

## A REPORT ON MONITORING OF IMPORTANT COMPONENTS NATIONAL HEALTH MISSION PROGRAMME IMPLEMENTATION PLAN NORTH-EAST DISTRICT, DELHI



Submitted By

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## ABBREVIATIONS

<b>AFHS</b>	Adolescent Friendly Health Clinic	<b>LaQshya</b>	Labour room Quality improvement initiative
<b>ANC</b>	Ante Natal Care	<b>LHV</b>	Lady Health Visitor
<b>ANM</b>	Auxiliary Nurse Midwife	<b>LSAS</b>	Life Saving Anesthesia Skill
<b>ASHA</b>	Accredited Social Health Activist	<b>MCH</b>	Maternal and Child Health
<b>AYUSH</b>	Ayurveda, Yoga & Naturopathy, Unani, Siddha and Homeopathy	<b>MCTS</b>	Mother and Child Tracking System
<b>BB</b>	Blood Bank	<b>MOIC</b>	Medical Officer In-Charge
<b>BCC</b>	Behaviour change communication	<b>MCD</b>	Municipal Corporation of Delhi
<b>BCG</b>	Bacillus Calmette Guerin	<b>NBCC</b>	New Born Care Corner
<b>BEmOC</b>	Basic Emergency Obstetric Care	<b>NBSU</b>	New Born Special Unit
<b>BPL</b>	Below Poverty Line	<b>NGO</b>	Non-Government Organization
<b>BSU</b>	Blood Storage Unit	<b>NHM</b>	National Health Mission
<b>CHC</b>	Community Health Centre	<b>NLEP</b>	National Leprosy Eradication Programme
<b>CMO</b>	Chief Medical Officer	<b>NPCB</b>	National Programme for Control of Blindness
<b>DEIC</b>	District Early Intervention Centre	<b>NPCC</b>	National Program Coordination Committee
<b>DH</b>	District Hospital	<b>NRC</b>	National Rehabilitation Centre
<b>DHS</b>	District Health Society	<b>NRHM</b>	National Rural Health Mission
<b>DOTS</b>	Directly Treatment Strategy	<b>NSSK</b>	Navjat Shishu Surksha Karyakram
<b>DPMU</b>	District Programme Management Unit	<b>NSV</b>	Non-Scalpel Vasectomy
<b>DPT</b>	Diphtheria Pertussis Tetanus	<b>NUHM</b>	National Urban Health Mission
<b>DWH</b>	District Women Hospital	<b>NVBDCP</b>	National Vector Borne Disease Control Programme
<b>EmOC</b>	Emergency Obstetric Care	<b>NVHCP</b>	National Viral Hepatitis Control Programme
<b>F-IMNCI</b>	Facility based Integrated Management of Neonatal and Childhood Illness	<b>OBG</b>	Obstetrics Gynecologist
<b>FRU</b>	First Referral Unit	<b>OCP</b>	Oral Contraceptive Pill
<b>HBNC</b>	Home Based New Born Care	<b>OPV</b>	Oral Polio Vaccine
<b>HIV</b>	Human Immunodeficiency Virus	<b>ORS</b>	Oral Rehydration Solution
<b>HMIS</b>	Health Management Information System	<b>PFMS</b>	Public Financial Management System
<b>HWC</b>	Health & Wellness Centre	<b>PHC</b>	Primary Health Centre
<b>IEC</b>	Information Education & Communication	<b>PIP</b>	Programme Implementation Plan
<b>IFA</b>	Iron & Folic Acid	<b>PPIUCD</b>	Post-Partum Intra-uterine Contraceptive Device
<b>IMEP</b>	Infection Management and Environment Plan	<b>RKS</b>	Rogi Kalyan Samiti
<b>IPD</b>	Indoor-Patients Department	<b>RNTCP</b>	Revised National Tuberculosis Control Programme
<b>IPHS</b>	Indian Public Health Standards	<b>RTI</b>	Reproductive Tract Infection
<b>IUCD</b>	Intra Uterine Contraceptive Device	<b>SBA</b>	Skilled Birth Attendant
<b>JSSK</b>	Janani Shishu Suraksha Karyakram	<b>SNCU</b>	Special Newborn Care Unit
<b>JSY</b>	Janani Suraksha Yojana	<b>SPUHC</b>	Seed Primary Urban Health Centre





# A DOSE OF FACTS

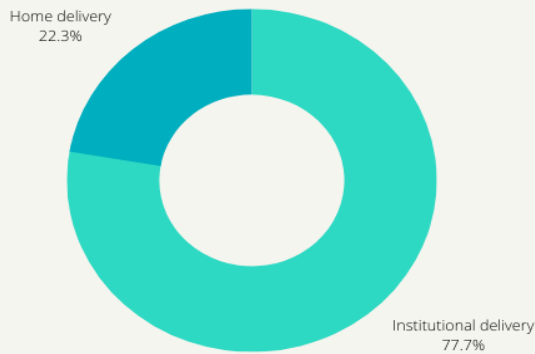
Key highlights of the North-East District, Delhi in the report is presented further below as:

## MATERNAL HEALTH:

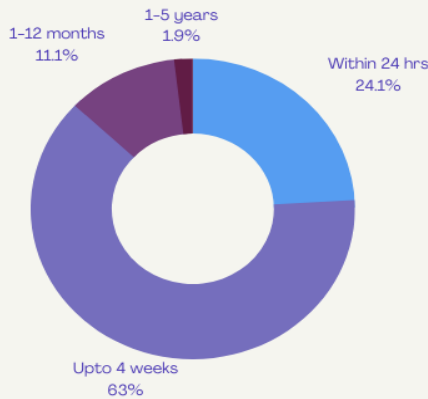
- Nearly 50% of the pregnant women have registered for 1st trimester.
- An approximate of 87.3% of the mothers had 4 or more ANC check-ups.
- Rs.1991 is the average Out-of-Pocket Expenditure per delivery in a public facility.
- Reluctance of JSY payment amongst the beneficiaries due to low incentives, inadequate documents, and diverse migrant population.



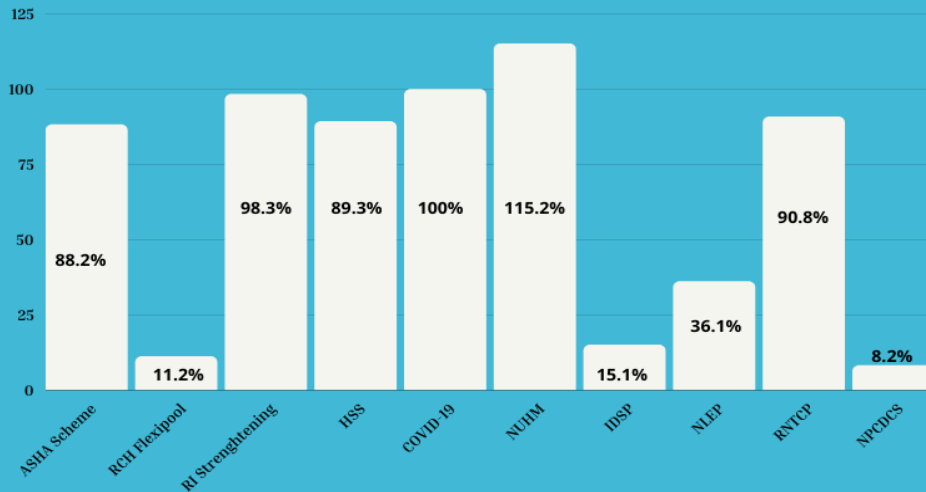
## DELIVERY CARE:



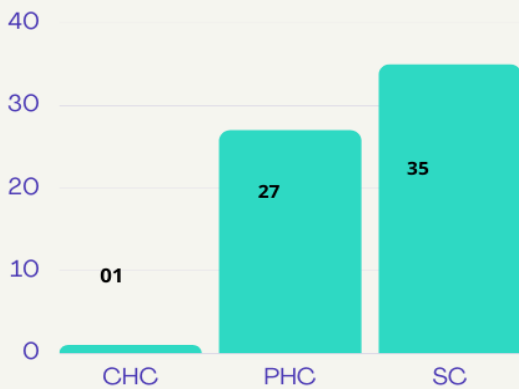
## CHILD DEATHS:



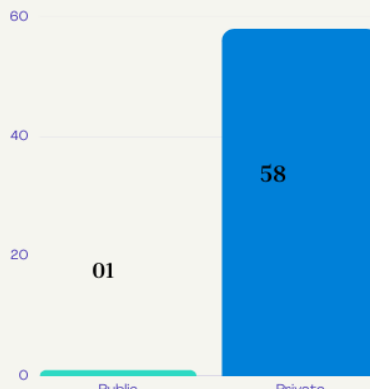
## HEALTH FINANCING:



## PRIMARY HEALTH-CARE INFRASTRUCTURE:



Number of Primary Health-Care Facilities



Number of Ultrasound Facilities

## JPC District Hospital

- No ICU beds available at the DH.
- Facility lacks blood bank unit
- Labor room is not LaQshya certified
- Need of 500 beds as opposed to the current 200-bedded capacity
- Need trauma centre as cases are high.

## MH, Yamuna Vihar

- High number of home deliveries in the area due to absenteeism of gynecologists.
- No specialists at the centre. Only Medical Officers have been posted, and are not available round the clock
- Requires renovation there is gross unmet need for civil work in the building.

## MH, V.S.A.S

- Drug shortage of paracetamol in the facility for the past 7 months.
- Facility is under MCD, proper guidelines are not there for the utilization of funds as approval is to be made from different agencies.

## DGD, Khajoori Khas

- Due to space crunch the services are being hampered
- Efforts are being made the medical officers as well as the front-line workers w.r.t to timely awareness of NHM schemes.

## SEED-PUHC, Sonia Vihar

- Regarded as a model centre for rendering the services.
- Skin and fungal infections are very common in the area as well as in the district this is due to the given congested and unhygienic environment.
- Acceptance of Quacks is widely accepted by the community members of the area. Adopted the strategy of "**friend instead of foe**" as a channel to direct the population.



## EXECUTIVE SUMMARY

The National Health Mission is a flagship initiative of government of India in the public health sector. It enhances people's access to quality health care services in a colossal manner via umpteen initiatives. Since its inception, National Health Mission (NHM) has tailored itself to the needs of the society by identifying the existing lacunae and eliminating them. This report summarises the key findings from the concurrent monitoring of essential components of under NHM in North-East district Delhi. The report captures the information on coverage of services, constraints in service delivery and utilization of health services by the population in the catchment area.

The report is prepared on the basis of visits to the following public health facilities in North-East Delhi: District Hospital JPC, MCD Maternity Home V.S.A.S, MCD Maternity Home Yamuna Vihar, Seed-PUHC Sonia Vihar and DGD Khajoori Khas. Meetings were held with the Chief District Medical Officer (CDMO) and the NHM Nodal Officials to understand the strengths and weakness of the facilities in service provisioning. Health Management Information System (HMIS) data was verified for the District Hospital Ranking data validation purposes.

### **Key Findings:**

**Implementation of JSY:** The implementation status of this scheme in the district seems to be grim as the number of backlog beneficiaries is immense. There are twin reasons for this, firstly is because of inadequate funds disbursement. From the beneficiary point of view due to low incentives and inadequate documents reluctance was reported.

**Excess delivery burden on District Hospital:** There are only 2 delivery points in the entire district due to which the entire load is on District hospital and less load on Maternity Homes.

**Absenteeism of Gynaecologist:** The number of home deliveries is relatively high and this is due to the absenteeism of gynaecologist and immense delivery load at the public health facilities rendering them unable to meet the demand. So, women prefer getting delivered at home.

**Space Crunch at Lower-Tier Facilities:** It was observed that majority of the facilities specifically at the lower tier facilities were unable to meet the basic criteria of physical infrastructure in terms of availability of space. It is hindering the service delivery as services can't be rendered in an efficient and effective manner when there is overcrowding.

**Acceptance of Quacks and Traditional Remedies:** The biggest concern for the officials w.r.t the population is its illiteracy as generating community awareness at times becomes problematic as they still rely on traditional remedies and often visit quacks for treatment. For this the district have adopted the strategy as "**friend instead of foe**" as a medium to direct the population.

**Prevalence of Non-Communicable Diseases:** Diabetes has constantly been on a rise in the district. Fewer cases of heart diseases, oral cancer, and breast cancer have come to the fore. Though it is clear from the trends that lifestyle diseases have been on a constant rise.





**Status of Quality Assurance Programmes:** None of the facilities are LaQshya or NQAS certified as the facilities are lagging in terms of the performance and assessment criteria which is not met as per the guidelines under the scheme. Only few facilities are Kayakalp awarded as they don't meet certain parameters of the internal and external assessment. The district is still working on Quality Assurance Programmes.

**Under-Reporting of HMIS Indicators:** On verifying the HMIS Indicators at the District Hospital it was observed that there was lack of clarity among data entry operators in certain indicators resulting to which the issue of under-reporting was observed. Accurate data wasn't being uploaded at the portal and mismatch of data was visible in various months of last financial year

**Key Recommendations:**

- To ease the delivery load at district hospital, it is advised that maternity homes should be strengthened as they can evenly share the load. More maternity homes should be opened in areas where there is no accessibility of public health facilities.
- It is recommended that the infrastructure layout should be in alignment with the IPHS norms as to ensure quality of services can be availed by the public in a more effective manner.
- Timely initiative should be taken for all the public health facilities in North-East district w.r.t the accreditation of quality care certification. This is mostly recommended for NQAS and LaQshya.
- Timely refresher trainings should be imparted to data managers with regards to reporting of HMIS indicators as the issue of under-reporting and definitional issues were observed during the District Hospital data validation exercise.
- It is recommended that awareness regarding adverse effects of tobacco consumption should be spread by front-line workers. Furthermore, the awareness even can be made during the adolescent age as this is a critical age period wherein such lifestyle can be adopted.





## CHAPTER-1: INTRODUCTION

### 1.1 Background and Objectives

Over the years, since the introduction of National Health Mission (NHM), to make the health-care system more accessible and affordable various strategies have been implemented. With this regard, timely monitoring and evaluation is being carried for the key components of the NHM State Program Implementation Plan which is essential for the overall key program changes, resource allocation and to further strengthen these plans.

The Ministry of Health and Family Welfare (MoHFW) has assigned the task to Population Research Centres (PRCs) for quality monitoring of important components of NHM Programmes for the year 2021-22. While engaging with the task, PRCs would observe critical concerns in the implementation of NHM activities and also evolve suitable quality parameters to monitor the various components. This PIP monitoring report would specifically focus on the performance of the North East District of Delhi.

The report aims to capture the demographic indicators, health indicators, healthcare financing, and public health planning of the district and also discuss the healthcare programme such as RMNCAH+N, diseases control programmes and other health programs.

The specific objectives of the report 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 at the visited health facilities.
- To assess availability of finance for the NHM activities in the district.

The report is prepared on the basis of field – based observations and visits to the following public health facilities in North-East Delhi: District Hospital JPC, MCD Maternity Home V.S.A.S, MCD Maternity Home Yamuna Vihar, Seed-PUHC Sonia Vihar and DGD Khajoori Khas. Structured checklists were used to collect information on various parameters such as human resources, infrastructure, funds utilization, training, health care services including drugs and equipment's, disease control programmes and other programmes under the ambit of NHM including the National Urban Health Mission (NUHM) activities.

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





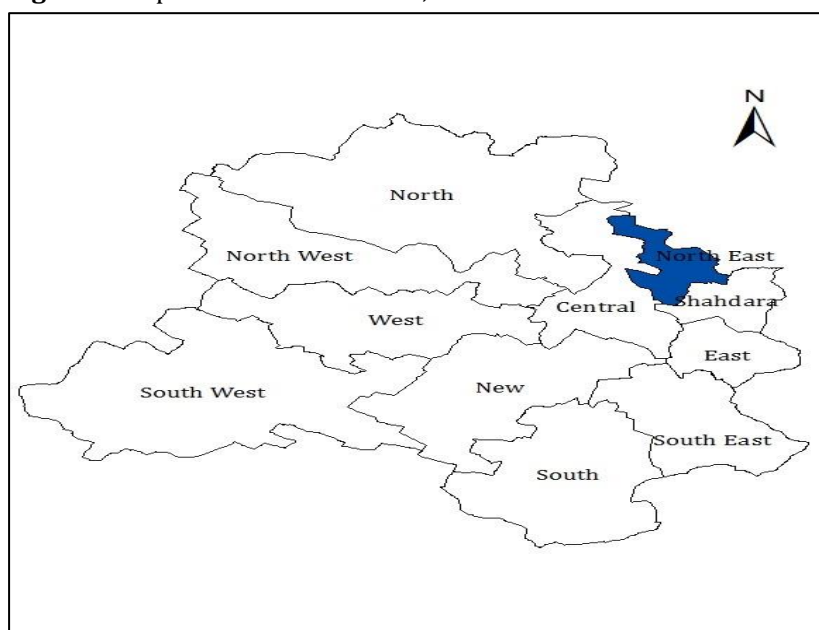
**Table 1:**List of Facilities Visited in North-East Delhi

Healthcare Facility	Name of the Facilities	Team Composition
District Hospital	JPC Hospital,Shastri Park	Miss.Aashima Gupta & Dr.Anshita Sharma
Maternity Home	MCD MH,V.S.A.S	
Maternity Home	MCD MH,Yamuna Vihar	Dr.Anshita Sharma
Delhi Government Dispensary	DGD,Khajoori Khas	
Seed PUHC	Seed-PUHC,Sonia Vihar	

## 1.2 Demographic Profile

As per 2011 census, Delhi is the second most populated city of the India, after Mumbai. Being a hub for work and education opportunities, it attracts a lot of migrants from its surrounding states which has surpassed the capacity of the city. Its population density is 11,320 as opposed to the national average of 382. Delhi state is bordered by Haryana on three sides and by UP to the east. At present, it is divided into thirty-three sub-divisions and eleven districts; North East District being one of them. The district occupies the sixth place in terms of area as it shares 4.2 per cent of the total area of the State. The map of North East District is given in figure-1.

**Figure 1:**Map of North-East District, Delhi



The district is administratively divided into 03 sub-districts namely, Karawal Nagar, Seelampur & Yamuna Vihar. There are 1 stationary towns, 15 census town and 9 villages in the district. The district has a geographical area of 62 square kilometres, with the density of 36,155 persons per kilometres. North-East Delhi lies in the eastern district of Delhi bordering Ghaziabad in Uttar

Pradesh. The district demographic profile which shows the population estimation according to the 2011 census. Table-A.1 shows the main demographic indicators of the North East District, Delhi & India (Refer Annexure-1).

