



Ministry of Health & Family Welfare
Government of India



REPORT

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

NEW DELHI DISTRICT



Submitted by

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

- Dr. William Joe and Dr. Saroj Kumar

ACRONYMS AND ABBREVIATIONS

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

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

EXECUTIVE SUMMARY

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

The report is prepared on the basis of visits to the following public health facilities in New Delhi: Dr. Ram Manohar Lohia Hospital, Maternity Home, Munirka, Delhi Cantonment General Hospital, Sadar Bazaar, Maternal & Child Welfare Nangal Raya and Delhi Government Dispensary, Mahipalpur. Meetings were held with the Chief District Medical Officer (CDMO) and the NHM Nodal Officials (ACDMO, RCH Nodal Officer and Surveillance Officer). Interactions were also held with the Medical Officer-in-Charge (MOIC) of the selected facilities, health care providers (ANM, ASHAs etc.) to understand the strengths and weakness of the facilities in service provisioning. Health Management Information System (HMIS) data was verified for the District Hospital Ranking data validation purposes.

Key findings

- ❖ New Delhi district conducts Test, Treat and Talk (T3 camps) for detection of anemia in schools and colleges under the Anemia Mukht Bharat programme.
- ❖ A total of 31 health facilities are providing abortion care under the Comprehensive Abortion Care (CAC) services in the district. Of these, 22 health facilities provide 1st trimester (up to 12 weeks) MTP, and nine facilities provide for both 1st & 2nd trimester (up to 20 weeks) MTP services.
- ❖ DOTS program is functional in the district and both MDR and non-MDR cases treated. CBNAAT was functioning at district hospital. All TB patients are being tested for Diabetes and HIV co-morbidity.
- ❖ DGD Mahipalpur is a Designated Microscopy Centre (DMC). About 224 TB patients from the facility are on DOTS treatment but the patients have not received incentive under the Nikshay Poshan Yojana for several months.
- ❖ COTPA (The Cigarettes and Other Tobacco Products Act, 2003) provision are enforced and district have been set up two enforcement squad/team to monitor compliance of COTPA. A total of four visits conducted by enforcement squad and 35 challans issued on violation of ban on smoking in public places and amount collected as fine of Rs. 8000 in FY 2021-22.
- ❖ Universal screening of common NCDs has not been rolled out in the state and CBAC forms are not being filled by ASHAs.

- ❖ At MCW Nangal Raya there is separate queue for elderly in the OPD and at dispensing counters to reduce inconvenience in care seeking. Also, fixed day clinic for senior citizen once in a week is available at MCW Nangal Raya.
- ❖ IDMS system used by MCD facility for drugs or supply chain management was not working since last two years and all the information maintained in five separate registers by Maternity Home Munirka.
- ❖ Intensified Diarrhoea Control Fortnight (IDCF) programme was implemented from 13th June to 27th June 2022 in the district to attain the zero child deaths due to childhood diarrhoea.
- ❖ Under the IDCF programme, ORS and Zinc corners was established at various health facilities, distributed Zinc tablets in the community through ASHAs and enhance advocacy and communication on prevention of diarrhoea among the children under five years through IEC campaign.
- ❖ Poor reporting of service data on HMIS portal is noted because of weak coordination of the CDMO Office and nodal officials with health facilities administered by autonomous agencies such as CGHS facilities or Delhi Cantonment Board.
- ❖ Kayakalp programme is implemented in the district. In 2021-22, there are 20 facilities in New Delhi who have been assessed under Kayakalp. Of these, 10 facilities scored above 70% and qualified for Kayakalp external assessment.
- ❖ MCW Centre Nangal Raya received 1st position under Kayakalp in New Delhi district for the year 2019-20 in recognition of efforts toward excellence in promoting cleanliness and infection control at the facility.
- ❖ MCW Nangal Raya is the only facility from the district that has qualified for state assessment under Kayakalp for the year 2021-22.
- ❖ Menstrual Hygiene Scheme which is known as 'UDAAN' in Delhi and is implemented since 2019 for out of school adolescent girls to promote menstrual hygiene practice. Under the scheme a package of 10 sanitary napkins per month provided free of cost to all out of school adolescent girls through the ASHAs.
- ❖ The facility has not implemented an IDMS system for drugs or supply chain management last two years and all the information maintained in five separate register by pharmacist. This portal is being used by MCD based facility.
- ❖ District Hospital (Dr. RML Hospital) is provided in-house facility of Dialysis services. A total of 10,403 patients are provided dialysis services in FY 2021-22.
- ❖ Dr. Ram Manohar Lohia Hospital has a fully functional facility for delivery care and they can further increase the case load through referrals from other facilities in the district.

Recommendations

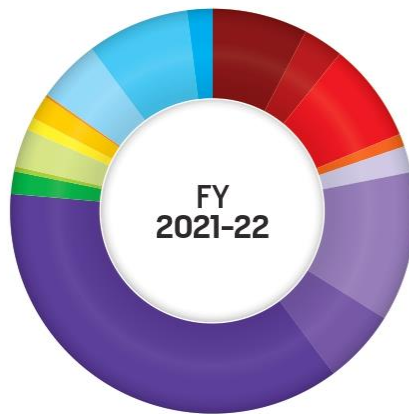
- ❖ **Training and Sensitizing Medical Officers for NQAS:** The Medical Officers from various facilities should be sensitized by state and district officials regarding the processes and requirements under NQAS program to participate in LaQshya or Kayakalp assessments.
- ❖ **Schedule regular visits of NHM nodal officials to facilities operated by autonomous organizations:** The CDMO office should motivate routine visit of senior nodal officials to the health facilities operated by autonomous organizations such as the MCD, CGHS or DCB. This can improve NHM support to such organizations and also help in information exchange regarding the programmes and timely data reporting for program reviews.
- ❖ **Consider Dr. RML Hospital for more referrals for delivery care:** Dr. RML Hospital is equipped with human resources and infrastructure for delivery care services. Nearby facilities of the district can send more referrals to Dr. RML Hospital.
- ❖ **Provide NHM staff to Dr. RML Hospital for counselling services:** The CGHS hospital does not have any NHM supported staff for counselling services such as family planning, adolescent health, maternal nutrition or diet and care for NCDs. Given the patient load at the facility, the counselling services can be strengthened through NHM programs.
- ❖ **Allow HMIS data entry for 7 digit figures for lab tests:** It is noticed that Dr. RML hospital conducted more than 10 lakhs lab tests in a month. The HMIS portal does not accept more than six-digit number consequently the reporting for the facility shows zero. This 7-digit feature should be incorporated in HMIS for such indicators or for selected facilities.
- ❖ **Use of common MCP card for all facilities:** Different autonomous organizations have their own MCP Cards. The autonomous organizations can be motivated to use a common format for MCP card for documentation of service statistics for the beneficiaries.
- ❖ **Providing health services free of charge at DCB facilities:** The DCB charges a nominal registration fee and other user charges as per drugs and diagnostics prescriptions. The delivery care services should be provided for free to all by utilizing JSSK funds from NHM.
- ❖ **Complete the disbursement of incentives to beneficiaries:** The incentive disbursement to all the beneficiaries such as under Nischay or JSY was affected because of account transfer process of the facilities. However, this process should be completed for disbursal of pending dues and smoothening incentive disbursements under various programs.
- ❖ **NHM District Program Managers for Autonomous Organizations:** The District should appoint different program managers for the autonomous organizations, particularly for MCD and CGHS facilities for planning and coordination of NHM activities.
- ❖ **One additional data entry operator for Dr. RML Hospital:** With huge patient load and services being offered, the compilation of data from Dr. RML Hospital is delayed. Provision of additional data entry operator to Dr RML Hospital can be considered.



NHM-PIP MONITORING NEW DELHI DISTRICT HIGHLIGHTS



Budget Share in Total Approval, NCT of Delhi



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

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

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

Key MCH Indicators, New Delhi



91.8%
Institutional Births



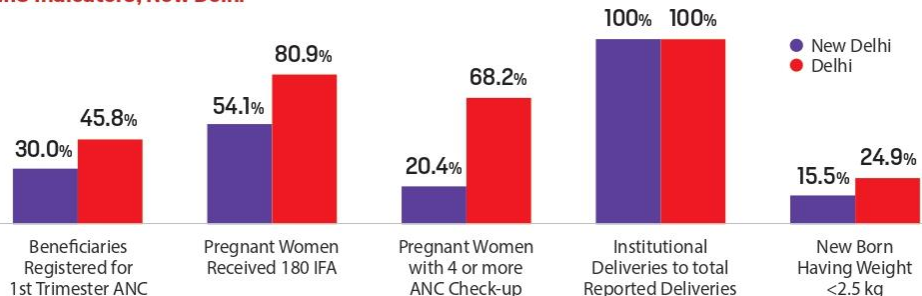
87.5%
Full Immunization Coverage



80.1%
Mother who had Four ANC Visits

Source: NFHS 2019-21

Key HMIS Indicators, New Delhi



The New Delhi district has to improve coverage of IFA supplementation among pregnant women. ANC 4 or more check-up is very low among pregnant women as compared to state and it needs greater focus on strengthening antenatal care (ANC) and nutrition.

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

District Hospital

📍 Dr. Ram Manohar Lohia Hospital, New Delhi

The hospital serves more than 1 lakh OPD patients every day. However, the hospital can further expand the delivery care services through improved referrals. A total of 146 normal deliveries and 73 C-section births have been conducted in May 2022. The hospital is yet to initiate LaQshya and Kayakalp programmes. The hospital may be encouraged for NQAS participation. Diagnostic services such as X-ray and CT scan was available in-house services. Some of the test is provided on a payment basis to the patient.

Maternity Homes and Delhi Cantonment General Hospital

📍 Munirka and Sadar Bazar

Capacity building of Medical Officer in-charge of facility is required for improving understanding of program finances such as untied fund and maintenance grant for the facility. Health staff has limited knowledge and information on Kayakalp, LaQshya, and NQAS scheme. The facility has not implemented an IDMS system for drugs or supply chain management last two years and all the information maintained in registers. The Cantonment General Hospital has user fees for general patients but the services are free for those who have BPL card.

