2022

MONITORING AND EVALUATION OF NHM PROGRAMME IMPLEMENTATION PLAN

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NHM PIP MONITORING REPORT

North District, Delhi

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Prof. Suresh Sharma
Ms. Bindiya Kumari

July, 2022

List of Acronyms & Abbreviations

ANC	Ante Natal Care	MoHFW	Ministry of Health and Family Welfare
ANM	Auxiliary Nurse Midwife	MOIC	Medical Officer In- Charge
BEMOC	Basic Emergency Obstetric Care	NBCC	New Born Care Corner
BMW	Biomedical waste	NBSU	New Born Stabilization Unit
BSU	Blood Storage Unit	NLEP	National Leprosy Eradication Programme
CDMO	Chief District Medical Officer	NQAS	National Quality Assurance Standards
CHC	Community Health Centre	NUHM	National Urban Health Mission
DH	District Hospital	NTCP	National Tobacco Control Programme
DPM	District Programme Manager	NTEP	National TB Elimination Programme
DVDMS	Drugs and Vaccine Distribution Management System	NVBDCP	National Vector Borne Disease Control Programme
EDL	Essential Drug list	OCP	Oral Contraceptive Pill
EMOC	Emergency Obstetric Care	OPD	Out Patient Department
FRU	First Referral Unit	OPV	Oral Polio Vaccines
HMIS	Health Management Information System	PIP	Programme Implementation Plan
IDSP	Integrated Diseases Surveillance Programme	PNC	Post Natal Care
IEC	Information, Education and Communication	PPP	Public Private Partnership
IPD	In Patient Department	PRC	Population Research Centre
IUCD	Intra Uterine Contraceptive Device	RBSK	Rashtriya Bal Suraksha Karyakram
IYCF	Infant and Young Child Feeding	RKSK	Rashtriya Kishor Swasthya Karyakram
JSSK	Janani Shishu Suraksha Karyakram	RCH	Reproductive Child Health
JSY	Janani Suraksha Yojana	RKS	Rogi Kalyan Samiti
LAQSHYA	Labour Room Quality Improvement Initiative	ROP	Record of Proceedings
LHV	Lady Health Visitor	SBA	Skilled Birth Attendant
LT	Laboratory Technician	SN	Staff Nurse
M&E	Monitoring and Evaluation	SNCU	Special New Born Care Unit
MCTS	Mother and Child Tracking System	TFR	Total Fertility Rate
MDR	Maternal Death Review	TT	Tetanus Toxoid
MMU	Mobile Medical Unit	USG	Ultrasonography

NORTH DISTRICT, DELHI

HIGHLIGHTS (NHM-PIP): FY 2021-22

4	1	41	1	2	30
District Hospital	Maternity Home	DGD/MCW Centre	Seed PUHC	Poly Clinic	AAMC

Key Mortality Indicators

190	8	9	157
Infant Deaths	Child Deaths	Maternal Deaths	Still Births

MCH Indicators

57% Mother who had Ist ANC visit

77% Mother who had four ANC visits

78% Institutional Deliveries

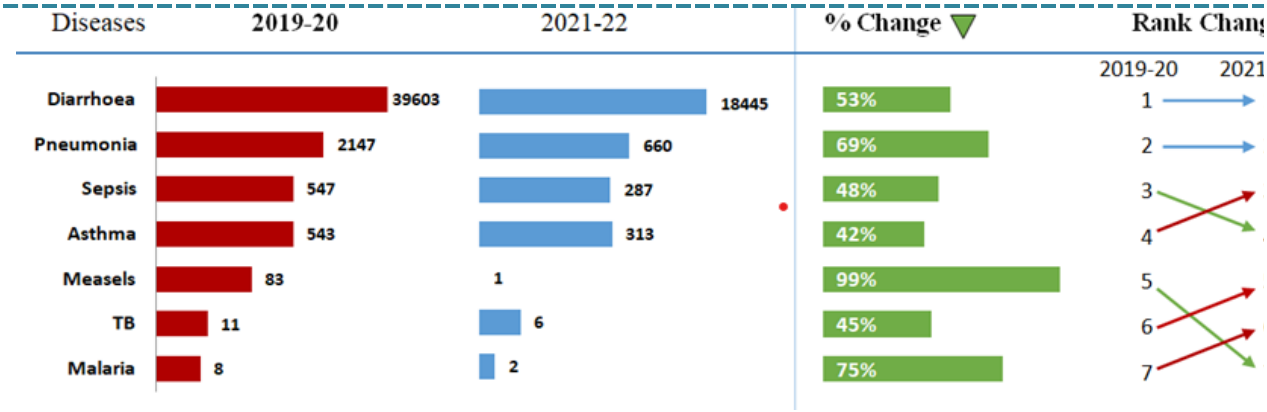
18% C-Section Deliveries

49% Women discharge in < 48 hours of delivery

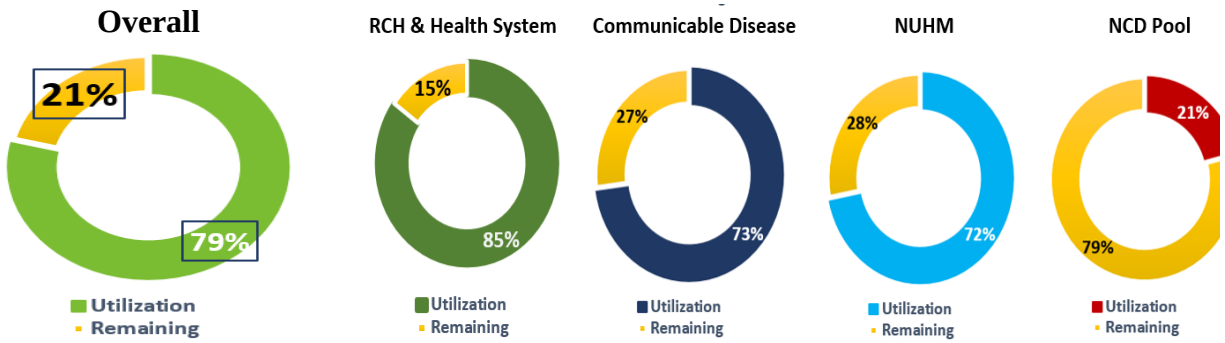
95% Newborn weighted at birth

21% Newborn having weight less < 2.5kg

Diseases Prevalence



Fund Utilization



Executive Summary

The National Health Mission (NHM) embodies the prime mission of the government of India for the Indian Health scenario. The advancement of NHM is carried out by the Monitoring and Evaluation action which is also a significant component to its implementation. The Ministry of Health and Family Welfare has assigned the responsibility to Population Research Centres (PRCs) for the evaluation with respect to quality monitoring of important components of NHM Programme Implementation Plan (PIP) 2021-22. A two-member team from PRC Delhi visited the allotted region of North District, Delhi during June 2022. The primary focus of this report is the monitoring of essential components of NHM i.e., Maternal, Child, and Adolescent Health in North District, Delhi. Further, the broad status of the healthcare systems of district is highlighted in this report.

Key Findings

- **Low ANC Registration:** Antenatal Care (ANC) registration in the first trimester is a matter of grave concern in the district, with persistent levels of low first trimester registration being recorded, especially among women from posh areas in the district.
- **Inadequate physical infrastructure; major space constraints:** Health facilities, specifically at the lower tier, do not comply with the mandates of physical outlay standards. Space constraints and undue congestion were observed to be major constraints in adequate service delivery at the facility level, across both rented as well as Govt. buildings.
- **Facility accreditation under Quality care Programmes:** The district has been markedly lacking in NQAS, Kayakalp, and LaQshya certified facilities across all health tiers due to vacant position of a quality care coordinator at the district level, along with staffing shortages at the DH level, thereby hampering the assessment process as well as monitoring activities under these programmes.
- **Vaccination Services at Doorstep for Elderly**: Door-to-door vaccination services for elderly were observed as a good practice under the National Policy for Health Care of the Elderly.
- **PMSMA programme non-functional at lower health tier:** Under PMSMA programme, quality of ANC services is a serious concern, especially across the lower tier facilities like the PHCs, due to inadequate laboratory services, logistics support, testing kits & shortage of LTs.
- **JSY Payment Gap:** More than 80% JSY Payment gap was noted in the district majorly attributable to the incomplete records of the migrant beneficiaries.
- **Delayed approval of Program Implementation Plan**: Delayed approval of the PIP to the district impedes achievement of the physical targets, which invariably leads to lower fund utilization, and also has implications for the succeeding year's approvals. .
- **Initial Implementation stage of NOHP:** National Oral Health program was reported to be in its initial phase in the district. Space constraints in DGDs for offering oral health services were noted as a major concern. Further, all concerned posts i.e., Dental Surgeon/ Dentist, Technical Assistant & Consultant related to oral health services continue to remain vacant in the district.

- **Inadequate Laboratory Services at Lower health tier:** Essential laboratory/diagnostic services were highly hampered at primary healthcare due to insufficient testing kits &LTs across district given the frequent transfers of LTs to COVID centres. Most of the facilities were conducting only COVD related test, thus affecting the diagnostic testing for maternal health services i.e. ANC.
- **Shortage of Medical Specialists:** There is an acute shortage of obstetricians and gynaecologists & anaesthetists, affecting round-the-clock delivery/ specialist services at the DH level in the district.
- **Data Verification exercise observed:** A good practice related to data validation exercise by the HMIS expert across lower tier health facilities was noted in the district.
- **Lags in capacity building of HMIS-concerned personnel:** The Data Entry Operators at the DH level were not much familiar with the medical terms & there is no nodal/ assigned person at the facility who could coordinate with all departments regarding HMIS data and related issues, thereby having serious implications for HMIS data reporting and quality
- **Out-of-pocket Expenditure:** High out of pocket expenditure was majorly observed in reference to oral health care services & laboratory services.

Recommendations

- Physical Infrastructure layout of the facility should be in-line with the "Guidelines of space standards of the GoI" or IPHS compliance/ norms.
- Expanded availability of laboratory and Diagnostic services must be prioritized in the district.
- There is a wide scope of improvement with the execution of quality care programmes in terms of manpower, assessment process, monitoring activities, & transparency of assessment score.
- Services for Oral health need to be strengthened in the district by providing for the required manpower & Infrastructure space.
- Timely release of the approved PIP s must be planned for the district to ensure achievement of annual targets and optimum resource utilization.
- Backlogs in payment of entitlements under JSY must be addressed, especially in relation to the migrant population.
- Necessary steps should be taken to improve the first ANC coverage at lower health tier facilities.
- The record for the important HMIS service delivery indicators is mandate and it should be maintained at the facility-level. It is highly recommended that every month at the time of carry forwarding of Infrastructure statistics, the data should be updated to status quo.
- Monthly review meetings at the facilities can play a significant role in resolving the HMIS-related issues faced by the Data Entry Operators/Statistical Assistant, to improve overall HMIS data quality reporting.

Chapter 1 INTRODUCTION

1.1 Background and Objectives

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

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

The monitoring and evolution report is based on both primary as well as secondary data. Primary data collected from visited health facility and CMO Office while secondary data has been collected from HMIS Web Portal. Prior to visiting to district, the monitoring and evaluation team reviewed district PIP document and formulated semi-structured interviews schedules for the DPM, facility staff and beneficiaries. Before visiting the different level of healthcare facilities, a meeting with key personnel of NHM was held. The main motive of interaction with the officials i.e., CMO, DPMO and Nodal officer, was to know their problems and take their opinions for the improvement of the programmes. Moreover, the interactions

gave an enriching insight into health situation of the district, key challenges that lay ahead, and a prospective way forward. The healthcare facilities visited are listed below:

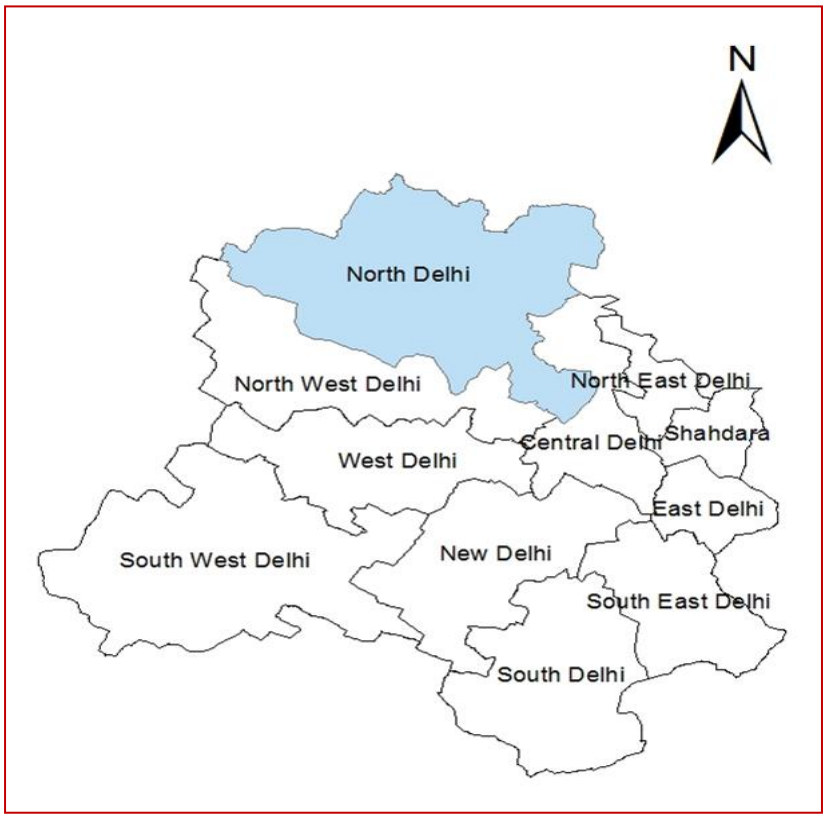
Table 1: List of Visited Healthcare Facilities in North District, Delhi

Healthcare Facility	Name of the Facilities / Place	Team Composition
District Hospital	SRHC Hospital, Narela	Ms. Bindiya Kumari & Prof. Suresh Sharma
Maternity Home	MH, Shahbaad Daulatpur	
Delhi Govt. Dispensary	Rohini (Sector-18) &DGD, Bhalaswa J J colony	
Seed PUHC	Swaroop Nagar	

1.2 Demographic Profile: North District, Delhi

At present, Delhi state is divided into thirty-three sub-divisions and eleven districts; North District being one of them. The district is home to about 88 lakh people, among them about 47 lakh are male and about 41 lakh are female (See Annexure, table 1). Majority of the population still resides in the urban area (98 per cent) whereas the remaining minute share occupies the rural sector.As per census 2011, the district records 13.6 per cent decadal growth rate while decadal growth rate of the state is 21.21 per cent. Thus, decadal growth rate of the said district is lower than the state average. North District has population density of 14557 persons per sq. km. North District is bounded by the Yamuna River on the east and by the districts of North West Delhi to the north and west, Central Delhi to the south, and North East Delhi to the east across the Yamuna. The map of North District is given in figure 1.

Figure 1: Map of North District of Delhi



The district has a geographical area of 61 square kilometers, with the density of 14557 persons per square kilometer.The district occupies the seventh place in terms of area as it shares 4.1 per cent of the total area of the State. North District ranked 7th in the state in terms of size of population, and contributes to 5.3 per cent of the state's population count.

1.3 Health Profile

This section will discuss the health care service delivery indicators in NorthDistrict of Delhi with respect to various domains such as Maternal Health, Child Health, Delivery care, Family Planning, etc. for the year 2021-22 (See Annexure, table 2).First ANC registration is a matter of grave concern in the district. According to the HMIS, just 57 per cent of women in North Delhi registered for ANC in the first trimester while women who registered for ANC up to 4 or more checkups, has significantly higher with the 77 per cent. According to the HMIS data source, IFA supplementation was given to more than 100 per cent of all women who registered for ANC.

Delivery care is a vital factor of Infant health. Of the total home deliveries in North Delhi, all 100 % per cent deliveries were attended by non- SBA worker. Skilled Birth Attendant (SBA) as an individual is the one who can handle common obstetric and neonatal emergencies. Thus, the attendance of SBA in case of home delivery is necessary to combat maternal deaths. About 78 per cent of all deliveries were institutional deliveries. Around 18 per cent of institutional deliveries were reported C-section. In case of institutional deliveries at public institutions, 49 per cent women discharged in less than 48 hours of delivery.

With regards to Post Natal Care, only 41 per cent of women received 1st post-partum checkup within 48 hours and 14 days of delivery. Around 96per cent of the newborns were breast fed within 1 hour of delivery and 95 percent newborns were weighed at birth in the district. Overall 26 thousand children fully immunized (9-11 months) observed in district.

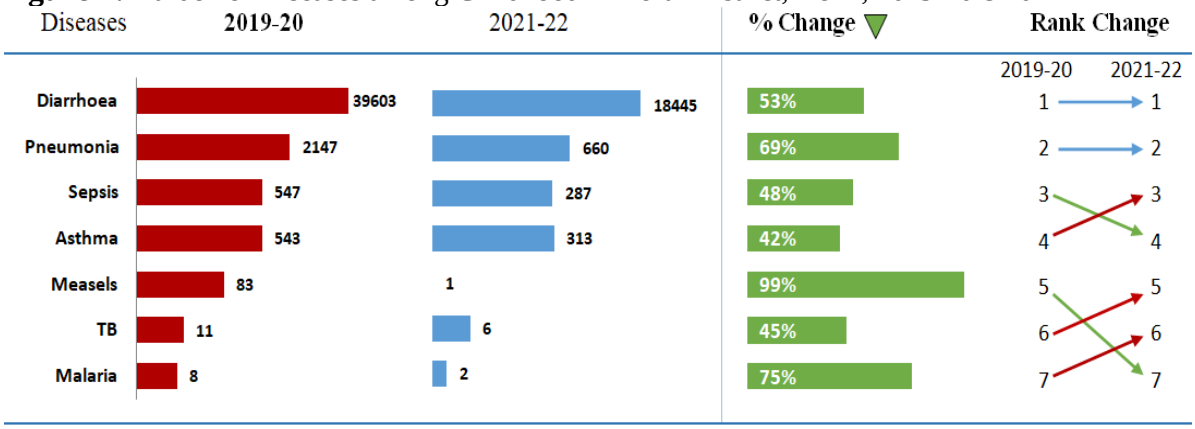
Female sterilization as a method of permanent family planning dominates the statistics with 96 per cent of all sterilization conducted in the year 2021-22 in North Delhi (Tubectomies). Total sterilization conducted was reported to be 335 in numbers.

Facility service delivery with regards to patient services, the OPD patient load is as high as 4279981 number of OPD patients in 2021-22 as against 39709 IPD patients. In terms of percentage, IPD to OPD accounts 1per cent in North Delhi District.

1.4. Burden of Diseases & Deaths

The study of Burden of Disease is crucial to the planning and strategizing of healthcare interventions in a given area. The following figure 2 reveals the burden of diseases among childhood in the study district, for the years 2019-20 & 2021-22.Overall, diarrhea accounts the majority burden of diseases. In last financial year, the district had more than 20 thousand cases of diarrhea and Pneumonia, whereas it was more than double i.e., around 40 thousand in 2019-20.

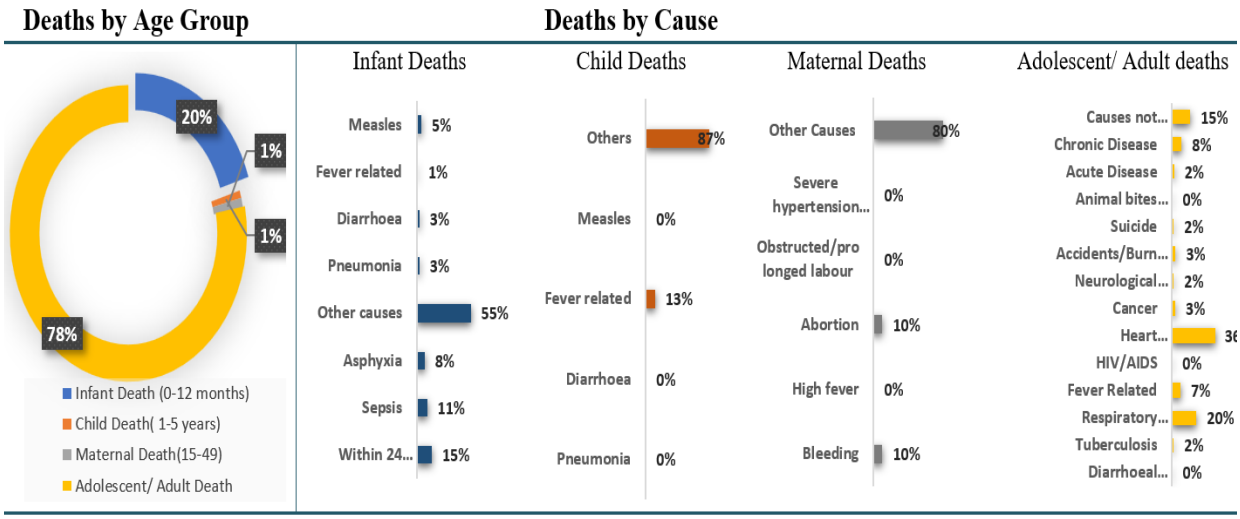
Figure 2: Burden of Diseases among Childhood in North District, Delhi, 2019-20 &2021-22



Source: HMIS (2021-22), North District, Delhi *Blue color- Same Rank, Green- Decrease, Red- Increase rank

In a nutshell, Diarrhea, Pneumonia, Sepsis, and Asthma cases were dropped in district from 2019-20 to 2021-22 by 21158 (53%), 1487 (69%), 260 (48%), and 230 (42%) cases respectively. Similar trend can be detected with regards to Measles, TB, and Malaria cases.

