

2022

**A MONITORING AND EVALUATION REPORT
NATIONAL HEALTH MISSION PROGRAMME
IMPLEMENTATION PLAN: DISTRICT EAST, NCT OF
DELHI 2021-22**



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ABBREVIATION

ANC	Ante Natal Care
ANM	Auxiliary Nurse Midwife
AYUSH	Ayurveda, Yoga & Naturopathy, Unani, Siddha and Homoeopathy
BMW	Biomedical waste
BSU	Blood Storage Unit
CMO	Chief District Medical Officer
CHC	Community Health Centre
DH	District Hospital
DPM	District Programme Manager
EMOC	Emergency Obstetric Care
FRU	First Referral Unit
HMIS	Health Management Information System
HWC	Health & Wellness Centre
IPD	In Patient Department
IUCD	Intra Uterine Contraceptive Device
JSSK	Janani Shishu Suraksha Karyakram
JSY	Janani Suraksha Yojana
LSAS	Life Saving Anesthetic Skill
M&E	Monitoring and Evaluation
MDR	Maternal Death Review
MMU	Mobile Medical Unit
MOIC	Medical Officer In- Charge
NBCC	New Born Care Corner
NBSU	New Born Stabilization Unit
NHM	National Health Mission
NVBDCP	National Vector Borne Disease Control Programme
NSV	No Scalpel Vasectomy
OCP	Oral Contraceptive Pill
OPD	Out Patient Department
OPV	Oral Polio Vaccines
PIP	Programme Implementation Plan
PRC	Population Research Centre
PNC	Post Natal Care
PPP	Public Private Partnership
RBSK	Rashtriya Bal Suraksha Karyakram
RCH	Reproductive Child Health
RKS	Rogi Kalyan Samiti
SBA	Skilled Birth Attendant
SN	Staff Nurse
SNCU	Special New Born Care Unit
VHND	Village Health and Nutrition Day

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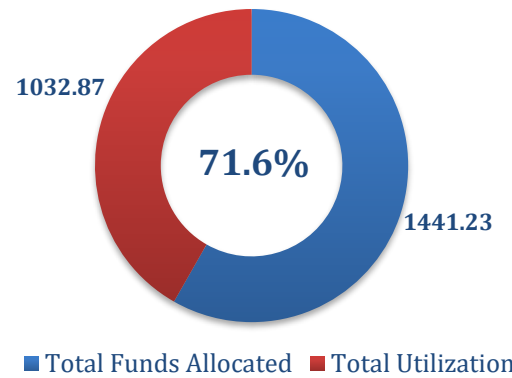
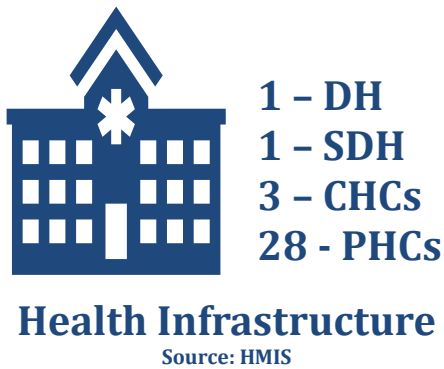
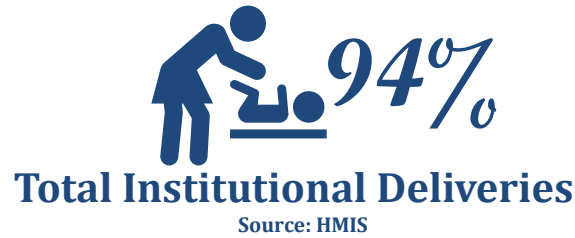
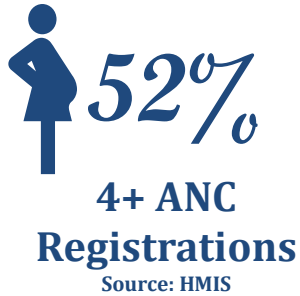
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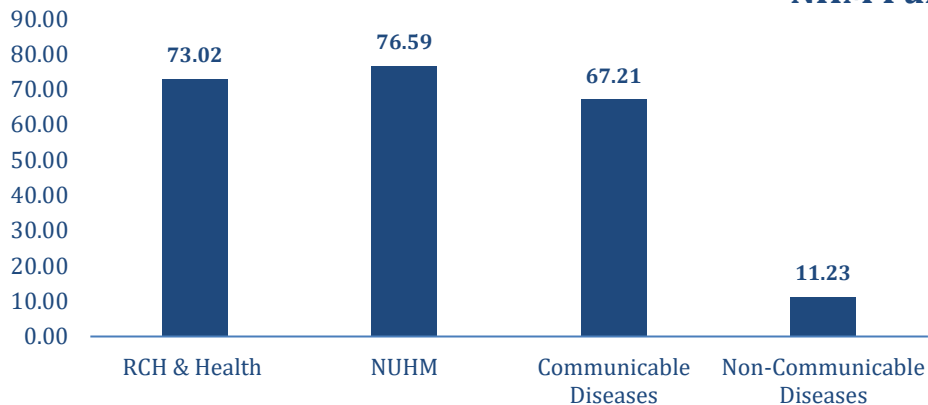
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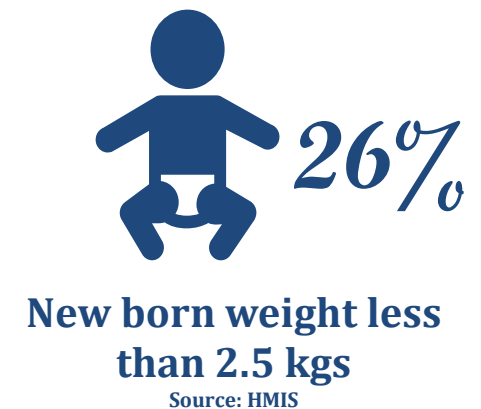
East Delhi District Highlights, 2021-22



NHM Fund Utilization (in Lakhs)
Source: CDMO Office



Flexi-pool wise fund utilization %
Source: CDMO Office



Executive Summary:

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

The report is prepared on the basis of visits to the following public health facilities in East Delhi: District Hospital Lal Bahadur Shastri, Danveer Bhamashah MCD Maternity Home Khichdipur, MCD Maternity Home Padpadganj, DGD Bank Enclave and DGD Mayur Vihar Phase-1. Meetings were held with the Chief District Medical Officer (CDMO) and the NHM Nodal Officials. Interactions were also held with the Medical Officer-in-Charge (MOIC) of the selected facilities, health care providers (ANM, ASHAs etc.) to understand the strengths and weakness of the facilities in service provisioning. Health Management Information System (HMIS) data was verified for the District Hospital Ranking data validation purposes.

Key Findings:

- ❖ **Weak Implementation of JSY:** Only 12% Payments have been done for year 2021-22. This is associated with factors such as low JSY incentive for urban areas, limited interest among beneficiaries, inadequate documentation for DBT and high proportion of migrants.
- ❖ **Delay in Fund Transfer:** As per the new guidelines the previous Flexi-pool Bank Accounts are shifting to the ICICI Bank for some technical advancement and due to this all previous bank accounts of every flexi-pools and hospitals/facilities were closed. This has resulted in the delay in the program wise fund transfer to the facilities.
- ❖ **Non-availability of RKS in District:** As per the guidelines the committee are required to have one Member of Legislative Assembly of the respective district, Officer from MCD, and other officers from related departments. The lack of coordination and co-operation between MCD and Delhi government is the major issue for the delaying in the RKS formation.

