available	☐ Yes/ ☐ 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	☐ Yes/ ☐ No If yes, number of units of blood currently available: _____ No. of blood transfusions done in last month: _____

Indicator	Remarks/ Observation																																																																																																	
9. Whether blood is issued free, or user-fee is being charged	☐ Free for BPL ☐ Free for elderly ☐ Free for JSSK beneficiaries ☐ Free for all																																																																																																	
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="1"> <thead> <tr> <th colspan="2">HR</th><th>San.</th><th>Reg.</th><th>Cont.</th></tr> </thead> <tbody> <tr> <td colspan="2">MO (MBBS)</td><td></td><td></td><td></td></tr> <tr> <td rowspan="9">Specialists</td><td>Medicine</td><td></td><td></td><td></td></tr> <tr> <td>ObGy</td><td></td><td></td><td></td></tr> <tr> <td>Pediatrician</td><td></td><td></td><td></td></tr> <tr> <td>Anesthetist</td><td></td><td></td><td></td></tr> <tr> <td>Surgeon</td><td></td><td></td><td></td></tr> <tr> <td>Ophthalmologist</td><td></td><td></td><td></td></tr> <tr> <td>Orthopedic</td><td></td><td></td><td></td></tr> <tr> <td>Radiologist</td><td></td><td></td><td></td></tr> <tr> <td>Pathologist</td><td></td><td></td><td></td></tr> <tr> <td></td><td>Others</td><td></td><td></td><td></td></tr> <tr> <td colspan="2">Dentist</td><td></td><td></td><td></td></tr> <tr> <td colspan="2">Staff Nurses/ GNMs</td><td></td><td></td><td></td></tr> <tr> <td colspan="2">LTs</td><td></td><td></td><td></td></tr> <tr> <td colspan="2">Pharmacist</td><td></td><td></td><td></td></tr> <tr> <td colspan="2">Dental Technician/ Hygienist</td><td></td><td></td><td></td></tr> <tr> <td colspan="2">Hospital/ Facility Manager</td><td></td><td></td><td></td></tr> <tr> <td colspan="2">EmOC trained doctor</td><td></td><td></td><td></td></tr> <tr> <td colspan="2">LSAS trained doctor</td><td></td><td></td><td></td></tr> <tr> <td colspan="2">Others</td><td></td><td></td><td></td></tr> </tbody> </table>	HR		San.	Reg.	Cont.	MO (MBBS)					Specialists	Medicine				ObGy				Pediatrician				Anesthetist				Surgeon				Ophthalmologist				Orthopedic				Radiologist				Pathologist					Others				Dentist					Staff Nurses/ GNMs					LTs					Pharmacist					Dental Technician/ Hygienist					Hospital/ Facility Manager					EmOC trained doctor					LSAS trained doctor					Others				
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15. LaQshya	Labour Room: Operation Theatre:																																																																																																	
16. Availability of list of essential medicines (EML)/ drugs (EDL)	☐ Yes/ ☐ No If yes, total number of drugs in EDL _____ EDL displayed in OPD Area: ☐ Yes/ ☐ No No. of drugs available on the day of visit (out of the EDL) _____																																																																																																	
17. Implementation of DVDMS or similar supply chain management system	☐ Yes/ ☐ No If other, which one _____																																																																																																	

Indicator	Remarks/ Observation										
18. Shortage of 5 priority drugs from EDL in last 30 days, if any	<table border="1"> <tr><td>1</td><td></td></tr> <tr><td>2</td><td></td></tr> <tr><td>3</td><td></td></tr> <tr><td>4</td><td></td></tr> <tr><td>5</td><td></td></tr> </table>	1		2		3		4		5	
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19. Availability of Essential Consumables:	☐ Sufficient Supply ☐ Minimal Shortage ☐ Acute shortage List the consumables for with there was shortage In last 6 months how many times there was shortage_____										
20. Availability of essential diagnostics	☐ In-house ☐ Outsourced/ PPP ☐ Both/ Mixed										
In-house tests (For 2020-21)	Timing: Total number of tests performed: _____ Details of tests performed:										
Outsourced/ PPP (For 2020-21)	Timing: Total number of tests performed: _____ Details of tests performed:										
21. X-ray services is available	☐ Yes/ ☐ No If Yes, type & nos. of functional X-ray machine is available in the hospital: Is the X-ray machine AERB certified: ☐ Yes/ ☐ No										
22. CT scan services available	☐ Yes/ ☐ No If yes: ☐ In-house/ ☐ 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	☐ Free for BPL ☐ Free for elderly ☐ Free for JSSK beneficiaries ☐ Free for all										
24. Availability of Testing kits/ Rapid Diagnostic Kits	☐ Sufficient Supply ☐ Minimal Shortage ☐ Acute shortage										
25. Implementation of PM-National Dialysis programme	☐ Yes/ ☐ No ☐ In-house ☐ Outsourced/ PPP Total number of tests performed: _____										