The district ranks 5<sup>th</sup> in the state in terms of size of population, and contributes to 4.2 per cent of the state’s population count. The district is home to about 22.41 lakh people, among them 11.88 lakhs are male and about 10.53 lakhs are female.

As per census 2011, the district’s decadal growth rate is 26.78 per cent as against the decadal growth rate of the state is 21.21 per cent which is higher than the state as well as overall population growth of India. The district is 99 per cent urban area with only a minute population living in rural areas. The proportion of population in the age group of 0-6 years is 13.5 which is more than the State level child population. However, the percentage of child population (0-6 age) in Delhi is 12% which is lower than India’s child





population (13.5 per cent). North East District has population density of 36,155 persons per sq. km. which is highest in the country & far highest than the state level average of 11320 persons per sq. km.

### 1.3 HMIS Service Delivery Indicators

The following table-2, summarises the health care service delivery indicators in North East district of Delhi and Delhi with respect to various domains such as Maternal Health, Child Health, Delivery care, Family Planning, etc. for the year 2021-22.

Antenatal Care (Pre-Natal care), is one of the most important components of the Maternal Health. ANC refers to the regular medical and nursing care suggested for women throughout their gestation period of pregnancy to ascertain the well-being of the mother and the foetus as well. Furthermore, with regular prenatal care, women can reduce the risk of pregnancy complications. According to the HMIS, around 50 per cent of women in North East Delhi have registered for ANC in the first trimester while women who registered for ANC up to 4 or more check-ups, have higher share of percentage (87 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. The total maternal deaths recorded in the district stands at 12 deaths respectively.

Delivery care is a vital factor for infant health. The total home deliveries in North East Delhi, is 1490 and 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 and of all the institutional deliveries in North East Delhi, 27 per cent women discharged in less than 48 hours of delivery at public institutions. Of all women who registered for ANC, just 14 per cent went for institutional delivery and around 16 per cent of all institutional deliveries were C-section deliveries.

With regards to Post Natal Care, around 80 per cent of the new-borns were breast fed within 1 hour of delivery and 94 percent new-borns were weighed at birth in the district. Out of the total weighted new-born, more than 10 per cent new-born are having weight less than 2.5 kg to total weighted. All 100 per cent of women received the 1st post-partum check-up within 48 hours and 14 days of delivery. In the last financial year, 55 infant death and 1 child death was reported in North East district, Delhi.

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 23,644 children were fully immunized (9-11 months) in North East Delhi.

Female sterilization as a method of permanent family planning dominates the statistics with 98 per cent of all sterilization conducted in the year 2021-22 in North East Delhi (Tubectomies). Total sterilization conducted was reported to be 41 in number.





**Table 2:** HMIS Service Delivery Indicator for Delhi and North-East District, 2021-22

Indicators	Delhi	North East Delhi
<b>1. Maternal Health</b>		
<b>1.(a) Pre Natal-Care</b>		
% 1st Trimester registration to Total ANC Registrations	46	50
% Pregnant women received $\geq 4$ ANC checkups to total ANC Registration	62.2	87
% Pregnant women given 180 IFA to Total ANC Registrations	85.8	112
<b>1.(b) Home Deliveries</b>		
Number of Home Deliveries	10004	1490
% Deliveries attended by non- SBA to total home deliveries	99.8	100
% Home deliveries to total reported deliveries	5	22
<b>1.(c) Institutional Deliveries including C-Section Deliveries</b>		
Total Number of Institutional Deliveries including C-section	199018	5200
% Of Institutional Deliveries to total reported deliveries	95.2	78
% Institutional Deliveries to total ANC Registrations	46.7	14
% Women discharge in < 48 hours of delivery to total deliveries (Public)	40	27
% Of C-Section deliveries to total institutional deliveries	35	16
<b>1.(d) Post Natal Care/New Born Care</b>		
Total Still births	3856	33
% 1st post-partum checkup b/w 48 hours & 14 days to total deliveries	38.3	100
% Newborn breast fed within 1 hour of birth to Total Live Birth	66.5	78
% Newborn weighed at Birth to Live Birth	97.5	94
% Newborn having weight less than 2.5 kg to total weighted	25.1	10
% Of children discharged with target weight gain from NRC	49.1	-
<b>2. Child Immunization</b>		
Number of Fully Immunized children (9-11 months)	252464	23644
% Infants received BCG to full immunization	90	49
% Infants received Measles to full immunization	99	93
<b>3. Family Planning</b>		
Total Sterilization conducted	10248	41
% Male Sterilization (Vasectomies) to Total sterilization	2.7	2
% Female Sterilization (Tubectomies) to Total sterilization	97.3	98
% Of IUCD insertion to total institutional deliveries	35.7	23
<b>4. Facility Service Delivery</b>		
IPD	1522381	15757
OPD (Ayush + Allopathic)	61198532	1802783
% IPD to OPD	2.5	1

Source: HMIS Standard Report, 2021-22

To improve the health care delivery, increase in the OPD and IPD services through better facilitation and coordination of public health systems has been a contribution of NHM. Facility Service Delivery with regards to patient services, the OPD patient load is as high as 1802783 number of OPD patients in 2021-22 as against 15757 IPD patients. In terms of percentage, IPD to OPD accounts around 1 per cent in North East Delhi District.





### 1.4 Burden of Childhood Diseases

Among children of age under five, the most common disease is reported as diarrhoea in both the financial years in the district. In last financial year, the district had around 5 thousand cases of Diarrhoea, whereas it was more than 8 thousand in the year 2019-20. Therefore, the total number of diarrhoea cases has significantly decreased in the year 2021-22 from the reference year 2019-20. Total 144 & 635 numbers of Asthma & Pneumonia cases were reported among children under five in the district in last financial year, while it was 735 & 646 in reference year.

**Figure 2:**Burden of Diseases among Childhood

Diseases	2019-20	2021-22	Increase/ Decrease
Diarrhoea	8,214	4,657	▼
Asthma	735	144	▼
Pneumonia	646	635	▼
Sepsis	131	37	▼
Malaria	113	1	▼
Tuberculosis (TB)	63	44	▼
Measles	4	3	▼
AFP	1	2	▲

Source: HMIS Report,2019-20 & 2021-22

Therefore, the total number of Asthma, Pneumonia cases have declined in the district from 2019-20 to 2021-22 by 591 and 11 number of cases respectively. Similar trend can be observed for Sepsis, Malaria, TB and Measles diseases among childhood except AFP. Total 37, 44 and 1 numbers of Sepsis, TB & Malaria cases were reported among children under five (0-5 age) in the district in last financial year, while it was 131, 63 & 113 in reference year.





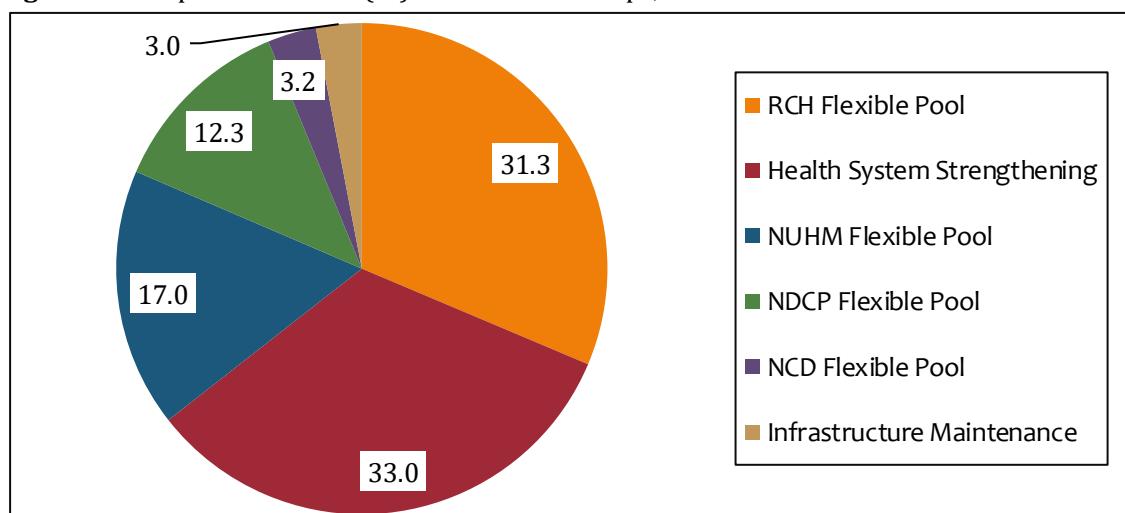
## CHAPTER-2: PUBLIC HEALTH FINANCING

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 Record of Proceedings, NHM Delhi

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

**Figure 3:** Flexi-pool-wise share (%) of resource envelope, Delhi 2021-22



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

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

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





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

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

Indicators	Amount* (GoI Share)	Percent (GoI share)	UT Share
<b>1.Total NRHM-RCH Flexible Pool (a+b)</b>	<b>115.67</b>	<b>64.4%</b>	
(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	-	
<b>2. NUHM Flexible Pool</b>	<b>30.61</b>	<b>17%</b>	
Other Health System Strengthening covered under NUHM	30.61	-	
Ayushman Bharat- HWCs under NUHM	0.00	-	
<b>3. NDCP Flexible Pool</b>	<b>22.15</b>	<b>12.3%</b>	
NVBDCP (Cash & Kind)	0.55	-	
NTEP (Cash & Kind)	17.96	-	
NVHCP (Cash & Kind)	1.37	-	
NLEP	0.85	-	
IDSP	0.90	-	
NRCP	0.52	-	
<b>4. NCD Flexible Pool (NPCB, NMHP, NPHCE, NTCP, NPCDCS, NPCCHH, PMNDP)</b>	<b>5.75</b>	<b>3.2%</b>	
<b>5. Infrastructure Maintenance (Incl. Direction &amp; Administration)</b>	<b>5.46</b>	<b>3.0%</b>	
<b>Total Resource Envelope (1+2+3+4+5)</b>	<b>179.64</b>	<b>100%</b>	<b>119.7</b>
<b>Grand Total Resource Envelope (GOI Allocation + UT Share)</b>	<b>299.4</b>		

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

\*indicate amount in Crores

## 2.2 District Health Action Plan and District Allocations

District Health Action plan is a principal instrument for planning, implementation & monitoring, formulated through a participatory and bottom-up planning process. This section will attempt to discuss in details District Health Action Plan & National Health Mission fund utilization against the sanctioned amount for the last financial year. The following table shows the time process of preparation & approval of PIPs & DHAP.

The table-4 ascertains the submission and approval timelines of District Health Action Plan for previous year (2021-22) and current year (2022-23). It can be observed that, in the previous year the DHAP was prepared and submitted by December, 2020 and submitted in the first month of 2021. However, the authority approved in the month of July and the funds were also released in the same month.

Whereas for the current year (2022-23), the same procedure was followed but the approval is still under the pending status and due to this the funds haven't been released.





**Table 4:**Submission & Approval Timelines of DPIP/ DHAP, 2021-22 & 2021-22.

Approving Authority	Year DPIP/ DHAP	Prepared and Submitted any DPIP/DHAP	Submission Date	DHAP Approval Date	Fund Release
State	2021-22(PY)	December,2020	January,2021	July,2021	July,2021
State	2022-23(CY)	December,2021	January,2022	Not received till now	Not received till now

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

It was mentioned that the biggest challenge in achieving the physical targets of the district is the delayed receipt of PIP approvals. For the year 2021-22, the district has submitted DHAP in July 2021 & received the approved ROPs in the same month. Similarly, the same situation can be seen in the last financial year. But as of now, the funds haven't been received.

### 2.3 District Financial Management Report, North-East Delhi

For the financial year 2020-21, the expenditure has been categorized into 4 Flexi- pool i.e., RCH+NDCPS; NUHM; NHM, and NCD and COVID-19 budget.

The four flexi-pool budget is further bifurcated into 18 major budget sub-heads which is documented in the Financial Management Report. The figures of summary budget expenditure have been captured in the table-5 as shown below.

The overall expenditure under NHM North-East Delhi is Rs 2902.3 lakhs. The budget which is allocated under RCH + NDCPs flexi-pool stands at Rs 1296.2 lakhs followed by NUHM at Rs 702.7 lakhs. Whereas, the NCD Flexi-pool shows the least expenditure (Rs 44,384).

The major budget heads that contribute to the total expenditure on flexi-pool are service delivery – facility-based, human resources, community interventions, and programme management and procurement. Under the NHM Flexi-pool, a total of Rs 1453.1 lakh has been spent under Programme Management to carry out the activities in the district.

A total of Rs.1856.88 lakhs has been spent under the Emergency COVID-19 response plan. Due to the COVID-19 pandemic, the maximum amount of expenditure was incurred under the head India COVID-19 Emergency Response and Health Systems Preparedness Package (ECRP-I) where the total amount spent stands at Rs.9284.4 lakhs and the least amount of expenditure was done in Rs.9000 under the head of Logistics and PPE.

However, it must be noted that no amount of expenditure was done under the heads of Enumeration and Planning, Monitoring, Contingency, and Emergency Response and Health Systems Preparedness Package for 2<sup>nd</sup> round respectively.





**Table 5:** Summary of Budget Expenditure, North-East Delhi, 2021-22

Budget Heads	RCH+NDCP	NCD	NUHM	COVID	NHM
Service Delivery - Facility Based	116.39	-	4.64	-	116.71
Service Delivery - Community Based	4.7	-	10.19	-	5.7
Community Interventions	55.59	-	116.98	-	95.22
Untied Fund	-	-	-	-	-
Infrastructure	400	-	24.74	-	24.75
Procurement	11.57	-	-	-	11.57
Referral Transport	83300	-	-	-	83,300
Human Resources	-	-	358.67	-	-
Training and Capacity Building	5.7	-	-	-	5.70
Reviews, Research, Surveys and Surveillance	13,000	-	-	-	13,000
IEC/BCC	10.49	44,384	-	-	10.93
Printing	10.52	-	-	-	10.52
Quality Assurance	-	-	9.76	-	8.12
Drug Warehousing and Logistics	5.55	-	-	-	5.55
PPP	-	-	-	-	10.52
Programme Management	84.80	-	60.51	-	1453.1
IT Initiatives for strengthening Service Delivery Innovations (if any)	-	-	-	-	-
<b>A. Total</b>	<b>1296.2</b>	<b>44,384</b>	<b>702.7</b>	<b>-</b>	<b>2092.3</b>
Operational cost of COVID-19 Vaccination				464.22	
Enumeration & Microplanning				-	
Capacity Building				8.55	
Human Resources				44.97	
Logistics & PPE				9,000	
Cold Chain & Vaccine Distribution				4.82	
IEC Activities				100000	
Monitoring				-	
Contingency				-	
India COVID-19 Emergency Response and Health Systems Preparedness Package (ECRP-I)				928.44	
Emergency COVID Response Plan (ECRP) Phase II				-	
<b>B. Total</b>				<b>1856.88</b>	

Source: NHM FMR North-East Delhi, 2021-22





### CHAPTER-3: PUBLIC HEALTH PLANNING AND IMPLEMENTATION

This section captures the details with regards to Public Health Planning which includes the in-depth details of public healthcare infrastructure, human resources for the public health and capacity building of the HR in terms of training status.

#### 3.1 Health Infrastructure and Facilities

The National Capital Territory (NCT) of Delhi has made an overall progress in improving the health status of its people. The state has made significant progress in building reliable health infrastructure at various levels and across different tiers. Basic tertiary health care services are being provided by the public and private sectors and varied organizations.

**Table 6:**Details of health facilities available, 2021-22

Facility Details	Operational
1.District Hospitals	01
No. of DH conducting > 50 deliveries /month	01
No. of DH conducting C-section	01
3.Community Health Centers (CHC)	01
No. of CHCs conducting > 20 deliveries /month	01
4. Primary Health Centers (PHC)	26
No. of 24X7 PHCs conducting > 10 deliveries /month	-
5. Sub Centers (SC)	33(AAMCs) and 28(HMIS Notional)
No. of SCs conducting >3 deliveries/month	-
6. Urban Primary Health Centers (U-PHC)	-
7. Urban Community Health Centers (U-CHC)	-
8. Special Newborn Care Units (SNCU)	01
9. Nutritional Rehabilitation Centers (NRC)	-
10. District Early intervention Center (DEIC)	-
11. First Referral Units (FRU)	01
12. Blood Bank	-
13. Blood Storage Unit (BSU)	01
14. No. of PHC converted to HWC	N/A
15. No. of U-PHC converted to HWC	N/A
16. Number of Sub Centre converted to HWC	N/A
17. Designated Microscopy Center (DMC)	01
18. Tuberculosis Units (TUs)	01
19. CBNAAT/TruNat Sites	01
20. Drug Resistant TB Centres	01
21. Functional Non-Communicable Diseases (NCD) Clinic at DH	01
22. Functional NCD Clinic at CHCs	-
23. Number of institutes with ultrasound facilities	Public: 01
(Public+Private)	Private: 58
24. Of these, how many are registered under PCPNDT act	Public: 01
	Private: 58

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

The table-6 above summarizes the health-care delivery system of North-East district, Delhi and its operational status. Only, one district hospital is functioning in North-East district, and it's the only facility conducting more than 50 deliveries per month including C-section. Maternity Home is functioning equivalent to the Community Health Centre nomenclature in Delhi. Only one Maternity Homes is functioning in the district. The maternity home has a delivery load of more than 20 deliveries per month.





A total of 26 Seed Primary Urban Health Centre (S-PUHC) is operational and provide general services like: OPD, immunization, ANC check-up and family planning services at the centre. There is no delivery service facility was available in the Seed-PUHC. On the other hand, there are 61 sub-health centres are functioning in the district. For sick and low birth weight babies, only SNCU is available in the district.

Neither District Early Intervention Centre (DEIC) is not available in the district nor blood bank facility is available in the district. For screening and testing of sputum regarding the tuberculosis, district has 01 designated Microscopy Centre and tuberculosis units have been established in the district and is functional. Further, only one CBNAAT and TruNat sites are available for collection of sputum for testing. Only one NCD clinic service is operational in the district which is operational at the DH level. In North-East Delhi district, there is availability of only one ultrasound facility at public health institutions.