- ❖ **NCD Program Implementation:** District has implemented only four NCD programs which are NPCB+VI, NPHCE, NTCP and NPCDCS. No funds allocated under other NCD programs.
- ❖ **Unutilized Resources:** Multistory building for nursing college was established in the premises of Danveer Bhamashah Maternity Home Khicdipur but not being utilized yet due to some coordination problems between MCD and Delhi government.
- ❖ **Budget Utilization:** The overall expenditure of NHM budget for East Delhi is 70.6% to the total budget allocated. Low budget utilization (around 11%) has been observed in the NCD flexipool.
- ❖ **Strengthening of Quality Assurance Program:** District has total 38 health facilities including DH, SDH, PHCs and CHCs. However, only 9 facilities including DH have been presented Kayakalp award. No facilities have NQAS certification in entire district.
- ❖ **Strengthening of SNCU:** 12 bedded SNCU is functional in DH but no separate inborn and out-born unit was there and it was reported that the priority is given to inborn child in the SNCU. Although district has dedicated Child hospital (Chacha Nehru Baal Chikitsalya)
- ❖ **Health Infrastructure:** Out of 38 operational health facilities, 1 district hospital, 1 Sub-District Hospital, 3 CHCs, 1 UPHC and 28 PHCs including 9 M&CW centers are functioning in East district but only 1 (DH) have a monthly delivery load of more than 50 cases.
- ❖ **Outreach Programs:** Weekly outreach programs are being organized at the community through ANM for ANC services at AWC or some common place. The lab tests from the PUHC/DGDs are referred to Mohalla clinic whereas MCD referred tests to the polyclinic.
- ❖ **Community perception:** There was a mixed preference in the community for availing the public & private health care services. While low-income households relied on both public sector and the private sector, they expressed some dissatisfaction with the quality and access of public sector health facilities. Chronic diseases such as hypertension and diabetes were common among the older adult population.

Recommendations:

- ✚ District officials does not have clear picture regarding budget approved under PIP. In this regard, a state-level meeting is recommended to strengthen the planning and budgeting structure of the PIP.
- ✚ Lack of coordination between MCD and Delhi Government was observed and due to this Rogi Kalyaan Samiti (RKS) was not formed. That is why, there is a dire need to strengthen the inter sectoral convergence between all the agencies.
- ✚ All the public health facilities in Delhi should initiate action for assessments and certification under NQAS, LaQshya and Kayakalp initiatives. While some of these activities are performed more regularly such as the (Kayakalp) but facilities are lagging in terms of their performance and assessment activities to meet the criteria specified under NQAS and LaQshya guidelines.
- ✚ District has very low JSY payment because of low incentive for urban area, limited interest among beneficiaries, inadequate documentation and high proportion of migrants. So, awareness regarding benefits of all NHM programs should be strengthen among beneficiaries.
- ✚ The public health care system in Delhi is managed by multiple authorities and departments. This creates a governance structure with varying reporting requirements that necessitates a dynamic administrative environment for program implementation. The sensitization is needed to focus on intrinsic aspects of service delivery and also elaborate on merits such as HR provisions for implementation of certain NHM supported national flagship programs as well as specific schemes.

Chapter 1:

Introduction

1. Background & Objectives:

Over the years, since the introduction of the NHM, numerous strategies have been introduced to make the health care system more accessible and affordable. In this regard, the timely evaluation of the key components of the NHM State Program Implementation Plan is essential for key program changes, resource allocation and to further strengthen of these plans. The Ministry of Health and Family Welfare (MoHFW) has consigned Population Research Centres (PRCs) for quality monitoring of important components of NHM State Programme Implementation Plan (PIP) 2021-22. While engaging with the task, PRCs would identify critical concerns in implementation of NHM activities and also evolve suitable quality parameters to monitor the various components. In this regard, PRC Delhi is assigned to conduct the quality monitoring of the essential components of NHM PIPs for year 2021-22 in selected states (Delhi, Uttar Pradesh, Meghalaya, and Tripura) of India. This PIP monitoring report would focus on the performance of the East District of Delhi in NHM activities. The report discusses with the demographic indicators, health indicators, Healthcare financing, and public health planning of the district and also discuss with the healthcare programme such as RMNCAH+N, Diseases control programmes and other health programs. This report/study would analyze different issues and problems of the district and the specific objectives of the study are as follows:

- To examine the status of physical infrastructure of health facilities under NHM.
- To identify the gap between demand and supply of health service delivery under NHM.
- To highlight the performance and implementation of different scheme under NHM.
- To understand the availability and efficiency of human resource.
- To assesses functionality of equipment, supply & essential drugs etc.
- To assess availability of finance for the NHM activities in the district.

The monitoring and evolution report is based on both primary as well as secondary data. Primary data collected from visited health facility and CDMO Office while secondary data has been collected from HMIS Web Portal for East District of Delhi, 2021-22. Prior to visiting to East District, the monitoring and evaluation team reviewed the East PIP document and formulated the

semi structured interviews schedules for the DPM, facility staff and beneficiaries. Before visiting the different level of healthcare facilities, a meeting with key personnel of NHM, North District was held. The healthcare facilities visited are listed below:

Table 1: List of Facilities Visited During PIP Visit

Facility Type	Name of the Facility
District Hospital (DH)	Lal Bahadur Shastri Hospital
Community Health Centre (CHC)	Maternity Home, Padpadganj
Community Health Centre (CHC)	Danveer Bhamashah Maternity Home, Kichidipur
Primary Health Centre (PHC)	DGD Mayur Vihar Pahse-1
Primary Health Centre (PHC)	DGD Bank Colony

1.2 Demographic profile:

As per 2011 census, Delhi is the second most populated metropolitan of the India, after Mumbai. Being a hub for work and education opportunities, it attracts a lot of migrants from surrounding states. Its population density is 11,320 as opposed to the national average of 382. East District ranked 6th in the state in terms of size of population, and contributes to 10.2 per cent of the state's population count. In terms of density, it occupies the third place in the state. The district has a geographical area of 63 square kilometers, with the density of 27132 persons per square kilometer. The district is me to about 17 lakhs people, among them about 9 lakhs are male and about 8 lakhs are female.

Table 2: Demographic Indicators of the District

Health Facility	East District	Delhi	India
Population (Census 2011)	1,709,346	16,787,941	1,210,854,977
Male	907,500	8,987,326	623,270,258
Female	801,846	7,800,615	587,584,719
Decadal growth rate in % (Census 2011)	16.8	21.21	17.6
Rural Population (%)	0.2	2.5	68.9
Urban Population (%)	99.8	97.5	31.1
Child Population	11.4	12	13.6
Literacy rate (%)	89.3	86.2	73
Male literacy rate (%)	93.1	90.9	80.9
Female literacy rate (%)	85.0	80.8	64.6
Sex ratio	884	868	943
Density/km2	27132	11320	382

Source: Census 2011

Of the total female population in Delhi, 10.3 per cent resides in East District. Table 2 shows the main demographic indicators of the East District, Delhi & India.

Majority of the population still resides in the urban area (99.8 per cent) whereas the remaining minute share occupies the rural sector. As per census 2011, the district records 16.8 per cent decadal growth rate while decadal growth rate of the state is 21.21 per cent. Therefore, decadal growth rate of the said district is lower than the state average. The percentage of child population (0-6 age) in East Delhi is 11.4% which is almost equal to state average (11.99%) although lower than India's child population (13.58 per cent). East District has population density of 27132 persons per sq. km. which is far higher than the state level average of 11320 persons per sq. km and remarkably higher than the country average of 382 persons per sq. km. The sex-ratio of the district is 884 which are significantly higher to the state (868) while lower than the country average i.e., 943. East District has highest percentage of literacy rate of 89.3 percent which is above the state average 86.21 percent however significantly higher than the overall country i.e., 73 percent. Furthermore, female literacy rate (85%) is found to be very low as compared to that of males' (93%) thus female education should be promoted.

