
National Health Mission

A REPORT ON
MONITORING OF IMPORTANT COMPONENTS OF NHM
PROGRAMME IMPLEMENTATION
WEST DISTRICT, DELHI



Prof. Suresh Sharma
Ms. Bindiya Kumari



Population Research Centre
Institute of Economic Growth
University of Delhi Enclave
Delhi-110007

August, 2021

Table of Contents

Executive Summary	6
1 District Profile: West District, Delhi	8
1.1 Demographic Profile: Size, Density & Growth Rate	8
1.2 Health Profile: Infrastructure & HMIS Service Delivery Indicators	10
1.3 State Resource Envelope and District Allocations.....	12
1.4 List of Visited Healthcare Facilities & AWC	13
2 Public Health Planning & Implementation of National Programmes	14
2.1 Public Health Planning.....	14
2.1.1 District Health Action Plan (DHAP)	14
2.1.2 National Health Mission Fund Utilization.....	15
2.1.3 Health Infrastructure, Ambulance & Referral Services.....	18
2.1.4 Human Resources	19
2.1.5 Training.....	20
2.2 Service Delivery & Implementation Status of National Programme.....	21
2.2.1 Maternal Health, New Born & Child Health Services/ Programmes	21
2.2.2 Communicable & Non- Communicable Diseases Control Programmes.....	24
2.2.3 Quality of Care/Assurance Programme	27
2.2.4 Community Health Worker (CHW) & Programmes	29
3 Service Availability: Focus Group Discussions (FGDs) with Community	30
3.1 Community Awareness & Health Seeking Behaviors	30
3.2 Out of pocket expenditure, Access of Medicine & Transportation services:.....	31
3.3 Staff Behavior with the Community	31
3.4 Key Challenges at Grass root level	31
4 Service Availability: Facility wise Observation	32
4.1 Guru Govind Singh Government Hospital.....	32
4.2 Maternity Home Jwala Puri.....	35
4.3 Maternity Home Madipur.....	37
4.4 Delhi Government Dispensary Nangloi	39
4.5 M & CW Centre Fateh Nagar	41
4.6 Seed PUHC Nilothi	43
5 Discussion & Key Recommendations.....	45
Annexure.....	47
District level Monitoring Checklist	47
DH level Monitoring Checklist.....	57
CHC/ MH level Monitoring Checklist.....	63
PHC/ DGD/ M&CW level Monitoring Checklist.....	68
Community-level Monitoring Checklist.....	73

List of Tables

Table 1: Key Demographic Indicators: All India, Delhi & West District	9
Table 2: Details of Public Health Infrastructure in West Delhi, 2020-21.....	10
Table 3: Health Care Service Delivery Indicators in West District of Delhi, 2020-21	11
Table 4: Breakup of resource envelope, NHM FY 2020-21, Delhi.....	13
Table 5: List of Visited Healthcare Facilities & AWC in West District, Delhi.....	14
Table 6: Submission & Approval Timelines of DPIP/ DHAP, 2020-21 & 2021-22.....	15
Table 7: FMR wise Status of Budget Utilization for the year 2020-21, West Delhi.....	15
Table 8: Programme wise Status of Budget Utilization for the year 2020-21, West Delhi....	17
Table 9: Status of Health Infrastructure in West Dist, Delhi, 2020-21.....	18
Table 10: Status of Delivery Points in West District, Delhi	19
Table 11: Status of Human Resources in the West District, Delhi	19
Table 12: JSY Payments Status, West District, Delhi	22
Table 13: Overall Status of JSSK Program in West District, Delhi, 2020-21	22
Table 14: Neonatal Health Service Delivery in West District, 2020-21.....	23
Table 15: Status of HBNC programme in the West District of Delhi, 2020-21	24
Table 16: NTEP Programme: Public Vs Private Sector, 2020-21	25
Table 17: Profile of Leprosy patients under NLEP programme in West Delhi, 2020-2021...26	26
Table 18: Profile of NVBDCP Programme, West Delhi	27
Table 19: Status of Non-Communicable Diseases in West District of Delhi, 2020-21	27
Table 20: Status of Kayakalp programme in West Delhi, 2020-21	28
Table 21: Contemporary status of ASHAs Worker, 2020-21	29
Table 22: Enrolled status of ASHAs under Different Programme, 2020-21	29
Table 23: Infrastructure, Services & Equipment Availability in Guru Govind Hospital	33
Table 24: Status of Human Resources in Guru Govind Hospital, West district, 2020-21.....	34
Table 25: Status of Fund Utilization in Guru Govind Hospital, West Delhi, 2020-21.....	34
Table 26: Infrastructure, Services & Equipment Availability in MH Jwalapuri	36
Table 27: Status of Fund Utilization in MH Jawala Puri, West Delhi, 2020-21	36
Table 28: Infrastructure, Services, Medicine & Equipment Availability in MH Madipur	38
Table 29: Status of Fund Utilization in MH Madipur, West Delhi, 2020-21	39
Table 30: Infrastructure, Services, Medicine & Equipment Availability in DGD Nangloi....	40
Table 31: Status of Fund Utilization in DGD Nangloi, West Delhi, 2020-21	41
Table 32: Infrastructure, Services & Equipment Availability in MCW Fateh Nagar.....	42
Table 33: Status of Fund Utilization in MCW Fateh Nagar, West Delhi, 2020-21	43
Table 34: Infrastructure, Services & Equipment Availability in Seed PUHC Nilothi	44
Table 35: Fund Utilization in Seed PUHC Nilothi, West Delhi, 2020-21	44