Primary Health Centres

📍 Maternity and Child Welfare Centre, Nangal Raya

The centre provides basic services like ANC check-up, screening of diabetes and hypertension, counselling of FP and adolescent child. The Centre received a Certificate of Appreciation for the second highest IUCD insertion during the year 2018-19. The x-ray and diagnostic services are referred to the nearby MCD polyclinic in the area and also to Aam Aadmi Mohalla Clinic (AAMC), Old Nangal Raya.

Sub-Centre

📍 DGD Mahipalpur

The facility building is low lying with risk of water-logging during rains and it also has severe space constraints. No proper ventilation channels are made. There was no proper waiting area available for the patients. General OPD, ANC services, Lab test, FP, Leprosy and DOTS services are provided. Kayakalp programme is initiated by the facility and received 64.2% score. Facility completed internal assessment of NQAS programme with 61% score during 2021-22.

Recommendations

- **Training and Sensitizing Medical Officers for NQAS:** The Medical Officers from various facilities should be sensitized by state and district officials regarding the processes and requirements under NQAS program to participate in LaQshya or Kayakalp assessments.
- **Schedule regular visits of NHM nodal officials to facilities operated by autonomous organizations:** The CDMO office should motivate routine visit of nodal officials to facilities of autonomous organizations such as the MCD, CGHS or DCB. This can improve information exchange and promote regular data reporting for program reviews.
- **Consider Dr. RML Hospital for more referrals for delivery care:** Dr. RML Hospital is equipped with human resources and infrastructure for delivery care services. Nearby facilities of the district can send more referrals to Dr. RML Hospital.
- **Provide NHM staff to Dr. RML Hospital for counselling services:** The CGHS hospital does not have any NHM staff for counselling services such as family planning, adolescent health, maternal nutrition or diet and care for NCDs. Given the patient load, the counselling services can be strengthened.
- **NHM District Program Managers for Autonomous Organizations:** The District should appoint different program managers for the autonomous organizations, particularly for MCD and CGHS facilities for planning and coordination of NHM activities.

CHAPTER 1. INTRODUCTION

1.1. Background and objectives

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

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

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

The specific objectives of the study are as follows.

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

The report is prepared on the basis of field – based observations and visits to the following public health facilities in New Delhi: Dr. Ram Manohar Lohia Hospital, MCD Maternity Home Munirka, Delhi Cantonment General Hospital Sadar Bazar, M & CW Nangal Raya and DGD Mahipalpur. Structured checklist was used to collect information on human resources, infrastructure, funds utilization, training, health care services including drugs and equipment's, family planning, disease control programmes and other programmes under the umbrella of NHM including the National Urban Health Mission (NUMH) activities.

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

Table 1.1. List of institutions and facilities visited, New Delhi District

Institution and facilities	Contact Person
Chief District Medical Officer	Dr. Parveen Bala
Additional CDMO	Dr. Neeta Singla
Director & Medical Superintendent, Dr. RML Hospital, New Delhi	Dr. B. L. Sherwal
RCH Nodal Officer	Dr. Vartika
District Surveillance Officer	Dr. Archana
District Quality Coordinator	Dr. Swati
Medical Officer In-Charge, Maternity Home, Munirka	Dr. Savarna
Medical Superintendent, Delhi Cantonment General Hospital	Dr. Gurdev Singh
Medical-Officer in Charge, M & CW Centre, Nangal Raya	Dr. Nishi Puri
Medical Officer, Delhi Government Dispensary, Mahipalpur	Dr. Jasbir Singh
District Programme Manager	Mr. Ramit Satija
District HMIS Coordinator	Mr. Sandeep
District ASHA Coordinator	Mr. Shahid Ali
District Accounts Manager	Ms. Sudha Kumari

1.2. Demographic profile

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

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

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



Note: Not to scale

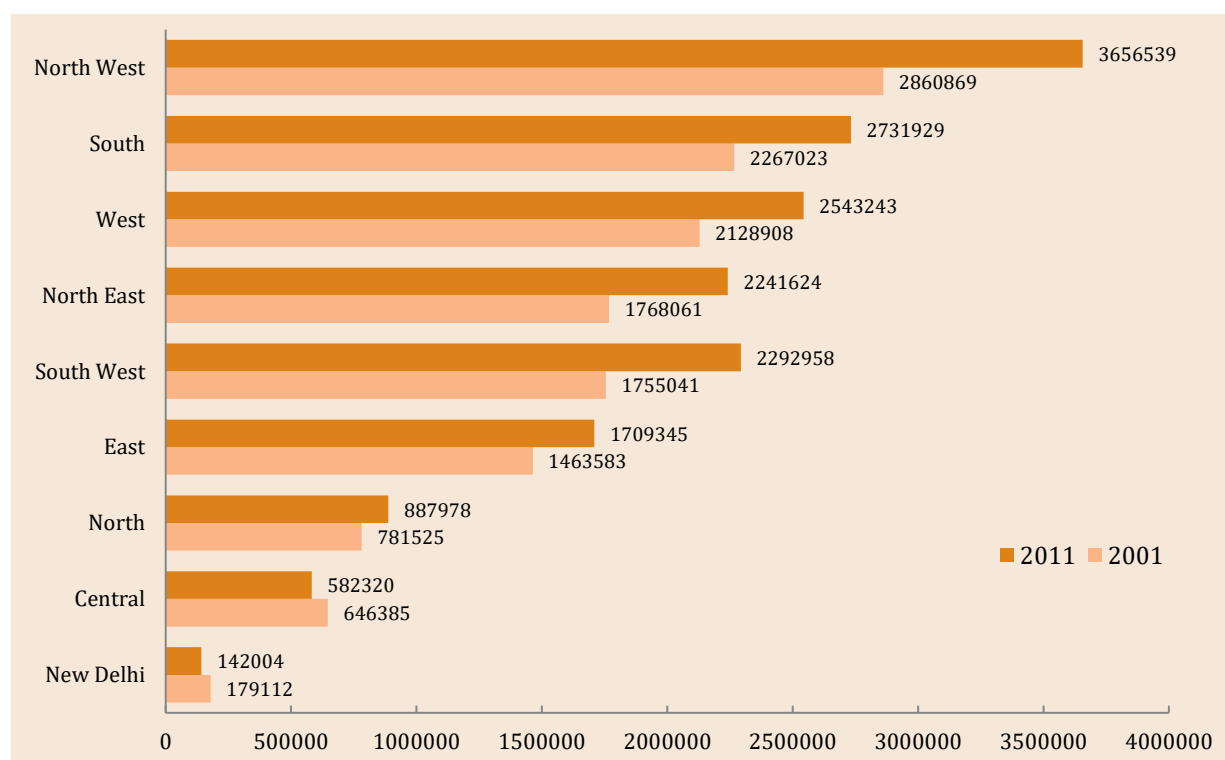
At the time of Census of India 1991, Delhi was a single district territory. In 1996, the Government of NCT Delhi, created nine districts and 27 sub-divisions. The Census of India (2011) provides the following highlights for the district.

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

Indicators	New Delhi	Delhi	India
Actual Population	1,42,004	16,787,941	1,21,05,69,573
Male	77,942	8,987,326	6,231,843
Female	64,062	78,00615	58,74,47,730
Child sex ratio (0-6 year)	894	871	914
Sex ratio	822	868	943
Literacy rate (%)	88.3	86.2	74.0
Male literacy rate (%)	92.2	90.9	80.9
Female literacy rate (%)	83.6	80.8	64.6
Decadal population growth	20.7	21.2	17.7
Density/Km2	4057	11320	382
Area (in sq. Km.)	35	1483	3287240

Source: Census of India 2011, ORGI, GOI

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



Source: Census of India, 2011

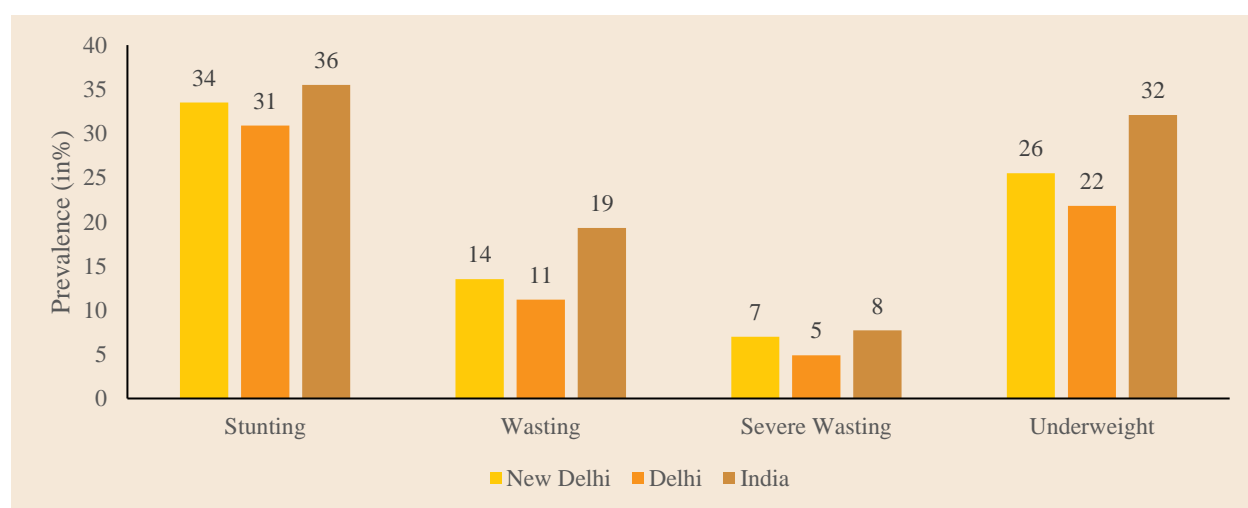
1.3. Maternal and child health and nutrition

As per NFHS 2019-21, in New Delhi 83.2% mothers had antenatal check up in the first trimester and 80.1% had undertaken at least four ANC visits. IFA consumption for 100 days or more was reported at 69.7% during pregnancy and 51.7% mother consumed IFA 180 days or more when they were pregnant. A total of 91.8% births took place in institutional facilities with 63.4% births happening across public health facilities. Of the total births, 92.8% births were assisted by a skilled birth attendant whereas 23.4% births were through caesarean section (public sector 19.1% and private sector 39.8%). About 86.4% mothers received postnatal care from doctor or other skilled health personnel. The average out of pocket expenditure per delivery in public health facility was Rs. 2527.