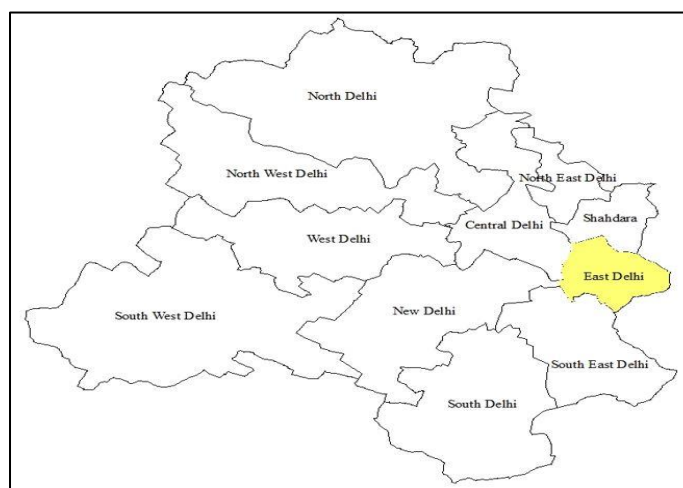


Figure 1: District Map of East Delhi (Map not on Scale)

1.3 Health Profile:

The following table 3 depicts the health care service delivery indicators in East Delhi and Delhi with respect to various domains such as Maternal Health, Child Health, Delivery care, Family Planning, etc. for the year 2021-22. Antenatal Care (Pre-Natal care), is one of the most important components of the Maternal Health.

ANC refers to the regular medical and nursing care suggested for women throughout their gestation period of pregnancy to ascertain the well-being of the mother and the fetus as well. Furthermore, with regular prenatal care, women can reduce the risk of pregnancy complications. According to the HMIS, 54 per cent of women in East Delhi registered for ANC in the first trimester while women who registered for ANC up to 4 or more checkups, has slightly lower (52 per cent). According to the HMIS data source, IFA supplementation was given to just 64 per cent of all women who registered for ANC. Total 8 Maternal Deaths recorded in the district.

Delivery care is a vital factor of Infant health. Of the total home deliveries in East Delhi, all 100 % per cent deliveries were attended by non- SBA worker. Skilled Birth Attendant (SBA) as an individual is the one who can handle common obstetric and neonatal emergencies. Thus, the attendance of SBA in case of home delivery is necessary to combat maternal deaths. About 94 per cent of all deliveries were institutional deliveries and of all the institutional deliveries in East Delhi, more than 50 per cent women discharged in less than 48 hours of delivery at public institutions. Of all women who registered for ANC, 38 per cent went for institutional delivery and around 27 per cent of all institutional deliveries were C-section deliveries.

With regards to Post Natal Care, 92 per cent of the newborns were breast fed within 1 hour of delivery and 99 percent newborns were weighed at birth in the district. Out of the total weighted newborn, more than 25 per cent newborn having weight less than 2.5 kg to total weighted. Around 50 per cent of women received the 1st post-partum checkup within 48 hours and 14 days of delivery. Adolescent/ Adult Death, and Infant death for the district is significantly high i.e., 927, and 589 respectively. In the last financial year, 8 child deaths were reported in East Delhi district. The Reproductive and Child Health programme (RCH) II under the National Rural Health Mission (NRHM) systematically assimilates all possible interventions that improve child health and addresses factors contributing to Infant and under-five mortality. With regards to the service delivery for Child Health, around 16 thousand children fully immunized (9-11 months) observed in East Delhi.

Female sterilization as a method of permanent family planning dominates the statistics with 89 per cent of all sterilization conducted in the year 2021-22 in East Delhi (Tubectomies). Total sterilization conducted was reported to be 81 in numbers.

To improve the health care delivery, increase in the OPD and IPD services through better facilitation and coordination of public health systems has been a contribution of NHM. Facility Service Delivery with regards to patient services, the OPD patient load is as high as 3737085 number of OPD patients in 2021-22 as against 36328 IPD patients. In terms of percentage, IPD to OPD accounts around 1 per cent in East Delhi District.

Table 3: Key Health Indicators of the District

Indicators	Delhi	East Delhi
1. Maternal Health		
1.(a)Pre Natal-Care		
% 1st Trimester registration to Total ANC Registrations	46	54
% Pregnant women received ≥ 4 ANC checkups to total ANC Register.	64	52
% Pregnant women given 180 IFA to Total ANC Registrations	86	64
1.(b) Home Deliveries		
Number of Home Deliveries	10530	585
% Deliveries attended by non- SBA to total home deliveries	99.8	100
% Home deliveries to total reported deliveries	5	6
1.(c) Institutional Deliveries including C-Section Deliveries		
Total Number of Institutional Deliveries including C-section	210987	8658
% of Institutional Deliveries to total reported deliveries	95	94
% Institutional Deliveries to total ANC Registrations	45	38
% women discharge in < 48 hours of delivery to total deliveries (Public)	40	54
% of C-Section deliveries to total institutional deliveries	35	27
1.(d) Post Natal Care/New Born Care		
Still births	4030	134
% 1st post-partum checkup b/w 48 hours & 14 days to total deliveries	40	52
% Newborn breast fed within 1 hour of birth to Total Live Birth	66	92
% Newborn weighed at Birth to Live Birth	97	99
% Newborn having weight less than 2.5 kg to total weighted	25	26
2. Child Immunization		
Number of Fully Immunized children (9-11 months)	252464	16030
% Infants received BCG to full immunization	90	66
% Infants received Measles to full immunization	99	101
3. Family Planning		
Total Sterilization conducted	11109	81
% Male Sterilization (Vasectomies) to Total sterilization	3	11
% Female Sterilization (Tubectomies) to Total sterilization	97	89
4. Facility Service Delivery		
IPD	1609379	36328
OPD (Ayush + Allopathic)	70479742	3737085
% IPD to OPD	2.3	0.97

Source: HMIS Report, 2021-22

Chapter 2:**NHM Budget & Finance****2. Budget Utilization:**

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

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

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

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

2.1 Flexi-pool wise status of expenditure, East District of Delhi:

As per the given records shown in table 4, it can be observed that, around 805.21 lakhs rupees were allocated under RCH and health system flexipool and out of which around 588 lakhs rupees (73% of the total budget) were utilized in last financial year 2021-22. For NUHM, 440 lakhs rupees were allocated and 337 lacks rupees (76.6% of the total budget) were utilized successfully.

Table 4: RCH & NUHM Flexi-Pool wise Budget Allocation, East District, 2021-2022

Indicator	Budget Released (in lakhs)	Budget utilized (in lakhs)	Reason for low utilization (if less than 60%)
RCH and Health Systems Flexipool			
• Maternal Health		7.55	
• Child Health		2.90	
• RBSK	226	-	Not functional in Delhi
• Family Planning		7.15	
• RKSK/ Adolescent health		-	-
• PC-PNDT		0.90	
• Immunization	44.73	35.08	
• Untied Fund			
• Comprehensive Primary Healthcare (CPHC)	-	-	Not initiated yet in Delhi
• Blood Services and Disorders	-	-	-
• Infrastructure		9.87	
• ASHAs			
• HR		520	
• Programme Management		2.46	
• MMU	534.48		
• Referral Transport			
• Procurement		2.15	
• Quality Assurance			
• PPP			
• NIDDCP			
Total	805.21	588.06	
National Urban Health Mission (NUHM)	440	337	
Total	440	337	

Source: CDMO Office, East Delhi, 2021-22

With respect to communicable diseases flexipool, 153.38 lakhs rupees were allocated under IDSP, NLEP and NTEP programs and 103.08 lakhs rupees have been utilized in last financial year. NVBDCP is taken care by Municipal Corporation of Delhi (MCD), that is why the fund utilization status for the said program is not available at the DPMU.

In Non-Communicable Diseases Programs Flexipool, there are thirteen major programs. However, in east district only four programs were functional which was NPCB+VI, NPHCE, NTCP and NPCDCS in last financial year.

