



Ministry of Health & Family Welfare  
Government of India



# MONITORING OF NHM PROGRAMME IMPLEMENTATION PLAN IN NORH WEST DISTRICT DELHI

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## ABBREVIATIONS

AB	Ayushmann Bharat	DHS	Director of Health Services
ACF	Active Case Finding	DIO	District Immunisation Officer
AEFI	Adverse Effect Following Immunization	DMC	District Medical Committee
AFHC	Adolescent Friendly Health Clinic	DQAU	District Quality Assurance Unit
ALS	Advance Life Support	DTC	Designated Tuberculosis Centre
ANC	Antenatal Clinic	DTFI	District Task Force for Immunisation
ANM	Auxiliary Nurse Midwife	DVDMS	Drugs and Vaccines Distribution System
ANMOL	Auxiliary Nurse Midwife Online	ECP	Emergency Contraceptive Pill
ASHA	Accredited Social Health Activist	ECRP	Emergency Covid Response Package
AWC	Anganwadi Centre	EDL	Essential Drug List
AWW	Anganwadi Worker	EML	Essential Medicine List
BCC	Behaviour Change Communication	EMT	Emergency Medical Technician
BCM	Block Community Mobiliser	ENT	Ear Nose Throat
BLS	Basic Life Support	FAMS	Finance Accounting Management System
BMI	Basal Metabolic Index	FDI	Free Drug Initiative
BMMP	Biomedical Equipment Management and Maintenance Program	FDSI	Free Diagnostic Service Initiative
BMW	Bio Medical Waste	FGD	Focus Group Discussion
BPL	Below Poverty Line	FLW	Frontline Worker
CBAC	Community-Based Assessment Checklist	FP	Family Planning
CBNAAT	Cartridge Based Nucleic Acid Amplification Test	FPLMIS	Family Planning Logistic Management Information System
CBWTF	Common Biomedical Waste Treatment Facility	FRU	First Referral Unit
CCC	Covid Care Centre	FSSAI	Food Safety and Standard Authority of India
CHC	Community Health Centre	FY	Fiscal Year
CHO	Community Health Officer	GDMO	General Duty Medical Officer
CHW	Community Health Worker	GNM	General Nursing Midwifery
CLMC	Comprehensive Lactation Management Centre	GOI	Government of India
CMO	Chief Medical Officer	HBNC	Home Based New Born Care
COTPA	Cigarette and Other Tobacco Products Act	HBYC	Home Based Care for Young Children
COVID	Coronavirus Disease	HCF	Health Care Facility
CPHC	Comprehensive Primary Healthcare	HDU	High Dependency Unit
CSR	Corporate Social Responsibility	HFW	Health and Family Welfare
DBT	Direct Benefit Transfer	HIV	Human Immunodeficiency Virus
DCH	Dedicated Covid Hospital	HMIS	Health Management Information System
DCHC	Dedicated Covid Health Centre	HRH	Human Resources for Health
DEIC	District Early Intervention Centre	HRMIS	Human Resource Management Information System
DH	District Hospital	HWC	Health and Wellness Centre
DHM	Doctor of Homeopathic Medicine	ICC	Integrated Comprehensive Care

ICDS	Integrated Child Development Services	MPV	Mean Platelet Volume
ICU	Intensive Care Unit	MPW	Multi-Purpose Worker
IDSP	Integrated Disease Surveillance Project	MTP	Medical Termination of Pregnancy
IEC	Information, Education and Communication	NACP	National Aids Control Programme
IFA	Iron Folic Acid	NBCC	New-born Care Corner
IPD	Inpatient Department	NBSU	New-born Stabilization Unit
IPHS	Indian Public Health Standards	NCD	Non-Communicable Diseases
IPV	Intimate Partner Violence	NGO	Nongovernmental Organizations
IUCD	Intrauterine Contraceptive Devices	NHM	National Health Mission
IYCF	Infant and Young Child Feeding	NICU	Neonatal Intensive Care Unit
JAS	Jan Aarogya Samiti	NIDDCP	National Iodine Deficiency Disorders Control Programme
JAY	Jan Arogya Yojana	NLEM	National List of Essential Medicines
JSSK	Janani Sishu Suraksha Karyakaram	NLEP	National Leprosy Eradication Programme
JSY	Janani Suraksha Yojana	NMHP	National Mental Health Programme
KMC	Kangaroo Mother Care	NOHP	National Oral Health Programme
LAMA	Leave Against Medical Advice	NPCBVI	National Programme for Control of Blindness & Visual Impairment
LBW	Low Birth Weight	NPCCHH	National Program on Climate Change & Human Health
LMO	Liquid Medical Oxygen	NPCDCS	National Programme for Prevention and Control of Cancer, Diabetes, Cardiovascular Diseases and Stroke
LR	Labour Room	NPHCE	National Programme for Health Care of Elderly
LSAS	Life Saving Anaesthesia Skills	NPPC	National Programme for Palliative Care
MAA	Mother's Absolute Affection	NPPCD	National Programme for Prevention and Control of Deafness
MAS	Mahila Arogya Samitis	NPPCF	National Programme for Prevention and Control of Fluorosis
MCH	Maternal and Child Health Wing	NQAS	National Quality Assurance Standard
MCP	Mother and Child Protection	NRC	Nutritional Rehabilitation Centre
MCR	Medical Cost Ratio	NRCP	National Rabies Control Programme
MDA	Mass Drug Administration	NSV	Non-Scalpel Vasectomy
MERM	Medication Event Reminder Monitor	NTCP	National Tobacco Control Programme
MHCA	Mental Health Care Act	NTEP	National Tuberculosis Elimination Programme
MHS	Maintenance of High Standards	NUHM	National Urban Health Mission
MHT	Mental Health Technologies	NVBDCP	National Vector Borne Disease Control Programme
MMA	Medical Methods of Abortion	NVHCP	National Viral Hepatitis Control Programme
MMU	Mobile Medical Units	OOPE	Out-Of-Pocket Expenditure
MNCU	Mother New-born Care Unit	OPD	Out Patient Department
MNS	Mental Health, Neurological and Substance	OPV	Oral Polio Vaccine
MO	Medical Officer	ORS	Oral Rehydration Therapy
MOHF W	Minister of Health and Family Welfare	OT	Operation Theatre

PCPNDT	Preconception and Prenatal Diagnostic Techniques	SBA	Skilled Birth Attendant
PCV	Pneumococcal Conjugate Vaccine	SDH	Sub Divisional Hospital
PE	Physical Education	SGB	State Governing Body
PHC	Primary Health Care	SHC	Sub Health Centre
PHED	Public Health Engineering Department	SHG	Self Help Groups
PHF	Public Health Facility	SHS	State Health Society
PHI	Protected Health Information	SN	Staff Nurse
PICU	Paediatric Intensive Care Unit	SNA	Single Nodal Agency
PMJAY	Pradhan Mantri Jan Swasthya Arogya Yojana	SNCU	Special New-born Care Unit
PMJJBY	Prime Minister Jeevan Jyoti Bima Yojana	SOP	Standard Operating Procedure
PMNDP	Prime Minister National Dialysis Programme	SUMAN	SurakshitMatritvaAaswasan
PMSMA	Pradhan Mantri SurakshitMatritvaAbhiyaan	SYMY	Prime Minister Shram Yogi Maandhan Yojana
PNDT	Postnatal Diagnostic Test	TAT	Turnaround Time
POCSO	Protection of Child from Sexual Abuse	TB	Tuberculosis
POSHAN	Prime Minister Over Arcing Scheme for Holistic Nourishment	TCC	Tobacco Cessation Centre
PPE	Personal Protective Equipment	TOR	Term of Reference
PMU	Ram Management Unit	TRUNAAT	Tru- Nucleic Acid Amplification Testing
PPIUCD	Post-Partum Intra Uterine Contraceptive Devices	TT	Tetanus Toxoid
PPP	Public Private Partnership	TU	Tuber Classes Unit
PRI	Panchayati Raj Institution	UC	Utilisation Certificate
PW	Pregnant Women	UCHC	Urban Community Health Centre
PPIUCD	Post-Partum Intra Uterine Contraceptive Devices	UDST	Universal Drug Sensitivity Test
PWD	Person with Disability	UF	Untied Fund
RBD	Registration of Birth and Death	UHND	Urban Health and Nutrition Day
RBSK	Rastriya Bal SwasthyaKaryakram	ULB	Urban Local Body
RDT	Rapid Diagnostic Test	UPHC	Urban Primary Health Care
RI	Regular Immunisation	USG	Ultrasonography
RKS	Rogi Kalyan Samiti	VHND	Village Health and Nutrition Day
RKSK	Rashtriya Kishor SwasthyaKaryakram	VHSNC	Village Health Sanitation and Nutrition Committee
RMNCH	Reproductive Maternal New-born Child Health	VHSND	Village Health Sanitation and Nutrition Day
RMNCHA	Reproductive Maternal New-born Child Health & Adolescent	VHSNC	Village Health Sanitation and Nutrition Committee
ROP	Record of Proceedings	VIN	Vaccine Intelligence Network
RTPCR	Real Time Polymerase Chain Reaction	VISHWAS	Village Based Initiative to Synergise Health, Water & Sanitation
SAANS	Social Awareness & Action to Neutralize Pneumonia	VVM	Vaccine Viral Monitor
SABLA	Rajeev Gandhi Scheme for Empowerment Adolescent Girls	WCD	Women and Child Development

## EXECUTIVE SUMMARY

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The report focuses on monitoring all the essential components of NHM in the North West Delhi for the year 2021-22. The monitoring was carried out in June to encapsulate and analyze the status of NHM activities in the district. The report puts forward the key observations made during the PRC, Delhi team visit to various health facilities of the district.

### CHALLENGES AND GAPS IN HEALTH SERVICE DELIVERY

- Coordination for data management was poor in the District. The definition of indicators were not clear to the data entry operators; hence appropriate entry was not being done in the HMIS portal.
- CATS ambulance use was significantly lower among pregnant women. Most people arrange vehicles on their own.
- The direct cash transfer (DBT) under JSY and Nikshay Poshan Yojana was not being provided to the beneficiaries for the last six months.
- Sanjay Gandhi Memorial District Hospital was overcrowded, and there was no proper seating arrangement in the waiting rooms of OPDs. Pharmacy in DH was very congested, and the public management was poor.
- Some parts of DH required urgent restorations. DH was facing poor parking arrangements because of no space for further infrastructure development.
- Only one digital x-ray plant was available, and services stopped for more than ten days in case of downtime. Additionally, DH does not have enough CBNAAT cartridges for TB testing.
- The condition of the labour room in MH Haiderpur was poor. The cleanliness of the MH was terrible due to the absence of sanitation staff.
- Power backup was not available in the Haiderpur MH. The drinking water supply was unavailable within the premises, and the water bill was pending for many years.
- Haiderpur and Shakurpur MH could not provide services due to shortages of drugs, essential consumables and testing kits. However, these facilities receive drugs, ORS and family planning-related logistics through NHM, which helps them to run the services at the Centre.
- Security was a crucial issue in the MH and MCW centres; Anti-social elements and drug addicts roam around the MH and MCW facilities at night, which scares people and staff to come at night. Incidents of theft and snatching keep happening.

## KEY RECOMMENDATION

- **Need better coordination between different administrative bodies to provide effective health services:** A lack of coordination among health facilities has been observed because they work under different administrative bodies. Poor coordination impacts data management and service delivery; therefore, it is necessary to compose a team in the health facilities of different administrative bodies for better coordination.
- **Strengthening of MH and MCW centers:** Due to a shortage of medicines, essential consumables and testing kits, these facilities are unable to provide facilities. Adequate resources must be provided on time as per requirement. This will reduce the pressure on higher-level health facilities, and people will be able to get better health facilities nearby.
- **Different ambulance services for pregnant and neonates:** Pregnant women rarely use CATS ambulances. Setting up a separate ambulance service to deal with non-emergency situations would be better, which will be dedicated only to shifting pregnant women and newborn babies to the health facilities.
- **Resumption of DBTs under JSY and Nikshay Poshan Yojana:** JSY and Nikshay Poshan Direct Cash Transfer (DBT) to beneficiaries were not being given for the last six months. DBT needs to be started immediately under these programmes.
- **Need for additional X-ray plant in SGM District Hospital:** There was only one digital X-ray plant available at Sanjay Gandhi Memorial District Hospital. The hospital needs one more X-ray plant to provide the facilities smoothly.
- **Satisfactory security arrangements at isolated MH and MCW centers:** Security was a crucial issue at all visited MH and MCW centers; Anti-social elements and drug addicts roam around the MH and MCW facilities at night, due to which people and staff are afraid to come in the night.

# CHAPTER 1: INTRODUCTION

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## 1.1. BACKGROUND

National Health Mission (NHM) is the flagship scheme of the Government of India, which aims to achieve universal public health coverage and extend service delivery to all the parts. The mission intends to guide states towards increasing access to affordable and essential health services to those on the margins by strengthening the infrastructure, logistics, institutional setup and service delivery.

In order to monitor the essential components of the NHM State Programme Implementation Plan (PIP) 2021-22, the Ministry of Health and Family Welfare (MoHFW) commissioned Population Research Centres (PRCs) to evaluate the performance of the plans in various districts. The following report is based on the PIP Monitoring visit to North West Delhi in June 2022. The PRC Delhi team visited the Chief District Medical Officer's Office for a brief interaction with Chief District Medical Officer (CDMO), District Programme Manager (DPM), District Data Manager (DDM) and Nodal officers. Six facilities were visited during this visit: District Hospital in Sanjay Gandhi Memorial Hospital, two Maternity Home (MH), One Mother & Child Welfare Centre, one Delhi Government Dispensary and one Seed PUHC. This report reviews key population, socio-economic, health and service delivery indicators of North West Delhi. The report also deals with the health infrastructure and human resources of the district and provides insights on Health service delivery.

## 1.2. OBJECTIVES

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

- To monitor the status of physical infrastructure of health facilities under NHM.
- To understand the availability and efficiency of human resource required for better service facilities.
- To understand the gap between Demand and supply of health service delivery under NHM.
- To assesses functionality of equipment, supply and essential drugs, essential consumables etc.
- To analyze and ascertain the implementation and performance of different scheme under NHM.

- To analyze other important components namely service delivery, record maintenance, Biomedical Waste Management, referral transports system, IEC material, disease control programme etc.
- To assess the availability of finance for the NHM activities in the district.