Indicator	Remarks/ Observation
Whether the services are free for all	☐ Free for BPL ☐ Free for elderly ☐ Free for JSSK beneficiaries ☐ Free for all
Number of patients provided dialysis service (for 2020-21)	○ Previous year _____ ○ Current FY _____ <i>*Calculate the approximate no. of patients provided dialysis per day</i>
26. If there is any shortage of major instruments/ equipment (List the Equipments)	
27. Average downtime of equipment. Details of equipment are nonfunctional for more than 7 days	
28. Availability of delivery services	☐ Yes/ ☐ No
If the facility is designated as FRU, whether C-sections are performed	☐ Yes/ ☐ No Number of normal deliveries performed in last month: _____ No. of C-sections performed in last month: _____
Comment on the condition of:	Labour room: OT: Functional New-born care corner (functional radiant warmer with neo-natal ambu bag): ☐ Yes/ ☐ No
29. Status of JSY payments	Payment is up to date: ☐ Yes/ ☐ No Average delay: Payment done till: Reasons for delay:
30. Availability of JSSK entitlements	☐ Yes/ ☐ No If yes, whether all entitlements being provided ☐ Free delivery services (Normal delivery/ C-section) ☐ Free diet ☐ Free drugs and consumables ☐ Free diagnostics ☐ Free blood services ☐ Free referral transport (home to facility) ☐ Free referral transport (drop back from facility to home) ☐ No user charges
31. PMSMA services provided on 9 th of every month	☐ Yes/ ☐ No If yes, how are high risks identified on 9 th ?

Indicator	Remarks/ Observation
	If No, reasons thereof:
32. Line listing of high-risk pregnancies	☐ Yes/ ☐ No
33. Practice related to Respectful Maternity Care	
34. Whether facility have registers for entering births and deaths	☐ Yes/ ☐ 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	☐ Yes/ ☐ No
38. Availability of vaccines and hub cutter	☐ Yes/ ☐ No Nurses/ ANM aware about open vial policy: ☐ Yes/ ☐ 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	☐ Fully functional with all staff in place ☐ Functional with few vacancies (approx. 20%-30%) ☐ Functional with more than 50% vacancies ☐ Not functional/ All posts vacant
42. Number of sterilizations performed in last one month	
43. Availability of trained provider for IUCD/ PPIUCD	☐ Yes/ ☐ No
44. Who counsels on FP services?	
45. Please comment on utilization of other FP services	
46. FPLMIS has been implemented	☐ Yes/ ☐ No
47. Availability of functional Adolescent Friendly Health Clinic	☐ Yes/ ☐ No If yes, who provides counselling to adolescents: _____ Separate male and female counselors available: ☐ Yes/ ☐ No Total No of Adolescents counseled in last 6 months _____
48. Whether facility has fixed day NCD clinic	☐ Yes/ ☐ No If Yes, how many days in a week: _____ days

Indicator	Remarks/ Observation																		
49. Are service providers trained in cancer services?	☐ Yes/ ☐ No																		
50. Number of individuals screened for the following in last 6 months:	<table border="1"> <thead> <tr> <th></th><th>Screened</th><th>Confirmed</th></tr> </thead> <tbody> <tr> <td>a. Hypertension</td><td></td><td></td></tr> <tr> <td>b. Diabetes</td><td></td><td></td></tr> <tr> <td>c. Oral Cancer</td><td></td><td></td></tr> <tr> <td>d. Breast Cancer</td><td></td><td></td></tr> <tr> <td>e. Cervical Cancer</td><td></td><td></td></tr> </tbody> </table>		Screened	Confirmed	a. Hypertension			b. Diabetes			c. Oral Cancer			d. Breast Cancer			e. Cervical Cancer		
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51. Whether reporting weekly data in P, S and L form under IDSP	☐ Yes/ ☐ No																		
1. Status of TB elimination programme	Facility is designated as Designated Microscopy Centre (DMC): ☐ Yes/ ☐ 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: ☐ Yes/ ☐ No If yes, are there any patients currently taking anti-TB drugs from the facility: ☐ Yes/ ☐ No Availability of CBNAAT/ TruNat: ☐ Yes/ ☐ No Percent of patients tested through CBNAAT/TruNat for Drug resistance in the last 6 months _____ Are all TB patients tested for HIV? ☐ Yes/ ☐ No Are all TB patients tested for Diabetes Mellitus: ☐ Yes/ ☐ No Percent of TB Patients for whom DBT installments have been initiated under Nikshay Poshan Yojana in the last 6 months: _____																		
52. Maintenance of records on	• TB Treatment Card cases (both for drug sensitive and drug resistant cases): ☐ Yes/ ☐ No • TB Notification Registers: ☐ Yes/ ☐ No • Malaria cases: ☐ Yes/ ☐ No • Palliative cases: ☐ Yes/ ☐ No • Cases related to Dengue and Chikungunya: ☐ Yes/ ☐ No • Leprosy cases: ☐ Yes/ ☐ No																		
53. How much fund was received and utilized by the facility under NHM?	Fund Received last year: _____ Fund utilized last year: _____ Items/ Activities whose expenditure is met out of the RKS/ Untied Fund regularly: _____ Reasons for underutilization of fund (if any) _____																		
54. Status of data entry in (match with physical records)	HMIS: ☐ Updated/ ☐ Not updated MCTS: ☐ Updated/ ☐ Not updated IHIP: ☐ Updated/ ☐ Not updated HWC Portal: ☐ Updated/ ☐ Not updated Nikshay Portal: ☐ Updated/ ☐ Not updated																		
55. Frequency of RKS meeting (check and obtain minutes of last meeting held)																			
	☐ Own ambulance available																		