Table 5: CD Flexi-Pool wise Budget Allocation, East District, 2021-2022

Communicable Diseases Pool	Budget Released (in lakhs)	Budget utilized (in lakhs)	Reason for low utilization (if less than 60%)
<ul style="list-style-type: none"> Integrated Disease Surveillance Programme (IDSP) 	6.05	2.73	
<ul style="list-style-type: none"> National Vector Borne Disease Control Programme (NVBDCP) 	-	-	Taken Care by MCD
<ul style="list-style-type: none"> National Leprosy Eradication Programme (NLEP) 	6.33	1.07	Due to Covid
<ul style="list-style-type: none"> National TB Elimination Programme (NTEP) 	141	99.28	-

Source: CDMO Office, East Delhi, 2021-22

Table 6: NCD Flexi-Pool wise Budget Allocation, East District, 2021-2022

Non-Communicable Diseases Pool	Budget Released (in lakhs)	Budget utilized (in lakhs)	Reason for low utilization (if less than 60%)
<ul style="list-style-type: none"> National Program for Control of Blindness and Vision Impairment (NPCB+VI) 	15.33	1.56	Due to Covid
<ul style="list-style-type: none"> National Programme for Health Care for the Elderly (NPHCE) 	3.44	0.76	Due to Covid
<ul style="list-style-type: none"> National Tobacco Control Programme (NTCP) 	19.09	0.36	Due to Covid
<ul style="list-style-type: none"> National Programme for Prevention and Control of Diabetes, Cardiovascular Disease and Stroke (NPCDCS) 	4.78	2.11	Due to Covid

Source: CDMO Office, East Delhi, 2021-22

About 42.64 lakhs were allocated for functional non-communicable diseases programs but only 4.79 lakhs rupees (Only 11% of the total budget) were utilized. It was reported that the reason behind the low utilization of the fund was the Covid pandemic. All four functional programs have community based outreach programs and in last financial year most of the outreach programs have been stopped due to severe Covid situation.

Chapter 3:**Public Health Planning & Implementation****3. Health Infrastructure & Facilities:**

Infrastructure provides health system the foundation to deliver, evaluate and respond to community health needs. It is essential to effectively provide essential public health services. An adequate system is capable of providing preventive, diagnostic, and curative care, according to the requirements of the people being served. In case of Delhi, there are seed PUHCs at the most peripheral level, followed by Delhi government dispensaries (DGDs) which provide an integrated curative and preventive health care. Parallely there exist MCW i.e. Maternal and Child welfare Centres and MCD Maternity Homes specializing in reproductive healthcare services. The sub district and district hospitals provide specialized care services.

With regards to Public health infrastructure, there is 1 District Hospital, 1 sub district hospital, 3 MCD Maternity homes which are equivalent to Community Health Centres (CHCs), 28 Primary Health Centres (PHCs) including MCW Centres, 1 Urban Primary Health Centres (PHCs) in East Delhi.

Table 7 also exhibits the details of ancillary health infrastructure in the district. SNCU is present at two public health facilities. No public health facility has an NRC established, however the sub district hospital named Chacha Nehru Bal Chikitsalya is a dedicated facility catering to the healthcare needs of children. A blood bank and a blood storage unit are present at the district hospital. There are 11 designated microscopy centres and 3 tuberculosis units functioning in the district. Also, the district has a dedicated hospital for Tuberculosis named Shyama Prasad Chest Hospital.

3.1 Human Resources for Health:

Human resources are one of the principle health system inputs with the knowledge, skills and motivation of these individuals deriving the performance and the outcomes of the healthcare delivery. Under NHM, financial support is provided to strengthen the health system including engagement of nurses, doctors and specialist on contractual basis based on the appraisal of requirements proposed by the States in their annual Programme Implementation Plans.

Table 7: HR status for Delhi Government posts

Designation	Sanctioned	In position Regular	Contractual	Vacant
Medical Officers	-	-	-	-
GDMOs	48	44	0	4
Pharmacist	51	24	7	20
ANM	28	25	2	1
PHNO	11	7	1	3
Staff Nurses	1	1	0	0
MLT	3	1	1	1
JMLT	15	12	9	NA

Source: CDMO Office, East Delhi, 2021-22

The human resources profile of the East Delhi as per the information shared by the CDMO office is presented in table 7. Due to multiple agencies in Delhi, the actual HR status for MCD, NHM and Delhi Government is difficult to find out.

Table 8: HR status for MCW Centers under MCD

Designation	Regular Sanctioned Post	In Regular Position	Vacancy
Medical Officer	1	1	0
GDMO	18	16	2
EXT EDU	7	2	5
Sr. LHV	6	0	6
LHV	25	18	7
ANM	78	68	10
PTSK	10	9	1
Peon	12	5	7
Chowkidar	8	1	7
Driver	3	0	3
Clerk	1	0	1
Pharmacist	9	7	2
Warden	6	5	1
Dresser	5	5	0
Dai	1	0	1
LDC	2	2	0
Lab Assistant	1	0	1
PHN	2	2	0
Ward Boy	1	1	0

Source: CDMO Office, East Delhi, 2021-22

With regard to Human Resource falling under the Delhi Government, vacant posts are highest for pharmacist (39% vacant), followed by PHNO (27%) and GDMOs (8%). Vacancy with regards to PHNO, and GDMOs and pharmacist must be seriously attended to, as the same was reported to cause serious issue pertaining to workload and patient management

With regard to MCW Centers, vacant positions are highest for Sr. LHV (100%), followed by LHV (28%), Pharmacist (22%) and ANM (12%). The non-medical staff such as chowkidar, driver, warden, LDC, PHN and ward boy are as per the sanctioned positions with no major vacant positions.

Table 9: HR Status for NHM, East District of Delhi

Designation	In Position Contractual
Account Assistant	1
Accounts Manager	1
ASHA Coordinator	1
ANM	40
BCC Officer	1
Data Assistant	11
District Program Manager	1
Dot Provider	11
Driver	1
Clerk/Assistant	4
Lab Technician	21
Leprosy Assistant	1
Medical Officer	20
MIS Expert	1
OT Assistant	1
Pediatrician	2
Pathologist	1
Pharmacist	4
Public Health Nurse Officer	1
Quality Assurance Coordinator	0
Senior DOTS Plus & TB HIV	1
Senior Treatment Lab Supervisor	2
Senior Treatment Supervisor	2
Social Worker	1
Staff Nurses	10
Training Coordinator	1

Source: CDMO Office, East Delhi, 2021-22

The number of health workers available in a district is a key indicator of that district's capacity to provide delivery and intervention. Table 9 provides the Human Resource Availability under NHM in east district of Delhi. In Delhi, the sanctioned positions under NHM are not clearly defined and hence it is difficult to assess the shortage of human resource. Also, since there are multiple governing bodies that hire human resource, it is not possible to get the exact number of medical specialists working in the district to facilitate a comparison with IPHS norms. The table shows that the position of quality assurance coordinator is vacant and this is hampering the implementation of the quality programme such as NQAS and LaQshya

3.2 Key Indicators for ASHA & ASHA Facilitator:

The community health workforce acts as an interface between the community and the public health system. The district requirement of ASHA workers in accordance with the population norms is that of 456 ASHAs. However, against the said number, 432 ASHAs are currently in place. Thus, the shortfall is of 5 percent.

About 50 percent of the ASHA workers in the district are insured under the Pradhan Mantri Jeevan Jyoti Bima Yojana (PMJJBY) and Pradhan Mantri Suraksha Bima Yojana (PMSBY). These are both governments backed insurance schemes. In a yet another social welfare scheme oriented towards pensions, 100 ASHA workers are registered beneficiaries of the Pradhan Mantri Shram Yogi Maandhan Yojana (PMSYMY).

The Mahila Arogya Samitis are community worker groups in urban areas. The district has 5 MASs in place – all trained and with a valid account.