### 1.3. METHODOLOGY

MoHFW has assigned the task of monitoring the health status of North West Delhi district of Delhi to PRC Delhi. The health profile of the district was discussed intensively, and higher authorities were interviewed on broad areas under NHM such as maternal health, child health, family planning, human resource, infrastructure etc. The report is based on both qualitative and quantitative surveys. Before visiting the field, structured questionnaires (Appendix) prepared on various critical aspects of NHM activities were sent to the respective facilities and nodal officers. Further, the questionnaire was cross-checked and discussed in detail during the visit. After a valuable discussion with the CDMO and other health officials, a few selected facilities were visited. The healthcare facilities visited are depicted as below:

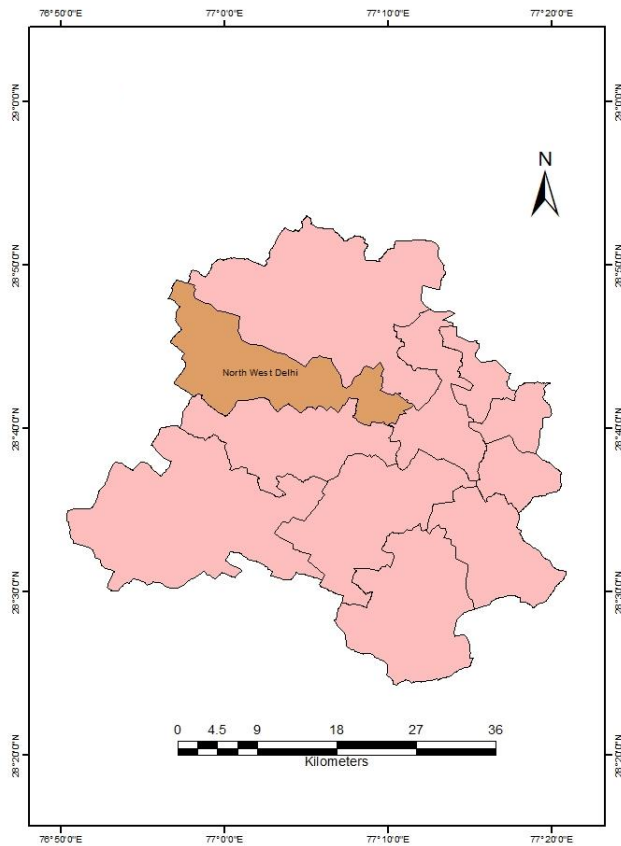
Table 1: List of Visited Healthcare Facilities in North West District, Delhi

Healthcare Facility	Name of the Facilities / Place
District Hospital	Sanjay Gandhi Memorial Hospital
Maternity Home	Shakurpur and Haiderpur
Delhi Government Dispensary	Sector-21 Rohani
Mother & Child Welfare Centre	Mangolpuri
Seed PUHC	Begumpura

### 1.4. 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 surrounding states which has surpasses 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 West District being one of them. The district is surrounded by West, Central, North Districts of Delhi and Jhajjar District of Haryana.

**Map 2: Location Map of North West District of Delhi**



The district has a geographical area of 443 square kilometers, with a density of 8254 persons per kilometer. The district has its headquarters in Kanjhawala. The district is home to about 36.6 lakhs people; about 19.6 lakhs are male and 16.9 lakhs are female. Of the total female population in Delhi, 21.7 percent resides in North West District.

**Table 2: Key Demographic Indicators of North West District, Delhi and India**

Health Facility	North West District	Delhi	India
Population (Census 2011)	3,656,539	16,787,941	1,210,854,977
Male	1,960,922	8,987,326	623,270,258
Female	1,695,617	7,800,615	587,584,719
Decadal growth rate in %	27.8	21.21	17.6
Rural Population (%)	5.8	2.5	68.9
Urban Population (%)	94.2	97.5	31.1
Child Population (%)	12.3	12	13.6
Literacy rate (%)	84.5	86.2	73.0
Male literacy rate (%)	89.7	90.9	80.9
Female literacy rate (%)	78.4	80.8	64.6
Sex ratio	865	868	943
Density/km2	8254	11320	382

Source: Census 2011

The decadal growth rate of the district is 27.8 percent, which is higher than the state and national average. More than 94 percent of the district's population lives in an urban area. The percentage of child population (0-6 years) in Delhi is 12 percent which is lower than India's child population (13.58%). The district has a population density of 8254 persons per sq. km. which is significantly lower than the state average; however, it is remarkably higher than the national average. The sex ratio of the district is 884, which is significantly higher than the State average (868). The literacy rate of North West District is 85 percent, slightly lower than the state average.

### 1.5. HEALTH PROFILE

Table 3 depicts details of health infrastructure in the North West District of Delhi in the year 2021-22. The district has 4 DH, 1 SDH, 2 Maternity Homes, 29 DGDs, 16 MCW Centre, 6 Seed PUHC, and 7 Poly Clinics. At present, there are a total 30 number of Mohalla Clinics.

**Table 3:** Details of Public Health Infrastructure in North West Delhi, 2021-22

Health Facility	In Number	Functioning in Govt. Building	Functioning in Rented Building
District Hospitals	4		
Sub District Hospital	1		
Maternity Home	2		
DGDs & MCW Centre	29+16		
Seed PUHC	6		
Poly Clinics	7		
Mohalla Clinics	30		
Others	49		
Agency wise Health Facilities	In Number	Serving Slum Area	Facilities serving slum (%)
CGHS facilities	6	0	0
Delhi Government facilities	39	5	13
ESI	3	0	0
MCD	34	3	9
Others/ Not Mapped	63	0	0

Source: HMIS Master Report of Health facilities, 2021-22

Table 4 depicts the health care service delivery indicators in North West Delhi and Delhi with respect to various domains for the years 2021-22. According to the HMIS, 55 percent of women in North West Delhi registered for ANC in the first trimester, while more than 100 percent of women went for four and more ANC checkups. IFA supplementation was provided to almost double (194%) of all women who registered for ANC.

**Table 4:** Health Care Service Delivery Indicators in North West District of Delhi, 2021-22

Indicators	Delhi	North West Delhi
<b>1. Maternal Health</b>		
<b>1.(a) Pre Natal-Care</b>		
% 1st Trimester registration to Total ANC Registrations	46	55
% Pregnant women received $\geq 4$ ANC checkups to total ANC Regist.	64	102
% Pregnant women given 180 IFA to Total ANC Registrations	86	194
<b>1.(b) Home Deliveries</b>		
Number of Home Deliveries	10530	974
% Deliveries attended by non- SBA to total home deliveries	99.8	100
% Home deliveries to total reported deliveries	5	3
<b>1.(c) Institutional Deliveries including C-Section Deliveries</b>		
Total Number of Institutional Deliveries including C-section	210987	31356
% of Institutional Deliveries to total reported deliveries	95	97
% Institutional Deliveries to total ANC Registrations	45	78
% women discharge in < 48 hours of delivery to total deliveries (Public)	40	28
% of C-Section deliveries to total institutional deliveries	35	26
<b>1.(d) Post Natal Care/New Born Care</b>		
Total Still births	4030	784
% 1st post-partum checkup b/w 48 hours & 14 days to total deliveries	40	57
% Newborn breast fed within 1 hour of birth to Total Live Birth	66	70
% Newborn weighed at Birth to Live Birth	97	100%
% Newborn having weight less than 2.5 kg to total weighted	25	30
% of children discharged with target weight gain from NRC	66	-
<b>2. Child Immunization</b>		
Number of Fully Immunized children (9-11 months)	252464	30253
% Infants received BCG to full immunization	90	104
% Infants received Measles to full immunization	99	100
<b>3. Family Planning</b>		
Total Sterilization conducted	11109	1666
% Male Sterilization (Vasectomies) to Total sterilization	3	2
% Female Sterilization (Tubectomies) to Total sterilization	97	98
% of IUCD insertion to total institutional deliveries	11	6
<b>4. Facility Service Delivery</b>		
IPD	1609379	139384
OPD (Ayush + Allopathic)	70479742	6374051
% IPD to OPD	2.3	2.2

Source: HMIS Standard Report, 2021-22

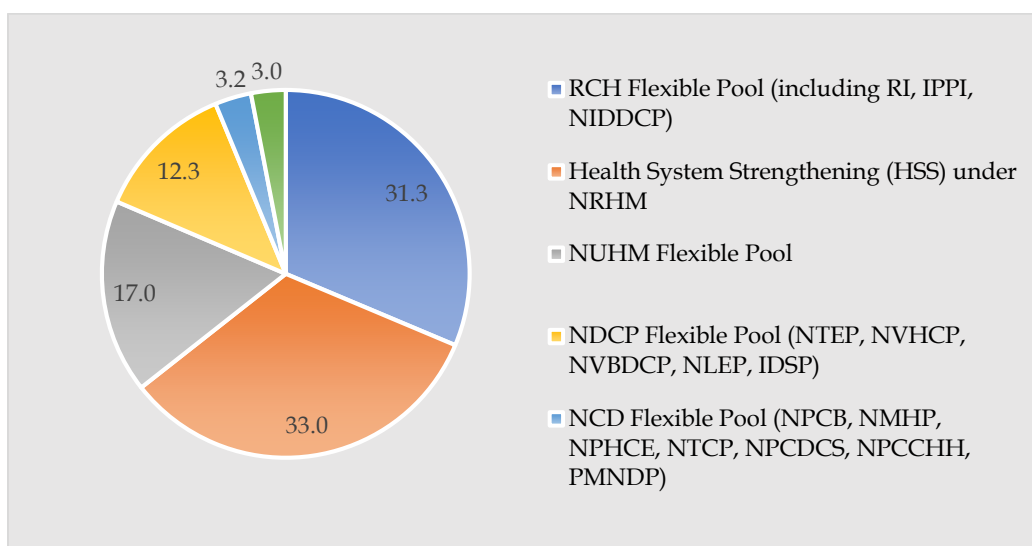
A total of 974 home deliveries took place in North West Delhi, and non-SBA workers attended all home deliveries. Almost 97 percent of all deliveries were institutional, but more than 25 percent of women and newborns were discharged within 48 hours of delivery. Of all women registered for ANC, 78 percent went for institutional delivery, and more than 25 percent of all institutional deliveries were C-sections.

Regarding Post Natal Care, 70 percent of the newborns were breastfed within 1 hour of delivery, and all newborns were weighed at birth in the district. Out of the total weighted newborns, more than 30 percent of the newborn had less than 2.5 kg birthweight. Around 55 percent of women received their first post-partum checkup within 48 hours and 14 days of delivery. In the last financial year, 682 Infant deaths & 83 child deaths were reported in the North West district. Regarding the service delivery for Child Health, more than 32 thousand children were fully immunized (9-11 months). A total of 1666 sterilization was conducted during 2021-22, in which the share of female sterilization was more than 98 percent. The volume of OPD services was around 64 lakh per year, whereas the district provides care for around 1.4 lakh IPD cases in a year.

## CHAPTER 2: PUBLIC HEALTH FINANCING

### 2.1. STATE RESOURCE ENVELOPE

For the financial year 2021-22, against a resource envelope of 299.4 Crore (calculated assuming state share of 10%), Delhi received administrative approval for an amount of Rs. 430.6 Crore (excluding IM and Immunization Kind Grants). The resource envelope for FY 2021-22 consists of the union government's support of Rs. 147.1 Crore for flexible pool allocation, including cash and kind, Rs. 27.0 Crore for incentive pool based on last year's performance and Rs. 5.5 Crore for infrastructure maintenance. The breakup of the total resource envelope shows that Rs. 56.3 Crore was allocated for RCH Flexible Pool (including RI, IPPI, NIDDCP), Intensified Pulse Polio Immunization (IPPI), National Iodine Deficiency Disorders Control Programme (NIDDCP), Rs. 59.4 Crore was allocated for Health System Strengthening (HSS) under NHM. Thus, the GOI contribution toward the total NRHM-RCH Flexible Pool works out was Rs. 115.7 Crore. The GOI contribution toward NUHM Flexible Pool, NDCP Flexible Pool and NCD Flexible Pool was Rs. 30.6 Crore, Rs. 22.2 Crore and Rs. 5.8 Crore, respectively. Within NDCP Flexible Pool, most of the resources were allocated for NTEP activities. Finally, over Rs. 5.5 crore of the GOI contribution under the total resource envelope is allocated toward infrastructure maintenance.



**Figure 2.1:** FMR wise share of NHM budget allotted to Delhi, 2021-22

The detail of the budget utilization is presented in table 2.2. In 2020-21, 46364 lakhs rupees were proposed, and 40834 lakhs were approved to the North West district. The highest share of approved NHM budget in the District was allocated to Human resources (36.56%), followed by Procurement (11.97%) and Programme Management (8.14%). Moreover, around 8 percent of NHM approved budget was allocated to Community Interventions and Service Delivery - Facility Based FMR.

**Table 2.1:** Breakup of resource envelope, NHM FY 2021-22, Delhi

S. No.	Particulars	Amount	Percent	State share (in Crore)
		(in lakh) (GoI Share)	(GoI Share)	
<b>1</b>	<b>RCH Flexible Pool (including RI, IPPI, NIDDCP)</b>	<b>56.30</b>	<b>31.3</b>	
(i)	RCH Flexible Pool (including RI, IPPI, NIDDCP) Cash Grant Support	39.49		
(ii)	RCH Flexible Pool (Kind Grant Support under Immunization)	16.81		
<b>2</b>	<b>Health System Strengthening (HSS) under NRHM</b>	<b>59.37</b>	<b>33.0</b>	
(i)	Other Health system Strengthening covered under NRHM	53.88		
(ii)	Ayushman Bharat-Health & Wellness Centres Under NUHM	0.00		
(iii)	ASHA Benefit Package	5.49		
	<b>Total NRHM-RCH Flexible Pool</b>	<b>115.67</b>		
<b>3</b>	<b>NUHM Flexible Pool</b>	<b>30.61</b>	<b>17.0</b>	
(i)	Other Health System Strengthening covered under NUHM	30.61		
(ii)	Ayushman Bharat-Health & Wellness Centers under NUHM	0.00		119.7
<b>4</b>	<b>NDCP Flexible Pool (NTEP, NVHCP, NVBDCP, NLEP, IDSP)</b>	<b>22.15</b>	<b>12.3</b>	<b>6</b>
(i)	NVBDCP (Cash & Kind)	0.55		
(ii)	NTEP (Cash & Kind)	17.96		
4(iii)	NVHCP (Cash & Kind)	1.37		
4(iv)	NLEP	0.85		
4(v)	IDSP	0.90		
4(vi)	National Rabies Control Programme (NRCP)	0.52		
4(vii)	Programme for Prevention and Control of Leptospirosis (PPCL)	0.00		
<b>5</b>	<b>NCD Flexible Pool (NPCB, NMHP, NPHCE, NTCP, NPCDCS, NPCCHH, PMNDP)</b>	<b>5.75</b>	<b>3.2</b>	
<b>6</b>	<b>Infrastructure Maintenance (including Direction and Administration)</b>	<b>5.46</b>	<b>3.0</b>	
	<b>Total Resource Envelope</b>	<b>179.64</b>	<b>100</b>	<b>119.7</b>
	<b>Grand Total Resource Envelope (Central Allocation + State Share)</b>	<b>179.64+119.76 =299.4</b>		

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

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

FMR	Budget head	Total amount proposed	Total amount approved	share of total approvals	% approved to proposed
FMR 1	Service Delivery - Facility Based	3190.72	3111.85	7.62	97.53
FMR 2	Service Delivery - Community Based	2438.8	1309.81	3.21	53.71
FMR 3	Community Interventions	2754.74	3246.75	7.95	117.86
FMR 4	Untied Fund	418.5	418.5	1.02	100.00
FMR 5	Infrastructure	1361.55	856.55	2.1	62.91
FMR 6	Procurement	5842.85	4886.67	11.97	83.64
FMR 7	Referral Transport	2421.93	2421.93	5.93	100.00
FMR 8	Human Resources	15618.28	14929.39	36.56	95.59
FMR 9	Training and Capacity Building	817.43	735.51	1.8	89.98
FMR 10	Reviews, Research, Surveys and Surveillance	133.21	159.61	0.39	119.82
FMR 11	IEC/BCC	1464.61	1249.03	3.06	85.28
FMR 12	Printing	444.4	414.46	1.01	93.26
FMR 13	Quality Assurance	831.48	786.09	1.93	94.54
FMR 14	Drug Warehousing and Logistics	83.15	83.15	0.2	100.00
FMR 15	PPP	2069	2067	5.06	99.90
FMR 16	Programme Management	4121.87	3324.78	8.14	80.66
FMR 17	IT Initiatives for strengthening Service Delivery	19.2	19.2	0.05	100.00
FMR 18	Innovations (if any)	2332.44	813.34	1.99	34.87
Grand total		46364.16	40833.62	100	88.07
Total amount approved					40833.62
Infrastructure maintenance					546
Immunization kind grants					1681
Grand total approved including MI and Immunization kind grants FY 2021-22					43060.62

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

### 3.1 DISTRICT HEALTH ACTION PLAN (DHAP)

The District Health Action Plan (DHAP) for 2022-23 was unavailable in North West Delhi. However, it was submitted on 24th February 2022 but approved DHAP, and funds have not been received from the State. During the previous financial year 2021-22, approved DHAP and funds were received in September; however, the District submitted it in January.