### 3.2 Human Resources for Health

For ensuring smooth service delivery NHM has made provisions for a basic minimum Human Resource (HR) requirement along with health infrastructure. However, HR requirements should ideally depend upon the patient load and catchment population.

**Table 7:** Availability of Human Resource, 2021-22

Staff details at public facility (Regular+ NHM+ othersources)	In-place
MO (MBBS)	22
Dentists/ Dental Surgeon/ Dental MO	01
OBGY	01
Paediatrician	-
Anaesthetist	-
Surgeon	-
Other Specialists	-
Paramedical Staff	-
ANM	63
MPW (Male)	-
Staff Nurse	17
Lab technician	28
Pharmacist (Allopathic)	20
Radiologists	-
Dental technician	-
Dental Hygienist	-
Radiographer/X-ray technician	-
CSSD Technician	-
OT technician	-
CHO/ MLHP	N/A
AYUSH MO	-
AYUSH Pharmacist	-

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

The human resource profile of the North-East district Delhi is presented herewith. A total of 22 MOs have been in-place in the district followed by 01 Dental MO and OB&GY. With regards to ANMs a total of 63 workers are present in the district. With 17 staff nurses, 28 Lab Technicians, and 20 Pharmacists have been placed in the district presently.

The table-7 above shares a glimpse about the availability of human resource as per the last financial year 2021-22. The biggest challenge the district faces with regards to human resource is more specifically was reported for Gynaecologist, Anaesthetist, and Radiologist. It therefore, hampers the overall services specifically at District Hospital i.e., JPC Hospital.





### 3.2.1 Community Process

A total of 568 ASHAs were working in the district whereas 582 ASHAs is required as per the population norm. Social benefit schemes was implemented on October, 2018 for ASHAs and ASHA facilitators meeting the eligibility criteria to be covered under the Pradhan Mantri Jeevan Jyoti Bima Yojana (Accident Insurance), the age criteria is 18-50 years and annual premium of average Rs. 330 will be paid by the government. The number of ASHAs enrolled under this scheme are 141. Whereas, a total of 132 ASHAs have been enrolled for Pradhan Mantri Suraksha Bima Yojana. A total of 15 ASHAs are covered under Pradhan Mantri Suraksha Bima Yojana respectively in North-East district.

**Table 8:** Status of Social Benefit Scheme for ASHAs and ASHA Facilitators, 2021-22

Key Indicators		Observations
<b>1 Status of ASHAs</b>		
1.1	Required as per population	582
1.2	Selected ASHAs	568
1.3	No. of ASHAs covering more than 1500 (rural)/ 3000 (urban) population	N/A
1.4	No. of villages/ slum areas with no ASHA	N/A
<b>2 Status of social benefit scheme for ASHAs and ASHA Facilitators</b>		
2.1	No. of ASHAs enrolled for Pradhan Mantri Jeevan Jyoti Bima Yojana	141
2.2	No. of ASHA Facilitator enrolled for Pradhan Mantri Jeevan Jyoti Bima Yojana	Nil
2.3	No. of ASHAs enrolled for Pradhan Mantri Suraksha Bima Yojana	132
2.4	No. of ASHA facilitator enrolled for Pradhan Mantri Suraksha Bima Yojana	Nil
2.5	No. of ASHAs enrolled for Pradhan Mantri Shram Yogi Maandhan Yojana	15
2.6	ASHA facilitator enrolled for Pradhan Mantri Shram Yogi Maandhan Yojana	Nil
<b>3 Status of Mahila Arogya Samitis (MAS)</b>		
3.1	Formed	10
3.2	Trained	Yes
3.3	MAS account opened	Yes
3.4	Samiti addresses issues related to:	Wellness of the community related to health hygiene, safe drinking water practices, sanitation, following COVID appropriate behaviour and motivation for COVID-19 Vaccine

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

Mahila Arogya Samitis (MAS) is one of the key interventions under National Health Mission which aims at promoting community participation in health which includes systematic planning, proper implementation and timely monitoring of health programmes. The MAS is to be formed at Slum level and covers about 50- 100 household. Mahila Arogya Samitis have 10-12 members depending on the size of slum and ASHAs will be the member secretary and fix the schedule and venue for monthly meetings of the samiti.





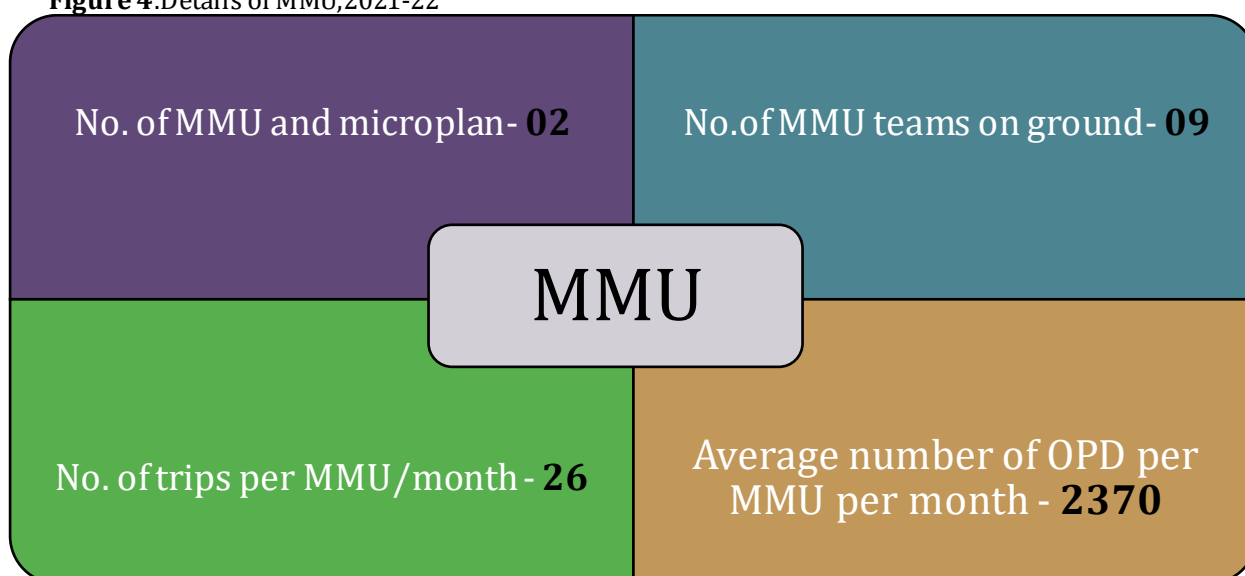
In North-East district, a total of ten Mahila Arogya Samiti was formed and basic training to the members was provided. Various key issues are being addressed in the samiti which is related to the wellness of the community members such as health hygiene, safe drinking water practices, sanitation, following COVID appropriate behaviour and motivation for COVID-19 Vaccine.

### 3.3 Health System Strengthening

Mobile Medical Unit (MMU) is one of the strategies to improve access to health facilities. There are 02 MMUs on road in the district and the team composition for MMUs is composed of 9 members respectively. The list of services being rendered through MMUs consists of furnishing medicines and diagnostic services. It was reported that MMUs are only designated to North-East district only out of all the 11 districts of Delhi.

The number of MMU trips conducted per month stands to be 26 and 4 camps are being organized in a month i.e., per week one camp is being conducted. The areas that are being covered through MMUs is six respectively. The average number of OPD per MMU per month stands to be 2370 **of which 2 patients** are being referred to higher facilities, if needed.

**Figure 4:**Details of MMU,2021-22



Source: District Checklist, NHM PIP Monitoring

### 3.4 Capacity Building-Training Status

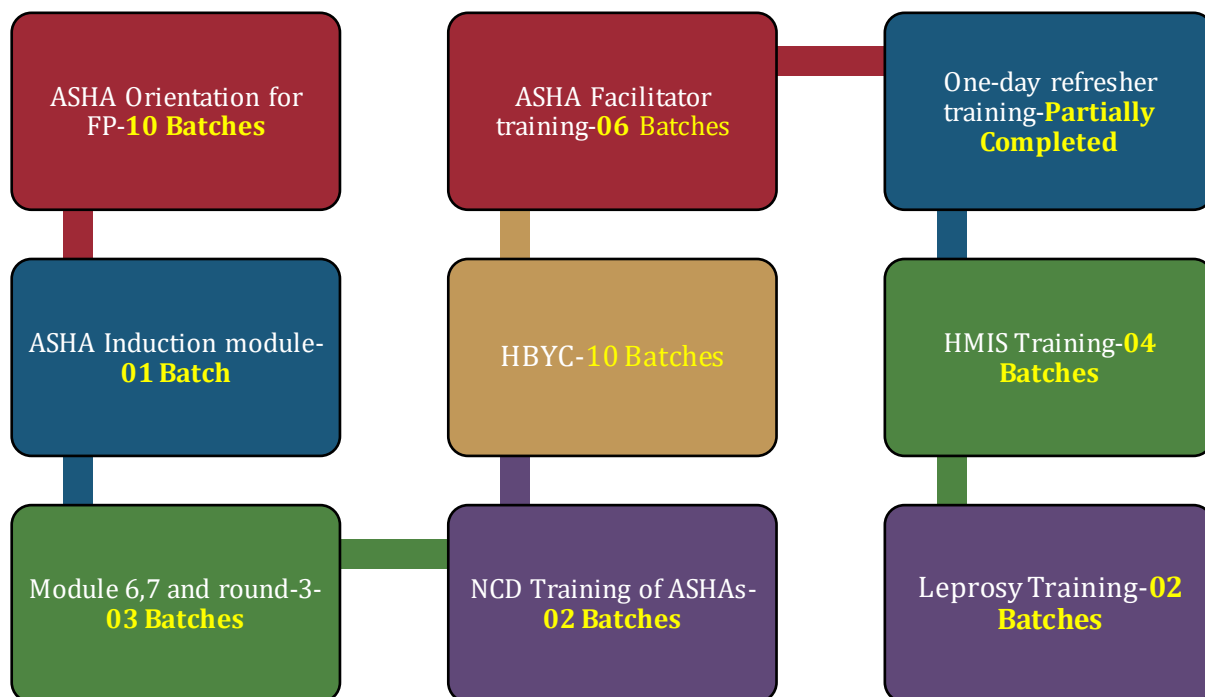
The figure-5 below provides a brief snapshot of trainings received in the last financial year i.e., 2020-21 as per the ROP approval. In total,10 trainings were conducted and majorly the trainings were imparted to ASHA workers in the district. Various trainings were given such as on family planning, Induction modules were conducted, NCD trainings, HBYC, refresher trainings. Besides this, HMIS, Leprosy, and IHIP trainings were also listed.

However, the plan for one-day refresher training was for 88 batches but it has been imparted to only 55 batches as of now and the status is partially completed.





Figure 5: Details of HR training as per RoP approval, 2021-22



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





## CHAPTER-4: NATIONAL HEALTH MISSION PROGRAMMES

### 4.1 Reproductive, Maternal, Neonatal, Child, and Adolescent Health Services

Maternal Health remains the cornerstone for every public policy. The well-being of mothers is important not only itself but also helps in breaking down the inter-generational poverty circle. The public policy being a combination of the rights-based approach and life cycle approach ensures that the well-being of the child starts at age zero along with the mother's health. These programmes range from direct cash transfers to indirect transfer programmes and universal health coverage. The RMNCH+A component aims to reduce the maternal mortality and morbidity, and make motherhood a healthy and safe phase for all women.

**Table 9:** Details of RMNCH+A programmes functional at the district level, 2021-22

Intervention/Activities	Indicator Status	
Janani Shishu Suraksha Yojana (JSSK)	<ul style="list-style-type: none"> <li>Total Delivery Points: <b>02</b></li> <li>No. of facilities where free diet is available for PW: <b>02</b></li> <li>No. of facilities where lab is functional for basic tests for PW: <b>02</b></li> </ul>	
	<ul style="list-style-type: none"> <li>No. issued MCP card and Safe Motherhood Booklet: <b>29</b></li> <li>Number of health facilities where current round of PMSMA was conducted:                             <ul style="list-style-type: none"> <li>a. Medical College: <b>N/A</b></li> <li>b. DH: <b>01</b></li> <li>c. SDH: <b>01</b></li> <li>d. CHC: <b>01</b></li> <li>e. PHC: <b>26</b></li> <li>f. Private Clinics: <b>N/A</b></li> </ul> </li> </ul>	
Pradhan Mantri Surakshit Matritva Abhiyan (PMSMA)	<ul style="list-style-type: none"> <li>Total number of beds: <b>16</b></li> <li>In-radiant warmer: <b>01</b></li> <li>Step-down care: <b>01</b></li> <li>Kangaroo Mother Care (KMC) unit: <b>01</b></li> <li>Number of <b>non-functional radiant warmer</b> for more than a week: <b>0</b></li> <li>Number of <b>non-functional phototherapy unit</b> for more than a week: <b>0</b></li> </ul>	
Special Newborn Care Units	<ul style="list-style-type: none"> <li>Total number of beds: <b>16</b></li> <li>In-radiant warmer: <b>01</b></li> <li>Step-down care: <b>01</b></li> <li>Kangaroo Mother Care (KMC) unit: <b>01</b></li> <li>Number of <b>non-functional radiant warmer</b> for more than a week: <b>0</b></li> <li>Number of <b>non-functional phototherapy unit</b> for more than a week: <b>0</b></li> </ul>	
	<b>Inborn</b>	<b>Out born</b>
Admissions	<b>624 (343-Male and 281-Female)</b>	<b>120 (57-Male and 63-Female)</b>
Home Based Newborn Care (HBNC)	<ul style="list-style-type: none"> <li>Total number of ASHAs: <b>568</b></li> <li>Total Newborns visited under HBNC: <b>2019-20 (23649); 2020-21 (8548); and 2021-22 (18558)</b></li> <li>Total no. of ASHAs with HBNC Kits: <b>568</b></li> </ul>	
	<ul style="list-style-type: none"> <li>Number of maternal Deaths: <b>DH (03) and PHC (04)</b></li> <li>Number of Neonatal Deaths: <b>38</b></li> <li>Number of Total Child Deaths: <b>07</b></li> </ul>	
Maternal and Child Deaths	<b>Number of Maternal Death Review Conducted:</b>	
	<ul style="list-style-type: none"> <li>2020-21: <b>Nil</b></li> <li>2021-22: <b>02</b></li> </ul>	
	<b>Number of Child Death Review conducted:</b>	
	<ul style="list-style-type: none"> <li>2020-21: <b>Nil</b></li> <li>2021-22: <b>01</b></li> </ul>	

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





With regards to the Janani Suraksha Yojana payment status the implementation status in the North-East Delhi district is extremely grim. This is associated with factors such as low JSY incentive, interest among beneficiaries to claim JSY is not high, inadequate documentation and high proportion of diverse migrant population. However, many people are unable to furnish the documents that is required. As reported in the facility on interaction with the people, it was said that the expenses of furnishing documents to becomes beneficiary is higher than the cash benefit, therefore they are willing to forgo it. The sum which was reported by the doctors, was not a very significant amount for many. Therefore, they choose to forgo the direct cash transfer.

However, all the delivery points in the district implement the Janani Shishu Suraksha Karyakram (JSSK) and is availed by the beneficiaries without any charge. The PMSMA activities are conducted at the DH, SDH, CHC, and PHC / PUHC equivalent facilities on every 9<sup>th</sup> of every month where the HRP's are being identified. The North-East Delhi district has SNCU with a capacity of 16 number of beds available with one in-radiant warmer and 1 KMC unit. A total of 624 inborn and 120 out-born admissions are reported in 2021-22 in the said district.

Presently, there are 568 ASHAs in the district and have conducted a total of 18,558 HBNC visits in the last financial year (2021-22). However, if we compare the previous year estimates, the total number of HBNC visits were relatively low which stands at 8548 visits. The reason for less number of visits is due to the on-going pandemic scenario resulting to which the visits couldn't have been carried. In 2021-22, a total of 07 maternal deaths are reported in the North-East Delhi district. Out of these 03 deaths are reported at DH and 04 deaths at PHC equivalent facilities. The district also reports a total 07 child deaths in the last financial year 2021-22 out of which a total of 38 neonatal deaths have been reported.

### 4.2 Communicable Disease Programme

The communicable disease programme is there to tackle the spread of highly communicable diseases and keep in check the public health needs. This programme also very stressed upon in DHS and preventive measures are taken to tackle the spread of seasonal communicable diseases such as Dengue and Malaria.

There are few programmes which are operational in the district such as NTEP, NLEP, and IDSP. Under National Tuberculosis Elimination Programme (NTEP), the target TB notification has been achieved in the year 2021-22. Out of the total TB patients notified, patients with knowns HIV status stands to be 92%. Of the total TB patients seeking care, 1234 were eligible for Universal Drug Susceptibility Testing (UDST). Under the programme, drugs for both drug sensitive and drug resistance TB were made available.

The notification under public sector notified were a total number of 2976 of TB patients. Of the total notified cases, treatment success rate was almost 77% in the case of public sector. The number of MDR patients stands at 110 and the treatment has been initiated amongst the TB patients as 82 respectively. Around 988 patients have been paid under the Nikshay Poshan Yojana.

Whereas, in-case of private sector, a total of 2552 TB patients have been notified under this sector respectively. The treatment success rate is relatively low than the public sector which stands at 72%.