Figure 3: Major Mortality Indicators, by cause, 2021-22: North District of Delhi



943	190	8	10	735
Total Deaths	Infants Deaths	Child Deaths	Maternal Deaths	Adolescent/Adult

Source: HMIS (2021-22), North District, Delhi

The above figure elucidates total number of deaths by age, and causes in district. In last financial year, total 943 deaths in all age group were observed in the district. About 78 % deaths of the total deaths occurred in adolescent/ adult; and heart disease was observed the leading cause of the same; followed by deaths from respiratory diseases. The district has 190 infant deaths with a share of 20% in total deaths in 2021-22. The major reasons of infant deaths in the district include sepsis, deaths within 24 hours and other causes. North district has 10 maternal deaths with a share of 1% in the total deaths. Of the total maternal deaths, 20% observed due to abortion & bleeding. Further, around 8 (1%) child deaths were observed in last financial year in the district; out of them, 13% were observed due to fever causes.

Chapter 2 PUBLIC HEALTH FINANCING

NHM is one of the most important initiatives of the GOI that envisage achievement of universal access to equitable, affordable & quality health care services that are accountable and responsive to people's needs. This initiative is directed towards financing and supporting the states to strengthen public health systems and healthcare delivery in India. Allocation of State NHM budget is based on Program Implementation Plans (PIPs) submitted by State governments which are approved by the Union government. Both Central and State Governments contribute in implementation of programs under NHM in a ratio of 60:40 for all States and UTs with legislature.

2.1. State Resource Envelope

In Delhi, for the financial year (FY) 2021-22, against a resource envelope of 299.4Crore, UT share was noted of 119.76 Crore. The total support from Government of India is Rs. 179.64 Crore with the share of 60%, whereas the UT share noted 40%. A depth detailed summary of state budget approval tabulated in Annexure (table 3 & 4), which throws a light on patterns of budget allocation across different flexipool & key service domains.

The resource envelope for FY 2021-22 consists of government's support of Rs.115.67 Crore for NRHM-RCH flexible pool allocation including cash and kind, Rs.30.61 Crore under NUHM, and Rs. 5.46 Crore for infrastructure maintenance. The breakup of the total resource envelope shows that Rs.56.3 Crore is allocated for RCH Flexible Pool (including RI, IPPI, and NIDDCP), Rs.59.37 is allocated for Health System Strengthening (HSS) under NHM. The GOI contribution toward NUHM Flexible Pool, NDCP Flexible Pool and 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 are allocated for NTCP activities.

Against the total proposed amount of Rs. 46364.16 lakh, an administrative approval is conveyed for an amount of Rs. 40833.62 lakh. Therefore, around 90% total amount was approved against the proposed amount in the Delhi state. It can be observed that 100% amount was approved against the proposed for drug warehousing and logistics, Referral transport, Untied fund, and IT Initiatives for strengthening service delivery. It must be noted that more than 100% was budgeted towards Reviews, Research, Surveys and Surveillance against the proposed amount in last financial year. On the other hand, considering thatless amount was approved for innovation and community-based service delivery in said state.

2.2. District Health Action plan (DHAP) & District Allocations

DHAP is a principal instrument for planning, implementation & monitoring, formulated through a participatory and bottom-up planning process. It is an NHM document that depicts the need at sub district level units for programme implementation in terms of infrastructure, HR, procurement, various schemes running etc. and provides an overall budget required to execute those activities. Initially, for the preparation of DHAP, stakeholder gathers the inputs from block, cities, CHC/PHC and Village level. These inputs are collated into a guiding document i.e. DHAP which serves to consolidate the State PIP. For finalizing DHAP, an action plan meeting is held between the district and block officials to approve or disapprove the requirements after discussions. The table 2 shows the time process of preparation & approval of PIPs/DHAP in said District.

Table 2: Submission & Approval Timelines of DPIP/ DHAP, 2021-22& 2022-23

Approving Authority	DPIP/ DHAP	Submission Date	ApprovedPIP/ROPs	Fund Release
State	2021-22	January 2021	August 2021	No issue
State	2022-23	January 2022	District not received	-

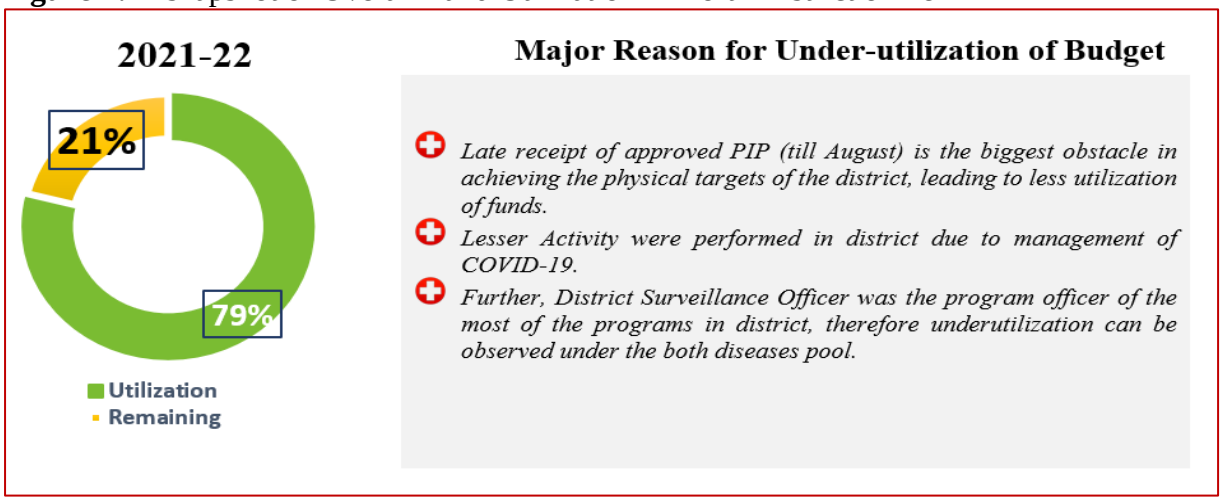
Source: CMO Office, North District, Delhi, 2020-21

It was mentioned that the biggest obstacle in achieving the physical targets of the district was the delayed receipt of PIP approvals. For the year 2021-22, the district has submitted DHAP in January 2021 &received the approved ROPs in August 2021. Similarly, the same situation can be seen in the last financial year.

2.3. National Health Mission Fund Utilization

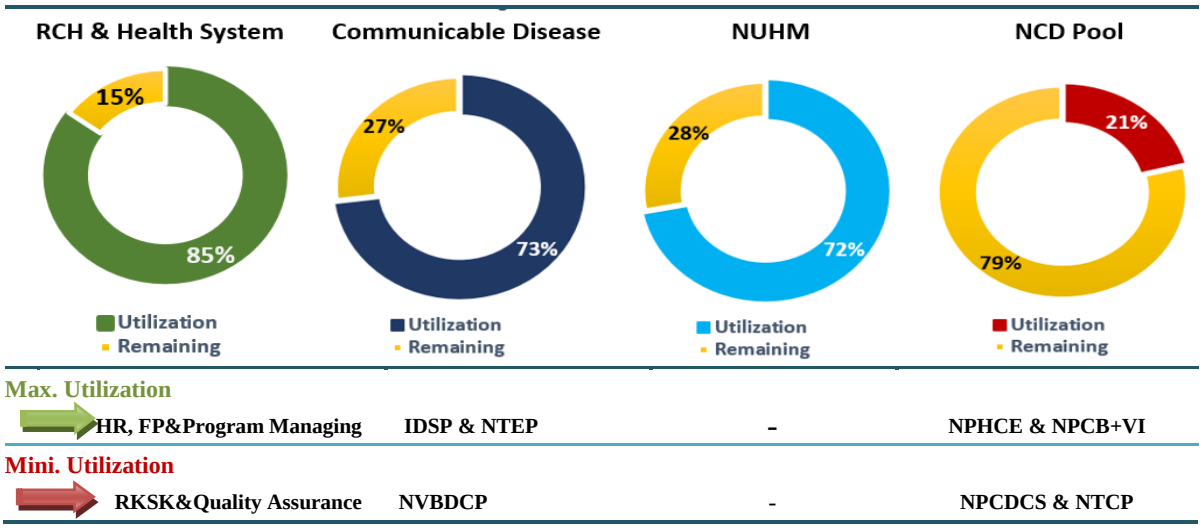
This section will attempt to discuss in depth details the NHM fund utilization against the sanctioned amount for the last financial year. Overall, around 20 per cent of funds remained unspent at the end of the last financial year as depicted in the above graph.

Figure 4: A snapshot of Overall Fund Utilization in North District of Delhi



In the last financial year 2021-22, most of the routine activities were hampered in the district as most of the Nodal Officer/ other officials were occupied in the management of COVID 19. Further, late receipt of PIP approval &fund delayed is the biggest obstacle in achieving the physical targets of the district, thus again leading to less utilization of funds. The following figure highlights flexipool wise budget utilization of north district of Delhi in last financial year (See annexure, table 5).The budget categorized into 4 broad categories i.e., RCH & Health System Flexipool, NUHM, Communicable Disease and finally NCD Flexipool.

Figure 5: A Snapshot of Fund Utilization under Different Flexi-pool in North District, 2021-22



In North district, the maximum fund utilization was observed in RCH flexipool. However, the least fund utilization was observed in the NCD pool. The major reason cited for the under-utilization of the budget was that IDSP program officer i.e., District Surveillance Officer was the program officer of most of the programs in the district, which was occupied in the COVID-19 management activities.

Under RCH flexipool, the maximum utilization of funds is observed in the HR, Family planning & Program Management with more than 80-85%. However, the least utilization can be seen on RKSK (25%), Maternal Health(Immunization 44%), Quality Assurance (45%) & Kayakalp (48%). Owing to the lack of District Quality coordinator, assessment process & monitoring activities pertaining to NQAS, Kayakalp, and LaQshya were highly hampered in the district, thus leading to under-utilization of Funds. Under communicable, the maximum utilization is observed in IDSP (81%), followed by TB However, no utilization of budget as per release can be observed in the NVBDCP program in said pool. With regards to NCD pool, maximum utilization of funds is observed in theelderlyhealthcare &blindness control program. On the contrary, NPCDCS& Tobacco Control Programme have used only 1-2% amount of the allocated funds.

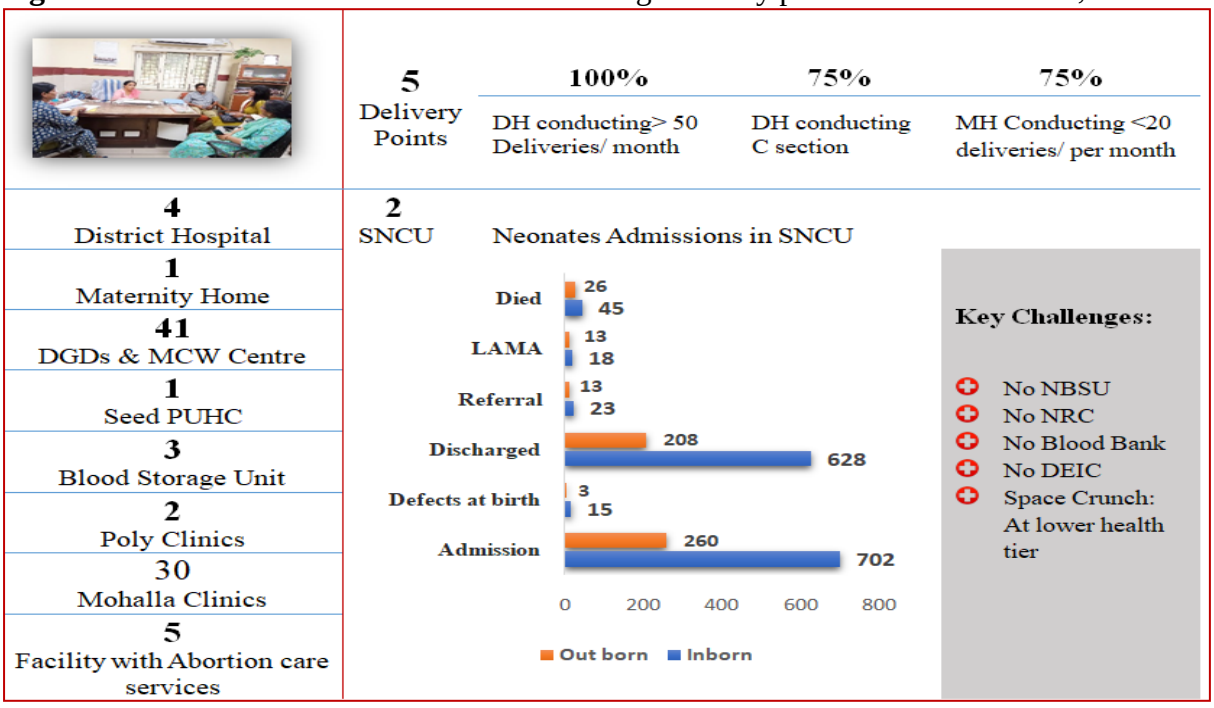
Chapter 3 PUBLIC HEALTH PLANNING

This chapter will attempt to discuss in details Public Health Planning which includes the depth details of public healthcare infrastructure, human resources for the public health and capacity building of the HR i.e., training status.

3.1. Health Infrastructure

Infrastructure is the basis for planning, delivering, and evaluating a wide range of essential public health services. Healthcare institutions and healthcare infrastructure is an important indicator to understand the health care status, health care delivery provisions and mechanism. Therefore, this section examines the analysis of health care infrastructure in North District, Delhi. Overall, district has 4 district hospitals; Satyawati Raja Harish Chandra Hospital, Narela; Babu Jag Jivan Ram Hospital, Jahangirpuri; Maharishi Valmiki Hospital, Bawana; and ESI Hospital, Rohini. It has 1 Maternity Home, 41 DGDs & MCW Centres, 2 Poly Clinics and 30 Mohalla Clinics. There is one Seed PUHC, functioning in rented building. The total number of institutions providing comprehensive abortion care services (CAC) is reported to be at 5 facilities. The district has total 5 delivery points (4 at DH & 1 at Maternity Home). All 100% DH are able to conduct more than 50 deliveries in a month. Out of the total DH, 75% district hospitals are able to render the C- section services.

Figure 6: Status of Health Infrastructure including Delivery points in North District, 2021-22



Source: CDMO Office (2021-22), North District, Delhi

In addition, district has 2 Special newborn care units (SNCU), out of them one is located in BJRM and another is located in MV hospital. During the last financial year 2021-22, there were 962 neonates admitted in SNCUs in district, and out of which, 73 % were inborn and remaining 27% were out-born admissions. The outcomes are categorized into four sections as successfully discharged, referred to higher centers, LAMA & died. The above graph clearly represents that overall, 86% neonates were successfully discharged, 5% were referred to higher center, 3% were left against medical advice, and 6-7% were died in the same. Further, it can be observed that death rate among out born neonates (10%) was higher than death rate of in born admissions (6%) due to any delay factors. Thus, high mortality in out born admission requires specific attention. It must be noted that the district doesn't have any NRC & NBSU. Besides, the district does not have any District Early Intervention Centre (DEIC) for the better delivery of services. The district has 3 blood storage units, however non- availability of blood bank was reported.

Health infrastructure also includes transport facilities at the district for the safe and timely movements of the patients. The district doesn't have the Mobile Medical Units (MMU); however, the district has the CATS Transport facility. Centralized Accident Trauma Services (CATS) provide daily round the clock pre-hospital emergency response services in north district of Delhi through a toll-free number (102).

3.2. Human Resources for Public Health

Lack of Human Resource is one of the major concerns of the district; more specifically major issue was reported regarding the shortage of specialist, MO &LT in the district. Major crisis of insufficient LT was reported across the district given the frequent transfers/re-allocations of LTs to the COVID centres due to which essential diagnostic & laboratory services were hampered. To ensure smooth functioning of the essential/ routine healthcare services other than COVID care, the district must prioritize the laboratory staff. In addition, there is acute shortage of MO/ PG Senior residents (PGSRs) both in OB-GYN & Anesthesia, therefore hampered the round the clock delivery/ specialist services at DH level, particularly at Satyawadi Raja Harish Chandra Hospital and Maharshi Valmiki Hospital in the district.

The component of Human Resources under NHM is to ensure the availability of adequate work force at the public health facilities in the State. To ensure smooth service delivery NHM made provisions for a basic minimum Human Resource (HR) requirement along with health infrastructure. Under National Health Mission, total 61 ANM, 5 PHNO, 15 Staff Nurse, 5 Specialist, 15 MO, 4 Pharmacist, 4 LT, 14 RNTCP Lab technician, 2 Lab assistant and 2 OT assistant were in-position in the district.

Figure 7: Status of Human Resources in the North District, Delhi

Against the sanctioned post in the district, 100 percent position of Dentist/ Dental Surgeon as well as LTs, 38 percent position of Medical Officer's (MO), 38 per cent of Pharmacist's position are vacant under Delhi government in the district as depicted in the above figure. Overall, under Delhi Government, total number of sanctioned posts for Medical is 55 out of which only 34have been filled and 21 posts is still held vacant (See Annexure, table 6). Position for the Pharmacist is also significantly high in the district. The district has 43 Pharmacist against the sanctioned post of 63, thus 20 posts are vacant. Against the total number of sanctioned posts for ANM, 39 posts are vacant in the district. Non-availability of Dentist/ Dental Surgeon & Lab technician was observed under the same in the district.

The bottom-up approach of NHM especially draws attention to the role of ASHAs all the more. They help in educating and mobilizing the masses to adopt healthy behaviors. At present, a total of 683 ASHAs (686 sanctioned) are working in the district and there are 3 vacant positions against the sanctioned position for ASHAs as depicted in table 7 (See Annexure). The average payment received by ASHA ranges from Rs. 5000-6000 and was reported to be on time. MAS in one of the key interventions under National Health Mission aimed at promoting community participation in health at all levels, including planning, implementing and monitoring of health programmes. Total 10 number of Samiti formed &trained in the district. Meeting of MAS was

held at least once every month, which addresses local issues related to Health i.e., Immunization, Family planning, COVID, Water, and Sanitation at slum level.

3.3. Capacity Building of HR

Following table shows the training status of doctors for Live Saving Anesthetics Skills (LSAS) & Emergency Obstetric Services (EmOC). In North district, 8 doctors were trained in LSAS in which 7 doctors are performing C-Section deliveries. All LSAS trained doctor were serving in the district. With regards to EmOC, no Doctors were trained in district in last financial year.

Table 3: Details of Training status of Doctors in North District, Delhi, 2021-22

LSAS Trained	**8**	**8**	**7**	**Remarks/ Challenge**
	Trained Doctors	Posted in FRU	Performing C-section	No Trainings on EmOC

Source: CMO Office, North District, Delhi, 2021-22

The following table shows the training status against the planned trainings in ROP document of North District of Delhi in the last financial year. The district has been completed 100 per cent training on Immunization, Health Management Information System (HMIS), Integrated Diseases Surveillance Program (IDSP) & National Leprosy Eradication Programme (NLEP).

Table 4: Training status as per ROP approval in North District, Delhi: 2021-22

Planned Vs Accomplished	**100% Completed**	**Mode of training**	**Key Challenges:**
	HMIS	Offline	Space constraint was noted an issue. No space for trainings &meetings, particularly forIDSP & NVBDCP Programme.
	NLEP	Offline	
	Immunization	Online & Offline	

Source: CDMO Office (2021-22), North District, Delhi

With regards to NLEP & HMIS, almost all the trainings were conducted offline to the officials. Only one Immunization related training was conducted online mode in the district and rest of the 4 training on the same were offline (See Annexure, table 8). Against the planned training in ROP document, trainings on National Programme for Prevention and Control of Deafness (NPPCD) were not conducted in the last financial year 2020-21.It was reported by the district that most of the programme related training (which was approved under the ROP)were not held at the district due to the COVID management activities.