#### 2.1.2 BUDGET UTILIZATION

District health officials informed that all sanctioned amount under NHM was not provided by state. The details of the budget utilization are presented in table 2.3. In 2022-22, a total of 20.3 Crore rupees were utilized by the North West district.

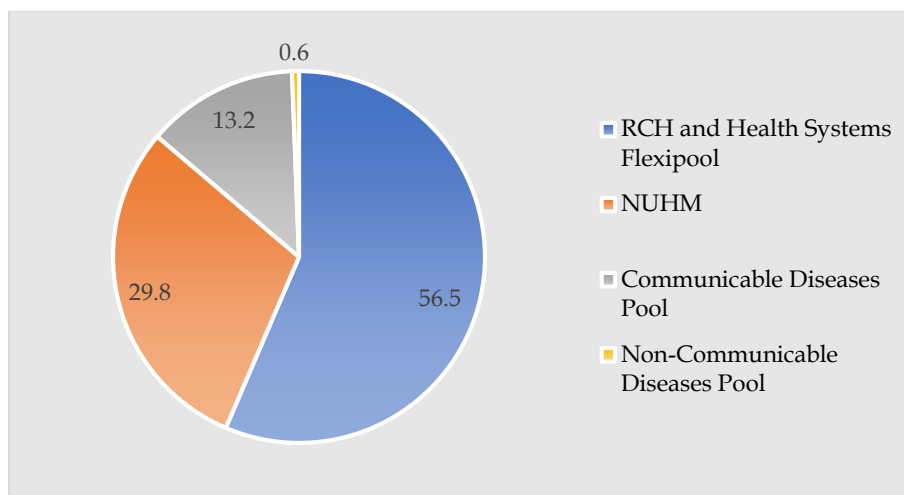


Figure 2.2: Utilization (in Percent) of NHM budget, North West Delhi, 2021-22

Around 57 percent of the fund was utilized under RCH and Health Systems Flexipool, 30 percent under NUHM, 13 percent under Communicable Diseases Pool and less than one percent by Non-Communicable Diseases Pool.

Table 2.3: Utilization of budget as per ROP, North West Delhi, FY 2021-22

Budget head	Budget utilized	Share of Utilization (%)
<b>RCH and Health Systems Flexipool</b>	114315506	56.5
Maternal Health	2595396	2.3
Child Health	828733	0.7
Family Planning	2543887	2.2
RKSK/ Adolescent health	88205	0.1
PC-PNDT	544771	0.5
Immunization	7133930	6.2
Comprehensive Primary Healthcare (CPHC)	280250	0.2
HR	99411153	87.0
Programme Management	294048	0.3
Procurement		0.0
Quality Assurance	595133	0.5
<b>NUHM</b>	60335093	29.8
<b>Communicable Diseases Pool</b>	26729448	13.2
Integrated Disease Surveillance Programme (IDSP)	445644	1.7
National Vector Borne Disease Control Programme (NVBDCP)	29175	0.1
National Leprosy Eradication Programme (NLEP)	1084070	4.1
National TB Elimination Programme (NTEP)	25170559	94.2
<b>Non-Communicable Diseases Pool</b>	1116309	0.6
National Programme for Health Care for the Elderly (NPHCE)	98800	8.9
National Tobacco Control Programme (NTCP)	683625	61.2
National Programme for Prevention and Control of Diabetes, Cardiovascular Disease and Stroke (NPCDCS)	333884	29.9
<b>Total</b>	<b>202496356</b>	

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

The highest utilization of funds under RCH and Health Systems Flexipool was done for Human Resources (87.0%), followed by maternal health (2.3%) and Family planning (2.2%). Similarly, National TB Elimination Programme (NTEP) utilized more than 94 percent of funds under the Communicable Diseases pool. Additionally, National Tobacco Control Programme (NTCP) utilized more than 61 percent of funds under Non-communicable diseases, followed by the National Programme for Prevention and control of diabetes, Cardiovascular disease and Stroke (NPCDCS) (29.9%) and the National Programme for Health Care for the Elderly (NPHCE) (8.9%).

## CHAPTER 3: PUBLIC HEALTH PLANNING

### 3.1 HEALTH INFRASTRUCTURE

Four district hospitals were functional in North West Delhi, and all conducted more than 50 deliveries per month during 2021-22, including C-sections. One Sub-district hospital and two maternity homes are also serving in the district; these facilities conduct more than 20 deliveries monthly. Additionally, seven seed U-PHC, 7 Polyclinics, 20 Delhi Government Dispensaries (DGDs) and 16 Maternal Child Welfare Centre (MCW) were operating.

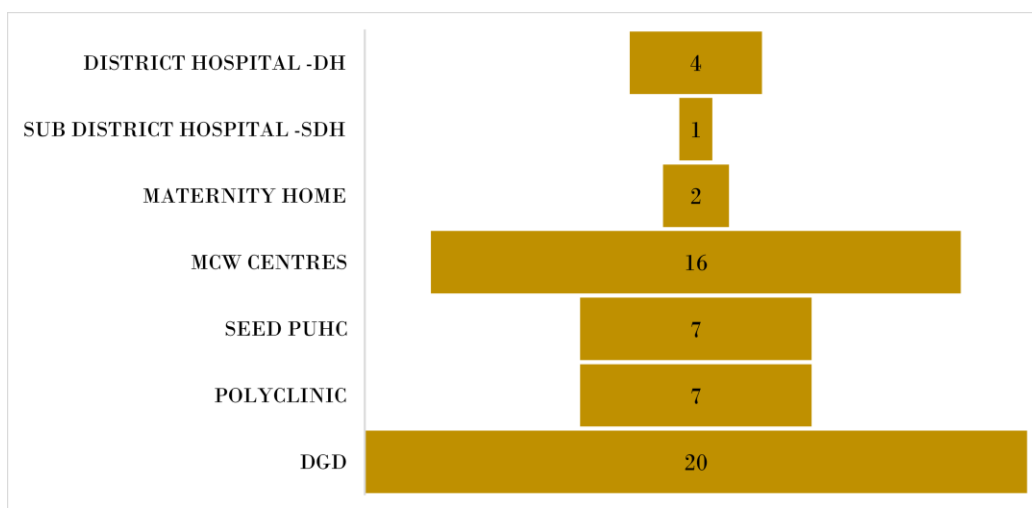


Figure 3.1: Details of Public Health Infrastructure in North West Delhi, 2021-22

Three Special Newborn Care Units (SNCU) were present for sick newborns. Moreover, four operational first referral units (FRUs), three blood banks and one blood storage unit were available in the district. In addition, four NCD clinics were operating at the DH and two at CHC Level facilities. Four public institutions provide comprehensive abortion care services (CAC) and first & second-trimester services. However, District Early Intervention Centre (DEIC) and Nutrition Rehabilitation Centres were unavailable in North West Delhi.

All four district hospitals of North West Delhi were NQAS and LaQshya certified. Apart from that, internal peer assessment and external assessment of all units have been done by District Level Quality Assurance Committee (DQAC).

### 3.2 FREE DRUGS & DIAGNOSTIC

Drugs and Diagnostic are free for all the patients in the district at hospital level. Four public and 11 private hospitals were equipped with ultrasound facilities; these 11 are empanelment under JSSK.

### 3.3 HUMAN RESOURCE FOR HEALTHCARE

Human resource density is directly related to achievements in health outcomes. Table 3.3 depicts the status of human resource availability in North West Delhi district under regular positions, NHM and other sources. Overall, a significant shortage of human resources was observed across the district. For instance, 38 percent of posts of medical and 42 percent of posts surgeons specialist were vacant. Overall, 24 percent of Gynaecologists, 26 percent of Paediatricians, and 34 percent of posts of Anaesthetists were vacant against the sanctioned regular post. Moreover, 63 percent of posts of Dentists/ Dental Surgeon/ Dental MOs, 33 percent of posts of General Duty Medical officers of AYUSH/AYUSH Physician and 55 percent of posts of Senior and Junior Resident were vacant.

More than 50 percent of posts for Ophthalmologists, Orthopedician, Microbiologists and Dieticians were vacant in the district. Similarly, posts of Radiologist (40.0%), General Duty Medical Officer of AYUSH/AYUSH Physician (33.3%), and ECG Technician (31.8%) were less against section post. Staff responsible for managing the records and updating the data were fewer than sectioned posts; 33 percent of the post of Statistical Assistant and data entry operator and 50 percent of the post of Medical Records Officer / Technician were vacant. The lack of human Resource was one of the major concerns of the district; however, no recruitment has been done at the district level in the last two years under NHM.

The State does not have a comprehensive (common for regular and contractual HR) Human Resource Information System (HRIS). The district did not have any grievance redressal mechanism; however, State has a Centralized Public Grievance Redress and Monitoring System.

There were 846 ASHAs in the district, which was almost equal to the required figure (850) according to the population. A total of 215 ASHAs were enrolled in Pradhan Mantri Jeevan Jyoti BimaYojana (PMJJBY) and Pradhan Mantri Suraksha BimaYojana (PMSBY). However, no ASHAs were working for Pradhan Mantri Jeevan Jyoti Bima Yojana (PMJJBY) and Pradhan Mantri Shram

Yogi Maandhan Yojana (PMSYMY) and Pradhan Mantri Shram Yogi Maandhan Yojana (PMSYMY). Mahila Arogya Samitis (MAS) were not formed in the district.

Table 3.3: Availability of human resource, 2021-22

Staff details at public facility (Regular+ NHM+ other sources)	Regular+ Contractual + Outsourced Approved	Regular+ Contractual + Outsourced in-position	Short-fall (%)
Medical Specialist	42	26	38.1
Surgery Specialists	12	7	41.7
Obstetrician/Gynacologist(O&G specialist)	25	19	24.0
Dermatologist / Venereologist	5	3	40.0
Paediatrician	19	14	26.3
Anesthetist (Regular / trained)	32	21	34.4
ENT Surgeon	7	7	0.0
Ophthalmologist	8	4	50.0
Orthopedician	12	5	58.3
Radiologist	5	3	40.0
Microbiologist	5	2	60.0
Pathologist and Blood Bank In-charge	8	7	12.5
Casualty Doctors / General Duty Doctors (Medical Officer)	160	148	7.5
Dental Surgeon	8	3	62.5
General Duty Medical Officer of AYUSH/AYUSH Physician	3	2	33.3
Senior Resident	139	64	54.0
Junior Resident	114	50	56.1
Staff Nurse	1053	991	5.9
ECG Technician	22	15	31.8
Laboratory Technician (Lab + Blood Bank)	46	43	6.5
Laboratory Attendant (Hospital Worker)	21	18	14.3
Dietician	4	2	50.0
Maternity assistant (ANM)	17	11	35.3
Radiographer	15	16	-6.7
Dark Room Assistant	8	4	50.0
Pharmacist	65	62	4.6
Physiotherapist	8	6	25.0
Medical Records Officer / Technician	8	4	50.0
Pharmacist / compounder	89	88	1.1
Lab. Technician	58	67	-15.5
Statistical Assistant / Data entry operator	3	2	33.3
AYUSH practitioner	14	13	7.1

### 3.4 HUMAN RESOURCE TRAINING

The table below provides a brief snapshot of training conducted in the last financial year as per the ROP. As per the plan, 88 training sessions were scheduled, of which 77 were completed. District officials informed that training on Quality Assurance, DMPA, OCPILLS, FPLMIS, MDR and CDR could not be completed because of COVID protocols.

### 3.5 REFERRAL TRANSPORT

Health infrastructure also includes the transport facilities provided by the district for patients' safe and timely movement. Centralized Accident and Trauma Services (CATS) is a GPIS-enabled 24-hour operational independent body of the Delhi government that provides free ambulance Services. CATS provides free ambulance services to all medical attention needing persons, including transportation of pregnant women. However, utilization of CATS among pregnant women was significantly less.

## CHAPTER 4: IMPLEMENTATION OF NATIONAL PROGRAMME

### 4.1 REPRODUCTIVE, MATERNAL, NEW-BORN, CHILD AND ADOLESCENT HEALTH (RMNCH+A)

In North West Delhi, only 1863 women benefited from Janani Suraksha Yojana (JSY); however total number of deliveries was 36,029 during the financial year 2021-22.