About 82.2% children aged 12-23 months are fully immunized (BCG, measles, and 3 doses each of polio and DPT). The coverage of 3 doses of polio is 82.2% and the coverage of 3 doses of Hepatitis B vaccine is 87.1%. The district has prevalence of diarrhoea in the last two weeks prior to the survey among children (11.0%). In 2019-21, there was no information available about children received oral rehydration solution and children under age 5 years is received Zinc.

In New Delhi, 12.8% women in the age group 15-49 years have a low body mass index (BMI < 18.5 kg/m²). In addition, 41.8% women are overweight or obese (BMI > 25.0 kg/m²). Anemia is noted as a major concern among women in New Delhi. A total of 56% women age groups 15-49 years are anemic. The anemia prevalence among non-pregnant women is 56.1%. However, no information is available on anemia prevalence among pregnant women in New Delhi. The prevalence of high blood sugar among women is 4% and hypertension (slightly above normal with systolic 140-159 mm of Hg and/or diastolic 90-99 mm of Hg) is 14.8% among those 15 years and above.

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



Source: NFHS 2019-21

In New Delhi, 27.4% children under five years are stunted, 20.7% are underweight and 6.8% are wasted including 2.9% with severe wasting. With a prevalence of 72.9%, anaemia is also a major concern among children. Only 15.6% children aged 6-23 months are estimated to receive an adequate diet as per NFHS 2019-21. The practice of important interventions such as breastfeeding within one hour of birth is 47.6% which is very low and exclusively breastfed estimates is unavailable for children in New Delhi NFHS 2019-21 factsheet.

1.4. Family planning services

As per NFHS-5 (2019-21), in New Delhi, 81.8% women are literate and 57.9% women have 10 or more years of schooling. Further, in New Delhi, 6.6% of women aged 20-24 years were married before the age of 18 years. About 5.2% women age 15-19 years were already mother or pregnant at the time of the survey. The use of any modern method of contraception was 59.9% with female sterilization having 17.8% coverage and 30.8% reported using of condoms. Use of IUD/PPIUD (7.3%) and pills (2.6%) is also low. Male sterilization is negligible at 0.3%. Overall, the total unmet need for family planning was 5.3% including a 1.8% unmet need for spacing.

1.5. HMIS service delivery indicators

In New Delhi, 30% of the ANC registrations occur in the first trimester and 20.4% pregnant women receive four or more ANC check-ups which is lower than the state coverage. The coverage of 180 IFA tablets among pregnant women is 54.1% and is lower than state coverage of 80.9%. More than 50% pregnant women received 360 calcium tablets in the district and state was coverage about 80% pregnant women received 360 calcium during 201-22. The New Delhi district show the 100% births are institutional deliveries with C-section deliveries accounting for 34% of the total institutional births. The HMIS report shows that 53% of the new born are breastfed within the first hour of the birth. About 15.5% of the births care categorized as low birth weight babies (weight below 2.5 kg). The district reported that a total of 71 SAM children were admitted in NRC. Against the admitted children, about 84% of children discharged with target weight gain from NRC in the district. The district reported a total of 52 maternal deaths during 2020-21. The number of infant deaths reported is 245 whereas the number of still births reported is 272. Female sterilization is dominant method of family planning in the district.

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

HMIS indicators 2021-22	New Delhi	Delhi
1. Maternal Health		
% of beneficiaries registered for 1st trimester to total ANC registration	30.0	45.8
% of pregnant women with 4 or more ANC checkups	20.4	68.2
% of pregnant women given 180 IFA to total ANC registrations	54.1	80.9
% Pregnant women given 360 Calcium tablets	52.5	80.2
2. Institutional and Home Deliveries		
% of SBA attended home deliveries to total home deliveries	0.4	0.0
% of institutional deliveries to total reported deliveries	100.0	100.0
% of institutional deliveries to total ANC registrations	41.2	46.4
% of C-Section deliveries to total institutional deliveries	34.0	34.9
% of women received 1st post-partum checkup after delivery	57.8	45.0
3. Newborn and Child Health		
% of newborn weighted to total live birth	98.0	97.3
% of newborn breast fed within 1 hour of birth to total live birth	53.0	67.6
% of newborns having weight less than 2.5 kg to total live birth	15.5	24.9
No of children admitted in NRC	71	550
% of children discharged with target weight gain from NRC	84.5	49.1
Number of children (9-11 months) fully immunized	10172	254760
4. Family Planning		
% of male sterilization to total sterilization	2.1	2.7
% of female sterilization to total sterilization	97.9	97.3
% of IUCD insertion to total institutional deliveries	37.3	35.7
Total Sterilization conducted	1498	11596
5. Mortality Indicators		
Maternal death	52	644
Child (1-5 years) death	169	939
Infant (1-12 months) death	245	2601
Still Birth	272	4088

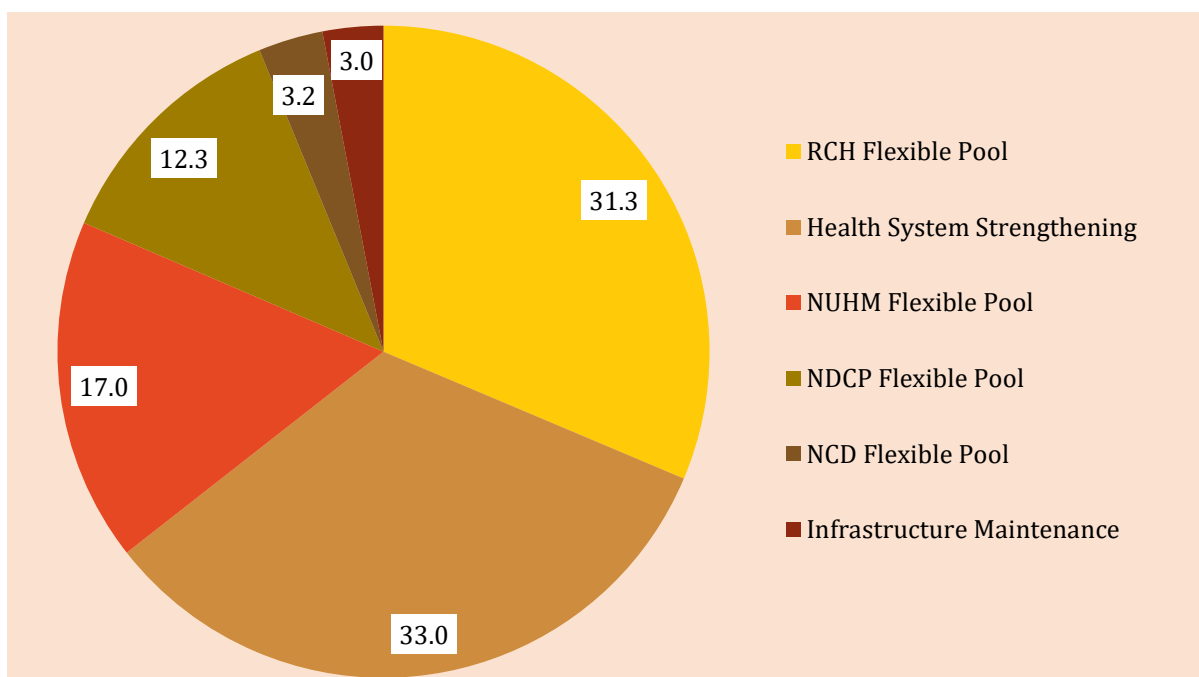
Source: HMIS, 2021-22

CHAPTER 2. NHM BUDGET AND FINANCES

2.1. Record of Proceedings, NHM Delhi

For the financial year (FY) 2021-22, against a resource envelope of Rs. 299.40 Crore (calculated assuming state share of 40%), Delhi received administrative approval for an amount of Rs. 430.60 Crore. The total support from Government of India is Rs. 147.14 Crore whereas the state share of 40% works out to be Rs. 119.76 Crore. The resource envelope for FY 2021-22 consists of union government's support of Rs. 147.14 Crore for flexible pool allocation including cash and kind, Rs.27.04 Crore for incentive pool based on last year's performance and Rs. 5.46 Crore for infrastructure maintenance. The breakup of the total resource envelope shows that Rs. 56.30 Crore is allocated for RCH Flexible Pool (including Routine Immunization (RI), Intensified Pulse Polio Immunization (IPPI), National Iodine Deficiency Disorders Control Programme (NIDDCP), Rs. 59.37 Crore is allocated for Health System Strengthening (HSS) under NHM. Thus, the GOI contribution toward total NRHM-RCH Flexible Pool works out to be Rs. 115.67 Crore. The GOI contribution toward NUHM Flexible Pool, National Disease Control Programme (NDCP) Flexible Pool and Non-Communicable Disease (NCD) Flexible Pool is Rs. 30.61 Crore, Rs. 22.15 Crore and Rs. 5.75 Crore, respectively. Within NDCP Flexible Pool, bulk of the resources is allocated for NTEP activities.

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



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

Table 2.1. Breakup of resource envelope (Rs. in Crore), NHM FY 2021-22, Delhi

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

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

The total amount of Rs. 43060.62 lakhs have been approved against a Rs. 46364.16 lakhs proposed in ROP 2021-22 which is 92.87% of total approved budget to the proposed.