Chapter 4:**NHM Programs & Interventions****4. RMNCH+A Services:**

The Reproductive, Maternal, Child and Adolescent Health programme is at the heart of the flagship programme National Health Mission (NHM). Central tenets guiding this programme have been equity, universal care, entitlement and accountability. The aim is to protect the lives and safeguard the health of women, adolescents and children. RMNCH+A links maternal and child survival to other components namely, family planning, adolescent health, gender & PNDT. It also denotes inclusion of adolescence as a distinct ‘life stage’ in the overall strategy. Table 11 provides details on several programmes running under RMNCH+A in the district.

A total of 8603 beneficiaries were registered for JSY cash transfer, out of which 1076 have received the payments. During the visit, it was reported by medical officers that any delay in JSY incentive was mostly because of delay in receipt of funds from the district authorities. Interaction with beneficiaries revealed that they were satisfactorily aware about the JSY scheme, and most of them had bank accounts.

JSSK has been implemented and is functional in East Delhi District. Beneficiaries are being provided free of cost consultation, drugs (1225). Diagnostic (1759), Blood (894) and referral transport. With respect to diet, the one’s delivering at facilities level are being given food (8680). Free referral transport is also being utilized by the beneficiaries but only for hospital admissions. Vehicle for drop post-delivery is not available.

The district has 12-bedded SNCU at the District Hospital but no separate ward for inborn and out-born patients. The total number of admissions in the SNCU unit were 890 for in-born and 145 for out born of which the number of males were more than the number of females in the out-born section. 766 in-born and 132 out-born were discharged in the last financial year. The table 5 (Appendix) even shows that 28 were referred, 21 taken LAMA and 88 have died including both the inborn and out-born units. District also has a dedicated child hospital (Chacha Nehru Baal Chikitsalya).

PMSMA programme is running at the district hospital, 3 CHCs and 28 PHCs in the district. ANC checkups are being provided on 9th of every month. Mothers who are found to be severely anemic during the checkups are given injectable iron supplements (iron sucrose). Also, it was observed that pregnant women are being distributed bananas and biscuits on the PMSMA day. Also, the mothers are instructed to take similar nutritious diet on daily basis.

Maternal Death Review (MDR) as a strategy has been spelt out clearly in the RCH –II National Programme Implementation Plan document. The importance of MDR lies in the fact that it provides detailed information on various factors at facility, district, community, regional and national level that are needed to be addressed to reduce maternal deaths. Analysis of these deaths can identify the delays that contribute to maternal deaths at various levels and the information used to adopt measures to fill the gaps in service.

East Delhi observed 14 maternal deaths in the year 2020-21. Maternal Death Review is reportedly being carried out in the district and reasons are being identified for both facility and community deaths. However, the same is not being uploaded on the data portals.

HBNC is functioning in the district. As reported, a total of 432 ASHA workers have HBNC kits. New-borns are being visited by ASHA workers.

4.1 Communicable Disease Programs:

Table 6 (Appendix) shows the status of implementation of three communicable disease programmes in the district. Integrated Disease Surveillance Programme (IDSP) has been implemented in the district with the rapid response team comprising of MBBS doctors, lab technicians, and field workers. The IDSP data is used for surveillance of several communicable diseases and for outbreak investigations. It was reported that a total of 28.5 percent private health facilities reports weekly data of IDSP.

A total of 40 cases new cases were detected for leprosy in the year 2021-22 under the National Leprosy Eradication Programme (NLEP). Multi Drug Therapy was reported to be available without any interruption. Also, availability of MCR footwear and selfcare kit was reported to be satisfactory.

National Tuberculosis Elimination Programme (NTEP) is functional in the district. There are 1404 eligible TB patients with UDST testing. Drugs for both, drug sensitive and drug resistance TB have been reported to be available. Number of patients notified from public sector was 3843 and from private sector was 844 in 2021-22. The treatment success rate is reported to be 86% for public sector and 38% for private sector. Number of MDR TB patients is 151 from public sector and 12 from private sector.

Also, district has dedicated Chest Hospital (Shyama Prasad Chest Hospital). They have 3 CBNAAT and 1 TRUENAT machines in the hospital. Under this hospital total 14 dots centers are fully functional in the district.

4.2 Non-Communicable Disease Program:

The Non-communicable disease programmes that have been implemented in the district include National Programme for prevention & Control of Cancer, Diabetes, Cardiovascular Diseases & stroke (NPCDCS), National Programme for Control of Blindness & Visual Impairment (NPCBVI), National Programme for healthcare of Elderly (NPHCE) and National Tobacco Control Programme (NTCP). Very low utilization (around 11% of the total budget sanctioned) in NCD program was observed in the district for last financial year 2021-22. The reason cited behind the low utilization of funds was Covid pandemic because most of the programs have outreached activities. Table 7 (Appendix) depicts the status of NCD program of the district.

4.3 Other National Programs:

The East Delhi district is working on Quality Assurance Programmes such as LaQshya and Kayakalp. During FY 2021-22 a total 9 facilities have been won Kayakalp award which includes District Hospital, 2 CHCs/Maternity Home and 6 PHCs. No facilities have LaQshya Certification for OT/Labor Room, however internal assessment have been done in some health facilities. No facility has NQAS certification.

Chapter 5:

Health Facilities Monitoring Assessment

The team visited total five facilities in East district. The observations of the team are listed below. This includes points about patient load, infrastructure, manpower, drugs and equipment. The five facilities visited comprises of 1 district hospital, 2 Community health centers (CHC)/ Maternity Home, 2 Primary Health Centre/ DGDs.

5.1 District Hospital:



Figure 2: Lal Bahadur Shastri District Hospital

- ✚ The Lal Bahadur Shastri government hospital is District Hospital equivalent with 100-bedded facility. The number of deliveries are recovering after the Covid-19 impact but the levels are yet to match the pre-Covid situation. The C-section services are provided but the DH reported shortage of beds, specialist doctors and surgeons to further strengthen the services.
- ✚ Services delivery in the post-natal wards was fully efficient. All beneficiaries were provided with diet services free of charge and were asked to stay for more than 48 hours post-delivery. On interaction with the beneficiaries, they cited that no cost was borne by them for the diet, drugs, or diagnostics and timely doctor rounds were observed. They were fully satisfied with the services being rendered at the facility.

- ✚ District hospital has 12-bedded fully functional SNCU in which 6 beds for in-born and 6 beds for out-born with 1 Phototherapy Machine. The SNCU has not segmented its In-born and Out-born sections; instead it had mentioned the names accordingly in their records.
- ✚ Record maintenance at the facility was efficient and all registers pertaining to OPD, IPD etc were well maintained and updated.
- ✚ The counselling on family planning services is provided by doctors and ANM. The facility provides condoms, oral pills, Chhaya and sterilization services. FPLMIS is implemented in the facility. The DH also has functional Adolescent Friendly Health Clinic.
- ✚ The Hospital's building was quite old and shortage of fittings & fixtures could be an issue which poses problem in managing the important documents properly.
- ✚ As per the Hospital Manager, the login credential for the central dashboard was lost few months ago however they are uploading facility score on their facility portal. But they are not aware with regards to the reporting of patient satisfaction score on the HMIS portal and this is why the indicator is left blank.
- ✚ The DH was also in the process of shifting its banking arrangements to be consistent with the requirements of the District NHM office.
- ✚ The state has outsourced the solid waste management activities to an agency. The DH has a dedicated Medical Records Department with adequate staff for maintenance of hospital records.
- ✚ Kayakalp initiative assessment for the DH was conducted and the DH received commendation award. However, the DH has not received any award money under Kayakalp. LaQshya certification process is also initiated with internal assessment score of 96% for the labour room.
- ✚ As per the DH officials, they did not receive any funds from NHM in the last financial year 2021-2022.