List of Figures

Figure 1: Map of West District of Delhi.....	9
Figure 2: Top Two areas of Major Budget Utilization in West District of Delhi.....	16
Figure 3: Vacancy of Human Resources in West Delhi, 2020-21	20
Figure 4: Leprosy cases in West Delhi	26
Figure 5: Discussion with ANM, MCW Peeragarhi.....	30
Figure 6: Focus Group Discussion with community members, F block Madipur.....	32
Figure 7: GGS Hospital, West Delhi	33
Figure 8: Maternity Home, Jwalapuri.....	35
Figure 9: Delhi Government Dispensary, Nangloi	40
Figure 10: M & CW Centre, Fateh Nagar	42
Figure 11: Seed PUHC, Nilothi	43

Acknowledgement

The successful accomplishment of the monitoring and evaluation of NHM, PIP in West District, Delhi owes its gratitude to the collaboration and coordination of the District NHM Staff and supported forwarded by the officials from the State Medical, Health and Family Welfare Department, Delhi Government.

Words do not suffice to convey the gratitude we have for the support provided by Sh. D.K. Ojha, Deputy Director General (Stat.) and Smt. Anjali Rawat, Director (Stat.), Ministry of Health and Family Welfare, Government of India, for handing over the responsibility of monitoring the important components of NHM Programme Implementation Plan to Population Research Centre, Institute of Economic Growth, Delhi.

We express our appreciation towards the West district's Chief District Medical Officer (CDMO), Dr Sunita Prasad, DPM Dr. Shalini Salwan for their constant cooperation and responsiveness. We express sincere thanks to the health facility staff for their active involvement during the District's monitoring visits, particularly the MOOCs and ANMs, for their cooperation in sharing with us the information vis-à-vis their respective health facilities. We are also thankful for the valuable information the beneficiaries had shared with us. Furthermore, we would like to thank Ms. Vandana Sharma and Ms. Sonal Choudhary from PRC Delhi, IEG, for their invaluable support & coordination during the field visits & their ample help.

August, 2021

**Prof Suresh Sharma
Ms. Bindiya Kumari**

List of Acronyms & Abbreviations

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

Executive Summary

The National Health Mission embodies the prime mission of the government of India for the Indian Health scenario holistically. The advancement of NHM is carried out by the Monitoring and Evaluation action, which is also a significant determinant. The Ministry of Health and Family Welfare (MoHFW) has assigned the responsibility to Population Research Centres (PRCs) for the evaluation concerning quality monitoring of important components of NHM State Programme Implementation Plan (PIP) 2020-21.

The Population Research Centre, Delhi prepares this report on the basis of the observations during the field visit and also brings with it significant inputs provided by the key personnel of NHM. The assessment was conducted in August 2021 and captures the status of NHM activities in the West District of Delhi. The primary focus of this report is the monitoring of essential components of NHM, i.e. Maternal Health, Child Health, and Family Planning in “West district” Delhi (2020-21). Furthermore, the status of NHM functioning in the district is highlighted in this report. The central executive summary of the district is as follows:

Maternal & Child Health

- ⊕ The district has observed a significant increase in Maternal, Infant & Child deaths.
- ⊕ In comparison to maternal deaths, infant and child deaths are quite high in the District.
- ⊕ RBSK programme is not implemented in the district as it already has a School Health Scheme programme of State Government operating efficiently on the same grounds and in line with the RBSK.