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

FMR		Budget head	Total amount proposed	Total amount approved	share of total approvals	% approved to proposed
1	U.1	Service Delivery - Facility Based	3190.72	3111.85	7.62	97.53
2	U.2	Service Delivery - Community Based	2438.8	1309.81	3.21	53.71
3	U.3	Community Interventions	2754.74	3246.75	7.95	117.86
4	U.4	Untied Fund	418.5	418.5	1.02	100.00
5	U.5	Infrastructure	1361.55	856.55	2.1	62.91
6	U.6	Procurement	5842.85	4886.67	11.97	83.64
7	U.7	Referral Transport	2421.93	2421.93	5.93	100.00
8	U.8	Human Resources	15618.28	14929.39	36.56	95.59
9	U.9	Training and Capacity Building	817.43	735.51	1.8	89.98
10	U.10	Reviews, Research, Surveys and Surveillance	133.21	159.61	0.39	119.82
11	U.11	IEC/BCC	1464.61	1249.03	3.06	85.28
12	U.12	Printing	444.4	414.46	1.01	93.26
13	U.13	Quality Assurance	831.48	786.09	1.93	94.54
14	U.14	Drug Warehousing and Logistics	83.15	83.15	0.2	100.00
15	U.15	PPP	2069	2067	5.06	99.90
16	U.16	Programme Management	4121.87	3324.78	8.14	80.66
17	U.17	IT Initiatives for strengthening Service Delivery	19.2	19.2	0.05	100.00
18	U.18	Innovations (if any)	2332.44	813.34	1.99	34.87
Grand total			46364.16	40833.62	100	92.87
Total amount approved						40833.62
Infrastructure maintenance						546
Immunization kind grants						1681
Grand total approved including MI and Immunization kind grants FY 2021-22						43060.62

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

2.2. District Financial Management Report, New Delhi

For FY 2021-22, the expenditure is categorized into 4 Flexi-pool (RCH+NDCP, NUHM, NHM, and NCD). The four flexi-pool budgets are disaggregated into 18 major budget heads. The overall expenditure under NHM New Delhi is Rs 260.31 lakhs. The bulk of the budget is allocated under RCH + NDCPs flexi-pool at Rs 174.24 lakhs followed by NUHM at Rs 213.77 lakhs. The NCD Flexi-pool shows Rs. 13.66 lakhs expenditure was done in 2021-22.

Table 2.3. Summary of budget expenditure (Rs. in Lakhs), New Delhi 2021-22

FMR code	Budget Heads	RCH+NDCP	NCD	NUHM	NHM
1	Service delivery facility based	39.6	0.0	5.9	39.6
2	Service delivery community based	0.0	0.1	0.0	0.1
3	Community interventions	16.8	0.0	35.2	26.4
4	Untied fund	0.0	0.0	0.0	0.0
5	Infrastructure	34.3	0.0	2.6	37.0
6	Procurement	9.3	0.0	1.6	10.9
7	Referral transport	0.0	0.0	0.0	0.0
8	Human resource	0.0	0.0	110.3	0.0
9	Training and capacity building	4.6	1.0	1.3	6.9
10	Reviews, research, surveillance	0.1	0.0	0.0	0.1
11	IEC/BCC	10.2	1.8	0.0	12.0
12	Printing	4.2	0.0	0.0	4.2
13	Quality assurance	0.0	0.0	6.1	6.1
14	Drug ware house and logistic	3.5	0.0	0.0	3.5
15	PPP	0.0	0.0	0.0	0.5
16	Programme management	51.7	10.8	50.7	113.3
17	IT initiatives for service delivery	0.0	0.0	0.0	0.0
18	Innovations	0.0	0.0	0.0	0.0
	Total	174.24	13.66	213.77	260.31

Source: NHM FMR New Delhi, 2021-22, Note: B.A-Budget Allotted, A.E-Actual Expenditure

The key budget heads that contribute to the total expenditure on flexi-pool are service delivery-facility based, human resources under NUHM, community interventions, infrastructure and programme management. Under the NCD Flexi-pool, a total of Rs 10.8 lakh has been spent under programme management. No other expenditure was shown under NCD pool during 2021-22. A total of Rs.174.24 lakhs has been spent under the RCH+NDCP plan. Due to the COVID-19 pandemic, less expenditure was incurred on outreach activities including the IEC/BCC activities,

printing and referral transport services. Major expenditure was reported for programme management (Rs. 51.7 lakhs) followed by service delivery facility based (Rs. 39.6 lakhs).

On the other hand, under RCH / NDCPs flexi-pool, about 29.7% of the budget is spent for programme management followed by service delivery facility based which shows 22.7%. Similarly, 51.6% of the NUHM budget is also spent on human resources. Community interventions (16.5%) and programme management (23.7%) activities account for major share of NUHM expenditure. Lower expenditure was found in quality assurance, infrastructure and procurement under the NUHM in 2021-22.

Table 2.4. Percentage share of budget expenditure by heads, New Delhi 2021-22

FMR code	Budget Heads	RCH+NDCP	NCD	NUHM	NHM
1	Service delivery facility based	22.7	0.0	2.7	15.2
2	Service delivery community based	0.0	0.5	0.0	0.0
3	Community interventions	9.7	0.0	16.5	10.1
4	Untied fund	0.0	0.0	0.0	0.0
5	Infrastructure	19.7	0.0	1.2	14.2
6	Procurement	5.3	0.0	0.8	4.2
7	Referral transport	0.0	0.0	0.0	0.0
8	Human resource	0.0	0.0	51.6	0.0
9	Training and capacity building	2.6	7.3	0.6	2.7
10	Reviews, research, surveillance	0.0	0.0	0.0	0.0
11	IEC/BCC	5.8	13.3	0.0	4.6
12	Printing	2.4	0.0	0.0	1.6
13	Quality assurance	0.0	0.0	2.8	2.3
14	Drug ware house and logistic	2.0	0.0	0.0	1.4
15	PPP	0.0	0.0	0.0	0.2
16	Programme management	29.7	78.9	23.7	43.5
17	IT initiatives for service delivery	0.0	0.0	0.0	0.0
18	Innovations	0.0	0.0	0.0	0.0
	Total	100	100	100	100

Source: NHM FMR New Delhi, 2021-22

CHAPTER 3. PUBLIC HEALTH PLANNING AND IMPLEMENTATION

3.1. Health infrastructure and facilities

The National Capital Territory (NCT) of Delhi has made significant progress in improving the health status of its people. Delhi has made substantial progress in building reliable health infrastructure at various levels. The NCT of Delhi has been at the forefront of health care development. Basic tertiary health care services are being provided by the public and private sectors and voluntary organizations. Integrated management of health services has helped tide over the critical phase of the COVID-19 pandemic. Health care delivery system in Delhi has been re-organized as per order dated 25.07.2015 in the following manner (Economic Survey of Delhi, 2021-22): 1) Mohalla Clinics (*Aam Aadmi Mohalla Clinics*), 2) Multi-Specialty Clinics (polyclinics), 3) Multi-Specialty Hospitals (earlier called Secondary Level Hospitals), 4) Super Specialty Hospitals (earlier called Tertiary Level Hospitals).

Table 3.1. Health infrastructure status, Delhi 2021-22

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

Source: HMIS Facility Master Report, Delhi 2021-22

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

Table 3.2. Operational health facilities, New Delhi 2021-22

Facility Details	Operational
1. District Hospitals	04
1a) No. of DH conducting > 50 deliveries /month	04
1b) No. of DH conducting C-section	04
2. Community Health Centres (CHC)/ Maternity Home (MH)	02
2a) No. of CHCs / MH conducting > 20 deliveries /month	01
3. Primary Health Centres (PHC) / Seed-PUHC	72
3a) No. of 24X7 PHCs conducting > 10 deliveries /month	NA
4. Sub Centres (SC) / DGD Hospital	30
4a) No. of SCs conducting >3 deliveries/month	NA
5. Special New-born Care Units (SNCU)	01 (Lady Hardinge Medical College)
6. Nutritional Rehabilitation Centres (NRC)	01 (Kalawati Saran Hospital)
7. District Early intervention Centre (DEIC)	0
8. First Referral Units (FRU)	02 (Dr. RML and LHMC)
9. Blood Bank	02 (Dr. RML and LHMC)
10. Blood Storage Unit (BSU)	02 (Dr. RML and LHMC)
11. No. of PHC converted to HWC	NA
12. No. of U-PHC converted to HWC	NA
13. Number of Sub Centre converted to HWC	NA
14. Designated Microscopy Centre (DMC)	10
15. Tuberculosis Units (TUs)	02
16. CBNAAT/ TruNat Sites	05
17. Drug Resistant TB Centres	01
18. Functional NCD Clinic at DH	NA
19. Functional NCD Clinic at CHCs / MH	NA
20. Institutions with ultrasound facilities (Public + Private)	15+178
21. Of these, how many are registered under PCPNDT act	15 (public) and 78 (private)

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

A total of 11 district hospital was functioning in New Delhi district, out of which two district hospital was conducting more than 50 deliveries per month including C-section. Maternity Home is functioning equivalent to the Community Health Centre nomenclature in Delhi. Only two Maternity Homes (Munirka and Delhi Cantonment General Hospital) was functioning in the district. However, both the maternity home has a delivery load of more than 20 deliveries per month.

A total of 72 Urban Primary Urban Health Centre is operational and provide general services like: OPD, immunization, ANC check-up and family planning services at the centre. There is no delivery service facility was available in the PUHC. On the other hand, 30 sub-health centres are functioning in the district. For sick and low birth weight babies, one SNCU is established at Lady Hardinge Medical College and NRC is available at Kalawati Saran Hospital in the district.

District Early Intervention Centre (DEIC) is not available in the district. Two blood bank facility is available in the district. For screening and testing of sputum regarding the tuberculosis, district have 10 Designated Microscopy Centre that are functional, and two tuberculosis units have been also established in the district.