Chapter 4

NATIONAL HEALTH MISSION PROGRAMMES

This section will attempt to discuss in details the implementation of various national programmes related to mother, newborn, child & adolescent healthcare services under National Health Mission. It will also make an attempt to deliberate the Nutrition Programmes as well. One of the key objectives of NHM programme is prevention and control of most common communicable and non-communicable disease. Therefore, it will discuss the diseases control programs. Finally, it will discuss the Quality care programs as well as other NHM programs.

4.1. RMNCH+ N Programmes

Improving the well-being of mothers, infants and children is an important public health goal for Government of India. In this context, Ministry of Health & Family Welfare launched Reproductive, Maternal, Newborn Child plus Adolescent Health (RMNCH+A) to influence the key interventions for reducing maternal and child morbidity and mortality. The following table depicts the scenario of mortality indicators in North district of Delhi for last two financial years.

Table 5: Mortality Indicators in North District over last two Years

Mortality Indicators	In Numbers		Increase/ Decrease
	2020-21	2021-22	
Infant Deaths	197	190	▼
Child Deaths	8	8	-
Maternal Deaths	11	9	▼
Still births	142	157	▲

Source: CDMO Office, North District, Delhi

Overall, total number of Infant & Maternal deaths have decreased from 2020- 21 to 2021-22 in the district. However, the cases of still births have increased in the same. The district has reported 8 child deaths in both the financial year. The total number of Infant deaths & still births has observed to be significantly high as compared to others mortality indicators in the district. The vast majority of these mortality are preventable. Therefore, to ensure the better maternal & Child health, GoI has launched numerous initiatives i.e., JSY, JSSK, AMB, HBNC, RBSK&RKSK etc. This section will attempt to discuss in details implementation of various national programmes related to mother, child, Newborn and Adolescent health services under National Health Mission.

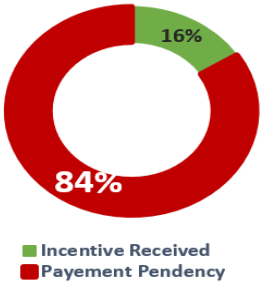
Janani Suraksha Yojana (JSY)

Janani Suraksha Yojana prevalently known as the conditional cash transfer scheme, started in 2005. JSY is an initiative for safe motherhood under NRHM. It aims at reducing maternal and neo mortality rate, promoting institutional deliveries among poor pregnant women by incentivizing them through cash benefits for getting institutional deliveries. The initiative is not effectively working in the district however the level of awareness among the beneficiaries is satisfactory in the district. Following figure depicts the disbursement of the JSY entitlements.

Table 6: JSY Payments Status in North District, Delhi: 2021-22

जननी सुरक्षा योजना

8761	1420
Total Institutional Deliveries	No. of beneficiaries received Incentives



Key Challenges:

Incomplete Records of the beneficiaries

Most of the migratory population doesn't have valid papers

Owing to meager JSY amount/ benefit, thus beneficiaries are willing to forgo it

Source: CDMO Office (2021-22), North District, Delhi

Overall, more than 80% JSY Payment gap were observed in the district. The said gap was primarily due to incomplete records of the beneficiaries. Most of the beneficiaries are migratory population (30-35%) and doesn't have relevant valid papers/ documents that are required. It is mandating that JSY payment will be released only after the receipt of all document like BPL Card, Income certificate etc. In addition, expenses of furnishing documents to become beneficiaries is higher than the benefit, therefore they are willing to forgo it.

Janani Shishu Suraksha Karyakaram

Janani Shishu Suraksha Karyakaram (JSSK) aims to improve maternal and child health by minimizing financial expenses of pregnancy and sick new born child. Furthermore, the aim of this scheme is to promote institutional deliveries. The JSSK scheme is well implemented in the North district of Delhi across all key domains except the transport services (See annexure, table 9). Free diet was given to 5209 beneficiary mothers. The diet services were functioning well at DH level (In house diet services). However, it was reported that one-time packed meal provides to the beneficiaries at the maternity home.

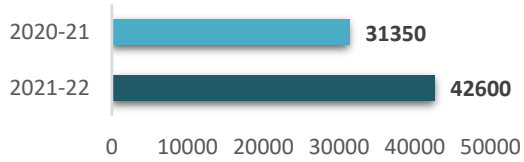
Free drugs were given to 5404 mothers and 881 infants. Free diagnostics was conducted for 5983 beneficiary mothers and 779 infants. A total of 8761 number of deliveries underwent at public institutions, hence were eligible for the benefit of JSSK scheme. Referral transport was availed by the 6-7% pregnant women (610 in number). None of the pregnant women and sick

infants availed free transport services from home to health institutions. Similarly, none of the PW availed free back home drop transport facility in the district. Thus, limited support for the free transport facility for pickup & drop back of pregnant women under JSSK observed. It can be noted that JSSK money were not used for the transport services in the district.

Pradhan Mantri Surakshit Matritva Abhiyaan

PMSMA Programme has been launched, to improve the quality and coverage of ANC including diagnostics and counseling services as part of the RMNCH+A Strategy. The prime aim was to provide comprehensive and quality antenatal care, free of cost, universally to all pregnant women on the 9th of every month. Provisions of PMSMA services are limited to District Hospital. Poor quality of ANC services is a serious concern at the lower tier of healthcare (PHCS) in the district. As on 9th of every month various activities are not being performed smoothly in the district due to the lack of diagnostic/ laboratory facility, inadequate logistic, testing kits & lack of LTs.

Table 7: Status of PMSMA programme in the north District, Delhi

40 **Total Facilities**	**No. of MCP Card Issued**	**Key Challenge**
100% DH & CHC		Lack of proper Lab/ Diagnostic facility; No LT & Inadequate logistics, no testing kits
35 PHC/ UPHC		

Overall, there are 40 such healthcare facilities in the district where PMSMA round are being conducted. In the year 2020-21, 31350 number of MCP card issued and Safe Motherhood Booklet were reported under PMSMA in district. In the following year, reported to be 42600. A sticker is added on the MCP card on each visit, if the women is detected with no risk, then a green sticker is added. However, the red sticker indicates high-risk pregnancy case.

Home Based Newborn Care Programme

ASHAs are responsible for the HBNC & HBYC visits in the villages or slums. HBNC programme is well implemented in the district. The following table depicts the HBNC programme in the district. During the last financial year 2021-22, ASHAs were also actively involved in the counseling of Immunization & HBNC visit as well. More than 15000 neonatal visits were conducted by ASHA worker under HBNC programme in the district. From the table it can be seen that around 97% ASHAs have the complete HBNC kit as well as drug kit.

Table 8: Status of HBNC programme in the North District of Delhi, 2021-22

Home based Newborn Visits

15246	97%	97%
HBNC Visits by ASHAs	ASHA having HBNC Kits	ASHAs having Drugs Kits

Key Challenge:

Sometimes ASHAs faced resistance from the mothers of newborn & her family. They don't allow to ASHAs to screening the child up to one week of birth.

Source: CDMO Office (2021-22), North District, Delhi

Rashtriya Bal Swasthya Karyakram/ School Health Scheme Program

RBSK is an important initiative aiming at early identification and early intervention for children from birth to 18 years to cover 4 'D's viz. RBSK programme is not implemented in the district as it has already a setup of School Health Scheme programme of State Government operating efficiently on the same grounds and lines as the RBSK.

Immunization Program

The Reproductive and Child Health programme (RCH) II under the National Rural Health Mission (NRHM) systematically assimilates all possible interventions that improve child health and addresses factors contributing to Infant and under-five mortality. With regards to the service delivery for Child Health, around 26 thousand children fully immunized (9-11 months) observed in North Delhi. In the last financial year, out of the total planned session 10763, around 95% (10189) Immunization session were held in the district. In addition, out of the total immunization session where ASHAs were presented to be 82% session.

Family Planning Programs

Family planning provides a choice & freedom to Women for deciding their Family size number of children and determines the spacing of pregnancies. As per the HMIS data, female sterilization as a method of permanent family planning dominates the statistics with 96 per cent of all sterilization conducted in the year 2021-22 in North Delhi (Tubectomies). Total sterilization conducted was reported to be 335 in numbers in the district. Besides these, the total numbers of condom pieces that have been distributed in the last financial year were 529874 pieces followed by oral pills 19257.

Rashtriya Kishor Swasthya Karyakram (RKSK)

The Ministry of Health & Family Welfare has launched a health programme for adolescents (10-19 years), in the year of 2014, which would target their nutrition, reproductive health and substance abuse, among other issues. The main objective of this Karyakaram was to improvenutrition, Sexual and Reproductive Health, enhance Mental Health, also prevent

substance misuse injuries and violence. During last financial year, total 12100 adolescent registered under RKSK program in district, and out of which, 58 % were girls and remaining 42% were boys registered as depicted in the following table. Therefore, it can be observed that registration rate among girls were higher than the registered rate of boys in the district. Similar observation can be seen with regards to received clinical services and counseling.

Table 9: Status of RKSK program in North District of Delhi, 2021-22

12100 **Total Registered**	**RKSK**	**2021-22**	**Key Challenge**
	Girls registered in AFHC	7027	Inadequate infrastructure is biggest constraint in proper services; No separate AFHC Clinics.
	Out of registered, Girls received clinical services	100%	
	Out of registered, Girls received counselling	65%	
	Boys registered in AFHC	5093	
	Out of registered, Boys received clinical services	98%	
	Out of registered, Boys received counselling	37%	

Source: HMIS Standard Report (2021-22), North District, Delhi

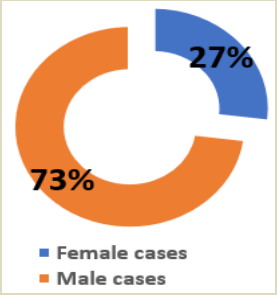
The above table clearly shows that almost 100 per cent girls received clinical services (partially) and around 65% girls received counselling session. On the contrary, 98% boys received clinical services (partially) and with regards to counselling it was observed to be just 37%. However, no proper counseling session were taken in place in the district. It should be noted that there are no separate Room/ AFHC clinics functional in the district. Owing to the inadequate Infrastructure and space crunch, most of the services were hampered with the respective programme. It was reported that only nutrition's/ Anemia related services functioning (Distribution of syrup). In addition, unable to fix the particular day for the smooth services due to mentioned issue, thus leading to most of the services hampered.

4.2. Communicable Diseases Control Programmes

One of the key objectives of NHM programme is prevention and control of most common communicable and non-communicable disease. This section will throw a light on the National Diseases Control Programmes related to the communicable diseases, i.e., IDSP, Leprosy Eradication; National Vector Borne Diseases Control& TB control Programme in the district.

Table 10: Status of Communicable Diseases Programme in North District of Delhi, 2021-22

Communicable Diseases Programs	In No.	Remarks/ Challenges
IDSP		
No. of team in the district	3	Shortage of Manpower Outdated IT equipment Internet connection
IDSP team includes	1 DSO, 2CDEO	
Types of diseases reporting under IDSP	25-26	
Total Epidemic and outbreaks reported in district	No	
% Of private health facilities reporting	100%	
NLEP		

New case detected/ recorded (In no.)	11	
Female case with %	27%	
Male case with %	73%	
Child case with %	0	
No. of G2D cases	3	
% of G2D cases of new cases deducted	27%	
MDT available without interruption	Yes	
Reconstructive surgery for G2D cases conducted	Yes	
MCR footwear and self-care kit available	Yes	
NVBDCP		
Micro plan and macro plan available at district	No	MCD is responsible for Implementation, preventive measure & Monitoring
Annual Blood Examination Rate	-	
Reason for increase/ decrease	-	
Anti-larval methods	-	
Contingency plan for epidemic preparedness	-	
No. of MDR rounds observed	-	
District Level Activities	Awareness through IEC	
NTEP		
Target TB notification achieved	-	Two Chest Clinics One Narela &one BJRM
HIV Status of all TB patient is known	-	
Drugs available(both drug sensitive & drug resistance)	Yes	
Beneficiaries paid under NIKSHAY	Yes	
Eligible TB patients with UDST testing	1596 (69%)	

	Public	Private
Patients notified	2665	590
Treatment success rate	76	60
No. of MDR TB Patients	34	03
Treatment initiation among MDR TB patients	32	03

Source: CDMO Office (2021-22), North District, Delhi

Under IDSP programme, the surveillance units have been established in the district. Rapid response teams are available/ constituted at district level and team includes- District Surveillance officer, 2 CDEO. Shortage of Manpower, Outdated IT equipment (computer) & internet connection is a major challenge for effective implementation of IDSP in the North District of Delhi. The district highly needs a Data Manager and Epidemiologist, for better implementation of the program. It was reported that Epidemiologist was appointed in the district, though working for the state surveillance office for more than last three years. Therefore, the work at the district level hampered for the same. Furthermore, poor/unreliable internet connection and outdated computer (approx. 15 years back) hampered the data reporting of the said program. IDSP data utilized properly at the district level by Data Analysis & clustering. After analysis of data, if any trend is found in a particular disease, it's highlighted to the state and further preventive measures taken accordingly. Overall, 100% of private health facilities reported weekly data of IDSP.

National Vector Borne Disease Control Programme (NVBDCP), no micro & macro plan available under NVBDCP program at district level due to no testing facility. It was reported

that awareness activities through IEC for preventive measures were taken at place (Temple, Gurudwara etc.) by the district level team. However, MCD is responsible for the implementation, testing and monitoring of the NVBDCP programme. With regards to the said programme, preventive measures are being taken by MCD.

NLEP programme is functioning well with MDT medicines & equipment available at all the facilities in the district. Overall, 11 new leprosy cases were detected in the district in the said time period. Out of the total Leprosy cases, around 73 per cent & 27 per cent cases were deducted in male & female respectively. In the north district, none of the leprosy case were seen among children. Gr. II disability rate among new deducted cases was observed around 27% which is quite high, and is a cause for concern. As per the World Health Organizations (WHO) Document, the proportion of G2D cases among newly diagnosed patients and the G2D rate in a population indicate the efficiency of early detection of leprosy. Total 3 cases of G2D were observed in the district. G2D indicates late deduction of cases due to lack knowledge & awareness about the programme.

Moving forward to the Tuberculosis Programme, It remains to be major public health problem in India. Diagnosis of TB through Intermediary UDST testing/lab is established in the district. There are 2 chest clinics were reported in the district, one in Narela and another one is in BJRM hospital. Total number of TB cases notified under NIKSHYA significantly varies from 2665 (82%) in public sector to 590 (18%) in private sector. In the last financial year, overall total 37 numbers of TB patient deaths were reported in the district. As compare to private sector, more MDR TB patient death was observed in public sector. However, in treatment success rate was observed more in public sector with the 76%.

4.3. Non- Communicable Diseases Control Programmes

Non-communicable diseases (NCDs) are the leading cause of adult mortality and morbidity worldwide. Several programmes which cater to Mental Health, Blindness, Diabetes, Hypertension, Heart Disease, Cancer, etc. are covered under NHM.

NPCDCS Programme

The National Programme for Prevention and Control of Cancer, Diabetes, Cardiovascular Diseases and Stroke (NPCDCS) is launched in 2010 with an objective to prevent and control major Non-communicable Diseases. Overall, Hypertension& Diabetes prevalence were noted in the district (See annexure, table 10). Further, numbers of cases of screening have been high

for hypertensionin the last financial year while the maximum detected cases were noted for the hypertension.

National Mental Health Programme (NMHP)

In North district, Mobile Mental Health Units (MMHU) was operationalized specially for mental health related issues. These facilities are available in fully equipped ambulances. However, the MMHU runs their services thrice in a week at Gurmandi, DGD and rest days sit at the DM office. The district has the dedicated staff i.e., 1Medical Officer(Psychiatrist) & 1 Counselor for the functioning of this programme. The institute of Human Behavior & Allied Sciences (IHBAS) is involved with the functioning of these MMU. It is innovative & specialized services to bridge the gap in mental health services, by targeting all age group. MMHU was established post COVID to reaching out the mentally illness person both homeless & homebound. Under this unit, numerous cases of Anxiety/ Depressive Disorder and Psychosis were treated in the district. This project is being running with the NHM funding under the monitoring of Delhi State Health Mission (DSHM).

National Programme for Health Care of Elderly (NPHCE)

National Program for Health Care of the Elderly (NPHCE) was functioning well in the district. Special clinic on Sunday for the geriatric/ senior citizen were organized in all the district hospitals of the district. Geriatric OPD was planned on this day to ensure the elderly citizen don't have to stand in queues for long hours, and have easier access to healthcare services. In addition, at lower tier of Healthcare i.e., Government Dispensary Thursday is fixed/ dedicated for the senior citizen services. The core strategies adopted by the district mentioned below:

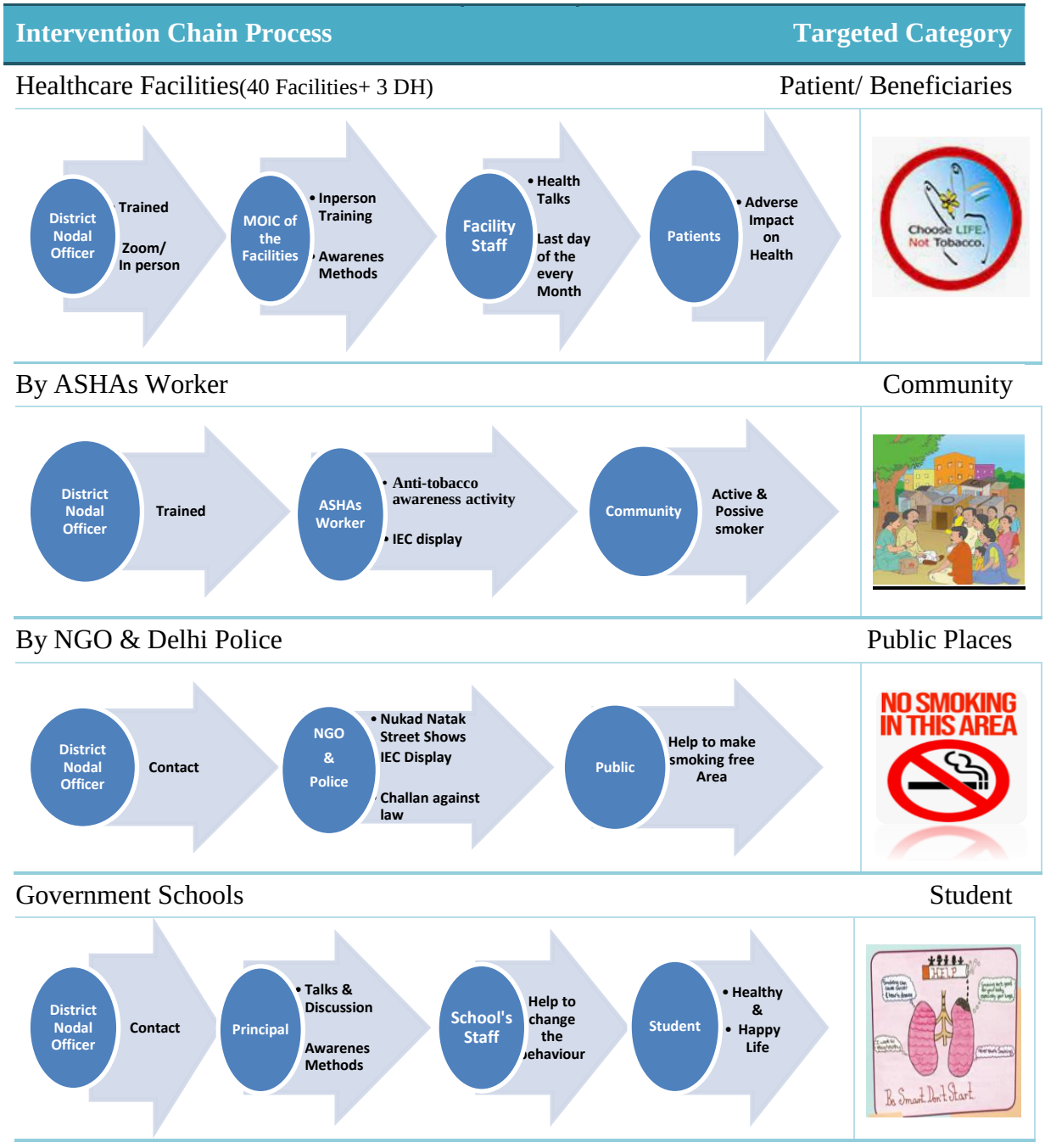
District's Core Strategies	Key Challenges
Daily Basis Preference (Registration-Consultant- Pharmacy) Sunday clinic: DH Level Senior Citizen Day, Thursday: Lower health Tier Vaccination preference: Door to door services IEC display related to Diseases	Paucity of Manpower Non-availability of District Consultant

There is a dearth of dedicated staff in the district for proper implementation and monitoring of this programme. The team consists of only one nodal officer in the district, who is also the program officer for other programmes. Hence, the only challenge reported by the team was paucity of manpower as there is no district consultant for the same.