Indicator	Remarks/ Observation
2. Availability of ambulance services in the area	(Number)_____ ☐ DH/ SDH has contracted out ambulance services (Number)_____ ☐ Ambulances services with Centralized call centre ☐ Government ambulance services are not available Comment (if any):
How many cases from CHC, PHC, SC, referred to in last month?	Number: CHC PHC SC Types of cases referred in:
How many cases were referred out last month?	Number: Types of cases referred out:
3. Key challenges in the facility and the root causes	
Challenge	Root causes
a)	
b)	
c)	
d)	
e)	



Ministry of Health & Family Welfare
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Community Health Centre (CHC)/ U-CHC Level Checklist

Service Delivery:

Name of facility visited			
Facility Type		☐ CHC/ ☐ U-CHC	
FRU		☐ Yes/ ☐ No	
Standalone/ Co-located		☐ Standalone/ ☐ Co-located Co-located with (if applicable):	
Accessible from nearest road head		☐ Yes/ ☐ No	
Date of Visit			
Next Referral Point		Facility: Distance:	
Indicator	Remarks/ Observation		
4. OPD Timing			
5. Whether the facility is functioning in PPP mode	☐ Yes/ ☐ No		
6. Condition of infrastructure/ building Please comment on the condition and tick the appropriate box	Comments: ☐ 24*7 running water facility ☐ Facility is geriatric and disability friendly (ramps etc.) ☐ Clean functional toilets available (separate for Male and female) ☐ Drinking water facility available ☐ OPD waiting area has sufficient sitting arrangement ☐ ASHA rest room is available ☐ Drug storeroom with rack is available Power backup: ☐ Complete Hospital/ ☐ Part of the hospital		
7. Number of functional in-patient beds			
8. List of Services available			
Specialized services available in addition to General OPD, ANC, Delivery, PNC, Immunization, FP, Laboratory services	Sl.	Service	Y/N
	1	Medicine	
	2	O&G	
	3	Pediatric	
	4	General Surgery	
	5	Anesthesiology	

	6	Ophthalmology																																																																										
	7	Dental																																																																										
	8	Imaging Services (X – ray)																																																																										
	9	Imaging Services (USG)																																																																										
	10	Newborn Stabilization Unit																																																																										
If any of the specialists are available 24*7	☐ Yes available ☐ Yes, available only on-call ☐ Not available																																																																											
Emergency	General emergency: or facilities available for: 1. Triage 2. Resuscitation 3. Stabilization																																																																											
9. Tele-medicine/Consultation services available	☐ Yes/ ☐ No If yes, average case per day _____																																																																											
10. Operation Theatre available	☐ Yes/ ☐ No If yes, Major: Minor:																																																																											
11. Availability of functional Blood Storage Unit	☐ Yes/ ☐ 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	☐ Free for BPL ☐ Free for elderly ☐ Free for JSSK beneficiaries ☐ Free for all																																																																											
13. Biomedical waste management practices	Sharp pit: Deep Burial pit: Other System, if any:																																																																											
14. Details of HR available in the facility (Sanctioned and In-place)	<table border="1"> <thead> <tr> <th colspan="2">HR</th><th>San.</th><th>Reg.</th><th>Cont.</th></tr> </thead> <tbody> <tr> <td colspan="2">MO (MBBS)</td><td></td><td></td><td></td></tr> <tr> <td rowspan="4">Specialists</td><td>Medicine</td><td></td><td></td><td></td></tr> <tr> <td>ObGy</td><td></td><td></td><td></td></tr> <tr> <td>Pediatrician</td><td></td><td></td><td></td></tr> <tr> <td>Anesthetist</td><td></td><td></td><td></td></tr> <tr> <td colspan="2">Dentist</td><td></td><td></td><td></td></tr> <tr> <td colspan="2">SNs/ GNMs</td><td></td><td></td><td></td></tr> <tr> <td colspan="2">LTs</td><td></td><td></td><td></td></tr> <tr> <td colspan="2">Pharmacist</td><td></td><td></td><td></td></tr> <tr> <td colspan="2">Dental Assistant/ Hygienist</td><td></td><td></td><td></td></tr> <tr> <td colspan="2">Hospital/ Facility Manager</td><td></td><td></td><td></td></tr> <tr> <td colspan="2">EmOC trained doctor</td><td></td><td></td><td></td></tr> <tr> <td colspan="2">LSAS trained doctor</td><td></td><td></td><td></td></tr> <tr> <td colspan="2">Others</td><td></td><td></td><td></td></tr> </tbody> </table>				HR		San.	Reg.	Cont.	MO (MBBS)					Specialists	Medicine				ObGy				Pediatrician				Anesthetist				Dentist					SNs/ GNMs					LTs					Pharmacist					Dental Assistant/ Hygienist					Hospital/ Facility Manager					EmOC trained doctor					LSAS trained doctor					Others				
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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)	☐ Yes/ ☐ No		
	If yes, total number of drugs in EDL_____		
	EDL displayed in OPD Area: ☐ Yes/ ☐ No		
	No. of drugs available on the day of visit (out of the EDL) _____		
20. Implementation of DVDMS or similar supply chain management system	☐ Yes/ ☐ 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:	☐ Sufficient Supply ☐ Minimal Shortage ☐ Acute shortage In last 6 months how many times there was shortage_____		
List the consumables for which there has been shortage_____			
23. Availability of essential diagnostics	☐ In-house ☐ Outsourced/ PPP ☐ Both/ Mixed		
• In-house tests (for 2020-21)	Timing: Total number of tests performed: _____ Details of tests performed:		
• Outsourced/ PPP (for 2020-21)	Timing: Total number of tests performed: _____ Details of tests performed:		
24. X-ray services is available	☐ Yes/ ☐ No If Yes, type & nos. of functional X-ray machine is available in the hospital: Is the X-ray machine AERB certified: ☐ Yes/ ☐ No		