Communicable & Non-Communicable Diseases Control Programmes

- ⊕ In the last financial year, overall 265 deaths due to TB were reported in the district.
- ⊕ Under the NTEP programme, the treatment success rate of TB patients was observed more than 90 per cent in the public sector.
- ⊕ Shortage of Manpower, lack of IT equipment & space constraint is a major challenge for effective implementation of IDSP programme in the District.

Human Resources/ Manpower

- ⊕ The District observes major shortage of Lab technicians, MO, OT technician & Pediatrician. Major crisis of insufficient LT is reported due to frequent transfers/re-allocations of LTs to the COVID centres. Similarly, doctor’s shortage is observed due to a significant proportion of doctors being COVID infected.
- ⊕ There is no Radiologist in the district hospital.

Infrastructure, Medicines & Equipment maintenance

- ⊕ The District has 4 district hospitals, 1 Sub-district hospital, 3 Maternity Homes, and 28 DGDs & MCW Centres. There are 7 Seed PUHC and all Seed PUHC facilities are functioning in rented buildings.
- ⊕ There are total 8 blood banks in the District; however lack of blood storage unit was observed.
- ⊕ There is no Newborn stabilization unit (NBSU) in the District.
- ⊕ The timing and supply of drugs and medicines are well synchronized according to the needs of the health facilities except in DGD Nangloi.

Governance, Finance and Accountability

- ⊕ At the end of the last financial year, the unspent fund share was 25%. This was due to the COVID-19 pandemic, which resulted in lesser programme management activities. Also, apprehensive approach to auditing of the utilization was another reason observed.
- ⊕ Out of the total budget allocation, the majority of the money has been used for Human Resource & procurement of drugs, supplies & free diagnostic services.
- ⊕ The District has completely utilized the fund allocated under NTEP programme i.e. 150 lakhs. However, the District has utilized an additional 36 % of fund in the said programme.

Access and Equity

- ⊕ The District is lacking in COVID proof infrastructure facility, and this is especially true for health facilities functioning in rented buildings.
- ⊕ DGD Nangloi facility infrastructure is unfortunate and could be regarded unfit for functional purposes. The building is in absolute ruins and needs a serious revamping. Currently, it faces jurisdiction-related barriers for civil work requests.

Community Processes

- ⊕ Observation found that pregnant women were not aware of the Ambulance numbers. Awareness with regards to ambulance services should be provided at frequent intervals through the course of ANC check-ups by ASHAs & ANM.

1 District Profile: West District, Delhi

As per 2011 census, Delhi is the second most populated city of India, after Mumbai. Being a hub for work and education opportunities, it attracts many migrants from surrounding states, which has surpassed the city's capacity. 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. It is currently divided into thirty-three sub-divisions and eleven districts; West District is one of them. The map of West District is given in figure 1. West Delhi is bounded by the districts of North West Delhi to the north, Central Delhi to the east, South West Delhi to the south, and Jhajjar District of Haryana state to the west. The District occupies the fourth place in terms of area as it shares 8.8 per cent of the total area of the State.

The District is administratively divided into 03 sub-districts to provide efficient administration, namely, Patel Nagar, Punjabi Bagh & Rajouri Garden. There is one stationary town 11 census town in the District. As per 2011 census, the District has two villages (with 530,467 households) & two of its tehsils are urban. Major residential and commercial areas of Delhi i.e. Janakpuri and Tilak Nagar are located in West Delhi.