National Tobacco Control Programme (NTCP)

Government of India launched the Tobacco Control Programme in the year 2007-08. Overall, total 40 healthcare facilities and 3 District hospitals covered under this program.

Figure8: Strategic Key Intervention under NTCP programme in North District, Delhi



Source: CMO Office, North District, Delhi

The main aim of the program was to create awareness about the harmful effects of tobacco consumption as well as reduce the production and supply of tobacco products. This program will help the people quit tobacco use, and facilitate implementation of strategies for prevention and control of tobacco advocated by WHO Framework Convention of Tobacco Control.

Shortage of Manpoweris a major challenge for effective implementation of NTCP program in the North District of Delhi. The district has non-availability of district consultant as well as Psychologist under said program for the last 2 years. There is dire need of dedicated staff in district tobacco control cell for the betterment or effective implementation of the program.

National Oral Health Programme

Taking into account the oral health situation in the country, Government of India has initiated a National Oral Health Programme to provide integrated, comprehensive oral health care in the existing health care facilities. The Oral health programme was reported to be initial stage in the district. It was reported that, dental services will be started at periphery level facilities. Two dispensaries were identified i.e., DGD Narela, DGD H-Block Jahangirpuri for started the dental services in the district. Space constraints in DGDs for offering oral health services were noted a major concern. Thus, there is wide scope of improvement with regards to oral healthcare services in the district. Overall, severe shortage of manpower was reported to be major concern in the district. All the post related to the same department were laid vacant in the district, thus dental department seems to be non- functional in the district. There were no Dental Surgeon/ Dentist, Technical Assistant and Consultant in the district. It is highly recommended that to functioning the oral health services in the district, the said department needs to be strengthened in the district by providing the required manpower.

4.4. Quality Assurance Programmes

To address the issue of low-quality of services in the healthcare premises, the GOI has introduced a set of quality-oriented programs under the National Health Mission. Quality care improvement initiatives i.e., Indian Public Health Standard (IPHS), NQAS, KAYAKALP, MERA ASPATAAL, LaQshya, MusQan programme, have revolutionized the pathways of public healthcare service delivery in the country. It can be noted that the district has been markedly lacking in quality care program implementation at all health tier due to lack of Quality coordinator in the district. There is a wide scope of improvement with the execution of the said program. Further, owing to the lack of District Quality coordinator, assessment process & monitoring activities pertaining to NQAS, Kayakalp, and LaQshya were highly hampered in the district, thus leading to under-utilization of funds also in their respective domain.

Table 11: Status of Quality Care Programs in North District, Delhi, 2021-22

No District Quality Coordinator	**0%**	**0%**	**0%**	**75%**
	NQAS Certified Facilities	Kayakalp Certified	LaQshya certified Labor rooms/OTs	DH integrated with Mera Aspataal

Source: CDMO Office (2021-22), North District, Delhi

Mera-Aspataal initiative is well implemented at the DH level in the district, however some technical issues were observed in data uploading. Currently, it has been implemented in 3 district hospital of North District of Delhi. It is Ministry of Health, Government of India initiative to capture patient feedback for the services received at the hospital through user-friendly multiple channels such as Short Message Service (SMS), Outbound Dialing (OBD) mobile application and web portal.

4.5 Others NHM programme

Community health workers like ASHAs play strategic role in the area of public health. ASHAs have been established as the first port of call for all health related and allied activities at the community level. The following tabulation will provide the summary of enrolled status of ASHAs worker under different social welfare scheme in the district.

Table 12: ASHAs Enrolled Status under social benefit scheme in North district, 2021-22

683	**29%**	**26%**	**0.07%**
ASHAs Worker in district	ASHAs enrolled under PMJJBY	ASHAs enrolled under PMSBY	ASHAs enrolled under PMSYMY

Source: CMO Office, North District, Delhi, 2021-22

Out of the total 683 ASHAs worker, around 30% ASHAs workers in the district are insured under the Pradhan Mantri Jeevan Jyoti Bima Yojana (PMJJBY), and 26% insured under Pradhan Mantri Suraksha BimaYojana (PMSBY). These are both governments backed insurance schemes. In a yet another social welfare scheme oriented towards pensions, very few ASHA workers are registered in the Pradhan Mantri Shram Yogi Maandhan Yojana (PMSYMY).

Chapter 5 PUBLIC HEALTH FACILITY ASSESSMENT

The major findings made by the monitoring team during the visit to various health facilities in North district are elaborated below. Each facility was assessed majorly on 7 themes i.e., HR,

Physical Infrastructure, Core Healthcare services, Drugs Diagnostic & Equipment, Service Delivery Indicators, NHM Programme Implementation, HMIS Data Verification, and IT Services.

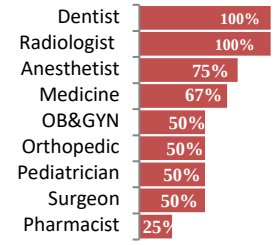
District Hospital

SATYAWADI RAJA HARISH CHANDRA HOSPITAL, NARELA

BJRM hospital is a 200 bedded facility located in Narela, North District Delhi. The health facility was easily accessible being located at remote area and was functioning in a new government building.The facility has enough space to manage the patient-load. Overall, there was acute shortage of PG Senior Residents (PGSRs) both in OB-GYN & Anesthesia therefore hampered the round the clock delivery/ specialist services to the patients at the facility. Only 1 Gynecologist was at DH who was handling all delivery care services since last 5 years. It's extremely difficult to cater to the load by the existing staff. Similarly, there was only one Anesthetist. Owing to non-availability of dental surgeon, dental services were not rendered at the facility. It was reported that dental department is closed from last 6 years due to the said issue. Further, non- availability of Radiologist was observed at the facility. The patients were referred to the BR Ambedkar Hospital to avail the services. With regards to Para-medical staff, total 129 staff Nurse observed at the facility. Total 2 LTs were reported at the hospital. Thus in turn, the facility required more Lab Technician in the blood storage unit for the quality services. The facility has an average OPD load of approximately 700-750 patients per day. Monthly around 70-75 deliveries were conducted at the facility, though deliveries were not performed in two months i.e. May & June due to COVID pandemic. All deliveries performed at the facility were seen normal deliveries. No C-sections were conducted at the facility after the COVID -19 pandemic as OT was reported to be closed due to construction work. Overall, non-availability of dental services, Blood Bank, USG, NRC, SNCU, ICU, NICU, PICU, Burn Unit, teaching block & skill lab was observed at the DH as depicted in the table.

Table 13: Status of SRHC Hospital across various Health Domains in the year 2020-21

Key Areas/ Observations				Remarks/ Challenges
Human Resource				
Medicine Specialist	1	General Duty/Casualty Doctors	5	
OB&GYN	1	Staff Nurse	129	
Pediatrician	1	LTs	2	
Anesthetist	1	Pharmacist	9	**Shortfall (%)** against Sanctioned
Surgeon	1	Dental Tech./ Hygienist	1	
Ophthalmologist	1	ECG Technician	4	
Orthopedic	1	Radiographer	7	

Pathologist	2	Physiotherapist	2	
Dentist	0	Ophthalmic Assistant	1	
Radiologist	0			

Physical Infrastructure				
Accessible from nearest road ahead	√	Drinking water facility	√	
24*7 running water facility	√	ASHA rest room available	✖	The OT of the facility was reported under construction, thus C-section and major operation were not performing at the facility.
Geriatric and disability friendly	√	Drug storeroom with rack	√	
Hospital located near residential area	✖	Power backup (Complete facility)	√	
Clean functional toilets	√	Good Condition of Building	√	
OPD waiting area sufficient space	√	Complete Construction Status	✖	
Core/ Specialized Health care Services				
Medicine	√	NRC & SNCU	✖	Facility unable to deliver the full range of specialized services due to staff shortage.
O&G	√	CLMC	✖	
Pediatric	√	NICU& PICU	✖	
General Surgery	√	DEIC	✖	Only 1 OB-GYN was at DH who was catering all delivery loads from last 5 years. Only 1 Anesthesia for the same. Dental department closed from last 6 years due to non-avaibility of dental surgeon. Further, no Radiologist at the facility.
Anesthesiology	√	Labour Room Complex	√	
Ophthalmology	√	ICU	✖	
Dental	✖	Dialysis Unit	✖	
Imaging Services (X – ray)	√	Emergency Care	√	
Imaging Services (USG)	✖	Burn Unit	✖	
IYCF	√	Skill Lab	✖	
Drugs, Diagnostic & Equipment's				
Essential Medicine on the day of visit	√	Blood Transfusion & Storage	√	The facility has blood storage unit, however shortage of staff for the same & blood bank was challenge.
Laboratory services	√	Fully Equipped Blood Bank	✖	
X-ray (AERB certified)	√	Availability of testing kits	√	
CT Scan	✖	Major Instrument Functional	√	

Service Delivery/ Mortality Indicators (2021-22)		
Allopathic OPD was 2.6 lakh	8.5 thousand Minor operations done	-
4.5 lakh Lab tests were done	No Child & Maternal deaths was observed	
Around 730 Institutional deliveries	13 Still births were reported at the facility	
NHM Program Implementation		
JSY Program	JSY payment was reported just13%	JSY payment gap observed due to incomplete records of the beneficiaries as most of themare migratory and doesn't have relevant valid documents.
JSSK	Received all services except transportation	
NQAS & Kayakalp	Not Certified	
LaQshya	Labour room scored 76%	
PM-National Dialysis programme	Not Implemented at the facility	
PMSMA	Services rendered on 9th of every month & indentified high risk PW	Facility lacking in quality care program implementation due to lack of Hospital Manager.
TB elimination Programme	DOTS clinic established under MCD.	
HMIS Data Verification (Indicators name with reason for mismatch)		
Newborns breast fed within 1 hour	Typing/ Human error	**DEO/SA challenges:**No review meetings were being held in place regarding HMIS issues. Data Delayed by Individual department, sometimes reports even after 5th of month. DEO unable to verify data due to paucity of time.
Allopathic- OPD	Dept. & OPD register mismatch	
Operation minor	Data at source entered wrongly	
Stock out rate of essential Drugs	Not Recorded by department	
PSS score from Mera Aspataal	Unable to upload on portal (Technical Issue)	
Kayakalp Score	Entered internal score as peer assessment score were not informed to facility	
HR Data	Carry forward same as previous	
Others		
NHM Fund Utilization	Around 90% fund utilization observed	-

Community Health Centre

MATERNITY HOME, SHAHABAD DAULATPUR

Maternity Home Shahabad Daulatpur is a 12 bedded health facility, with average OPD of 150-200 per day. The facility is effectively/ better performing in ANC services. It is the one stop centre to the beneficiaries to avail the services from ANCs to PNCs and afterwards. Thus, ANCs, Delivery services, PNC, Child Immunization& Family planning related services rendered at the facility. Normal Deliveries with minor tests were handled effectively on the facility. However, the high risk cases, C-section, & pregnant women with COVID positive directly referred to the Baba Sahib Ambedkar Hospital. In last financial year, 1 maternal & 3child deaths were observed at this facility.

All essential services were rendered at the facility except the Delivery care services. Total 7 types of tests i.e., CBC, HIV, Urine, HB, HBsAg, RBS, ABO & Rh performed at the facility. In last financial year, total 10029 number of test performed at the facility. EssentialLab services were rendered there except ultrasound facility, so they had to refer the respective patients somewhere else to get the test done. In addition, shortage of medicine (Pain killer, Calcium & PCM) & testing kits (VDRL, HIV, HBsAg & Urine Pregnancy Kits) was reported an issue.

There was acute shortage of Doctor & Specialist was observed at the facility. There were 3 MO post lied vacant, against the sanctioned post under NHM. Further, non- avaibility of Anesthesia is also a concern. Minor OT was there but reported to be non- functional from last 10 years due to staff crunch. It was reported that some of the equipments were still there in the Maternity OT to support minor surgeries or C-section deliveries but due to lack of said Health Personnel/ manpower OT were non- functional. The following table provides the detailed status of Manpower, Physical Infrastructure, Diagnostics services, Specialized Services, Medicine & Equipment, NHM programme implementation status, fund utilization & HMIS data verification at the facility. Overall, non- availability of OT services, Blood storage Unit, NBSU Unit, Imaging Services (X – ray), Dental, Ophthalmology was observed at this facility.

Table 14: Status of Maternity Home Shahabad across various Health Domains: 2021-22

Key Areas/ Observations				Remarks/ Challenges
Human Resource				
MO (MBBS)	2	Pharmacist	1	Shortage of MO is a major challenge. Against the Sanctioned post, 3 position of MO lied vacant at the facility
OB&GYN	1	LHV	1	
Pediatrician	1	PHNO	1	
Anesthetist	0	Ward Aaya	3	

SNs/ GNMs	7	Sweeper + Chowkidar	5	Non- avaibility of Anesthesia is also a concern.
ANM	9	ASHAs Worker	28	
LA	1			
Physical Infrastructure				
Accessible from nearest road ahead	√	Drinking water facility	√	Needs Renovations
24*7 running water facility	√	ASHA training room available	√	
Geriatric and disability friendly	√	Drug storeroom with rack	√	
Hospital located near residential area	√	Power backup (Complete facility)	×	
Clean functional toilets(separate M/F)	√	Good Condition of Building	√	
OPD waiting area sufficient space	√	Complete Construction Status	√	
Core/ Specialized Health care Services				
Medicine	×	MCH Services inc. delivery	√	Decline in the number of deliveries despite heavy ANC registration due to shortage of doctors & specialist.
O&G	√	C-section	×	
Pediatric	√	24*7 Emergency (LR)	√	
General Surgery	×	Family Planning services	√	
Anesthesiology	×	Blood storage Unit	×	
Ophthalmology	×	OT available	√	Antra Side Effect i.e. irregular Cycle
Dental	×	OT Functional	×	
Imaging Services (X – ray, USG)	×	NBSU	×	
Drugs, Diagnostic & Equipment's				
Essential Medicine on the day of visit	√	Blood Transfusion & Storage	×	Shortage of medicine (Pain killer, Calcium & PCM) & testing kits (VDRL, HIV, HBsAg & Urine Pregnancy Kits) was reported an issue.
Laboratory services	√	Fully Equipped Blood Bank	×	
X-ray services	×	Availability of testing kits	×	
CT Scan	×	Major Instrument Functional	√	
Service Delivery/ Mortality Indicators (2021-22)				
150-200 OPD per day		General OPD timing- 9 to 3pm (6 days)		-
3-4 deliveries per day		High risk cases refer to Ambedkar hospital		
30-35 Lab test per day		Immunization day- Wednesday & Friday		
81%- First ANC registration		ANC Checkup day- Monday &Thursday		
1 Maternal Death & 3 Child deaths		-		
NHM Program Implementation				
JSY Program		JSY payment was observed less		JSY payment gap observed due to incomplete documents of the beneficiaries
JSSK		Received all services except transportation		
NQAS/Kayakalp/ LaQshya		Not Certified		
TB elimination Programme		No		
NLEP		Functional, patients were screened		
PMSMA		Well implemented &indentified high risk PW		Facility lacking in quality care program implementation. Even the facility doesn't have the information/ record of Quality care score.
Anemia Mukt Bharat		Age-wise Iron syrup & tablets distributed by the ASHAs & Aanganwaadi worker		
School Health Schemes		Well functional, Medical checkup team consists 1 Doctor, 1 PHNO, & 1 ANM. General OPD, ENT, Dental & Vaccination		
HMIS Data Verification& IT Services				
Service Delivery Indicators Verification		Data Verification done at the facility by the district MIS expert on yearly basis. Thus, there were no mismatch were observed at the facility with regards to service delivery indicators.		-
IT services		Desktop available with good internet connectivity		
Others				
NHM Fund Utilization		100% fund utilization were observed		Poor Record maintenance of Fund utilization
ASHAs Trainings (2021-22)		Refresher, Pneumonia, FP, & Leprosy		

DELHI GOVERNMENT DISPENSARY, SECTOR-18, ROHINI

DGD Rohini is running in government building with the catchment population of more than 1.5 lakh. This facility caters a large section of vulnerable population i.e. around 30-40% of the total catchment population. Total 3 high risk areas covered by this facility, namely, Suraj Park, Sardar Colony, Raja Vihar. OPD load 250-300 per day was observed at this facility. Apart from the regular medicine consultations, the concerning case-mix at the health facility is that of skin diseases, URI, ENT, drug addiction, and Tuberculosis. The facility has a dedicated DOTS centre for the management of tuberculosis cases.After COVID-19 outbreak only COVID specific testing were taken at place, thus for the essential diagnostic testing they were referred to Mohalla Clinics. In order to ensure smooth lab services LT should be retain.

This DGD is upgraded in Polyclinic but no provision as such of that clinic. The facility did not have complete infrastructure, nor was there sufficient staff. There was shortage of doctors/MO (Allopathic) to look after the OPD. Against the sanctioned post, one MO post, 2 posts for ANM, 1 for Pharmacist lied vacant and there was no Public health manager at the facility. The facility's major problem was it's infrastructure. The building of the facility was under construction since 2017 & still it's not complete yet. Owing to pending construction work issue, most of the essential services hampered due to space crunch. Therefore, the district must attend to the building's pending construction work, most immediately. Similarly, basic essential amenities issues i.e., drinking water, toilets related issues were also existed. The facility didn't have the water cooler for drinking water since long time. Washroom was converted to store room due to space church at the facility. Further, elderly and children were facing a problems while access to facility for the healthcare services.

The facility was performing well in child immunization as well asFamily Planning. With regards to FP methods, no dropped out rate were being reported for the ANTARA, as the Health Personnel counsel in exceptional way so that the women consistently use the family planning methods. With regards to first ANC Registration, the facility was performing better in

vulnerable area as compared to posh area due to availability of ASHAs worker. Late ANC registrations among pregnant women were reported, particularly in the posh areas, due to lack of early counselling. Thus, providing counselling by ASHAs worker in the posh area of the district will definitely enhance the early ante registration.

Table 15: Status of DGD Rohini across various Health Domains: 2021-22

Key Areas/ Observations				Challenges
Human Resource				
MO (MBBS)	1	Pharmacist	3	Vacancy of MO, ANM, and Pharmacist exists.
MO (AYUSH)	2	LHV	1	
ANM	4	CDEO	1	Non- avaibility of Public Health Manager is concern.
LA	1	Nursing Orderly	1	
Physical Infrastructure				
Accessible from nearest road ahead	√	Drinking water facility	×	Under Construction since 2017
24*7 running water facility	√	ASHA training room available	×	
Geriatric and disability friendly	×	Drug storeroom with rack	√	
Facility located near residential area	√	Power backup	√	
Clean functional toilets(separate M/F)	×	Good Condition of Building	×	
OPD waiting area sufficient space	√	Complete Construction Status	×	
Core Health care Services				
Availability of Delivery care services	×	The facility is performing well in child immunization with more than 90% coverage 7 its stands in top 5 better performing facilities in the district.		Late ANC registrations among pregnant women of Posh Area
ANC	√			
Line Listing of High risk pregnancy	√			Antra Side Effect were observed i.e. irregular Cycle & bleeding less
Immunization	√			
Family Planning Services	√	Condom & Mala noted most prominent method of Family Planning.		
COVID Vaccination	√			
Adolescent Health Services	√			
NCD services	√			
Drugs, Diagnostic & Equipment's				
75% Essential Medicine on visited day	√	Blood Transfusion & Storage	×	Shortage of medicine related to infections. Autoclave reported to be non-functional.
Laboratory services	×	Fully Equipped Blood Bank	×	
COVID based testing	√	Availability of testing kits	√	
TB testing	√	Major Instrument Functional	√	
Service Delivery/ Mortality Indicators (2021-22)				
250-300 OPD per day	General OPD timing- 9 to 3pm (6 days)			Facility is not performing well in ANC Indicators.
50 % Ist ANC registration observed	High risk cases refer to Ambedkar hospital			
4th or more ANC checkup observed 10% (out of the total ANC Reg.)	ANC Checkup day- Monday & Thursday			
No Maternal Death &Child deaths	-			
NHM Program Implementation				
NQAS/Kayakalp/ LaQshya	Not Certified			Facility was lacking in the quality care program implementation.
TB elimination Programme	Yes, facility have DOTS Centre			
NLEP	Functional, no leprosy cases			
IDSP	Well Functional, Reporting S & P type form			
Anemia Mukt Bharat	Age-wise Iron syrup & tablets distributed by the ASHAs & Aanganwaadi worker on Wednesday & Saturday			
No Tobacco Drive	Awareness by ASHAs worker in community			
D-addiction Program	Every Saturday awareness camp held by NGO in the facility from 1 to 4 pm			
HMIS Data Verification& IT Services				
Service Delivery Indicators Verification	Data Verification done at the facility by the district MIS expert on yearly basis. Thus, there were only one mismatch was observed at the facility with regards to TT1 indicator.			-

IT services	Desktop available with good internet connectivity	
Others		
NHM Fund Utilization	100% fund utilization were observed	
ASHAs Trainings (2021-22)	Refresher, HBYC, PCV, IDCF, Poshan Maah, Breast feeding benefits, & on FP	-

DGD

DELHI GOVERNMENT DISPENSARY, BHALASWA, J J COLONY

This facility is located in urban slum area & caters the population around 70-80 thousand. It caters a large section of vulnerable population and most of the population was migratory from Bangladeshi & WB. All the essential services were provided at the facilityexcept the delivery care services. OPD load 150-200 patient per day was observed at this facility. On the ANC & Immunization day, OPD load was reported to be more than usual OPD. Apart from the regular medicine consultations, the concerning case-mix at the health facility is that of skin infection, respiratory & Teenage Pregnancy. Of the total ANC, around 20% cases were reported to be teenage pregnancy.