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

3.2. Human resources for health

The human resource profile of district hospital New Delhi as per the HMIS information is presented herewith. In case of medical and surgery specialist doctors, a total of 32 and 10 sanctioned regular positions are available respectively, out of which a total 67 positions (50 in medical and 17 in surgery) are filled. A total of 42 sanctioned positions pertain to Anaesthetist doctors in which 36 positions are filled whereas six position are vacant. Further, total four ENT surgeon are available for regular basis against two sanctioned positions, two working on contractual basis. Currently, three Ophthalmologist are working at district hospital and five Orthopedician position are occupied against eight sanctioned positions. A total of 1159 sanctioned positions for staff nurse, out of this, 959 positions are occupied in the district hospital, whereas 200 posts are lying vacant. There is no record of AYUSH physician available. In case of paramedical staffs, pathologist, radiologist, lab technician and counsellor etc. posts are vacant in the district. Overall, 32% position are vacant of ANMs in the district. A total of 67 sanctioned posts are available of casualty doctors against this, 61 positions are filled and six positions are vacant at district hospital.

CHAPTER 4. NHM PROGRAMMES AND INTERVENTIONS

4.1. RMNCH + A services

The Janani Suraksha Yojana has a weak implementation status in the New Delhi district. This is associated with factors such as low JSY incentive for urban areas, limited interest among beneficiaries to claim JSY, inadequate documentation and high proportion of migrant population. However, all the delivery points in the district implement the Janani Shishu Suraksha Karyakram (JSSK). The PMSMA activities are conducted at one medical college, district hospital, two urban CHC and 24 Urban PHC equivalent facilities. The New Delhi district has SNCU with 80 bedded facility and a capacity of 55 in-radiant warmer and 26 stepdown care. The district has 30 KMC units. A total of 1757 inborn and 64 out born admissions are reported in 2021-22. Out of total admission, 78 in born and 4 out born children were admitted due to defect at birth.

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

Intervention / Activities	Indicator status	
Pradhan Mantri Surakshit Matritva Abhiyan (PMSMA)	<ul style="list-style-type: none"> • Health facilities where current round of PMSMA was conducted: <ul style="list-style-type: none"> a. Medical College: 2 b. DH: 1 c. SDH: 1 d. CHC/UCHC: 2 e. PHC/UPHC: 24 f. Private Clinics: NA 	
Special New-born Care Units (SNCU)	<ul style="list-style-type: none"> • Total number of beds: 80 • In-radiant warmer: 55 • Stepdown care: 26 • Kangaroo Mother Care (KMC) unit: 30 • Non-functional radiant warmer for more than a week: NIL • Non-functional phototherapy unit for more than a week: NIL 	
	Inborn	Out born
Admissions	1757	64
Discharged	1066	24
Defects at birth	78	04
Referral	02	0
LAMA	20	02
Died	128	07
Home Based New-born Care (HBNC)	<ul style="list-style-type: none"> • Total number of ASHA: 236 • Total New-born visited under HBNC: 1654 • No. of ASHAs with HBNC kits: 204 	
Maternal and Child death (2021-22)	<ul style="list-style-type: none"> • Number of Maternal deaths: 52 • Number of Child death: 169 • Number of Infant deaths: 624 	

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

The 236 ASHAs of the district have conducted a total of 1654 HBNC visits. 204 ASHAs have ASHAs have HBNC kits. In 2021-22, a total of 52 maternal deaths are reported in the New Delhi district. The district also reports a total 169 child deaths and 624 infant deaths are reported in FY 2021-22.

4.2. National nutrition programmes

In the year 2021-22, a total of 347 children were admitted at the Nutritional Rehabilitation Centres (NRCs). Out of which, 225 were discharged, no children were referred to other facilities and 13 took a leave against medical advice (LAMA). There were six deaths occurred in the year. Of the total children admitted, majority of them had WHZ <-3SD (n=184) and 150 children had admitted due to nutrition-related problem followed by MUAC<115 mm (n=111). Only 3 had bilateral pitting oedema.

Admitted SAM children also were suffering from other co-morbidities such as diarrhoea (n=137), Acute Respiratory Infection (ARI)/Pneumonia (n=54), tuberculosis (n=10) and fever (n=9). Only two admitted SAM children were referred by frontline worker and 21 were by Paediatric ward/emergency. However, 198 SAM children come by self.

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

Nutrition Rehabilitation Centres (NRC)	Numbers
Total admission (2021-22)	347
Discharged	225
Referral / Medical transfer	0
LAMA	13
Died	6
Admissions in NRC by Cause	
Bilateral pitting oedema	3
Mid-Upper Arm Circumference (MUAC) <115 mm	111
<-3SD Weight-for-Height	184
With Diarrhoea	137
With ARI/Pneumonia	54
With TB, HIV and Fever	10+2+9
Nutrition-related disorder	150
Others	0
Referred by	
Frontline worker	2
Self	198
VCDC / CTC	0
RBSK	0
Paediatric ward / emergency	21

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

4.3. Communicable diseases programmes

Under National Tuberculosis Elimination Programme (NTEP), there was no target of TB notification achieved during 2021-22 from all medical practitioners, hospitals, laboratories, and chemists (government, private and NGOs). Of the total TB patients notified, patients with known HIV status was 615. Of the total TB patients seeking care, 1918 were eligible for Universal Drug Susceptibility Testing (UDST). Under the programme, drugs for both drug sensitive and drug resistance TB were made available. Public sector was notified a total number of 5173 TB patients to local health authorities while private sector notified only 145 patients in the year 2021-22. Of the total notified cases, treatment success rate was almost 79% for both public and private sector. Number of MDR TB patients identified were 108 cases and 100% from public and no data was available from private sector for initiated treatment among MDR patients.

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

1. National Tuberculosis Elimination Programme (NTEP)	
<ul style="list-style-type: none"> • Target TB notification achieved: No • Whether HIV Status of all TB patient is known: No • If No, Number of TB patients with known HIV status: 615 • Eligible TB patients with UDST testing: 1918 • Whether drugs for both drug sensitive and drug resistance TB available: Yes 	
• Patients notification from public sector	<ul style="list-style-type: none"> • No of patients notified: 5173 • Treatment success rate: 79% • No. of MDR TB Patients: 108 • Treatment initiation among MDR TB patients: 100%
• Patients notification from private sector	<ul style="list-style-type: none"> • No of patients notified: 145 • Treatment success rate: 78% • No. of MDR TB Patients: 0 • Treatment initiation among MDR TB patients: 0
2. Implementation of National Leprosy Eradication Programme (NLEP)	
<ul style="list-style-type: none"> • No. of new cases detected: 126 • No. of G2D cases: 04 • MDT available without interruption: Yes • Reconstructive surgery for G2D cases being conducted: No • MCR footwear & self-care kit available: No 	
3. Integrated Disease Surveillance Programme (IDSP)	
<ul style="list-style-type: none"> • Rapid Response Team (RRT) Constituted: Yes • Team Composition: Total 8 members (2 members each from community medicine, medicines, Microbiology and Paediatrics) • Proportion of private health facilities reporting weekly data on IDSP: 42% • Outbreaks investigated IN 2021-22: Not done due to COVID-19 	

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

Under National Leprosy Eradication Programme, 126 new cases were detected, out of which four were Grade 2 Disabilities (G2D) cases. The supply of Multi Drug therapy (MDT) was available

without interruption throughout, reconstructive surgery for G2D cases are not being conducted and MCR footwear and self-care kit are not available under the programme. Rapid response team are being constituted under the Integrated Disease Surveillance Programme (IDSP) in the district. Only 42% private health facilities are reporting weekly data on IDSP. Due to COVID-19 pandemic, outbreak investigations have been temporarily halted since 2019-2020. IDSP data is being utilised for know the trend of disease on routine basis, surveillance, clustering of cases and outbreak of disease management. District have 8 members Rapid Response Team (RRT).

4.4. Non-communicable diseases programmes

The following NCD programmes under NHM were reported to be functional in the New Delhi district. However, these activities were affected because of COVID-19 in 2021-22. National Mental Health Programme is not being functioning in the district. Under the NPCDCS, total 31 doctors and 22 ANMs were trained for the programme.

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

Non-Communicable Diseases Programme	Status of Implementation	Key activities performed as per RoP 2021-22
1. National Programme for prevention & Control of Cancer, Diabetes, Cardiovascular Diseases & stroke (NPCDCS)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	31 Doctors and 22 ANMs are trained in 2 batches under the programmes
2. National Programme for Control of Blindness & Visual Impairment (NPCBVI)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
3. National Mental Health Programme (NMHP)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Program is not functional
4. National Programme for healthcare of Elderly (NPHCE)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
5. National Programme for the Prevention & Control of Deafness (NPPCD)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
6. National Tobacco Control Programme (NTCP)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Due to COVID-19 no activities in 2021-22
7. National Oral Health Programme (NOHP)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. National Programme for Palliative care (NPPC)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. National Programme for Prevention & Management of Burn Injuries (NPPMBI)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
10. National Programme for Climate Change and Human Health (NPCCHH)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Program is not functional
11. Other Non-Communicable Disease Control Programmes	Specify:	

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

CHAPTER 5. HEALTH FACILITY MONITORING ASSESSMENT

5.1. Dr. Ram Manohar Lohia Hospital, New Delhi

- ❖ Dr. Ram Manohar Lohia Hospital is central government health facility with 1420 beds. The hospital has Shri Atal Bihar Vajpayee medical college and also provides nursing training. The hospital receives more than 1 lakh OPD patients every day.
- ❖ The hospital provides delivery care services. A total of 146 normal deliveries and 73 C-section births have been conducted in May 2022.
- ❖ JSSK is not implemented in the hospital and JSY payment was disbursed till Jan 2022. Free diagnostics such as Ultrasound, X-ray and USG etc. is being provided free of cost for pregnant women and fixed charged for general patients.
- ❖ PMSMA is implemented at the district hospital and provide ANC check-up to high risk pregnancy women on 9th of every month.
- ❖ IEC material regarding family planning is displayed in hospital and one FP counsellor was available which is posted by NHM. The hospital administration was in need of IEC material (Pamphlet, booklet and audio-video message) and information regarding other NHM programmes from CDMO office.
- ❖ Availability of various contraceptives, condom boxes, IUCDs, PPIUCDs, Antara and Sterilization at district hospital is observed. IUCD and PPIUCD trained doctors and ANM are available. Antara is the most preferred method by beneficiaries.
- ❖ The district hospital reported 20 cases of maternal death in FY 2020-21 and 22 cases of maternal death in FY 2021-22.
- ❖ The hospital is not initiated LaQshya, NQAS and Kayakalp programmes to upkeep for OT and labour room services. The CGHS facilities may be encouraged for NQAS participation.
- ❖ Diagnostic services such as X-ray and CT scan was available in-house services. Some of the test is provided on a payment basis to the patient. CT scan service is charged at Rs. 1000 for inpatients and Rs. 2000 for outpatients.
- ❖ At the District Hospital, Eye OPD services are available, and three Ophthalmologist is posted at the facility. Operation theatre for eye surgery is also available at district hospital and eye camps are being organized at the district level.
- ❖ All types of eye surgeries and their screening is done by eye specialist doctors through fixed day such as Cornea, Retina, Glaucoma and Squint clinic on every Tuesday, Wednesday, Friday and Thursday respectively at Dr. RML hospital.
- ❖ Dr. RML hospital are provided services of burns, trauma, cardiac and neurosurgery emergencies and it have a separate burn unit.