**Table 10:** Details of Communicable disease programmes implemented in the district, 2021-22

**1. National Tuberculosis Elimination Programme (NTEP)**

- Target TB notification achieved: **Yes**
- Whether HIV Status of all TB patient is known: **No**  
If No, no. of TB patients with known HIV status: **92%**
- Eligible TB patients with UDST testing: **1234**
- Whether drugs for both drug sensitive and drug resistance TB available: **Yes**
  - No of patients notified: **2976**
  - Treatment success rate: **77%**
  - No. of MDR TB Patients: **110**
- Patients' notification from public sector
  - Treatment initiation among MDR TB patients: **82**
  - Beneficiaries paid under Nikshay Poshan Yojana: **988**
- Patients' notification from private sector
  - No of patients notified: **2552**
  - Treatment success rate: **72%**
  - No. of MDR TB Patients: **NIL**
  - Treatment initiation among MDR TB patients: **NIL**

**2. Implementation of National Leprosy Eradication Programme (NLEP)**

- No. of new cases detected: **Nil**
- No. of G2D cases: **02**
- MDT available without interruption: **Yes**
- Reconstructive surgery for G2D cases being conducted: **No**
- MCR footwear & selfcare kit available: **Yes, available**

**3. Integrated Disease Surveillance Programme (IDSP)**

- Rapid Response Team (RRT) Constituted: **Yes**
- Team Composition: **Pediatrician (01), Micro-biologist (01), Medicine (01), DSO (01), Food Safety Officer (01), Data Manager (State) (01), DAHO (01)**
- Outbreaks investigated:
- 2020-21: **N/A**
- 2021-22: **N/A**

Source: District Checklist, NHM PIP Monitoring

Whereas, under National Leprosy Eradication Programme (NLEP), no new cases were detected, but 2 new cases were Grade 2 Disabilities (G2D) cases. The supply of Multi Drug therapy (MDT) was available without interruption throughout, reconstructive surgery for G2D cases being conducted and MCR footwear and self-care kit were available under the programme.

Rapid response team are being constituted under the Integrated Disease Surveillance Programme (IDSP). With the team composition of 1-Pediatrician, 1-Micro-biologist, 1-Medicine, 1-DSO, 1-Food Safety Officer, 1-Data Manager from the State, and 1-DAHO. With regards to National Vector Borne Disease Control Programme (NVBDCP), the programme is under the jurisdiction of Municipal Corporation Delhi (MCD).

**4.3 Non-Communicable Disease Programmes**

There is no special initiative for NCDs. Only patients who show signs of these diseases are diagnosed for it. Until now there is no targeted programme to cover any vulnerable or at-risk population. The following NCD programmes under NHM were reported to be functional in the North-East district. Out of the 10 programmes listed 3 programmes are not functional at the district level i.e., National Oral Health Programme (NOHP), National Programme for Palliative Care (NPPC), and National Programme for Prevention & Management of Burn Injuries (NPPMBI).





Whereas, all the activities of National Tobacco Control Programme (NTCP) is being operated at the state level. With regards to National Viral Hepatitis Control Programme (NVHCP), it was reported that 70 percent of the health-workers were immunized against Hep-B.

**Table 11:** Status of Non-Communicable Disease in North-East District

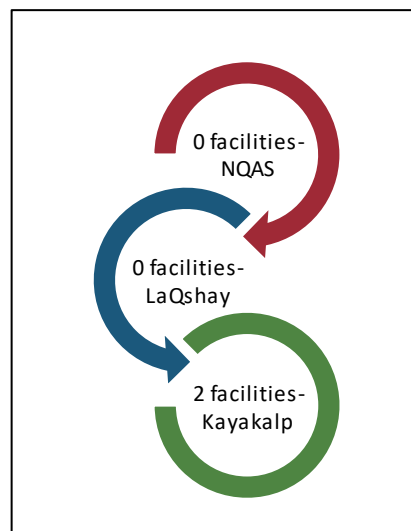
Non-Communicable Diseases Programme	Status of Implementation
1. National Programme for prevention & Control of Cancer, Diabetes, Cardiovascular Diseases & stroke (NPCDCS)	<b>Applicable in the district</b>
2. National Viral Hepatitis Control Programme (NVHCP)	
3. National Programme for Control of Blindness & Visual Impairment (NPCBVI)	
4. National Mental Health Programme (NMHP)	
5. National Programme for healthcare of Elderly (NPHCE)	
6. National Programme for the Prevention & Control of Deafness (NPPCD)	
7. National Tobacco Control Programme (NTCP)	<b>Run by State</b>
8. National Oral Health Programme (NOHP)	<b>Not Applicable in the District</b>
9. National Programme for Palliative care (NPPC)	
10. National Programme for Prevention & Management of Burn Injuries (NPPMBI)	

Source: District Checklist, NHM PIP Monitoring

#### 4.4 Other National Programmes

Mere health care service provisioning is not enough unless the quality of these services is kept in check at all times. This ensures smooth functioning and well-being of patients. Quality control is an important aspect of NHM and the Kayakalp award has been instituted to ensure this. The quality of health care services is pertinent as it builds up goodwill among patients and encourages healthy behaviour. The Quality assurance programme of the Public Health System is two pronged: 'Infection Control' and 'Health Care Waste Management.

The district North-East, is rigorously working on the implementation of quality assurance programmes such as Kayakalp and LaQshya. As per the last financial year (2021-22), the certification status of NQAS and LaQshya stands to be nil in the district. However, with regards to Kayakalp programme, MH Yamuna Vihar (equivalent to CHC) and SEED-PUHC(Brahampuri) bagged the Kayakalp award. Timely meetings are being conducted by the District Level Quality Assurance Committee.





## CHAPTER-5: PUBLIC HEALTH FACILITY ASSESSMENT

### 5.1 Jag Pravesh Chandra Hospital, Shastri Park

Figure 6: Jag Pravesh Chandra Hospital, Shastri Park

The district North East has only one District Hospital which is- Jag Parvesh Chand Hospital in Shastri Park. Being the only hospital in the district and has a catchment population of an approximate of 14 lac and is overloaded with patients. The team met with the medical superintendent and a team of doctors alongside management staff which helped us in data collection as well as for data verification for DH ranking. The following observations were made about the hospital:



- The hospital is the only one in the district and it caters to approximately 90 thousand patients in OPD on a monthly basis. About 1600 patients are admitted on a monthly basis.
- The number of deliveries taking place in a month stands at 300 deliveries whereas the number of C-sections conducted is relatively less i.e., on an average 90 patients opt for C-section. The figures have decreased due to unavailability of an Anaesthetist at the facility for the last 3 months.
- The number of deliveries performed last month was reported to be 239 and that of C-section stands to 32 respectively. The services available at the DWH are OPD, family Planning services, lab tests, emergency treatment, pediatric OPD, labour room, minor operation, SNCU, dental health, blood storage unit etc
- Operation theatre is available at the facility with providing all the facilities such as Single general OT, Elective OT Major for both general and Ortho, ENT etc. These facilities are all available round the clock for carrying minor operations.
- The facility lacks a Blood Bank Unit but has a storage unit available in the premises. The hospital doesn't have an ambulance instead there is a provision of CATS ambulance which is readily available on call.
- There is an acute shortage of staff at the facility, which affects the overall working and availability of services. This effect goes both ways. For example, the post of radiologist has remained vacant due to the lack of CT scan facilities.
- On every 9th of every month, PMSMA is being organized and during the ANC check-up identification is being done for Low HB, High blood pressure of the women. Proper line listing of HRP is also being done. Around 10-15 HRP have been identified and have referred to the next referral point i.e., GTB Hospital.





- Kayakalp assessment was last done in March 2022, and the facility scored well on this report, owing to the best practices adopted by it such as daily rounds done by the team, herbal gardens, a good BMW setup, low-infection rate, etc. Almost all best practices were adopted, except a cattle trap.

**Table 12:** Human Resource Position at JPC Hospital, 2021-22

HR Positions	Sanction	Regular	Contractual
MO (MBBS)	17	15	-
Medicine (Specialist)	03	03	-
Ob & Gy (Specialist)	03	01	-
Pediatrician (Specialist)	02	03	-
Anesthetist (Specialist)	05	04	-
Surgeon (Specialist)	02	02	-
Ophthalmologist (Specialist)	01	01	-
Orthopedics (Specialist)	02	02	-
Radiologist (Specialist)	01	-	-
Pathologist (Specialist)	02	02	-
Others (Specialist)(dermatologist)	01	01	-
Others (Specialist)(ENT)	01	01	-
Dentist	02	01	-
Staff Nurses/ GNMs	125	93	11
LTs	05	02	01
Pharmacist	16	11	02
Dental Technician/ Hygienist	01	01	-
Hospital/ Facility Manager	03	02	-
EmOC trained doctor	-	-	-
LSAS trained doctor	-	-	-
Others	-	-	-

Source: District Check-list, NHM PIP Monitoring, 2021-22

- The counselling on family planning services is provided by doctors and Staff Nurses. The facility provides condoms, oral pills, Chhaya and sterilization services. FPLMIS is implemented in the facility. The reception of the Antara scheme was observed to be good in the district. The DH recorded the 13<sup>th</sup> dose as the highest dose for ANTARA. PPIUCDs are also inserted and is much accepted. Patients also visit the hospital for removal and reinsertion.
- The DH also has functional Adolescent Friendly Health Clinic. With regards to Adolescent healthcare; Weekly adolescent days are observed. Girls and boys in the age group 15-19 visit for both OPD and counseling. More females are present, and have concerns regarding irregular menstrual cycles, white discharge and anaemia. The latter accords due to nutritional deficiencies and weak socio-economic status, due to which its incidence often falls on all members in certain families.
- Biomedical waste facility is outsourced to SMS water Grace Pvt. Ltd. and is collected daily. The hospital has a biomedical waste plant which ensures proper segregation according to colour in separate rooms. This facility is quite commendable.
- It also has a functional help desk and a proper mechanism to register and redressal of complaints.





- The PNC wards are cleaned and the labour room is sterilized regularly. Clean toilets are attached to the labour room for the patients to use.
- The hospital has also proposed a trauma centre as it receives a lot of trauma cases and referrals cause the patient to lose out on the golden hours.
- Given the district population, there is a need felt for at least 500 bedded, but is only 200 bedded at the moment. With the erstwhile district composition, Guru Teg Bahadur Hospital with 1700 beds belongs to the district. However, now, with the new district demarcation, it has gone to Shahdara.
- Oral cancer cases have too been detected in the region that could be attributed due to tobacco consumption among men, and water contamination in the Karawal nagar belt. Breast cancer cases are observed in the light of no lactation and increasing misuse of hormones.

## 5.2 Community Health Centre Equivalent

### 5.2.1 Maternity Home, Yamuna Vihar

The maternity home at Yamuna Vihar caters to a population of approximately 24000 people. Its nearest referral point Jag Parvesh Chand Hospital is 7-8 km away. Following observations were made at the facility:

**Figure 7:** Maternity Home, Yamuna Vihar



- The health facility is easily accessible from the main road and proper signage guides the way. The facility is run from a government building and falls under the purview of Municipal Corporation of Delhi.

- The facility is a 12-bedded facility. The building was very well maintained and clean. Regular cleaning was done of the wards and toilets.
- The wards were well lit and well painted. The facility had 24\*7 running water facility and sufficient sitting arrangement was also available for patients.
- The building is well maintained with IEC material and with appropriate information of timings on display.
- The services available at the facility pertains to mother and child care such as OPD, IPD, Deliveries, Family planning services etc. In addition to this, outreach services are also being conducted in the area.
- The average OPD stands to be more than 60 patients and the delivery load was reported to be 30-40 deliveries per day. There are high number of home deliveries in the area due to absenteeism of gynaecologists.





**Table 13:** Human Resource Availability at Community Health Centre, 2021-22

HR Positions	MH, Yamuna Vihar			MH, V.S.A.S		
	Sanction	Regular	Contractual	Sanction	Regular	Contractual
MO (MBBS)	03	01	02	06	04	02
Medicine (Specialist)	-	-	-	01	-	-
OB & Gy (Specialist)	-	-	-	03	-	01
Paediatrician (Specialist)	-	-	-	02	-	-
Anesthetist (Specialist)	-	-	-	01	-	-
Dentist	-	-	-	01	-	-
Staff Nurses/ GNM	02	-	02	32	09	05
LTs	02	-	02	02	-	-
Pharmacist Dental Technician/ Hygienist	-	-	-	01	-	-
Hospital/ Facility Manager	-	-	-	-	-	-
EmOC trained doctor	-	-	-	-	-	-
LSAS trained doctor	-	-	-	-	-	-
Others (ANM)	09	03	03	-	-	-

Source: CHC Checklist, NHM PIP Monitoring

- With respect to manpower, the facility has 3 MO's, 2 SNs, 1 LT, and 6 ANMs. There are no specialists at the centre. Only Medical Officers have been posted, and it was reported that even the specialists are not available round the clock.
- Proper EDL has been displayed at the facility with more than 42 drugs available along with sufficient amount of injectables present on the day of the visit. However, there was shortage of 5 priority drugs such as PCM, Xylocaine, and Amexycillin 500 mg.
- For the past 3-4 months, there is minimal shortage of long gloves and Aprons. Similarly, is the case of testing kits for VDRL and Urine album.
- A total of 5 tests are being conducted at the facility which majorly pertains to ANC profile only such Hb, HIV, blood test etc.
- The last JSY payment was done last year in the month of December, after that no payments have been done.
- The number of maternal deaths in the year 2020-21 was 1 and that in last financial year stands to be nil. Whereas, in the case of child deaths 5 deaths occurred in the year 2020-21 and in 2021-22 total 8 deaths have occurred in the catchment area.
- In the last 3 months, 78 new-borns have been immunized with birth dose at the facility. All the new-borns were breastfed within one hour of birth.
- On utilization of Family Planning services, the acceptance amongst the members is towards temporary services and the facility has implemented FPLMIS.





- No sterilizations are being performed at the facility. Instead a designated centre was reported in the name of “**Marie Soft**” which is in Karkardooma where all the sterilizations and MTPs are being done.
- A dedicated day has been designated for providing counselling to adolescents which is “Saturday” and is provided by MOs and ANMs. Issues concerning amongst adolescents were exam stress, menstrual/RTI, weakness, anaemia, and anxiety. The population of females were more than males.
- The total fund received last year was Rs.1,40,000 and the entire amount was utilized.
- With regards to quality improvement programme, the facility scored 87.5 percent during their Kayakalp assessment and the award money is yet to be received. Whereas, the certification of NQAS and LaQshya has not been initiated.
- The infrastructure facility of the maternity home requires upgradation. It was reported that there is Gross unmet need for civil work in the building. There was complaint of seepage in the boundary area of the facility which requires repairs and renovations.

### 5.2.2 Maternity Home, V.S.A.S

Figure 8: Maternity Home, V.S.A.S



The Maternity Home Vir Savarkar Arogya Sansthan caters to a population of 80,000 population. The nearest referral point is SNDH which is at a distance of 8 Kms. Some of the peculiar observations of the facility have been highlighted below as:

- The maternity home is a 10-bedded facility and provides normal delivery service. Only, 25 deliveries were conducted last month. In case of any complication, women are either referred to JPC hospital or SNDH which is the referral point.
- Maternity home provides services like; ANC, family planning, adolescent health counselling and done basic lab test. They also conduct outreach services in their respective area.
- There was no functional quality improvement programme at the facility level in case of NQAS and LaQshya. However, the facility score of Kayakalp stands at 81 percent in the year 2021-22 for which the award money is yet to be received.
- There is a drug shortage of paracetamol in the facility for the past 7 months.
- However, there is a provision of JSSK diet on paper but it is not being rendered to





the beneficiaries as no funds have been disbursed to the facility.

- There is no drinking water facility at the facility and shortage of water supply has been cited at the facility.
- As the facility is under MCD, proper guidelines are not there for the utilization of funds as approval is to be made from different agencies.
- As shown in table-13 above there is shortage of staff nurses at the facility, out of 32 sanctioned posts only 14 posts of staff nurses are in place. Similarly, is the case for gynaecologist, at present only 1 gynaecologist is available.
- There are institutional problems with regards to the facility. The facility was designed and structured in such a way that 200 beds can easily be accommodated but due to unavailability of funds and institutional clearance the status is still pending.
- Despite the facility has been given the status of Maternity Home, there is a lack of services available and proper utilization is not being done despite of good infrastructure and space availability.
- It was reported that there is conflict of opinions amongst the different agencies resulting to which the overall service delivery is being hampered.

### 5.3 Primary Health Centre Equivalent

#### 5.3.1 Delhi Government Dispensary, Khajoori Khas

Figure 9: Delhi Government Dispensary, Khajoori Khas



The Delhi Government Dispensary (DGD) in Khajoori Khas caters to a population of approximately 58000. The nearest FRU is 1- 1.5 km away from the facility. Following observations were made about the facility:

- The DGD only provides OPD services and diagnostic tests for the patients.
- The building is well maintained and is run from a government building. It has 24-hour water supply and electricity supply.
- Waste management is done through external agency- SMS Water Grace Pvt. Ltd
- Tele-consultation service is not available but during the lockdown this service was available for all the COVID-patients who were quarantined in their respective homes.





- On the day of the visit, a total of 136 drugs were available at the facility as against 242. However shortage of drugs was highlighted such as that of Calcium, Mloxcin 250 mg.
- A total of 56 in-house tests are being performed at the facility such as that of COVID-19, Hypertension, HB, Typhoid, Syphilis etc.
- A total of 4 maternal and child deaths occurred in the year 2021-22.
- With regards to family planning services, the counselling is being done by ANMs and the preference is more on temporary methods. ANTARA wasn't widely accepted amongst the beneficiaries due to reasons such as excessive bleeding. Hence, reluctance for the same was observed.
- Most trainings carried out are at the communication level to increase the capacity of the frontline workers.
- Senior citizens come for counselling at the facility on Thursdays and also get screened for various diseases.
- There is an AFHC on Saturdays where adolescents are given counselling. Mostly girls come to discuss problems related to menstrual hygiene. Sanitary pads to adolescent girls are disbursed at the facility. Boys do not actively seek help but if they come it is mainly for studies related and concentration problems.
- IEC material was beautifully displayed across the facility.