DGD Bhalaswa functioning in an old government building where issues pertaining to space crunch, overcrowding, poor ventilation, humidity etc. persists and significantly hamper quality of care. Space constraint is a biggest concern of the facility. The physical infrastructure of the facility doesn't meet the mandate layout criteria as per IPHS compliance. Most of the services hampered due to space crunch. Total five rooms were observed at the facility and in each room 3- 4 type's services were rendered at the facility. Therefore, healthcare provider/ personal faced a numerous challenges in providing the quality care services to the beneficiaries. Owing to the space church at the facility, most of services were hampered at the facility. There was no space for the ANC, Breastfeeding, Family planning counseling. No IUCD services rendered at the facility due to mentioned issue as well as privacy issue. In addition, it becomes more challenging task to manage the beneficiaries on ANCs and Child Immunizations day as more OPD load were reported on these days. No adequate space and proper seating arrangements (no proper shed) for waiting clients/patients as per patient load. There was no arrangement of any fans / coolers in the waiting area. Further, non- availability of drinking water facility for the patients were seen. Sometimes, the drinking water arrangement was done by the facility itself (by Jar). Infrastructure norms in line with the 'IPHS/ Guidelines and Space Standards of

the Government of India" should be followed, which will ensure all the essential services with the quality of health care delivery. Essential laboratory tests were not taken at place except COVID as LT is available at the said facility for only three days in a week. Regular availability of a LT could definitely play a significant role in enhance the laboratory services.

Table 16: Status of DGD Bhalaswa across various Health Domains: 2021-22

Key Areas/ Observations				Challenges
Human Resource				
MO (MBBS)	2	Pharmacist	2	Shortage of LT was reported at the facility given the frequent transfers/re-allocations of LTs to the COVID centre.
MO (AYUSH)	-	LHV/ PHNO (Alternate day)	1	
ANM	5	Nursing Orderly	1	
LTs (3 days in a week)	1	Dresser	1	
Physical Infrastructure				
Accessible from nearest road ahead	✗	Drinking water facility (by jar)	√	The physical infrastructure of the facility doesn't meet the mandate layout criteria as per IPHS compliance. Therefore, most of the services hampered due to space crunch.
24*7 running water facility	✗	ASHA rest room available	✗	
Geriatric and disability friendly	✗	Drug storeroom with rack	√	
Facility located near residential area	√	Power backup (Functional)	✗	
Clean functional toilets(separate M/F)	√	Good Condition of Building	✗	
OPD waiting area sufficient space	√	Complete Construction Status	√	
Core Health care Services				
Availability of Delivery care services	✗	The facility is performing well in child immunization with more than 90% coverage its stands in top 5 better performing facilities in the district. Condom & oral pills noted most prominent method of Family Planning. MO counseling on daily basis.		Majority of Services hampered due to space crunch; No space for the counseling of ANC, FP. No IUCD services rendered at the facility due to mentioned issue as well as privacy issue.
ANC	√			
Line Listing of High risk pregnancy	√			
Immunization	√			
Family Planning Services	√			
COVID Vaccination	√			
Adolescent Health Services	√			
NCD services	√			
Childhood nutritional/ diseases	√			
Drugs, Diagnostic & Equipment's				
Essential Medicine on visited day	√	Blood Transfusion & Storage	✗	After COVID-19 outbreak, essential diagnostic testing services hampered. Shortage of NCD related testing kits & instruments were also reported an issue.
NCD Medicine availability	√	Availability of testing kits	√	
Essential consumable availability	√	NCD testing kits	✗	
Laboratory services	√	Major Instrument Functional	✗	
COVID based testing	√			
Service Delivery/ Mortality Indicators (2021-22)				
150-200 OPD per day	General OPD timing- 8 to 2pm (6 days)			-
72 Hypertension confirmed cases	High risk cases refer to Ambedkar hospital			
68 Diabetes cases	ANC Checkup day- Tuesday			
2 Maternal Death &10 Child deaths	Child Immunization day- Wednesday			
NHM Program Implementation				
NQAS/Kayakalp/ LaQshya	Not Certified			Facility was lacking in the quality care program implementation.
TB elimination Programme	No			
NLEP	No cases of Leprosy			
IDSP	Well Functional, Reporting P& L type form One measles case reported			
Anemia Mukt Bharat	Iron syrup &Albendazole tablets distributed by the ASHAs & Aanganwaadi worker twice in a week I.E. Wednesday & Sunday			
Poshan Maah	Awareness on the Child nutrition, ANC Nutrition, Breast feeding, lactation etc.			
JSY Program	Registration of beneficiaries			
HMIS Data Verification& IT Services				
Service Delivery Indicators Verification	Data Verification done at the facility by the district MIS expert twice in a year. Thus, there were only few mismatch wereobserved at the facility with regards to ANC indicators.			Good practices were noticed of HMIS data verification with register as well with other portals i.e. RCH

IT services	Desktop available with good internet connectivity	
Others		
NHM Fund Utilization	94% fund utilization were observed	
Trainings (2021-22)	Leprosy, GDM, , PCV, IDCF, WPD, ANMOL, COVID Vaccination, IDCF, NDC, BMW, NLEP, NSV, Poshan Maah, Saans	-

Seed PUHC

PRIMARY URBAN HEALTH CENTRE, SWAROOP NAGAR

Seed PUHC Swaroop Nagar is functioning in a rented building where issues pertaining to space crunch, overcrowding, seepage in walls, no proper waiting area for patients etc. persists and significantly hampers quality-care service delivery. The health facility has no space to manage the patient crowd. It is the only facility for people nearby to avail healthcare services as it is a standalone facility, and thus caters to a large section of population i.e. more than one lakh. Some of the ANC services were affected due to accessibility constraints. The Medical-officer-in-charge at the facility has taken voluntary initiative of personally heading the varied departments, resulting in efficient progress. Despite the persistent challenges, per day OPD of the facility was reported to be around 200. Out of the total OPD, 50% OPD relates to geriatric cases.

At present, there are two MOs, seven ANMs, one LT, one Pharmacist, one NO, one CDEO, one PHNO, one SCC & 39 ASHAs at the facility. All essential services were rendered at the facility except the Delivery care services. ANC Services at the facility were hampered due to lack of laboratory testing services. Similarly, counseling of Family planning was reported an issue due to inadequate space & privacy issue. No adequate space and proper seating arrangements (no shed) for waiting clients/patients was available. Further, non- availability of drinking water facility for the patients was observed.

As per the demand & services, all the essential medicines were available at the facility. The following table provides the detailed status of Manpower, Physical Infrastructure, Diagnostics services, Core Services, Medicine & Equipment, NHM programme implementation status, fund utilization & HMIS data verification at the facility. With regards to Services, facility was performing well in immunization services & NCD screening. Under NHM program, the facility was not performing well in quality care programme implementation due to lack of leadership from the district level, training & monitoring gap. Further, another issue was reported regarding

the transparency of the Kayakalp assessment score. The peer or external assessment score of the facility were not informed to them by the district side, which leads to significant information gap and discouragement.

Table 17: Status of Seed PUHC Swaroop Nagar across various Health Domains: 2021-22

Key Areas/ Observations				Challenges
Human Resource				
MO (MBBS)	2	Pharmacist	1	Shortage of LT was reported at the facility given the frequent transfers/re-allocations of LTs to the COVID centre.
MO (AYUSH)	-	LHV/ PHNO (Alternate day)	1	
ANM	7	Nursing Orderly	1	
LTs	1	CDEO	1	
Physical Infrastructure				
Accessible from nearest road ahead	×	Drinking water facility	√	Facility is running in a rented building where issues pertaining to seepage, space crunch, crowding, inadequate space & proper sitting space for patients etc. persist.
24*7 running water facility	√	ASHA rest room available	×	
Geriatric and disability friendly	×	Drug storeroom with rack	√	
Facility located near residential area	√	Power backup	×	
Clean functional toilets(separate M/F)	√	Good Condition of Building	×	
OPD waiting area sufficient space	×	Complete Construction Status	√	
Core Health care Services				
Availability of Delivery care services	×	The facility is performing well in child immunization. Per month 40 outreach session were observed for the same. Condom &Chaya noted most prominent method of Family Planning.		ANC Services hampered due to lack of testing services at the facility. No proper space& privacy for the counseling of FP.
ANC	√			
Line Listing of High risk pregnancy	√			
Immunization	√			
Family Planning Services	√			
COVID Vaccination	√			
Adolescent Health Services	√			
NCD services	√			
Childhood nutritional/ diseases	√			
Drugs, Diagnostic & Equipment's				
Essential Medicine on visited day	√	Blood Transfusion & Storage	×	After COVID-19 outbreak, essential diagnostic testing services hampered.
NCD Medicine availability	√	Availability of testing kits	√	
Essential consumable availability	√	NCD testing kits	√	
Laboratory services	×	Major Instrument Functional	√	
COVID based testing	√			
Service Delivery/ Mortality Indicators (2021-22)				
200 OPD load per day	High risk cases refer to Ambedkar hospital			-
50% Geriatric OPD	ANC Checkup day- Tuesday			
2-3 teenage pregnancy cases/ month	Child Immunization day- Wednesday			
NHM Program Implementation				
NQAS/Kayakalp/ LaQshya	Not Certified			Facility was lacking in the quality care program implementation. The issue was reported regarding the transparency of the Kayakalp assessment score. The assessment score of the facility were not informed to them by the district side.
NLEP	No cases of Leprosy			
IDSP	Well Functional, Reporting P & L type form			
Anemia Mukt Bharat	Iron syrup &Albendazole tablets distributed by the ASHAs & Aanganwaadi worker twice in a week.			
Poshan Maah	Awareness on the Child nutrition, ANC Nutrition, Breast feeding, lactation etc.			
JSY Program	Registration of beneficiaries			
HMIS Data Verification& IT Services				
Service Delivery Indicators Verification	Data Verification done at the facility by the district MIS expert twice in a year. Thus, there were only few mismatch were observed at the facility with regards to ANC indicators.			-
IT services	Desktop available with good internet connectivity			
Others				

NHM Fund Utilization	More than 100 % fund utilization were observed	-
Trainings (2021-22)	Leprosy, GDM, PCV, IDCF, WPD, ANMOL, COVID Vaccination, IDCF, NDC, BMW, NLEP, NSV, Poshan Maah, SAANS	

Community Health Assessment

NARELA &BHALASWA J J COLONY, NORTH DISTRICT, DELHI

Availability and accessibility to healthcare services is an important enabler of improved community health. Interaction with the beneficiaries at public health facilities as well as with local beneficiaries revealed that availability of healthcare services, specifically, with regards to diagnostic testing and oral health services needs to be expanded.

Community/ Beneficiaries Interaction	
Health seeking behavior	
Community perception:	Opt Public facilities for - ANC services, FP, Immunization, Minor Treatments, Medicine, NCD screening & Eye services Opt Private facilities- Major treatment, Accidental & Burn cases, Diagnostic Services, and Dental services
Frontline worker perception:	Most of the community from labour class prefers public facilities over private clinics. However, high income community/posh areas prefer private facilities due to staff behaviour, time saving, and better services.
Access to health care services	
Community perception:	Partially accessible due to non- avaibility of services at the health facility. Lack of the laboratory services, C-section & major Surgeries were reported.
Frontline worker perception:	Unable to provide the diagnostics testing services to the community due to lack of testing facility at the lower health tier as most of the LTs were transferred on the COVID Centre. Therefore, ANC services hampered due to the same.
Behavior of health service providers	
Community perception:	Quite satisfied with the staff's behavior, attitude & availability of staff at facility during OPD hours.
Out of Pocket expenditure in public health facilities	
Community perception:	No out of pocket expenditure (Just 5-10 Rs. for OPD Registration)
Coverage, Knowledge and skills of ASHA as perceived by the community	
Community perception:	Beneficiaries were well-counseled about the ANC services, Pregnancy care, and institutional delivery care by ASHAs, however lacking with respect to transportation/ ambulance services. Pregnant women don't have the knowledge of ambulance toll free number.

Availability of services for MCH &preferred facilities	
Community perception:	Mostly prefer public facilities for mother &Child Immunization, ANC (partially), FP, COVID Vaccination, & Nutritional counseling
Screening for common NCDs and preferred facilities	
Community perception:	For Screening & medicine opt public facilities, however for treatment rely/ prefer private facilities.
Preferred facilities for emergency services	
Community perception:	Mostly prefer private facilities, however, Lack of trust in public health facilities with regards to said services were reported.
Preferred facilities for Eye ailments &Dental ailments	
Community perception-U:	For Eye services opt- Public facilities, while for Dental prefer private clinics. The reason being, ASHAs identify the Eye ailments patients from door to door and refer the patients in public facilities as it is incentive based program (Cataract surgery-300 Rs.& lenses- 200 Rs per person)

Chapter 6 CONCLUSION AND KEY RECOMMENDATIONS

The purpose of this report was to present a comprehensive overview of the major components pertaining to Maternal & Child Health, Family planning & Immunisation by monitoring & evaluation action at each health tier. This report also highlights the broad status of healthcare system in North district of Delhi regarding the Infrastructure, Manpower, NHM programme implementation, fund utilization, and finally HMIS data validation.

In total, five healthcare facilities in North District were visited for Monitoring & Evaluation purpose in June 2022. Besides visiting the facilities the team had interacted with the beneficiaries and conducted FGD's in the community i.e., J J Colony Bhalaswa & Narela. Overall, findings showed that Infant mortality is significantly higher than the maternal and child deaths in the district. An increase in the number of still births has been a notable trend in the district. Hence, there is dire need for targeted action policies to address newborn mortality & prevent still births.

Inadequate human resource availability emerged as a notable cause of concern across the district, especially with respect to the positions of MO, Specialists, and LTs. Furthermore, limited physical infrastructure (in both rented as well as government facilities), first ANC registration, & inadequate laboratory services at primary health tier were noted as major impediments to the health care system in the district. Majority of the facilities do no meet with the basic standards of physical infrastructure availability; many of the activities were undertaken in the same room due to which facilities were unable to deliver the full range of services. Thus, the priority of district must include strengthening physical infrastructure of the facility as per IPHS norms, enhancing the ANC services, and strengthening diagnostic and laboratory investigations across lower tier health facilities.

The timing and supply of drugs and medicines is well synchronized according to the needs of the health facilities, except for few medicines. Moderate shortage of PCM & infection-related medicines has been reported from the lower health tier. With regards to NHM-specific programmes, the district needs to really focus on the implementation of the following national health programmes:

- Janani Suraksha Yojana (JSY), to address the issue of payment gap
- Pradhan Mantri Surakshit Matritva Abhiyaan (PMSMA)
- RKSK programme for the Adolescents
- Management of Diarrhoea, and Pneumonia among children
- National Oral Health Programme
- IDSP programme
- Quality Care Programmes: NQAS, Kayakalp, & LaQshya

Recommendations

This section covers the recommendations for key stakeholders for the improvement of health care system in the North district of Delhi. The recommendations are divided into various themes i.e., Service Delivery Indicators, Manpower, Infrastructure, Diagnostic Services, NHM Program Specific, Financing, and finally HMIS & IT services

Mortality & Service Delivery Indicators

- First ANC registration is a matter of grave concern in the district. The majority of pregnant women were entered late into the Antenatal care programmes, specifically from the posh area. Early awareness campaigns for pregnant women by ASHA worker even in the posh areas will certainly enhance the early antenatal registration.

Diseases Prevalance

- The district has been able to demonstrate significant decline in Childhood Diarrhoea and Pneumonia prevalence over the last two years, though the case-load for both continues to remain high. Immediate measures need to be taken for management of diarrhoea & pneumonia among children.

Infrastructure

- Majority of the primary care health facilities do not meet with the basic standards of physical infrastructure availability. Physical Infrastructure layout norms of the facility should be in-line with the “Guidelines space standards of the GoI” or IPHS compliance/ norms, which will ensure efficient and adequate delivery of essential services.

Human Resource/ Manpower

- To ensure optimal delivery of full range of services along with quality care, the district must prioritize the immediate filling of vacant positions, specifically of MOs, Specialists & LTs.

Medicines & Diagnostic Services

- Essential laboratory/diagnostic services were highly hampered at primary healthcare due to insufficient LTs & testing kits. Expanded availability of laboratory and Diagnostic services must be prioritized in the district.

NHM Programmes

- JSY entitlements emerged a serious concern in the district majorly due to incomplete record of the migratory beneficiaries. Backlogs in payment of entitlements under JSY must be addressed, especially in relation to the migrant population.
- The district has been markedly lacking in quality care program implementation i.e., NQAS, Kayakalp, LaQshya across all health tiers due to lack of concerned staff at district as well as facility-level. Thus, there is a wide scope of improvement with the execution of quality care programmes in terms of manpower availability, assessment process, monitoring activities, & transparency of assessment score.
- The NOHP program was found to be in its initial stage in the district. Services for Oral health need to be strengthened in the district by providing the required manpower & Infrastructure space.
- Provisions of PMSMA services are limited to District Hospital. Poor quality of ANC services is a serious concern at the lower tier of healthcare in the district. Necessary steps should be taken to improve the ANC coverage with the help of this scheme.

Public Health Financing

- Late receipt of approved Program Implementation Plan (PIPs) is the biggest obstacle in achieving the physical targets of the district, which also lead to low utilization of funds. Timely release of the approved PIP s must be planned for the district so that the district can plan well accordingly.

HMIS & IT Services

- There was no nodal/ assigned person at the DH level who could coordinate with all the departments regarding HMIS data and related issues. Setting up of specific HMIS Committee & monthly review meetings at facility level can play a significant role in resolving the HMIS issues faced by the Data Entry Operators/Statistical Assistant.

- Some important indicators i.e., post-surgical site infection rate were not recorded/captured by the respective department of the district hospital. Record-keeping for the important service delivery indicators is mandate and it should be maintained at the facility-level.
- Maximum data mismatch was observed with regards to manpower and service availability at the DH level due to carry forward of the same data as previous year.It is highly recommended that every month at the time of carry forwarding of Infrastructure statistics, the data should be updated as per the current details.

