



Ministry of Health & Family Welfare  
Government of India



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



**Prof. Suresh Sharma  
Ms. Aashima Gupta**



**POPULATION RESEARCH CENTRE  
INSTITUTE OF ECONOMIC GROWTH  
UNIVERSITY OF DELHI ENCLAVE, NORTH CAMPUS,  
DELHI - 110007**

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**Prof.Suresh Sharma**  
**Ms. Aashima Gupta**

**Population Research Centre**  
**Institute of Economic Growth**  
**New Delhi**

## LIST OF ABBREVIATIONS

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

## EXECUTIVE SUMMARY

The National Health Mission is a flagship initiative of government of India in the public health sector. It enhances people's access to quality health care services in a colossal manner via umpteen initiatives. Since its inception, NHM has tailored itself to the needs of the society by identifying the existing lacunae and eliminating them. One of the salient features that measure the progress of NHM remains the Monitoring and Evaluation activities undertaken by the Ministry of Health and Family Welfare on a continuous basis. The ministry has established the network in such a way that the services are being utilized in monitoring the State Programme Implementation Plans.

The report hence focuses on monitoring all the essential components of NHM in Jodhpur district for the year 2020-21. The monitoring was carried out in the month of October to encapsulate and analyse the status of NHM activities in Jodhpur district. The report puts forward the key observations made during the PRC, Delhi team's visit to various health facilities of the district.

The following public health care facilities were visited by the PRC-IEG Team: District Hospital Paota, UCHC Residency, CHC Mathania, UPHC Ratanada, PHC-HWC Keru, and SC-HWC Rajnsia. Structured checklists were used to collect information on human resources, infrastructure, funds utilization, training, health care services including drugs and equipment, family planning, disease control programmes and other programmes under the umbrella of NHM.

Interactions with district and block level health administrators including the Chief Medical Health Officer (CMHO) and the nodal programme officers, the Block Medical Officer-in-Charge (MOIC), facility (MOs, ANMs, etc) and community level health care providers (ASHAs, Anganwadi workers etc) and other supporting staff were conducted to understand the strengths and weakness of the facilities in service provisioning.

The report therefore summarises the status of Public Health Care in Jodhpur district, Rajasthan during the financial year 2020-21 with regards to NHM and its components. Listed below are the key challenge being faced by the district with respect to health service delivery.

- One of the key emerging issues that was highlighted by the district officials was that there was shortage of human resource crunch at all the levels of the facility. The major issue which was observed in regarding the HR was the transfer policy amongst the staff. There should be proper "Rationalization" regarding this. As such no manpower is sanctioned at the District Hospital (DH) for carrying out the National Health Mission (NHM) activities resulting to which the services are being hampered. It was even reported that the nursing staff and doctors of the district hospital have been transferred to medical college.
- With regards to Non-Communicable Disease(NCDs) screening has been done prior to the implementation of the Ayushman Bharat-Health and Wellness Centres(HWCs).The main challenge that the district is facing is with regards to data feeding in the Community Based Assessment Checklist(CBAC) as well as uploading the data in the Health and Wellness Centre(HWC) portal as majority of the CHOs were either deployed in COVID-duty or there recruitment is still under process resulting to which the target is lagging.
- One of the key emerging issues in the district is "*Communication Gap*" that was cited by the officials of district hospital which is a part of Mahatma Gandhi Medical college.

As all the autonomy lies with the medical college due to which time lags have been occurred in taking the decisions with regards to services, fund utilization, data feeding, and manpower.

- There is less response of yoga sessions amongst the community members of both the rural and urban settings. The acceptance of rural people concerning yoga sessions is bleak because majority of the people's occupation is either mining or agriculture work and they feel it a waste of time because most of them have an excessive routine by either walking to the fields or rigorous amount of work is being done. Similar is the case in the urban settings not much acceptance has been reported.
- Excessive tobacco consumption is prevalent in the district by both males and females due to which while screening the individuals' cases of oral cancer were observed.
- The major part of the population of the village belongs to the tribal community and because of that the culture and practices are a bit different. They still have a belief and rely on "*Baba or quacks*" for any kind of illness or treatment and have less trust on doctors. Though with constant efforts of ASHAs and CHO gradually the community members are gaining trust on the medical staff and visiting the Quacks have eventually depleted. As initially, the members of the community prefer to visit the Babas and then visit the hospital when situation comes out of control of which the illness of the patients have become critical.
- Out of Pocket (OOP) expenditure have been reported for diagnostic services due to unavailability of sonography and X-ray service. The community members prefer to visit private facilities or clinics as per the distance. Furthermore, the community members were aware about the ambulance services but preferred to visit the facilities with their own vehicles as at times there are waiting hours for the same.
- 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.
- There is not much acceptance for Post-Partum Intra Uterine Contraceptive Device (PPIUCD) amongst the females and ASHAs are also not given incentives due to which motivation is not done by them.

## 1.INTRODUCTION

National Health Mission (NHM) is the flagship scheme of the Government of India which aims to achieve universal public health coverage and extending service delivery to all the parts. Launched in 2005 as the National Rural Health Mission (NRHM), it was extended to urban areas in 2013, bringing both urban and rural areas under its coverage. The mission intends to guide states towards increasing the access to affordable and essential health services to those on the margins by strengthening the infrastructure, logistics, institutional set-up and service delivery.

In order to monitor the important components of NHM State Programme Implementation Plan (PIP) 2020-21, the Ministry of Health and Family Welfare (MoHFW) had commissioned Population Research Centres (PRCs) to evaluate the performance of the plans in various districts. The monitoring helps in knowing the gaps in the implementation and how efficient the resource allocation has been.

The following report is based on the PIP Monitoring visit to Jodhpur district in October 2021. The PRC Delhi team visited the Chief Medical Health Officer's (CMHO) Office for a brief interaction with the District Programme Manager (DPM) and Additional Chief Medical Officer (ACMO); thereafter six facilities were visited, these were the District Hospital in Jodhpur, two Community Health Centre's (CHC) in Residency which was an urban facility and Mathania in rural area, two Primary Health Centre's (PHC) in Ratanada and Keru, and Sub-Centre which was Health and Wellness Centre in Rajsnia and thereafter community interactions was also carried to gain further insights.

This report provides a review of key population, socio-economic, health and service delivery indicators of Jodhpur District. The report also 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, communicable, and non-communicable diseases. Besides these, the report is based on the interviews of CMO, District Health Officials, CHO's, ANMs, ASHAs, and beneficiaries.

### 1.1 Objectives

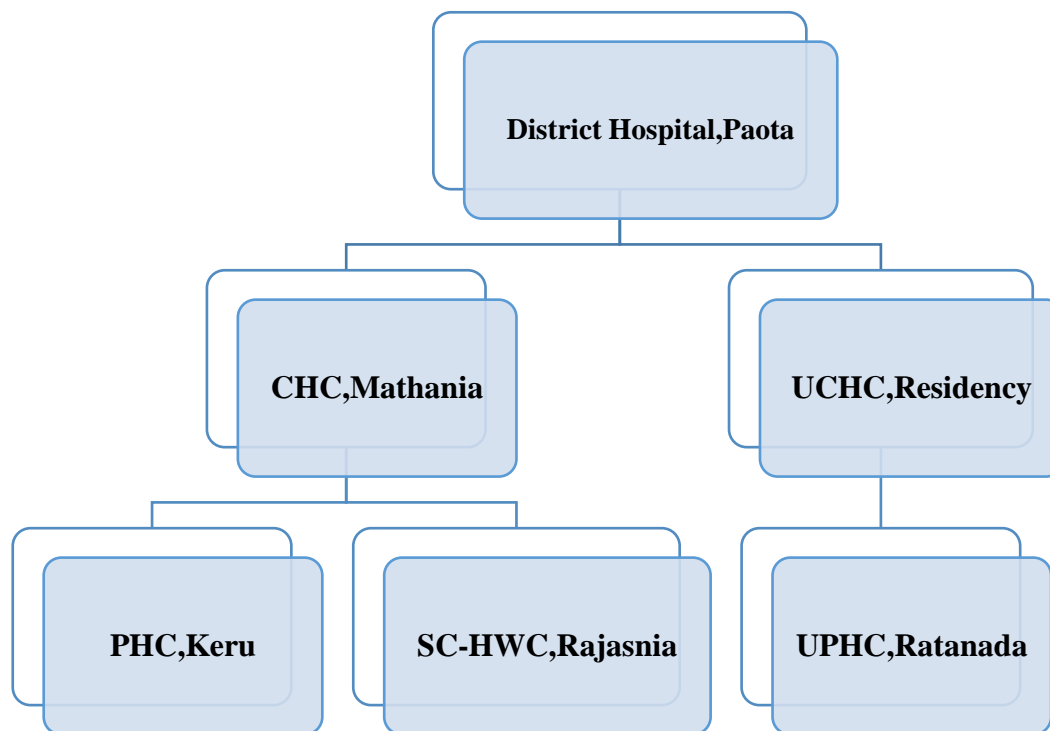
The major objectives of this monitoring and evaluation of PIP study are:

- To monitor the status of physical infrastructure of health facilities under NHM Programme.
- To understand the availability and efficiency of human resource required for imparting better service facilities.
- To understand the gap between Demand and supply of health service delivery under NHM programme.
- To assess functionality of equipment, supply and essential drugs, essential consumables etc.
- To analyze and ascertain the implementation and performance of different scheme under NHM.
- To analyze other important components namely service delivery, record maintenance, Biomedical Waste Management, referral transports system, IEC material, disease control programme etc.
- To assess the availability of finance for the NHM activities in the district.

## 1.2 Methodology

Ministry of Health and Family Welfare has assigned the task of monitoring the health status of Jodhpur district, Rajasthan to PRC Delhi. The report is based on the data collected from the CMO office and other health facilities visited. PRC, Delhi visited the district office to interact with CMO, Dy. CMO, DPM and other officers of the district. Health profile of the district was discussed intensively and higher authorities were questioned on broad areas under NHM such as maternal health, child health, family planning, human resource, infrastructure etc.

**Figure 1:**List of Facilities Visited in Jodhpur District, Rajasthan



The report is based on both qualitative and quantitative survey. Before visiting the field, a structured questionnaire (Annexure) prepared on various important aspects of NHM activities, were sent to the respective facilities and nodal officers. Further on the visit the questionnaire is cross checked and discussed in detail. After a valuable discussion with the district officials and thereby few selected facilities were visited for monitoring purpose. The healthcare facilities visited are depicted as above in figure-1.

## 1.3 Overview of the district: Jodhpur

The district is the second largest city of the Rajasthan state. It was historically the capital of the Kingdom of Marwar, which is now part of Rajasthan. It is popularly known as the "*Blue City*" among people of Rajasthan and all over India. It serves as the administrative headquarters of the Jodhpur district and Jodhpur division. It is bounded by Nagaur in the east, Jaisalmer in the west, Bikaner in the north and Barmer and Pali in the South. The district covers the total area of 22850 sq.km and has a population of 36.87 lakhs persons (Census of India, 2011) residing across 7 tehsils. The district has a total of 1838 villages.

The Census of India provides the following highlights for the district. The district of Jodhpur rank 2<sup>nd</sup> in terms of population, across districts in Rajasthan. The decadal growth rate of population of the district is 27.74 percent is higher than the state average of 21.31 percent. The percentage share of urban population in the district is 34.30 percent. The sex ratio of the district stands at 916 which is lower than the state i.e., 928 females per 1000 males.

**Table 1: Demographic Indicators Jodhpur and Rajasthan**

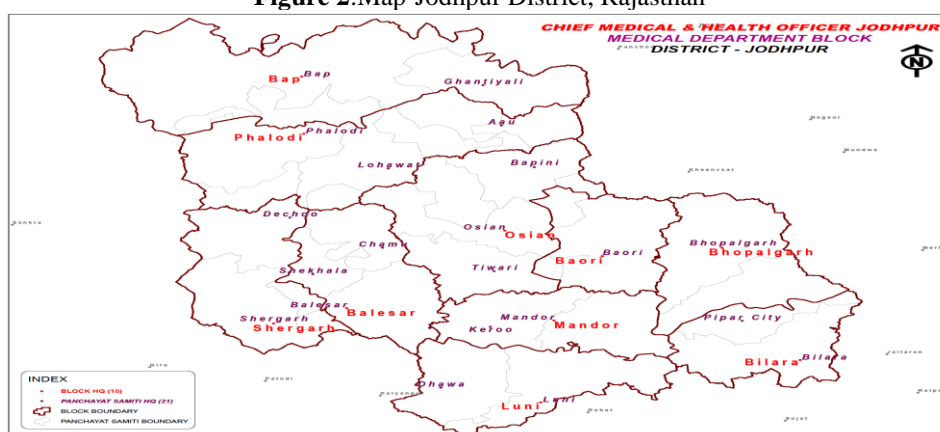
Indicators	Jodhpur	Rajasthan
Actual Population	3,687,165	68,548,437
Male	1,923,928	35,550,997
Female	1,763,237	32,997,440
Child sex ratio (0-6 year)	891	
Sex ratio (females per 1000 males)	916	928
Literacy rate (%)	65.94	66.11
Male literacy rate (%)	78.95	79.19
Female literacy rate (%)	52.12	51.83
Decadal population growth	27.74	21.31
Density/Km <sup>2</sup>	161	200
Area (in sq. Km.)	22850	342239

Source: Census of India, 2011

Whereas, the estimated number of deliveries that took place in the district (2020-21) was reported to be 89669 followed by 8966 estimated C-section deliveries, and 89669 estimated live births. However, the estimated number of eligible couples in the district was reported to be 691216 couples. The highest number for TB cases that is targeted stands out to be 12100(8300-public and 3800-private) and 23 cases of leprosy (CMHO Office, Jodhpur).

As per the National Family Health Survey (NFHS 2015-16), the sex ratio of the total population (females per 1000 males) is 952 (rural-954). The sex ratio at birth of children in the last five years is 870 girls per 1000 boys with a lower estimate for rural areas (831 girls per 1000 boys). About 68.4 percent of the children of under-five had their births registered. The district has 91.3 percent households with electricity and 76.9 percent with improved source of drinking water. The level of improved sanitation facility was 52.6 percent whereas 44.8 percent households used clean fuel for cooking.

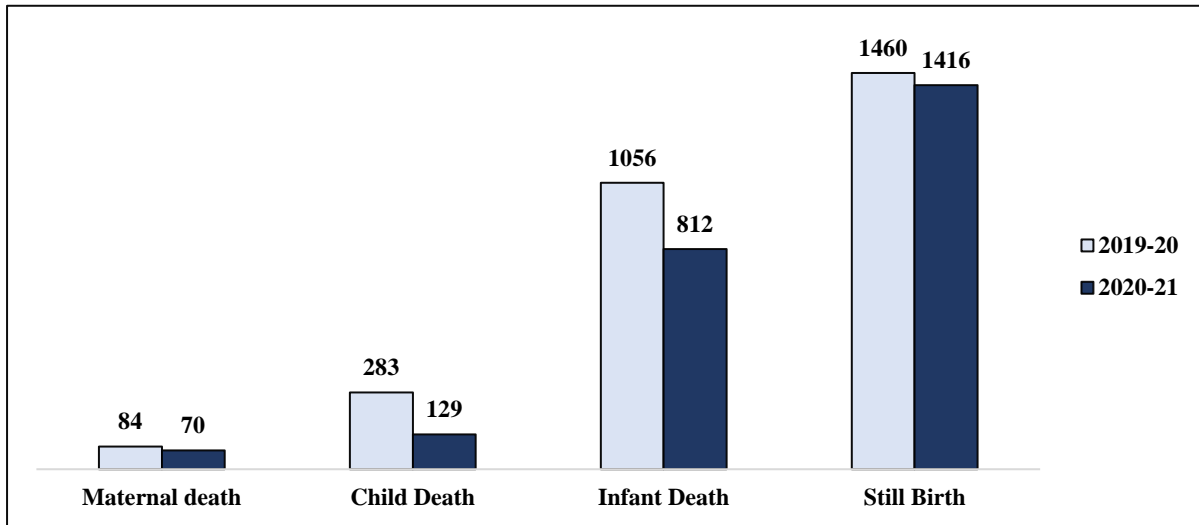
**Figure 2: Map-Jodhpur District, Rajasthan**



Source: CMHO Office, Jodhpur

Moving forward to the mortality indicators of the district, it is evident from the graph below that the highest number of mortality in the district are observed in infant deaths i.e., 812 deaths were observed in the year 2020-21 in comparison to 2019-20 the total number of infant deaths were reported to be 1056. However, there has been a decline in the number of maternal and child deaths i.e., there has been a 16.6 percent drop in the maternal deaths whereas, in the case of child deaths the percentage drop is observed to be around 54 percent respectively. In addition, there has been a slight drop in the number of still births i.e., from 1460 in 2019-20 to 1416 still births in the last financial year.

**Figure 3: Status of Mortality Indicators**



Source: CMHO Office, Jodhpur

#### 1.4 HMIS Service Delivery Indicators

Table-2 presents the health profile of the Jodhpur district for the year 2020-2021. It highlights the performance of major service delivery indicators and the subsequent health outcomes in terms of the quantifiable goals of NHM. It analyses the input, output, and outcomes of the public health delivery system in Rajasthan with respect to various domains such as Maternal Health, Delivery Care, Child Health, Immunization Coverage, Family Planning and Facility Service Delivery.

In Jodhpur, 53.1 percent of the ANC registrations occur in the first trimester and a proportion of 80.3 percent pregnant women receive four or more ANC check-ups. The coverage of 180 IFA tablets among pregnant women is 87.7 percent is lower than the state level coverage of 96.6 percent. In the district, 64.4 percent births are institutional deliveries with C-section deliveries accounting for 16.5 percent of the total institutional births. About 23.2 percent women have been discharged within 48 hours of the delivery.

The HMIS report shows that 88.6 percent of the new-borns are breastfed within the first hour of the birth. About 11.1 percent of the births care categorized as low birth weight babies (weight below 2.5 kg). Based on the measles vaccine, it is estimated that full immunization is universal in the district. About 115.2 percent of the children received BCG vaccine. The mortality indicators are also presented in the table-2 below. With regards to family planning, female sterilization is dominant method of family planning in the district with 99.8 percent of female sterilization conducted. Whereas, the percent of male sterilization was reported to be 0.2 percent respectively.