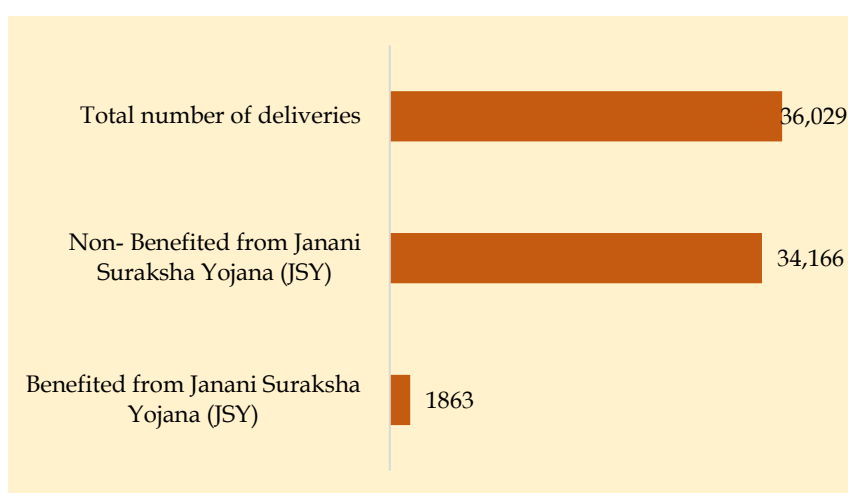


Figure 4.1: number of deliveries and JSY beneficiaries in North West District

Beneficiaries were being provided free of cost consultation, medicines, diet and Diagnostics under Janani Shishu Suraksha Karyakaram (JSSK). However, the facility does not provide a free ambulance facility from homes to the facility, interfacility transfer, and drop back to home.

Pradhan Mantri Surakshit Matritva Abhiyan (PMSMA) activities were being conducted at one Medical college, Four DH, one SDH, two UHC and 52 UPHSC level facilities in the District. In the last financial year (2021-22), 31430 MCP cards were issued to pregnant women, higher than 2020-21 (27394).

*“CDMO and other district officials reported the beneficiaries were not getting the DBT for the last several months due to the change in the bank for the JSY fund.”*

*“People arrange vehicles on their own or call the government ambulance for delivery, although the proportion was considerably less.”*

*Definitions of the HMIS indicators were not clear to data entry operators; hence appropriate entry was not being done in the HMIS portal, and the figures in the portal and the hospital records were different.*

*District officials did not have any records regarding visits done ASHAs under HBNC.*

*No NRC was functional in the district; earlier, an NRC was functioning at Sanjay Gandhi Memorial Hospital, Mangolpuri. There is a plan to set up one NRC in one district hospital in the financial year 2022-23.*

District has 48 bedded Special Newborn Care Unit (SNCU) with a radiant warmer, 20 in Sanjay Gandhi Memorial Hospital, 12 in Bhagwan Mahaveer Hospital and 36 in Baba Saheb Ambedkar Hospital. Additionally, District has three Kangaroo Mother Care (KMC) units.

In 2021-22, 1413 newborns (inborn and outborn) were admitted to the SNCU in which five were having defects at birth; 965 were discharged, 30 were referred, 116 died, and 143 neonates were reported as leaving against medical advice (LAMA). Moreover, 891 newborns (inborn) were admitted to the Newborn Stabilization Unit (NBSU) in 2021-22; out of which 33 were discharged, 27 referred, 217 died, and 31 neonates were reported as LAMA.

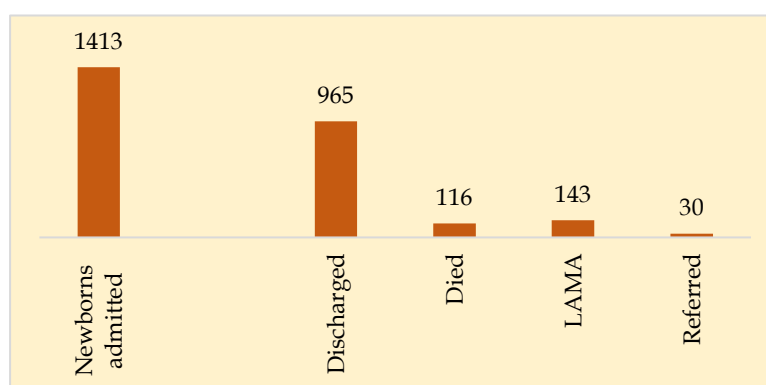


Figure 4.2: Admission and outcome in SNCU in North West District

In the last financial year, 766 ASHAs had HBNC kits, and 820 ASHAs had medicine kits. However, District officials reported that Home-based Newborn Care (HBNC) training for new ASHAs was not done in 2021-22.

A total of 57 children were admitted to the Nutritional Rehabilitation Centre (NRC) during 2021-22, all were discharged, and no death has been observed. The majority of the children admitted to NRC had Diarrhea (27) and Nutrition related disorders (10), followed by ARI/ Pneumonia (7). Only 5 had WFH <-3SD, 4 had MUAC <115cm, and 1 had bilateral pitting edema. All the children in NRC were referred from the Pediatric ward/ emergency.

85 maternal and 87 child deaths were observed in North West Delhi in 2021-22. Only 62 maternal deaths were reviewed in 2021-22, though it was higher than MDR conducted in 2020-21 (9). Similarly, only 20 CDR was done during 2021-22, which was for lesser than total deaths; however, no CDR was done in 2020-21.

*The primary causes of maternal deaths were sepsis, severe cases of anaemia, hepatitis and COVID.*

#### 4.2 FAMILY PLANNING SERVICES

In the last year, 2,209 sterilizations were performed, 17,773 women benefited from the IUCD/PPIUCD, and 519 women received fourth doses of injectable Antara. In addition, 8,76,015 condom pieces and 14,033 oral pills were distributed in the last financial year. PPIUCD was being promoted at all the Health facilities. ASHAs and health workers were reaching out to women and encouraging them to adopt suitable family planning methods.

*Antara is a popular method among women; counselling sessions through FP experts must be done to curb the high dropout rates.*

#### 4.3 DISEASE CONTROL PROGRAMME

The National Disease Control Programmes are being implemented under NHM to prevent the spread of major diseases, reduce mortality and morbidity, and increase life expectancy and quality of life. Rapid response teams (RRTs) have been constituted under Integrated Disease Surveillance Programme (IDSP), which aims to strengthen surveillance for infectious diseases to recognize and respond to outbreaks quickly; however, no outbreak of any disease was recorded in the district during the last two years.

*IDSP portal was active; however, plans regarding data analysis, preparedness and mitigation activities under IDSP for disease outbreaks were found to be weak in the district.*

#### 4.4 COMMUNICABLE DISEASES

*The health administration of the district was only involved in the supervision of vector-borne disease programmes; implementation was done by local bodies of the Municipal Corporation of Delhi (MCD).*

*TB patients were not getting DBT under Nikshay Poshan Yojana since last six months.*

Micro and macro plans were available at the district level to control vector-borne disease under the National Vector Borne Disease Control Programme (NVBDCP). Last year, 154 new cases were detected, including 28 G2D cases under National Leprosy Eradication Programme (NLEP). Multi-Drug Therapy (MDT) was available without interruption; however, reconstructive surgeries for G2D cases were not conducted, and MCR footwear and self-care kit were unavailable.

The National Tuberculosis Elimination Program (NTEP) records were unavailable to district officials. However, Awareness programmes, Nukkad Natak, Enforcement activities and school visits were made under National Tobacco Control Programme (NTCP).

#### 4.5 NON-COMMUNICABLE DISEASES

*All 30 and above years population was supposed to be covered under universal health screening; Community-based assessment checklist (CBAC) forms were not being filed in the district.*

20,751 people were screened for hypertension, diabetes and oral cancer in various health facilities in the district. 6,075 cases of hypertension and 5,532 cases of diabetes were diagnosed; 5,363 hypertension and 5,266 diabetes patients were treated.

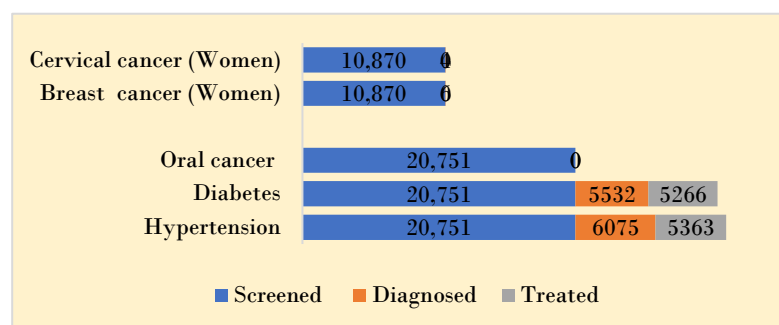


Figure 4.3: Screening, Diagnosis and treatment of NCDs in North West District

Moreover, 10,870 women were screened for Breast and Cervical cancer. Out of the total, six were diagnosed with Breast cancer and four with Cervical cancer.

## CHAPTER 5: SERVICE AVAILABILITY AT HEALTH FACILITIES- FACILITY WISE OBSERVATION

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The team visited six facilities in the district; DH Sanjay Gandhi Memorial Hospital Mangolpuri, two Maternity Homes in Haiderpur and Shakurpur, one Delhi Government Dispensary in Rohani Sector 21, one Seed Urban Primary Health Centres in Begumpura, and one Mother Child Welfare Centres in Mangolpuri. Additionally, a focused group discussion was held to understand the perception and behaviour of the community on the accessibility of public health services, lifestyle, living conditions, health-seeking behaviour, the behaviour of public health service providers and out-of-pocket expenditure.

### 5.1 CONDITION OF HEALTH INFRASTRUCTURE

DH Sanjay Gandhi Memorial Hospital was overcrowded; there was no proper seating arrangement in the waiting rooms of OPDs and massive queues. Some parts of DH need urgent restorations. There was no space for further infrastructure development in the DH campus.

The condition of the labour room in the MH in Haiderpur was not good. Due to the absence of sanitation staff, the cleanliness of the MH was terrible. The OPD waiting area had adequate seating arrangements and was geriatric and disability friendly. MH Shakurpur did not have an operation theatre, and they had to refer cases of complicated deliveries. The DGD building of Rohani Sector 21 was clean; however, cleanliness management was becoming difficult due to the construction work. A sharp pit was available for biomedical waste management in the DH. However, deep burial pit and incinerator were unavailable. *Biomedical Waste* was collected, transported and treated in the Common Bio-medical Waste Treatment Facilities (CBWTF) by Biotic Biowaste solution from all health facilities in *Delhi*.

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*Proper arrangements for cleaning were challenging due to the construction of the proposed trauma center in DH. There was insufficient parking arrangement in DH, which led to congestion of ambulances and other vehicles.*

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*Electricity power backup and Drinking water supply were unavailable within the premises in MH Haiderpur and MCW center Mangolpuri.*

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## 5.2 AVAILABILITY OF SPECIALIZED SERVICES

*Records of bloodstocks were appropriately maintained; all the information was regularly updated on the blood inventory management system through E-raktkosh.*

*DH fulfills the demands of Blood from other district hospitals, and in case of scarcity, Deen Dayal hospital provides the Blood to this DH.*

*District Early Intervention Center (DEIC), Nutritional Rehabilitation Center (NRC), Tele-medicine services, Pediatric Intensive care Unit (PICU), Burn Unit and Dialysis Unit were not available in this DH.*

Medicine, O&G, General Surgery, Anesthesiology, Ophthalmology, Dental, Pathology lab, X-ray, USG, pediatric OPD, SNCU, Labour Room Complex, ICU, TB ward, Family Planning services, Operation theaters for general, Ortho, O&G, Ophthalmology/ENT and emergency were functional in the DH. Also, DH provides triage, resuscitation and stabilization facilities under Emergency services.

24\*7 Delivery, ANC, PNC, Immunization, FP and COVID vaccination services were available at the MH Haiderpur and Shakurpur. However, specialists were not available 24\*7. MCW center Mangolpuri provides ANC, Immunization and family planning services; additionally, it conducts awareness and outreach programmes in local communities and schools. DGD Rohani Sector 21 and seed UPHC provided ANC, PNC, Immunization, FP and NCD clinic.

A well-functional Blood Bank (free for all) was available in DH. The blood bank capacity was 2000 units of Fresh frozen plasma (FFP), 800 units of Packed red blood cells (PRBCs), and 80 Units of Platelets; it was licensed till 2026. At the time of the visit, 490 units of FFP, including all negative blood groups, 274 units of PRBC and 16 units of platelets, were available. Four deep freezers were installed to ensure the proper storage of the Blood.

DH runs the NCD clinic six days a week, though the service providers were not trained in cancer. The NCD clinic at DGD has no fixed day, but patients were consulted daily. A total of 12 patients were identified for hypertension and 8 for diabetes in the last six months.

### 5.3 AVAILABILITY OF DRUGS AND DIAGNOSTIC

A total of 304 essential medicines (EML)/ Drugs (EDL) were available in the DH at the time visit, and drug information was listed on the wall. The procurement, inventory management and distribution of medicines, sutures and surgical items in the hospital were operated through the NIRANTAR portal. DH reported a shortage of more than 5 EDLs and essential consumables; in case of shortage, DH purchases the medicine from the local market.

Total 31 essential medicines (EML)/ Drugs (EDL) were available in the MH Haiderpur and only 16 EML/EDL were available in the MH Shakurpur. Additionally, 18 EML/ EDL drug were available in the center Mangolpuri and maximum number of EML/ EDL were available in the seed UPHC Mangolpuri (200), on the day of visit.

Shortage of Albendazole, Zinc Tablets, Chromic catgut solution, Vitamin K injection, sodium hyaluronate injection etc. were reported by the MH. Maxclave tablet, PCM Syrup, Calcium tablet and ORS were not available in the drugstore in MCW centre. Amlodipine 5 mg and Metformin 50 mg were not available for high blood pressure and Diabetes in Seed UPHC Begumpura. Amlodipine, Glimepiridel, and Metformin were not available for high blood pressure and diabetes in DGD Rohani sector 21.

Sufficient supply of priority drugs and essential consumables reported by DGD Rohani sector 21 and seed UPHC Begaumpura. However, Due to the lack of suitable medicines and consumables, MH and MCW centre were not able to provide drugs, due to which many times the patients become dissatisfied. In the case of the non-availability of drugs, patients have to go to Aam Aadmi Mohalla Clinic.

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*Pharmacy in DH was very congested and the public management was very poor*

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*Drug information was listed in the OPD area of all the visited facilities.*

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*MCW centre and MH needs medicines related to maternal and child health-related diseases, while the facilities were given drugs related to common diseases.*

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OPD area of Sanjay Gandhi Memorial District Hospital



Maternity OT of Sanjay Gandhi Memorial District Hospital



Maternity Home in Haiderpur

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*More than 4000 tests for OPD and 1300 tests for IPD have been done in the DH, which was available 24 hours and seven days for emergency cases.*

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*Due to the non-availability of medicines and consumables, the MH and MCW centre could not provide satisfactory services. Many times, the relatives of women coming for delivery are requested to arrange the required kits and consumables.*

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All essential diagnostic services, MRI, CT scan, X-rays, etc., were freely available in the DH. Eighty-five types of in-house tests were performed, and more than 20 lakhs were done during the last financial year. DH reported a sufficient supply of testing kits/ rapid diagnostic kits, and there is no shortage of major equipment. Only one digital x-ray AERB-certified plant was available, and DH needed one more X-ray plant. X-rays services stopped for more than ten days in case of downtime.