Annexure

Table 1: Key Demographic Indicators: All India, Delhi & North District

Health Facility	North District	Delhi	India
Population (Census 2011)	887,978	16,787,941	1,210,854,977
Male	475,002	8,987,326	623,270,258
Female	412,976	7,800,615	587,584,719
Decadal growth rate in % (Census 2011)	13.62	21.21	17.6
Rural Population (%)	2.0	2.5	68.9
Urban Population (%)	98.0	97.5	31.1
Child Population	11.6	12	13.6
Literacy rate (%)	86.9	86.2	73
Male literacy rate (%)	90.9	90.9	80.9
Female literacy rate (%)	82.2	80.8	64.6
Sex ratio	869	868	943
Density/km2	14557	11320	382

Source: Census 2011

Table 2: Health Care Service Delivery Indicators in North District of Delhi, 2021-22

Indicators	Delhi	North Delhi
1. Maternal Health		
1.(a)Pre Natal Care		
% 1st Trimester registration to Total ANC Registrations	46%	57%
% Pregnant women received≥ 4 ANC checkups to total ANC Regist.	64%	77%
% Pregnant women given 180 IFA to Total ANC Registrations	86%	143%
1.(b) Home Deliveries		
Number of Home Deliveries	10530	2419
% Deliveries attended by non- SBA to total home deliveries	99.8%	100%
% Home deliveries to total reported deliveries	5%	22%
1.(c) Institutional Deliveries including C-Section Deliveries		
Total Number of Institutional Deliveries including C-section	210987	8572
% of Institutional Deliveries to total reported deliveries	95%	78%
% Institutional Deliveries to total ANC Registrations	45%	25%
% women discharge in < 48 hours of delivery to total deliveries (Public)	40%	49%
% of C-Section deliveries to total institutional deliveries	35%	18%
1.(d) Post Natal Care/New Born Care		
% 1st post-partum checkup b/w 48 hours & 14 days to total deliveries	40%	41%
% Newborn breast fed within 1 hour of birth to Total Live Birth	66%	96%
% Newborn weighed at Birth to Live Birth	97%	95%
% Newborn having weight less than 2.5 kg to total weighted	25%	21%
Still Birth	4030	180
2. Child Immunization		
Number of Fully Immunized children (9-11 months)	252464	25627
% Infants received BCG to full immunization	90%	50%
% Infants received Measles to full immunization	99%	94%
3. Family Planning		
Total Sterilization conducted	11109	335
% Male Sterilization (Vasectomies) to Total sterilization	3%	4%
% Female Sterilization (Tubectomies) to Total sterilization	97%	96%
4. Facility Service Delivery		
IPD	1609379	39709
OPD (Ayush + Allopathic)	70479742	4279981
% IPD to OPD	2.3%	0.92%

Source: HMIS Standard Report, 2021-22

Table 3: Breakup of resource envelope, NHM FY 2021-22, Delhi

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

*Source: Record of Proceedings (NHM Delhi 2021-22), MoHFW*indicated amount in Crore*

Table 4: Summary of budget approval, 2021-22, (Rs. in Lakhs) – State specific

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

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

Table 5: Program-wise Status of Budget Utilization for the year 2021-22, North Delhi

Indicators	Budget Released	Budget Utilized	% Utilization	Max. Utilization
RCH & Health Systems Flexi pool	1475	1253.51	85%	
Maternal Health	109.49	47.66	44%	HR, FP& Program Management
Child Health	23.60	5.79	25%	
RBSK	-	-	-	
Family Planning	18.43	15.68	85%	
RKSK/ Adolescent health	13.66	3.42	25%	
PC-PNDT	6.00	3.91	65%	
Immunization	88.64	62.92	71%	
Untied Fund	20.0	Nil	0%	
Comprehensive Primary Healthcare	-	-	-	
Blood Services and Disorders	-	-	-	
Infrastructure	-	-	-	
ASHAs	169.46	127.12	75%	
HR	1000.80	972.48	97%	
Programme Management	8.00	6.81	85%	
MMU	-	-	-	
Referral Transport	-	-	-	
Procurement				
Quality Assurance	11.66	5.20	45%	
Kayakalp	5.26	2.52	48%	
PPP	-	-	-	
NIDDCP	-	-	-	
NUHM	500.0	361.35	72%	-
Communicable Diseases Pool	297.10	217.10	73%	
IDSP	21.10	17.12	81%	IDSP & NTEP
NVBDCP	1.00	Nil	0%	
NLEP	25.00	17.46	70%	
NTEP	250.00	182.52	73%	
Non-Communicable Diseases Pool	53.97	11.16	21%	
NPCB+VI	24.41	9.7	40%	NPHCE & NPCB
NMHP	-	-	-	
NPHCE	1.90	0.89	47%	
NTCP	20.81	0.50	2%	
NPCDCS	6.85	0.07	1%	
National Dialysis Programme	-	-	-	
NPCCHH	-	-	-	
NOHP	-	-	-	
NPPC	-	-	-	
Total (RCH+NUHM+CD+NCD)	**2321.72**	**1815.96**	**79%**	

Source: CMO Office, North District, Delhi, 2021-22 ** Budget Record not maintained properly*

Table 6: Status of Human Resources in the North District, Delhi

Manpower	NHM	Delhi Government			
	In place	Sanctioned	In place	Vacant	% Vacant
ANM	61	33	33	0	0%
MPW (Male)/ PHNO	5	0	0	0	-
Staff Nurse	15	0	0	0	-
Specialist	5	0	0	0	-
MO (MBBS)	15	55	34	21	38%
OBGY	0	0	0	0	-
Pediatrician	0	0	0	0	-
Anesthetist	0	0	0	0	-
Surgeon	0	0	0	0	-
Radiologists	0	0	0	0	-
Other Specialists Pathologist	0	0	0	0	-
Dentists/ Dental Surgeon/ Dental MO	0	1	0	1	100%
Pharmacist (Allopathic)	4	63	43	20	32%
Lab technician	9 +14*	1	0	1	100%
Lab Assistant	2	-	-	-	
OT assistant	2	-	-	-	

Source: CDMO Office (2021-22), North District, Delhi RNTCP*

Table 7: Details of Frontline health workers, MAS & UHSNC inNorth District

Status of ASHAs/ MAS/UHSNC	(In number)
ASHAs Facilitators	186
ASHAs	
Total working	683
Required as per population	686
Sanctioned Post	686
Positions vacant	3
ASHAs covering more than 3000 urban population	0
No. of Villages/ slum areas with no ASHA	0
MAS	
Formed	10
Trained	10
MAS account opened	10

Source: CMO Office, North District, Delhi, 2021-22

Table 8: Trainings Planned Vs Accomplished (As per ROP approval), North Delhi

Training	Planned	Completed	% Completed
NTCP	-	-	-
NLEP	3	3	100%
IDSP	-	-	-
Quality Assurance	-	-	-
NPPCD	1	0	0%
Immunization	5	5	100%
HMIS	5	5	100%

Source: CDMO Office (2021-22), North District, Delhi

Table 9: Utilization Status of different services under JSSK scheme in North District, Delhi

Services	2021-22	
	Pregnant Women	Sick Infants
Free Diet Services	5209	-
Free Medicine	5404	881
Free Diagnostics	5983	779
Free Home to facility transport	0	0
Inter-facility transfers when needed	562	48
Free Drop Back home	0	0

Source: HMIS (2021-22), North District, Delhi

Table 10: Status of Non-Communicable Diseases in North District of Delhi, 2021-22

Diseases	No. of cases screened	No. of detected cases	No. of treated cases
Hypertension	1758	1559	1131
Diabetes	1357	1200	1159
Oral Cancer	0	0	0
Breast Cancer	0	0	0
Cervical Cancer	0	0	0

Source: CMO Office, North District, Delhi

District Level Checklist

Key Correspondence: DPMU

1. District Profile

A.1. Healthcare				
Indicator	**Values**		**Source**	
2. Name of the District				
3. Total number of Blocks				
4. Total number of Villages				
5. Total Population				
• Rural population				
• Urban population				
6. Literacy rate				
7. Sex Ratio				
8. Sex ratio at birth				
9. Population Density				
10. Estimated number of deliveries				
11. Estimated number of C-section				
12. Estimated numbers of live births				
13. Estimated number of eligible couples				
14. Estimated number of leprosy cases				
15. Target for public and private sector TB notification for the current year	Public: Private:			
16. Estimated number of cataract surgeries to be conducted				
*Estimated numbers (Sl. No 9-15) to be filled for the financial year 2021-22				
Mortality Indicators:	**Financial year (2021-21)**		**Financial Year (2021-22)**	
	Estimated	**Reported**	**Estimated**	**Reported**
• Maternal Death				
• Child Death				
• Infant Death				
• Still birth				
• Deaths due to Malaria				
• Deaths due to sterilization procedure				

A.2. Healthcare Infrastructure		
Facility Details	**Sanctioned/ Planned**	**Operational**
1. District Hospitals		
2. Sub District Hospital		
3. Community Health Centers (CHC)		
4. Primary Health Centers (PHC)		
5. Sub Centers (SC)		
6. Urban Primary Health Centers (U-PHC)		
7. Urban Community Health Centers (U-CHC)		
8. Special Newborn Care Units (SNCU)		
9. Nutritional Rehabilitation Centres (NRC)		
10. District Early intervention Center (DEIC)		
11. First Referral Units (FRU)		
12. Blood Bank		
13. Blood Storage Unit (BSU)		
14. No. of PHC converted to HWC		
15. No. of U-PHC converted to HWC		
16. Number of Sub Centre converted to HWC		
17. Designated Microscopy Center (DMC)		
18. Tuberculosis Units (TUs)		

19. CBNAAT/TruNat Sites		
20. Drug Resistant TB Centres		
21. Functional Non-Communicable Diseases (NCD) clinic • At DH • At SDH • At CHC	 _____ _____ _____	 _____ _____ _____
22. Institutions providing Comprehensive Abortion Care (CAC) services • Total no. of facilities • Providing 1st trimester services • Providing both 1st & 2nd trimester services	 _____ _____ _____	 _____ _____ _____
A.3 Infrastructure Construction Status Details		
• Details of Construction pending for more than 2 years		
• Details of Construction completed but not handed over		

17. Overview: Submission &approval timelines of DHAP

Year	Prepared & submitted any District Programme Implementation Plan	Submission date of DPIP/ DHAP	When you have received the approved DHAP from the State?	Date of Fund Release (Istsanctioned against DHAP)
2021-22 (Previous FY)				
2022-23 (Current FY)				

18. Service Availability

Indicator	Remarks/ Observation
C.1. Drugs & Diagnostics	
1. Implementation of **Free drugs** services (if it is free for all)	
2. Implementation of **diagnostic services** (if it is free for all) • Number of lab tests notified	
C.2. Status Of Delivery Points	
• No. of SCs conducting >3 deliveries/month	
• No. of 24x7 PHCs conducting > 10 deliveries /month	
• No. of CHCs conducting > 20 deliveries /month	
• No. of DH/ District Women and child hospital conducting > 50 deliveries /month	
• No. of DH/ District Women and child hospital conducting C-section	
• No. of Medical colleges conducting > 50 deliveries per month	
• No. of Medical colleges conducting C-section	
• Number of institutes with **ultrasound facilities** (Public+Private)	Public: Private:
• Of these, how many are registered under PCPNDT act	Public: Private:
C.3. National Health Programmes	
3. Pradhan Mantri SurakshitMatritva Abhiyan (PMSMA)	1. No. issued MCP card and Safe Motherhood Booklet: _____ 2. Number of health facilities where current round of PMSMA was conducted: a. Medical College: _____

Indicator	Remarks/ Observation	
	b. DH: _____ c. SDH: _____ d. CHC/UCHC: _____ e. PHC/UPHC: _____ f. Private Clinics: _____	
4. Rashtriya Bal Suraksha Karyakram (RBSK)	Total no. of RBSK teams sanctioned …….	
	No. of teams with all HR in-place (full-team) ……	
	No. of vehicles (on the road) for RBSK team …….	
	No. of Teams per Block …….	
	No. of block/s without dedicated teams …….	
	Average no of children screened per day per team ……	
	Number of children born in delivery points screened for defects at birth …….	

5. Special Newborn Care Units (SNCU)	• Total number of beds
	  • In radiant warmer _____
	  • Stepdown care _____
	  • Kangaroo Mother Care (KMC) unit _____
	• Number of **non-functional radiant warmer** for more than a week _____
	• Number of **non-functional phototherapy unit** for more than a week _____	

	Inborn	**Out born**
• Admissions (2021-22)		
• Defects at birth		
• Discharged		
• Referral		
• LAMA		
• Died		

6. Newborn Stabilization Unit (NBSU)	**Inborn**	**Out born**
• Admission (2021-22)		
• Discharged		
• Referral		
• LAMA		
• Died		

7. Nutrition Rehabilitation Centers (NRC)	• Total Admissions(2021-22) …….
	• Discharged …….
	• Referral/ Medical transfer …….
	• LAMA …….
	• Died …….
	• **Admission**
	  • Bilateral pitting oedema …….
	  • MUAC<115 mm …….
	  • <'-3SD WFH …….
	  • with Diarrhea …….
	  • ARI/ Pneumonia …….	

	• TB ……. • HIV ……. • Fever ……. • Nutrition related disorder ……. • Others ……. • **Admission to NRC Referred by** • Frontline worker ……. • Self ……. • Ref from VCDC/ CTC ……. • RBSK ……. • Pediatric ward/ emergency …….
8. Home Based Newborn Care (HBNC)	• **Status of availability of HBNC kit with ASHAs** >Total No. of ASHAs: _____ > No. of ASHAs with HBNC kits: _____ > Reasons of Non-provision:_____ _____ _____ • Total Newborns visited under HBNC: _____ • **Status of availability of drug kit with ASHAs:** > Total No. of ASHAs: _____ > No. of ASHAs with drug kits: _____ > Reasons of Non-provision:_____ _____
9. Peer Education (PE) programme (Adolescent Health) & **Weekly Iron Folic Acid Supplementation(WIFS)**	• No. of Blocks covered under Peer Education (PE) programme:…… • No. of villages covered under PE programme:…… • No. of Peer Educators: ..…… • No. of Adolescent Friendly Clinic (AFC) meetings held:…… • WIFS stockout:……
10. Mobile Medical Unit (MMU) (on the road) and micro-plan	• No. of Mobile Medical Unit (MMU) (on the road) and micro-plan _____ • MMU team Composition _____ _____ _____ • List of Services provided by MMU _____ _____ _____ • No. of **trips** per MMU/month ..….. • No. of **camps** per MMU/month ……. • No. of **villages** covered ……. • Average number of **OPD** per MMU per month ……. • Average no. of **lab investigations** per MMU per month ……. • Avg. no. of **X-ray** per MMU per month …….

	• Avg. no. of **blood smears collected / Rapid Diagnostic Tests (RDT) done for Malaria**, per MMU/month ……. • Avg. no. of **sputum collected** for TB detection per MMU per month ……. • Average Number of **patients referred** to higher facilities ……. • Payment pending (if any) ……. If yes, since when and reasons thereof
11. Universal health screening • No. of patients screened, diagnosed, and treated for: o Hypertension o Diabetes o Oral cancer o Breast Cancer o Cervical cancer	• If conducted, what is the target population ……. • Number of Community Based Assessment Checklist (CBAC) forms filled till date …….

Screened	Diagnosed	Treated

12. Integrated Disease Surveillance Programme (IDSP)	• Rapid Response Team (RRT) Constituted: Y/N • Team Composition: ……. • Outbreaks investigated: • 2021-21: ……. • 2021-22: ……. • Proportion (% out of total) of Pvt health facilities reporting weekly data of IDSP ……. • How is IDSP data utilized? Elaborate. _____ _____

13. National Viral Hepatitis Control Program (NVHCP)	• % of health workers immunized against Hep B ……. • Number of treatment sites and Model Treatment Center (MTC) for viral hepatitis …….
14. If District notified a **State Mental Health Authority (SMHA)**	• If District notified a **State Mental Health Authority (SMHA)** ☐ Yes ☐ No ☐ No SMHA in place ☐ No Mental Health Service or Facility in the district

15. Vehicle for Referral Transport

- **Details of Referral Transport – Number and Distribution:**

Stationed at:	BLS	ALS	PTA	Kilkari	Neonatal	Others
Medical College						
DH						
SDH						
CHC						
PHC						
Others						

- **Details of Referral Transport – Performance Indicators:**

Year	Ambulances Purchased	Total Cases	Pregnant Women	Accident Cases	Referral from one health facility to another	Others
2020-21						
2021-22						

	ALS	BLS
○ Operational agency (State/ NGO/ PPP)		
○ If the ambulances are GPS fitted and handled through centralized call centre		
○ Average number of calls received per day		
○ Average number of trips per ambulance per day		
○ Average km travelled per ambulance per day		
○ Key reasons for low utilization (if any)		
• No. of transport vehicle/102 vehicle (on the road)		
○ If the vehicles are GPS fitted and handled through centralized call centre		
○ Average number of trips per ambulance per day		
○ Average km travelled per ambulance per day		
○ Key reasons for low utilization (if any) ○		

16. National Fluorosis Control Programme	• Key activities performed in 2021-22 as per ROP:
17. National Iron Deficiency Disorders Control Programme	• Key activities performed in 2021-22 as per ROP:
18. National Tobacco Control Programme	• Key activities performed in 2021-22 as per ROP:
19. National Vector Borne Disease Control Programme (NVBDCP)	• Micro plan and macro plan available at district level **Y/N** • Annual Blood Examination Rate: ○ 2019-20: ……. ○ 2020-21: ……. ○ 2021-22: ……. ○ Reason for increase/ decrease (as per the trend of last 3years) ……. • LLIN distribution status ……. • IRS ……. • Anti-larval methods ……. • Contingency plan for epidemic preparedness ……. • Weekly epidemiological and entomological situations are monitored ……. • No. of MDR rounds observed ……. • No. of blocks achieved elimination status for Lymphatic Filariasis i.e. mf rate <1% …….
20. National Tuberculosis Elimination Programme (NTEP)	• Target TB notification achieved **Y/N** • Whether HIV Status of all TB patient is known: ☐ Yes/ ☐No If No, no. of TB patients with known HIV status_____

	• Eligible TB patients with UDST testing ……. • Whether drugs for both drug sensitive and drug resistance TB available …….
• Patients notification from public sector (2021-22)	• No of patients notified: ……. • Treatment success rate: ……. • No. of MDR TB Patients: ……. • Treatment initiation among MDR TB patients: …….
• Patients notification from private sector (2021-22)	• No of patients notified: ……. • Treatment success rate: ……. • No. of MDR TB Patients: ……. • Treatment initiation among MDR TB patients: …….
	• Beneficiaries paid under NikshayPoshan Yojana ☐ Yes/ ☐No • Active Case Finding conducted as per planned for the year ☐ Yes/ ☐No
21. Implementation of National Leprosy Eradication Programme (NLEP)	No. of new cases detected ……. No. of G2D cases ……. MDT available without interruption **Y/N** Reconstructive surgery for G2D cases being conducted **Y/N** MCR footwear & selfcare kit avl**Y/N**

22. ASHAs	**Number of ASHAs** • Required as per population ……. • Selected ……. • No. of ASHAs covering more than 1500 (rural) population ……. • No. of ASHAs covering more than 3000 (urban) population ……. • Villages with no ASHA …… • Slum areas with no ASHA …….
	Status of social benefit scheme for ASHAs and ASHA Facilitators (if available) • No. of **ASHAs** enrolled for Pradhan Mantri Jeevan Jyoti Bima Yojana (**PMJJBY**) ……. • No. of **ASHA Facilitator** enrolled for Pradhan Mantri Jeevan Jyoti Bima Yojana (**PMJJBY**) ……. • No. of **ASHAs** enrolled for Pradhan Mantri Suraksha Bima Yojana (**PMSBY**) ……. • No. of **ASHA Facilitators** enrolled for Pradhan Mantri Suraksha Bima Yojana (**PMSBY**) ……. • No. of **ASHAs** enrolled for Pradhan Mantri Shram Yogi Maandhan Yojana (**PMSYMY**) ……. • No. of **ASHA Facilitators** enrolled for Pradhan Mantri Shram Yogi Maandhan Yojana (**PMSYMY**) ……. • Any other state specific scheme_____

23. Mahila Arogya Samitis (MAS)-	**Status of Mahila Arogya Samitis (MAS)-** a. Formed b. Trained c. MAS account opened d. Samiti addresses issues related to……
24. Village Health Sanitation and Nutrition Committee (VHSNC)	**Status of Village Health Sanitation and Nutrition Committee (VHSNC):** a. Formed: b. Trained: c. MAS account opened:
25. Kayakalp and Quality Assurance	• No. of facilities quality certifiedNQAS……. LaQshya …….. • Status of Kayakalpprogramme- No. of awarded DH CHC PHC SC…… • Activities performed by District Level Quality Assurance Committee (DQAC) …….. ……
26. Maternal and Child Health	• **Number of maternal deaths reported at:** DH: _____ SDH: _____ CHC: _____ PHC: _____ SC: _____ Prime reason for the maternal death……. • Number of **Maternal Death Review** conducted • 2020-21: _____ • 2021-22: _____
	• Number of Neonatal Deaths: _____ • Number of Total Child Deaths: _____ • **Number of Child Death Review conducted** • 2020-21: _____ • 2021-22: _____

C.4. Healthcare Systems

27. Payment status:	**No. of beneficiaries**	**Backlog**	**DBT status**
• **JSY** beneficiaries			
• **ASHA** payment**:**			
○ A- **Routine and recurring** at increased rate of Rs. 2000 pm			
○ B- **Incentive** under **NTEP**			
○ C- **Incentives** under **NLEP**			
• Payment of **ASHA facilitators** as per revised norms (of a minimum of Rs. 300 per visit)			
• **Patients incentive** under **NTEP**programme			