Table 10: HR Status of Lal Bahadur Shastri District Hospital

Staff Designation	Sanctioned	Filled		Vacant
		Regular	Contractual	
Medical Superintendent	1	1	0	0
Dy. Medical Superintendent	1	1	0	0
GDMO/JRs	30+40	29	39	2
Specialist/SRs	25+66	20	58	13
Nursing/Sr. Nursing Officer	147+17	10+107	8	39
Technicians	93	43	25	25
Admin	35	25	0	10
Group C MTS	98	39	59	0
Outsource	18	0	18	0

Source: Lal Bahadur Sashtri District Hospital, East Delhi

5.2 MCD Maternity Home Khichdipur:



Figure 3: Danveer Bhamashah Maternity Home, Khichdipur

- ✚ The maternity home was functioning with 15 bed and provides normal delivery service and delivery was hampered in COVID-19. The average delivery load of the facility is reported to be 60-70 deliveries/month. For complicated cases the referral facility is Lal Bahadur Shastri Hospital.
- ✚ With respect to HR, facility has two Medical Officers (MBBS) and one Pediatrician, 13 Staff Nurses, 1 LT and 1 Pharmacist.

- ✚ Adolescent friendly counselling session is being conducted on every Saturday and it also has dedicated day for geriatric friendly health clinic. Although they have dedicated days but all the patients are served as and when they come to the facility.
- ✚ Kayakalp internal assessment have been done for the facility and backed 78.3% score however external visit is yet to completed.
- ✚ The hospital building was in dilapidated condition. Seepage and leakage problem are very common in the facility. It has a huge campus and staff quarter are situated in the hospital premises.
- ✚ There is a three-story huge building was constructed for the nursing school in the premises of the facility but since last 6 years it was not functional due to some administrative delays and coordination problem between MCD and Delhi Government.
- ✚ Maternity home was provided limited services like; normal delivery, ANC, family planning, adolescent health clinic, HIV counselling, immunization and done basic lab test. They also conducted outreach services in their respective area.
- ✚ A total of 832 cases of hypertension were screened and 68 cases were confirmed. In case of diabetes, a total of 701 cases were screened and a total of 16 cases were found to be diabetic in last six months.
- ✚ The facility received a total of Rs.305185/- during the last financial year under RCH and NUHM and out of which a total of Rs.213118/- was utilized till May 2022.

Table 11: HR Status of Maternity Home, Khichdipur

Staff Designation	Sanctioned	Regular	Contractual
MO (MBBS)	4	2	0
ObGy	-	1	0
EmOC Trained Doctor	-	2	0
Pediatrician	-	1 (3 Days)	0
SNs/GNMs/ANM/LHV	-	4	9
LTs	-	-	1 (4 Days)
Pharmacist	1	1	0

Source: Danveer Bhamashah Maternity Home Khichdipur, East Delhi

5.3 MCD Maternity Home Patparganj:



Figure 4: Maternity Home Padpadganj

- ✚ The maternity home was functioning with 15 beds and provides normal delivery service. The average delivery load of the facility is reported to be 20 deliveries/month, which is quite low and the reason being that the location of the facility is in high income society. For complicated cases the referral point is Lal Bahadur Shastri Hospital.
- ✚ With respect to HR, facility has two Medical Officers (MBBS) one Staff Nurse, and 1 Pharmacist.
- ✚ Adolescent friendly counselling session is being conducted on every Saturday and it also has dedicated day for geriatric friendly health clinic. Although they have dedicated days but all the patients are served as and when they come to the facility.
- ✚ The facility has won Kayakalp award with 76% score for year 2021-2022.
- ✚ Maternity home is being provided limited services like; normal delivery, ANC, family planning, adolescent health clinic, HIV counselling, immunization and done basic lab test. They also conducted outreach services in their respective area.
- ✚ The facility received a total of Rs.288185/- during the last financial year and out of which a total of Rs.123150/- was utilized till May 2022.
- ✚ A total of 84 EDL is listed. The facility reported shortage of five EDL drugs including Tab Paracetamol, Albendazole, Lactulose, Nitrofurantoin and Isoxsuprin.

Table 12: HR Status of Maternity Home, Patparganj

Staff Designation	Sanctioned	Regular	Contractual
MO (MBBS)	2	2	0
EmOC Trained Doctor	-	1	0
SNs/GNMs	3	0	1
Pharmacist	0	0	1

Source: Maternity Home Patparganj, East Delhi

Table 13: Status of Basic Infrastructure at the Maternity Home

Condition of Infrastructure	Maternity Home Patparganj	Maternity Home Khicdipur
Accessible from nearest road head	✓	✓
27*7 running water facility	✓	✓
Facility is geriatric and disability friendly	✓	✓
Clean functional toilets (separate for Male & Females)	✓	✓
Drinking water facility available	✓	✓
OPD waiting area has sufficient sitting arrangement	✓	✓
ASHA rest room is available	✗	✗
Drug store room with racks is available	✓	✓
Branding of the health facility	✓	✓
Power backup	✓	✓

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

5.4 Delhi Government Dispensary (DGD) Bank Colony:



Figure 5: Delhi Government Dispensary (DGD), Bank Colony

- ✚ The facility offers only primary healthcare services which are ANC, General OPD, Immunization, Covid vaccine, Refraction and family planning.
- ✚ With respect to HR, facility has two Medical Officers (MBBS) and two MO (AYUSH), one ANMs, one LT and one Pharmacist.
- ✚ Kayakalp internal assessment have been done for the facility and backed 70% score however external visit yet to completed.
- ✚ A total of 257 EDL is listed. The facility reported shortage of five EDL drugs including Syp Paracetamol, Tab Brufen, Lactulose, and Syp Septra.
- ✚ Shortage of medicines with respect to hypertension and diabetes are reported which are, Amlodipin, Enalapril, Hydrochlorothiazide, Telemasartan, Metoprolol, Metamormin, Glimepride, Colibenclamide, and Vildaglipten.
- ✚ A total of 2438 tests which are HB, ANC profile, Sugar, and Covid were conducted in last financial year. For further higher tests they refer patients to nearby Mohalla Clinics.
- ✚ A total of 237 cases of hypertension were screened and 17 cases were confirmed. In case of diabetes, a total of 211 cases were screened and a total of 27 cases were found to be diabetic in last six months.
- ✚ The facility received a total of Rs.71060/- during the last financial year and out of which a total of Rs.51013/- was utilized till May 2022.

Table 14: HR status of DGD Bank Colony

Staff Designation	Sanctioned	Regular	Contractual
MO (MBBS)	2	1	1
MO (AYUSH)	2	2	0
ANMs	1	0	1
LTs	1	1	0
Pharmacist	2	1	1

Source: DGD Bank Enclave, East Delhi

5.5 Delhi Government Dispensary (DGD) Mayur Vihar Phase - 1:



Figure 6: Delhi Government Dispensary (DGD), Mayur Vihar Phase 1

- ✚ The facility offers only primary healthcare services which are ANC, General OPD, Immunization, Covid vaccine, basic lab services and family planning.
- ✚ With respect to HR, facility has two Medical Officers (MBBS) and one MO (AYUSH), two ANMs, one LT and one Pharmacist.
- ✚ Lab tests which are HB, ANC profile, Sugar, and Covid are being conducted at the facility. For further higher tests they refer patients to nearby Mohalla Clinics.
- ✚ The lab test for ANC cases and Covid cases was conducted in the same room. There was no proper waiting area for the patients.
- ✚ Adolescent health clinic is being organized on every Saturday.
- ✚ For specialized lab test facility refers patients to nearest Mohalla Clinic which comes under their jurisdiction.
- ✚ The facility reported shortage of four essential drugs including Syp Paracetamol, Tab Brufen, Calcium and Metmorfin.