MH and MCW centre always face shortages of proper medicines, consumables, and testing kits. However, the center receives drugs, ORS and family FP products through NHM, which helps them to operate the services. Essential diagnostic services were available in-house in both MHs. Haiderpur MH has a sufficient supply of diagnostic kits; however, MH did not have an oxygen cylinder. MH Shakurpur reported an acute shortage of consumables almost every month. There was a minimal shortage of diagnostic kits, specifically VDRL Syphilis test kits. A total of 15 types of tests were performed in the Seed UPHC Begumpura. The supply of testing kits was sufficient in UPHC and DGD, and there was no shortage of major equipment.

## 5.5 PRADHAN MANTRI SURAKSHIT MATRITVA ABHIYAN (PMSMA)

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*On 9th of every month, and high-risk pregnancies were identified.*

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The DH, MH, Seed UPHC, DGD and MCW provides PMSAMA services to pregnant women. Line listing of high-risk pregnancies by performing by performing Hepatitis, HIV, Diabetes, sepsis, TB, malaria and hypertension tests. Facilities also lists previous c-sections and twin pregnancies as high risk.

## 5.6 Institutional Delivery, JSY Payments (DBT) and JSSK

Overall, 570 deliveries, including 207 C-sections, were performed in the DH during the last month. The delivery load on this DH was very high because, at the time of COVID, this was the only non-COVID hospital in the DH district. Due to this, all the pregnant women in the district used to come to this hospital. Though the load has reduced considerably now, it is still much higher than pre-COVID.

A total of 18 deliveries were performed last month in MH Haiderpur. Delivery facilities were not available in MCW centers and Seed UPHCs. The delivery facility was unavailable in DGD, but the construction of a labor room was in progress. During 2021-22, 13 maternal and 169 child deaths were observed in the DH, and these figures were 16 and 153 respectively during 2020-21.

JSY payment could not be made in the district since last January 2022 due to the non-activation of the PFMS portal. However, all services under JSSK were provided in the DH and both the MH. Beneficiaries were advised to avail free referral transport services through CATs.

Labour Room was LaQshy certified and found to be neat and tidy during the DH visit. *The DH practices respectful maternity care.*

*The assessment was not done for LaQshya in Haiderpur and Shakurpur MH.*

*PFMS portal was not active in the past 6 months due change in JSY bank account.*



Delivery room of Maternity Home Haiderpur

## 5.7 IMMUNISATION SERVICES

*Some mothers still do not vaccinate their children in a few pockets of Begampur, Mangolpuri and Haiderpur slums due to a lack of knowledge and false stigma.*

Vaccines and hub cutters were available at all levels of health facilities. Nurses and ANMs at DH, MHs, DGDs, UPHCs and MCW centers were aware of the open vial policy. In the past three months, 2112 newborns in DH, 166 in MH Haiderpur and 48 in MH Shakurpur and 12 newborns were immunized with birth dose in MCW centre Mangolpuri.

## 5.8 FAMILY PLANNING AND ABORTION CARE

*Dropout rate of Antara users was very high due to side effects.*

FPLMIS was implemented in all the visited health facilities. Trained providers for IUCD/PPIUCD were available, and it was being promoted at all the health facilities. Other available FP methods include Antara, Chaya and condoms. MOs, FP in charge, LHVs and ANMs provide counseling on FP services. The DH performed two male and 37 female sterilization in the last month, and DH provides comprehensive abortion care (CAC) services.

## 5.9 ADOLESCENT HEALTH

*Functionality and data collection were very weak concerning adolescent health programs such as RKSK, health clinics and peer education programs.*

The Peer education programme and RKSK were not functional in the district; however, the Adolescent Friendly Health Clinic was functional in the DH and MH. LHV counselor provides services regarding sexual and reproductive health; 102 adolescents have been counseled in the last six months at MH Haiderpur. IFA tablet distribution was done under Weekly Iron Folic Acid supplementation (WIFS).

## 5.10 TB ELIMINATION PROGRAMME

DH was designated as Designated Microscopy Centre (DMC); 6 PHI, 3 DOTs Center and five microscopy center works under DH. Around 1.6 percent of OPD samples were tested for TB (microscopy) in the last six months. DBT installments under Nikshay Poshan Yojana have not been done in the last six months. A lack of funds also stalled awareness programs related to tuberculosis.

*DH was getting fewer diagnostic kits from the state and the shortage of CBNATT test kits has made it challenging to test TB accurately.*

## 5.11 QUALITY ASSURANCE AND CLEANLINESS

Kayakalp assessment for 2021-22 was done in the DH and was ranked first with 94%. DH was NQAS certified with an 89% score. The labour room and Operation Theatre were clean, and both were LaQshya, certified with a score of 89 and 86%, respectively. Kayakalp was initiated in both the MHs and the internal assessment score was 78% for Haiderpur and 87.5% for Shakurpur; however, both were not awarded. Internal assessment for Kayakalp was initiated in MCW centre score was 89%, and it was awarded.

*Mera Asptal portal was not working for several days, so the data related to it could not be updated on the portal.*

## 5.12 IT SERVICES, DATA REPORTING AND MAINTENANCE OF RECORDS

Data entry portals HMIS, MCTS and Nikshya portal were updated. Record maintenance at the facility was efficient, and all registers about birth and death, OPD, IPD, TB treatment card cases and TB notification registers were well maintained and updated.

*All the health facilities were equipped with IT services like desktop/laptop and internet connection.*

### 5.13 AMBULANCE SERVICES

*DH has only one ambulance, although the post of the driver was vacant.*

CATS provide ambulance services in the district; however, CS reported that DH needs at least two ambulances for emergencies. One ambulance was available in the MH Haiderpur, which was donated by the local representative.

### 5.14 HUMAN RESOURCES

*DH officials could not provide an updated list of all in-position posts at the time of the Visit.*

*MOs at MH and MCW underlined the need for sanitation workers and security guards.*

All the proposed posts of Surgery Specialist, Dermatologist / Venereologist, ENT Surgeon, Orthopedician, Orthopedician, Radiologist and Microbiologist were field in DH. Four positions of Casualty / General Duty Doctors, 2 Medical and 1 O&G specialist, 1 Paediatrician, and 1 Ophthalmologist were vacant in the DH. However, the CS reported sufficient human resources to run the DH smoothly.

### 5.15 SECURITY AT HEALTH FACILITIES

*Most staff in and MCW centers are females, and the security responsibility is on only one watchman or guard.*

Security was a crucial issue in the MH and MCW centers; Many anti-social elements and drug addicts roam around the MH and MCW centers, scaring people and staff to come at night. Incidents of theft and snatching keep happening.

### 5.16 POOR COORDINATION BETWEEN HEALTH FACILITIES

*Lack of coordination with higher level facilities leads to delays in providing services to referral patients.*

Health facilities in Delhi work under different administrative setups, and due to a lack of proper coordination, it becomes challenging to get referral cases admitted to other higher health facilities at the right time.

## 5.17 FUND UTILIZATION AND RKS MEETINGS

*The last Rogi Kalyan Samiti (RKS) meeting at DH was held in October 2021. It was not being held regularly at both the MHs and UPHC; records of the previous meeting were not available.*

*MH and MCW Centre come under the MCD, but they were not getting funds on time; these facilities were facing many challenges due fund crunch.*

DH received Rs 17.50 lakhs and utilized 13.52 lakhs during 2021-22. MH Haiderpur got and used Rs 1.13 lakh under NHM; the water bill of MH was pending for many years. MH Shakurpur received Rs 25 thousand; however, expenditure was 58 thousand. Fund was spent on medicine, water, cleanliness and laundry services, electricity, and maintenance of the MH.

MCW Centre received Rs 25000 under NUHM during 2021-22; however, they spent 61000. There was a dearth of funds in the centre, which was not provided on time. MO has to pay from his pocket for the daily needs of the facility. The electricity bill payment was pending for several months. The salary of the MCW centre staff did not come on time and was unpaid for the last several months. During the previous financial year, UPHC received and utilized one lakh rupees under NHM. DGD Rohani sector 21 received a total of Rs 40000, of which Rs 24000 were utilized.



**Mother and Child welfare centre, Mangolpuri**



**Delhi Government Dispensary, Sector 21, Roahni**

## CHAPTER 6: COMMUNITY HEALTH

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During the PIP visit, the team interacted with local community members and conducted focus group discussions (FGD) in an Angwadi centre of Shakurpur to understand their perspectives on public health services, lifestyle, out-of-pocket expenditure, etc. The main purpose of FGD was to get valuable insights from the community and capture the challenges they face while availing the health facilities.

### 6.1 COVERAGE KNOWLEDGE AND SKILLS OF ASHAs

Residents were well familiarized with the ASHAs and the Anganwadi workers. ASHAs were trained in identifying couples for family planning, women for ANC, children under five years of age for vaccination, addressing adolescent health needs, HIV and earthquake prevention. Anganwadi workers announce different types of camps and other facilities in the locality. ASHA also circulates information about family planning services and distributes FP products to eligible couples.

Health officials periodically monitor the operations of ASHAa in the community, and frontline workers get the support of district officials. However, ASHAs complained that their incentive comes late; Sometimes, it gets late by six months, and they were also unable to figure out whether they are getting all the incentives or not.

### 6.2 PREFERENCE OF HEALTH FACILITIES FOR MATERNAL AND CHILD HEALTH SERVICES

Women visit maternity homes in the area for normal delivery and prefer Bhagwan Mahavir DH in case of high-risk pregnancies. Women who do not want to go to a government hospital opt for a private hospital within the locality. An Anganwadi worker said that maximum delivery in this area occurs in Mata Mahtab private hospital; they charge 10-15 thousand rupees for normal delivery. ASHAs do not get incentives for delivery in private hospitals, so they ensure that women choose government hospitals for deliveries. People visit DGD, MH and Mohalla clinics for day-to-day diseases, ANC and vaccination of children.

ASHAs said that there was hesitancy about child immunization in the area, but the situation has improved due to continuous efforts. However, even now, some people do not get their children vaccinated. ASHAs and Anganwadi workers convey the benefits of vaccines to such people.

### **6.3 HEALTH SEEKING BEHAVIOUR OF COMMUNITY**

People in the area choose the government and private hospitals according to the severity of the disease. Wealthy people do not want to stand in the queue, and those with time constraints, mostly prefer private hospitals. Some women said that even for serious diseases, people first visit government hospitals, but due to dissatisfaction with treatment, they have to choose private hospitals. However, for minor fever and delivery, appropriate treatment is available in the government hospital, but people go to private hospitals for severe diseases in which experienced doctors are needed. Poor households avoid going to private hospitals because the expenditure is very high, but private facilities are the only option due to the lack of proper treatment in government hospitals.

In case of burns and accidents, people go to Bhagwan Mahavir Hospital; however, first aid is done in nearby private hospitals. For the treatment of eyes and teeth, people go to Government Eye Hospital, Agrasen, Bhagwan Mahavir and Maulana Azad Hospital.

### **6.4 BEHAVIOUR OF HEALTH CARE PROVIDERS**

Some women believe that government hospitals do not provide proper advice, and it takes lots of rushing to find the right doctor. Medicines are given without appropriate examination in primary-level hospitals, so they only visit the district or private hospitals. The Anganwadi worker of the area said that doctors do not behave appropriately due to the high pressure in the government hospital, which also leads some patients to avoid seeing those doctors again. Sometimes the examination date is given after many days while the patient is in trouble.

Although some women consider that they are informed about various diseases by frontline health workers, patients are motivated to go to government hospitals by ASHAs. There are not many cases of seasonal diseases in the area; ASHAs help take people to government hospitals in such situations.

## **6.5 ACCESSIBILITY TO DRUGS, DIAGNOSTICS, AND REFERRAL TRANSPORT**

People are not well acquainted with government health schemes in the area. Besides that, ASHAs and Anganwadis were not well informed about free ambulance services. People make their arrangements to reach the health facilities. The use of ambulances was significantly less as it takes much time to come to crowded localities. Medicines and diagnosis are free in nearby government hospitals; doctors send people to Mohalla clinics if drugs are unavailable in MH and DGD. Even during COVID, people used to go to government Health facilities for treatment while nearby private hospitals were closed.

## **6.6 Sanitation Environment and Lifestyle**

Every household in the area has a toilet, and no one defecates in the open. People mainly cook on gas and use iodized salt. However, the water crisis in the region is severe, and the water from the pipes is dirty and yellow. Anganwadi workers suggest drinking boiled water. Alcohol consumption among men is very much prevalent; most men consume tobacco and alcohol. A group of women reported that whitewashing addiction is increasing among adolescent boys in this area.

## CHAPTER 7: CONCLUSION AND RECOMMENDATION

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### 7.1 CONCLUSION

The Population Research Centre, Delhi, commenced monitoring the NHM Programme Implementation Plan (PIP) in the North West District of Delhi. The team was expected to conduct a field visit to the District for quality checks and further improvement of the different components of NHM. The District has Four DHs, one sub- District hospital, 16 MCW centers, 7 Seed U-PHCs, 7 Polyclinics and 20 DGDs. This chapter explains the monitoring and evaluation findings and recommendations based on field visits and interaction with health officials of the North West District of Delhi.

- District Early Intervention Centre (DEIC) and Nutrition Rehabilitation Centres were not available in the District. An NRC was functioning earlier at Sanjay Gandhi Memorial Hospital, Mangolpuri. There is a plan to set up NRC in the District in the financial year 2022-23.
- Coordination for data management was poor in the District. The definition of many HMIS indicators was unclear to the data entry operators in DH; hence appropriate entry was not being done in the HMIS portal, and the figures in the portal and the hospital records were different.
- Training of ASHAs, ANMs and other health staff on Quality Assurance, DMPA, OCPILLS, FPLMIS, MDR and CDR could not be completed because of COVID protocols.
- CATS provide free ambulance services to all medical attention needing individuals, including transportation of pregnant women. However, utilization of CATS among pregnant women was significantly less. Most individuals arrange vehicles on their own.
- The direct cash transfer (DBT) was not being provided to the beneficiaries for the last six months. PFMS portal was not active due to change in bank, and the District had not received funds from the state in the account of JSY.
- TB Patients were not getting DBT under Nikshay Poshan Yojana for the last six months. Additionally, Geo-tagging of TB patients was not done for many months.