Figure 5. Pictures of visited health facilities of Dr. RML Hospital and Cantonment General Hospital, New Delhi, July 2022



OPD block at Dr. RML Hospital



Cantonment General Hospital, Sadar Bazar



Meeting MS, Cantonment General Hospital



Mobile dispensary van, Cantonment General Hospital



OT room, Dr. RML Hospital



Waiting area for accompanied at Dr. RML Hospital



Long queue for collecting medicine from Pharmacy



ANC Ward, Dr. RML Hospital

Table 5.1. Dr. RML DH infrastructure, New Delhi 2021-22

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

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

Table 5.2. Services available at Dr. RML Hospital, New Delhi 2021-22

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

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

Table 5.3. Status of specialist doctors at Dr. Ram Manohar Lohia Hospital, New Delhi 2021-22

HR Positions	Regular Sanctioned	Regular In-position	Shortfall
Medical Specialist	50	24	26
Surgery (Specialist)	29	17	12
Ob. & Gy.	8	8	0
Paediatrician	13	11	2
Anaesthetist	42	36	6
Ophthalmologist	2	3	0
Orthopaedics	8	5	3
Radiologist	16	12	4
Pathologist	9	8	1
Dentist	4	4	0
Staff Nurses/ GNMs	1159	959	200

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

Table 5.4. Emergency services available at Dr. Ram Manohar Lohia Hospital, New Delhi 2021-22

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

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

5.2. Maternity Home, Munirka

- ❖ Maternity home and polyclinic are functioning in the same building. MH services are provided on the ground floor and polyclinic facility is available on the 1st floor of the building.
- ❖ Maternity home provides ANC, PNC, pregnancy check-up, labour room services, family planning, basic lab tests and health counselling and on the other hand, polyclinic is providing services like; medicine specialist, dental OPD, Ayurvedic dispensary, medicine dispensary, Physiotherapy and ECG on 1st floor.
- ❖ A total of Rs 2,69, 321 has been received under NHM in FY 2020-21 and 100% being utilized. The largest portion of funds are being allocated on RCH contingencies, operational costs, COVID-19, Internet connectivity, Drugs and consumable under JSSK, PPIUCD, NBCC
- ❖ Capacity building of finance personnel or the Medical Officer in-charge of facility is required for improving understanding of program finances such as untied fund and maintenance grant for the facility.
- ❖ All antenatal health care services and line listing of high-risk pregnancies is being maintained and ANM /ASHAs ANC services are provided twice a week (Tuesday and Thursday) apart from fixed day for PMSMA. High-risk cases were referred to Safdarjung Hospital.
- ❖ All health services were provided at no cost in the OPD. Dental specialists are available on call for services thrice a day.
- ❖ Universal screening of NCDs is taking place. Screening for hypertension and diabetes is done as combination of population based and opportunistic screening.
- ❖ For the Hepatitis C Virus (HCV) and Thyroid-Stimulating Hormone (TSH) test, patients are referred to Mohalla Clinic.
- ❖ Health staff has little knowledge and information on the quality assessment covered under Kayakalp, LaQshya, and NQAS scheme.
- ❖ The facility was not initiated the quality improvement programme of NQAS and Kayakalp programme was not functioning from the last one year due to non-availability of fund.
- ❖ The facility has not implemented an IDMS system for drugs or supply chain management last two years and all the information maintained in five separate register by pharmacist. This portal is being used by MCD based facility.
- ❖ The facility was conducted blood sugar camp every month on Saturday.

Figure 6. Pictures of visited health facilities of MH Munirka, MCW Nangal Raya and DGD Mahipalpur, New Delhi, July 2022



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

Services	MH Munirka	Delhi Cantonment General Hospital
Medicine	Yes	Yes
O&G	Yes	Yes
Paediatrician	Yes	Yes
General Surgery	No	Yes
Anaesthesiology	No	Yes
Ophthalmology	Yes	Yes
Dental	Yes (only OPD)	Yes
Imaging Services (X - ray)	No	Yes
Imaging Services (USG)	No	Yes
New-born Stabilization Unit	Yes	No
Tele-medicine/Consultation	No	Yes
Operation theatre	No	Yes
Availability of functional blood storage unit	No	No

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

5.3. Delhi Cantonment General Hospital, New Delhi

- ❖ The Cantonment General Hospital is a 49 bedded facility, providing general medical and primary emergency care services including laboratory, X-ray and Delivery services.
- ❖ The facility also provides specialized services like, Orthopedics, Pediatrics, ENT, Aesthetic, Surgery, Obstetrics & Gynecologist, Medicine, Dermatology and Ophthalmology.
- ❖ The hospital provides for use of its space and facilities for Delhi Government medical staff to provide Maternal and Child Health Services including Antenatal Care and Immunization Services. It also has the DOTS Centre of Delhi Govt providing treatment of tuberculosis.
- ❖ The Cantonment General Hospital was provided the normal delivery and only elective C-section services is available. About 40-60 deliveries were conducted every month.
- ❖ The facility charged user fees for general patients and free for those who have BPL card. The hospital charged for OPD slip, delivery bed and other laboratory test available in the facility.
- ❖ The facility was not implemented the Kayakalp and NQAS programmes
- ❖ Tele-medicine / consultation service is available at the facility. Blood storage unit is functioning.
- ❖ Family planning services and counselling provided by trained doctor and nurses. Most of the preferred method used by Injectable Contraceptive (MPA) followed by IUCD, Chaaya and Copper-T.

- ❖ A Homoeopathy Clinic operated by the Central Council for Research in Homoeopathy (CCRH) is also functional daily.
- ❖ In New Delhi district, Delhi Cantonment Hospital is running a pain clinic under Anesthesia department. Physiotherapy and Yoga clinic services are also available at the facilities and being used by the elderly.

5.4. Maternal & Child Welfare Centre, Nangal Raya

- ❖ The MCW Nangal Raya covers a total population of 46734 with 27 ASHAs. The main unit of MCW has 19 ASHAs and the sub-unit DGHC Sagarpur has 6 ASHAs.
- ❖ The average OPD at the facility is 60-70 patients per day. OPD patient is referred to Mohalla Clinic for lab tests. The delivery cases are referred to Deen Dayal Upadhyay hospital which is the referral point of the MCW.
- ❖ It was observed that IEC material regarding family planning, list of services, lab test and PMSMA scheme was displayed at appropriate place. IEC related expenditure was managed by NHM and from Kayakalp resources.
- ❖ The centre provides basic services like ANC check-up, screening of diabetes and hypertension, counselling of FP and adolescent child.
- ❖ The centre has fixed day adolescent friendly health clinic on every 4th Saturday in a month and ANC-check-up is conducted every on Tuesday and Saturday.
- ❖ PMSMA scheme is implemented, and counselling of high-risk pregnant women conducted on 9th of every month and check-up for urine and blood pressure is free of charges.
- ❖ The facility has initiated eye check-up facility every Monday at the centre and for Diabetic patient retina examination is conducted on every 4th Monday in month. The eye check-up is done in collaboration with Medical Officer from AIIMS, New Delhi. In April, 16 HRP women were examined.
- ❖ JSY payments are completed till March 2022 after that the payment transfers are pending due to shifting of bank accounts of the centre to another bank as per the instructions.
- ❖ The facility implemented Kayakalp programme and received the 1st position in the district for the year 2019-20 with 89% score. The NQAS assessment was initiated but not qualified for certification.
- ❖ The Centre received a Certificate of Appreciation for the second highest IUCD insertion during the year 2018-19.
- ❖ No maintenance grant was received from the NHM fund and RKS was not available at the level in the district.

- ❖ The facility was supported by NGO (Society for All Round Development) to complete the shed for sitting arrangement.
- ❖ The facility has a 24*7 running water facility. There is a functional toilet in the facility along with drinking water facility in the OPD area with adequate sitting arrangement. The facility has no power back up and branding of the facility is done.
- ❖ The MCW Centre is adequately staffed with all positions sanctioned in place except for lab technician working on contractual basis provided services only three days in a week due to attached other facility.
- ❖ The x-ray and diagnostic services are referred to the near MCD polyclinic in the area and also linked Aam Aadmi Mohalla Clinic (AAMC), Old Nangal Raya.
- ❖ A total of Rs 95,000 has been received under NHM in FY 2021-22, 100% being utilized. The largest portion of funds are being allocated on RCH contingencies, operational costs, COVID-19, internet connectivity/BCC, HR, and Kayakalp.
- ❖ Drugs and consumables for testing are procured through MCD and the State Government. The majority of the medications mentioned in the EDL are available through MCD.
- ❖ The Central Medical System of the MCD pharmaceuticals is located at Kalkaji, New Delhi. Iron folic acid supplements and family planning medications are provided by the Delhi Government, and the remaining medications are provided by MCD.
- ❖ Display of IEC material and awareness generation activities like health talks, FGDs, Nukkad Nataks, Munadi etc are held every fortnight in health facility.