• **Provider's incentive** under **NTEP**programme			
• **FP** compensation/ incentive			
28. Recruitment for any staff position/ cadre conducted at district level			

29. Details of recruitment	**Previous year (2020-21)**		**Current Year (2021-22)**	
	Regular cadre	**NHM**	**Regular cadre**	**NHM**
• Total no. of posts vacant at the beginning of FY				
• Among these, no. of posts filled by state				
• Among these, no. of posts filled at district level				

30. If state has comprehensive (common for regular and contractual HR) Human Resource Information System (HRIS) in place	
31. If **grievance redressal mechanism** in place: **Y/N**	• Whether call center and toll-free number available……. • Percentage of complains resolved out of the total complains registered in current FY……
32. Mera-Aaspatal (Attach MeraAspataal performance report)	• Implemented in how many facilities…… DH……..CHC……PHC • Total Responses collected: • % reported Very Satisfied: • % reported Satisfied: • % reported not satisfied: • Total response for dis-satisfied: Dissatisfied with staff behaviors… Dissatisfied with cleanliness…… Dissatisfied with cost of treatment……..... Dissatisfied with quality of treatments……. With other reason ……

19. Implementation of CPHC

Status as on: **31st March, 2022**

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

20. Status of HRH

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

2. Performance of EMOC/ LSAS trained doctors	Trained	Posted in FRU	Performing C-section	
• LSAS trained doctors				
• EmOC trained doctors				

21. State of Fund Utilization

FMR Wise (as per ROP budget heads, if available): FY 2021-22

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

Programme Wise

Status of Expenditure (Financial year 2021-22):

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

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

22. Status of trainings

Status as on: _____

List of training (to be filled as per ROP approval)	Planned	Completed
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		

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

Service Delivery:

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

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

Sl.	Service	Y/N
1	Medicine	
2	O&G	
3	Pediatric	
4	General Surgery	
5	Anesthesiology	
6	Ophthalmology	
7	Dental	
8	Imaging Services (X – ray)	
9	Imaging Services (USG)	
10	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	

<table>
<tr><th>Indicator</th><th>Remarks/ Observation</th></tr>
<tr><td></td><td>
<table>
<tr><td>18</td><td>Dialysis Unit</td><td></td></tr>
<tr><td>19</td><td>Emergency Care</td><td></td></tr>
<tr><td>20</td><td>Burn Unit</td><td></td></tr>
<tr><td>22</td><td>Teaching block (medical, nursing, paramedical)</td><td></td></tr>
<tr><td>22</td><td>Skill Lab</td><td></td></tr>
</table>
</td></tr>
<tr><td>5. Emergency</td><td>General emergency:
or
facilities available for:
1. Triage
2. Resuscitation
3. Stabilization</td></tr>
<tr><td>6. Tele-medicine/Consultation services available</td><td>☐ Yes/ ☐No

If yes, average cases per day_____</td></tr>
<tr><td>7. Operation Theatre available</td><td>☐ Yes/ ☐No
If yes,
Single general OT:
Elective OT-Major (General):
Elective OT-Major (Ortho):
Obstetrics & Gynecology OT:
Ophthalmology/ENT OT:
Emergency OT:
Others:</td></tr>
<tr><td>8. Availability of functional Blood Bank</td><td>☐ Yes/ ☐No
If yes, number of units of blood currently available: _____
No. of blood transfusions done in last month: _____

If No, availability of blood storage unit:----------</td></tr>
<tr><td>9. Whether blood is issued free, or user-fee is being charged</td><td>☐Free for BPL
☐Free for elderly
☐Free for JSSK beneficiaries
☐Free for all</td></tr>
<tr><td>10. Biomedical waste management practices</td><td>1. Sharp pit
2. Deep Burial pit
3. Incinerator
4. Using Common Bio Medical Treatment plant
5.Other</td></tr>
<tr><td>11. Details of HR available in the facility (Sanctioned and In-place)</td><td>
<table>
<tr><th colspan="2">HR</th><th>San.</th><th>Regular</th><th>Cont.</th></tr>
<tr><td colspan="2">MO (MBBS)</td><td></td><td></td><td></td></tr>
<tr><td rowspan="10">Specialist</td><td>Medicine</td><td></td><td></td><td></td></tr>
<tr><td>ObGy</td><td></td><td></td><td></td></tr>
<tr><td>Pediatrician</td><td></td><td></td><td></td></tr>
<tr><td>Anesthetist</td><td></td><td></td><td></td></tr>
<tr><td>Surgeon</td><td></td><td></td><td></td></tr>
<tr><td>Ophthalmologist</td><td></td><td></td><td></td></tr>
<tr><td>Orthopedic</td><td></td><td></td><td></td></tr>
<tr><td>Radiologist</td><td></td><td></td><td></td></tr>
<tr><td>Pathologist</td><td></td><td></td><td></td></tr>
<tr><td>Others</td><td></td><td></td><td></td></tr>
<tr><td colspan="2">Dentist</td><td></td><td></td><td></td></tr>
<tr><td colspan="2">Staff Nurses/ GNMs</td><td></td><td></td><td></td></tr>
<tr><td colspan="2">LTs</td><td></td><td></td><td></td></tr>
<tr><td colspan="2">Pharmacist</td><td></td><td></td><td></td></tr>
<tr><td colspan="2">Dental Technician/ Hygienist</td><td></td><td></td><td></td></tr>
<tr><td colspan="2">Hospital/ Facility Manager</td><td></td><td></td><td></td></tr>
<tr><td colspan="2">EmOC trained doctor</td><td></td><td></td><td></td></tr>
<tr><td colspan="2">LSAS trained doctor</td><td></td><td></td><td></td></tr>
<tr><td colspan="2">Others</td><td></td><td></td><td></td></tr>
</table>
</td></tr>
</table>

Indicator	Remarks/ Observation
12. IT Services	• Desktop/ Laptop available: ☐Yes/ ☐No • Internet connectivity: ☐Yes/ ☐No Quality/strength of internet connection: _____
13. Kayakalp (for year 2021-22)	Initiated: Facility score: Award received:
14. NQAS (for year 2021-22)	Assessment done: Internal/State Facility score: Certification Status:
15. LaQshya	Labour Room: Operation Theatre:
16. Availability of list of essential medicines (EML)/ drugs (EDL)	☐Yes/ ☐No If yes, total number of drugs in EDL_____ EDL displayed in OPD Area: ☐Yes/ ☐No
17. Implementation of DVDMS(Drugs & Vaccine Management Distribution System) or similar supply chain management system	☐Yes/ ☐No If other, which one_____
18. Shortage of 5 priority drugs from EDL in last 30 days, if any	
19. Availability of Essential Consumables:	☐Sufficient Supply ☐Minimal Shortage ☐Acute shortage **List the consumables for with there was shortage** In last 6 months how many times there was shortage_____
20. Availability of essential diagnostics	☐In-house ☐Outsourced/ PPP ☐Both/ Mixed
• In-house tests (For 2021-22)	Number of Tests available:---------- Total number of tests performed during Apr 2021- March 22: _____ Days & Timing on which tests are done:
• Outsourced/ PPP (For 2021-22)	Number of Tests available:---------- Total number of tests performed during Apr 2021- March 22: _____ Days & Timing on which tests are done:
21. X-ray services is available	☐Yes/ ☐No If Yes, type & nos. of functional X-ray machine is available in the hospital: Is the X-ray machine AERB certified: ☐Yes/ ☐No
22. CT scan services available	☐Yes/ ☐No If yes: ☐In-house/ ☐PPP Out of Pocket expenditures associated with CT Scan services (if any, approx. amount per scan): _____

Indicator	Remarks/ Observation
23. Whether diagnostic services (lab, X-ray, USG etc.) are free for all	☐Free for BPL ☐Free for elderly ☐Free for JSSK beneficiaries ☐Free for all If not, charges for lab tests, X-Ray, USG, CT, etc
24. Availability of Testing kits/ Rapid Diagnostic Kits	☐Sufficient Supply ☐Minimal Shortage ☐Acute shortage
25. Implementation of PM-National Dialysis programme	☐Yes/ ☐No
	☐In-house ☐Outsourced/ PPP Total number of tests performed: _____
• Whether the services are free for all	☐Free for BPL ☐Free for elderly ☐Free for JSSK beneficiaries ☐Free for all If not, charges for lab tests, X-Ray, USG, CT, etc
• Number of patients provided dialysis service	○ Previous year (2020-21)_____ ○ Current FY(2021-22)_____
26. If there is any shortage of major instruments/ equipment**(List the Equipments)**	
27. Average downtime of equipment. Details of equipment are nonfunctional for more than 7 days	
28. Availability of delivery services	☐Yes/ ☐No
• If the facility is designated as FRU, whether C-sections are performed	☐Yes/ ☐No Number of normal deliveries performed in last month: _____ No. of C-sections performed in last month: _____
• Comment on the condition of:	Labour room: OT: Functional New-born care corner (functional radiant warmer with neo-natal ambu bag): ☐ Yes/ ☐ No
29. Status of JSY payments	Payment is up to date: ☐Yes/ ☐No Average delay: Payment done till: Reasons for delay:
30. Availability of JSSK entitlements	☐Yes/ ☐No If yes, whether all entitlements being provided ☐Free delivery services (Normal delivery/ C-section) ☐Free diet ☐Free drugs and consumables ☐Free diagnostics ☐Free blood services ☐Free referral transport (home to facility) ☐ Free referral transport (drop back from facility to home)

Indicator	Remarks/ Observation		
	☐No user charges		
31. PMSMA services provided on 9th of every month	☐Yes/ ☐No If yes, how are high risks identified on 9th? If No, reasons thereof:		
32. Line listing of high-risk pregnancies	☐Yes/ ☐No		
33. Practice related to Respectful Maternity Care			
34. Whether facility have registers for entering births and deaths	☐Yes/ ☐No		
35. Number of Maternal Death reported in the facility	Previous year: (2020-21) Current year: (2021-22)		
36. Number of Child Death reported in the facility	Previous year: (2020-21) Current year: (2021-22)		
37. If Comprehensive Abortion Care (CAC) services available	☐Yes/ ☐No		
38. Availability of vaccines and hub cutter	☐Yes/ ☐No Nurses/ ANM aware about open vial policy: ☐Yes/ ☐No		
39. Number of newborns immunized with birth dose at the facility in last 3 months			
40. Newborns breastfed within one hour of birth (observe if practiced and women are being counselled)			
41. Status of functionality of DEIC	☐Fully functional with all staff in place ☐Functional with few vacancies (approx. 20%-30%) ☐Functional with more than 50% vacancies ☐Not functional/ All posts vacant		
42. Number of sterilizations performed in last one month	Male: Female:		
43. Availability of trained provider for IUCD/ PPIUCD	☐Yes/ ☐No		
44. Who counsels on FP services?			
45. Please comment on utilization of other FP services			
46. FPLMIS has been implemented	☐Yes/ ☐No		
47. Availability of functional Adolescent Friendly Health Clinic	☐Yes/ ☐No If yes, who provides counselling to adolescents: _____ Separate male and female counselors available: ☐Yes/ ☐No **Total No of Adolescentscounseled in last 6 months____**		
48. Whether facility has fixed day NCD clinic	☐Yes/ ☐No If Yes, how many days in a week: _____ days		
49. Are service providers trained in cancer services?	☐Yes/ ☐No		
50. Number of individuals screened for the following in 2021-2022:		**Screened**	**Confirmed**
	a. Hypertension		
	b. Diabetes		
	c. Oral Cancer		
	d. Breast Cancer		
	e. Cervical Cancer		

Indicator	Remarks/ Observation
51. Whether reporting weekly data in P, S and L form under IDSP	☐Yes/ ☐No
1. Status of TB elimination programme	Facility is designated as Designated Microscopy Centre (DMC): ☐Yes/ ☐No
	If yes, percent of OPD whose samples were tested for TB (microscopy) in last 6 month (average) _____
	If anti-TB drugs available at the facility: ☐Yes/ ☐No If yes, are there any patients currently taking anti-TB drugs from the facility: ☐Yes/ ☐No
	Availability of CBNAAT/ TruNat: ☐Yes/ ☐No Percent of patients tested through CBNAAT/TruNat for Drug resistance in the last 6 months _____
	Are all TB patients tested for HIV? ☐Yes/ ☐No Are all TB patients tested for Diabetes Mellitus: ☐Yes/ ☐No
	Percent of TB Patients for whom DBT installments have been initiated under Nikshay Poshan Yojana in the last 6 months:
52. Maintenance of records on	• TB Treatment Card cases (both for drug sensitive and drug resistant cases): ☐Yes/ ☐No • TB Notification Registers: ☐Yes/ ☐No • Malaria cases: ☐Yes/ ☐No • Palliative cases: ☐Yes/ ☐No • Cases related to Dengue and Chikungunya: ☐Yes/ ☐No • Leprosy cases: ☐Yes/ ☐No
53. How much fund was received and utilized by the facility under NHM?	Fund Received last year (2021-22) Fund utilized last year: (2021-22)
	Items/ Activities whose expenditure is met out of the RKS/ Untied Fund regularly:
	Reasons for underutilization of fund (if any)
54. Status of data entry in (match with physical records)	HMIS: ☐Updated/ ☐Not updated MCTS: ☐Updated/ ☐Not updated IHIP: ☐Updated/ ☐Not updated HWC Portal: ☐Updated/ ☐Not updated Nikshay Portal: ☐Updated/ ☐Not updated
55. Frequency of RKS meeting Last meeting held on (date):	
• Availability of ambulance services in the area	☐Own ambulance available (Number)_____ ☐DH/ SDH has contracted out ambulance services (Number)_____ ☐Ambulances services with Centralized call centre ☐ Government ambulance services are not available
	Comment (if any):
• How many cases from CHC, PHC, SC, referred to in last month?	Number: CHC PHC SC Types of cases referred in:
• How many cases were referred out last month?	Number: Types of cases referred out:

Indicator	Remarks/ Observation
2. Key challenges in the facility and the root causes	
Challenge	**Root causes**
a)	
b)	
c)	

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

Service Delivery:

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

Indicator	Remarks/ Observation
3. OPD Timing	
4. Whether the facility is functioning in PPP mode	☐ Yes/ ☐No
5. Condition of infrastructure/ building Please comment on the condition and tick the appropriate box	Comments: ☐ 24*7 running water facility ☐ Facility is geriatric and disability friendly (ramps etc.) ☐ Clean functional toilets available (separate for Male and female) ☐ Drinking water facility available ☐ OPD waiting area has sufficient sitting arrangement ☐ ASHA rest room is available ☐Drug storeroom with rack is available Power backup: ☐ Complete Hospital/ ☐ Part of the hospital
6. Number of functional in-patient beds	
7. List of Services available	
• Specialized services available in addition to General OPD, ANC, Delivery, PNC, Immunization, FP, Laboratory services	

Sl.	Service	Y/N
1	Medicine	
2	O&G	
3	Pediatric	
4	General Surgery	
5	Anesthesiology	
6	Ophthalmology	

	7 Dental 8 Imaging Services (X – ray) 9 Imaging Services (USG) 10 Newborn Stabilization Unit
• If any of the specialists are available 24*7	☐ Yes available ☐ Yes, available only on-call ☐ Not available
• Emergency	General emergency: **or** facilities available for: 1. Triage 2. Resuscitation 3. Stabilization
8. Tele-medicine/Consultation services available	☐ Yes/ ☐No If yes, average case per day_____
9. Operation Theatre available	☐ Yes/ ☐No If yes, Major: Minor:
10. Availability of functional Blood Storage Unit	☐ Yes/ ☐No If yes, number of units of blood currently available: _____ No. of blood transfusions done in last month: _____
11. Whether blood is issued free, or user-fee is being charged	☐Free for BPL ☐Free for elderly ☐Free for JSSK beneficiaries ☐Free for all
12. Biomedical waste management practices	Sharp pit: Deep Burial pit: Other System, if any:
13. Details of HR available in the facility (Sanctioned and In-place)	**HR** / **San.** / **Reg.** / **Cont.** MO (MBBS) Specialists – Medicine Specialists – ObGy Specialists – Pediatrician Specialists – Anesthetist Dentist SNs/ GNMs LTs Pharmacist Dental Assistant/ Hygienist Hospital/ Facility Manager EmOC trained doctor LSAS trained doctor Others
14. IT Services	• Desktop/ Laptop available: ☐Yes/ ☐No • Internet connectivity: ☐Yes/ ☐No Quality/strength of internet connection: _____
15. Kayakalp (2021-22)	Initiated: Facility score: Award received:
16. NQAS (2021-22)	Assessment done: Internal/State Facility score: Certification Status:
17. LaQshya	Labour Room: Operation Theatre:
	☐Yes/ ☐No

18. Availability of list of essential medicines (EML)/ drugs (EDL)	If yes, total number of drugs in EDL_____ EDL displayed in OPD Area: ☐Yes/ ☐No No. of drugs available on the day of visit (out of the EDL) _____
19. Implementation of DVDMS or similar supply chain management system	☐Yes/ ☐No If other, which one_____
20. Shortage of 5 priority drugs from EDL in last 30 days, if any	
21. Availability of Essential Consumables:	☐Sufficient Supply ☐Minimal Shortage ☐Acute shortage In last 6 months how many times there was shortage_____ List the consumables for which there has been shortage_____
22. Availability of essential diagnostics	☐In-house ☐Outsourced/ PPP ☐Both/ Mixed
• In-house tests (for 2021-22)	Timing: Total number of tests performed: _____ Details of tests performed:
• Outsourced/ PPP (for 2021-22)	Timing: Total number of tests performed: _____ Details of tests performed:
23. X-ray services is available	☐Yes/ ☐No If Yes, type & nos. of functional X-ray machine is available in the hospital: Is the X-ray machine AERB certified: ☐Yes/ ☐No
24. Whether diagnostic services (lab, X-ray, USG etc.) are free for all	☐Free for BPL ☐Free for elderly ☐Free for JSSK beneficiaries ☐Free for all
25. Availability of Testing kits/ Rapid Diagnostic Kits	☐Sufficient Supply ☐Minimal Shortage ☐Acute shortage (List the name of kits for which there is shortage)
26. If there is any shortage of major instruments/ equipment (List the Name of Equipment)	
27. Average downtime of equipment. Details of equipment are nonfunctional for more than 7 days	
28. Availability of delivery services	☐Yes/ ☐No
• If the facility is designated as FRU, whether C-sections are performed	☐Yes/ ☐No Number of normal deliveries performed in last month: _____ No. of C-sections performed in last month: _____
• Comment on condition of:	Labour room: OT: Functional New-born care corner (functional radiant warmer with neo-natal ambu bag): ☐ Yes/ ☐ No
29. Status of JSY payments	Payment is up to date: ☐Yes/ ☐No Average delay: Payment done till: Reasons for delay:

30. Availability of JSSK entitlements	☐Yes/ ☐No If yes, whether all entitlements being provided ☐Free delivery services (Normal delivery/ C-section) ☐Free diet ☐Free drugs and consumables ☐Free diagnostics ☐Free blood services ☐Free referral transport (home to facility) ☐ Free referral transport (drop back from facility to home) ☐No user charges
31. PMSMA services provided on 9th of every month	☐Yes/ ☐No If yes, how are high risks identified on 9th? If No, reasons thereof:
32. Line listing of high-risk pregnancies	☐Yes/ ☐No
33. Practice related to Respectful Maternity Care	
34. Whether facility have registers for entering births and deaths	☐Yes/ ☐No
35. Number of Maternal Death reported in the facility	Previous year:**2020-21**____ Current year:**2021-22**__
36. Number of Child Death reported in the facility	**2020-21**: **2021-22**:
37. If Comprehensive Abortion Care (CAC) services available	☐Yes/ ☐No
38. Availability of vaccines and hub cutter	☐Yes/ ☐No Nurses/ ANM aware about open vial policy: ☐Yes/ ☐No
39. Number of newborns immunized with birth dose at the facility in last 3 months	
40. Newborns breastfed within one hour of birth (observe if practiced and women are being counselled)	
41. Number of sterilizations performed in last one month	Male__ Female____
42. Availability of trained provider for IUCD/ PPIUCD	☐Yes/ ☐No
43. Who counsels on FP services?	
44. Please comment on utilization of other FP services	
45. FPLMIS has been implemented	☐Yes/ ☐No
46. Availability of functional Adolescent Friendly Health Clinic	☐Yes/ ☐No If yes, who provides counselling to adolescents: _____ Separate male and female counselors available: ☐Yes/ ☐No Number of Adolescents counseled in last 6 months_____
47. Whether facility has fixed day NCD clinic	☐Yes/ ☐No If Yes, how many days in a week: _____ days
48. Are service providers trained in cancer services?	☐Yes/ ☐No