The district reported a total of 71 maternal deaths during 2020-21. The number of infant deaths reported is 1293 whereas the number of still births reported is 1277. The volume of OPD services is more than 48 Lakhs per year whereas the district provides care for more than 2 Lakhs IPD cases in a year.

**Table 2:**Status of Key Maternal and Child Health Indicators, Jodhpur and Rajasthan

<b>Health and Health Care Service Delivery Indicators</b>	<b>Rajasthan</b>	<b>Jodhpur</b>
<b>1. Maternal Health</b>		
% Of beneficiaries registered for 1st trimester to total ANC registration	70.7	53.1
% Of pregnant women with 4 or more ANC checkups to total ANC registration	61.9	80.3
% Of pregnant women given 180 IFA to total ANC registrations	96.6	87.7
a) Institutional and Home Deliveries		
% Of SBA attended home deliveries to total home deliveries	35.5	22.5
% Of institutional deliveries to total reported deliveries	97.9	95.2
% Of institutional deliveries to total ANC registrations	79	64.4
% Of C-Section deliveries to total institutional deliveries	11.9	16.5
Post-natal Care		
% of women discharge in < 48 hours of delivery to total deliveries (Public)	14.7	23.2
% 1st post-partum checkups between 48 hours and 14 days to total deliveries	10	7.8
New-born and Child Health		
% Of new-born weighted to total live birth	93.4	98.4
% Of new-born breast fed within 1 hour of birth to total live birth	86.9	88.6
% Of new-borns having weight less than 2.5 kg to new-borns weighted at birth	13.2	11.1
<b>2. Child Immunization &amp; Diseases</b>		
Number of children (9-11 months) fully immunized	1340312	66379
% Of children received measles to full immunization	100.4	100
% Of children received BCG to full immunization	101	115.2
<b>3. Family Planning</b>		
Total Sterilization conducted	233676	6781
% Of male sterilization to total sterilization	0.8	0.2
% Of female sterilization to total sterilization	99.2	99.8
<b>4. Mortality Indicators</b>		
Maternal Death	1544	71
Child Death	3330	129
Infant Death	26089	1293
Still Birth	25640	1277
<b>5. Other Services</b>		
IPD	4828165	201329
OPD (Ayush + Allopathic)	106211355	4838184
% IPD to OPD	4.5	4.2

Source: HMIS Report,2020-21

## **2.PUBLIC HEALTH PLANNING AND STATUS OF SERVICE DELIVERY**

### **2.1 State Resource Envelope and District Health Action Plan**

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

For the financial year (FY) 2020-21, against a resource envelope of 3019.2 Crore, state share was noted of 1207.7 Crore. The resource envelope for FY 2020-21 consists of government's support of Rs. 1294 Crore for NRHM-RCH flexible pool allocation including cash and kind, Rs. 35.5 Crore under NUHM, and Rs. 357 Crore for infrastructure maintenance. The total support from Government of India is Rs. 1811.5 crore whereas the state share of 40% works out to be Rs. 1207.7 Crore.

The breakup of the total resource envelope shows that Rs. 401.65 Crore is allocated for RCH Flexible Pool (including RI, IPPI, and NIDDCP), Rs. 892.4 is allocated for Health System Strengthening (HSS) under NHM. Thus, the GOI contribution toward total NRHM-RCH Flexible Pool works out to be Rs. 1294. The GOI contribution toward NDCP Flexible Pool,

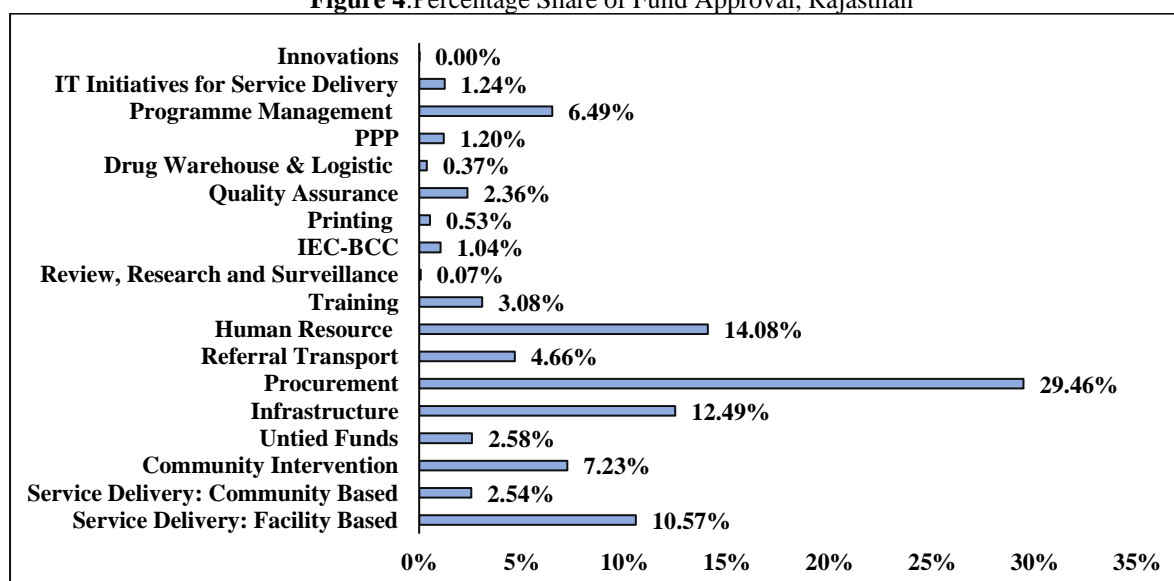
NCD Flexible Pool & NUHM Flexible Pool is Rs. 74.2 Crore, Rs. 50.8 Crore and Rs. 35.5 Crore respectively. Within NDCC Flexible Pool bulk of the resources are allocated for RNTCP activities. Finally, around 19.7 % of the GOI contribution under the total resource envelope is allocated toward infrastructure maintenance (including Direction and Administration).

**Table 3:** Breakup of resource envelope, NHM FY 2020-21, Rajasthan

S.No.	Particulars	Amount (GoI Share)	Percent (GOI Share)	State share
1	RCH Flexible Pool (including RI, IPPI, NIDDCP)	401.65	22.2%	
1(i)	RCH Flexible Pool (including RI, IPPI, NIDDCP) Cash Grant Support	278.6	-	
1(ii)	RCH Flexible Pool (Kind Grant Support under Immunization)	123.1	-	
2	Health System Strengthening (HSS) under NRHM	892.4	49.3%	
2(i)	Other Health system Strengthening covered under NRHM	740.4	-	
2(ii)	Comprehensive Primary Health Care under HSS	105.2	-	
2(iii)	Additional ASHA Benefit Package including support to ASHA facilitators	46.7	-	
	<b>Total NRHM-RCH Flexible Pool</b>	<b>1294</b>	<b>-</b>	
3	NUHM Flexible Pool	35.5	2%	1207.7
3(i)	Other Health System Strengthening covered under NUHM (excluding CPHC)	25.8	-	
3(ii)	Comprehensive Primary Health Care under NUHM	9.7	-	
4	NDCC Flexible Pool (RNTCP, NVHCP, NVBDCP, NLEP, IDSP)	74.2	4.1%	
4(i)	NVBDCP (Cash & Kind)	19.7	-	
4(ii)	RNTCP (Cash & Kind)	40.9	-	
4(iii)	NVHCP (Cash & Kind)	9	-	
4(iv)	NLEP	0.6	-	
4(v)	IDSP	4	-	
5	NCD Flexible Pool (NPCB, NMHP, HCE, NTCP, NPCDCS)	50.8	2.8%	
6	Infrastructure Maintenance (including Direction and Administration)	357	19.7%	
	<b>Total Resource Envelope</b>	<b>1811.5</b>	<b>100%</b>	<b>1207.7</b>
	<b>Grand Total Resource Envelope (Central Allocation + State Share)</b>	<b>3019.2</b>		

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

**Figure 4:** Percentage Share of Fund Approval, Rajasthan



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

Jodhpur district had prepared District Programme Implementation Plan for the current year and has submitted to the state for its verification. However, the district has received the approval from the state for preparation of district health action plan. The fund under the DHAP was released in the month of July, 2021.

**Table 4:**District Health Action Plan, Jodhpur

<b>Indicators</b>	<b>Observation</b>
Whether the district has prepared any District Programme Implementation Plan (PIP) for current year and has submitted it to the states (verify)	Yes
Whether the District has received the approved District Health Action Plan (DHAP) from the state(verify)	Yes
Date of first release of fund against DHAP	06/07/2021
<b>Infrastructure: Construction Status</b>	
Details of Construction pending for more than 2 years	-
Details of Construction completed but not handed over	-

Source: CMHO Office, Jodhpur

## 2.2 Budget Utilization

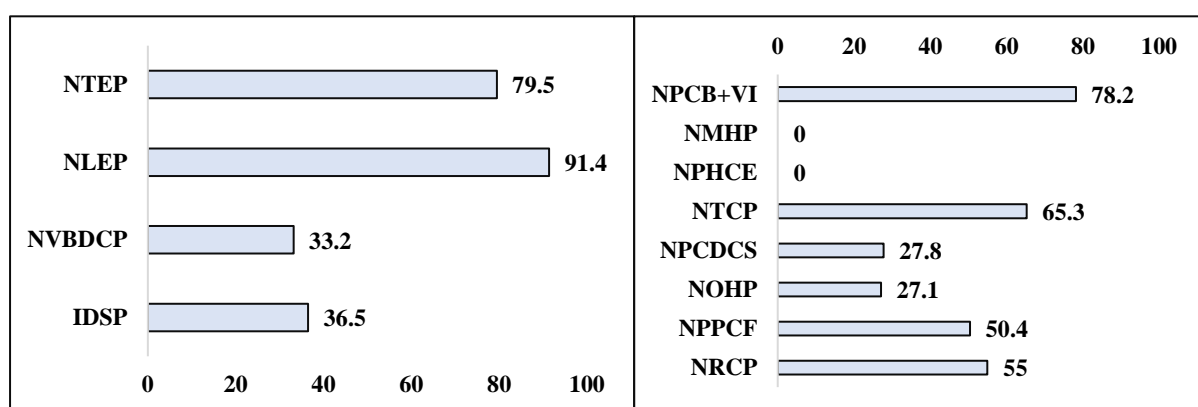
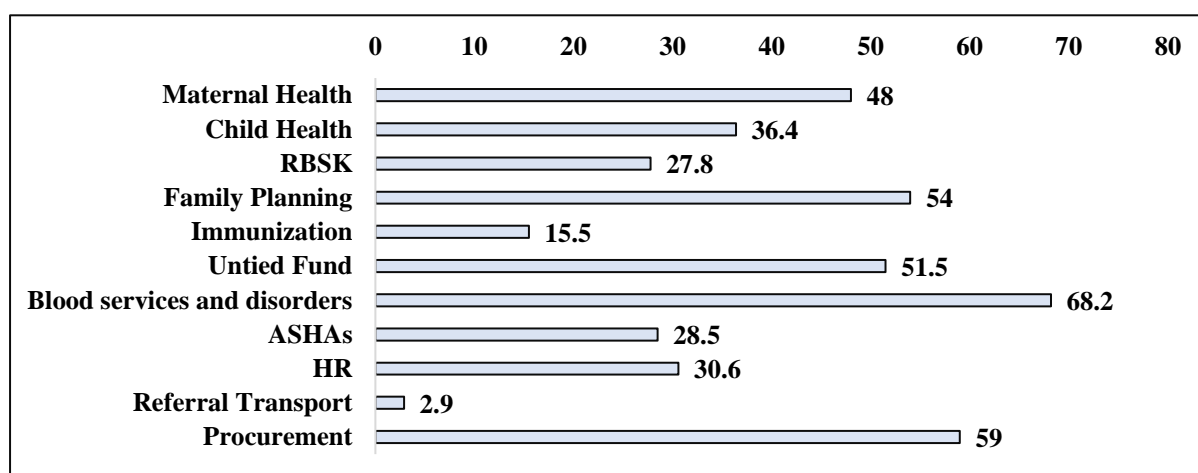
Budget utilisation under NHM is to operationalize an effective and accountable financial management system for budgeting, monitoring and utilisation of funds at central, state, district and block level. The detail of the budget utilisation programme wise is shown in the graph below:

Moreover, if we observe programme wise, depicted in the figure-5 shown below, out of the RCH and Health Systems Flexi Pool about 3204.3 of the funds have been utilized. Of which the maximum utilization of funds is seen under Blood services and disorders (68.2%) followed by family planning (54%), and untied fund (52%). Whereas, the least percentage of utilization below 60 percent, under the said head is observed in referral transport(2.9%).

With regards to communicable disease pool, the highest fund utilization has been done in the National Leprosy Elimination Programme with 91.4 percent. Followed by National TB Elimination Programme with 79.5 percent respectively.Integrated Disease Surveillance Programme (IDSP) with 36.5 percent of fund utilization where the total amount of fund released stood at Rs.17 Lakhs as against Rs.10.88 Lakhs have been utilized. Whereas, the least utilization of fund has been observed in National Vector Borne Disease Control Programme.

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) with 78.2 percent of fund utilization followed by National Tobacco Elimination Programme with 65.3 percent respectively.However, 55 percent of the fund has been utilized under the head National Rabies Control Programme(NRCP) and 50.4 percent under National Programme for Prevention and Control of Fluorosis Programme(NPPCFP).However, no funds have been utilized under NMHP and NPHCE.

**Figure 5: Utilization of Funds-Programme Wise**



Source: CMHO Office, Jodhpur

## 2.3 Status of Service Delivery

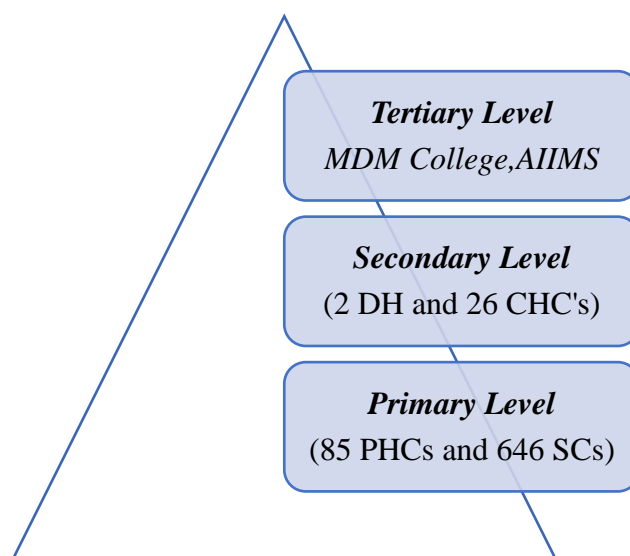
This section will talk about the status of service delivery in Jodhpur district and also observe the provisions rendered under NHM for smooth service delivery. The important components that have been highlighted in the present section are physical infrastructure, Human Resource (HR) and trainings for health personnel that are meant for capacity building.

### 2.3.1 Status of Infrastructure

According, to the Indian Public Health Standards (IPHS), healthcare infrastructure in India comprises of three main levels i.e., primary, secondary, and tertiary healthcare. At the primary level of health care, it comprises of the Primary health centres (PHCs), and subcentres (SCs). While the District Hospitals, Sub-district hospitals, and Community Health Centres (CHC) fall under the category of secondary health care. Whereas, the tertiary level of health care includes the medical colleges and specialized Hospitals.

Figure-6 below depicts the status of health infrastructure of Jodhpur district. The district has 2 District Hospitals which are newly sanctioned. In total, there are 26 Community Health Centre's (CHCs) along with 85 Primary Health Centre's (PHCs), and 646 Sub-Centre's (SCs) which are operational as per the sanction.

**Figure 6:**Total facilities available in the district



Source: CMHO Office, Jodhpur

There are 24 UPHCs and 1 UCHC's are available in the district. Three Special New-Born Care Unit (SNCU) is present at the district level. Moreover, only one first referral unit (FRU), 4 blood bank, and 2 blood storage units are operational in the district respectively.

**Table 5:**Total Facilities available in the district

Facility Details	Sanctioned/ Planned	Operational
Urban Primary Health Centres (U-PHC)	24	24
Urban Community Health Centres (U-CHC)	2	1
Special New-born Care Units (SNCU)	3	3
Nutritional Rehabilitation Centres (NRC)		
District Early intervention Centre (DEIC)	1	1
First Referral Units (FRU)	6	1
Blood Bank	4	4
Blood Storage Unit (BSU)	5	4
No. of PHC converted to HWC	84	84
No. of U-PHC converted to HWC	24	24
Number of Sub Centre converted to HWC	363	363
Designated Microscopy Centre (DMC)	153	153
Tuberculosis Units (TUs)	14	14
CBNAAT/TruNat Sites	4	4
Drug Resistant TB Centres	1	1
Functional Non-Communicable Diseases (NCD) clinic	DH-1	DH-1
<ul style="list-style-type: none"> <li>At DH</li> <li>At SDH</li> <li>At CHC</li> </ul>	CHC-10	CHC-10
Institutions providing Comprehensive Abortion Care (CAC) services		
<ul style="list-style-type: none"> <li>Total no. of facilities</li> <li>Providing 1st trimester services</li> <li>Providing both 1st &amp; 2nd trimester services</li> </ul>	12 8 4	8 6 2

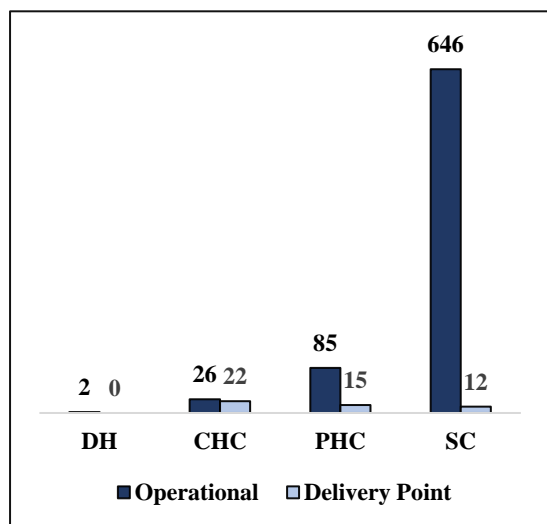
Source: CMHO Office, Jodhpur

All the 84 PHC's, which are operational in the district, have been converted into Health and Wellness Centres (PHC-HWC). Furthermore, out of 363 SC's, all the respective SCs have been converted into HWCs.