**Table 14:** Human Resource Availability at PHC Equivalent facilities, 2021-22

HR Positions	DGD, Khajoori Khas			SEED-PUHC, Sonia Vihar		
	San.	Reg.	Cont.	San.	Reg.	Cont.
MO (MBBS)	02	02	-	01	-	01
MO (AYUSH)	01	01	-	-	-	-
SNs/ GNMs	-	-	-	-	-	-
ANM	04	03	01	03	-	03
LTs	01	01	-	01	-	01
Pharmacist	02	01	01	01	-	01
Public Health Manager (NUHM)	-	-	-	-	-	-
PHN	01	-	01	-	-	-
Others (Sweeper)	-	-	02	-	-	-

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

### 5.3.2 SEED-PUHC, Sonia Vihar

The SEED-PUHC, Sonia Vihar is regarded as a model centre for rendering the services. The catchment population the facility caters to is 20,000 with 3 ANMs and 8 ASHAs. Following are the observations noted below as:

**Figure 10:** SEED-PUHC, Sonia Vihar





- The average OPD per day at the facility stands at 90-100 where the members can avail services such as OPD, Family planning, ANC Check-ups, NCD screening, COVID-19 Vaccine and testing etc.
- In the last 3 months 80 institutional deliveries and 5 home deliveries have been reported.
- Family planning counselling is being done by FP counsellor and it was cited that preferences were majorly for oral-pills, condoms, copper-T etc.
- Specially designated day has been assigned for adolescent counselling i.e., it is being organized on Saturday. The cases were more observed amongst females for issues such as Menstrual problems, skin issue, anxiety etc.
- A total of 186 and 119 confirmed cases were reported for diabetes and hypertension in the last 6 months.
- It was noted that tobacco consumption is quite prevalent in the catchment area and it is more visible among men.
- Proper coordination of WIFS implementation in the area is being carried through School Health Scheme under DHS.
- The COVID-19 Vaccine status is commendable all the members have been vaccinated with 1<sup>st</sup> dose whereas the status of 2<sup>nd</sup> dose stands at 92 percent respectively. Proper mobile teams have been placed for the same.
- Skin and fungal infections are very common in the area as well as in the district this is due to the given congested and unhygienic environment.
- The staff at the facility was efficient and knowledgeable and all the work was being carried with utmost efficiency.





## CHAPTER-6: PERCEPTIONS OF COMMUNITY MEMBERS

### 6.1 Background

A “Focused Group Discussion” was conducted to know the overall community perception regarding the accessibility of health facilities available in their district and their lifestyle choices with ASHA workers, ANMs, and local community members. Questions related to knowledge training and incentive were asked from ASHAs and AWWs.

The main purpose of interacting with the community was to get valuable insights from the members and to capture the challenges faced by them while availing the public health facilities and how better the services can be provided. The health care services are provided at both public and private sectors. The Public health-care services are responsible equally by centre and state health department and is offered through various agencies’ such as Aam Aadmi Mohalla Clinic, Delhi Government Dispensary, Seed Primary Urban Health Centre (Seed-PUHC), Mother & Child Welfare Centre (MCW), Delhi Government Polyclinic, AYUSH Hospital and Multi/Super Specialty Hospital.

### 6.2 Health Seeking Behaviour

On discussion with the community members of North-East district, Delhi it was highlighted that the inclination for the preferred health facility amongst the members of the area was more towards public health-care facilities than private facilities. On asked the reason, they cited that because of meagre incomes to survive on their dependency heavily relies on the government facilities as they are provided with drugs and diagnostics which are carried free of cost. For basic check-ups and ready availability, the community members preferred to visit their nearby facility which is MH V.S.A.S and Mohalla clinics. However, the preference for private health facilities is when they have sought treatment in case of emergency situation which was hardly cited by few of the members. Diseases such as cough, cold, hypertension, diabetes and weakness were highlighted as the common health.

### 6.3 Lifestyle Practices

During the FGDs conducted at the AWC, the members have cited that, the use of tobacco and alcohol is very much prevalent, which is consumed by males specifically. The consumption of such items is quite widespread amongst such community members of the district. Whereas, on hygiene and sanitation front almost all households have in-home toilets in the entire area, so usage of sharing of common toilets is extremely bleak.

In terms of drinking water, the community members highlighted that the main source of drinking water is through tanker system which is readily available at the road-side for fixed hours in the morning. However, only few of the members had RO or filtered water installed and readily available in their homes. Furthermore, iodized salt was being used by the members of the area.

### 6.4 Accessibility to Drugs, Diagnostics, and Referral Transport

It was reported that mostly drugs were not available for non-communicable diseases specially for diabetes was not available. There is not adequate supply of drugs for diabetes and Out-of-Pocket expenditure was cited for drugs by the members of the area





as there is non-availability of the drugs in the district. Hence, they had to purchase from local providers who are usually unqualified and supply the medicine at reasonable prices.

If we understand the composition of the population of North-East, it was quite evident that people belonged were not that financially strong resulting to which there is a considerable reliance on public health facilities for basic health care needs including referral transport as well. On discussion, it was brought to our notice that the members were not aware of the service with regards to referral transport as most of the beneficiaries manage transport through their own vehicles or via public transport / rickshaws.

### 6.5 Behaviour of Health-Care Providers

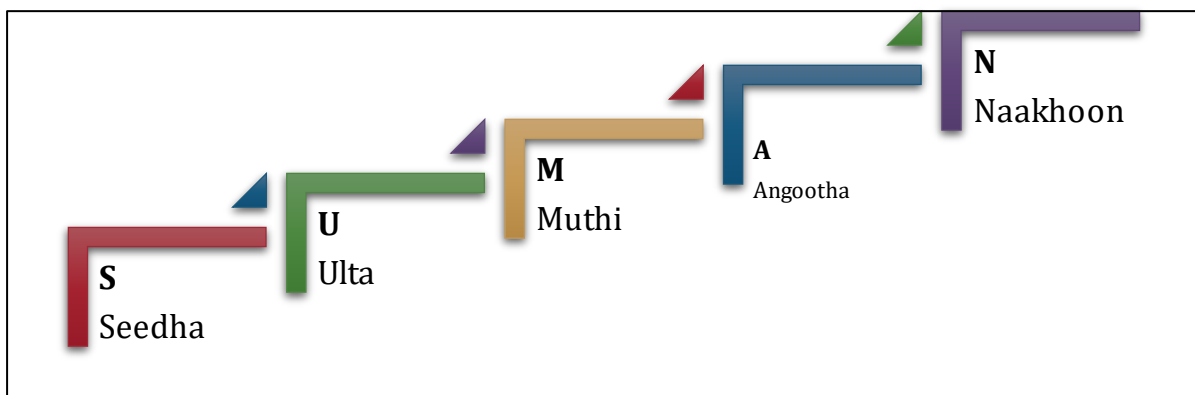
Participants have highlighted that the AWWs and ANMs were extremely satisfied with the behaviour of the front-line workers and timely check-ups are being carried properly. In addition, they were satisfied with the services that are being provided at the AWC.

The workers are easily approachable by community members in the area. Participants have even reported that the ASHAs come for regular visit and also help in referral of pregnant women. ASHAs have reported that they go door to door for delivery of family planning services, take suspected case for TB screening at the nearest facility if needed and pregnant women for ANC check-ups. ASHAs reported that they visit door to door for counselling of adolescent girls related to sexual and reproductive wellness.

### 6.6 Initiatives w.r.t COVID-19

With regards to the on-going pandemic, the AWWs and ANMs have timely updated the members with regards to hand-washing practices as per the training received by them. They have imparted the knowledge to its members by following the 5-steps of “**SUMAN**” where each letter stood and had its significance such as:

**Figure 11:** SUMAN Principle, North-East District, Delhi



Though there was reluctance initially w.r.t to COVID Vaccine but with proper awareness the members have got their 1<sup>st</sup> dose of vaccination and are due with the 2<sup>nd</sup> dose. Interestingly, the district has made commendable efforts for getting the population of the district vaccinated i.e., special camps were organised for disabled, sex-workers, and LGBTQ community.





## CHAPTER-7: CONCLUSIONS and RECOMMENDATIONS

The Population Research Centre, Delhi undertook the monitoring of NHM Programme Implementation Plan in North-East District of Delhi. The report is prepared on the basis of field – based observations and visits to the following public health facilities in North-East Delhi: District Hospital JPC, MCD Maternity Home Yamuna Vihar, Maternity Home V.S.A.S, Seed-PUHC Sonia Vihar and DGD Khajoori khas. Meetings were held with the Chief District Medical Officer (CDMO) and the NHM Nodal Officials. Interactions were also held with the Medical Officer-In-Charge (MOIC) of the selected facilities, health care providers (ANM, ASHAs etc.) and other supporting staff to understand the strengths and weakness of the facilities in service provisioning. Health Management Information System (HMIS) data was verified for the District Hospital Ranking data validation purposes.

### 7.1 Key Findings

After the roll, out of NHM the district has certainly improved a lot in service delivery. The maternal health programme is very much in the purview has improved a great deal. The institutional delivery rate stands at 78 percent approximately. The NHM programmes has also fuelled the behaviour change in the common public slowly and gradually. Child health schemes and immunisation too are doing quite well in the district. Quality of care has eventually improved after proper infrastructure was built but still some improvements are to be made. However as mentioned by the officials that there much to be done in this regard but due to COVID there has been a diversion in some of the activities. It was cited by many health personnel that to manage the patient load there should be adequate infrastructure and manpower to handle the increasing load and crisis.

At the district level hospital there is immense load of deliveries and low load on the maternity homes. These maternity homes should be upgraded and strengthened to share the load of the hospitals and also handle complicated cases. More maternity homes should be opened in the peripheral areas of the district which are far from the hospitals.

The implementation of JSY is not that effective in the district due to varied reasons. Factors such as low JSY incentive, limited interest among beneficiaries to claim JSY incentive, inadequate documentation and high proportion of migrant population. In addition to this, the funds for JSY payments haven't been disbursed by the state resulting to which the backlog of payments is still pending. All the delivery points in the district implement JSSK by providing free diet, drugs, and diagnostic services.

The North-East Delhi district has SNCU with a capacity of 16 beds with one in-radiant warmer and 1 step-down and KMC unit. The 568 ASHAs of the district have conducted a total of 18,558 HBNC visits in the last financial year. The district neither has DEIC nor NRC. Under NTEP, the target TB notification under public sector in 2021-22, was achieved to be at 77%. Under National Leprosy Eradication Programme, new cases were detected, out of which 2 were Grade 2 Disabilities (G2D) cases. The following NCD programmes under the NHM umbrella were functional: NVHCP, NPCBVI, NMHP, NPCD, NPHCE, and NTCP.

As per the last financial year (2021-22), the certification status of NQAS and LaQshya stands to be nil in the district. However, with regards to Kayakalp programme, MH Yamuna Vihar (equivalent to CHC) and SEED-PUHC(Brahampuri) bagged the Kayakalp





award. Timely meetings are being conducted by the District Level Quality Assurance Committee.

The scenario of Delhi is quite different from other states and is very much evident. In Delhi, NHM has not been a game changer as it had been in other states of the country. The state apparatus for health has been quite efficient and therefore, many state-run programmes has taken precedence such as in the case of RBSK where the school health scheme has been implemented.

In conclusion, the NHM is performing well in the district however given the administrative set up and structure of health mechanism in Delhi NHM success is not as big as it is in other states of India. Therefore, we make the following recommendations:

### 7.2 Recommendations

- At the district level hospital there is immense delivery load and the same on maternity homes is very low. These maternity homes should be upgraded and strengthened to share the load of the hospitals and also handle complicated cases. More maternity homes should be opened in the peripheral areas of the district which are far from the hospitals.
- As the district has identified many trauma cases at the District Hospital, but due to unavailability of trauma centres, the cases are referred to other districts. It is suggested that a Trauma centre should be developed at the DH so that they don't lose out patients during the emergency hours.
- All the public health facilities in North-East Delhi should take the initiative for quality care certification specifically under NQAS and LaQshya. While some of the activities are being undertaken in case of Kayakalp and are performed more regularly. However, facilities are still lagging in terms of their performance and assessment activities to meet the criteria specified under NQAS and LaQshya guidelines.
- There should be refresher trainings for data managers with respect to HMIS Indicators so that so that the issue of under-reporting and definitional issues can be resolved and accurate information can be produced with few outliers and validation errors.
- Multiple training programmes are not helpful as the retention among ASHAs and ANMs is less. The focus should be more on capacity building than just simple training. As this would improve the overall community service delivery practices.
- It was cited that there is an excessive consumption of tobacco amongst men and water contamination in the district specifically in the Karawal Nagar belt. Due to which the cases of oral cancer are relatively high as cited. Hence, it is suggested to raise awareness by the front-line workers by discussing the adverse effects among the users by adopting strategies through activities and bringing the desired change.
- Furthermore, the awareness can be made during the adolescent age as this is a critical age period wherein such lifestyle can be adopted.





- Breast cancer screening avenues should be more as the cases are quite significant in the district.





**ANNEXURE-I**

Table A.1: Socio demographic Indicators of North-East, Delhi, and India

Health Facility	North East District	Delhi	India
Population (Census 2011)	2,241,624	16,787,941	1,210,854,977
Male	1,188,425	8,987,326	623,270,258
Female	1,053,199	7,800,615	587,584,719
Decadal growth rate in % (Census 2011)	26.78	21.21	17.6
Rural Population (%)	0.96	2.5	68.9
Urban Population (%)	99.1	97.5	31.1
Child Population (%)	13.5	12	13.6
Literacy rate (%)	83.1	86.2	73
Male literacy rate (%)	88.8	90.9	80.9
Female literacy rate (%)	76.7	80.8	64.6
Sex ratio	886	868	943
Density/km2	36155	11320	382

Source: Census,2011

1) District Hospital

Table A.2: Status of health infrastructure, JPC Hospital, 2021-22

DH Infrastructure Indicators	Yes/No
Accessible from nearest road head	Y
24*7 running water facility	Y
Clean functional toilets available (separate for Male and female)	Y
Drinking water facility available	Y
OPD waiting area has sufficient sitting arrangement	Y
Facility is geriatric and disability friendly (ramps etc.)	Y
ASHA rest room is available	N
Drug storeroom with rack is available	Y
Power backup (Complete Hospital / Part of the hospital)	Y
Availability of delivery services	Y
If facility is designated as FRU, whether C-section are performed	Y
Functional newborn care corner (radiant warmer neo-natal ambu bag)	Y
PMSMA services provided on 9 <sup>th</sup> of every month	Y
Number of functional in-patient beds	200

Source: District Checklist, NHM PIP Monitoring

Table A.3: Availability of specialized services at JPC Hospital, 2021-22

List of services	Yes/No
Medicine	Y
O&G	Y
Pediatrician	Y
General Surgery	Y
Anesthesiology	N
Ophthalmology	Y
Dental	Y
Imaging Services (X – ray)	Y
Imaging Services (USG)	N
District Early Intervention Centre (DEIC)	N
Nutritional Rehabilitation Centre (NRC)	Y
SNCU	Y
Comprehensive Lactation Management Centre / Lactation Management Unit (LMU)	N





## NHM PIP Monitoring, North-East, Delhi

Neonatal Intensive Care Unit (NICU)	N
Paediatric Intensive Care Unit (PICU)	N
Labour Room Complex	Y
ICU	N
Dialysis Unit	N
Emergency Care	Y
Burn Unit	N
Teaching block (medical, nursing, paramedical)	N
Skill Lab	Y
Tele-medicine/Consultation services available	N

Source: District Checklist, NHM PIP Monitoring

**Table A.4:** Availability of emergency and OT services in District Hospital, 2021-22

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

Source: District Checklist, NHM PIP Monitoring

## 2) CHC Equivalent-MH Yamuna Vihar and V.S.A.S

**Table A.5:** Status of health infrastructure at Community Health Centre (CHC), 2021-22

Condition of infrastructure	MH, Yamuna Vihar	MH, V.S.A.S
24*7 running water facility	Y	Y
Facility is geriatric and disability friendly (ramps etc.)	Y	Y
Clean functional toilets (separate for Male and female)	Y	Y
Drinking water facility available	Y	N
OPD waiting area has sufficient sitting arrangement	Y	Y
ASHA rest room is available	Y	Y
Drug storeroom with rack is available	Y	Y
Power Back-up	Y	Y





**Table A.6:** Availability of specialized services at CHC, 2021-22

List of services	MH, Yamuna Vihar	MH, V.S.A.S
Medicine	Y	Y
O&G	Y	Y
Pediatrician	Y	Y
General Surgery	N	Y
Anesthesiology	N	N
Ophthalmology	N	Y
Dental	Y	Y
Imaging Services (X – ray)	N	Y
Imaging Services (USG)	N	N
New born Stabilization Unit (NBSU)	Y	N
Emergency Care	N	N
Tele-medicine/Consultation services available	N	N

3) PHC Equivalent- DGD,Khajoori Khas and SEED-PUHC,Sonia Vihar

**Table A.7:** Status of infrastructure, Primary Health Centre (PHC) , 2021-22

Condition of infrastructure	DGD,Khajoori Khas	SEED-PUHC, Sonia Vihar
Accessible from nearest road head	Y	N
24*7 running water facility	Y	Y
Facility is geriatric and disability friendly (ramps etc.)	Y	N
Clean functional toilets available (separate for Male and female)	Y	Y
Drinking water facility available	Y	Y
OPD waiting area has sufficient sitting arrangement	Y	Y
ASHA rest room is available	Y	Y
Drug storeroom with rack is available	Y	Y
Power backup	Y	Y

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

**Table A.8:** Status of health services at Primary Health Centre, 2021-22

Drugs and diagnostics services	DGD,Khajoori Khas	SEED-PUHC, Sonia Vihar
Availability of list of essential medicines (EML)/ drugs (EDL)	Y	Y
EDL/EML display in OPD area	Y	Y
Implementation of DVDMS	Y	Y
Shortage of 5 priority drugs from EDL in last 30 days, if any	Y	Y
Drugs Available for Hypertension & Diabetic patients	Y	Y
Shortage of sufficient number of Hypertension & Diabetic in last 7 days	Y	Y
Availability of Testing kits/ Rapid Diagnostic Kits	Y	Y
Line listing of all high risk pregnancies	Y	Y
Availability of vaccines and hub cutter	Y	Y
Availability of trained provider for IUCD / PPIUCD	Y	Y
Whether reporting weekly data in P and L form under IDSP	Y	Y
Maintenance of Records		
Maintenance of records on TB cases (drug sensitive/resistant cases)	Y	N
Maintenance of records on Malaria cases	N	N
Maintenance of records on Palliative cases	Y	N
Maintenance of records on Dengue and Chikungunia	Y	N
Maintenance of records on Leprosy cases	Y	N

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





ANNEXURES-II



Ministry of Health & Family Welfare  
Government of India



**Schedule for PIP Monitoring**

**Key Correspondence: DPMU**

**A. District Profile**

A.1. Healthcare				
Indicator	Values		Source	
1. Name of the District				
2. Total number of Blocks				
3. Total number of Villages				
4. Total Population				
• Rural population				
• Urban population				
5. Literacy rate				
6. Sex Ratio				
7. Sex ratio at birth				
8. Population Density				
9. Estimated number of deliveries				
10. Estimated number of C-section				
11. Estimated numbers of live births				
12. Estimated number of eligible couples				
13. Estimated number of leprosy cases				
14. Target for public and private sector TB notification for the current year	Public: Private:			
15. 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				
<b>Facility Details</b>				
	<b>Sanctioned/Planned</b>		<b>Operational</b>	
1. District Hospitals				
2. Sub District Hospital				
3. Community Health Centers (CHC)				
4. Primary Health Centers (PHC)				
5. Sub Centers (SC)				
6. Urban Primary Health Centers (U-PHC)				