25. Whether diagnostic services (lab, X-ray, USG etc.) are free for all	☐ Free for BPL ☐ Free for elderly ☐ Free for JSSK beneficiaries ☐ Free for all
26. Availability of Testing kits/ Rapid Diagnostic Kits	☐ Sufficient Supply ☐ Minimal Shortage ☐ Acute shortage (List the name of kits for which there is shortage)
27. If there is any shortage of major instruments/ equipment (List the Name of Equipment)	
28. Average downtime of equipment. Details of equipment are nonfunctional for more than 7 days	
29. Availability of delivery services	☐ Yes/ ☐ No
If the facility is designated as FRU, whether C-sections are performed	☐ Yes/ ☐ No Number of normal deliveries performed in last month: _____ No. of C-sections performed in last month: _____
Comment on condition of:	Labour room: OT: Functional New-born care corner (functional radiant warmer with neo-natal ambu bag): ☐ Yes/ ☐ No
30. Status of JSY payments	Payment is up to date: ☐ Yes/ ☐ No Average delay: Payment done till: Reasons for delay:
31. Availability of JSSK entitlements	☐ Yes/ ☐ No If yes, whether all entitlements being provided ☐ Free delivery services (Normal delivery/ C-section) ☐ Free diet ☐ Free drugs and consumables ☐ Free diagnostics ☐ Free blood services ☐ Free referral transport (home to facility) ☐ Free referral transport (drop back from facility to home) ☐ No user charges
32. PMSMA services provided on 9 th of every month	☐ Yes/ ☐ No If yes, how are high risks identified on 9 th ? If No, reasons thereof:

33. Line listing of high-risk pregnancies	☐ Yes/ ☐ No		
34. Practice related to Respectful Maternity Care			
35. Whether facility have registers for entering births and deaths	☐ Yes/ ☐ No		
36. Number of Maternal Death reported in the facility	Previous year: 2019-20 ____ Current year: 2020-21 __		
37. Number of Child Death reported in the facility	Previous year:____ Current year:____		
38. If Comprehensive Abortion Care (CAC) services available	☐ Yes/ ☐ No		
39. Availability of vaccines and hub cutter	☐ Yes/ ☐ No Nurses/ ANM aware about open vial policy: ☐ Yes/ ☐ No		
40. Number of newborns immunized with birth dose at the facility in last 3 months			
41. Newborns breastfed within one hour of birth (observe if practiced and women are being counselled)			
42. Number of sterilizations performed in last one month	Male____ Female____		
43. Availability of trained provider for IUCD/ PPIUCD	☐ Yes/ ☐ No		
44. Who counsels on FP services?			
45. Please comment on utilization of other FP services			
46. FPLMIS has been implemented	☐ Yes/ ☐ No		
47. Availability of functional Adolescent Friendly Health Clinic	☐ Yes/ ☐ No If yes, who provides counseling to adolescents: _____ Separate male and female counselors available: ☐ Yes/ ☐ No Number of Adolescents counseled in last 6 months_____		
48. Whether facility has fixed day NCD clinic	☐ Yes/ ☐ No If Yes, how many days in a week: _____ days		
49. Are service providers trained in cancer services?	☐ Yes/ ☐ 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?	☐ Yes/ ☐ No		
52. Whether reporting weekly data in P, S and L form under IDSP	☐ Yes/ ☐ No		
53. Status of TB elimination programme	Facility is designated as Designated Microscopy Centre (DMC): ☐ Yes/ ☐ 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: ☐ Yes/ ☐ No		
	If yes, are there any patients currently taking anti-TB drugs from the facility: ☐ Yes/ ☐ 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: • investigations within public sector for TB testing? ☐ Yes/ ☐ No • investigations within public sector for other tests? ☐ Yes/ ☐ No • outsourced testing? ☐ Yes/ ☐ No		
	Are all TB patients tested for HIV? ☐ Yes/ ☐ No		
	Are all TB patients tested for Diabetes Mellitus: ☐ Yes/ ☐ No		
	Percent of TB Patients for whom DBT installments have been initiated under Nikshay Poshan Yojana in the last 6 months: _____		
54. Status on Leprosy eradication programme	Nos. of new case detected by Field Worker in last 12 months: Out of those, how many are having Gr. II deformity: Frequency of Community Surveillance:		
55. Maintenance of records on	• TB Treatment Card cases (both for drug sensitive and drug resistant cases): ☐ Yes/ ☐ No • TB Notification Registers: ☐ Yes/ ☐ No • Malaria cases: ☐ Yes/ ☐ No • Palliative cases: ☐ Yes/ ☐ No • Cases related to Dengue and Chikungunya: ☐ Yes/ ☐ No • Leprosy cases: ☐ Yes/ ☐ No		
56. How much fund was received and utilized by the facility under NHM?	Fund Received last year: Fund utilized last year:		
	Items/ Activities whose expenditure is met out of the RKS/ Untied Fund regularly:		
	Reasons for underutilization of fund (if any)		
57. Status of data entry in (match with physical records)	HMIS: ☐ Updated/ ☐ Not updated MCTS: ☐ Updated/ ☐ Not updated IHIP: ☐ Updated/ ☐ Not updated HWC Portal: ☐ Updated/ ☐ Not updated Nikshay Portal: ☐ Updated/ ☐ Not updated		

58. Frequency of RKS meeting (check and obtain minutes of last meeting held)	
59. Availability of ambulance services in the area	☐ CHC own ambulance available Number____ ☐ CHC has contracted out ambulance services Number_____ ☐ Ambulances services with Centralized call centre ☐ Government ambulance services are not available Comment (if any):
How many cases from sub centre/ PHC were referred to this CHC last month?	Number: Sub centre PHC Types of cases referred in:
How many cases from the CHC were referred to the DH last month?	Number: Types of cases referred out:
60. Key challenges in the facility and the root causes	
Challenge	Root causes
a)	
b)	
c)	
d)	
e)	



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

Service Delivery:

Name of facility visited		
Facility Type		☐ PHC/ ☐ U-PHC
Whether the facility has been converted to HWC		☐ Yes/ ☐ No
Standalone/ Co-located		☐ Standalone/ ☐ Co-located Co-located with (if applicable):
Accessible from nearest road head		☐ Yes/ ☐ No
Date of Visit		
Next Referral Point		Facility: Distance:
Indicator	Remarks/ Observation	
1. OPD Timing		
For U-PHC, check if evening/morning OPD/Clinics being conducted	☐ Yes/ ☐ No	
2. Whether the facility is functioning in PPP mode	☐ Yes/ ☐ No	
3. Condition of infrastructure/ building	Comments:	
Please comment on the condition and tick the appropriate box	☐ 24*7 running water facility ☐ Facility is geriatric and disability friendly (Ramps etc.) ☐ Clean functional toilets available (separate for Male and female) ☐ Drinking water facility available ☐ OPD waiting area has sufficient sitting arrangement ☐ ASHA rest room is available ☐ Drug storeroom with rack is available ☐ Power backup ☐ Branding	
4. Number of functional in-patient beds		
5. List of Services available		
6. If 24*7 delivery services available	☐ Yes/ ☐ No	