Presently, the district has 14 Tuberculosis units (Tus), 4 CBNAAT/TruNat site, and 1 drug resistant TB centre. In addition, the number of functional NCD clinic is found to be at the DH and CHC level, of which there is only 1 NCD clinic at the DH and 10 clinics functional at the CHC level.

Whereas on the other hand, the total number of institutions providing comprehensive abortion care services (CAC) are 8. Of which, 6 facilities are providing 1st trimester services and the total number of facilities providing both 1st and 2nd trimester services is two. Besides this, there is one District Early Intervention Centre (DEIC) present at the district.

**Figure 7:** Status of Service Delivery



From the figure-7 shown, it clearly depicts that no deliveries are being conducted at the District Hospital as it has been newly sanctioned and is under process of being operational resulting to which the deliveries are being conducted at the medical college. There are 2 medical colleges conducting more than 50 deliveries per month and 4 medical colleges conducting C-section deliveries.

Surprisingly, out of the 26 CHC's that are operational, 22 CHCs are conducting more than 20 deliveries. However, the situation is extremely grim in the case of PHC's the district in total has 85 PHC's of which, only 15 PHCs are able to conduct 10 deliveries per month. Whereas, the rest are being referred to medical college. Similar, is the case of SCs only 12 SCs are conducting more than 3 deliveries per month out of 646 SCs in the district.

### 2.3.2 Status of Human Resource

To ensure smooth service delivery NHM made provisions for a basic minimum Human Resource (HR) requirement along with health infrastructure. However, HR requirements should ideally depend upon the patient load and catchment population. The HR component includes the process starting from recruitment, deployment, and continued capacity building and functioning of manpower.

Lack of Human Resource is one of the major concerns of the district; more specifically the major issue in case of medical staff is reported in the case of Medical Officers (MO) with vacancy of 31.4 percent and 40 percent for OB&GY respectively. Besides this, 44 percent of vacancy is found to be in surgeons and 50 percent in the case of radiologists.

However, the highest percent of vacant positions is observed in the case of X-ray Technician with 89.8 percent of the post being vacant followed by lab technician with 64 percent respectively. Around 57.1 percent of Allopathic pharmacist positions are also vacant in the district.

Besides these, the shortage of HR in the district is observed in case of Staff Nurse with 44.8 percent, CHO's (29.4%), and ANMs (39.4%) respectively.

**Table 6:**Status of Human Resource

Staff Details	Sanctioned	In-place	Vacancy (%)
MO(MBBS)	296	203	31.4
OB&GY	15	9	40
Pediatrician	12	9	25
Anesthetist	11	8	27.2
Surgeon	41	23	44
AYUSH MO	90	88	2.2
Radiologist	2	1	50
Dentist/Dental Surgeon/Dental MO	15	12	20
Dental Hygienist	1	1	-
Radiographer/X-ray Technician	79	8	89.8
Lab Technician	228	82	64
Pharmacist (Allopathic)	156	67	57.1
AYUSH Pharmacist	9	1	88.9
Staff Nurse (SN)	1145	632	44.8
CHO/MLHP	363	256	29.4
MPW(Male)	44	28	36.3
ANM	1506	912	39.4

Source: CMHO Office, Jodhpur

### 2.3.3 Training Status

The table-7 below provides a brief snapshot of trainings received in the last financial year i.e., 2020-21 as per the ROP approval. In total, 30 trainings were planned across various programs and sub-divisions which includes maternal health, child health, family planning, and HMIS. Maximum number of trainings that were conducted in the last financial year was in the sub-division of family planning.

With regards to family planning, as per the ROP the district had planned training for IUCD and ANTARA injectable contraceptive training that was to be imparted to MOs, SNs, and ANM followed by oral pills training and Family Planning Logistics Management Information System (FPLMIS).

In addition, the district had planned a review meeting for HMIS. However, due to the ongoing pandemic situation none of the trainings could be conducted resulting to which the status still remains to be incomplete for the last financial year.

**Table 7:**Training Status as per ROP

Training Name	Planned	Completed
HMIS Trainings at District	06 batch	Completed
ANTARA Injectable	09 batch	Completed
ANTARA Injectable (MO)	03 batch	1 batch completed
Oral Contraceptive training	02 batch	Completed
Integrated IUCD training (SN/ANM)	02 batch	Incomplete
Integrated IUCD training (MO)	01 batch	Incomplete
FPLMIS refresher training	07 batch	Completed

Source: CMHO Office, Jodhpur

### 2.3.4 Referral Transport

Health infrastructure also includes transport facilities at the district for the safe and timely movements of the patients. The table-8 shown below highlights the status of MMU of the district wherein there are 9 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 covering in 320 villages that are remote in the district. The services being rendered are health check-ups and lab services wherein the average number of OPD per MMU per month stands at 2000 and average number of lab investigations are 300. On the other hand, the average number of blood

smears collected or through RDT were 10-12. Approximately, 4-5 number of patients have been referred to higher facilities.

**Table 8:** Mobile Medical Units (MMU) details of Jodhpur District

<b>Mobile Medical Unit Details</b>	<b>Numbers</b>
No. of Mobile Medical Unit (MMU) and Micro-Plan	9
No. of trips per MMU per month	20
No. of camps per MMU per month	20
No. of villages covered	320 remote village
Average number of OPD per MMU per month	2000
Average number of lab investigations per MMU per month	300
Average number of blood smears collected/Rapid Diagnostic Test (RDT) done for Malaria per MMU per month	10-12
Average number of sputum collected for TB detection per MMU per month	8-10
Average number of patients referred to higher facilities	4-5

Source: CMHO Office, Jodhpur

With regards to vehicle for referral transport, the district has 108 ambulance wherein there are 37 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. On an average the number of calls received per day for ALS and BLS the number of calls are 1.25 per day. However, the number of trips for both ALS and BLS are same as shown in the table-9 below.

**Table 9:** Availability of vehicle for referral transport

<b>Vehicle for Referral Transport</b>	<b>Number</b>	
No. of Basic Life Support (BLS) and their distribution	37	
No. of Advance Life Support (ALS) and their distribution	1	
	<b>ALS</b>	<b>BLS</b>
Operational Agency (State/NGO/PPP)	State	PPP
If the ambulances are GPS fitted and handled through centralized call centre	Yes	Yes
Average no. of calls received per day	1.25 per day	1.25 per day
Average no. of trips per ambulance per day	1.25 per day	1.25 per day
Average Km travelled per ambulance per day	125 Km	125 Km

Source: CMHO Office, Jodhpur

Whereas in the case of 102 vehicle, in total 28 vehicles are available in the district and all of the vehicles are GPS fitted. The number of trips per ambulance is being done as per the requirement which is on an average of 4 trips and the kilometre travelled is done on an average of 150 Kms.

**Table 10:** Transport Details of 102 Vehicles

<b>102 transport Details</b>	<b>Numbers</b>
No. of transport vehicle/102 vehicle	28
If the ambulances are GPS fitted and handled through centralized call centre	Yes
Average no. of trips per ambulance per day	4
Average Km travelled per ambulance per day	150 km

Source: CMHO Office, Jodhpur

### **3. STATUS OF NATIONAL PROGRAMME IMPLEMENTATION IN JODHPUR**

#### **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 around 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.

The total number of JSY beneficiaries in the last financial year were 50352 of which 50315 have received the payment through DBT status and there is a back log of 7705 beneficiaries whose JSY payment is still in pendency.

### 3.1.2 Janani Shishu Suraksha Karyakaram (JSSK)

Janani Shishu Suraksha Karyakaram (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, newborn 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.

In the last financial year (2020-21), 26,97,291 beneficiaries have received free drug services wherein 26,39,322 have received drugs in OPD and the remaining in IPD. Furthermore, 8,00,965 beneficiaries have availed the diagnostic services from the district respectively.

### 3.1.3 Pradhan Mantri Surakshit Matritva Abhiyan (PMSMA)

The Pradhan Mantri Surakshit Matritva Abhiyan has been launched with the prime aim to provide assured, comprehensive and quality antenatal care, free of cost, universally to all pregnant women on the 9th of every month. It guarantees a minimum package of antenatal care services to women in their 2<sup>nd</sup> or 3<sup>rd</sup> trimesters of pregnancy at designated public health facilities.

Figure 8:PMSMA Activities



Source: CMHO Office, Jodhpur

The details of the activities performed under the scheme in the last financial year (2020-21) in the district were: the total number of pregnant women registered are 11,345. Besides this, a total of 860 women have received 4<sup>th</sup> iron sucrose dose followed by 5875 women have been tested for HIV. In addition, 4870 women have been tested for syphilis and 8945 have been given calcium supplementation as per the need. Moreover, 696 pregnant women have been sonographed.

### 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 of 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

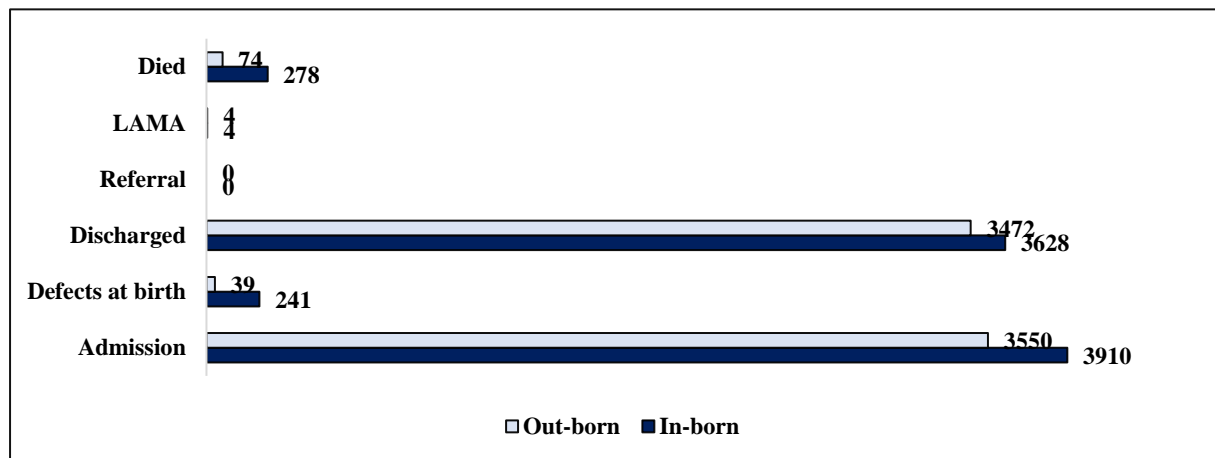
- Management of childhood diarrheal diseases and acute respiratory infections

#### Area 4: Immunization

- Intensification of routine immunization
- Eliminating measles and Japanese encephalitis related deaths
- Polio eradication

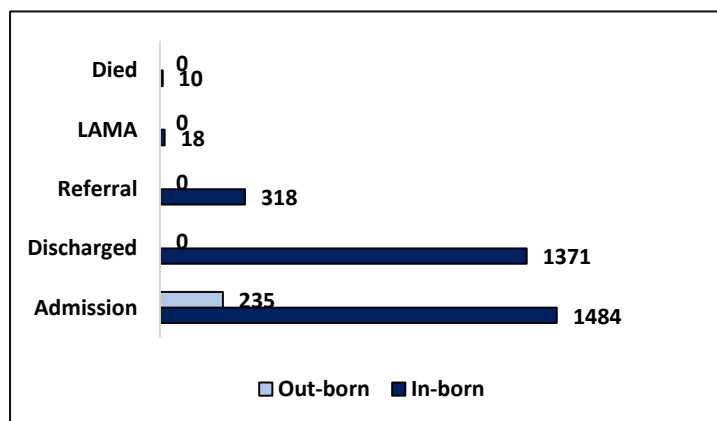
The figure-9 shown below illustrates the overall status of SNCU of Jodhpur district of last financial year 2020-21. It is clearly observed that the total number of in-born and out-born admissions stand at 3910 and 3550 respectively. The number of defects at birth in the case of in-born were 241 and 39 in the case of out-born. Besides this, 278 have died in the case of in-borns and 74 died in the out-born section

**Figure 9:**Status of SNCU



Source: CMHO Office, Jodhpur

**Figure 10:**Status of NBSU



The figure-10 depicts the status of New Born Stabilization Unit (NBSU) of the district wherein 1484 have taken admissions in the in-born and 235 have taken admissions in the out-born. Out of which, 1371 have been discharged and 318 have been referred for the same. There are 18 in-born and 10 have died in the in-born section.

Source: CMHO Office, Jodhpur

### 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.

In the district, it was reported that is, there is availability of HBNC kits with ASHAs (1565 number) and in the last financial year 10739 new-borns have visited under HBNC. The ASHAs have drugs kits (2101) available with them and are readily available. However, due to the pandemic still around the HBNC visits were made at home by following all the COVID protocols and no delay of incentives have been reported by the ASHA workers.

### 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 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. NRCs work towards improving the health indicators of children suffering from severe acute malnutrition.

In Jodhpur district, a total of 22 RBSK teams have been sanctioned wherein 10 RBSK teams are placed in full team, which ensure coverage of children. There are 22 vehicles on road for the RBSK team and 2 teams have been deployed per block. The average number of children screened per day per team was reported to be 100 children. As such there are no delivery points for screening defects at birth.

### 3.3 National Vector Borne Disease Control Programme (NVBDCP)

The National Vector Borne Disease Control Programme is one of the most comprehensive and multi-faceted public health activities in the country and concerned with prevention and control of vector borne diseases namely Malaria, Filariasis, Kala-azar, Dengue and Japanese Encephalitis (JE).

There is a micro and macro plan available at the district level as to control the vector borne disease prevalent in the district. The annual blood examination rate was reported to be 4.60 percent and as per the last 3-year trends there have been a decrease in the vector borne disease due to the anti-larva activities being conducted at the district. The distribution status of LLIN stands to be 89900 and the Indoor Residual Spray (IRS) is 0 as the API is below the rate. Weekly epidemiological and entomological situations are being monitored and no MDR rounds have been reported.

### 3.4 National Tuberculosis Elimination Programme (NTEP)

The target TB notification achieved by the Jodhpur district till September, 2021 is 5806. As timely HIV Status of all TB patients is not known and 4563 TB patients are known with HIV status respectively. The eligible TB patients with UDST testing stands out to be 1612 patients. The number of patients notified from public sector is 3975 patients, of which the success rate is 82 percent. The number of MDR TB patients under the said sector is 64 and 46 have initiated the treatment.

Whereas, the success rate of treatment from the patient's notification of private sector stands out to be 2011 and the success rate of the treatment is 89 percent. The total number of patients that have received incentive under the programme are 256 beneficiaries and all of them have received the payment through DBT status. Similar is the case with ASHAs, the incentive received under NTEP were for 256 patients respectively. The total number of beneficiaries paid under Nikshay Poshan Yojana are 142955000 in the district.

### 3.5 National Leprosy Eradication Programme (NLEP)

The total number of new cases detected under the NLEP in the district are 23 cases and no G2D cases have been reported. MDT is available in the district and MCR footwear and self-care kits are available. Only 1 beneficiary has received incentive under NLEP through DBT status.

### 3.6 Integrated Disease Surveillance Programme (IDSP)

The Integrated Disease Surveillance Programme (IDSP) is a nationwide disease surveillance system in India incorporating both the state and central governments aimed at early detection and long-term monitoring of diseases for enabling efficient policy decisions. It was started in 2004 with the assistance of the World Bank.

A rapid response team has been constituted in the district with the composition of 14 doctors, 28 nursing staff, microbiologist, Lab Technician (LT), and 14 other health personnel. As such no

outbreak has been investigated in the year 2020-21 and 2019-20. The data with regards to IDSP is analysed by the report. Total 50 percent of private health facilities report weekly data of IDSP.

### 3.7 Comprehensive Primary Healthcare (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 1480893 individuals have been enumerated of which 915328 enumerations have been completed. Till now, 61.8 percent 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 11:** Status of NCD Screening and CBAC forms

<b>Indicator</b>	<b>Planned</b>	<b>Completed</b>
No. of Individuals enumerated	1480893	915328
No. of CBAC forms filled	1480893	915328
<b>No. of HWCs started NCD screening</b>		
a. SHC-HWC	363	363
b. PHC-HWC	84	84
c. UPHC-HWC	24	24

Source: CMHO Office, Jodhpur

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 only. As per the plan, the screening has been completed for the three cancers i.e., in case of oral cancer the screening completion stands at 685998 followed by breast cancer (324011), and cervical cancer (4350). Only 2 HWC's are being able to provide teleconsultation services as against the plan of 108 HWC's. Around 245 HWC's have initiated in organizing the wellness activities which is slightly lower than the plan.

## 4. SERVICE AVAILABILITY AT PUBLIC HEALTH FACILITIES AND COMMUNITY PERCEPTION

The team visited a total of 6 facilities in Jodhpur 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 1 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, Paota

**Figure 11:**District Hospital,Paota



The District Hospital which is a part of the medical college is situated in the main city area and is easily accessible by everyone. The hospital was providing all the basic services to its beneficiaries with the objective of preventing and curing diseases and promoting health care services especially for women. The following observations were made in the health facility:

- The catchment population that the facility serves is around 1,00,000 with 150 bedded facility and 4 ICU beds available.
- The services available at the DH are OPD, family Planning services, lab tests, emergency treatment, paediatric OPD, labour room, minor operation, NBSU, diet facility etc. general emergency are available at the facility.
- The specialised services available at the facility are Medicine, O&G, Paediatric, General Surgery, Anaesthesiology, Ophthalmology, Dental, X-ray, USG, NRC, ICU, and Dialysis unit.
- The average OPD of the facility stands at 1000 per day whereas the average normal delivery is roughly 80-100 deliveries per month. However, C-section stands at 22 c-sections per month. The number of normal deliveries performed in last month was 81 and the number of c-section performed were 31 respectively.
- With medical college nearest to the DH, there is no availability of blood bank at the facility but blood storage unit is available at the facility.
- There are 2 ambulances available at the facility i.e., 1 ALS and 1 BLS is readily available on call when required.
- With regards to manpower, the facility is armed with 2 medicine doctors,1 ObGy,2 anethetist,2 surgeons,1 ophthalmologist,1 orthopedic,1 radiologist,2 dentist,44 staff nurses these all positions are regular positions.
- The average delay for JSY payment is up to 4 days. The reasons for delay relate to beneficiary bank account number and incomplete documents.
- All JSSK entitlements are available at the facility such as free delivery services, free diet, drugs and consumables, diagnostics, blood services etc.