Table 5.6. Status of Maternal & Child Welfare Centre infrastructure, New Delhi 2021-22

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

Source: M & CW Centre Checklist, NHM PIP Monitoring, 2021-22

Table 5.7. Status of M & CW health staff, New Delhi 2021-22

HR Positions	M & CW Nangal Raya		
	Sanction	Regular	Contract
MO (MBBS)	1	1	1
MO (AYUSH)	0	0	0
SNs/ GNMs	0	0	0
ANM	5	5	0
LTs	1	0	1 (2 days only)
Pharmacist	1	1	0
Health Manager (NUHM)	0	0	0
LHV/PHN	2	3	0

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

Table 5.8. Status of M & CW health services, New Delhi 2021-22

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

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

5.5. Delhi Government Dispensary (DGD) Mahipalpur

- ❖ Building is low lying with risk of water-logging during rains and it also has severe space constraints. No proper ventilation channels are made. There was no proper waiting area available for the patients. Drinking water facility is available.
- ❖ General OPD, ANC services, Lab test, FP, Leprosy and DOTS services are provided.

- ❖ Tele-medicine or consultation service is not being provided by the facility. All ANMs have provided tablets and smart phones have given to all ASHAs.
- ❖ Essential Drug List (EDL) is available and proper displayed in open areas at the facility. A total of 257 drugs listed in the EDL.
- ❖ Several drugs like Metformin 500mg, Glimepiride, Augmentin 625mg and Capsule Doxy are not available from EDL in last 30 days.
- ❖ NCD clinic at DGD Mahipalpur are functioning and provides two days in a week service. In the last six months a total 150 patients are screened for hypertension and 100 cases for diabetes. Out of this, 77 cases of hypertension and 31 cases of diabetes confirmed.
- ❖ Adolescent friendly Health Clinic (AFHS) is being functioning and counselling service provided by MO and ANM. Separate room for male and female is available.
- ❖ The facility does not provide delivery care services. Hence, no provisions for JSY or JSSK is applicable. The delivery cases are referred to Dr. RML hospital or Dada Dev hospital.
- ❖ Kayakalp programme is initiated by the facility and received 64.2% score. Facility completed internal assessment of NQAS programme with 61% score during 2021-22.

Table 5.9. Status of DGD health services and records, New Delhi 2021-22

Services	DGD-Mahipalpur
Availability of list of essential medicines (EML)/ drugs (EDL)	Yes
EDL/EML display in OPD area	Yes
Availability of anti-TB drugs at facility	Yes
Shortage of 5 priority drugs from EDL in last 30 days, if any	Yes
Availability of Testing kits/ Rapid Diagnostic Kits	No, shortage
Availability of functional Adolescent Friendly Health Clinic	Yes
Availability of X-ray services	No
Availability of delivery services	No
Facility is designated as Designated Microscopy Centre (DMC)	Yes
Tele-medicine / Consultation services available	No
Availability of vaccines and hub cutter	Yes
Line listing of all eligible couple in the area	Yes
Availability of trained provider for IUCD / PPIUCD	Yes
Whether facility has fixed day NCD clinic	Yes, 2 days in a week
Whether reporting weekly data in P and L form under IDSP	Yes
Maintenance of Records	
Maintenance of records on TB cases (drug sensitive/resistant cases)	Yes
Maintenance of records on Malaria cases	Yes
Maintenance of records on Palliative cases	No
Maintenance of records on Dengue and Chikungunya	Yes
Maintenance of records on Leprosy cases	Yes

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

6. COMMUNITY HEALTH CONCERNS

6.1. Background

The state Delhi comprises of 11 districts of which health-care services are being rendered at both public and private facilities. Wherein the public health care services are being implemented and looked after by both Centre and state health departments. For an effective and efficient delivery of services it is being offered through Aam Aadmi Mohalla Clinic, Delhi Government Dispensary, Seed Primary Urban Health Centre (Seed-PUHC), Mother & Child Welfare Centre (MCW), Delhi Government Polyclinic, AYUSH Hospital and Multi/Super Specialty Hospital. A focus group discussion was conducted to understand the perception of overall community members with regards to the accessibility of health facilities available in the district and the lifestyle choices. Questions were asked related to knowledge, training and incentive from ASHAs and AWWs. The pivotal aim 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 these services can be provided.

6.1.1. Health seeking behaviour

When discussed with the community members of (New Delhi district) with regards to the preference of health facility, it was emphasized that majority of the members were inclined towards the public health facilities of the Delhi Government or the Municipal Corporation of Delhi (MCD). As most of them had low incomes to survive on resulting to which they relied on public facilities as these facilities provide free drugs and diagnostics. However, they visit and prefer private health facilities in case of emergency situations where there is unavailability of specialist doctors, medicines, and diagnostic services which was rarely cited by few. Some beneficiaries also reported visits to unqualified providers in the vicinity and preferred to get the drugs from the nearby chemist shops. Several complaints of hypertension, diabetes and weakness amongst the adults and elderly was noted.

6.1.2. Lifestyle and sanitation environment

On discussing with the members at the AWCs, the participants cited that, the use of alcohol and tobacco consumption is prevalent, amongst males in specific. The consumption of such item is quite widespread among the members of the district. Whereas, in case of hygiene and sanitation front, the situation seems to be grim as majority of the households lack an in-home toilet. Instead, members use a common toilet which is situated outside the area resulting to which the risk of infections increases such as for fungal or bacterial. During pregnancy and childbirth which is a critical stage in the determination of the health, access to health-care services is of utmost importance for both the mother and unborn child. Till date, children residing in urban slums of New Delhi have improved the overall quality of these services. As it was observed that the area

was immensely congested and unhygienic conditions were observed resulting to which it must be difficult to curb the infections. Due to this, the households must be cautious and thereby, ensure proper care of children. Whereas, in terms of drinking water, the community members highlighted that the main source of drinking water is through RO or filtered water i.e., installed and is readily available in their homes.

6.1.3. Availability of drugs, diagnostics, and referral transport

The members were highly dependent on availing the public-health care facilities and the reason was because of free drugs and diagnostics which are readily available and easily accessible. On the contrary, many of the respondents relied on local providers who were unqualified for drugs and diagnostics which was supplied at reasonable prices. However, no awareness was observed with regards to public referral transport as most of the beneficiaries managed transport through their own vehicles or via public transport / rickshaws, whichever was convenient and easily available.

6.1.4. Behaviour of health care providers

The availability of front-line workers was limited in the New Delhi district and less participation was highlighted by the community members. More emphasis should be placed in the functioning of home visits and counselling sessions should be conducted by the workers as to make them aware for the same. Interactive sessions were low and workers didn't have much time in elaborating the information in detail. Overall satisfaction level of beneficiaries was neutral and cited that it can be improved with time, provided proper sessions can be conducted. Rarely the ASHA workers accompany the beneficiaries to the public health-care facility as they are swamped with work.

6.1.5. Provision for the community members

Due to the on-going pandemic, it was announced that Take Home-Rations (THRs) would be disbursed to the community members. Hence, there was a difference in opinion amongst the members to dry ration over the hot cooked meal provided at the AWC. Many were in the favour of dry ration than the meals being prepared at the AWCs as they felt that the quality of food being provided to children is not of great quality. ASHAs also reported that they visited door to door for counselling of adolescent girls related to sexual and reproductive wellness. IFA tablets and sanitary pads are also being distributed to girls through door-to-door visits by ASHAs and AWWs when needed. However, IFA tablets are not provided during lactation period to the beneficiaries. Similarly, no IFA syrup or vitamin A dose for children 6-59 months is provided. It is also reported that ASHAs do not accompany them for vaccination services and AWW does not remind the beneficiaries about the immunization schedule for the eligible children.

7. CONCLUSION AND RECOMMENDATIONS

The report is based on monitoring visits to: District Hospital (Dr. Ram Manohar Lohia Hospital), MCD based Maternity Home Munirka, Delhi Cantonment General Hospital, MCW Nangal Raya and Delhi Government Dispensary (DGD) Mahipalpur in New Delhi district. Meetings were held with the Chief District Medical Officer (CDMO) and the NHM Nodal Officials. Interactions were also held with the Medical Officer-In-Charge (MOIC) of the selected health facilities, health care providers (ANM, ASHAs etc.) and other supporting staff to understand the strengths and weakness of the facilities.

As per NFHS 2019-21, New Delhi 83.2% mothers had antenatal check up in the first trimester and 80.1% had undertaken at least four ANC visits. A total of 91.8% births took place in institutional facilities with 63.4% births happening across public health facilities. Of the total births, 92.8% births were assisted by a skilled birth attendant whereas 23.4% births were through caesarean section (public sector 19.1% and private sector 39.8%). The average out of pocket expenditure per delivery in public health facility was Rs. 2313.

Four district hospital and two sub-districts are functioning in New Delhi district. All the district hospital is conducting more than 50 deliveries per month including C-section. There are three Community Health Centres level facilities are functioning with different health agency. One MCD based Maternity Home, Munirka, and one Delhi Cantonment General Hospital under the Delhi Cantonment Board and one CRPF hospital, R.K. Puram under CGHS in New Delhi. A total of 72 Seed Primary Urban Health Centre (S-PUHC) are operational and provide general services like: OPD, immunization, ANC check-up and family planning services at the centre.

The implementation of JSY is weak and show the lower status of incentive, inadequate documentation and high migration and less interest of meagre amount of incentive. The New Delhi district has one SNCU available at Lady Hardinge Medical College with a capacity of 55 in-radiant warmer and 30 KMC units. One Nutritional Rehabilitation Centres (NRC) is functioning at Kalawati Saran Hospital. The 236 ASHAs of the district have conducted a total of 1654 HBNC visits in 2021-22. Under NTEP, the target TB notification from all medical practitioners, hospitals, laboratories, and chemists (government, private and NGOs) in 2021-22, was achieved to be at 79% treatment success rate of public sector. Under National Leprosy Eradication Programme, 126 new cases were detected, out of which 04 were Grade 2 Disabilities (G2D) cases.