7. Tele-medicine/Consultation services available	☐ Yes/ ☐ No If yes, average case per day _____																																											
8. Biomedical waste management practices	Sharp pit: Deep Burial pit: Other System, if any:																																											
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10. IT Services	- Desktop/ Laptop available: ☐ Yes/ ☐ No - All ANMs have functional Tablets: ☐ Yes/ ☐ No - Smart phones given to all ASHAs: ☐ Yes/ ☐ No - Internet connectivity: ☐ Yes/ ☐ No Quality/strength of internet connection: _____																																											
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17. Shortage of sufficient number of Hypertension & Diabetic in last 7 days	1		
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	3		
18. Availability of Essential Consumables:	☐ Sufficient Supply ☐ Minimal Shortage ☐ Acute shortage In last 6 months how many times there was shortage_____ (Also list the consumables for which there was shortage)		
19. Availability of essential diagnostics	☐ In-house ☐ Outsourced/ PPP ☐ Both/ Mixed		
In-house tests For 2020-21	Timing: Total number of tests performed: _____ Details of tests performed:		
Outsourced/ PPP For 2020-21	Timing: Total number of tests performed: _____ Details of tests performed:		
20. X-ray services is available	☐ Yes/ ☐ No If Yes, type & nos. of functional X-ray machine is available in the hospital: Is the X-ray machine AERB certified: ☐ Yes/ ☐ No		
21. Whether diagnostic services (lab, X-ray etc.) are free for all	☐ Free for BPL ☐ Free for elderly ☐ Free for JSSK beneficiaries ☐ Free for all		
22. Availability of Testing kits/ Rapid Diagnostic Kits	☐ Sufficient Supply ☐ Minimal Shortage ☐ Acute shortage		
23. If there is any shortage of major instruments/ equipment	List of Equipment		
24. Average downtime of equipment. Details of equipment are nonfunctional for more than 7 days			
25. Availability of delivery services	☐ Yes/ ☐ No		
If yes, details	Comment on condition of labour room: Functional New-born care corner (functional radiant warmer with neo-natal ambu bag): ☐ Yes/ ☐ No		

26. Status of JSY payments	Payment is up to date: ☐ Yes/ ☐ No Average delay: Payment done till: Reasons for delay:
27. Availability of JSSK entitlements	☐ Yes/ ☐ No If yes, whether all entitlements being provided ☐ Free delivery services (Normal delivery/ C-section) ☐ Free diet ☐ Free drugs and consumables ☐ Free diagnostics ☐ Free blood services ☐ Free referral transport (home to facility) ☐ Free referral transport (drop back from facility to home) ☐ No user charges
28. Line listing of high-risk pregnancies	☐ Yes/ ☐ No
29. Number of normal deliveries in last three month	
30. Availability of Daksh/ Dakshta trained/SBA trained MO/SN/ANM in Labour Room	☐ Yes ☐ No
31. Practice related to Respectful Maternity Care	
32. Number of Maternal Death reported in the facility	Previous year:2019-2020 Current FY:2020-2021
33. Number of Child Death reported in the facility	Previous year: Current year:
34. Availability of vaccines and hub cutter	☐ Yes/ ☐ No Nurses/ ANM aware about open vial policy: ☐ Yes/ ☐ No
35. Number of newborns immunized with birth dose at the facility in last 3 months	
36. Newborns breastfed within one hour of birth (observe if practiced and women are being counseled)	
37. Number of sterilizations performed in last one month	Male Female
38. Availability of trained provider for IUCD/ PPIUCD	☐ Yes/ ☐ No
39. Who counsels on FP services?	

40. Please comment on utilization of other FP services			
41. FPLMIS has been implemented	☐ Yes/ ☐ No		
42. Availability of functional Adolescent Friendly Health Clinic	☐ Yes/ ☐ No If yes, who provides counselling to adolescents: _____ Separate male and female counselors available: ☐ Yes/ ☐ No		
43. Whether facility has fixed day NCD clinic	☐ Yes/ ☐ No If Yes, how many days in a week: _____ days		
44. Are service providers trained in cancer services?	☐ Yes/ ☐ No		
45. Number of individuals screened for the following in last 6 months:		Screened	Confirmed
	a. Hypertension		
	b. Diabetes		
	c. Oral Cancer		
	d. Breast Cancer		
	e. Cervical Cancer		
46. Whether wellness activities are performed	☐ Yes/ ☐ No Frequency: _____		
47. Whether reporting weekly data in P and L form under IDSP	☐ Yes/ ☐ No		
48. Distribution of Long lasting Insecticidal nets (LLIN) in high-risk areas	No. of LLIN distributed per household: ☐ 1 per family/ ☐ Others (Specify): _____		
49. Status of TB elimination programme	Facility is designated as Designated Microscopy Centre (DMC): ☐ Yes/ ☐ 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: ☐ Yes/ ☐ No If yes, are there any patients currently taking anti-TB drugs from the facility: ☐ Yes/ ☐ 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: • Investigations within public sector for TB testing? ☐ Yes/ ☐ No • Investigations within public sector for other tests? ☐ Yes/ ☐ No • Outsourced testing? ☐ Yes/ ☐ No Are all TB patients tested for HIV? ☐ Yes/ ☐ No Are all TB patients tested for Diabetes Mellitus: ☐ Yes/ ☐ No Percent of TB Patients for whom DBT installments have been initiated under Nikshay Poshan Yojana in the last 6 months: _____		
50. Status on Leprosy eradication programme	Nos. of new case detected by Field Worker in last 12 months: Out of those, how many are having Gr. II deformity: Frequency of Community Surveillance:		
51. Maintenance of records on	• TB Treatment Card cases (both for drug sensitive and drug resistant cases): ☐ Yes/ ☐ No		