- The total number of drugs in EDL were 972 and the implementation of DVDMS was done through “E-Aushadhi”. On the day of the visit, the total number of drugs available were 671. The shortage of priority drugs from EDL in the last 30 days have been listed of 3 drugs i.e., Tablet Telmisarten 40mg, Sodium Chloride and Dextrose Injection IP 0.9 and Clonazepam Tablet 0.5 mg.
- In the last 3 months 342 new-borns were immunized with birth dose and breastfed within one hour of birth.
- In the last one month, 7 sterilizations have been performed and the acceptance of female sterilization is more than male sterilizations.
- The implementation of PM National Dialysis programme is available and a total of 5 tests have been performed. The services are available and it is free for all. The number of patients provided dialysis service in the previous year was reported to be 1664 and till September, 2021 1104 patients have availed the service
- Record maintenance at the facility was efficient and all registers pertaining to OPD, IPD etc were well maintained and updated.
- Proper colour coded bins were available and the BMW is being outsourced on daily basis.
- Due to old building, there is lack of space and with no yearly budget not much can be done with the maintenance of the hospital premises.

#### 4.2 Urban Community Health Centre, Residency

Figure 12: Urban Community Health Centre, Residency



The urban community health centre, residency caters to a population of 30,000. Earlier, this facility was a city dispensary. Following are the observations of the team:

- The facility has geriatric and disability friendly ramps, availability of toilets, water facility, waiting area, and drug storeroom with racks.
- The total number of beds available at the facility are 64 and the average OPD load per day stands at 200. As the labour room is not functional, no such deliveries are being performed at the facility.
- As it is a recently upgraded facility the services which should be available at the facility is still lacking such as labour room is still under construction, no paediatrician, general surgery, anaesthesiology, ophthalmology, X-ray services, and NBSU.
- There is unavailability of Operation theatre for both major and minor surgeries as well as consultation services. Besides this, no blood storage unit is available.

- Bio-medical waste management practices is being outsourced in the entire district by “Self-Promoter”
- Out of the 3 sanctioned Medical Officers,2 MOs are working as a regular staff. There are vacant positions for ObGy, Medicine, Paediatrician, and Anaesthetist. A dentist is appointed but no services are available at the facility. Lab technicians are on deputation basis and as such no posts have been sanctioned.
- The total number of drugs available in the EDL stands at 369 and all the drugs are available with no shortage.
- The total number of tests performed at the facility are 16 such as blood sugar, haemoglobin, MP Slide, HIV, HBSAG, VDRL, WIDAL, UPT, Urine sugar, Urine ALB, Urine microscopic, stool exam, AFB, ESR, BT/CT, DLC.
- JSY and JSSK provision is not available as no deliveries are being performed at the facility.
- Timely line listing of high-risk pregnancies is being done. In the last one month, only sterilization has been performed at the facility.
- The acceptance of ANTARA and oral contraceptives is widely accepted by the community members.
- Due to COVID-19,there has been delays in the routine immunization, OPD cases have witnessed a dip.
- The facility resides in the prime location resulting to which majority of the cases have been observed of fungal infection mainly in the adults reason being of humidity.
- The fund received in the last financial year was reported to be 11,00,000 of which 9,50,000 have been utilized.
- Record maintenance at the facility was efficient and all registers pertaining to OPD, IPD etc were well maintained and updated.
- The facility has 2 ambulances of which 1 is on contractual and the other is its own.The ambulance services are not centralized with call centres and government ambulances are not available.

#### 4.3 Urban Primary Health Centre-Health and Wellness Centre, Ratanada

Figure 13:UPHC-HWC, Ratanada



The UPHC-HWC is located in the prime location and is easily accessible amongst the community members and is equidistant of about 2.5 kms to the next referral point. Following are the observations made during the visit are highlighted below:

- The catchment population that the facility caters to is 29,000 and it is surrounded by 5 wards.
- Due to seasonal variation the average OPD load is around 70-100 cases per day.No deliveries are being conducted as the facility is resided near the sewage area.
- The facility has 24\*7 running water facility, ramps for geriatric and disability friendly, functional toilets, water facility, OPD waiting area, drug storeroom, branding, and power backup.
- The total number of functional beds available at the facility are 6 which is as per the IPHS norms. All the services are available such as OPD, immunization,COVID-19 vaccination, family planning services etc.
- With the regards to bio-medical waste management, it is being outsourced by “*Self-Promoter*”.
- The facility is armed with 1 Medical Officer,1 staff nurse,3 ANMs,1 LT, and 1 Pharmacist.
- The facility is a Kayakalp awarded facility and has scored 93 percent in the year 2019-20.
- The total number of drugs available in the EDL were 380 of which only 290 drugs were available at the day of the visit.
- In total 15 in-house tests are available at the facility and all the diagnostic services are free for all i.e., for BPL, elderly people, JSSK beneficiaries.
- As this facility is a health and wellness centre,25 sessions per month are being organized of yoga.
- The facility has a designated microscopy centre and around 20 percent of the samples have been tested for TB in the OPD hours. Anti-TB drugs are available at the facility.
- The fund received in the year 2020-21 was Rs.7,98,434 /- of which Rs.533600/- have been utilized
- The total number of cases that have been referred from the facility to CHC were 15 regarding hypertension, bleeding, severe anemic etc.
- The population enumeration has been initiated and timely it has been completed by covering all the wards where the facility resides.
- Urban Health Nutrition Days (UHND) are being organized as per the NUHM guidelines and 12 UHNDs per month are being conducted. The type of services being provided during UHND are NCD screening, routine immunization, COVID-Vaccine drive, family planning services etc.
- Majority of the cases in the last 6 months with regards to NCD are hypertension and diabetes wherein the number of cases suspected for DM was reported in females. Whereas, in case of hypertension the number of cases were observed in males.

#### 4.4 Community Health Centre, Mathania

**Figure 14:**CHC,Mathania



CHC Mathania is located almost 32 kilometres from Mahatma Gandhi Hospital (MGH), Jodhpur. The facility is running in a government building and is a satellite hospital.

- The catchment population of the facility that it caters to is 30,000 and on an average the OPD was reported to be 350 per day. The number of deliveries conducted at the facility are 50-60 deliveries.
- The next referral point of this facility is MGH Hospital. The facility has 24\*7 running water facility, and drug storeroom with racks.
- The total number of beds available at the facility are 30 which is as per the IPHS norms.
- The services available at the facility are OPD, IPD, Labour services, X-ray facility, Dental, and NBSU. Resuscitation, and Stabilization services for emergency are available at the facility.
- Tele-consultation services are also available through “E-Sanjeevani” and on an average 2 cases are being consulted through the portal.
- Only minor cases can be conducted in the operation theatre and there is no availability of blood storage unit at the facility.
- With regards to bio-medical management practices, it is being outsourced through “Self-promoter”
- The facility is armed with Medical Officer, 1 Dentist, 14 staff nurses, 1 Lab technician, 2 pharmacist (1 regular and 1 contractual).
- The facility is a kayakalp awardee facility with the facility score of 85 percent and NQAS certified with a score of 83 percent respectively.
- The total number of drugs in EDL are 633 of which 525 drugs were available on the day of the visit. There was shortage of 5 priority drugs in the last 30 days i.e., Paracetamol, Telmisartan, T.Sod Valpronti, Anticold syrup.
- There was shortage of major instruments in the facility such as Multipara monitor, 12 Channel ECG, Canterbury Machine. O<sub>2</sub> Concentrator is non-functional at the facility for more than 7 days.

- There is an average delay of 7 days with regards to JSY due to incomplete documents of the beneficiaries. Besides this, the block has migration population resulting to which there is pendency of the payment status.
- The diet that is being provided at the facility is done through “Kaleva Yojana” and 3 times the diet is being provided to the beneficiaries.
- Female sterilization is widely accepted in terms of permanent method whereas ANTARA acceptance is also accepted.
- There is no availability of trauma centre in the facility.
- Excessive tobacco consumption is being consumed amongst the community members of the block i.e., in males specifically.
- Due to lifestyle practices, the cases of diabetes and hypertension is quite prevalent amongst the community members.
- No maternal deaths were observed in the last 2 years and only 1 child death was reported in the year 2020-21.
- There is availability of comprehensive abortion care services available and there is availability of vaccines and hub-cutter.
- Total 154 new-borns have been immunized with birth dose at the facility in the last 3 months.
- In the last one month, 10 female sterilizations have been conducted and 1 male sterilization was done.
- There is a designated microscopy centre at the facility wherein 25 percent of the samples have been tested for TB. All the anti-TB drugs are available and patients are currently taking anti-TB drugs.
- The funds received in the last year was Rs. 42,70,288 wherein Rs.31,72,456 was utilized in repairs & maintenance, MRS general expenses, expenditure on part-time workers, washing expenses.
- Two ambulances are available at the facility i.e., 108 and 104 respectively.
- There is an increase in the mental health cases since the COVID of depression, anxiety, family disputes.

#### 4.5 Primary Health Centre, Keru

**Figure 15:**PHC,Keru



PHC Keru has been converted into CHC from the next financial year all the services that are being provided currently are as per the PHC norms. Following are the observations of the team w.r.t. the facility:

- The catchment population of the area stands at 34,000 covering 7 sub-centres and 40 villages. Currently, there are 15 beds available at the facility.
- The average OPD is 70-90 cases per day whereas the average number of deliveries was reported to 150-170 per month.
- The services readily available at the facility are OPD, IPD, emergency services, deliveries, NCD screening, COVID Vaccine. The specialists are available on call as per the requirement. Traige, Resuscitation, and stabilization services are available for emergency.
- The facility has 3 MOs, 1 pediatrician, 3 Staff nurses, 1 LT, 1 EmOC trained doctor
- The facility has received kayakalp award in the year 2020 with the score of 96.10 percent. Whereas, the score of NQAS stands at 96.55 percent.
- The total number of drugs in EDL are 377 of which 311 drugs were available on the day of visit.
- Availability of diagnostic services were provided to each beneficiary and a total of 15 tests are performed in the facility and is free for all.
- There is shortage of equipment's such as X-ray machine, USG machine, and phototherapy.
- On every 9<sup>th</sup> of every month, PMSMA services are being rendered to the community members and high risks are being identified with cases such as Low HB, Gestation, DM etc.
- No maternal deaths were reported at the facility in both the years.
- In the last 6 months, 23 adolescents have been counselled at the AFHC.
- Majority of the cases were observed during NCD screening were hypertension and diabetes wherein 195 confirmed cases were reported in hypertension and 172 for diabetes.
- With regards to JSY, the payment status stands at 90 percent the remaining percentage share of payment is due to incomplete records and details of the beneficiaries resulting to which the pendency occurs.
- Whereas with regards to JSSK diet, the diet is being provided to the beneficiaries 4 times in a day through "Kaleva Yojana"
- Around 12 yoga sessions are being organized per month by AYUSH medical officer.
- A total of 38 cases have been referred from SC/PHC concerning to deliveries last month and 8 cases have thereby been further referred to DH for delivery (6 cases)

#### 4.6 Sub-Centre, Health and Wellness Centre-Rajasani

Figure 16: SC-HWC, Rajasani



The SC Rajasani has been given the status of Health and Wellness Centres. Following are the key highlights of the facility visited:

- The catchment population of the area which the facility caters to 2470 and covers 2 villages i.e., 1 revenue village and 1 main village.
- The services that are available at the facility are OPD, reproductive and child health, lab test, NCD screening, yoga sessions, and it is a delivery point as well.
- The building is running in a government building and was well maintained having 24\*7 running water facility, clean functional toilets, drinking water facility, OPD waiting area, drug store room, and proper branding.
- The facility is armed with 1 CHO,1 ANM,2 ASHA workers, and 2 Anganwadi workers.
- The average OPD of the facility was cited 7-10 cases per day and before COVID the average deliveries were 15-20 deliveries.
- The total number of drugs in the EDL were 42 and all the drugs were available on the day of the visit. The drugs were available for hypertension and diabetes and as such no shortage was observed.
- There is availability of BP instrument, thermometer, contraceptives, and glucometer at the facility.
- No maternal deaths were reported at the facility. However, 2 child deaths were reported in the last 2 years.
- Proper plans are available with the ANMs for immunization and vial policy
- The most widely accepted family planning services are Nirodh and injectables which are readily available.
- The total number of individuals above 30 years of age in the HWC population are 937. Around 839 CBAC forms have been filled in the last 6 months wherein 752 individuals have scored below 4 and 87 with 4 and above score.
- The total number of confirmed cases of hypertension were 43 followed by 35 cases of diabetes, and 1 of oral cancer.
- Wellness activities are being organized weekly and the CHO itself performs the wellness activities.
- The number of Village Health and Sanitation days conducted in the last 6 months were in total 6. Whereas, the frequency of VHNSC/MAS meetings are 2 meeting per month.
- Total Rs.54,000/- funds have been received last year of which Rs.47,703/- has been utilized in routine activities.
- Ambulance is readily available on call when needed from CHC Mathania which is 6 kms in distance.
- There were 2 cases of hypertension and diabetes that was referred in the last month from the SC.

#### 4.7 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 ASHA workers, ANMs, Anganwadi workers and local community members. Questions related to knowledge training and incentive were 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.

The table- presented below demonstrates the background profile of all the community members participated in FGDs of Rajasani village of Osian block. A total of 11 members have participated in the group, which comprises of 8 beneficiaries and 3 frontline workers i.e., ASHA and AWW. Out of all beneficiaries, belonged ST category and SC category. Mostly all the participants were married women of various age groups ranging from 20-50years of age.

**Figure 17:**Community Interaction at Rajasani Village



**Table 12:**Background profile of FGD participants

S.no	ID	Age	Sex	Marital Status	Purpose of service	Frontline worker/Beneficiary	Catchment Area
1	ID1	22	F	Married	Routine Immunization/ANC	Beneficiary	Rajasani
2	ID2	19	F	Married	Ration/seasonal service	Beneficiary	
3	ID3	22	F	Married	Ration/Lactating mother	Beneficiary	
4	ID4	50	F	Married	Ration	Beneficiary	
5	ID5	24	F	Married	Ration/Seasonal disease	Beneficiary	
6	ID6	27	F	Married	Seasonal Illness	Beneficiary	
7	ID7	50	F	Married		Beneficiary	
8	ID8	28	F	Married		ASHA	
9	ID9	26	F	Married		ASHA	
10	ID10	24	F	Married		Beneficiary	
11	ID11	30	F	Married		AWW	

#### 4.7.1 Lifestyle and Living Condition

During the FGDs conducted in the village, the participants have highlighted that, the use of tobacco and alcohol is very much prevalent, which is consumed both by males and females as

the area is surrounded by “*Kachhi Basti*”. The consumption of such items is quite widespread amongst such community members of the district.

Whereas, on hygiene and sanitation front almost all household have in-home toilets in the village, so ODF is very rare. Besides this, the toilets that were constructed under the scheme was just for the sake of it and no proper construction was done and have reconstructed them from their own expenses.

As such no water issue was reported by the community members and the main source of drinking water was hand-pump. Whereas, with regards to iodized salt “TATA Salt” was being used by the members of the village.

#### 4.7.2 Access to Health Care Services

On discussion with the community members, it was reported that mostly drugs were available for seasonal illnesses (fever, cold) at CHC, Mathania and SC-HWC Rajasani and as such no problems were being faced for the same for availing the drugs from the facility.

However, Out-of-pocket expenditure was cited for diagnostic services due to unavailability of sonography and X-ray machine as it is not functional or no radiologist is available at the facility resulting to which they prefer for private facilities/clinics.

#### 4.7.3 Behaviour of Health-Care Providers

Participants have highlighted that in Mathania, the available staff is good and does all the check up properly, however there is shortage of staff due to which there are long waiting time at CHC. In addition, they are very satisfied with the services that are being provided at SC-HWC, Rajasnia and have utmost trust with the CHO.

ASHAs are easily approachable by community members in the village. Participants have even reported that the ASHAs come for regular visit and also help in referral of pregnant women. ASHAs 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. Moreover, NCD screening is also being done and timely referral is being done at the HWC or CHC as per the need.

ASHAs reported that they visit door to door for counseling of adolescent girls related to sexual and reproductive wellness. IFA tablets and sanitary pads also distributed to girls through door-to-door visits by ASHAs during the lockdown.

Based on community interaction the PIP team identified following key challenges in the respective area:

- The major part of the population of the village belongs to the tribal community and because of that the culture and practices are a bit different. They still have a belief and rely on “*Baba or quacks*” for any kind of illness or treatment and have less trust on doctors. Though with constant efforts of ASHAs and CHO gradually the community members are gaining trust on the medical staff and visiting the Quacks have eventually depleted. As initially, the members of the community prefer to visit the Babas and then visit the hospital when situation comes out of control of which the illness of the patients have become critical.
- OOP have been reported for diagnostic services due to unavailability of sonography and X-ray service. The community members prefer to visit private facilities or clinics as per the distance.

- Furthermore, the community members were aware about the ambulance services but preferred to visit the facilities with their own vehicles as at times there are waiting hours for the same.

## 5.CONCLUSION AND RECOMMENDATION

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 Jodhpur District of Rajasthan.