Table 15: HR Status of DGD Mayur Vihar Phase -1

Staff Designation	Sanctioned	Regular	Contractual
MO (MBBS)	2	1	1
MO (AYUSH)	1	1	0
ANMs	2	1	1
LTs	1	1	0
Pharmacist	1	1	0

Source: DGD Mayur Vihar Phase -1, East Delhi

Table 16: Status of Basic Infrastructure at the DGDs

Condition of Infrastructure	DGD Bank Colony	DGD Mayur Vihar
Accessible from nearest road head	✓	✓
27*7 running water facility	✓	✓
Facility is geriatric and disability friendly	✓	✓
Clean functional toilets (separate for Male & Females)	✓	✓
Drinking water facility available	✓	✓
OPD waiting area has sufficient sitting arrangement	✓	✓
ASHA rest room is available	✗	✗
Drug store room with racks is available	✓	✓
Branding of the health facility	✗	✓
Power backup	✓	✓

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

Chapter 6:

Community Interaction



Figure 7: Community Interaction, Jagatpuri East Delhi

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

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

On discussion with the community members of (Jagatpuri, East district) there was a mixed preference in the community for availing the public & private health care services. While low-income households relied on both public sector and the private sector, they expressed some dissatisfaction with the quality and access of public sector health facilities. The main reason cited by the group was the time spent for availing for the services at the public health facilities. Chronic

diseases such as hypertension and diabetes were common among the older adult population. Alcohol consumption is high in the community. Beneficiaries have highlighted that the frontline workers have limited interaction with them. There is a greater need to improve the time allocation and quality of counselling services. ASHAs do not necessarily accompany the beneficiary for the antenatal or delivery care.

With respect to ASHAs, they have good knowledge about the program in which they are trained and working like HBNC, Immunization etc. HBNC visits are being conducted in a regular manner. Community Based Assessment Checklist (CBAC) for Non-Communicable diseases is not started yet due to some technical problem however, they got the approval to roll out the program.

Chapter 7:**Conclusion & 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 East District of Delhi.

The report is prepared on the basis of field – based observations and visits to the following public health facilities in East Delhi: District Hospital Lal Bahdur Shastri, MCD Maternity Home Padpadganj, Danveer Bhamashah MCD Maternity Home Khichdipur, DGD Bank Colony and DGD Mayur Vihar Phase 1. Meetings were held with the Chief District Medical Officer (CDMO) and the NHM Nodal Officials. Interactions were also held with the Medical Officer-In-Charge (MOIC) of the selected facilities, health care providers (ANM, ASHAs etc.) and other supporting staff to understand the strengths and weakness of the facilities in service provisioning. Review of relevant programmatic data and information available from the NHM nodal officials were also conducted. Health Management Information System (HMIS) data was verified for the District Hospital Ranking data validation purposes.

The district has 1 DH Lal Bahadur Shastri, 1 SDH Chacha Nehru Baal Chikitsalya (dedicated for children), 3 CHCs, 28 PHCs including 9 MCW centers. With respect to transport, the district has only 102 CATS Ambulance services. District has 2 public institutions and 116 private institution equipped with Ultra-sound facility and all public and private facilities are registered under PCPNDT act.

The JSY has weak implementation status in East Delhi. This is associated with factors such as low JSY incentive for urban areas, limited interest among beneficiaries to claim JSY, inadequate documentation and high proportion of migrant population. However, all the delivery points in the district implement JSSK. The PMSMA activities are conducted at the PHC / PUHC equivalent facilities. The East Delhi district has SNCU with a capacity of 12 in-radiant warmer and 5 KMC units. District has dedicated child hospital but status of SNCU is not being reported on portal. Under NTEP, the treatment success rate from public hospital was achieved to be at 86% and for

private facilities were 38% in 2021-22. Under National Leprosy Eradication Programme, 40 new cases were detected, out of which 5 were Grade 2 Disabilities (G2D) cases. The following NCD programmes under the NHM umbrella were functional NPCDCS, NPCBVI, NPHCE, and NTCP. The Central Delhi district is working on Quality Assurance Programmes such as LaQshya and Kayakalp. District has 9 facilities (1DH, 2 CHCs & 6 PHCs) who won Kayakalp Award in last financial year.

The 100 bedded district hospital is over burden. Shortage of beds as well as shortage of specialist doctors and surgeons were reported. There are provisions for diet support and other facilities for delivery care through JSSK funds. However, the coverage of referral transport from home to facility and drop back facilities after delivery is negligible. The DH receives maintenance grant and Kayakalp grant from NHM. The DH was in the process of shifting its banking arrangements to be consistent with the requirements of the District NHM office. The DH has a dedicated Medical Records Department with adequate staff for maintenance of hospital records.

Both the visited Maternity home was 15 bedded facility providing normal delivery and other primary care services like family planning, OPD, Immunization etc. the visited DGDs have only primary healthcare services. The OPD load was quite good at both the facilities. For specialized diagnostic tests CHCs and PHCs send their patients to the near located Mohalla Clinics.

On interaction with the community members various valuable insights were delivered from their end with respect to service delivery, their lifestyle practices, and out-of-pocket expenditure. There was a mixed preference in the community for availing the public & private health care services. While low-income households relied on both public sector and the private sector, they expressed some dissatisfaction with the quality and access of public sector health facilities. The main reason cited by the group was the time spent for availing for the services at the public health facilities.

Based on the monitoring the following recommendations for improving the service delivery in the district are made:

- ✚ District officials does not have clear picture regarding budget approved under PIP. All though, the State level PIP is developed based on the district demand for 2022-24. In this

regard, a state-level meeting is recommended to strengthen the planning and budgeting structure of the PIP.

- ✚ Lack of coordination between MCD and Delhi Government was observed and due to this Rogi Kalyaan Samiti (RKS) was not formed, So, there is a dire need to strengthen the inter sectoral convergence between all the agencies.
- ✚ All the public health facilities in Delhi should initiate action for assessments and certification under NQAS, LaQshya and Kayakalp initiatives. While some of these activities are performed more regularly such as the (Kayakalp) but facilities are lagging in terms of their performance and assessment activities to meet the criteria specified under NQAS and LaQshya guidelines.
- ✚ District has very low JSY payment because of low incentive for urban area, limited interest among beneficiaries, inadequate documentation and high proportion of migrants. So, awareness regarding benefits of all NHM programs should be strengthen among beneficiaries.
- ✚ The public health care system in Delhi is managed by multiple authorities and departments. This creates a governance structure with varying reporting requirements that necessitates a dynamic administrative environment for program implementation. The sensitization is needed to focus on intrinsic aspects of service delivery and also elaborate on merits such as HR provisions for implementation of certain NHM supported national flagship programs as well as specific schemes.

Appendix

Table 1: Breakup of Resource Envelope, NHM FY 2021-22, Delhi

Indicators	Amount* (GoI Share)	Percent (GoI share)	UT Share
1.Total NRHM-RCH Flexible Pool (a+b)	115.67	64.4%	
(a) RCH Flexible Pool (including RI, IPPI, NIDDCP)	56.30	48.7%	
RCH Flexible Pool, Cash Grant Support	39.49	-	
RCH Flexi Pool (Kind grant support under immunization)	16.81	-	
(b) HSS under NRHM	59.37	51.3%	
Other HSS covered under NRHM	53.88	-	
Ayushman Bharat- HWCs under NRHM	0.00	-	
ASHA Benefit Package	5.49	-	
2. NUHM Flexible Pool	30.61	17%	
Other Health System Strengthening covered under NUHM	30.61	-	
Ayushman Bharat- HWCs under NUHM	0.00	-	
3. NDCP Flexible Pool	22.15	12.3%	
NVBDCP (Cash & Kind)	0.55	-	
NTEP (Cash & Kind)	17.96	-	
NVHCP (Cash & Kind)	1.37	-	
NLEP	0.85	-	
IDSP	0.90	-	
NRCP	0.52	-	
4. NCD Flexible Pool (NPCB, NMHP, NPHCE, NTCP, NPCDCS, NPCCHH, PMNDP)	5.75	3.2%	
5. Infrastructure Maintenance (Incl. Direction & Administration)	5.46	3.0%	
Total Resource Envelope (1+2+3+4+5)	179.64	100%	119.76
Grand Total Resource Envelope (GOI Allocation + UT Share)	299.4		

Source: NHM PIP, State ROP, East Delhi, 2021-22

Table 2: Summary of Budget Approval, 2021-22 (Delhi)