7. Urban Community Health Centers (U-CHC)		
8. Special Newborn Care Units (SNCU)		
9. Nutritional Rehabilitation Centres (NRC)		
10. District Early intervention Center (DEIC)		
11. First Referral Units (FRU)		
12. Blood Bank		
13. Blood Storage Unit (BSU)		
14. No. of PHC converted to HWC		
15. No. of U-PHC converted to HWC		
16. Number of Sub Centre converted to HWC		
17. Designated Microscopy Center (DMC)		
18. Tuberculosis Units (TUs)		
19. CBNAAT/TruNat Sites		
20. Drug Resistant TB Centres		
21. Functional Non-Communicable Diseases (NCD) clinic <ul style="list-style-type: none"> <li>• At DH _____</li> <li>• At SDH _____</li> <li>• At CHC _____</li> </ul>		
22. Institutions providing Comprehensive Abortion Care (CAC) services <ul style="list-style-type: none"> <li>• Total no. of facilities _____</li> <li>• Providing 1st trimester services _____</li> <li>• Providing both 1st &amp; 2nd trimester services _____</li> </ul>		
A.3 Infrastructure Construction Status Details		
• Details of Construction pending for more than 2 years		
• Details of Construction completed but not handed over		

**Overview: Submission & approval timelines of DHAP**

Year	Prepared & submitted any District Programme Implementation Plan (DPIP/ DHAP)	Submission date of DPIP/ DHAP	When you have received the approved DHAP from the State?	Date of Fund Release (1 <sup>st</sup> sanctioned against DHAP)
2021-22 (Previous FY)				
2022-23 (Current FY)				

**A. Service Availability**

Indicator	Remarks/Observation
1. Implementation of <b>Free drugs</b> services (if it is free for all)	
2. Implementation of <b>diagnostic services</b> (if it is free for all) <ul style="list-style-type: none"> <li>• Number of lab tests notified</li> </ul>	





Indicator	Remarks/Observation					
<ul style="list-style-type: none"> <li>No. of SCs conducting &gt;3 deliveries/month</li> </ul>						
<ul style="list-style-type: none"> <li>No. of 24x7 PHCs conducting &gt; 10 deliveries /month</li> </ul>						
<ul style="list-style-type: none"> <li>No. of CHCs conducting &gt; 20 deliveries /month</li> </ul>						
<ul style="list-style-type: none"> <li>No. of DH/ District Women and child hospital conducting &gt; 50 deliveries /month</li> </ul>						
<ul style="list-style-type: none"> <li>No. of DH/ District Women and child hospital conducting C-section</li> </ul>						
<ul style="list-style-type: none"> <li>No. of Medical colleges conducting &gt; 50 deliveries per month</li> </ul>						
<ul style="list-style-type: none"> <li>No. of Medical colleges conducting C-section</li> </ul>						
<ul style="list-style-type: none"> <li>Number of institutes with <b>ultrasound facilities</b> (Public+Private)</li> </ul>	Public: Private:					
<ul style="list-style-type: none"> <li>Of these, how many are registered under PCPNDT act</li> </ul>	Public: Private:					
<b>3. Pradhan Mantri Surakshit Matritva Abhiyan (PMSMA)</b>	<ul style="list-style-type: none"> <li>No. issued MCP card and Safe Motherhood Booklet: _____</li> <li>Number of health facilities where current round of PMSMA was conducted:               <ul style="list-style-type: none"> <li>a. Medical College: _____</li> <li>b. DH: _____</li> <li>c. SDH: _____</li> <li>d. CHC/UHC: _____</li> <li>e. PHC/UPHC: _____</li> <li>f. Private Clinics: _____</li> </ul> </li> </ul>					
<b>4. Rashtriya Bal Suraksha Karyakram (RBSK)</b>	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 .....					
<b>5. Special Newborn Care Units (SNCU)</b>	<ul style="list-style-type: none"> <li>Total number of beds               <ul style="list-style-type: none"> <li>In radiant warmer _____</li> <li>Stepdown care _____</li> <li>Kangaroo Mother Care (KMC) unit _____</li> </ul> </li> <li>Number of <b>non-functional radiant warmer</b> for more than a week _____</li> <li>Number of <b>non-functional phototherapy unit</b> for more than a week _____</li> </ul>					
	<table border="1"> <thead> <tr> <th>Inborn</th> <th>Out born</th> </tr> </thead> <tbody> <tr> <td>Admissions ( 2021-22)</td> <td></td> </tr> <tr> <td>Defects at birth</td> <td></td> </tr> </tbody> </table>	Inborn	Out born	Admissions ( 2021-22)		Defects at birth
Inborn	Out born					
Admissions ( 2021-22)						
Defects at birth						





Indicator	Remarks/Observation	
• Discharged		
• Referral		
• LAMA		
• Died		

6. Newborn Stabilization Unit (NBSU)	Inborn	Out born
• Admission (2021-22)		
• Discharged		
• Referral		
• LAMA		
• Died		
	<ul style="list-style-type: none"> <li>• Total Admissions (2021-22) .....</li> <li>• Discharged .....</li> <li>• Referral/ Medical transfer .....</li> <li>• LAMA .....</li> <li>• Died .....</li> </ul>	
<b>7. Nutrition Rehabilitation Centers (NRC)</b>	<ul style="list-style-type: none"> <li>• <b>Admission</b> <ul style="list-style-type: none"> <li>• Bilateral pitting oedema .....</li> <li>• MUAC&lt;115 mm .....</li> <li>• &lt;' -3SD WFH .....</li> <li>• with Diarrhea .....</li> <li>• ARI/ Pneumonia .....</li> <li>• TB .....</li> <li>• HIV .....</li> <li>• Fever .....</li> <li>• Nutrition related disorder .....</li> <li>• Others .....</li> </ul> </li> <li>• <b>Admission to NRC Referred by</b> <ul style="list-style-type: none"> <li>• Frontline worker .....</li> <li>• Self .....</li> <li>• Ref from VCDC/ CTC .....</li> <li>• RBSK .....</li> <li>• Pediatric ward/ emergency .....</li> </ul> </li> </ul>	
<b>8. Home Based Newborn Care (HBNC)</b>	<ul style="list-style-type: none"> <li>• <b>Status of availability of HBNC kit with ASHAs</b> <ul style="list-style-type: none"> <li>&gt; Total No. of ASHAs: _____</li> <li>&gt; No. of ASHAs with HBNC kits: _____</li> <li>&gt; Reasons of Non-provision: _____</li> </ul> </li> <li>• Total Newborns visited under HBNC: _____</li> <li>• <b>Status of availability of drug kit with ASHAs:</b> <ul style="list-style-type: none"> <li>&gt; Total No. of ASHAs: _____</li> <li>&gt; No. of ASHAs with drug kits: _____</li> <li>&gt; Reasons of Non-provision: _____</li> </ul> </li> </ul>	
<b>9. Peer Education (PE) programme (Adolescent Health)</b>	<ul style="list-style-type: none"> <li>• No. of Blocks covered under Peer Education (PE) programme: .....</li> </ul>	





<p>&amp; <b>Weekly Iron Folic Acid Supplementation (WIFS)</b></p>	<ul style="list-style-type: none"> <li>No. of villages covered under PE programme: .....</li> <li>No. of Peer Educators: .....</li> <li>No. of Adolescent Friendly Clinic (AFC) meetings held: .....</li> <li>WIFS stockout: .....</li> </ul>																		
<p><b>10. Mobile Medical Unit (MMU) (on the road) and micro-plan</b></p>	<ul style="list-style-type: none"> <li>No. of Mobile Medical Unit (MMU) (on the road) and micro-plan _____</li> <li>MMU team Composition _____</li> <li>List of Services provided by MMU _____</li> <li>No. of <b>trips</b> per MMU/month .....</li> <li>No. of <b>camp</b>s per MMU/month .....</li> <li>No. of <b>villages</b> covered .....</li> <li>Average number of <b>OPD</b> per MMU per month .....</li> <li>Average no. of <b>lab investigations</b> per MMU per month .....</li> <li>Avg. no. of <b>X-ray</b> per MMU per month .....</li> <li>Avg. no. of <b>blood smears collected / Rapid Diagnostic Tests (RDT) done for Malaria</b>, per MMU/month .....</li> <li>Avg. no. of <b>sputum collected</b> for TB detection per MMU per month .....</li> <li>Average Number of <b>patients referred</b> to higher facilities .....</li> <li>Payment pending (if any) .....</li> <li>If yes, since when and reasons thereof</li> </ul>																		
<p><b>11. Universal health screening</b></p>	<ul style="list-style-type: none"> <li>If conducted, what is the target population .....</li> <li>Number of Community Based Assessment Checklist (CBAC) forms filled till date .....</li> </ul>																		
<ul style="list-style-type: none"> <li>No. of patients screened, diagnosed, and treated for: <ul style="list-style-type: none"> <li>Hypertension</li> <li>Diabetes</li> <li>Oral cancer</li> <li>Breast Cancer</li> <li>Cervical cancer</li> </ul> </li> </ul>	<table border="1"> <thead> <tr> <th>Screened</th> <th>Diagnosed</th> <th>Treated</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table>	Screened	Diagnosed	Treated															
Screened	Diagnosed	Treated																	
<p><b>12. Integrated Disease Surveillance Programme (IDSP)</b></p>	<ul style="list-style-type: none"> <li>Rapid Response Team (RRT) Constituted: Y/N</li> <li>Team Composition: .....</li> <li>Outbreaks investigated: <ul style="list-style-type: none"> <li>2021-21: .....</li> <li>2021-22: .....</li> </ul> </li> <li>Proportion (% out of total) of Pvt health facilities reporting weekly data of IDSP .....</li> <li>How is IDSP data utilized? Elaborate.</li> </ul>																		





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<b>13. National Viral Hepatitis Control Program (NVHCP)</b>	<ul style="list-style-type: none"> <li>• % of health workers immunized against Hep B .....</li> <li>• Number of treatment sites and Model Treatment Center (MTC) for viral hepatitis .....</li> </ul>																																																	
<b>14. If District notified a State Mental Health Authority (SMHA)</b>	<ul style="list-style-type: none"> <li>• If District notified a <b>State Mental Health Authority (SMHA)</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Yes      <input type="checkbox"/> No</li> <li><input type="checkbox"/> No SMHA in place</li> <li><input type="checkbox"/> No Mental Health Service or Facility in the district</li> </ul> </li> </ul>																																																	
<b>15. Vehicle for Referral Transport</b>																																																		
<ul style="list-style-type: none"> <li>• <b>Details of Referral Transport - Number and Distribution:</b></li> </ul>																																																		
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<p><b>16. National Fluorosis Control Programme</b></p>	<ul style="list-style-type: none"> <li>Key activities performed in 2021-22 as per ROP:</li> </ul>
<p><b>17. National Iron Deficiency Disorders Control Programme</b></p>	<ul style="list-style-type: none"> <li>Key activities performed in 2021-22 as per ROP:</li> </ul>
<p><b>18. National Tobacco Control Programme</b></p>	<ul style="list-style-type: none"> <li>Key activities performed in 2021-22 as per ROP:</li> </ul>
<p><b>19. National Vector Borne Disease Control Programme (NVBDCP)</b></p>	<ul style="list-style-type: none"> <li>Micro plan and macro plan available at district level <b>Y/N</b></li> <li>Annual Blood Examination Rate: <ul style="list-style-type: none"> <li>2019-20: .....</li> <li>2020-21: .....</li> <li>2021-22: .....</li> <li>Reason for increase/ decrease (as per the trend of last 3 years) .....</li> </ul> </li> <li>LLIN distribution status .....</li> <li>IRS .....</li> <li>Anti-larval methods .....</li> <li>Contingency plan for epidemic preparedness .....</li> <li>Weekly epidemiological and entomological situations are monitored .....</li> <li>No. of MDR rounds observed .....</li> <li>No. of blocks achieved elimination status for Lymphatic Filariasis i.e. mf rate &lt;1% .....</li> </ul>
<p><b>20. National Tuberculosis Elimination Programme (NTEP)</b></p>	<ul style="list-style-type: none"> <li>Target TB notification achieved <b>Y/N</b></li> <li>Whether HIV Status of all TB patient is known: <p style="text-align: right;"><input type="checkbox"/> Yes/ <input type="checkbox"/> No</p> <p>If No, no. of TB patients with known HIV status _____</p> </li> <li>Eligible TB patients with UDST testing .....</li> <li>Whether drugs for both drug sensitive and drug resistance TB available .....</li> </ul>
<ul style="list-style-type: none"> <li>Patients notification from public sector (2021-22)</li> </ul>	<ul style="list-style-type: none"> <li>No of patients notified: .....</li> <li>Treatment success rate: .....</li> <li>No. of MDR TB Patients: .....</li> <li>Treatment initiation among MDR TB patients: .....</li> </ul>
<ul style="list-style-type: none"> <li>Patients notification from private sector (2021-22)</li> </ul>	<ul style="list-style-type: none"> <li>No of patients notified: .....</li> <li>Treatment success rate: .....</li> <li>No. of MDR TB Patients: .....</li> <li>Treatment initiation among MDR TB patients: .....</li> <li>Beneficiaries paid under Nikshay Poshan Yojana <input type="checkbox"/> Yes/ <input type="checkbox"/> No</li> <li>Active Case Finding conducted as per planned for the year <input type="checkbox"/> Yes/ <input type="checkbox"/> No</li> </ul>
<p><b>21. Implementation of National Leprosy Eradication Programme (NLEP)</b></p>	<p>No. of new cases detected .....</p> <p>No. of G2D cases .....</p>





	MDT available without interruption Y/N Reconstructive surgery for G2D cases being conducted Y/N MCR footwear & selfcare kit avl Y/N
--	--

<p><b>22. ASHAs</b></p>	<ul style="list-style-type: none"> <li>• <b>Required as per population</b> .....</li> <li>• <b>Selected</b> .....</li> <li>• <b>No. of ASHAs covering more than 1500 (rural) population</b> .....</li> <li>• <b>No. of ASHAs covering more than 3000 (urban) population</b> .....</li> <li>• <b>Villages with no ASHA</b> .....</li> <li>• <b>Slum areas with no ASHA</b> .....</li> </ul> <p style="text-align: center;"><b>Status of social benefit scheme for ASHAs and ASHA Facilitators (if available)</b></p> <ul style="list-style-type: none"> <li>• No. of <b>ASHAs</b> enrolled for Pradhan Mantri Jeevan Jyoti Bima Yojana (<b>PMJJBY</b>) .....</li> <li>• No. of <b>ASHA Facilitator</b> enrolled for Pradhan Mantri Jeevan Jyoti Bima Yojana (<b>PMJJBY</b>) .....</li> <li>• No. of <b>ASHAs</b> enrolled for Pradhan Mantri Suraksha Bima Yojana (<b>PMSBY</b>) .....</li> <li>• No. of <b>ASHA Facilitators</b> enrolled for Pradhan Mantri Suraksha Bima Yojana (<b>PMSBY</b>) .....</li> <li>• No. of <b>ASHAs</b> enrolled for Pradhan Mantri Shram Yogi Maandhan Yojana (<b>PMSYMY</b>) .....</li> <li>• No. of <b>ASHA Facilitators</b> enrolled for Pradhan Mantri Shram Yogi Maandhan Yojana (<b>PMSYMY</b>) .....</li> <li>• Any other state specific scheme .....</li> </ul>
<p><b>23. Mahila Arogya Samitis (MAS)-</b></p>	<p><b>Status of Mahila Arogya Samitis (MAS)-</b></p> <ol style="list-style-type: none"> <li>a. Formed</li> <li>b. Trained</li> <li>c. MAS account opened</li> <li>d. Samiti addresses issues related to.....</li> </ol>
<p><b>24. Village Health Sanitation and Nutrition Committee (VHSNC)</b></p>	<p><b>Status of Village Health Sanitation and Nutrition Committee (VHSNC):</b></p> <ol style="list-style-type: none"> <li>a. Formed:</li> <li>b. Trained:</li> <li>c. MAS account opened:</li> </ol>
<p><b>25. Kayakalp and Quality Assurance</b></p>	<ul style="list-style-type: none"> <li>• No. of facilities quality certified NQAS .....</li> <li>• Status of Kayakalp programme- LaQshya ..... No. of awarded DH</li> </ul>





				CHC PHC SC..... • Activities performed by District Level Quality Assurance Committee (DQAC) ..... ..... ..... ..... .....
26. Maternal and Child Health	<ul style="list-style-type: none"> <li>Number of maternal deaths reported at:  DH: _____ SDH: _____ CHC: _____ PHC: _____ SC: _____ Prime reason for the maternal death.....</li> <li>Number of <b>Maternal Death Review</b> conducted                             <ul style="list-style-type: none"> <li>2020-21: _____</li> <li>2021-22: _____</li> </ul> </li> </ul>			
	<ul style="list-style-type: none"> <li>Number of Neonatal Deaths: _____</li> <li>Number of Total Child Deaths: _____</li> <li>Number of <b>Child Death Review</b> conducted                             <ul style="list-style-type: none"> <li>2020-21: _____</li> <li>2021-22: _____</li> </ul> </li> </ul>			
<b>27. Payment status:</b>	<b>No. of beneficiaries</b>	<b>Backlog</b>	<b>DBT status</b>	
• JSY beneficiaries				
• ASHA payment:				
○ A- <b>Routine and recurring</b> at increased rate of Rs. 2000 pm				
○ B- <b>Incentive</b> under NTEP				
○ C- <b>Incentives</b> under NLEP				
• Payment of <b>ASHA facilitators</b> as per revised norms (of a minimum of Rs. 300 per visit)				
• <b>Patients incentive</b> under NTEP programme				
• <b>Provider's incentive</b> under NTEP programme				
• <b>FP compensation/ incentive</b>				
<b>28. Recruitment for any staff position/ cadre conducted at district level</b>				
29. Details of recruitment	<b>Previous year (2020-21)</b>		<b>Current Year (2021-22)</b>	
	<b>Regular cadre</b>	<b>NHM</b>	<b>Regular cadre</b>	<b>NHM</b>
• 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				





<p><b>30. If state has comprehensive (common for regular and contractual HR) Human Resource Information System (HRIS) in place</b></p>	
<p><b>31. If grievance redressal mechanism in place: Y/N</b></p>	<ul style="list-style-type: none"> <li>• Whether call center and toll-free number available.....</li> <li>• Percentage of complains resolved out of the total complains registered in current FY.....</li> </ul>
<p><b>32. Mera-Aaspatal (Attach Mera Aspataal performance report)</b></p>	<ul style="list-style-type: none"> <li>• Implemented in how many facilities..... DH.....CHC.....PHC</li> <li>• Total Responses collected:</li> <li>• % reported Very Satisfied:</li> <li>• % reported Satisfied:</li> <li>• % reported not satisfied:</li> <li>• 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 .....</li> </ul>

**A. Implementation of CPHC**

Status as on: **31<sup>st</sup> 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		

**A. Status of HRH**

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

1. Staff details at public facility (Regular+ NHM+ other sources)	Sanctioned	In-place	Vacancy (%)
• ANM			
• MPW (Male)			
• Staff Nurse			
• Lab technician			
• Pharmacist (Allopathic)			
• MO (MBBS)			





• OBGY				
• Pediatrician				
• Anesthetist				
• Surgeon				
• Radiologists				
• Other Specialists				
• Dentists/ Dental Surgeon/ Dental MO				
• Dental technician				
• Dental Hygienist				
• Radiographer/ X-ray technician				
• CSSD Technician				
• OT technician				
• CHO/ MLHP				
• AYUSH MO				
• AYUSH Pharmacist				
<b>2. Performance of EMOC/ LSAS trained doctors</b>	<b>Trained</b>	<b>Posted in FRU</b>	<b>Performing C-section</b>	
• LSAS trained doctors				
• EmOC trained doctors				

**A. State of Fund Utilization**

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

Status of Expenditure year (Financial year 2021-22):

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





**ProgrammeWise**

Status of Expenditure (Financial year 2021-22):

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





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

**A. Status of trainings**

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

List of training (to be filled as per ROP approval)	Planned	Completed
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		
13.		
14.		
15.		