The following healthcare facilities in Jodhpur were visited for Monitoring & Evaluation: District Hospital Paota, 2 CHCs one in Residency and Mathania, PHC Ratanda and Keru and 1 SC which was transformed into HWCs i.e., Rajasania. Besides visiting the facilities, the team even interacted with the beneficiaries and Focussed Group Discussion with ASHAs, ANMs, AWWs and local community members. A summary of our findings in the district is presented below:

The district has 2 DH which is recently sanctioned and is yet to be operationalised by carrying out NHM activities, 26 CHCs, 85 PHCs and 646 SCs. With respect to transport, the district is equipped with 37 BLS and 1 ALS ambulances. Nine mobile medical unit are also available in the district and around 20 camps have been organized in 320 remote villages of the district. 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:

- From the last few years, no recruitment has been done under NHM resulting to which the workers are over-burdened. The guidelines concerning the filling up of vacant positions must be issued and the positions must be filled so that the programmes can run efficiently and effectively and coordination amongst the officials can be observed.
- There is a dire need to improve the infrastructure of the facilities as space crunch has been observed in all the facilities visited. With the increasing population and services that are being delivered to the public there has to be expansion in the facilities.

- Furthermore, the facilities that are being upgraded from PHC to CHC or any other facility that is being upgraded should be done with proper analysis. As with no manpower and equipment's the upgradation of the facility becomes of no use.
- For better understanding of the public health system minimum eligibility should be set for the hiring of the respective cadre.
- More community awareness should be generated amongst the public about the side-effects of tobacco in the district as excessive consumption of tobacco is being consumed. Hence, timely awareness should be done through outreach camps or in UHNDs.
- Silicosis is also quite prevalent in the district hence, the number of camps and screening should be increased as to curb the spread.
- Yoga sessions are not much accepted by the members of the district. Hence, it is advised that more awareness should be generated amongst the public about the benefits of yoga in both the rural and urban settings. With lifestyle practices in both the areas are quite the opposite.
- Before handing over the Health and Wellness Centers to the respective SHC's/PHCs it is advised that a proper "Gap-Analysis" of infrastructure should be carried out so that the implementation of HWC will be easier. During the visits, it was observed that in district proper façade branding was not displayed in the visited HWCs. No space for yoga sessions was also observed while visiting the facilities.
- Recently, it has been announced that "Kayakalp Award" will be implemented at the Health and Wellness Centres so it advised that infrastructure and branding should be done as per the guidelines. In addition, plenty of space was observed in majority of the HWCs that can be utilized by adopting innovative practices like planting of herbal garden. As this will improve the overall status of the Primary Health Care services in the rural settings of India.
- Multiple training programmes are not helpful as the retention among ASHAs and ANMs is less. The focus should be more on capacity building than just simple training.
- 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

## Annexures



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



### Schedule for PIP Monitoring

#### A. 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				
<b>16. Mortality Indicators:</b>	<b>Previous year (2019-20)</b>		<b>Current FY (2020-21)</b>	
	<b>Estimated</b>	<b>Reported</b>	<b>Estimated</b>	<b>Reported</b>
• Maternal Death				
• Child Death				
• Infant Death				
• Still birth				
• Deaths due to Malaria				
• Deaths due to sterilization procedure				
<b>17. Facility Details</b>	<b>Sanctioned/ Planned</b>		<b>Operational</b>	
1. District Hospitals				
2. Sub District Hospital				
3. Community Health Centers (CHC)				
4. Primary Health Centers (PHC)				
5. Sub Centers (SC)				
6. Urban Primary Health Centers (U-PHC)				
7. Urban Community Health Centers (U-CHC)				

8. Special Newborn Care Units (SNCU)		
9. Nutritional Rehabilitation Centres (NRC)		
10. District Early intervention Center (DEIC)		
11. First Referral Units (FRU)		
12. Blood Bank		
13. Blood Storage Unit (BSU)		
14. No. of PHC converted to HWC		
15. No. of U-PHC converted to HWC		
16. Number of Sub Centre converted to HWC		
17. Designated Microscopy Center (DMC)		
18. Tuberculosis Units (TUs)		
19. CBNAAT/TruNat Sites		
20. Drug Resistant TB Centres		
21. Functional Non-Communicable Diseases (NCD) clinic <ul style="list-style-type: none"> <li>• At DH</li> <li>• At SDH</li> <li>• At CHC</li> </ul>		
22. Institutions providing Comprehensive Abortion Care (CAC) services <ul style="list-style-type: none"> <li>• Total no. of facilities</li> <li>• Providing 1st trimester services</li> <li>• Providing both 1st &amp; 2nd trimester services</li> </ul>		

## B. Overview: DHAP

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

## C. Service Availability

Indicator	Remarks/ Observation
1. Implementation of Free drugs services (if it is free for all)	
2. Implementation of diagnostic services (if it is free for all) <ul style="list-style-type: none"> <li>• Number of lab tests notified</li> </ul>	
3. Status of delivery points <ul style="list-style-type: none"> <li>• No. of SCs conducting &gt;3 deliveries/month</li> <li>• No. of 24X7 PHCs conducting &gt; 10 deliveries /month</li> </ul>	

Indicator	Remarks/ Observation	
<ul style="list-style-type: none"> <li>No. of CHCs conducting &gt; 20 deliveries /month</li> </ul>		
<ul style="list-style-type: none"> <li>No. of DH/ District Women and child hospital conducting &gt; 50 deliveries /month</li> </ul>		
<ul style="list-style-type: none"> <li>No. of DH/ District Women and child hospital conducting C-section</li> </ul>		
<ul style="list-style-type: none"> <li>No. of Medical colleges conducting &gt; 50 deliveries per month</li> </ul>		
<ul style="list-style-type: none"> <li>No. of Medical colleges conducting C-section</li> </ul>		
4. Number of institutes with ultrasound facilities (Public+Private)		
<ul style="list-style-type: none"> <li>Of these, how many are registered under PCPNDT act</li> </ul>		
5. Details of Pradhan Mantri Surakshit Matritva Abhiyan PMSMA activities performed		
6. RBSK		
<ul style="list-style-type: none"> <li>Total no. of RBSK teams sanctioned</li> </ul>		
<ul style="list-style-type: none"> <li>No. of teams with all HR in-place (full-team)</li> </ul>		
<ul style="list-style-type: none"> <li>No. of vehicles (on the road) for RBSK team</li> </ul>		
<ul style="list-style-type: none"> <li>No. of Teams per Block</li> </ul>		
<ul style="list-style-type: none"> <li>No. of block/s without dedicated teams</li> </ul>		
<ul style="list-style-type: none"> <li>Average no of children screened per day per team</li> </ul>		
<ul style="list-style-type: none"> <li>Number of children born in delivery points screened for defects at birth</li> </ul>		
7. Special Newborn Care Units (SNCU)		
<ul style="list-style-type: none"> <li>Total number of beds <ul style="list-style-type: none"> <li>In radiant warmer</li> <li>Stepdown care</li> <li>Kangaroo Mother Care (KMC) unit</li> </ul> </li> </ul>		
<ul style="list-style-type: none"> <li>Number of non-functional radiant warmer for more than a week</li> </ul>		
<ul style="list-style-type: none"> <li>Number of non-functional phototherapy unit for more than a week</li> </ul>		
	<b>Inborn</b>	<b>Out born</b>
<ul style="list-style-type: none"> <li>Admission</li> </ul>		
<ul style="list-style-type: none"> <li>Defects at birth</li> </ul>		
<ul style="list-style-type: none"> <li>Discharged</li> </ul>		
<ul style="list-style-type: none"> <li>Referral</li> </ul>		
<ul style="list-style-type: none"> <li>LAMA</li> </ul>		
<ul style="list-style-type: none"> <li>Died</li> </ul>		
8. Newborn Stabilization Unit (NBSU)		
	<b>Inborn</b>	<b>Out born</b>
<ul style="list-style-type: none"> <li>Admission</li> </ul>		
<ul style="list-style-type: none"> <li>Discharged</li> </ul>		
<ul style="list-style-type: none"> <li>Referral</li> </ul>		
<ul style="list-style-type: none"> <li>LAMA</li> </ul>		
<ul style="list-style-type: none"> <li>Died</li> </ul>		
9. Nutrition Rehabilitation Centers (NRC)		
<ul style="list-style-type: none"> <li>Admission <ul style="list-style-type: none"> <li>Bilateral pitting oedema</li> <li>MUAC&lt;115 mm</li> <li>&lt;'3SD WFH</li> <li>with Diarrhea</li> </ul> </li> </ul>		

Indicator	Remarks/ Observation
<ul style="list-style-type: none"> <li>○ ARI/ Pneumonia</li> <li>○ TB</li> <li>○ HIV</li> <li>○ Fever</li> <li>○ Nutrition related disorder</li> <li>○ Others</li> </ul>	
<ul style="list-style-type: none"> <li>● Referred by <ul style="list-style-type: none"> <li>○ Frontline worker</li> <li>○ Self</li> <li>○ Ref from VCDC/ CTC</li> <li>○ RBSK</li> <li>○ Pediatric ward/ emergency</li> </ul> </li> </ul>	
<ul style="list-style-type: none"> <li>● Discharged</li> </ul>	
<ul style="list-style-type: none"> <li>● Referral/ Medical transfer</li> </ul>	
<ul style="list-style-type: none"> <li>● LAMA</li> </ul>	
<ul style="list-style-type: none"> <li>● Died</li> </ul>	
10. Home Based Newborn Care (HBNC)	
<ul style="list-style-type: none"> <li>● Status of availability of HBNC kit with ASHAs</li> </ul>	
<ul style="list-style-type: none"> <li>● Newborns visited under HBNC</li> </ul>	
<ul style="list-style-type: none"> <li>● Status of availability of drug kit with ASHAs</li> </ul>	
11. Number of Maternal Death Review conducted	
<ul style="list-style-type: none"> <li>● Previous year</li> <li>● Current FY</li> </ul>	
12. Number of Child Death Review conducted	
<ul style="list-style-type: none"> <li>● Previous year</li> <li>● Current FY</li> </ul>	
13. Number of blocks covered under Peer Education (PE) programme	
14. No. of villages covered under PE programme	
15. No. of PE selected	
16. No. of Adolescent Friendly Clinic (AFC) meetings held	
17. Weekly Iron Folic Acid Supplementation (WIFS) stockout	
18. No. of Mobile Medical Unit (MMU) (on the road and micro-plan	
<ul style="list-style-type: none"> <li>● No. of trips per MMU per month</li> </ul>	
<ul style="list-style-type: none"> <li>● No. of camps per MMU per month</li> </ul>	
<ul style="list-style-type: none"> <li>● No. of villages covered</li> </ul>	
<ul style="list-style-type: none"> <li>● Average number of OPD per MMU per month</li> </ul>	
<ul style="list-style-type: none"> <li>● Average no. of lab investigations per MMU per month</li> </ul>	
<ul style="list-style-type: none"> <li>● Avg. no. of X-ray investigations per MMU per month</li> </ul>	
<ul style="list-style-type: none"> <li>● Avg. no. of blood smears collected / Rapid Diagnostic Tests (RDT) done for Malaria, per MMU per month</li> </ul>	
<ul style="list-style-type: none"> <li>● Avg. no. of sputum collected for TB detection per MMU per month</li> </ul>	
<ul style="list-style-type: none"> <li>● Average Number of patients referred to higher facilities</li> </ul>	
<ul style="list-style-type: none"> <li>● Payment pending (if any)</li> <li>● If yes, since when and reasons thereof</li> </ul>	
19. Vehicle for Referral Transport	

<b>Indicator</b>	<b>Remarks/ Observation</b>		
<ul style="list-style-type: none"> <li>No. of Basic Life Support (BLS) (on the road) and their distribution</li> </ul>			
<ul style="list-style-type: none"> <li>No. of Advanced Life Support (ALS) (on the road) and their distribution</li> </ul>			
	<b>ALS</b>	<b>BLS</b>	
<ul style="list-style-type: none"> <li>Operational agency (State/ NGO/ PPP)</li> </ul>			
<ul style="list-style-type: none"> <li>If the ambulances are GPS fitted and handled through centralized call centre</li> </ul>			
<ul style="list-style-type: none"> <li>Average number of calls received per day</li> </ul>			
<ul style="list-style-type: none"> <li>Average number of trips per ambulance per day</li> </ul>			
<ul style="list-style-type: none"> <li>Average km travelled per ambulance per day</li> </ul>			
<ul style="list-style-type: none"> <li>Key reasons for low utilization (if any)</li> </ul>			
<ul style="list-style-type: none"> <li>No. of transport vehicle/102 vehicle (on the road)</li> </ul>			
<ul style="list-style-type: none"> <li>If the vehicles are GPS fitted and handled through centralized call centre</li> </ul>			
<ul style="list-style-type: none"> <li>Average number of trips per ambulance per day</li> </ul>			
<ul style="list-style-type: none"> <li>Average km travelled per ambulance per day</li> </ul>			
<ul style="list-style-type: none"> <li>Key reasons for low utilization (if any)</li> </ul>			
20. Universal health screening			
<ul style="list-style-type: none"> <li>If conducted, what is the target population</li> </ul>			
<ul style="list-style-type: none"> <li>Number of Community Based Assessment Checklist (CBAC) forms filled till date</li> </ul>			
<ul style="list-style-type: none"> <li>No. of patients screened, diagnosed, and treated for: <ul style="list-style-type: none"> <li>Hypertension</li> <li>Diabetes</li> <li>Oral cancer</li> <li>Breast Cancer</li> <li>Cervical cancer</li> </ul> </li> </ul>			
21. If State notified a State Mental Health Authority			
22. If grievance redressal mechanism in place			
<ul style="list-style-type: none"> <li>Whether call center and toll-free number available</li> </ul>			
<ul style="list-style-type: none"> <li>Percentage of complains resolved out of the total complains registered in current FY</li> </ul>			
23. If Mera-aaspatal has been implemented			
24. Payment status:	<b>No. of beneficiaries</b>	<b>Backlog</b>	<b>DBT status</b>
<ul style="list-style-type: none"> <li>JSY beneficiaries</li> </ul>			
<ul style="list-style-type: none"> <li>ASHA payment: <ul style="list-style-type: none"> <li>A- Routine and recurring at increased rate of Rs. 2000 pm</li> <li>B- Incentive under NTEP</li> <li>C- Incentives under NLEP</li> </ul> </li> </ul>			
<ul style="list-style-type: none"> <li>Payment of ASHA facilitators as per revised norms (of a minimum of Rs. 300 per visit)</li> </ul>			

Indicator	Remarks/ Observation
<ul style="list-style-type: none"> <li>Patients incentive under NTEP programme</li> </ul>	
<ul style="list-style-type: none"> <li>Provider's incentive under NTEP programme</li> </ul>	
<ul style="list-style-type: none"> <li>FP compensation/ incentive</li> </ul>	
25. Implementation of Integrated Disease Surveillance Programme (IDSP)	
<ul style="list-style-type: none"> <li>If Rapid Response Team constituted, what is the composition of the team</li> <li>No. of outbreaks investigated in previous year and in current FY</li> </ul>	
<ul style="list-style-type: none"> <li>How is IDSP data utilized</li> </ul>	
<ul style="list-style-type: none"> <li>Proportion (% out of total) of Pvt health facilities reporting weekly data of IDSP</li> </ul>	
26. Implementation of National Vector Borne Disease Control Programme (NVBDCP)	
<ul style="list-style-type: none"> <li>Micro plan and macro plan available at district level</li> </ul>	
<ul style="list-style-type: none"> <li>Annual Blood Examination Rate</li> </ul>	
<ul style="list-style-type: none"> <li>Reason for increase/ decrease (trend of last 3 years to be seen)</li> </ul>	
<ul style="list-style-type: none"> <li>LLIN distribution status</li> </ul>	
<ul style="list-style-type: none"> <li>IRS</li> </ul>	
<ul style="list-style-type: none"> <li>Anti-larval methods</li> </ul>	
<ul style="list-style-type: none"> <li>Contingency plan for epidemic preparedness</li> </ul>	
<ul style="list-style-type: none"> <li>Weekly epidemiological and entomological situations are monitored</li> </ul>	
<ul style="list-style-type: none"> <li>No. of MDR rounds observed</li> </ul>	
<ul style="list-style-type: none"> <li>No. of districts achieved elimination status for Lymphatic Filariasis i.e. mf rate &lt;1%</li> </ul>	
27. Implementation of National Tuberculosis Elimination Programme (NTEP)	
<ul style="list-style-type: none"> <li>Target TB notification achieved</li> </ul>	
<ul style="list-style-type: none"> <li>Whether HIV Status of all TB patient is known</li> </ul>	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If No, no. of TB patients with known HIV status _____
<ul style="list-style-type: none"> <li>Eligible TB patients with UDST testing</li> </ul>	
<ul style="list-style-type: none"> <li>Whether drugs for both drug sensitive and drug resistance TB available</li> </ul>	
<ul style="list-style-type: none"> <li>Patients notification from public sector</li> </ul>	No of patients notified: Treatment success rate: No. of MDR TB Patients: Treatment initiation among MDR TB patients:
<ul style="list-style-type: none"> <li>Patients notification from private sector</li> </ul>	No of patients notified: Treatment success rate: No. of MDR TB Patients: Treatment initiation among MDR TB patients:
<ul style="list-style-type: none"> <li>Beneficiaries paid under Nikshay Poshan Yojana</li> </ul>	
<ul style="list-style-type: none"> <li>Active Case Finding conducted as per planned for the year</li> </ul>	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
28. Implementation of National Leprosy Eradication Programme (NLEP)	
<ul style="list-style-type: none"> <li>No. of new cases detected</li> </ul>	
<ul style="list-style-type: none"> <li>No. of G2D cases</li> </ul>	