	• TB Notification Registers: ☐ Yes/ ☐ No • Malaria cases: ☐ Yes/ ☐ No • Palliative cases: ☐ Yes/ ☐ No • Cases related to Dengue and Chikungunya: ☐ Yes/ ☐ No • Leprosy cases: ☐ Yes/ ☐ No
52. How much fund was received and utilized by the facility under NHM?	Fund Received last year:
	Fund utilized last year:
	Items/ Activities whose expenditure is met out of the RKS/ Untied Fund regularly:
	Reasons for underutilization of fund (if any)
53. Status of data entry in (match with physical records)	HMIS: ☐ Updated/ ☐ Not updated MCTS: ☐ Updated/ ☐ Not updated IHIP: ☐ Updated/ ☐ Not updated HWC Portal: ☐ Updated/ ☐ Not updated Nikshay Portal: ☐ Updated/ ☐ Not updated
54. Frequency of RKS meeting (check and obtain minutes of last meeting held)	
55. Availability of ambulance services in the area	☐ PHC own ambulance available Number_____
	☐ PHC has contracted out ambulance services Number_____
	☐ Ambulances services with Centralized call centre ☐ Government ambulance services are not available Comment (if any):
• How many cases from sub centre were referred to this PHC last month?	Number: Types of cases referred in:
• How many cases from the PHC were referred to the CHC last month?	Number: Types of cases referred out:
56. Key challenges in the facility and the root causes	
Challenge	Root causes
a)	
b)	
c)	
d)	

e)	
Only for U-PHC	
57. Population enumeration initiated for slum population	☐ Not yet initiated ☐ Initiated ☐ Completed
58. Number of CBAC forms filled (NUHM)	
59. Is Specialist services provided at U-PHC?	☐ Yes/ ☐ No If yes, specialist services are provided through: ☐ Teleconsultation/ ☐ Clinic Schedule: ☐ Fixed/ ☐ Rotational Type of specialist services available: ☐ OBGY, ☐ Pediatrics, ☐ Medicine, ☐ Dermatology, ☐ Ophthalmology, Others_____
60. UHNDs Conducted:	☐ Yes/ ☐ No If yes, no. of UHND conducted per month_____
61. Special Outreach camps conducted:	☐ Yes/ ☐ No If yes, no. of UHND conducted during last quarter_____ Type of specialties provided during special outreach camps:_____



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	☐ Yes/ ☐ No
Standalone/ Co-located	☐ Standalone/ ☐ Co-located Co-located with (if applicable):
Accessible from nearest road head	☐ Yes/ ☐ No
Date of Visit	
Next Referral Point	Facility: Distance:

Indicator	Remarks/ Observation																								
1. List of Services available																									
2. Condition of infrastructure/ building Please comment on the condition and tick the appropriate box	Comments: ☐ 24*7 running water facility ☐ Facility is geriatric and disability friendly ☐ Clean functional toilets available (separate for Male and female) ☐ Drinking water facility available ☐ OPD waiting area has sufficient sitting arrangement ☐ ASHA rest room is available ☐ Drug storeroom with rack is available ☐ Branding ☐ Specified area for Yoga / welfare activities ☐ Power backup																								
3. Biomedical waste management practices																									
4. Details of HR available in the facility (Sanctioned and In-place)	<table border="1"> <thead> <tr> <th>HR</th> <th>San.</th> <th>Reg.</th> <th>Cont.</th> </tr> </thead> <tbody> <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> </tbody> </table>	HR	San.	Reg.	Cont.	ANM/ MPW Female				MPW Male				MLHP/ CHO				ASHA				Others			
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ASHA																									
Others																									
5. IT Services	• Functional Tablet/ laptop with CHO: ☐ Yes/ ☐ No																								