1.1 Demographic Profile: Size, Density & Growth Rate

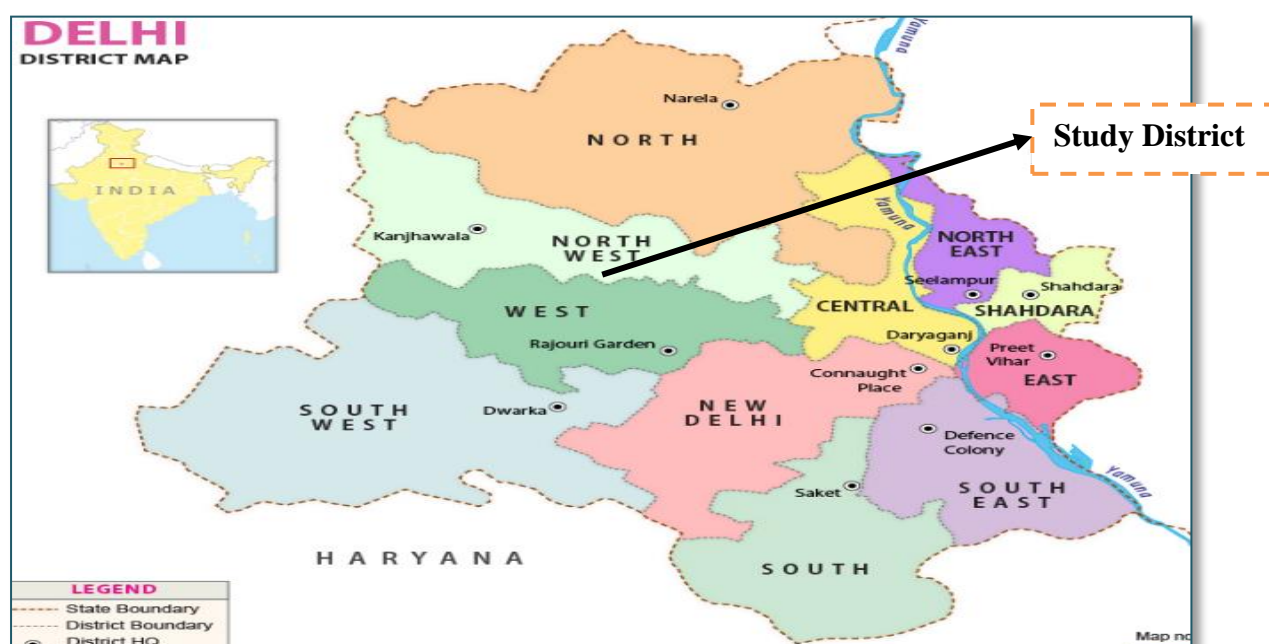
West District ranked 3rd in the state in terms of population and contributes to 15.1 per cent of the state's population count. In terms of density, it occupies the fourth place in the state. The District has a geographical area of 130 square kilometers, with the density of 19563 persons per square kilometer. The District is home to about 25 lakhs people, among them about 13.6 lakh are male and about 11.9 lakh are female. Of the total female population in Delhi, 15.22 per cent resides in West District. The majority of the population still resides in the urban area (99.75 per cent) whereas the remaining minute share occupies the rural sector. As per census 2011, the District records 19.4 per cent decadal growth rate while the decadal growth rate of the state is 21.21 per cent. Therefore, the decadal growth rate of the said District is lower than the state average. The percentage of child population (0-6 age) in West Delhi is 11.3% which is almost equal to the state average (11.99%) although lower than India's child population (13.58 per cent). Table 1 shows the main demographic indicators scenario of the West District, Delhi & India.

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

Health Facility	West District	Delhi	India
Population (Census 2011)	2,543,243	16,787,941	1,210,854,977
Male	1,356,240	8,987,326	623,270,258
Female	1,187,003	7,800,615	587,584,719
Decadal growth rate in % (Census 2011)	19.4	21.21	17.6
Rural Population (%)	0.3	2.5	68.9
Urban Population (%)	99.8	97.5	31.1
Child Population	11.3	12	13.6
Literacy rate (%)	87	86.2	73
Male literacy rate (%)	91	90.9	80.9
Female literacy rate (%)	82.4	80.8	64.6
Sex ratio	87.5	868	943
Density/km ²	19563	11320	382

Source: Census 2011

West District has a population density of 19563 persons per sq. km. which is far higher than the state level average of 11320 persons per sq. km and remarkably higher than the country average of 382 persons per sq. km. The sex ratio of the District is 875 which are slightly higher than the state (868) while lower than the country average i.e. 943. West district ranks 4th in literacy with 86.98 percent which is almost equal to the state average 86.21 percent however significantly higher than the overall country i.e. 73 percent. Furthermore, female literacy rate (82.39%) is very low compared to that of males' (91%); thus, female education should be promoted.

Figure 1: Map of West District of Delhi

1.2 Health Profile: Infrastructure & HMIS Service Delivery Indicators

Table 2: Details of Public Health Infrastructure in West Delhi, 2020-21

Health Facility	In Number	Functioning in Govt. Building	Functioning in Rented Building
District Hospitals	4	✓	✗
Sub District Hospital	1	✓	✗
Maternity Home/ CHC	3	✓	✗
DGDs & MCW Centre/ PHC	28	✓	✗
Seed PUHC	7	✗	✓
U-PHC	1	✓	✗

Source: HMIS Master Report of Health facilities, 2020-21

Table 2 depicts the details of health infrastructure in West District of Delhi in the year 2020-21. The District has total 4 DH, 1 SDH, 3 Maternity Homes, & 28 DGDs & MCW Centre. At present, there are a total are 7 Seed PUHC & all are functioning in the rented building.