Indicator	Remarks/ Observation	
<ul style="list-style-type: none"> <li>MDT available without interruption</li> </ul>		
<ul style="list-style-type: none"> <li>Reconstructive surgery for G2D cases being conducted</li> </ul>		
<ul style="list-style-type: none"> <li>MCR footwear and self-care kit available</li> </ul>		
29. Number of treatment sites and Model Treatment Center (MTC) for viral hepatitis		
30. Percent of health workers immunized against Hep B		
31. Key activities performed in current FY as per ROP under National Fluorosis Control Programme		
32. Key activities performed in current FY as per ROP under National Iron Deficiency Disorders Control Programme		
33. Key activities performed in current FY as per ROP under National Tobacco Control Programme		
34. Number of ASHAs <ul style="list-style-type: none"> <li>Required as per population</li> <li>Selected</li> <li>No. of ASHAs covering more than 1500 (rural)/ 3000 (urban) population</li> <li>No. of villages/ slum areas with no ASHA</li> </ul>		
35. Status of social benefit scheme for ASHAs and ASHA Facilitators (if available) <ul style="list-style-type: none"> <li>No. of ASHAs enrolled for Pradhan Mantri Jeevan Jyoti Bima Yojana (PMJJBY)</li> <li>No. of ASHA Facilitator enrolled for Pradhan Mantri Jeevan Jyoti Bima Yojana (PMJJBY)</li> <li>No. of ASHAs enrolled for Pradhan Mantri Suraksha Bima Yojana (PMSBY)</li> <li>No. of ASHA Facilitators enrolled for Pradhan Mantri Suraksha Bima Yojana (PMSBY)</li> <li>No. of ASHAs enrolled for Pradhan Mantri Shram Yogi Maandhan Yojana (PMSYMY)</li> <li>No. of ASHA Facilitators enrolled for Pradhan Mantri Shram Yogi Maandhan Yojana (PMSYMY)</li> <li>Any other state specific scheme _____</li> </ul>		
36. Status of Mahila Arogya Samitis (MAS)- <ol style="list-style-type: none"> <li>Formed</li> <li>Trained</li> <li>MAS account opened</li> </ol>		
37. Status of Village Health Sanitation and Nutrition Committee (VHSNC) <ol style="list-style-type: none"> <li>Formed</li> <li>Trained</li> <li>MAS account opened</li> </ol>		
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	<b>Previous year</b>	<b>Current FY</b>

Indicator	Remarks/ Observation			
	(2019-20)		(2020-21)	
	Regular cadre	NHM	Regular cadre	NHM
• 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				

## D. 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		

## E. 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				
<b>2. Performance of EMOC/ LSAS trained doctors</b>	<b>Trained</b>	<b>Posted in FRU</b>	<b>Performing C-section</b>	
• LSAS trained doctors				
• EmOC trained doctors				

## F. State of Fund Utilization

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

Status of Expenditure as on: \_\_\_\_\_ to \_\_\_\_\_

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

## Programme Wise

Status of Expenditure as on: \_\_\_\_\_ to \_\_\_\_\_

<b>Indicator</b>	<b>Budget Released (in lakhs)</b>	<b>Budget utilized (in lakhs)</b>	<b>Reason for low utilization (if less than 60%)</b>
<b>1. RCH and Health Systems Flexipool</b>			
• 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			
<b>2. NUHM</b>			
<b>3. Communicable Diseases Pool</b>			
• Integrated Disease Surveillance Programme (IDSP)			
• National Vector Borne Disease Control Programme (NVBDCP)			
• National Leprosy Eradication Programme (NLEP)			
• National TB Elimination Programme (NTEP)			
<b>4. Non-Communicable Diseases Pool</b>			
• National Program for Control of Blindness and Vision Impairment (NPCB+VI)			
• National Mental Health Program (NMHP)			
• National Programme for Health Care for the Elderly (NPHCE)			

<b>Indicator</b>	<b>Budget Released (in lakhs)</b>	<b>Budget utilized (in lakhs)</b>	<b>Reason for low utilization (if less than 60%)</b>
• 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)			

## G. Status of trainings

Status as on: \_\_\_\_\_

<b>List of training (to be filled as per ROP approval)</b>	<b>Planned</b>	<b>Completed</b>
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

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

<b>Indicator</b>	<b>Remarks/ Observation</b>
1. OPD Timing	
2. Condition of infrastructure/ building	Comments:
Please comment on the condition and tick the appropriate box	<input type="checkbox"/> 24*7 running water facility <input type="checkbox"/> Facility is geriatric and disability friendly (ramps etc.) <input type="checkbox"/> Clean functional toilets available (separate for Male and female) <input type="checkbox"/> Drinking water facility available <input type="checkbox"/> OPD waiting area has sufficient sitting arrangement <input type="checkbox"/> ASHA rest room is available <input type="checkbox"/> Drug storeroom with rack is available  Power backup: <input type="checkbox"/> Complete Hospital/ <input type="checkbox"/> Part of the hospital  Last major renovation done in (Year): _____
3. Number of functional in-patient beds	_____

Indicator	Remarks/ Observation		
4. List of Services available	No of ICU Beds available:		
<ul style="list-style-type: none"> <li>Specialized services available in addition to General OPD, ANC, Delivery, PNC, Immunization, FP, Laboratory services</li> </ul>	Sl.	Service	Y/N
	1	Medicine	
	2	O&G	
	3	Pediatric	
	4	General Surgery	
	5	Anesthesiology	
	6	Ophthalmology	
	7	Dental	
	8	Imaging Services (X – ray)	
	9	Imaging Services (USG)	
	10	District Early Intervention Centre (DEIC)	
	11	Nutritional Rehabilitation Centre (NRC)	
	12	SNCU/ Mother and Newborn Care Unit (MNCU)	
	13	Comprehensive Lactation Management Centre (CLMC) / Lactation Management Unit (LMU)	
	14	Neonatal Intensive Care Unit (NICU)	
	15	Pediatric Intensive Care Unit (PICU)	
	16	Labour Room Complex	
	17	ICU	
	18	Dialysis Unit	
	19	Emergency Care	
	20	Burn Unit	
	21	Teaching block (medical, nursing, paramedical)	
	22	Skill Lab	
5. Emergency	General emergency: <b>or</b> facilities available for: 1. Triage 2. Resuscitation 3. Stabilization		
6. Tele-medicine/Consultation services available	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, average case per day _____		
7. Operation Theatre available	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, Single general OT: Elective OT-Major (General): Elective OT-Major (Ortho):		

Indicator	Remarks/ Observation																																																																																																	
	Obstetrics & Gynecology OT: Ophthalmology/ENT OT: Emergency OT:																																																																																																	
8. Availability of functional Blood Bank	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, number of units of blood currently available: _____ No. of blood transfusions done in last month: _____																																																																																																	
9. Whether blood is issued free, or user-fee is being charged	<input type="checkbox"/> Free for BPL <input type="checkbox"/> Free for elderly <input type="checkbox"/> Free for JSSK beneficiaries <input type="checkbox"/> Free for all																																																																																																	
10. Biomedical waste management practices	1. Sharp pit 2. Deep Burial pit 3. Incinerator 4. Using Common Bio Medical Treatment plant 5.																																																																																																	
11. Details of HR available in the facility (Sanctioned and In-place)	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%;"></th> <th style="width: 10%;">HR</th> <th style="width: 10%;">San.</th> <th style="width: 10%;">Reg.</th> <th style="width: 10%;">Cont.</th> </tr> </thead> <tbody> <tr> <td>MO (MBBS)</td> <td></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>Others</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Dentist</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Staff Nurses/ GNMs</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>LTs</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Pharmacist</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Dental Technician/ Hygienist</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Hospital/ Facility Manager</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>EmOC trained doctor</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>LSAS trained doctor</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Others</td> <td></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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LSAS trained doctor																																																																																																		
Others																																																																																																		
12. IT Services	<ul style="list-style-type: none"> <li>• Desktop/ Laptop available: <input type="checkbox"/> Yes/ <input type="checkbox"/> No</li> <li>• Internet connectivity: <input type="checkbox"/> Yes/ <input type="checkbox"/> No</li> </ul> Quality/strength of internet connection: _____																																																																																																	
13. Kayakalp	Initiated: _____ Facility score: _____ Award received: _____																																																																																																	
14. NQAS	Assessment done: _____ Facility Internal/State score: _____ Certification Status: _____																																																																																																	
15. LaQshya	Labour Room: _____ Operation Theatre: _____																																																																																																	
16. Availability of list of essential medicines (EML)/ drugs (EDL)	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, total number of drugs in EDL _____ EDL displayed in OPD Area: <input type="checkbox"/> Yes/ <input type="checkbox"/> No No. of drugs available on the day of visit (out of the EDL) _____																																																																																																	

Indicator	Remarks/ Observation															
17. Implementation of DVDMS or similar supply chain management system	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If other, which one _____															
18. Shortage of 5 priority drugs from EDL in last 30 days, if any	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 5%; text-align: center;">1</td> <td style="width: 85%;"></td> <td style="width: 10%;"></td> </tr> <tr> <td style="text-align: center;">2</td> <td></td> <td></td> </tr> <tr> <td style="text-align: center;">3</td> <td></td> <td></td> </tr> <tr> <td style="text-align: center;">4</td> <td></td> <td></td> </tr> <tr> <td style="text-align: center;">5</td> <td></td> <td></td> </tr> </table>	1			2			3			4			5		
1																
2																
3																
4																
5																
19. Availability of Essential Consumables:	<input type="checkbox"/> Sufficient <input type="checkbox"/> Minimal <input type="checkbox"/> Acute shortage <b>List the consumables for with there was shortage</b> In last 6 months how many times there was shortage _____ <span style="float: right;">Supply Shortage</span>															
20. Availability of essential diagnostics	<input type="checkbox"/> In-house <input type="checkbox"/> Outsourced/ <input type="checkbox"/> Both/ Mixed <span style="float: right;">PPP</span>															
<ul style="list-style-type: none"> <li>In-house tests (For 2020-21)</li> </ul>	Timing: Total number of tests performed: _____ Details of tests performed:															
<ul style="list-style-type: none"> <li>Outsourced/ PPP (For 2020-21)</li> </ul>	Timing: Total number of tests performed: _____ Details of tests performed:															
21. X-ray services is available	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If Yes, type & nos. of functional X-ray machine is available in the hospital:  Is the X-ray machine AERB certified: <input type="checkbox"/> Yes/ <input type="checkbox"/> No															
22. CT scan services available	<input type="checkbox"/> Yes/ <input type="checkbox"/> No  If yes: <input type="checkbox"/> In-house/ <input type="checkbox"/> PPP  Out of Pocket expenditures associated with CT Scan services (if any, approx. amount per scan): _____															
23. Whether diagnostic services (lab, X-ray, USG etc.) are free for all	<input type="checkbox"/> Free for BPL <input type="checkbox"/> Free for elderly <input type="checkbox"/> Free for JSSK beneficiaries <input type="checkbox"/> Free for all															
24. Availability of Testing kits/ Rapid Diagnostic Kits	<input type="checkbox"/> Sufficient <input type="checkbox"/> Minimal <input type="checkbox"/> Acute shortage <span style="float: right;">Supply Shortage</span>															
25. Implementation of PM-National Dialysis programme	<input type="checkbox"/> Yes/ <input type="checkbox"/> No <input type="checkbox"/> In-house <input type="checkbox"/> Outsourced/ PPP  Total number of tests performed: _____															

Indicator	Remarks/ Observation
<ul style="list-style-type: none"> <li>Whether the services are free for all</li> </ul>	<input type="checkbox"/> Free for BPL <input type="checkbox"/> Free for elderly <input type="checkbox"/> Free for JSSK beneficiaries <input type="checkbox"/> Free for all
<ul style="list-style-type: none"> <li>Number of patients provided dialysis service (for 2020-21)</li> </ul>	o Previous year _____ o Current FY _____ <i>*Calculate the approximate no. of patients provided dialysis per day</i>
26. If there is any shortage of major instruments/ equipment ( <b>List the Equipments</b> )	
27. Average downtime of equipment. Details of equipment are nonfunctional for more than 7 days	
28. Availability of delivery services	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
<ul style="list-style-type: none"> <li>If the facility is designated as FRU, whether C-sections are performed</li> </ul>	<input type="checkbox"/> Yes/ <input type="checkbox"/> No Number of normal deliveries performed in last month: _____ No. of C-sections performed in last month: _____
<ul style="list-style-type: none"> <li>Comment on the condition of:</li> </ul>	Labour room: OT: Functional New-born care corner (functional radiant warmer with neo-natal ambu bag): <input type="checkbox"/> Yes/ <input type="checkbox"/> No
29. Status of JSY payments	Payment is up to date: <input type="checkbox"/> Yes/ <input type="checkbox"/> No Average delay: Payment done till: Reasons for delay:
30. Availability of JSSK entitlements	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, whether all entitlements being provided <input type="checkbox"/> Free delivery services (Normal delivery/ C-section) <input type="checkbox"/> Free diet <input type="checkbox"/> Free drugs and consumables <input type="checkbox"/> Free diagnostics <input type="checkbox"/> Free blood services <input type="checkbox"/> Free referral transport (home to facility) <input type="checkbox"/> Free referral transport (drop back from facility to home) <input type="checkbox"/> No user charges
31. PMSMA services provided on 9 <sup>th</sup> of every month	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, how are high risks identified on 9 <sup>th</sup> ? If No, reasons thereof:

Indicator	Remarks/ Observation		
32. Line listing of high-risk pregnancies	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
33. Practice related to Respectful Maternity Care			
34. Whether facility have registers for entering births and deaths	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
35. Number of Maternal Death reported in the facility	Previous year: Current year:		
36. Number of Child Death reported in the facility	Previous year: Current year:		
37. If Comprehensive Abortion Care (CAC) services available	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
38. Availability of vaccines and hub cutter	<input type="checkbox"/> Yes/ <input type="checkbox"/> No Nurses/ ANM aware about open vial policy: <input type="checkbox"/> Yes/ <input type="checkbox"/> No		
39. Number of newborns immunized with birth dose at the facility in last 3 months			
40. Newborns breastfed within one hour of birth (observe if practiced and women are being counselled)			
41. Status of functionality of DEIC	<input type="checkbox"/> Fully functional with all staff in place <input type="checkbox"/> Functional with few vacancies (approx. 20%-30%) <input type="checkbox"/> Functional with more than 50% vacancies <input type="checkbox"/> Not functional/ All posts vacant		
42. Number of sterilizations performed in last one month			
43. Availability of trained provider for IUCD/ PPIUCD	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
44. Who counsels on FP services?			
45. Please comment on utilization of other FP services			
46. FPLMIS has been implemented	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
47. Availability of functional Adolescent Friendly Health Clinic	<input type="checkbox"/> Yes/ <input type="checkbox"/> No  If yes, who provides counselling to adolescents: _____ Separate male and female counselors available: <input type="checkbox"/> Yes/ <input type="checkbox"/> No <b>Total No of Adolescents counseled in last 6 months</b> _____		
48. Whether facility has fixed day NCD clinic	<input type="checkbox"/> Yes/ <input type="checkbox"/> No  If Yes, how many days in a week: _____ days		
49. Are service providers trained in cancer services?	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
50. Number of individuals screened for the following in last 6 months:		<b>Screened</b>	<b>Confirmed</b>
	a. Hypertension		
	b. Diabetes		

Indicator	Remarks/ Observation
	c. Oral Cancer d. Breast Cancer e. Cervical Cancer
51. Whether reporting weekly data in P, S and L form under IDSP	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
1. Status of TB elimination programme	Facility is designated as Designated Microscopy Centre (DMC): <input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, percent of OPD whose samples were tested for TB (microscopy) in last 6 month (average) _____ If anti-TB drugs available at the facility: <input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, are there any patients currently taking anti-TB drugs from the facility: <input type="checkbox"/> Yes/ <input type="checkbox"/> No Availability of CBNAAT/ TruNat: <input type="checkbox"/> Yes/ <input type="checkbox"/> No Percent of patients tested through CBNAAT/TruNat for Drug resistance in the last 6 months _____ Are all TB patients tested for HIV? <input type="checkbox"/> Yes/ <input type="checkbox"/> No Are all TB patients tested for Diabetes Mellitus: <input type="checkbox"/> Yes/ <input type="checkbox"/> No Percent of TB Patients for whom DBT installments have been initiated under Nikshay Poshan Yojana in the last 6 months:
52. Maintenance of records on	<ul style="list-style-type: none"> <li>• TB Treatment Card cases (both for drug sensitive and drug resistant cases): <input type="checkbox"/>Yes/ <input type="checkbox"/>No</li> <li>• TB Notification Registers: <input type="checkbox"/>Yes/ <input type="checkbox"/>No</li> <li>• Malaria cases: <input type="checkbox"/>Yes/ <input type="checkbox"/>No</li> <li>• Palliative cases: <input type="checkbox"/>Yes/ <input type="checkbox"/>No</li> <li>• Cases related to Dengue and Chikungunya: <input type="checkbox"/>Yes/ <input type="checkbox"/>No</li> <li>• Leprosy cases: <input type="checkbox"/>Yes/ <input type="checkbox"/>No</li> </ul>
53. How much fund was received and utilized by the facility under NHM?	Fund Received last year: Fund utilized last year: Items/ Activities whose expenditure is met out of the RKS/ Untied Fund regularly:  Reasons for underutilization of fund (if any)
54. Status of data entry in (match with physical records)	HMIS: <input type="checkbox"/> Updated/ <input type="checkbox"/> Not updated MCTS: <input type="checkbox"/> Updated/ <input type="checkbox"/> Not updated IHIP: <input type="checkbox"/> Updated/ <input type="checkbox"/> Not updated HWC Portal: <input type="checkbox"/> Updated/ <input type="checkbox"/> Not updated Nikshay Portal: <input type="checkbox"/> Updated/ <input type="checkbox"/> Not updated
55. Frequency of RKS meeting (check and obtain minutes of last meeting held)	
2. Availability of ambulance services in the area	<input type="checkbox"/> Own ambulance available (Number) _____ <input type="checkbox"/> DH/ SDH has contracted out ambulance services (Number) _____ <input type="checkbox"/> Ambulances services with Centralized call centre <input type="checkbox"/> Government ambulance services are not available Comment (if any):

Indicator	Remarks/ Observation
<ul style="list-style-type: none"> <li>How many cases from CHC, PHC, SC, referred to in last month?</li> </ul>	Number: CHC PHC SC  Types of cases referred in:
<ul style="list-style-type: none"> <li>How many cases were referred out last month?</li> </ul>	Number:  Types of cases referred out:
<b>3. Key challenges in the facility and the root causes</b>	
<b>Challenge</b>	<b>Root causes</b>
a)	
b)	
c)	
d)	
e)	