Date: \_\_\_\_\_

Name: \_\_\_\_\_





Signature:

Designation:



Ministry of Health & Family Welfare  
Government of India



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

Service Delivery:

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

Indicator	Remarks/ Observation
OPD Timing	
	<b>Comments:</b>





Indicator	Remarks/ Observation																																																																					
<p>Condition of infrastructure/ building</p> <p>Please comment on the condition and tick the appropriate box</p>	<p><input type="checkbox"/> 24*7 running water facility</p> <p><input type="checkbox"/> Facility is geriatric and disability friendly (ramps etc.)</p> <p><input type="checkbox"/> Clean functional toilets available (separate for Male and female)</p> <p><input type="checkbox"/> Drinking water facility available</p> <p><input type="checkbox"/> OPD waiting area has sufficient sitting arrangement</p> <p><input type="checkbox"/> ASHA rest room is available</p> <p><input type="checkbox"/> Drug storeroom with rack is available</p> <p>Power backup: <input type="checkbox"/> Complete Hospital/ <input type="checkbox"/> Part of the hospital</p> <p>Last major renovation done in (Year): _____</p>																																																																					
<p>Number of functional in-patient beds</p>	<p>_____</p> <p>No of ICU Beds available:</p>																																																																					
<p>List of Services available</p>																																																																						
<p>Specialized services available in addition to General OPD, ANC, Delivery, PNC, Immunization, FP, Laboratory services</p>	<table border="1"> <thead> <tr style="background-color: #4B3671; color: white;"> <th>Sl.</th> <th>Service</th> <th>Y/N</th> </tr> </thead> <tbody> <tr><td>1</td><td>Medicine</td><td></td></tr> <tr><td>2</td><td>O&amp;G</td><td></td></tr> <tr><td>3</td><td>Pediatric</td><td></td></tr> <tr><td>4</td><td>General Surgery</td><td></td></tr> <tr><td>5</td><td>Anesthesiology</td><td></td></tr> <tr><td>6</td><td>Ophthalmology</td><td></td></tr> <tr><td>7</td><td>Dental</td><td></td></tr> <tr><td>8</td><td>Imaging Services (X - ray)</td><td></td></tr> <tr><td>9</td><td>Imaging Services (USG)</td><td></td></tr> <tr><td>10</td><td>District Early Intervention Centre (DEIC)</td><td></td></tr> <tr><td>11</td><td>Nutritional Rehabilitation Centre (NRC)</td><td></td></tr> <tr><td>12</td><td>SNCU/ Mother and Newborn Care Unit (MNCU)</td><td></td></tr> <tr><td>13</td><td>Comprehensive Lactation Management Centre (CLMC) / Lactation Management Unit (LMU)</td><td></td></tr> <tr><td>14</td><td>Neonatal Intensive Care Unit (NICU)</td><td></td></tr> <tr><td>15</td><td>Pediatric Intensive Care Unit (PICU)</td><td></td></tr> <tr><td>16</td><td>Labour Room Complex</td><td></td></tr> <tr><td>17</td><td>ICU</td><td></td></tr> <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> </tbody> </table>	Sl.	Service	Y/N	1	Medicine		2	O&G		3	Pediatric		4	General Surgery		5	Anesthesiology		6	Ophthalmology		7	Dental		8	Imaging Services (X - ray)		9	Imaging Services (USG)		10	District Early Intervention Centre (DEIC)		11	Nutritional Rehabilitation Centre (NRC)		12	SNCU/ Mother and Newborn Care Unit (MNCU)		13	Comprehensive Lactation Management Centre (CLMC) / Lactation Management Unit (LMU)		14	Neonatal Intensive Care Unit (NICU)		15	Pediatric Intensive Care Unit (PICU)		16	Labour Room Complex		17	ICU		18	Dialysis Unit		19	Emergency Care		20	Burn Unit		22	Teaching block (medical, nursing, paramedical)		22	Skill Lab	
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Indicator	Remarks/ Observation				
Emergency	General emergency: or facilities available for: 1. Triage 2. Resuscitation 3. Stabilization				
Tele-medicine/Consultation services available	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, average cases per day _____				
Operation Theatre available	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, Single general OT: Elective OT-Major (General): Elective OT-Major (Ortho): Obstetrics & Gynecology OT: Ophthalmology/ENT OT: Emergency OT: Others:				
Availability of functional Blood Bank	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, number of units of blood currently available: _____ No. of blood transfusions done in last month: _____  If No, availability of blood storage unit:-----				
Whether blood is issued free, or user-fee is being charged	<input type="checkbox"/> Free for BPL <input type="checkbox"/> Free for elderly <input type="checkbox"/> Free for JSSK beneficiaries <input type="checkbox"/> Free for all				
Biomedical waste management practices	1. Sharp pit 2. Deep Burial pit 3. Incinerator 4. Using Common Bio Medical Treatment plant 5.Other				
Details of HR available in the facility (Sanctioned and In-place)	<b>HR</b>	<b>San.</b>	<b>Regular</b>	<b>Cont.</b>	
	MO (MBBS)				
	Specialist	Medicine			
		ObGy			
		Pediatrician			
		Anesthetist			
		Surgeon			
		Ophthalmologist			
		Orthopedic			
		Radiologist			
		Pathologist			
	Others				
	Dentist				
	Staff Nurses/ GNMs				
	LTs				
Pharmacist					
Dental Technician/ Hygienist					
Hospital/ Facility Manager					
EmOC trained doctor					
LSAS trained doctor					
Others					
IT Services	Desktop/ Laptop available: <input type="checkbox"/> Yes/ <input type="checkbox"/> No Internet connectivity: <input type="checkbox"/> Yes/ <input type="checkbox"/> No Quality/strength of internet connection: _____				





Indicator	Remarks/ Observation
Kayakalp (for year 2021-22)	Initiated: Facility score: Award received:
NQAS (for year 2021-22)	Assessment done: Internal/State Facility score: Certification Status:
LaQshya	Labour Room: Operation Theatre:
Availability of list of essential medicines (EML)/ drugs (EDL)	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
	If yes, total number of drugs in EDL_____
	EDL displayed in OPD Area: <input type="checkbox"/> Yes/ <input type="checkbox"/> No
Implementation of DVDMS(Drugs & Vaccine Management Distribution System) or similar supply chain management system	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If other, which one_____
Shortage of 5 priority drugs from EDL in last 30 days, if any	<b>1</b>
	2
	3
	4
	5
Availability of Essential Consumables:	<input type="checkbox"/> Sufficient Supply <input type="checkbox"/> Minimal Shortage <input type="checkbox"/> Acute shortage List the consumables for with there was shortage In last 6 months how many times there was shortage_____
Availability of essential diagnostics	<input type="checkbox"/> In-house <input type="checkbox"/> Outsourced/ PPP <input type="checkbox"/> 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:
X-ray services is available	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If Yes, type & nos. of functional X-ray machine is available in the hospital:  Is the X-ray machine AERB certified: <input type="checkbox"/> Yes/ <input type="checkbox"/> No
CT scan services available	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes: <input type="checkbox"/> In-house/ <input type="checkbox"/> PPP





Indicator	Remarks/ Observation
	Out of Pocket expenditures associated with CT Scan services (if any, approx. amount per scan): _____
Whether diagnostic services (lab, X-ray, USG etc.) are free for all	<input type="checkbox"/> Free for BPL <input type="checkbox"/> Free for elderly <input type="checkbox"/> Free for JSSK beneficiaries <input type="checkbox"/> Free for all If not, charges for lab tests, X-Ray, USG, CT, etc
Availability of Testing kits/ Rapid Diagnostic Kits	<input type="checkbox"/> Sufficient Supply <input type="checkbox"/> Minimal Shortage <input type="checkbox"/> Acute shortage
Implementation of PM-National Dialysis programme	<input type="checkbox"/> Yes/ <input type="checkbox"/> No <input type="checkbox"/> In-house <input type="checkbox"/> Outsourced/ PPP Total number of tests performed: _____
Whether the services are free for all	<input type="checkbox"/> Free for BPL <input type="checkbox"/> Free for elderly <input type="checkbox"/> Free for JSSK beneficiaries <input type="checkbox"/> Free for all 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) _____
If there is any shortage of major instruments/ equipment (List the Equipments)	
Average downtime of equipment. Details of equipment are nonfunctional for more than 7 days	
Availability of delivery services	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
If the facility is designated as FRU, whether C-sections are performed	<input type="checkbox"/> Yes/ <input type="checkbox"/> No Number of normal deliveries performed in last month: _____ No. of C-sections performed in last month: _____
Comment on the condition of:	Labour room: OT: Functional New-born care corner (functional radiant warmer with neo-natal ambu bag): <input type="checkbox"/> Yes/ <input type="checkbox"/> No
Status of JSY payments	Payment is up to date: <input type="checkbox"/> Yes/ <input type="checkbox"/> No Average delay: Payment done till: Reasons for delay:
Availability of JSSK entitlements	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, whether all entitlements being provided <input type="checkbox"/> Free delivery services (Normal delivery/ C-section) <input type="checkbox"/> Free diet <input type="checkbox"/> Free drugs and consumables <input type="checkbox"/> Free diagnostics





Indicator	Remarks/ Observation
	<input type="checkbox"/> Free blood services <input type="checkbox"/> Free referral transport (home to facility) <input type="checkbox"/> Free referral transport (drop back from facility to home) <input type="checkbox"/> No user charges
PMSMA services provided on 9 <sup>th</sup> of every month	<input type="checkbox"/> Yes/ <input type="checkbox"/> No  If yes, how are high risks identified on 9 <sup>th</sup> ?  If No, reasons thereof:
Line listing of high-risk pregnancies	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
Practice related to Respectful Maternity Care	
Whether facility have registers for entering births and deaths	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
Number of Maternal Death reported in the facility	Previous year: (2020-21) Current year: (2021-22)
Number of Child Death reported in the facility	Previous year: (2020-21) Current year: (2021-22)
If Comprehensive Abortion Care (CAC) services available	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
Availability of vaccines and hub cutter	<input type="checkbox"/> Yes/ <input type="checkbox"/> No Nurses/ ANM aware about open vial policy: <input type="checkbox"/> Yes/ <input type="checkbox"/> No
Number of newborns immunized with birth dose at the facility in last 3 months	
Newborns breastfed within one hour of birth (observe if practiced and women are being counselled)	
Status of functionality of DEIC	<input type="checkbox"/> Fully functional with all staff in place <input type="checkbox"/> Functional with few vacancies (approx. 20% -30%) <input type="checkbox"/> Functional with more than 50% vacancies <input type="checkbox"/> Not functional/ All posts vacant
Number of sterilizations performed in last one month	Male: Female:
Availability of trained provider for IUCD/ PPIUCD	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
Who counsels on FP services?	
Please comment on utilization of other FP services	
FPLMIS has been implemented	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
Availability of functional Adolescent Friendly Health Clinic	<input type="checkbox"/> Yes/ <input type="checkbox"/> No  If yes, who provides counselling to adolescents: _____ Separate male and female counselors available: <input type="checkbox"/> Yes/ <input type="checkbox"/> No Total No of Adolescents counseled in last 6 months ____
Whether facility has fixed day NCD clinic	<input type="checkbox"/> Yes/ <input type="checkbox"/> No  If Yes, how many days in a week: _____ days
Are service providers trained in cancer services?	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
	Screened                      Confirmed





Indicator	Remarks/ Observation		
Number of individuals screened for the following in 2021-2022:	Hypertension		
	Diabetes		
	Oral Cancer		
	Breast Cancer		
	Cervical Cancer		
Whether reporting weekly data in P, S and L form under IDSP	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
Status of TB elimination programme	Facility is designated as Designated Microscopy Centre (DMC): <input type="checkbox"/> Yes/ <input type="checkbox"/> No		
	If yes, percent of OPD whose samples were tested for TB (microscopy) in last 6 month (average) _____		
	If anti-TB drugs available at the facility: <input type="checkbox"/> Yes/ <input type="checkbox"/> No		
	If yes, are there any patients currently taking anti-TB drugs from the facility: <input type="checkbox"/> Yes/ <input type="checkbox"/> No		
	Availability of CBNAAT/ TruNat: <input type="checkbox"/> Yes/ <input type="checkbox"/> No Percent of patients tested through CBNAAT/TruNat for Drug resistance in the last 6 months _____		
	Are all TB patients tested for HIV? <input type="checkbox"/> Yes/ <input type="checkbox"/> No Are all TB patients tested for Diabetes Mellitus: <input type="checkbox"/> Yes/ <input type="checkbox"/> No		
	Percent of TB Patients for whom DBT installments have been initiated under Nikshay Poshan Yojana in the last 6 months: _____		
Maintenance of records on	TB Treatment Card cases (both for drug sensitive and drug resistant cases): <input type="checkbox"/> Yes/ <input type="checkbox"/> No TB Notification Registers: <input type="checkbox"/> Yes/ <input type="checkbox"/> No Malaria cases: <input type="checkbox"/> Yes/ <input type="checkbox"/> No Palliative cases: <input type="checkbox"/> Yes/ <input type="checkbox"/> No Cases related to Dengue and Chikungunya: <input type="checkbox"/> Yes/ <input type="checkbox"/> No Leprosy cases: <input type="checkbox"/> Yes/ <input type="checkbox"/> No		
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)		
Status of data entry in (match with physical records)	HMIS: <input type="checkbox"/> Updated/ <input type="checkbox"/> Not updated MCTS: <input type="checkbox"/> Updated/ <input type="checkbox"/> Not updated IHIP: <input type="checkbox"/> Updated/ <input type="checkbox"/> Not updated HWC Portal: <input type="checkbox"/> Updated/ <input type="checkbox"/> Not updated Nikshay Portal: <input type="checkbox"/> Updated/ <input type="checkbox"/> Not updated		
Frequency of RKS meeting Last meeting held on (date):			
Availability of ambulance services in the area	<input type="checkbox"/> Own ambulance available (Number) _____ <input type="checkbox"/> DH/ SDH has contracted out ambulance services (Number) _____ <input type="checkbox"/> Ambulances services with Centralized call centre <input type="checkbox"/> Government ambulance services are not available		
	Comment (if any):		





Indicator	Remarks/ Observation
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:
<b>Key challenges in the facility and the root causes</b>	
Challenge	Root causes





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

Service Delivery:

<b>Name of facility visited</b>	
Facility Type	<input type="checkbox"/> CHC/ <input type="checkbox"/> U-CHC
FRU	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
Standalone/ Co-located	<input type="checkbox"/> Standalone/ <input type="checkbox"/> Co-located Co-located with (if applicable):
Accessible from nearest road head	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
Date of Visit	
Next Referral Point	Facility: Distance:
<b>Indicator</b>	<b>Remarks/ Observation</b>
OPD Timing	
Whether the facility is functioning in PPP mode	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
Condition of infrastructure/ building	Comments:
Please comment on the condition and tick the appropriate box	<input type="checkbox"/> 24*7 running water facility <input type="checkbox"/> Facility is geriatric and disability friendly (ramps etc.) <input type="checkbox"/> Clean functional toilets available (separate for Male and female) <input type="checkbox"/> Drinking water facility available <input type="checkbox"/> OPD waiting area has sufficient sitting arrangement <input type="checkbox"/> ASHA rest room is available <input type="checkbox"/> Drug storeroom with rack is available  Power backup: <input type="checkbox"/> Complete Hospital/ <input type="checkbox"/> Part of the hospital
Number of functional in-patient beds	
List of Services available	





Specialized services available in addition to General OPD, ANC, Delivery, PNC, Immunization, FP, Laboratory services	<b>Sl.</b>	<b>Service</b>	<b>Y/N</b>		
	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	<input type="checkbox"/> Yes available <input type="checkbox"/> Yes, available only on-call <input type="checkbox"/> Not available				
Emergency	General emergency: or facilities available for: 1. Triage 2. Resuscitation 3. Stabilization				
Tele-medicine/Consultation services available	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, average case per day _____				
Operation Theatre available	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, Major: Minor:				
Availability of functional Blood Storage Unit	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, number of units of blood currently available: _____ No. of blood transfusions done in last month: _____				
Whether blood is issued free, or user-fee is being charged	<input type="checkbox"/> Free for BPL <input type="checkbox"/> Free for elderly <input type="checkbox"/> Free for JSSK beneficiaries <input type="checkbox"/> Free for all				
Biomedical waste management practices	Sharp pit: Deep Burial pit: Other System, if any:				
Details of HR available in the facility (Sanctioned and In-place)	<b>HR</b>	<b>San.</b>	<b>Reg.</b>	<b>Cont.</b>	
	MO (MBBS)				
	Specialists	Medicine			
		ObGy			
		Pediatrician			
		Anesthetist			
	Dentist				
	SNs/ GNMs				
	LTs				
	Pharmacist				
	Dental Assistant/Hygienist				
Hospital/Facility Manager					
EmOC trained doctor					