- The health department is only involved in the supervision of work under various communicable disease programmes, and the implementation is done by the local bodies of the Municipal Corporation of Delhi (MCD).
- Sanjay Gandhi Memorial District Hospital was overcrowded, and there was no proper seating arrangement in the waiting rooms of OPDs. Also, there was no appropriate sitting arrangement and rest room for ASHAs. Pharmacy in DH was very congested, and the public management was poor.
- Some parts of DH required urgent restorations. Because of no space for further infrastructure development within the Hospital campus, DH was facing poor parking arrangements.
- District Early Intervention Center (DEIC), Pediatric Intensive care Unit (PICU), Burn Unit and Dialysis Unit were unavailable in SGM DH.
- Only one digital x-ray plant was available; X-ray services stopped for more than ten days in case of downtime. Additionally, DH does not have enough CBNAAT cartridges.
- DH has only one ambulance, though the post of the driver was vacant. CATS provides ambulance services; however, CS reported that DH needs at least two ambulances for an emergency.
- The condition of the labour room in MH Haiderpur was not found appropriate during the visit. The cleanliness of the MH was terrible due to the absence of sanitation staff.
- Electricity power backup was not available in the MH Haiderpur. The drinking water supply was unavailable within the premises, and the water bill was pending for many years.
- Due to shortages of drugs, essential consumables and testing kits, MH Haiderpur and Shakurpur could not provide satisfactory services. However, these facilities receive drugs, ORS and FP products through NHM, which helps them to run the services at the Centre. Sometimes the patients were asked to arrange medicine and consumables.
- Security was a crucial issue in the MH and MCW centres; Anti-social elements and drug addicts roam around the MH and MCW facilities, which scares people and staff from coming at night. Incidents of theft and snatching keep happening.

## 7.2 RECOMMENDATIONS

- **Need better coordination between different administrative bodies to provide effective health services:** A lack of coordination among health facilities has been

observed because they work under different administrative bodies. Poor coordination impacts data management and service delivery; therefore, it is necessary to compose a team in the health facilities of different administrative bodies for better coordination.

- **Strengthening of MH and MCW centers:** Due to a shortage of medicines, essential consumables and testing kits, these facilities are unable to provide adequate services. Adequate resources are needed on time as per requirement. This will reduce the pressure on higher-level health facilities, and people will be able to get better health facilities nearby.
- **Different ambulance services for pregnant and neonates:** Pregnant women rarely use CATS ambulances. Setting up a separate ambulance service to deal with non-emergency situations would be better, which will be dedicated only to shifting pregnant women and newborn babies to the health facilities.
- **Resumption of DBTs under JSY and Nikshay Poshan Yojana:** JSY and Nikshay Poshan Direct Cash Transfer (DBT) to beneficiaries were not being provided for the last six months. DBT needs to be started immediately under these programmes.
- **Training of frontline workers:** Due to the COVID-19 protocol, most of the training was not conducted in the last financial year. Regular training is necessary to provide better services to ASHAs, ANMs and other frontline workers. Training of all health workers should be started through digital means as soon as possible.
- **Need for additional X-ray plant in SGM District Hospital:** There was only one digital X-ray plant available at Sanjay Gandhi Memorial District Hospital. The hospital needs one more X-ray plant to provide the facilities smoothly.
- **Satisfactory security arrangements at isolated MH and MCW centers:** Security was a crucial issue at all visited MH and MCW centers; Anti-social elements and drug addicts roam around the MH and MCW facilities, due to which people and staff are afraid to come in the night.

## ANNEXURES



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



### Schedule for PIP Monitoring

### Key Correspondence: DPMU

#### District Profile- 2021-2022

<b>A.1. Healthcare</b>				
Indicator	Values		We have to mention the source ourselves in column ( As we need district details as per census 2011 or the current date)	
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 (2021-22)				
10. Estimated number of C-section (2021-22)				
11. Estimated numbers of live births (2021-22)				
12. Estimated number of eligible couples (2021-22)				
13. Estimated number of leprosy cases (2021-22)				
14. Target for public and private sector TB notification for the current year (2021-22)				
15. Estimated number of cataract surgeries to be conducted (2021-22)				
<b>Mortality Indicators:</b>	<b>Financial year (2020-21)</b>		<b>Financial Year (2021-22)</b>	
	Estimated	Reported	Estimated	Reported
• Maternal Death				
• Child Death				
• Infant Death				
• Still birth				
• Deaths due to Malaria				
• Deaths due to sterilization procedure				
<b>A.2. Healthcare Infrastructure</b>				
Facility Details	Sanctioned/ Planned		Operational	
1. District Hospitals				
2. Sub District Hospital				
3. Community Health Centers (CHC)				
4. Primary Health Centers (PHC)				

5. Sub Centers (SC)		
6. Urban Primary Health Centers (U-PHC)		
7. Urban Community Health Centers (U-CHC)		
8. Special Newborn Care Units (SNCU)		
9. Nutritional Rehabilitation Centres (NRC)		
10. District Early intervention Center (DEIC)		
11. First Referral Units (FRU)		
12. Blood Bank		
13. Blood Storage Unit (BSU)		
14. No. of PHC converted to HWC		
15. No. of U-PHC converted to HWC		
16. Number of Sub Centre converted to HWC		
17. Designated Microscopy Center (DMC)		
18. Tuberculosis Units (TUs)		
19. CBNAAT/TruNat Sites		
20. Drug Resistant TB Centres		
21. Functional Non-Communicable Diseases (NCD) clinic		
• At DH	_____	_____
• At SDH	_____	_____
• At CHC	_____	_____
22. Institutions providing Comprehensive Abortion Care (CAC) services		
• Total no. of facilities	_____	_____
• Providing 1st trimester services	_____	_____
• Providing both 1st & 2nd trimester services	_____	_____

### Overview: Submission & Approval timeliness of DHAP

Indicator	Remarks/ Observation
1. Whether the district has prepared any District Programme Implementation Plan (PIP) for current year and has submitted it to the states (verify)	
2. Whether the District has received the approved District Health Action Plan (DHAP) from the state (verify).	If yes, date of release_____
3. Date of first release of fund against DHAP	
4. Infrastructure: Construction Status	
• Details of Construction pending for more than 2 years	
• Details of Construction completed but not handed over	

### A.3 Infrastructure Construction Status Details

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

## Service Availability

Indicator	Remarks/ Observation
<b>C.1. Drugs &amp; Diagnostics</b>	
<b>1.</b> Implementation of <b>Free drugs</b> services (if it is free for all)	
<b>2.</b> 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>	
<b>C.2. Status Of Delivery Points</b>	
<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>C.3. National Health Programmes</b>	
<b>3. Pradhan Mantri Surakshit Matritva Abhiyan (PMSMA)</b>	<ol style="list-style-type: none"> <li>1. No. issued MCP card and Safe Motherhood Booklet: _____</li> <li>2. Number of health facilities where current round of PMSMA was conducted:               <ol 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> </ol> </li> </ol>
<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 ..... Number of children born in delivery points screened for defects at birth .....
<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> </ul>

Indicator	Remarks/ Observation	
<ul style="list-style-type: none"> <li>• Admissions ( 2021-22)</li> </ul>	<ul style="list-style-type: none"> <li>• Number of <b>non-functional phototherapy unit</b> for more than a week _____</li> </ul>	
	Inborn	Out born
<ul style="list-style-type: none"> <li>• Defects at birth</li> </ul>		
<ul style="list-style-type: none"> <li>• Discharged</li> </ul>		
<ul style="list-style-type: none"> <li>• Referral</li> </ul>		
<ul style="list-style-type: none"> <li>• LAMA</li> </ul>		
<ul style="list-style-type: none"> <li>• Died</li> </ul>		

6. Newborn Stabilization Unit (NBSU)	Inborn	Out born
<ul style="list-style-type: none"> <li>• Admission (2021-22)</li> </ul>		
<ul style="list-style-type: none"> <li>• Discharged</li> </ul>		
<ul style="list-style-type: none"> <li>• Referral</li> </ul>		
<ul style="list-style-type: none"> <li>• LAMA</li> </ul>		
<ul style="list-style-type: none"> <li>• Died</li> </ul>		
7. Nutrition Rehabilitation Centers (NRC)	<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> <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>	
8. Home Based Newborn Care (HBNC)	<ul style="list-style-type: none"> <li>• <b>Status of availability of HBNC kit with ASHAs</b>            &gt;Total No. of ASHAs: _____            &gt; No. of ASHAs with HBNC kits: _____            &gt; Reasons of Non-provision: _____            _____</li> <li>• Total Newborns visited under HBNC:            _____</li> <li>• <b>Status of availability of drug kit with ASHAs:</b>            &gt; Total No. of ASHAs: _____            &gt; No. of ASHAs with drug kits: _____</li> </ul>	

	> Reasons of Non-provision: _____ _____																		
<b>9. Peer Education (PE) programme</b> (Adolescent Health) & <b>Weekly Iron Folic Acid Supplementation(WIFS)</b>	<ul style="list-style-type: none"> <li>No. of Blocks covered under Peer Education (PE) programme: .....</li> <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>																		
<b>10. Mobile Medical Unit (MMU) (on the road) and micro-plan</b>	<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> </ul> <p>If yes, since when and reasons thereof</p>																		
<b>11. Universal health screening</b>	<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> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 33%;">Screened</th> <th style="width: 33%;">Diagnosed</th> <th style="width: 33%;">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																	
<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>	<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>2019-20: .....</li> </ul> </li> </ul>																		
<b>12. Integrated Disease Surveillance Programme (IDSP)</b>	<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>2019-20: .....</li> </ul> </li> </ul>																		

	<ul style="list-style-type: none"> <li>• 2020-21: .....</li> <li>• Proportion (% out of total) of Pvthealth facilities reporting weekly data of IDSP .....</li> <li>• How is IDSP data utilized? Elaborate. _____</li> </ul>
--	--

<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>  <input type="checkbox"/> Yes      <input type="checkbox"/> No  <input type="checkbox"/> No SMHA in place  <input type="checkbox"/> No Mental Health Service or Facility in the district</li> </ul>

**15. Vehicle for Referral Transport**

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

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

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

Year	Ambulances Purchased	Total Cases	Pregnant Women	Accident Cases	Referral from one health facility to another	Others
2019-20						
2020-21						

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



<b>21. Implementation of National Leprosy Eradication Programme (NLEP)</b>	No. of new cases detected ..... No. of G2D cases ..... MDT available without interruption Y/N Reconstructive surgery for G2D cases being conducted Y/N MCR footwear & selfcare kit avl Y/N
<b>22. ASHAs</b>	<b>Number of ASHAs</b> <ul style="list-style-type: none"> <li>• Required as per population .....</li> <li>• Selected .....</li> <li>• No. of ASHAs covering more than 1500 (rural) population .....</li> <li>• No. of ASHAs covering more than 3000 (urban) population .....</li> <li>• Villages with no ASHA .....</li> <li>• Slum areas with no ASHA .....</li> </ul> <b>Status of social benefit scheme for ASHAs and ASHA Facilitators (if available)</b> <ul style="list-style-type: none"> <li>• No. of ASHAs enrolled for Pradhan Mantri Jeevan Jyoti Bima Yojana (PMJJBY) .....</li> <li>• No. of ASHA Facilitator enrolled for Pradhan Mantri Jeevan Jyoti Bima Yojana (PMJJBY) .....</li> <li>• No. of ASHAs enrolled for Pradhan Mantri Suraksha Bima Yojana (PMSBY) .....</li> <li>• No. of ASHA Facilitators enrolled for Pradhan Mantri Suraksha Bima Yojana (PMSBY) .....</li> <li>• No. of ASHAs enrolled for Pradhan Mantri Shram Yogi Maandhan Yojana (PMSYMY) .....</li> <li>• No. of ASHA Facilitators enrolled for Pradhan Mantri Shram Yogi Maandhan Yojana (PMSYMY) .....</li> <li>• Any other state specific scheme _____</li> </ul>
<b>23. Mahila Arogya Samitis (MAS)-</b>	<b>Status of Mahila Arogya Samitis (MAS)-</b> <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>
<b>24. Village Health Sanitation and Nutrition Committee (VHSNC)</b>	<b>Status of Village Health Sanitation and Nutrition Committee (VHSNC):</b> <ol style="list-style-type: none"> <li>a. Formed:</li> <li>b. Trained:</li> <li>c. MAS account opened:</li> </ol>
<b>25. Kayakalp and Quality Assurance</b>	<ul style="list-style-type: none"> <li>• No. of facilities quality certified (NQAS, LaQshya) .....</li> <li>• Status of Kayakalp programme- No. of awarded DH, CHC, PHC, SC..... ..... .....</li> <li>• Activities performed by District Level Quality Assurance Committee (DQAC)</li> </ul>

	..... ..... .....			
<b>26. Maternal and Child Health</b>	<ul style="list-style-type: none"> <li>• <b>Number of maternal deaths reported at:</b>  DH: _____ SDH: _____ CHC: _____ PHC: _____ SC: _____ Prime reason for the maternal death.....</li> <li>• <b>Number of Maternal Death Review conducted</b> <ul style="list-style-type: none"> <li>• 2020-21: _____</li> <li>• 2021-22: _____</li> </ul> </li> </ul>			
	<ul style="list-style-type: none"> <li>• <b>Number of Neonatal Deaths:</b> _____</li> <li>• <b>Number of Total Child Deaths:</b> _____</li> <li>• <b>Number of Child Death Review conducted</b> <ul style="list-style-type: none"> <li>• 2020-21: _____</li> <li>• 2021-22: _____</li> </ul> </li> </ul>			
<b>C.4. Healthcare Systems</b>				
<b>27. Payment status:</b>	<b>No. of beneficiaries</b>	<b>Backlog</b>	<b>DBT status</b>	
• <b>JSY beneficiaries</b>				
• <b>ASHA payment:</b>				
○ <b>A- Routine and recurring</b> at increased rate of Rs. 2000 pm				
○ <b>B- Incentive</b> under NTEP				
○ <b>C- Incentives</b> under NLEP				
• <b>Payment of 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>				
<b>29. Details of recruitment</b>	<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				
<b>30. If state has comprehensive (common for regular and contractual HR) Human Resource Information System (HRIS) in place</b>				
<b>31. If grievance redressal mechanism in place:</b> Y/N	<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>			

<b>32. Mera-Aaspatal (Attach MeraAspataal performance report)</b>	<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: <ul style="list-style-type: none"> <li>Dissatisfied with staff behaviors...</li> <li>Dissatisfied with cleanliness.....</li> <li>Dissatisfied with cost of treatment.....</li> <li>Dissatisfied with quality of treatments.....</li> <li>With other reason .....</li> </ul> </li> </ul>
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### Implementation of CPHC

Status as on: **31<sup>st</sup> March, 2020**

Indicator	Planned	Completed
1. Number of individuals enumerated		
2. Number of CBAC forms filled		
3. Number of HWCs started NCD screening: <ul style="list-style-type: none"> <li>a. SHC- HWC</li> <li>b. PHC- HWC</li> <li>c. UPHC – HWC</li> </ul>		
4. Number of individuals screened for: <ul style="list-style-type: none"> <li>a. Hypertension</li> <li>b. Diabetes</li> <li>c. Oral Cancer</li> <li>d. Breast Cancer</li> <li>e. Cervical Cancer</li> </ul>		
5. Number of HWCs providing Teleconsultation services		
6. Number of HWCs organizing wellness activities		