Ministry of Health & Family Welfare  
Government of India



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

## Service Delivery:

<b>Name of facility visited</b>			
<b>Facility Type</b>		<input type="checkbox"/> CHC/ <input type="checkbox"/> U-CHC	
<b>FRU</b>		<input type="checkbox"/> Yes/ <input type="checkbox"/> No	
<b>Standalone/ Co-located</b>		<input type="checkbox"/> Standalone/ <input type="checkbox"/> Co-located Co-located with (if applicable):	
<b>Accessible from nearest road head</b>		<input type="checkbox"/> Yes/ <input type="checkbox"/> No	
<b>Date of Visit</b>			
<b>Next Referral Point</b>		Facility: Distance:	
<b>Indicator</b>		<b>Remarks/ Observation</b>	
4. OPD Timing			
5. Whether the facility is functioning in PPP mode		<input type="checkbox"/> Yes/ <input type="checkbox"/> No	
6. Condition of infrastructure/ building  Please comment on the condition and tick the appropriate box		Comments:  <input type="checkbox"/> 24*7 running water facility <input type="checkbox"/> Facility is geriatric and disability friendly (ramps etc.) <input type="checkbox"/> Clean functional toilets available (separate for Male and female) <input type="checkbox"/> Drinking water facility available <input type="checkbox"/> OPD waiting area has sufficient sitting arrangement <input type="checkbox"/> ASHA rest room is available <input type="checkbox"/> Drug storeroom with rack is available  Power backup: <input type="checkbox"/> Complete Hospital/ <input type="checkbox"/> Part of the hospital	
7. Number of functional in-patient beds			
8. List of Services available			
<ul style="list-style-type: none"> <li>Specialized services available in addition to General OPD, ANC, Delivery, PNC, Immunization, FP, Laboratory services</li> </ul>	Sl.	Service	Y/N
	1	Medicine	
	2	O&G	
	3	Pediatric	
	4	General Surgery	
	5	Anesthesiology	
	6	Ophthalmology	
	7	Dental	
	8	Imaging Services (X – ray)	
	9	Imaging Services (USG)	
10	Newborn Stabilization Unit		
<ul style="list-style-type: none"> <li>If any of the specialists are available 24*7</li> </ul>	<input type="checkbox"/> Yes available <input type="checkbox"/> Yes, available only on-call <input type="checkbox"/> Not available		
<ul style="list-style-type: none"> <li>Emergency</li> </ul>	General facilities available		emergency:  for:

	1. 2. 3. Stabilization	Triage Resuscitation			
9. Tele-medicine/Consultation services available	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, average case per day _____				
10. Operation Theatre available	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, Major: Minor:				
11. Availability of functional Blood Storage Unit	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, number of units of blood currently available: _____ No. of blood transfusions done in last month: _____				
12. Whether blood is issued free, or user-fee is being charged	<input type="checkbox"/> Free for BPL <input type="checkbox"/> Free for elderly <input type="checkbox"/> Free for JSSK beneficiaries <input type="checkbox"/> Free for all				
13. Biomedical waste management practices	Sharp pit: Deep Burial pit: Other System, if any:				
14. Details of HR available in the facility (Sanctioned and In-place)	<b>HR</b>	<b>San.</b>	<b>Reg.</b>	<b>Cont.</b>	
	MO (MBBS)				
	Specialists	Medicine			
		ObGy			
		Pediatrician			
		Anesthetist			
	Dentist				
	SNs/ GNMs				
	LTs				
	Pharmacist				
	Dental Assistant/ Hygienist				
	Hospital/ Facility Manager				
	EmOC trained doctor				
LSAS trained doctor					
Others					
15. IT Services	<ul style="list-style-type: none"> <li>Desktop/ Laptop available: <input type="checkbox"/> Yes/ <input type="checkbox"/> No</li> <li>Internet connectivity: <input type="checkbox"/> Yes/ <input type="checkbox"/> No</li> </ul> Quality/strength of internet connection: _____				
16. Kayakalp	Initiated: Facility Award received:	score:			
17. NQAS	Assessment done: Facility Certification Status:	Internal/State score:			
18. LaQshya	Labour Room: Operation Theatre:				
19. Availability of list of essential medicines (EML)/ drugs (EDL)	<input type="checkbox"/> Yes/ <input type="checkbox"/> No				
	If yes, total number of drugs in EDL _____				
	EDL displayed in OPD Area: <input type="checkbox"/> Yes/ <input type="checkbox"/> No  No. of drugs available on the day of visit (out of the EDL) _____				

20. Implementation of DVDMS or similar supply chain management system	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If other, which one _____	
21. Shortage of 5 priority drugs from EDL in last 30 days, if any	1 2 3 4 5	
22. Availability of Essential Consumables:	<input type="checkbox"/> Sufficient <span style="float: right;">Supply</span> <input type="checkbox"/> Minimal <span style="float: right;">Shortage</span> <input type="checkbox"/> Acute shortage In last 6 months how many times there was shortage _____ List the consumables for which there has been shortage _____	
23. Availability of essential diagnostics	<input type="checkbox"/> In-house <span style="float: right;">PPP</span> <input type="checkbox"/> Outsourced/ <input type="checkbox"/> Both/ Mixed	
<ul style="list-style-type: none"> <li>In-house tests (for 2020-21)</li> </ul>	Timing: Total number of tests performed: _____ Details of tests performed:	
<ul style="list-style-type: none"> <li>Outsourced/ PPP (for 2020-21)</li> </ul>	Timing: Total number of tests performed: _____ Details of tests performed:	
24. X-ray services is available	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If Yes, type & nos. of functional X-ray machine is available in the hospital:  Is the X-ray machine AERB certified: <input type="checkbox"/> Yes/ <input type="checkbox"/> No	
25. Whether diagnostic services (lab, X-ray, USG etc.) are free for all	<input type="checkbox"/> Free for BPL <input type="checkbox"/> Free for elderly <input type="checkbox"/> Free for JSSK beneficiaries <input type="checkbox"/> Free for all	
26. Availability of Testing kits/ Rapid Diagnostic Kits	<input type="checkbox"/> Sufficient <span style="float: right;">Supply</span> <input type="checkbox"/> Minimal <span style="float: right;">Shortage</span> <input type="checkbox"/> Acute shortage (List the name of kits for which there is shortage)	
27. If there is any shortage of major instruments/ equipment (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	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
<ul style="list-style-type: none"> <li>If the facility is designated as FRU, whether C-sections are performed</li> </ul>	<input type="checkbox"/> Yes/ <input type="checkbox"/> No Number of normal deliveries performed in last month: _____ No. of C-sections performed in last month: _____
<ul style="list-style-type: none"> <li>Comment on condition of:</li> </ul>	Labour room: OT:  Functional New-born care corner (functional radiant warmer with neo-natal ambu bag): <input type="checkbox"/> Yes/ <input type="checkbox"/> No
30. Status of JSY payments	Payment is up to date: <input type="checkbox"/> Yes/ <input type="checkbox"/> No Average delay: Payment done till: Reasons for delay:
31. Availability of JSSK entitlements	<input type="checkbox"/> Yes/ <input type="checkbox"/> No  If yes, whether all entitlements being provided <input type="checkbox"/> Free delivery services (Normal delivery/ C-section) <input type="checkbox"/> Free diet <input type="checkbox"/> Free drugs and consumables <input type="checkbox"/> Free diagnostics <input type="checkbox"/> Free blood services <input type="checkbox"/> Free referral transport (home to facility) <input type="checkbox"/> Free referral transport (drop back from facility to home) <input type="checkbox"/> No user charges
32. PMSMA services provided on 9 <sup>th</sup> of every month	<input type="checkbox"/> Yes/ <input type="checkbox"/> No  If yes, how are high risks identified on 9 <sup>th</sup> ?  If No, reasons thereof:
33. Line listing of high-risk pregnancies	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
34. Practice related to Respectful Maternity Care	
35. Whether facility have registers for entering births and deaths	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
36. Number of Maternal Death reported in the facility	Previous year: <b>2019-20</b> _____ Current year: <b>2020-21</b> __
37. Number of Child Death reported in the facility	Previous year: Current year:
38. If Comprehensive Abortion Care (CAC) services available	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
39. Availability of vaccines and hub cutter	<input type="checkbox"/> Yes/ <input type="checkbox"/> No Nurses/ ANM aware about open vial policy: <input type="checkbox"/> Yes/ <input type="checkbox"/> No

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	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
44. Who counsels on FP services?			
45. Please comment on utilization of other FP services			
46. FPLMIS has been implemented	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
47. Availability of functional Adolescent Friendly Health Clinic	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, who provides counselling to adolescents: _____ Separate male and female counselors available: <input type="checkbox"/> Yes/ <input type="checkbox"/> No Number of Adolescents counseled in last 6 months_____		
48. Whether facility has fixed day NCD clinic	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If Yes, how many days in a week: _____ days		
49. Are service providers trained in cancer services?	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
50. Number of individuals screened for the following in last 6 months:		<b>Screened</b>	<b>Confirmed</b>
	a. Hypertension		
	b. Diabetes		
	c. Oral Cancer		
	d. Breast Cancer		
e. Cervical Cancer			
51. Are service providers trained in cancer services?	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
52. Whether reporting weekly data in P, S and L form under IDSP	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
53. Status of TB elimination programme	Facility is designated as Designated Microscopy Centre (DMC): <input type="checkbox"/> Yes/ <input type="checkbox"/> No		
	If yes, percent of OPD whose samples were tested for TB (microscopy) in last 6 month (average) _____		
	If anti-TB drugs available at the facility: <input type="checkbox"/> Yes/ <input type="checkbox"/> No		
	If yes, are there any patients currently taking anti-TB drugs from the facility: <input type="checkbox"/> Yes/ <input type="checkbox"/> No		
	Percent of patients tested through CBNAAT/TruNat for Drug resistance in the last 6 months _____		
Is there a sample transport mechanism in place for:			
<ul style="list-style-type: none"> <li>• investigations within public sector for TB testing? <input type="checkbox"/>Yes/ <input type="checkbox"/>No</li> </ul>			

	<ul style="list-style-type: none"> <li>investigations within public sector for other tests? <input type="checkbox"/>Yes/ <input type="checkbox"/>No</li> <li>outsourced testing? <input type="checkbox"/>Yes/ <input type="checkbox"/>No</li> </ul>
	Are all TB patients tested for HIV? <input type="checkbox"/> Yes/ <input type="checkbox"/> No
	Are all TB patients tested for Diabetes Mellitus: <input type="checkbox"/> Yes/ <input type="checkbox"/> No
	Percent of TB Patients for whom DBT installments have been initiated under Nikshay Poshan Yojana in the last 6 months:
54. Status on Leprosy eradication programme	Nos. of new case detected by Field Worker in last 12 months: Out of those, how many are having Gr. II deformity: Frequency of Community Surveillance:
55. Maintenance of records on	<ul style="list-style-type: none"> <li>TB Treatment Card cases (both for drug sensitive and drug resistant cases): <input type="checkbox"/>Yes/ <input type="checkbox"/>No</li> <li>TB Notification Registers: <input type="checkbox"/>Yes/ <input type="checkbox"/>No</li> <li>Malaria cases: <input type="checkbox"/>Yes/ <input type="checkbox"/>No</li> <li>Palliative cases: <input type="checkbox"/>Yes/ <input type="checkbox"/>No</li> <li>Cases related to Dengue and Chikungunya: <input type="checkbox"/>Yes/ <input type="checkbox"/>No</li> <li>Leprosy cases: <input type="checkbox"/>Yes/ <input type="checkbox"/>No</li> </ul>
56. How much fund was received and utilized by the facility under NHM?	Fund Received last year: Fund utilized last year:
	Items/ Activities whose expenditure is met out of the RKS/ Untied Fund regularly:
	Reasons for underutilization of fund (if any)
57. Status of data entry in (match with physical records)	HMIS: <input type="checkbox"/> Updated/ <input type="checkbox"/> Not updated MCTS: <input type="checkbox"/> Updated/ <input type="checkbox"/> Not updated IHIP: <input type="checkbox"/> Updated/ <input type="checkbox"/> Not updated HWC Portal: <input type="checkbox"/> Updated/ <input type="checkbox"/> Not updated Nikshay Portal: <input type="checkbox"/> Updated/ <input type="checkbox"/> Not updated
58. Frequency of RKS meeting (check and obtain minutes of last meeting held)	
59. Availability of ambulance services in the area	<input type="checkbox"/> CHC own ambulance available Number_____
	<input type="checkbox"/> CHC has contracted out ambulance services Number_____
	<input type="checkbox"/> Ambulances services with Centralized call centre <input type="checkbox"/> Government ambulance services are not available Comment (if any):
<ul style="list-style-type: none"> <li>How many cases from sub centre/ PHC were referred to this CHC last month?</li> </ul>	Number: Sub centre PHC  Types of cases referred in:
<ul style="list-style-type: none"> <li>How many cases from the CHC were referred to the DH last month?</li> </ul>	Number:  Types of cases referred out:
60. Key challenges in the facility and the root causes	

<b>Challenge</b>	<b>Root causes</b>
a)	
b)	
c)	
d)	
e)	

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

#### Service Delivery:

<b>Name of facility visited</b>		
<b>Facility Type</b>		<input type="checkbox"/> PHC/ <input type="checkbox"/> U-PHC
<b>Whether the facility has been converted to HWC</b>		<input type="checkbox"/> Yes/ <input type="checkbox"/> No
<b>Standalone/ Co-located</b>		<input type="checkbox"/> Standalone/ <input type="checkbox"/> Co-located Co-located with (if applicable):
<b>Accessible from nearest road head</b>		<input type="checkbox"/> Yes/ <input type="checkbox"/> No
<b>Date of Visit</b>		
<b>Next Referral Point</b>		Facility: Distance:
<b>Indicator</b>	<b>Remarks/ Observation</b>	
1. OPD Timing		
<ul style="list-style-type: none"> <li>For U-PHC, check if evening/morning OPD/Clinics being conducted</li> </ul>	<input type="checkbox"/> Yes/ <input type="checkbox"/> No	
2. Whether the facility is functioning in PPP mode	<input type="checkbox"/> Yes/ <input type="checkbox"/> No	
3. Condition of infrastructure/ building	Comments:	
Please comment on the condition and tick the appropriate box	<input type="checkbox"/> 24*7 running water facility <input type="checkbox"/> Facility is geriatric and disability friendly (Ramps etc.) <input type="checkbox"/> Clean functional toilets available (separate for Male and female) <input type="checkbox"/> Drinking water facility available <input type="checkbox"/> OPD waiting area has sufficient sitting arrangement <input type="checkbox"/> ASHA rest room is available <input type="checkbox"/> Drug storeroom with rack is available <input type="checkbox"/> Power backup <input type="checkbox"/> Branding	
4. Number of functional in-patient beds		
5. List of Services available		
6. If 24*7 delivery services available	<input type="checkbox"/> Yes/ <input type="checkbox"/> No	
7. Tele-medicine/Consultation services available	<input type="checkbox"/> Yes/ <input type="checkbox"/> No	
	If yes, average case per day _____	
8. Biomedical waste management practices	Sharp pit: Deep Burial pit: Other System, if any:	

9. Details of HR available in the facility (Sanctioned and In-place)	<b>HR</b>	<b>San.</b>	<b>Reg.</b>	<b>Cont.</b>
	MO (MBBS)			
	MO (AYUSH)			
	SNs/ GNMs			
	ANM			
	LTs			
	Pharmacist			
	Public Health Manager (NUHM)			
	LHV/PHN			
	Others			
10. IT Services	<ul style="list-style-type: none"> <li>• Desktop/ Laptop available: <input type="checkbox"/>Yes/ <input type="checkbox"/>No</li> <li>• All ANMs have functional Tablets: <input type="checkbox"/>Yes/ <input type="checkbox"/>No</li> <li>• Smart phones given to all ASHAs: <input type="checkbox"/>Yes/ <input type="checkbox"/>No</li> <li>• Internet connectivity: <input type="checkbox"/>Yes/ <input type="checkbox"/>No</li> </ul> Quality/strength of internet connection: _____			
11. Kayakalp	Initiated: _____ Facility _____ score: _____ Award received: _____			
12. NQAS	Assessment done: _____ Internal/State Facility score: _____ Certification Status: _____			
13. Availability of list of essential medicines (EML)/ drugs (EDL)	<input type="checkbox"/> Yes/ <input type="checkbox"/> No			
	If yes, total number of drugs in EDL _____			
	EDL displayed in OPD Area: <input type="checkbox"/> Yes/ <input type="checkbox"/> No			
	No. of drugs available on the day of visit (out of the EDL) _____			
14. Implementation of DVDMS or similar supply chain management system	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If other, which one _____			
15. Shortage of 5 priority drugs from EDL in last 30 days, if any	1			
	2			
	3			
	4			
	5			
16. Drugs Available for Hypertension & Diabetic patients:	1			
	2			
	3			
17. Shortage of sufficient number of Hypertension & Diabetic in last 7 days	1			
	2			
	3			
18. Availability of Essential Consumables:	<input type="checkbox"/> Sufficient <input type="checkbox"/> Minimal <input type="checkbox"/> Acute shortage			Supply Shortage
	In last 6 months how many times there was shortage _____ (Also list the consumables for which there was shortage)			