49. 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		
50. Are service providers trained in cancer services?	☐Yes/ ☐No		
51. Whether reporting weekly data in P, S and L form under IDSP	☐Yes/ ☐No		
52. Status of TB elimination programme	Facility is designated as Designated Microscopy Centre (DMC): ☐Yes/ ☐No		
	If yes, percent of OPD whose samples were tested for TB (microscopy) in last 6 month (average) _____		
	If anti-TB drugs available at the facility: ☐Yes/ ☐No If yes, are there any patients currently taking anti-TB drugs from the facility: ☐Yes/ ☐No		
	Percent of patients tested through CBNAAT/TruNat for Drug resistance in the last 6 months _____		
	Is there a sample transport mechanism in place for: • investigations within public sector for TB testing? ☐Yes/ ☐No • investigations within public sector for other tests?☐Yes/ ☐No • outsourced testing? ☐Yes/ ☐No		
	Are all TB patients tested for HIV? ☐Yes/ ☐No Are all TB patients tested for Diabetes Mellitus: ☐Yes/ ☐No		
	Percent of TB Patients for whom DBT installments have been initiated under Nikshay Poshan Yojana in the last 6 months:		
53. 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:		
54. Maintenance of records on	• TB Treatment Card cases (both for drug sensitive and drug resistant cases): ☐Yes/ ☐No • TB Notification Registers: ☐Yes/ ☐No • Malaria cases: ☐Yes/ ☐No • Palliative cases: ☐Yes/ ☐No • Cases related to Dengue and Chikungunya: ☐Yes/ ☐No • Leprosy cases: ☐Yes/ ☐No		
55. 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)		
56. Status of data entry in (match with physical records)	HMIS: ☐Updated/ ☐Not updated MCTS: ☐Updated/ ☐Not updated IHIP: ☐Updated/ ☐Not updated HWC Portal: ☐Updated/ ☐Not updated Nikshay Portal: ☐Updated/ ☐Not updated		
57. Frequency of RKS meeting (check and obtain minutes of last meeting held)			
58. Availability of ambulance services in the area	☐CHC own ambulance available Number____ ☐CHC has contracted out ambulance services		

	Number_____ ☐Ambulances services with Centralized call centre ☐Government ambulance services are not available
	Comment (if any):
• How many cases from sub centre/ PHC were referred to this CHC last month?	Number: Sub centre PHC Types of cases referred in:
• How many cases from the CHC were referred to the DH last month?	Number: Types of cases referred out:

59. Key challenges in the facility and the root causes

Challenge	Root causes
a)	
b)	

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

- **Service Delivery:**

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

Indicator	Remarks/ Observation
1. OPD Timing For U-PHC, check if evening/morning OPD/Clinics being conducted	☐ Yes/ ☐No
2. Whether the facility is functioning in PPP mode	☐ Yes/ ☐No
3. Condition of infrastructure/ building Please comment on the condition and tick the appropriate box	Comments: ☐ 24*7 running water facility ☐ Facility is geriatric and disability friendly (Ramps etc.) ☐ Clean functional toilets available (separate for Male and female)

<table>
<tr><td></td><td>☐ Drinking water facility available
☐ OPD waiting area has sufficient sitting arrangement
☐ ASHA rest room is available
☐Drug storeroom with rack is available
☐ Power backup
☐ Branding</td></tr>
<tr><td>4. Number of functional in-patient beds</td><td></td></tr>
<tr><td>5. List of Services available</td><td></td></tr>
<tr><td>6. If 24*7 delivery services available</td><td>☐ Yes/ ☐No</td></tr>
<tr><td>7. Tele-medicine/Consultation services available</td><td>☐ Yes/ ☐No
If yes, average case per day_____</td></tr>
<tr><td>8. Biomedical waste management practices</td><td>Sharp pit:
Deep Burial pit:
Other System, if any:</td></tr>
<tr><td>9. Details of HR available in the facility (Sanctioned and In-place)</td><td>
<table>
<tr><th>HR</th><th>San.</th><th>Reg.</th><th>Cont.</th></tr>
<tr><td>MO (MBBS)</td><td></td><td></td><td></td></tr>
<tr><td>MO (AYUSH)</td><td></td><td></td><td></td></tr>
<tr><td>SNs/ GNMs</td><td></td><td></td><td></td></tr>
<tr><td>ANM</td><td></td><td></td><td></td></tr>
<tr><td>LTs</td><td></td><td></td><td></td></tr>
<tr><td>Pharmacist</td><td></td><td></td><td></td></tr>
<tr><td>Public Health Manager (NUHM)</td><td></td><td></td><td></td></tr>
<tr><td>LHV/PHN</td><td></td><td></td><td></td></tr>
<tr><td>Others</td><td></td><td></td><td></td></tr>
</table>
</td></tr>
<tr><td>10. IT Services</td><td>• Desktop/ Laptop available: ☐Yes/ ☐No
• All ANMs have functional Tablets: ☐Yes/ ☐No
• Smart phones given to all ASHAs: ☐Yes/ ☐No
• Internet connectivity: ☐Yes/ ☐No
Quality/strength of internet connection: _____</td></tr>
<tr><td>11. Kayakalp (2021-22)</td><td>Initiated:
Facility score:
Award received:</td></tr>
<tr><td>12. NQAS(2021-22)</td><td>Assessment done: Internal/State
Facility score:
Certification Status:</td></tr>
<tr><td rowspan="2">13. Availability of list of essential medicines (EML)/ drugs (EDL)</td><td>☐Yes/ ☐No</td></tr>
<tr><td>If yes, total number of drugs in EDL_____

EDL displayed in OPD Area: ☐Yes/ ☐No

No. of drugs available on the day of visit (out of the EDL) _____</td></tr>
<tr><td>14. Implementation of DVDMS or similar supply chain management system</td><td>☐Yes/ ☐No

If other, which one_____</td></tr>
<tr><td>15. Shortage of 5 priority drugs from EDL in last 30 days, if any</td><td></td></tr>
<tr><td>16. Drugs Available for Hypertension & Diabetic patients:</td><td></td></tr>
<tr><td>17. Shortage of sufficient number of Hypertension & Diabetic in last 7 days</td><td></td></tr>
</table>

18. Availability of Essential Consumables:	☐Sufficient Supply ☐Minimal Shortage ☐Acute shortage In last 6 months how many times there was shortage_____ (Also list the consumables for which there was shortage)
19. Availability of essential diagnostics	☐In-house ☐Outsourced/ PPP ☐Both/ Mixed
• In-house tests **For 2021-22**	Timing: Total number of tests performed: _____ Details of tests performed:
• Outsourced/ PPP **For 2021-22**	Timing: Total number of tests performed: _____ Details of tests performed:
20. X-ray services is available	☐Yes/ ☐No If Yes, type & nos. of functional X-ray machine is available in the hospital: Is the X-ray machine AERB certified: ☐Yes/ ☐No
21. Whether diagnostic services (lab, X-ray etc.) are free for all	☐Free for BPL ☐Free for elderly ☐Free for JSSK beneficiaries ☐Free for all
22. Availability of Testing kits/ Rapid Diagnostic Kits	☐Sufficient Supply ☐Minimal Shortage ☐Acute shortage
23. If there is any shortage of major instruments/ equipment	List of Equipment
24. Average downtime of equipment. Details of equipment are nonfunctional for more than 7 days	
25. Availability of delivery services	☐Yes/ ☐No
• If yes, details	Comment on condition of labour room: Functional New-born care corner (functional radiant warmer with neo-natal ambu bag): ☐ Yes/ ☐ No
26. Status of JSY payments	Payment is up to date: ☐Yes/ ☐No Average delay: Payment done till: Reasons for delay:
27. Availability of JSSK entitlements	☐Yes/ ☐No If yes, whether all entitlements being provided ☐Free delivery services (Normal delivery/ C-section) ☐Free diet ☐Free drugs and consumables ☐Free diagnostics ☐Free blood services ☐Free referral transport (home to facility) ☐ Free referral transport (drop back from facility to home) ☐No user charges

28. Line listing of high-risk pregnancies	☐Yes/ ☐No		
29. Number of normal deliveries in last three month			
30. Availability of Daksh/ Dakshta trained/SBA trained MO/SN/ANM in Labour Room	☐Yes ☐No		
31. Practice related to Respectful Maternity Care			
32. Number of Maternal Death reported in the facility	Previous year:2020-2021 Current FY:2021-2022		
33. Number of Child Death reported in the facility	Previous year: Current year:		
34. Availability of vaccines and hub cutter	☐Yes/ ☐No Nurses/ ANM aware about open vial policy: ☐Yes/ ☐No		
35. Number of newborns immunized with birth dose at the facility in last 3 months			
36. Newborns breastfed within one hour of birth (observe if practiced and women are being counselled)			
37. Number of sterilizations performed in last one month	Male Female		
38. Availability of trained provider for IUCD/ PPIUCD	☐Yes/ ☐No		
39. Who counsels on FP services?			
40. Please comment on utilization of other FP services			
41. FPLMIS has been implemented	☐Yes/ ☐No		
42. Availability of functional Adolescent Friendly Health Clinic	☐Yes/ ☐No If yes, who provides counselling to adolescents: _____ Separate male and female counselors available: ☐Yes/ ☐No		
43. Whether facility has fixed day NCD clinic	☐Yes/ ☐No If Yes, how many days in a week: _____ days		
44. Are service providers trained in cancer services?	☐Yes/ ☐No		
45. Number of individuals screened for the following in last 6 months:		**Screened**	**Confirmed**
	a. Hypertension		
	b. Diabetes		
	c. Oral Cancer		
	d. Breast Cancer		
	e. Cervical Cancer		
46. Whether wellness activities are performed	☐Yes/ ☐No Frequency:		
47. Whether reporting weekly data in P and L form under IDSP	☐Yes/ ☐No		

48. Distribution of Long lasting Insecticidal nets (LLIN) in high-risk areas	No. of LLIN distributed per household: ☐1 per family/ ☐Others (Specify): _____
49. Status of TB elimination programme	Facility is designated as Designated Microscopy Centre (DMC): ☐Yes/ ☐No
	If yes, percent of OPD whose samples were tested for TB (microscopy) in last 6 month (average) _____
	If anti-TB drugs available at the facility: ☐Yes/ ☐No If yes, are there any patients currently taking anti-TB drugs from the facility: ☐Yes/ ☐No
	Percent of patients tested through CBNAAT/TruNat for Drug resistance in the last 6 months _____
	Is there a sample transport mechanism in place for: • investigations within public sector for TB testing? ☐Yes/ ☐No • investigations within public sector for other tests?☐Yes/ ☐No • outsourced testing? ☐Yes/ ☐No
	Are all TB patients tested for HIV? ☐Yes/ ☐No Are all TB patients tested for Diabetes Mellitus: ☐Yes/ ☐No
	Percent of TB Patients for whom DBT installments have been initiated under Nikshay Poshan Yojana in the last 6 months:
50. Status on Leprosy eradication programme	Nos. of new case detected by Field Worker in last 12 months: Out of those, how many are having Gr. II deformity: Frequency of Community Surveillance:
51. Maintenance of records on	• TB Treatment Card cases (both for drug sensitive and drug resistant cases): ☐Yes/ ☐No • TB Notification Registers: ☐Yes/ ☐No • Malaria cases: ☐Yes/ ☐No • Palliative cases: ☐Yes/ ☐No • Cases related to Dengue and Chikungunya: ☐Yes/ ☐No • Leprosy cases: ☐Yes/ ☐No
52. How much fund was received and utilized by the facility under NHM?	Fund Received last year: Fund utilized last year:
	Items/ Activities whose expenditure is met out of the RKS/ Untied Fund regularly:
	Reasons for underutilization of fund (if any)
53. Status of data entry in (match with physical records)	HMIS: ☐Updated/ ☐Not updated MCTS: ☐Updated/ ☐Not updated IHIP: ☐Updated/ ☐Not updated HWC Portal: ☐Updated/ ☐Not updated Nikshay Portal: ☐Updated/ ☐Not updated
54. Frequency of RKS meeting (check and obtain minutes of last meeting held)	
55. Availability of ambulance services in the area	☐PHC own ambulance available Number_____ ☐PHC has contracted out ambulance services Number_____ ☐Ambulances services with Centralized call centre ☐Government ambulance services are not available
	Comment (if any):

• How many cases from sub centre were referred to this PHC last month?	Number: Types of cases referred in:
• How many cases from the PHC were referred to the CHC last month?	Number: Types of cases referred out:
56. Key challenges in the facility and the root causes	
Challenge	**Root causes**
a)	
b)	
Only for U-PHC	
57. Population enumeration initiated for slum population	☐Not yet initiated ☐Initiated ☐Completed
58. Number of CBAC forms filled (NUHM)	
59. Is Specialist services provided at U-PHC?	☐Yes/ ☐No
	If yes, specialist services are provided through: ☐Teleconsultation/ ☐Clinic Schedule: ☐Fixed/ ☐Rotational Type of specialist services available: ☐OBGY, ☐Pediatrics, ☐Medicine, ☐Dermatology, ☐Ophthalmology, Others_____
60. UHNDs Conducted:	☐Yes/ ☐No If yes, no. of UHND conducted per month_____
61. Special Outreach camps conducted:	☐Yes/ ☐No If yes, no. of UHND conducted during last quarter_____ Type of specialties provided during special outreach camps: _____

Sub-Centre (SC)Level Checklist

Service Delivery

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

Indicator	Remarks/ Observation
1. List of Services available	
2. Condition of infrastructure/ building Please comment on the condition and tick the appropriate box	Comments: ☐ 24*7 running water facility ☐ Facility is geriatric and disability friendly ☐ Clean functional toilets available (separate for Male and female) ☐ Drinking water facility available ☐ OPD waiting area has sufficient sitting arrangement ☐ ASHA rest room is available ☐Drug storeroom with rack is available ☐ Branding ☐ Specified area for Yoga / welfare activities ☐ Power backup
3. Biomedical waste management practices	
4. Details of HR available in the facility (Sanctioned and In-place)	**HR** / **San.** / **Reg.** / **Cont.** ANM/ MPW Female MPW Male MLHP/ CHO ASHA Others
5. IT Services	• Functional Tablet/ laptop with CHO: ☐Yes/ ☐No • Electronic Tablets with MPWs (ANM): ☐Yes/ ☐No • Smart phones given to all ASHAs: ☐Yes/ ☐No • Internet connectivity: ☐Yes/ ☐No Quality/strength of internet connection: _____
6. Availability of list of essential medicines (EML)/ drugs (EDL)	☐Yes/ ☐No If yes, total number of drugs in EDL_____ EDL displayed in OPD Area: ☐Yes/ ☐No No. of drugs available on the day of visit (out of the EDL) ____
7. Are anti-TB drugs available at the SHC?	☐Yes/ ☐No If yes, are there any patients currently taking anti-TB drugs from the SHC? ☐Yes/ ☐No
8. Shortage of 5 priority drugs from EDL in last 30 days, if any	
9. Drugs Available for Hypertension & Diabetic patients:	

Indicator	Remarks/ Observation
10. Shortage of sufficient number of Hypertension & Diabetic in last 7 days	
11. Are CHOs dispensing medicines for hypertension and diabetes at SHC-HWC	☐Yes/ ☐No
12. Availability of Testing kits/ Rapid Diagnostic Kits	☐Sufficient Supply ☐Minimal Shortage ☐Acute shortage List of Kits (Shortage)_____
13. Availability of:	• BP instrument: ☐Yes/ ☐No. If yes, Type: _____ • Thermometer: ☐Yes/ ☐No • Contraceptives: ☐Yes/ ☐No. If yes, Type: _____ • Glucometer: ☐Yes/ ☐No
14. Line listing of all Pregnant women in the area	☐Yes/ ☐No • High risk women identified: ☐Yes/ ☐No • MCP cards duly filled: ☐Yes/ ☐No
15. Number of Maternal Death Review conducted	Previous year:2020-21 Current year:2021-22
16. Number of Child Death Review conducted	Previous year: Current year:
17. Availability of vaccines and hub cutter	☐Yes/ ☐No • Awareness of ANM on vaccine schedule: ☐Yes/ ☐No • Awareness about open vial policy: ☐Yes/ ☐No
18. Availability of micro-plan for immunization	☐Yes/ ☐No
19. Follow up of:	SNCU discharge babies: ☐Yes/ ☐No LBW babies: ☐Yes/ ☐No
20. Line listing of all eligible couple in the area	☐Yes/ ☐No
21. Availability of trained provider for IUCD/ PPIUCD	☐Yes/ ☐No
22. Please comment on utilization of other FP services	
23. Number of individuals above 30 years of age in the HWC population	
24. Number of CBAC forms filled in last 6 months	
25. Report for number of individuals for whom CBAC form has been filled in last six months.	Score with below 4: 4 and above score:
26. Whether universal screening of NCD has started	☐Yes/ ☐No
27. Number of individuals screened for the following in last 6 months:	**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.	From SC-HWC: From Linked PHC: From other govt. facilities: (Specify) From pvt. Chemist shop:

<table>
<tr><th>Indicator</th><th colspan="3">Remarks/ Observation</th></tr>
<tr><td>Number of individuals taking medication for HTN and DM during last six months from which source

Taking medication for HTN/DM</td><td colspan="3">(Average OOP/month)</td></tr>
<tr><td>30. Status of use of:</td><td colspan="3">• Tele-consultation services
• HWC App
Details:</td></tr>
<tr><td>31. Whether wellness activities are performed</td><td colspan="3">☐Yes/ ☐No
Frequency:</td></tr>
<tr><td>32. Whether reporting weekly data in S form under IDSP</td><td colspan="3">☐Yes/ ☐No</td></tr>
<tr><td>33. Status of Tuberculosis in the area:</td><td>Indicators</td><td>2020-21</td><td>2021-22</td></tr>
<tr><td></td><td>Number of presumptive TB patients identified:</td><td></td><td></td></tr>
<tr><td></td><td>Number of presumptive TB patients referred for testing</td><td></td><td></td></tr>
<tr><td></td><td>Number of TB patients diagnosed out of the presumptive patients referred</td><td></td><td></td></tr>
<tr><td></td><td>Number of TB patients taking treatment under the Sub centre area</td><td></td><td></td></tr>
<tr><td>34. ASHA Interaction</td><td colspan="3"></td></tr>
<tr><td>• Status of availability of Functional HBNC Kits (weighing scale/ digital thermometer/ blanket or warm bag)</td><td colspan="3"></td></tr>
<tr><td>• Status of availability of Drug Kits (Check for PCM/ Amoxicillin/ IFA/ ORS/ Zinc/ IFA Syrup/ Cotrimoxazole)</td><td colspan="3"></td></tr>
<tr><td>• ASHA Incentives: Any Time lag /Delay in Payment after submission of voucher.
○ Average delay</td><td colspan="3"></td></tr>
<tr><td>• 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)</td><td colspan="3"></td></tr>
<tr><td>35. Number of Village Health & Sanitation days conducted in last 6 months</td><td colspan="3"></td></tr>
<tr><td>36. Incentives:</td><td colspan="3">• Performance Incentives is disbursed to CHOs on monthly basis: ☐Yes/ ☐No
• Team-based incentive being disbursed for all HWC staffs: ☐Yes/ ☐No</td></tr>
<tr><td>37. Frequency of VHSNC/ MAS meeting (check and obtain minutes of last meeting held)</td><td colspan="3"></td></tr>
<tr><td>38. Whether CHOs and HWC staffs are involved in VHSNC/ MAS meeting</td><td colspan="3">☐Yes/ ☐No</td></tr>
<tr><td>39. Maintenance of records on</td><td colspan="3">• TB cases: ☐drug sensitive/ ☐drug resistant cases/ ☐both
• Malaria cases: ☐Yes/ ☐No
• Palliative cases: ☐Yes/ ☐No
• Cases related to Dengue and Chikungunya: ☐Yes/ ☐No
• Leprosy cases: ☐Yes/ ☐No</td></tr>
<tr><td></td><td colspan="3">Fund Received last year:</td></tr>
</table>

Indicator	Remarks/ Observation
40. How much fund was received and utilized by the facility under NHM?	Fund utilized last year:
	Items/ Activities whose expenditure is met out of the RKS/ Untied Fund regularly:
	Reasons for underutilization of fund (if any)
41. Availability of ambulance services in the area	
• How many cases from the Sub Centre were referred to PHC in last month?	Number: Types of cases referred out:
42. Key challenges in the facility and the root causes	
Challenge	**Root causes**
a)	
b)	