### 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				

### 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			

#### Programme Wise

Status of Expenditure (Financial year 2021-22):

Indicator	Budget Released (in lakhs)	Budget utilized (in lakhs)	Reason for low utilization (if less than 60%)
1. RCH and Health Systems Flexipool			
• Maternal Health			

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

Indicator	Budget Released (in lakhs)	Budget utilized (in lakhs)	Reason for low utilization (if less than 60%)
<ul style="list-style-type: none"> <li>National programme for Prevention and Management of Burn &amp; Injuries</li> </ul>			
<ul style="list-style-type: none"> <li>Programme for Prevention and Control of Leptospirosis (PPCL)</li> </ul>			

### 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:

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

Indicator	Remarks/ Observation																		
1. OPD Timing																			
2. Condition of infrastructure/ building  Please comment on the condition and tick the appropriate box	<p>Comments:</p> <p><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</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>																		
3. Number of functional in- patient beds	<p>_____</p> <p>No of ICU Beds available:</p>																		
4. List of Services available																			
<ul style="list-style-type: none"> <li>Specialized services available in addition to General OPD, ANC, Delivery, PNC, Immunization, FP, Laboratory services</li> </ul>	<table border="1"> <thead> <tr> <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> </tbody> </table>	Sl.	Service	Y/N	1	Medicine		2	O&G		3	Pediatric		4	General Surgery		5	Anesthesiology	
Sl.	Service	Y/N																	
1	Medicine																		
2	O&G																		
3	Pediatric																		
4	General Surgery																		
5	Anesthesiology																		

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

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

Indicator	Remarks/ Observation
20. Availability of essential diagnostics	<input type="checkbox"/> In-house <input type="checkbox"/> Outsourced/ PPP <input type="checkbox"/> Both/ Mixed
<ul style="list-style-type: none"> <li>In-house tests (For 2020-21)</li> </ul>	Timing: Total number of tests performed: _____ Details of tests performed:
<ul style="list-style-type: none"> <li>Outsourced/ PPP (For 2020-21)</li> </ul>	Timing: Total number of tests performed: _____ Details of tests performed:
21. X-ray services is available	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If Yes, type & nos. of functional X-ray machine is available in the hospital:  Is the X-ray machine AERB certified: <input type="checkbox"/> Yes/ <input type="checkbox"/> No
22. CT scan services available	<input type="checkbox"/> Yes/ <input type="checkbox"/> No  If yes: <input type="checkbox"/> In-house/ <input type="checkbox"/> PPP  Out of Pocket expenditures associated with CT Scan services (if any, approx. amount per scan): _____
23. Whether diagnostic services (lab, X-ray, USG etc.) are free for all	<input type="checkbox"/> Free for BPL <input type="checkbox"/> Free for elderly <input type="checkbox"/> Free for JSSK beneficiaries <input type="checkbox"/> Free for all
24. Availability of Testing kits/ Rapid Diagnostic Kits	<input type="checkbox"/> Sufficient Supply <input type="checkbox"/> Minimal Shortage <input type="checkbox"/> Acute shortage
25. Implementation of PM-National Dialysis programme	<input type="checkbox"/> Yes/ <input type="checkbox"/> No <input type="checkbox"/> In-house <input type="checkbox"/> Outsourced/ PPP Total number of tests performed: _____
<ul style="list-style-type: none"> <li>Whether the services are free for all</li> </ul>	<input type="checkbox"/> Free for BPL <input type="checkbox"/> Free for elderly <input type="checkbox"/> Free for JSSK beneficiaries <input type="checkbox"/> Free for all
<ul style="list-style-type: none"> <li>Number of patients provided dialysis service (for 2020-21)</li> </ul>	o Previous year _____ o Current FY _____ <i>*Calculate the approximate no. of patients provided dialysis per day</i>
26. If there is any shortage of major instruments/ equipment (List the Equipments)	
27. Average downtime of equipment. Details of equipment are nonfunctional for more than 7 days	
28. Availability of delivery services	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
<ul style="list-style-type: none"> <li>If the facility is designated as FRU, whether C-sections are performed</li> </ul>	<input type="checkbox"/> Yes/ <input type="checkbox"/> No Number of normal deliveries performed in last month: _____

Indicator	Remarks/ Observation
	No. of C-sections performed in last month: _____
<ul style="list-style-type: none"> <li>• Comment on the condition of:</li> </ul>	Labour room: OT:  Functional New-born care corner (functional radiant warmer with neo-natal ambu bag): <input type="checkbox"/> Yes/ <input type="checkbox"/> No
29. Status of JSY payments	Payment is up to date: <input type="checkbox"/> Yes/ <input type="checkbox"/> No Average delay: Payment done till: Reasons for delay:
30. Availability of JSSK entitlements	<input type="checkbox"/> Yes/ <input type="checkbox"/> No  If yes, whether all entitlements being provided <input type="checkbox"/> Free delivery services (Normal delivery/ C-section) <input type="checkbox"/> Free diet <input type="checkbox"/> Free drugs and consumables <input type="checkbox"/> Free diagnostics <input type="checkbox"/> Free blood services <input type="checkbox"/> Free referral transport (home to facility) <input type="checkbox"/> Free referral transport (drop back from facility to home) <input type="checkbox"/> No user charges
31. PMSMA services provided on 9 <sup>th</sup> of every month	<input type="checkbox"/> Yes/ <input type="checkbox"/> No  If yes, how are high risks identified on 9 <sup>th</sup> ?  If No, reasons thereof:
32. Line listing of high-risk pregnancies	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
33. Practice related to Respectful Maternity Care	
34. Whether facility have registers for entering births and deaths	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
35. Number of Maternal Death reported in the facility	Previous year: Current year:
36. Number of Child Death reported in the facility	Previous year: Current year:
37. If Comprehensive Abortion Care (CAC) services available	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
38. Availability of vaccines and hub cutter	<input type="checkbox"/> Yes/ <input type="checkbox"/> No Nurses/ ANM aware about open vial policy: <input type="checkbox"/> Yes/ <input type="checkbox"/> No
39. Number of newborns immunized with birth dose at the facility in last 3 months	
40. Newborns breastfed within one hour of birth (observe if practiced and women are being counselled)	
41. Status of functionality of DEIC	<input type="checkbox"/> Fully functional with all staff in place <input type="checkbox"/> Functional with few vacancies (approx. 20%-30%) <input type="checkbox"/> Functional with more than 50% vacancies <input type="checkbox"/> Not functional/ All posts vacant
42. Number of sterilizations performed in last one month	

Indicator	Remarks/ Observation		
43. Availability of trained provider for IUCD/ PPIUCD	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
44. Who counsels on FP services?			
45. Please comment on utilization of other FP services			
46. FPLMIS has been implemented	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
47. Availability of functional Adolescent Friendly Health Clinic	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, who provides counselling to adolescents: _____ Separate male and female counselors available: <input type="checkbox"/> Yes/ <input type="checkbox"/> No Total No of Adolescents counseled in last 6 months _____		
48. Whether facility has fixed day NCD clinic	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If Yes, how many days in a week: _____ days		
49. Are service providers trained in cancer services?	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
50. Number of individuals screened for the following in last 6 months:		Screened	Confirmed
	a. Hypertension		
	b. Diabetes		
	c. Oral Cancer		
	d. Breast Cancer		
e. Cervical Cancer			
51. Whether reporting weekly data in P, S and L form under IDSP	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
1. Status of TB elimination programme	Facility is designated as Designated Microscopy Centre (DMC): <input type="checkbox"/> Yes/ <input type="checkbox"/> No		
	If yes, percent of OPD whose samples were tested for TB (microscopy) in last 6 month (average) _____		
	If anti-TB drugs available at the facility: <input type="checkbox"/> Yes/ <input type="checkbox"/> No		
	If yes, are there any patients currently taking anti-TB drugs from the facility: <input type="checkbox"/> Yes/ <input type="checkbox"/> No		
	Availability of CBNAAT/ TruNat: <input type="checkbox"/> Yes/ <input type="checkbox"/> No Percent of patients tested through CBNAAT/TruNat for Drug resistance in the last 6 months _____		
	Are all TB patients tested for HIV? <input type="checkbox"/> Yes/ <input type="checkbox"/> No Are all TB patients tested for Diabetes Mellitus: <input type="checkbox"/> Yes/ <input type="checkbox"/> No		
	Percent of TB Patients for whom DBT installments have been initiated under NikshayPoshan Yojana in the last 6 months:		
52. Maintenance of records on	<ul style="list-style-type: none"> <li>• TB Treatment Card cases (both for drug sensitive and drug resistant cases): <input type="checkbox"/>Yes/ <input type="checkbox"/>No</li> <li>• TB Notification Registers: <input type="checkbox"/>Yes/ <input type="checkbox"/>No</li> <li>• Malaria cases: <input type="checkbox"/>Yes/ <input type="checkbox"/>No</li> <li>• Palliative cases: <input type="checkbox"/>Yes/ <input type="checkbox"/>No</li> <li>• Cases related to Dengue and Chikungunya: <input type="checkbox"/>Yes/ <input type="checkbox"/>No</li> <li>• Leprosy cases: <input type="checkbox"/>Yes/ <input type="checkbox"/>No</li> </ul>		
53. How much fund was received and utilized by the facility under NHM?	Fund Received last year: Fund utilized last year:		
	Items/ Activities whose expenditure is met out of the RKS/ Untied Fund regularly:		
	Reasons for underutilization of fund (if any)		

Indicator	Remarks/ Observation
54. Status of data entry in (match with physical records)	HMIS: <input type="checkbox"/> Updated/ <input type="checkbox"/> Not updated MCTS: <input type="checkbox"/> Updated/ <input type="checkbox"/> Not updated IHIP: <input type="checkbox"/> Updated/ <input type="checkbox"/> Not updated HWC Portal: <input type="checkbox"/> Updated/ <input type="checkbox"/> Not updated Nikshay Portal: <input type="checkbox"/> Updated/ <input type="checkbox"/> Not updated
55. Frequency of RKS meeting (check and obtain minutes of last meeting held)	
2. Availability of ambulance services in the area	<input type="checkbox"/> Own ambulance available (Number)_____
	<input type="checkbox"/> DH/ SDH has contracted out ambulance services (Number)_____
	<input type="checkbox"/> Ambulances services with Centralized call centre
	<input type="checkbox"/> Government ambulance services are not available
	Comment (if any):
• 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>3. Key challenges in the facility and the root causes</b>	
<b>Challenge</b>	<b>Root causes</b>
a)	
b)	
c)	
d)	
e)	



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

Service Delivery:

Name of facility visited			
Facility Type		<input type="checkbox"/> CHC/ <input type="checkbox"/> U-CHC	
FRU		<input type="checkbox"/> Yes/ <input type="checkbox"/> No	
Standalone/ Co-located		<input type="checkbox"/> Standalone/ <input type="checkbox"/> Co-located Co-located with (if applicable):	
Accessible from nearest road head		<input type="checkbox"/> Yes/ <input type="checkbox"/> No	
Date of Visit			
Next Referral Point		Facility: Distance:	
Indicator	Remarks/ Observation		
4. OPD Timing			
5. Whether the facility is functioning in PPP mode	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
6. Condition of infrastructure/ building	Comments:		
Please comment on the condition and tick the appropriate box	<input type="checkbox"/> 24*7 running water facility <input type="checkbox"/> Facility is geriatric and disability friendly (ramps etc.) <input type="checkbox"/> Clean functional toilets available (separate for Male and female) <input type="checkbox"/> Drinking water facility available <input type="checkbox"/> OPD waiting area has sufficient sitting arrangement <input type="checkbox"/> ASHA rest room is available <input type="checkbox"/> Drug storeroom with rack is available		
	Power backup: <input type="checkbox"/> Complete Hospital/ <input type="checkbox"/> Part of the hospital		
7. Number of functional in-patient beds			
8. List of Services available			
<ul style="list-style-type: none"> <li>Specialized services available in addition to General OPD, ANC, Delivery, PNC, Immunization, FP, Laboratory services</li> </ul>	Sl.	Service	Y/N
	1	Medicine	
	2	O&G	
	3	Pediatric	
	4	General Surgery	
	5	Anesthesiology	
	6	Ophthalmology	
	7	Dental	
	8	Imaging Services (X – ray)	
	9	Imaging Services (USG)	

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

	EDL displayed in OPD Area: <input type="checkbox"/> Yes/ <input type="checkbox"/> No No. of drugs available on the day of visit (out of the EDL) _____
20. Implementation of DVDMS or similar supply chain management system	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If other, which one _____
21. Shortage of 5 priority drugs from EDL in last 30 days, if any	1
	2
	3
	4
	5
22. Availability of Essential Consumables:	<input type="checkbox"/> Sufficient Supply <input type="checkbox"/> Minimal Shortage <input type="checkbox"/> Acute shortage In last 6 months how many times there was shortage _____ List the consumables for which there has been shortage _____
23. Availability of essential diagnostics	<input type="checkbox"/> In-house <input type="checkbox"/> Outsourced/ PPP <input type="checkbox"/> Both/ Mixed
• In-house tests (for 2020-21)	Timing: Total number of tests performed: _____ Details of tests performed:
• Outsourced/ PPP (for 2020-21)	Timing: Total number of tests performed: _____ Details of tests performed:
24. X-ray services is available	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If Yes, type & nos. of functional X-ray machine is available in the hospital:  Is the X-ray machine AERB certified: <input type="checkbox"/> Yes/ <input type="checkbox"/> No
25. Whether diagnostic services (lab, X-ray, USG etc.) are free for all	<input type="checkbox"/> Free for BPL <input type="checkbox"/> Free for elderly <input type="checkbox"/> Free for JSSK beneficiaries <input type="checkbox"/> Free for all
26. Availability of Testing kits/ Rapid Diagnostic Kits	<input type="checkbox"/> Sufficient Supply <input type="checkbox"/> Minimal Shortage <input type="checkbox"/> Acute shortage (List the name of kits for which there is shortage)
27. If there is any shortage of major instruments/ equipment (List the Name of Equipment)	
28. Average downtime of equipment. Details of equipment are nonfunctional for more than 7 days	
29. Availability of delivery services	<input type="checkbox"/> Yes/ <input type="checkbox"/> No