	LSAS trained doctor			
	Others			
IT Services	Desktop/ Laptop available: <input type="checkbox"/> Yes/ <input type="checkbox"/> No Internet connectivity: <input type="checkbox"/> Yes/ <input type="checkbox"/> No Quality/strength of internet connection: _____			
Kayakalp (2021-22)	Initiated: Facility score: Award received:			
NQAS (2021-22)	Assessment done: Internal/State Facility score: Certification Status:			
LaQshya	Labour Room: Operation Theatre:			
Availability of list of essential medicines (EML)/ drugs (EDL)	<input type="checkbox"/> Yes/ <input type="checkbox"/> No			
	If yes, total number of drugs in EDL _____  EDL displayed in OPD Area: <input type="checkbox"/> Yes/ <input type="checkbox"/> No  No. of drugs available on the day of visit (out of the EDL) _____			
Implementation of DVDMS or similar supply chain management system	<input type="checkbox"/> Yes/ <input type="checkbox"/> No  If other, which one _____			
Shortage of 5 priority drugs from EDL in last 30 days, if any	1			
	2			
	3			
	4			
	5			
Availability of Essential Consumables:	<input type="checkbox"/> Sufficient Supply <input type="checkbox"/> Minimal Shortage <input type="checkbox"/> Acute shortage In last 6 months how many times there was shortage _____ List the consumables for which there has been shortage _____			
Availability of essential diagnostics	<input type="checkbox"/> In-house <input type="checkbox"/> Outsourced/ PPP <input type="checkbox"/> 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:			
X-ray services is available	<input type="checkbox"/> Yes/ <input type="checkbox"/> No			





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





	If No, reasons thereof:	
Line listing of high-risk pregnancies	<input type="checkbox"/> Yes/ <input type="checkbox"/> No	
Practice related to Respectful Maternity Care		
Whether facility have registers for entering births and deaths	<input type="checkbox"/> Yes/ <input type="checkbox"/> No	
Number of Maternal Death reported in the facility	Previous year: 2020-21____ Current year:2021-22__	
Number of Child Death reported in the facility	2020-21: 2021-22:	
If Comprehensive Abortion Care (CAC) services available	<input type="checkbox"/> Yes/ <input type="checkbox"/> No	
Availability of vaccines and hub cutter	<input type="checkbox"/> Yes/ <input type="checkbox"/> No Nurses/ ANM aware about open vial policy: <input type="checkbox"/> Yes/ <input type="checkbox"/> No	
Number of newborns immunized with birth dose at the facility in last 3 months		
Newborns breastfed within one hour of birth (observe if practiced and women are being counselled)		
Number of sterilizations performed in last one month	Male__ Female__	
Availability of trained provider for IUCD/ PPIUCD	<input type="checkbox"/> Yes/ <input type="checkbox"/> No	
Who counsels on FP services?		
Please comment on utilization of other FP services		
FPLMIS has been implemented	<input type="checkbox"/> Yes/ <input type="checkbox"/> No	
Availability of functional Adolescent Friendly Health Clinic	<input type="checkbox"/> Yes/ <input type="checkbox"/> No  If yes, who provides counselling to adolescents: _____ Separate male and female counselors available: <input type="checkbox"/> Yes/ <input type="checkbox"/> No Number of Adolescents counseled in last 6 months_____	
Whether facility has fixed day NCD clinic	<input type="checkbox"/> Yes/ <input type="checkbox"/> No  If Yes, how many days in a week: _____ days	
Are service providers trained in cancer services?	<input type="checkbox"/> Yes/ <input type="checkbox"/> No	
Number of individuals screened for the following in last 6 months:	Screened	Confirmed
	Hypertension	
	Diabetes	
	Oral Cancer	
	Breast Cancer	
Cervical Cancer		
Are service providers trained in cancer services?	<input type="checkbox"/> Yes/ <input type="checkbox"/> No	
Whether reporting weekly data in P, S and L form under IDSP	<input type="checkbox"/> Yes/ <input type="checkbox"/> No	
Status of TB elimination programme	Facility is designated as Designated Microscopy Centre (DMC): <input type="checkbox"/> Yes/ <input type="checkbox"/> No	





	<p>If yes, percent of OPD whose samples were tested for TB (microscopy) in last 6 month (average) _____</p> <p>If anti-TB drugs available at the facility: <input type="checkbox"/>Yes/ <input type="checkbox"/>No</p> <p>If yes, are there any patients currently taking anti-TB drugs from the facility: <input type="checkbox"/>Yes/ <input type="checkbox"/>No</p> <p>Percent of patients tested through CBNAAT/TruNat for Drug resistance in the last 6 months _____</p> <p>Is there a sample transport mechanism in place for: investigations within public sector for TB testing? <input type="checkbox"/>Yes/ <input type="checkbox"/>No investigations within public sector for other tests? <input type="checkbox"/>Yes/ <input type="checkbox"/>No outsourced testing? <input type="checkbox"/>Yes/ <input type="checkbox"/>No</p> <p>Are all TB patients tested for HIV? <input type="checkbox"/>Yes/ <input type="checkbox"/>No Are all TB patients tested for Diabetes Mellitus: <input type="checkbox"/>Yes/ <input type="checkbox"/>No</p> <p>Percent of TB Patients for whom DBT installments have been initiated under Nikshay Poshan Yojana in the last 6 months: _____</p>
Status on Leprosy eradication programme	<p>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:</p>
Maintenance of records on	<p>TB Treatment Card cases (both for drug sensitive and drug resistant cases): <input type="checkbox"/>Yes/ <input type="checkbox"/>No TB Notification Registers: <input type="checkbox"/>Yes/ <input type="checkbox"/>No Malaria cases: <input type="checkbox"/>Yes/ <input type="checkbox"/>No Palliative cases: <input type="checkbox"/>Yes/ <input type="checkbox"/>No Cases related to Dengue and Chikungunya: <input type="checkbox"/>Yes/ <input type="checkbox"/>No Leprosy cases: <input type="checkbox"/>Yes/ <input type="checkbox"/>No</p>
How much fund was received and utilized by the facility under NHM?	<p>Fund Received last year: Fund utilized last year:</p> <p>Items/ Activities whose expenditure is met out of the RKS/ Untied Fund regularly:</p> <p>Reasons for underutilization of fund (if any)</p>
Status of data entry in (match with physical records)	<p>HMIS: <input type="checkbox"/>Updated/ <input type="checkbox"/>Not updated MCTS: <input type="checkbox"/>Updated/ <input type="checkbox"/>Not updated IHIP: <input type="checkbox"/>Updated/ <input type="checkbox"/>Not updated HWC Portal: <input type="checkbox"/>Updated/ <input type="checkbox"/>Not updated Nikshay Portal: <input type="checkbox"/>Updated/ <input type="checkbox"/>Not updated</p>
Frequency of RKS meeting (check and obtain minutes of last meeting held)	
Availability of ambulance services in the area	<p><input type="checkbox"/>CHC own ambulance available Number____ <input type="checkbox"/>CHC has contracted out ambulance services</p>





	Number_____ <input type="checkbox"/> Ambulances services with Centralized call centre <input type="checkbox"/> 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:
<b>Key challenges in the facility and the root causes</b>	
Challenge	Root causes



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

Service Delivery:

<b>Name of facility visited</b>					
<b>Facility Type</b>		<input type="checkbox"/> PHC/ <input type="checkbox"/> U-PHC			
<b>Whether the facility has been converted to HWC</b>		<input type="checkbox"/> Yes/ <input type="checkbox"/> No			
<b>Standalone/ Co-located</b>		<input type="checkbox"/> Standalone/ <input type="checkbox"/> Co-located Co-located with (if applicable):			
<b>Accessible from nearest road head</b>		<input type="checkbox"/> Yes/ <input type="checkbox"/> No			
<b>Date of Visit</b>					
<b>Next Referral Point</b>		Facility: Distance:			
<b>Indicator</b>	<b>Remarks/ Observation</b>				
1. OPD Timing  • For U-PHC, check if evening/morning OPD/Clinics being conducted	<input type="checkbox"/> Yes/ <input type="checkbox"/> No				
2. Whether the facility is functioning in PPP mode	<input type="checkbox"/> Yes/ <input type="checkbox"/> No				
3. Condition of infrastructure/ building  Please comment on the condition and tick the appropriate box	Comments:  <input type="checkbox"/> 24*7 running water facility <input type="checkbox"/> Facility is geriatric and disability friendly (Ramps etc.) <input type="checkbox"/> Clean functional toilets available (separate for Male and female) <input type="checkbox"/> Drinking water facility available <input type="checkbox"/> OPD waiting area has sufficient sitting arrangement <input type="checkbox"/> ASHA rest room is available <input type="checkbox"/> Drug storeroom with rack is available <input type="checkbox"/> Power backup <input type="checkbox"/> Branding				
4. Number of functional in-patient beds					
5. List of Services available					
6. If 24*7 delivery services available	<input type="checkbox"/> Yes/ <input type="checkbox"/> No				
7. Tele-medicine/Consultation services available	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, average case per day _____				
8. Biomedical waste management practices	Sharp pit: Deep Burial pit: Other System, if any:				
9. Details of HR available in the facility (Sanctioned and In-place)	<b>HR</b>	<b>San.</b>	<b>Reg.</b>	<b>Cont.</b>	
	MO (MBBS)				
	MO (AYUSH)				
	SNs/ GNMs				
	ANM				
	LTs				





	<table border="1"> <tr> <td>Pharmacist</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Public Health Manager (NUHM)</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>LHV/PHN</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Others</td> <td></td> <td></td> <td></td> <td></td> </tr> </table>	Pharmacist					Public Health Manager (NUHM)					LHV/PHN					Others				
Pharmacist																					
Public Health Manager (NUHM)																					
LHV/PHN																					
Others																					
10. IT Services	<ul style="list-style-type: none"> <li>Desktop/ Laptop available: <input type="checkbox"/>Yes/ <input type="checkbox"/>No</li> <li>All ANMs have functional Tablets: <input type="checkbox"/>Yes/ <input type="checkbox"/>No</li> <li>Smart phones given to all ASHAs: <input type="checkbox"/>Yes/ <input type="checkbox"/>No</li> <li>Internet connectivity: <input type="checkbox"/>Yes/ <input type="checkbox"/>No</li> </ul> <p>Quality/strength of internet connection: _____</p>																				
11. Kayakalp (2021-22)	<p>Initiated:</p> <p>Facility score:</p> <p>Award received:</p>																				
12. NQAS (2021-22)	<p>Assessment done: Internal/State</p> <p>Facility score:</p> <p>Certification Status:</p>																				
13. Availability of list of essential medicines (EML)/ drugs (EDL)	<input type="checkbox"/> Yes/ <input type="checkbox"/> No																				
	If yes, total number of drugs in EDL _____																				
	EDL displayed in OPD Area: <input type="checkbox"/> Yes/ <input type="checkbox"/> No																				
	No. of drugs available on the day of visit (out of the EDL) _____																				
14. Implementation of DVDMS or similar supply chain management system	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If other, which one _____																				
15. Shortage of 5 priority drugs from EDL in last 30 days, if any	<table border="1"> <tr><td>1</td></tr> <tr><td>2</td></tr> <tr><td>3</td></tr> <tr><td>4</td></tr> <tr><td>5</td></tr> </table>	1	2	3	4	5															
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16. Drugs Available for Hypertension & Diabetic patients:	<table border="1"> <tr><td>1</td></tr> <tr><td>2</td></tr> <tr><td>3</td></tr> </table>	1	2	3																	
1																					
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17. Shortage of sufficient number of Hypertension & Diabetic in last 7 days	<table border="1"> <tr><td>1</td></tr> <tr><td>2</td></tr> <tr><td>3</td></tr> </table>	1	2	3																	
1																					
2																					
3																					
18. Availability of Essential Consumables:	<input type="checkbox"/> Sufficient Supply <input type="checkbox"/> Minimal Shortage <input type="checkbox"/> Acute shortage <p>In last 6 months how many times there was shortage _____          (Also list the consumables for which there was shortage)</p>																				
19. Availability of essential diagnostics	<input type="checkbox"/> In-house <input type="checkbox"/> Outsourced/ PPP <input type="checkbox"/> Both/ Mixed																				
<ul style="list-style-type: none"> <li>In-house tests <b>For 2021-22</b></li> </ul>	<p>Timing:</p> <p>Total number of tests performed: _____</p> <p>Details of tests performed:</p>																				
<ul style="list-style-type: none"> <li>Outsourced/ PPP <b>For 2021-22</b></li> </ul>	<p>Timing:</p> <p>Total number of tests performed: _____</p>																				





	Details of tests performed:
20. X-ray services is available	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If Yes, type & nos. of functional X-ray machine is available in the hospital:  Is the X-ray machine AERB certified: <input type="checkbox"/> Yes/ <input type="checkbox"/> No
21. Whether diagnostic services (lab, X-ray etc.) are free for all	<input type="checkbox"/> Free for BPL <input type="checkbox"/> Free for elderly <input type="checkbox"/> Free for JSSK beneficiaries <input type="checkbox"/> Free for all
22. Availability of Testing kits/ Rapid Diagnostic Kits	<input type="checkbox"/> Sufficient Supply <input type="checkbox"/> Minimal Shortage <input type="checkbox"/> 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	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
<ul style="list-style-type: none"> <li>If yes, details</li> </ul>	Comment on condition of labour room:  Functional New-born care corner (functional radiant warmer with neo-natal ambu bag): <input type="checkbox"/> Yes/ <input type="checkbox"/> No
26. Status of JSY payments	Payment is up to date: <input type="checkbox"/> Yes/ <input type="checkbox"/> No Average delay: Payment done till: Reasons for delay:
27. Availability of JSSK entitlements	<input type="checkbox"/> Yes/ <input type="checkbox"/> No  If yes, whether all entitlements being provided <input type="checkbox"/> Free delivery services (Normal delivery/ C-section) <input type="checkbox"/> Free diet <input type="checkbox"/> Free drugs and consumables <input type="checkbox"/> Free diagnostics <input type="checkbox"/> Free blood services <input type="checkbox"/> Free referral transport (home to facility) <input type="checkbox"/> Free referral transport (drop back from facility to home) <input type="checkbox"/> No user charges
28. Line listing of high-risk pregnancies	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
29. Number of normal deliveries in last three month	
30. Availability of Daksh/ Dakshita trained/SBA	<input type="checkbox"/> Yes <input type="checkbox"/> No





trained MO/SN/ANM in Labour Room			
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	<input type="checkbox"/> Yes/ <input type="checkbox"/> No Nurses/ ANM aware about open vial policy: <input type="checkbox"/> Yes/ <input type="checkbox"/> No		
35. Number of newborns immunized with birth dose at the facility in last 3 months			
36. Newborns breastfed within one hour of birth (observe if practiced and women are being counselled)			
37. Number of sterilizations performed in last one month	Male Female		
38. Availability of trained provider for IUCD/ PPIUCD	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
39. Who counsels on FP services?			
40. Please comment on utilization of other FP services			
41. FPLMIS has been implemented	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
42. Availability of functional Adolescent Friendly Health Clinic	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, who provides counselling to adolescents: _____ Separate male and female counselors available: <input type="checkbox"/> Yes/ <input type="checkbox"/> No		
43. Whether facility has fixed day NCD clinic	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If Yes, how many days in a week: _____ days		
44. Are service providers trained in cancer services?	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
45. Number of individuals screened for the following in last 6 months:	<b>Screened</b>	<b>Confirmed</b>	
	a. Hypertension		
	b. Diabetes		
	c. Oral Cancer		
	d. Breast Cancer		
e. Cervical Cancer			
46. Whether wellness activities are performed	<input type="checkbox"/> Yes/ <input type="checkbox"/> No Frequency:		
47. Whether reporting weekly data in P and L form under IDSP	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
48. Distribution of Long lasting Insecticidal nets (LLIN) in high-risk areas	No. of LLIN distributed per household: <input type="checkbox"/> 1 per family/ <input type="checkbox"/> Others (Specify): _____		
49. Status of TB elimination programme	Facility is designated as Designated Microscopy Centre (DMC): <input type="checkbox"/> Yes/ <input type="checkbox"/> No		
	If yes, percent of OPD whose samples were tested for TB (microscopy) in last 6 month (average) _____		





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





<ul style="list-style-type: none"> <li>How many cases from the PHC were referred to the CHC last month?</li> </ul>	Number:  Types of cases referred out:
56. Key challenges in the facility and the root causes	
<b>Challenge</b>	<b>Root causes</b>
a)	
b)	
c)	
d)	
e)	
<b>Only for U-PHC</b>	
57. Population enumeration initiated for slum population	<input type="checkbox"/> Not yet initiated <input type="checkbox"/> Initiated <input type="checkbox"/> Completed
58. Number of CBAC forms filled (NUHM)	
59. Is Specialist services provided at U-PHC?	<input type="checkbox"/> Yes / <input type="checkbox"/> No If yes, specialist services are provided through: <input type="checkbox"/> Teleconsultation / <input type="checkbox"/> Clinic  Schedule: <input type="checkbox"/> Fixed / <input type="checkbox"/> Rotational  Type of specialist services available: <input type="checkbox"/> OBGY, <input type="checkbox"/> Pediatrics, <input type="checkbox"/> Medicine, <input type="checkbox"/> Dermatology, <input type="checkbox"/> Ophthalmology, Others _____
60. UHNDs Conducted:	<input type="checkbox"/> Yes / <input type="checkbox"/> No If yes, no. of UHND conducted per month _____
61. Special Outreach camps conducted:	<input type="checkbox"/> Yes / <input type="checkbox"/> No If yes, no. of UHND conducted during last quarter _____ Type of specialties provided during special outreach camps: _____