Indicator	Remarks/ Observation										
	- Electronic Tablets with MPWs (ANM): ☐ Yes/ ☐ No - Smart phones given to all ASHAs: ☐ Yes/ ☐ No - Internet connectivity: ☐ Yes/ ☐ No Quality/strength of internet connection: _____										
6. Availability of list of essential medicines (EML)/ drugs (EDL)	☐ Yes/ ☐ No If yes, total number of drugs in EDL _____ EDL displayed in OPD Area: ☐ Yes/ ☐ No No. of drugs available on the day of visit (out of the EDL) _____										
7. Are anti-TB drugs available at the SHC?	☐ Yes/ ☐ No If yes, are there any patients currently taking anti-TB drugs from the SHC? ☐ Yes/ ☐ No										
8. Shortage of 5 priority drugs from EDL in last 30 days, if any	<table border="1"> <tr><td>1</td><td></td></tr> <tr><td>2</td><td></td></tr> <tr><td>3</td><td></td></tr> <tr><td>4</td><td></td></tr> <tr><td>5</td><td></td></tr> </table>	1		2		3		4		5	
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11. Are CHOs dispensing medicines for hypertension and diabetes at SHC-HWC	☐ Yes/ ☐ No										
12. Availability of Testing kits/ Rapid Diagnostic Kits	☐ Sufficient Supply ☐ Minimal Shortage ☐ Acute shortage List of Kits (Shortage) _____										
13. Availability of:	- BP instrument: ☐ Yes/ ☐ No. If yes, Type: _____ - Thermometer: ☐ Yes/ ☐ No - Contraceptives: ☐ Yes/ ☐ No. If yes, Type: _____ - Glucometer: ☐ Yes/ ☐ No										
14. Line listing of all Pregnant women in the area	☐ Yes/ ☐ No - High risk women identified: ☐ Yes/ ☐ No - MCP cards duly filled: ☐ Yes/ ☐ No										
15. Number of Maternal Death Review conducted	Previous year: 2019-20 Current year: 2020-21										

Indicator	Remarks/ Observation
16. Number of Child Death Review conducted	Previous year: Current year:
17. Availability of vaccines and hub cutter	☐ Yes/ ☐ No - Awareness of ANM on vaccine schedule: ☐ Yes/ ☐ No - Awareness about open vial policy: ☐ Yes/ ☐ No
18. Availability of micro-plan for immunization	☐ Yes/ ☐ No
19. Follow up of:	SNCU discharge babies: ☐ Yes/ ☐ No LBW babies: ☐ Yes/ ☐ No
20. Line listing of all eligible couple in the area	☐ Yes/ ☐ No
21. Availability of trained provider for IUCD/ PPIUCD	☐ Yes/ ☐ 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	☐ Yes/ ☐ No
27. Number of individuals screened for the following in last 6 months:	
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:	- Tele-consultation services - HWC App Details:

Indicator	Remarks/ Observation															
31. Whether wellness activities are performed	☐ Yes/ ☐ No Frequency:															
32. Whether reporting weekly data in S form under IDSP	☐ Yes/ ☐ No															
33. Status of Tuberculosis in the area:	<table border="1"> <thead> <tr> <th>Indicators</th><th>2019-20</th><th>2020-21</th></tr> </thead> <tbody> <tr> <td>Number of presumptive TB patients identified:</td><td></td><td></td></tr> <tr> <td>Number of presumptive TB patients referred for testing</td><td></td><td></td></tr> <tr> <td>Number of TB patients diagnosed out of the presumptive patients referred</td><td></td><td></td></tr> <tr> <td>Number of TB patients taking Treatment under the Sub centre area</td><td></td><td></td></tr> </tbody> </table>	Indicators	2019-20	2020-21	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		
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34. ASHA Interaction																
Status of availability of Functional HBNC Kits (weighing scale/ digital thermometer/ blanket or warm bag)																
Status of availability of Drug Kits (Check for PCM/ Amoxicillin/ IFA/ ORS/ Zinc/ IFA Syrup/ Cotrimoxazole)																
- ASHA Incentives: Any Time lag /Delay in Payment after submission of voucher. - Average delay																
ASHA is aware about provision of incentives under NTEP (Informant Incentives, Treatment Supporter Incentives) and Nikshay Poshan Yojana (₹500 per month incentive to the TB patient for the duration of treatment)																
35. Number of Village Health & Sanitation days conducted in last 6 months																
36. Incentives:	- Performance Incentives is disbursed to CHOs on monthly basis: ☐ Yes/ ☐ No - Team-based incentive being disbursed for all HWC staffs: ☐ Yes/ ☐ No															
37. Frequency of VHSNC/ MAS meeting (check and obtain minutes of last meeting held)																
38. Whether CHOs and HWC staffs are involved in VHSNC/ MAS meeting	☐ Yes/ ☐ No															
39. Maintenance of records on	- TB cases: ☐ drug sensitive/ ☐ drug resistant cases/ ☐ both - Malaria cases: ☐ Yes/ ☐ No - Palliative cases: ☐ Yes/ ☐ No															

Indicator	Remarks/ Observation
	- Cases related to Dengue and Chikungunya: ☐ Yes/ ☐ No - Leprosy cases: ☐ Yes/ ☐ No
40. How much fund was received and utilized by the facility under NHM?	Fund Received last year: Fund utilized last year: Items/ Activities whose expenditure is met out of the RKS/ Untied Fund regularly: Reasons for underutilization of fund (if any)
41. Availability of ambulance services in the area	
How many cases from the Sub Centre were referred to PHC in last month?	Number: Types of cases referred out:
42. Key challenges in the facility and the root causes	
Challenge	Root causes
a)	
b)	
c)	
d)	
e)	