<ul style="list-style-type: none"> <li>If the facility is designated as FRU, whether C-sections are performed</li> </ul>	<input type="checkbox"/> Yes/ <input type="checkbox"/> No  Number of normal deliveries performed in last month: _____ No. of C-sections performed in last month: _____
<ul style="list-style-type: none"> <li>Comment on condition of:</li> </ul>	Labour room: OT:  Functional New-born care corner (functional radiant warmer with neo-natal ambu bag): <input type="checkbox"/> Yes/ <input type="checkbox"/> No
30. Status of JSY payments	Payment is up to date: <input type="checkbox"/> Yes/ <input type="checkbox"/> No Average delay: Payment done till: Reasons for delay:
31. Availability of JSSK entitlements	<input type="checkbox"/> Yes/ <input type="checkbox"/> No  If yes, whether all entitlements being provided <input type="checkbox"/> Free delivery services (Normal delivery/ C-section) <input type="checkbox"/> Free diet <input type="checkbox"/> Free drugs and consumables <input type="checkbox"/> Free diagnostics <input type="checkbox"/> Free blood services <input type="checkbox"/> Free referral transport (home to facility) <input type="checkbox"/> Free referral transport (drop back from facility to home) <input type="checkbox"/> No user charges
32. PMSMA services provided on 9 <sup>th</sup> of every month	<input type="checkbox"/> Yes/ <input type="checkbox"/> No  If yes, how are high risks identified on 9 <sup>th</sup> ?  If No, reasons thereof:
33. Line listing of high-risk pregnancies	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
34. Practice related to Respectful Maternity Care	
35. Whether facility have registers for entering births and deaths	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
36. Number of Maternal Death reported in the facility	Previous year: 2019-20____ Current year:2020-21__
37. Number of Child Death reported in the facility	Previous year: Current year:
38. If Comprehensive Abortion Care (CAC) services available	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
39. Availability of vaccines and hub cutter	<input type="checkbox"/> Yes/ <input type="checkbox"/> No Nurses/ ANM aware about open vial policy: <input type="checkbox"/> Yes/ <input type="checkbox"/> No
40. Number of newborns immunized with birth dose at the facility in last 3 months	
41. Newborns breastfed within one hour of birth (observe if practiced and women are being counselled)	

42. Number of sterilizations performed in last one month	Male__ Female_____																		
43. Availability of trained provider for IUCD/ PPIUCD	<input type="checkbox"/> Yes/ <input type="checkbox"/> No																		
44. Who counsels on FP services?																			
45. Please comment on utilization of other FP services																			
46. FPLMIS has been implemented	<input type="checkbox"/> Yes/ <input type="checkbox"/> No																		
47. Availability of functional Adolescent Friendly Health Clinic	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, who provides counselling to adolescents: _____ Separate male and female counselors available: <input type="checkbox"/> Yes/ <input type="checkbox"/> No Number of Adolescents counseled in last 6 months _____																		
48. Whether facility has fixed day NCD clinic	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If Yes, how many days in a week: _____ days																		
49. Are service providers trained in cancer services?	<input type="checkbox"/> Yes/ <input type="checkbox"/> No																		
50. Number of individuals screened for the following in last 6 months:	<table border="1"> <thead> <tr> <th></th> <th>Screened</th> <th>Confirmed</th> </tr> </thead> <tbody> <tr> <td>a. Hypertension</td> <td></td> <td></td> </tr> <tr> <td>b. Diabetes</td> <td></td> <td></td> </tr> <tr> <td>c. Oral Cancer</td> <td></td> <td></td> </tr> <tr> <td>d. Breast Cancer</td> <td></td> <td></td> </tr> <tr> <td>e. Cervical Cancer</td> <td></td> <td></td> </tr> </tbody> </table>		Screened	Confirmed	a. Hypertension			b. Diabetes			c. Oral Cancer			d. Breast Cancer			e. Cervical Cancer		
	Screened	Confirmed																	
a. Hypertension																			
b. Diabetes																			
c. Oral Cancer																			
d. Breast Cancer																			
e. Cervical Cancer																			
51. Are service providers trained in cancer services?	<input type="checkbox"/> Yes/ <input type="checkbox"/> No																		
52. Whether reporting weekly data in P, S and L form under IDSP	<input type="checkbox"/> Yes/ <input type="checkbox"/> No																		
53. Status of TB elimination programme	<p>Facility is designated as Designated Microscopy Centre (DMC): <input type="checkbox"/>Yes/ <input type="checkbox"/>No</p> <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:</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 NikshayPoshan Yojana in the last 6 months: _____</p>																		
54. Status on Leprosy eradication programme	Nos. of new case detected by Field Worker in last 12 months: Out of those, how many are having Gr. II deformity: Frequency of Community Surveillance:																		
55. Maintenance of records on	<ul style="list-style-type: none"> <li>• TB Treatment Card cases (both for drug sensitive and drug resistant cases): <input type="checkbox"/>Yes/ <input type="checkbox"/>No</li> <li>• TB Notification Registers: <input type="checkbox"/>Yes/ <input type="checkbox"/>No</li> <li>• Malaria cases: <input type="checkbox"/>Yes/ <input type="checkbox"/>No</li> </ul>																		

	<ul style="list-style-type: none"> <li>• Palliative cases: <input type="checkbox"/>Yes/ <input type="checkbox"/>No</li> <li>• Cases related to Dengue and Chikungunya: <input type="checkbox"/>Yes/ <input type="checkbox"/>No</li> <li>• Leprosy cases: <input type="checkbox"/>Yes/ <input type="checkbox"/>No</li> </ul>
56. How much fund was received and utilized by the facility under NHM?	Fund Received last year:
	Fund utilized last year:
	Items/ Activities whose expenditure is met out of the RKS/ Untied Fund regularly:
	Reasons for underutilization of fund (if any)
57. Status of data entry in (match with physical records)	HMIS: <input type="checkbox"/> Updated/ <input type="checkbox"/> Not updated MCTS: <input type="checkbox"/> Updated/ <input type="checkbox"/> Not updated IHIP: <input type="checkbox"/> Updated/ <input type="checkbox"/> Not updated HWC Portal: <input type="checkbox"/> Updated/ <input type="checkbox"/> Not updated Nikshay Portal: <input type="checkbox"/> Updated/ <input type="checkbox"/> Not updated
58. Frequency of RKS meeting (check and obtain minutes of last meeting held)	
59. Availability of ambulance services in the area	<input type="checkbox"/> CHC own ambulance available Number_____
	<input type="checkbox"/> CHC has contracted out ambulance services Number_____
	<input type="checkbox"/> Ambulances services with Centralized call centre <input type="checkbox"/> Government ambulance services are not available Comment (if any):
<ul style="list-style-type: none"> <li>• How many cases from sub centre/ PHC were referred to this CHC last month?</li> </ul>	Number: Sub centre PHC  Types of cases referred in:
<ul style="list-style-type: none"> <li>• How many cases from the CHC were referred to the DH last month?</li> </ul>	Number:  Types of cases referred out:
<b>60. Key challenges in the facility and the root causes</b>	
Challenge	Root causes
a)	
b)	
c)	
d)	
e)	



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

Service Delivery:

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

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

19. Availability of essential diagnostics	<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 For 2020-21</li> </ul>	Timing: Total number of tests performed: _____ Details of tests performed:
<ul style="list-style-type: none"> <li>Outsourced/ PPP For 2020-21</li> </ul>	Timing: Total number of tests performed: _____ Details of tests performed:
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 neonatal 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 trained MO/SN/ANM in Labour Room	<input type="checkbox"/> Yes <input type="checkbox"/> No		
31. Practice related to Respectful Maternity Care			
32. Number of Maternal Death reported in the facility	Previous year:2019-2020 Current FY:2020-2021		
33. Number of Child Death reported in the facility	Previous year: Current year:		
34. Availability of vaccines and hub cutter	<input type="checkbox"/> Yes/ <input type="checkbox"/> No Nurses/ ANM aware about open vial policy: <input type="checkbox"/> Yes/ <input type="checkbox"/> No		
35. Number of newborns immunized with birth dose at the facility in last 3 months			
36. Newborns breastfed within one hour of birth (observe if practiced and women are being counselled)			
37. Number of sterilizations performed in last one month	Male Female		
38. Availability of trained provider for IUCD/ PPIUCD	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
39. Who counsels on FP services?			
40. Please comment on utilization of other FP services			
41. FPLMIS has been implemented	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
42. Availability of functional Adolescent Friendly Health Clinic	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, who provides counselling to adolescents: _____ Separate male and female counselors available: <input type="checkbox"/> Yes/ <input type="checkbox"/> No		
43. Whether facility has fixed day NCD clinic	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If Yes, how many days in a week: _____ days		
44. Are service providers trained in cancer services?	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
45. Number of individuals screened for the following in last 6 months:		Screened	Confirmed
	a. Hypertension		
	b. Diabetes		
	c. Oral Cancer		
	d. Breast Cancer		
	e. Cervical Cancer		
46. Whether wellness activities are performed	<input type="checkbox"/> Yes/ <input type="checkbox"/> No Frequency:		
47. Whether reporting weekly data in P and L form under IDSP	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
48. Distribution of Long lasting Insecticidal nets (LLIN) in high-risk areas	No. of LLIN distributed per household: <input type="checkbox"/> 1 per family/ <input type="checkbox"/> Others (Specify): _____		

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

	Comment (if any):
<ul style="list-style-type: none"> <li>How many cases from sub centre were referred to this PHC last month?</li> </ul>	Number: Types of cases referred in:
<ul style="list-style-type: none"> <li>How many cases from the PHC were referred to the CHC last month?</li> </ul>	Number: Types of cases referred out:
<b>56. Key challenges in the facility and the root causes</b>	
Challenge	Root causes
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: _____



Ministry of Health & Family Welfare  
Government of India



### Sub-Centre (SC) Level Checklist

Service Delivery: Sub Centre

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

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

Indicator	Remarks/ Observation										
	<ul style="list-style-type: none"> <li>Internet connectivity: <input type="checkbox"/>Yes/ <input type="checkbox"/>No</li> <li>Quality/strength of internet connection: _____</li> </ul>										
6. Availability of list of essential medicines (EML)/ drugs (EDL)	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, total number of drugs in EDL _____  EDL displayed in OPD Area: <input type="checkbox"/> Yes/ <input type="checkbox"/> No  No. of drugs available on the day of visit (out of the EDL) _____										
7. Are anti-TB drugs available at the SHC?	<input type="checkbox"/> Yes/ <input type="checkbox"/> No  If yes, are there any patients currently taking anti-TB drugs from the SHC? <input type="checkbox"/> Yes/ <input type="checkbox"/> No										
8. Shortage of 5 priority drugs from EDL in last 30 days, if any	<table border="1"> <tr><td>1</td><td></td></tr> <tr><td>2</td><td></td></tr> <tr><td>3</td><td></td></tr> <tr><td>4</td><td></td></tr> <tr><td>5</td><td></td></tr> </table>	1		2		3		4		5	
1											
2											
3											
4											
5											
9. Drugs Available for Hypertension & Diabetic patients:	<table border="1"> <tr><td>1</td><td></td></tr> <tr><td>2</td><td></td></tr> <tr><td>3</td><td></td></tr> </table>	1		2		3					
1											
2											
3											
10. Shortage of sufficient number of Hypertension & Diabetic in last 7 days	<table border="1"> <tr><td>1</td><td></td></tr> <tr><td>2</td><td></td></tr> <tr><td>3</td><td></td></tr> </table>	1		2		3					
1											
2											
3											
11. Are CHOs dispensing medicines for hypertension and diabetes at SHC-HWC	<input type="checkbox"/> Yes/ <input type="checkbox"/> No										
12. Availability of Testing kits/ Rapid Diagnostic Kits	<input type="checkbox"/> Sufficient Supply <input type="checkbox"/> Minimal Shortage <input type="checkbox"/> Acute shortage List of Kits (Shortage) _____										
13. Availability of:	<ul style="list-style-type: none"> <li>BP instrument: <input type="checkbox"/>Yes/ <input type="checkbox"/>No. If yes, Type: _____</li> <li>Thermometer: <input type="checkbox"/>Yes/ <input type="checkbox"/>No</li> <li>Contraceptives: <input type="checkbox"/>Yes/ <input type="checkbox"/>No. If yes, Type: _____</li> <li>Glucometer: <input type="checkbox"/>Yes/ <input type="checkbox"/>No</li> </ul>										
14. Line listing of all Pregnant women in the area	<input type="checkbox"/> Yes/ <input type="checkbox"/> No  <ul style="list-style-type: none"> <li>High risk women identified: <input type="checkbox"/>Yes/ <input type="checkbox"/>No</li> <li>MCP cards duly filled: <input type="checkbox"/>Yes/ <input type="checkbox"/>No</li> </ul>										
15. Number of Maternal Death Review conducted	Previous year:2019-20 Current year:2020-21										
16. Number of Child Death Review conducted	Previous year: Current year:										

Indicator	Remarks/ Observation		
17. Availability of vaccines and hub cutter	<input type="checkbox"/> Yes/ <input type="checkbox"/> No <ul style="list-style-type: none"> <li>Awareness of ANM on vaccine schedule: <input type="checkbox"/>Yes/ <input type="checkbox"/>No</li> <li>Awareness about open vial policy: <input type="checkbox"/>Yes/ <input type="checkbox"/>No</li> </ul>		
18. Availability of micro-plan for immunization	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
19. Follow up of:	SNCU discharge babies: <input type="checkbox"/> Yes/ <input type="checkbox"/> No LBW babies: <input type="checkbox"/> Yes/ <input type="checkbox"/> No		
20. Line listing of all eligible couple in the area	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
21. Availability of trained provider for IUCD/ PPIUCD	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
22. Please comment on utilization of other FP services			
23. Number of individuals above 30 years of age in the HWC population			
24. Number of CBAC forms filled in last 6 months			
25. Report for number of individuals for whom CBAC form has been filled in last six months.	Score with below 4: 4 and above score:		
26. Whether universal screening of NCD has started	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
27. Number of individuals screened for the following in last 6 months:		Screened	Confirmed
	a. Hypertension		
	b. Diabetes		
	c. Oral Cancer		
	d. Breast Cancer		
	e. Cervical Cancer		
28. Number of individuals who had initiated treatment for HTN, DM and others during last six months	Advised for Lifestyle management: Medicines for Hypertension: Medicines for Diabetes: Medicines for Others:		
29. Source of getting drugs/ medications for individual.  Number of individuals taking medication for HTN and DM during last six months from which source  Taking medication for HTN/DM	From SC-HWC: From Linked PHC: From other govt. facilities: (Specify) From pvt. Chemist shop:  (Average OOP/month)		
30. Status of use of:	<ul style="list-style-type: none"> <li>Tele-consultation services</li> <li>HWC App</li> </ul> Details:		
31. Whether wellness activities are performed	<input type="checkbox"/> Yes/ <input type="checkbox"/> No Frequency:		

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

Indicator	Remarks/ Observation
40. How much fund was received and utilized by the facility under NHM?	Fund Received last year: Fund utilized last year:
	Items/ Activities whose expenditure is met out of the RKS/ Untied Fund regularly:
	Reasons for underutilization of fund (if any)
41. Availability of ambulance services in the area	
<ul style="list-style-type: none"> <li>How many cases from the Sub Centre were referred to PHC in last month?</li> </ul>	Number:  Types of cases referred out:
42. Key challenges in the facility and the root causes	
Challenge	Root causes
a)	
b)	
c)	
d)	
e)	