FMR		Budget Head	Total amount proposed	Total amount approved	% Share of total approvals	%Approved to proposed
1	U.1	Service Delivery - Facility Based	3190.72	3111.85	7.62	97.5%
2	U.2	Service Delivery - Community Based	2438.80	1309.81	3.21	53.7%
3	U.3	Community Interventions	2754.74	3246.75	7.95	117.9%
4	U.4	Untied Fund	418.5	418.5	1.02	100%
5	U.5	Infrastructure	1361.55	856.55	2.10	62.9%
6	U.6	Procurement	5842.85	4886.67	11.97	83.6%
7	U.7	Referral Transport	2421.93	2421.93	5.93	100%
8	U.8	Human Resources	15618.28	14929.39	36.56	95.6%
9	U.9	Training and Capacity Building	817.43	735.51	1.80	90%
10	U.10	Reviews, Research, Surveys and Surveillance	133.21	159.61	0.39	119.8%
11	U.11	IEC/BCC	1464.61	1249.03	3.06	85.3%
12	U.12	Printing	444.4	414.46	1.01	93.3%
13	U.13	Quality Assurance	831.48	786.09	1.93	94.5%
14	U.14	Drug Warehousing and Logistics	83.15	83.15	0.20	100%
15	U.15	PPP	2069	2067	5.06	99.9%
16	U.16	Programme Management	4121.87	3324.78	8.14	80.7%
17	U.17	IT Initiatives for strengthening Service Delivery	19.2	19.2	0.05	100%
18	U.18	Innovations (if any)	2332.44	813.34	1.99	34.9%
Grand total			46364.16	40833.62	100%	88.1%
Total amount approved			40833.62			
Infrastructure maintenance			546			
Immunization kind grants			1681			
Grand total approved including MI and Immunization kind grants FY 2021-22			43060.62			

Source: NHM PIP, State ROP, East Delhi, 2021-22

Table 3: Status of Infrastructure, East District Delhi

1. Facility Details	Sanctioned/ Planned	Operational
District Hospitals	01	01
Sub District Hospital	01	01
Community Health Centers (CHC)/ MCDs	3	3
Maternity Home		
Primary Health Centers (PHC)/ MCW Centers/DGDs	28	28
Sub Centers (SC)	0	0
Urban Primary Health Centers (U-PHC)	01	01
Urban Community Health Centers (U-CHC)	0	0
Special Newborn Care Units (SNCU)	02	02
Nutritional Rehabilitation Centers (NRC)	Proposed	-
District Early intervention Center (DEIC)	Proposed	-
First Referral Units (FRU)	01	01
Blood Bank	01	01
Blood Storage Unit (BSU)	01	01
Designated Microscopy Center (DMC)	13	11
Tuberculosis Units (TUs)	03	03
CBNAAT/TruNat Sites	-	-
Drug Resistant TB Centres	01	01
Functional Non-Communicable Diseases (NCD) clinic		
At DH	01	01
At SDH		
At CHC		

Source: CDMO Office, East Delhi, 2021-22

Table 4: Key Indicators for ASHA & ASHA Facilitator

S. No.	Kay Indicators	Number
1	Required as per population	456
2	Selected	432
3	No. of ASHAs covering more than 1500 (rural)/ 3000 (urban) population	432
4	No. of villages/ slum areas with no ASHA	0
5	No. of ASHAs enrolled for Pradhan Mantri Jeevan Jyoti Bima Yojana (PMJJBY)	240
6	No. of ASHA Facilitator enrolled for Pradhan Mantri Jeevan Jyoti Bima Yojana (PMJJBY)	0
7	No. of ASHAs enrolled for Pradhan Mantri Suraksha Bima Yojana (PMSBY)	280
8	No. of ASHA Facilitators enrolled for Pradhan Mantri Suraksha Bima Yojana (PMSBY)	0
9	No. of ASHAs enrolled for Pradhan Mantri Shram Yogi Maandhan Yojana (PMSYMY)	100
10	No. of ASHA Facilitators enrolled for Pradhan Mantri Shram Yogi Maandhan Yojana (PMSYMY)	0
11	Mahila Aarogya Samiti (MAS) Formed	5
12	MAS Trained	5
13	MAS Account Opened	5

Source: CDMO Office, East Delhi, 2021-22

Table 5: Status of RCH Programs

Interventions/ Activity	Indicators	
Janani Suraksha Yojana (JSY)	Total Deliveries - 8603	
	Total JSY Payments - 1076 (12.5%)	
Janani Shishu Suraksha Karyakram (JSSK)	Total Deliveries - 8603	
	Free Drugs & Consumables - 1225	
	Free Diet - 8680	
	Free Diagnostic - 1759	
	Free Blood - 894	
Special New Born Care Unit (SNCU)	Total Beds - 12	
	In-radiant warmer - 12	
	Stepdown Care - 03	
	KMC Unit - 05	
	Inborn	Out born
Total Admission	890	145
Defects at Birth	9	1
Discharged	766	132
Referral	26	2
LAMA	21	0
Deaths	77	11
Home Based New Born Care (HBNC)	Total Number of ASHA - 432	
	Total Number of ASHA with HBNC Kit - 432	
Pradhan Mantri Surakshit Matritva Abhiyan (PMSMA)	DH-1	
	CHC-3	
	PHC/UPHC-28	

Source: CDMO Office, East Delhi, 2021-22

Table 6: Status of Communicable Disease

National Tuberculosis Elimination Programme (NTEP)	
<ul style="list-style-type: none"> • Target TB notification achieved: Yes • Whether HIV Status of all TB patient is known: Yes If No, no. of TB patients with known HIV status: • Eligible TB patients with UDST testing: 1404 • Whether drugs for both drug sensitive and drug resistance TB available: Yes 	
<ul style="list-style-type: none"> • Patients notification from public sector 	<ul style="list-style-type: none"> • No of patients notified: 3843 • Treatment success rate: 86% • No. of MDR TB Patients: 151 • Treatment initiation among MDR TB patients: 8
<ul style="list-style-type: none"> • Patients notification from private sector 	<ul style="list-style-type: none"> • No of patients notified: 844 • Treatment success rate: 38% • No. of MDR TB Patients: 12 • Treatment initiation among MDR TB patients: 08
<ul style="list-style-type: none"> • No. of Beneficiaries paid under Nikshay Poshan Yojana: 	
3. Implementation of National Leprosy Eradication Programme (NLEP)	
No. of new cases detected: 40	
No. of G2D cases: 05	
MDT available without interruption: Yes	
Reconstructive surgery for G2D cases being conducted: No	
MCR footwear & selfcare kit available: Yes	
4. Integrated Disease Surveillance Programme (IDSP)	
<ul style="list-style-type: none"> • Rapid Response Team (RRT) Constituted: Yes • Team Composition: Yes • Proportion of Pvt. Health Facilities weekly data of IDSP: 28.5% • Outbreaks investigated: <ul style="list-style-type: none"> • 2020-21: Nil • 2021-22: Nil 	
Source: CDMO Office, East Delhi, 2021-22	

Table 7: Status of Non-Communicable Disease Program

Non-Communicable Diseases Programme	Status of Implementation	Key activities performed as per RoP 2021-22
National Programme for prevention & Control of Cancer, Diabetes, Cardiovascular Diseases & stroke (NPCDCS)	Yes	
National Programme For Control of Blindness & Visual Impairment (NPCBVI)	Yes	
National Mental Health Programme (NMHP)	No	
National Programme for healthcare of Elderly (NPHCE)	Yes	
National Programme for the Prevention & Control of Deafness (NPPCD)	No	
National Tobacco Control Programme (NTCP)	Yes	
National Oral Health Programme (NOHP)	No	
National Programme for Palliative care (NPPC)	No	
National Programme for Prevention & Management of Burn Injuries (NPPMBI)	No	

Source: CDMO Office, East Delhi, 2021-22