19. Availability of essential diagnostics	<input type="checkbox"/> In-house <input type="checkbox"/> Outsourced/ <input type="checkbox"/> Both/ Mixed	PPP
<ul style="list-style-type: none"> <li>In-house tests <b>For 2020-21</b></li> </ul>	Timing: Total number of tests performed: _____ Details of tests performed:	
<ul style="list-style-type: none"> <li>Outsourced/ PPP <b>For 2020-21</b></li> </ul>	Timing: Total number of tests performed: _____ Details of tests performed:	
20. X-ray services is available	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If Yes, type & nos. of functional X-ray machine is available in the hospital:  Is the X-ray machine AERB certified: <input type="checkbox"/> Yes/ <input type="checkbox"/> No	
21. Whether diagnostic services (lab, X-ray etc.) are free for all	<input type="checkbox"/> Free for BPL <input type="checkbox"/> Free for elderly <input type="checkbox"/> Free for JSSK beneficiaries <input type="checkbox"/> Free for all	
22. Availability of Testing kits/ Rapid Diagnostic Kits	<input type="checkbox"/> Sufficient <input type="checkbox"/> Minimal <input type="checkbox"/> Acute shortage	Supply Shortage
23. If there is any shortage of major instruments/ equipment	List of Equipment	
24. Average downtime of equipment. Details of equipment are nonfunctional for more than 7 days		
25. Availability of delivery services	<input type="checkbox"/> Yes/ <input type="checkbox"/> No	
<ul style="list-style-type: none"> <li>If yes, details</li> </ul>	Comment on condition of labour room:  Functional New-born care corner (functional radiant warmer with neo-natal ambu bag): <input type="checkbox"/> Yes/ <input type="checkbox"/> No	
26. Status of JSY payments	Payment is up to date: <input type="checkbox"/> Yes/ <input type="checkbox"/> No Average delay: Payment done till: Reasons for delay:	
27. Availability of JSSK entitlements	<input type="checkbox"/> Yes/ <input type="checkbox"/> No  If yes, whether all entitlements being provided <input type="checkbox"/> Free delivery services (Normal delivery/ C-section) <input type="checkbox"/> Free diet <input type="checkbox"/> Free drugs and consumables	

	<input type="checkbox"/> Free diagnostics <input type="checkbox"/> Free blood services <input type="checkbox"/> Free referral transport (home to facility) <input type="checkbox"/> Free referral transport (drop back from facility to home) <input type="checkbox"/> No user charges	
28. Line listing of high-risk pregnancies	<input type="checkbox"/> Yes/ <input type="checkbox"/> No	
29. Number of normal deliveries in last three months		
30. Availability of Daksh/Dakshta trained/SBA trained MO/SN/ANM in Labour Room	<input type="checkbox"/> Yes <input type="checkbox"/> No	
31. Practice related to Respectful Maternity Care		
32. Number of Maternal Death reported in the facility	Previous year:2019-2020 Current FY:2020-2021	
33. Number of Child Death reported in the facility	Previous year: Current year:	
34. Availability of vaccines and hub cutter	<input type="checkbox"/> Yes/ <input type="checkbox"/> No Nurses/ ANM aware about open vial policy: <input type="checkbox"/> Yes/ <input type="checkbox"/> No	
35. Number of newborns immunized with birth dose at the facility in last 3 months		
36. Newborns breastfed within one hour of birth (observe if practiced and women are being counselled)		
37. Number of sterilizations performed in last one month	Male Female	
38. Availability of trained provider for IUCD/PPIUCD	<input type="checkbox"/> Yes/ <input type="checkbox"/> No	
39. Who counsels on FP services?		
40. Please comment on utilization of other FP services		
41. FPLMIS has been implemented	<input type="checkbox"/> Yes/ <input type="checkbox"/> No	
42. Availability of functional Adolescent Friendly Health Clinic	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, who provides counselling to adolescents: _____ Separate male and female counselors available: <input type="checkbox"/> Yes/ <input type="checkbox"/> No	
43. Whether facility has fixed day NCD clinic	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If Yes, how many days in a week: _____ days	
44. Are service providers trained in cancer services?	<input type="checkbox"/> Yes/ <input type="checkbox"/> No	
	<b>Screened</b>	<b>Confirmed</b>

45. Number of individuals screened for the following in last 6 months:	a. Hypertension		
	b. Diabetes		
	c. Oral Cancer		
	d. Breast Cancer		
	e. Cervical Cancer		
46. Whether wellness activities are performed	<input type="checkbox"/> Yes/ <input type="checkbox"/> No Frequency:		
47. Whether reporting weekly data in P and L form under IDSP	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
48. Distribution of Long lasting Insecticidal nets (LLIN) in high-risk areas	No. of LLIN distributed per household: <input type="checkbox"/> 1 per family/ <input type="checkbox"/> Others (Specify): _____		
49. Status of TB elimination programme	Facility is designated as Designated Microscopy Centre (DMC): <input type="checkbox"/> Yes/ <input type="checkbox"/> No		
	If yes, percent of OPD whose samples were tested for TB (microscopy) in last 6 month (average) _____		
	If anti-TB drugs available at the facility: <input type="checkbox"/> Yes/ <input type="checkbox"/> No		
	If yes, are there any patients currently taking anti-TB drugs from the facility: <input type="checkbox"/> Yes/ <input type="checkbox"/> No		
	Percent of patients tested through CBNAAT/TruNat for Drug resistance in the last 6 months _____		
	Is there a sample transport mechanism in place for: <ul style="list-style-type: none"> <li>• investigations within public sector for TB testing? <input type="checkbox"/>Yes/ <input type="checkbox"/>No</li> <li>• investigations within public sector for other tests? <input type="checkbox"/>Yes/ <input type="checkbox"/>No</li> <li>• outsourced testing? <input type="checkbox"/>Yes/ <input type="checkbox"/>No</li> </ul>		
	Are all TB patients tested for HIV? <input type="checkbox"/> Yes/ <input type="checkbox"/> No Are all TB patients tested for Diabetes Mellitus: <input type="checkbox"/> Yes/ <input type="checkbox"/> No		
	Percent of TB Patients for whom DBT installments have been initiated under Nikshay Poshan Yojana in the last 6 months:		
50. Status on Leprosy eradication programme	Nos. of new case detected by Field Worker in last 12 months: Out of those, how many are having Gr. II deformity: Frequency of Community Surveillance:		
51. Maintenance of records on	<ul style="list-style-type: none"> <li>• TB Treatment Card cases (both for drug sensitive and drug resistant cases): <input type="checkbox"/>Yes/ <input type="checkbox"/>No</li> <li>• TB Notification Registers: <input type="checkbox"/>Yes/ <input type="checkbox"/>No</li> <li>• Malaria cases: <input type="checkbox"/>Yes/ <input type="checkbox"/>No</li> <li>• Palliative cases: <input type="checkbox"/>Yes/ <input type="checkbox"/>No</li> <li>• Cases related to Dengue and Chikungunya: <input type="checkbox"/>Yes/ <input type="checkbox"/>No</li> <li>• Leprosy cases: <input type="checkbox"/>Yes/ <input type="checkbox"/>No</li> </ul>		
52. How much fund was received and utilized by the facility under NHM?	Fund Received last year: Fund utilized last year:		
	Items/ Activities whose expenditure is met out of the RKS/ Untied Fund regularly:		
	Reasons for underutilization of fund (if any)		
53. Status of data entry in (match with physical records)	HMIS: <input type="checkbox"/> Updated/ <input type="checkbox"/> Not updated MCTS: <input type="checkbox"/> Updated/ <input type="checkbox"/> Not updated IHIP: <input type="checkbox"/> Updated/ <input type="checkbox"/> Not updated HWC Portal: <input type="checkbox"/> Updated/ <input type="checkbox"/> Not updated		

	Nikshay Portal: <input type="checkbox"/> Updated/ <input type="checkbox"/> Not updated
54. Frequency of RKS meeting (check and obtain minutes of last meeting held)	
55. Availability of ambulance services in the area	<input type="checkbox"/> PHC own ambulance available Number_____
	<input type="checkbox"/> PHC has contracted out ambulance services Number_____
	<input type="checkbox"/> Ambulances services with Centralized call centre <input type="checkbox"/> Government ambulance services are not available Comment (if any):
<ul style="list-style-type: none"> <li>How many cases from sub centre were referred to this PHC last month?</li> </ul>	Number: Types of cases referred in:
<ul style="list-style-type: none"> <li>How many cases from the PHC were referred to the CHC last month?</li> </ul>	Number: Types of cases referred out:
<b>56. Key challenges in the facility and the root causes</b>	
<b>Challenge</b>	<b>Root causes</b>
a)	
b)	
c)	
d)	
e)	
<b>Only for U-PHC</b>	
57. Population enumeration initiated for slum population	<input type="checkbox"/> Not yet initiated <input type="checkbox"/> Initiated <input type="checkbox"/> Completed
58. Number of CBAC forms filled (NUHM)	
59. Is Specialist services provided at U-PHC?	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
	If yes, specialist services are provided through: <input type="checkbox"/> Teleconsultation/ <input type="checkbox"/> Clinic Schedule: <input type="checkbox"/> Fixed/ <input type="checkbox"/> Rotational Type of specialist services available: <input type="checkbox"/> OBGY, <input type="checkbox"/> Pediatrics, <input type="checkbox"/> Medicine, <input type="checkbox"/> Dermatology, <input type="checkbox"/> Ophthalmology, Others_____
60. UHNDs Conducted:	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, no. of UHND conducted per month_____

61. Special Outreach camps  
conducted:

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

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

Indicator	Remarks/ Observation																								
1. List of Services available																									
2. Condition of infrastructure/ building  Please comment on the condition and tick the appropriate box	Comments:  <input type="checkbox"/> 24*7 running water facility <input type="checkbox"/> Facility is geriatric and disability friendly <input type="checkbox"/> Clean functional toilets available (separate for Male and female) <input type="checkbox"/> Drinking water facility available <input type="checkbox"/> OPD waiting area has sufficient sitting arrangement <input type="checkbox"/> ASHA rest room is available <input type="checkbox"/> Drug storeroom with rack is available <input type="checkbox"/> Branding <input type="checkbox"/> Specified area for Yoga / welfare activities <input type="checkbox"/> Power backup																								
3. Biomedical waste management practices																									
4. Details of HR available in the facility (Sanctioned and In-place)	<table 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			
HR	San.	Reg.	Cont.																						
ANM/ MPW Female																									
MPW Male																									
MLHP/ CHO																									
ASHA																									
Others																									

Indicator	Remarks/ Observation										
5. IT Services	<ul style="list-style-type: none"> <li>• Functional Tablet/ laptop with CHO: <input type="checkbox"/>Yes/ <input type="checkbox"/>No</li> <li>• Electronic Tablets with MPWs (ANM): <input type="checkbox"/>Yes/ <input type="checkbox"/>No</li> <li>• Smart phones given to all ASHAs: <input type="checkbox"/>Yes/ <input type="checkbox"/>No</li> <li>• Internet connectivity: <input type="checkbox"/>Yes/ <input type="checkbox"/>No</li> </ul> Quality/strength of internet connection: _____										
6. Availability of list of essential medicines (EML)/ drugs (EDL)	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, total number of drugs in EDL_____  EDL displayed in OPD Area: <input type="checkbox"/> Yes/ <input type="checkbox"/> No No. of drugs available on the day of visit (out of the EDL) _____										
7. Are anti-TB drugs available at the SHC?	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, are there any patients currently taking anti-TB drugs from the SHC? <input type="checkbox"/> Yes/ <input type="checkbox"/> No										
8. Shortage of 5 priority drugs from EDL in last 30 days, if any	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50px; text-align: center;">1</td><td style="width: 300px;"></td></tr> <tr><td style="text-align: center;">2</td><td></td></tr> <tr><td style="text-align: center;">3</td><td></td></tr> <tr><td style="text-align: center;">4</td><td></td></tr> <tr><td style="text-align: center;">5</td><td></td></tr> </table>	1		2		3		4		5	
1											
2											
3											
4											
5											
9. Drugs Available for Hypertension & Diabetic patients:	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50px; text-align: center;">1</td><td style="width: 300px;"></td></tr> <tr><td style="text-align: center;">2</td><td></td></tr> <tr><td style="text-align: center;">3</td><td></td></tr> </table>	1		2		3					
1											
2											
3											
10. Shortage of sufficient number of Hypertension & Diabetic in last 7 days	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50px; text-align: center;">1</td><td style="width: 300px;"></td></tr> <tr><td style="text-align: center;">2</td><td></td></tr> <tr><td style="text-align: center;">3</td><td></td></tr> </table>	1		2		3					
1											
2											
3											
11. Are CHOs dispensing medicines for hypertension and diabetes at SHC-HWC	<input type="checkbox"/> Yes/ <input type="checkbox"/> No										
12. Availability of Testing kits/ Rapid Diagnostic Kits	<input type="checkbox"/> Sufficient <span style="float: right;">Supply</span> <input type="checkbox"/> Minimal <span style="float: right;">Shortage</span> <input type="checkbox"/> Acute shortage List of Kits (Shortage)_____										
13. Availability of:	<ul style="list-style-type: none"> <li>• BP instrument: <input type="checkbox"/>Yes/ <input type="checkbox"/>No. If yes, Type: _____</li> <li>• Thermometer: <input type="checkbox"/>Yes/ <input type="checkbox"/>No</li> <li>• Contraceptives: <input type="checkbox"/>Yes/ <input type="checkbox"/>No. If yes, Type: _____</li> <li>• Glucometer: <input type="checkbox"/>Yes/ <input type="checkbox"/>No</li> </ul>										
14. Line listing of all Pregnant women in the area	<input type="checkbox"/> Yes/ <input type="checkbox"/> No <ul style="list-style-type: none"> <li>• High risk women identified: <input type="checkbox"/>Yes/ <input type="checkbox"/>No</li> <li>• MCP cards duly filled: <input type="checkbox"/>Yes/ <input type="checkbox"/>No</li> </ul>										
15. Number of Maternal Death Review conducted	Previous year: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	<input type="checkbox"/> Yes/ <input type="checkbox"/> No  <ul style="list-style-type: none"> <li>• Awareness of ANM on vaccine schedule: <input type="checkbox"/>Yes/ <input type="checkbox"/>No</li> <li>• Awareness about open vial policy: <input type="checkbox"/>Yes/ <input type="checkbox"/>No</li> </ul>		
18. Availability of micro-plan for immunization	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
19. Follow up of:	SNCU discharge babies: <input type="checkbox"/> Yes/ <input type="checkbox"/> No LBW babies: <input type="checkbox"/> Yes/ <input type="checkbox"/> No		
20. Line listing of all eligible couple in the area	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
21. Availability of trained provider for IUCD/ PPIUCD	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
22. Please comment on utilization of other FP services			
23. Number of individuals above 30 years of age in the HWC population			
24. Number of CBAC forms filled in last 6 months			
25. Report for number of individuals for whom CBAC form has been filled in last six months.	Score with below 4: 4 and above score:		
26. Whether universal screening of NCD has started	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
27. Number of individuals screened for the following in last 6 months:	<b>Screened</b> <b>Confirmed</b>		
	a. Hypertension		
	b. Diabetes		
	c. Oral Cancer		
	d. Breast Cancer		
28. Number of individuals who had initiated treatment for HTN, DM and others during last six months	Advised for Lifestyle management: Medicines for Hypertension: Medicines for Diabetes: Medicines for Others:		
29. Source of getting drugs/ medications for individual.  Number of individuals taking medication for HTN and DM during last six months from which source  Taking medication for HTN/DM	From SC-HWC: From Linked PHC: From other govt. facilities: (Specify) From pvt. Chemist shop:  (Average OOP/month)		
30. Status of use of:	<ul style="list-style-type: none"> <li>• Tele-consultation services</li> <li>• HWC App</li> </ul> Details:		

Indicator	Remarks/ Observation		
31. Whether wellness activities are performed	<input type="checkbox"/> Yes/ <input type="checkbox"/> No Frequency:		
32. Whether reporting weekly data in S form under IDSP	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
33. Status of Tuberculosis in the area:	<b>Indicators</b>	<b>2019-20</b>	<b>2020-21</b>
	Number of presumptive TB patients identified:		
	Number of presumptive TB patients referred for testing		
	Number of TB patients diagnosed out of the presumptive patients referred		
	Number of TB patients taking treatment under the Sub centre area		
34. ASHA Interaction			
<ul style="list-style-type: none"> <li>Status of availability of Functional HBNC Kits (weighing scale/ digital thermometer/ blanket or warm bag)</li> </ul>			
<ul style="list-style-type: none"> <li>Status of availability of Drug Kits (Check for PCM/ Amoxicillin/ IFA/ ORS/ Zinc/ IFA Syrup/ Cotrimoxazole)</li> </ul>			
<ul style="list-style-type: none"> <li>ASHA Incentives: Any Time lag /Delay in Payment after submission of voucher. <ul style="list-style-type: none"> <li>Average delay</li> </ul> </li> </ul>			
<ul style="list-style-type: none"> <li>ASHA is aware about provision of incentives under NTEP (Informant Incentives, Treatment Supporter Incentives) and Nikshay Poshan Yojana (₹500 per month incentive to the TB patient for the duration of treatment)</li> </ul>			
35. Number of Village Health & Sanitation days conducted in last 6 months			
36. Incentives:	<ul style="list-style-type: none"> <li>Performance Incentives is disbursed to CHOs on monthly basis: <input type="checkbox"/>Yes/ <input type="checkbox"/>No</li> <li>Team-based incentive being disbursed for all HWC staffs: <input type="checkbox"/>Yes/ <input type="checkbox"/>No</li> </ul>		
37. Frequency of VHSNC/ MAS meeting (check and obtain minutes of last meeting held)			
38. Whether CHOs and HWC staffs are involved in VHSNC/ MAS meeting	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
39. Maintenance of records on	<ul style="list-style-type: none"> <li>TB cases: <input type="checkbox"/>drug sensitive/ <input type="checkbox"/>drug resistant cases/ <input type="checkbox"/>both</li> <li>Malaria cases: <input type="checkbox"/>Yes/ <input type="checkbox"/>No</li> <li>Palliative cases: <input type="checkbox"/>Yes/ <input type="checkbox"/>No</li> </ul>		

Indicator	Remarks/ Observation
	<ul style="list-style-type: none"> <li>• Cases related to Dengue and Chikungunya: <input type="checkbox"/>Yes/ <input type="checkbox"/>No</li> <li>• Leprosy cases: <input type="checkbox"/>Yes/ <input type="checkbox"/>No</li> </ul>
40. How much fund was received and utilized by the facility under NHM?	Fund Received last year: Fund utilized last year:
	Items/ Activities whose expenditure is met out of the RKS/ Untied Fund regularly:
	Reasons for underutilization of fund (if any)
41. Availability of ambulance services in the area	
<ul style="list-style-type: none"> <li>• How many cases from the Sub Centre were referred to PHC in last month?</li> </ul>	Number:  Types of cases referred out:
<b>42. Key challenges in the facility and the root causes</b>	
<b>Challenge</b>	<b>Root causes</b>
a)	
b)	
c)	
d)	
e)	