The following NCD programmes are functional: NPHCE, NTCP, NPCDCS, NPPCD, and NPCB+VI. The New Delhi district is working on LaQshya and Kayakalp programme. LaQshya is undertaken by only few health facilities. New Delhi district has completed assessment of Kayakalp programme 2021-22. A total of 20 facilities participated, out of which, 10 facilities scored above 70% and qualified for Kayakalp external assessment.

RECOMMENDATIONS:

- ❖ **Training and Sensitizing Medical Officers for NQAS:** The Medical Officers from various facilities should be sensitized by state and district officials regarding the processes and requirements under NQAS program to participate in LaQshya or Kayakalp assessments.
- ❖ **Schedule regular visits of NHM nodal officials to facilities operated by autonomous organizations:** The CDMO office should schedule routine visit of senior nodal officials to MCD, CGHS or DCB facilities. This can improve NHM support to such organizations and also help in information exchange and timely data reporting for program reviews.
- ❖ **Consider Dr. RML Hospital for more referrals for delivery care:** Dr. RML Hospital is equipped with human resources and infrastructure for delivery care services. Nearby facilities of the district can send more referrals to Dr. RML Hospital.
- ❖ **Provide NHM staff to Dr. RML Hospital for counselling services:** The CGHS hospital does can be supported through NHM for counselling services such as family planning, adolescent health, maternal nutrition or diet and care for NCDs.
- ❖ **Allow HMIS data entry for 7 digit figures for lab tests:** It is noticed that Dr. RML hospital conducted more than 10 lakhs lab tests in a month. The HMIS portal does not accept more than six-digit number consequently the reporting for the facility shows zero. This 7-digit feature should be incorporated in HMIS for such indicators.
- ❖ **Use of common MCP card for all facilities:** Different autonomous organizations have their own MCP Cards. The autonomous organizations can be motivated to use a common format for MCP card for documentation of service statistics for the beneficiaries.
- ❖ **Providing health services free of charge at DCB facilities:** The DCB charges a nominal registration fee and other user charges as per drugs and diagnostics prescriptions. The delivery care services should be provided for free to all by utilizing JSSK funds.
- ❖ **Complete the disbursement of incentives to beneficiaries:** The incentive disbursement to all the beneficiaries such as under Nischay or JSY was affected because of account transfer process of the facilities. However, this process should be completed for disbursal of pending dues and smoothening incentive disbursements of programs.
- ❖ **NHM District Program Managers for Autonomous Organizations:** The District should appoint different program managers for the autonomous organizations, particularly for MCD and CGHS facilities for planning and coordination of NHM activities.
- ❖ **One additional data entry operator for Dr. RML Hospital:** With huge patient load and services being offered, the compilation of data from Dr. RML Hospital is delayed. Provision of additional data entry operator to Dr RML Hospital can be considered.

ANNEXURE – I: DH CHECKLIST



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



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

Service Delivery:

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

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

Indicator	Remarks/ Observation						
1. OPD Timing							
2. Condition of infrastructure/ building 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 Last major renovation done in (Year): _____						
3. Number of functional in-patient beds	_____ No of ICU Beds available:						
4. List of Services available							
<ul style="list-style-type: none"> Specialized services available in addition to General OPD, ANC, Delivery, PNC, 	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;">Sl.</th> <th style="width: 70%;">Service</th> <th style="width: 20%;">Y/N</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">1</td> <td>Medicine</td> <td></td> </tr> </tbody> </table>	Sl.	Service	Y/N	1	Medicine	
Sl.	Service	Y/N					
1	Medicine						

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

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

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

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

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

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

ANNEXURE – III: CHC CHECKLIST



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



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

Service Delivery:

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

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

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

Indicator	Remarks/ Observation			
<ul style="list-style-type: none"> Specialized services available in addition to General OPD, ANC, Delivery, PNC, Immunization, FP, Laboratory services 	Sl.	Service	Y/N	
<ul style="list-style-type: none"> If any of the specialists are available 24*7 		<ul style="list-style-type: none"> 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 		<input type="checkbox"/> Yes available <input type="checkbox"/> Yes, available only on-call <input type="checkbox"/> Not available
<ul style="list-style-type: none"> Emergency 		General emergency: or facilities available for: 1. Triage 2. Resuscitation 3. Stabilization		
9. Tele-medicine/Consultation services available		<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, average case per day _____		
10. Operation Theatre available		<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, Major: Minor:		
11. Availability of functional Blood Storage Unit		<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, number of units of blood currently available: _____ No. of blood transfusions done in last month: _____		
12. Whether blood is issued free, or user-fee is being charged		<input type="checkbox"/> Free for BPL <input type="checkbox"/> Free for elderly <input type="checkbox"/> Free for JSSK beneficiaries <input type="checkbox"/> Free for all		
13. Biomedical waste management practices		Sharp pit: Deep Burial pit: Other System, if any:		
14. Details of HR available in the facility (Sanctioned and In-place)		HR MO (MBBS) Specialists Medicine ObGy Pediatrician Anesthetist Dentist SNs/ GNMs LTs Pharmacist Dental Assistant/ Hygienist Hospital/ Facility Manager EmOC trained doctor LSAS trained doctor Others	San. Reg. Cont.	

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

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

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

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

ANNEXURE – IV: PHC CHECKLIST



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



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

Service Delivery:

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

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

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

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

Indicator	Remarks/ Observation
R. Availability of Essential Consumables:	<input type="checkbox"/> Sufficient Supply <input type="checkbox"/> Minimal Shortage <input type="checkbox"/> Acute shortage In last 6 months how many times there was shortage _____
S. Availability of essential diagnostics	<input type="checkbox"/> In-house <input type="checkbox"/> Outsourced/ PPP <input type="checkbox"/> Both/ Mixed
• In-house tests	Timing: Total number of tests performed: _____ Details of tests performed:
• Outsourced/ PPP	Timing: Total number of tests performed: _____ Details of tests performed:
T. X-ray services is available	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If Yes, type & nos. of functional X-ray machine is available in the hospital: Is the X-ray machine AERB certified: <input type="checkbox"/> Yes/ <input type="checkbox"/> No
U. Whether diagnostic services (lab, X-ray etc.) are free for all	<input type="checkbox"/> Free for BPL <input type="checkbox"/> Free for elderly <input type="checkbox"/> Free for JSSK beneficiaries <input type="checkbox"/> Free for all
V. Availability of Testing kits/ Rapid Diagnostic Kits	<input type="checkbox"/> Sufficient Supply <input type="checkbox"/> Minimal Shortage <input type="checkbox"/> Acute shortage
W. If there is any shortage of major instruments/ equipment	
X. Average downtime of equipment. Details of equipment are nonfunctional for more than 7 days	
Y. Availability of delivery services	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
• If yes, details	Comment on condition of labour room: Functional New-born care corner (functional radiant warmer with neo-natal ambu bag): <input type="checkbox"/> Yes/ <input type="checkbox"/> No
Z. Status of JSY payments	Payment is up to date: <input type="checkbox"/> Yes/ <input type="checkbox"/> No Average delay: Payment done till: Reasons for delay:
AA. Availability of JSSK entitlements	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, whether all entitlements being provided <input type="checkbox"/> Free delivery services (Normal delivery/ C-section) <input type="checkbox"/> Free diet <input type="checkbox"/> Free drugs and consumables <input type="checkbox"/> Free diagnostics <input type="checkbox"/> Free blood services <input type="checkbox"/> Free referral transport (home to facility) <input type="checkbox"/> Free referral transport (drop back from facility to home) <input type="checkbox"/> No user charges

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

Indicator	Remarks/ Observation
WW. Status of TB elimination programme	Facility is designated as Designated Microscopy Centre (DMC): <input type="checkbox"/> Yes/ <input type="checkbox"/> No
	If yes, percent of OPD whose samples were tested for TB (microscopy) in last 6 month (average) _____
	If anti-TB drugs available at the facility: <input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, are there any patients currently taking anti-TB drugs from the facility: <input type="checkbox"/> Yes/ <input type="checkbox"/> No
	Percent of patients tested through CBNAAT/TruNat for Drug resistance in the last 6 months _____
	Is there a sample transport mechanism in place for: <ul style="list-style-type: none"> • investigations within public sector for TB testing? <input type="checkbox"/>Yes/ <input type="checkbox"/>No • investigations within public sector for other tests? <input type="checkbox"/>Yes/ <input type="checkbox"/>No • outsourced testing? <input type="checkbox"/>Yes/ <input type="checkbox"/>No
	Are all TB patients tested for HIV? <input type="checkbox"/> Yes/ <input type="checkbox"/> No Are all TB patients tested for Diabetes Mellitus: <input type="checkbox"/> Yes/ <input type="checkbox"/> No Percent of TB Patients for whom DBT installments have been initiated under Nikshay Poshan Yojana in the last 6 months: _____
XX. 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: _____
YY. Maintenance of records on	<ul style="list-style-type: none"> • TB Treatment Card cases (both for drug sensitive and drug resistant cases): <input type="checkbox"/>Yes/ <input type="checkbox"/>No • TB Notification Registers: <input type="checkbox"/>Yes/ <input type="checkbox"/>No • Malaria cases: <input type="checkbox"/>Yes/ <input type="checkbox"/>No • Palliative cases: <input type="checkbox"/>Yes/ <input type="checkbox"/>No • Cases related to Dengue and Chikungunya: <input type="checkbox"/>Yes/ <input type="checkbox"/>No • Leprosy cases: <input type="checkbox"/>Yes/ <input type="checkbox"/>No
ZZ. 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) _____
AAA. 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
BBB. Frequency of RKS meeting (check and obtain minutes of last meeting held)	
CCC. Availability of ambulance services in the area	<input type="checkbox"/> PHC own ambulance available <input type="checkbox"/> PHC has contracted out ambulance services <input type="checkbox"/> Ambulances services with Centralized call centre <input type="checkbox"/> Government ambulance services are not available
	Comment (if any): _____

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

ANNEXURE – V: SC CHECKLIST



Ministry of Health & Family Welfare
Government of India



Sub-Centre (SC) Level Checklist

Service Delivery: Sub Centre

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

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

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

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

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

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