The following table 3 depicts the health care service delivery indicators in West Delhi and Delhi concerning various domains such as Maternal Health, Child Health, Delivery care, Family Planning, etc., for the year 2020-21. Antenatal Care (Pre-Natal care), is one of the most important components of Maternal Health. ANC refers to the regular medical and nursing care suggested for women throughout their gestation period of pregnancy to ascertain the well-being of the mother and the fetus as well. Furthermore, with regular prenatal care, women can reduce the risk of pregnancy complications. According to the HMIS, around 51 per cent of women in West Delhi registered for ANC in the first trimester, while women registered for ANC up to 4 or more checkups is significantly higher (66 per cent). According to the HMIS data source, IFA supplementation was given to 64 per cent of all women who registered for ANC. Total 58 Maternal Deaths recorded in the District.

Delivery care is a vital factor of Infant health. Of the total home deliveries in West Delhi, all 100 % per cent deliveries were attended by non- SBA workers. Skilled Birth Attendant (SBA) as an individual is the one who can handle common obstetric and neonatal emergencies. Thus the attendance of SBA in case of home delivery is necessary to combat maternal deaths. About 96 per cent of all deliveries were institutional deliveries, and of all the institutional deliveries in West Delhi, 48 per cent of women were discharged in less than 48 hours of delivery at public institutions. Of all women who registered for ANC, 31 per cent went for institutional delivery, and similarly, 31 per cent of all institutional deliveries were C-section deliveries.

Table 3: Health Care Service Delivery Indicators in West District of Delhi, 2020-21

Indicators	Delhi	West Delhi
1. Maternal Health		
1.(a) Pre Natal Care		
% 1st Trimester registration to Total ANC Registrations	43.03	51.33
% Pregnant women received ≥ 4 ANC checkups to total ANC Registration	50.99	65.5
% Pregnant women given 180 IFA to Total ANC Registrations	77.5	63.8
1.(b) Home Deliveries		
Number of Home Deliveries	11249	766
% Deliveries attended by SBA to total home deliveries	2.15	0
% Home deliveries to total reported deliveries	5.5	3.7
1.(c) Institutional Deliveries including C-Section Deliveries		
Total Number of Institutional Deliveries including C-section	195176	20098
% of Institutional Deliveries to total reported deliveries	94.55	96.3
% Institutional Deliveries to total ANC Registrations	35.47	30.63
% women discharge in < 48 hours of delivery to total deliveries (Public)	43.15	47.97
% of C-Section deliveries to total institutional deliveries	32.36	30.77
1.(d) Post Natal Care/New Born Care		
% 1st post-partum checkup between 48 hours & 14 days to total deliveries	37.36	62.0
% Newborn breastfed within 1 hour of birth to Total Live Birth	70.08	79.17
% Newborn weighed at Birth to Live Birth	95.45	100.4
2. Child Immunization & Diseases		
Number of Fully Immunized children (9-11 months)	250308	25627
% Infants received BCG to full immunization	84.49	87.4
% Infants received Measles to full immunization	95.88	100.0
Number of cases of Pneumonia (0-5Age)	10168	739
Number of cases of Diarrhea	79953	5122
Number of cases of Asthma	3694	276
Number of cases of Tuberculosis (TB)	1168	23
3. Family Planning		
Total sterilization conducted	7892	826
% Male Sterilization (Vasectomies) to Total sterilization	0.99	0.7
% Female Sterilization (Tubectomies) to Total sterilization	99.01	99.3
4. Facility Service Delivery		
IPD	1161084	81296
OPD (Ayush + Allopathic)	48720867	5713171
% IPD to OPD	2.38	1.4
5. Mortality Indicators		
Maternal Death	628	59*
Child Death	519	234*
Infant Death	4123	222*
Still Birth	3912	433
Death due to Sterilization	46 (3M, 43F)	0

Source: HMIS Standard Report, 2020-21

*CMO Office

Regarding Post Natal Care, around 80 per cent of the newborns were breastfed within 1 hour of delivery and all 100 percent of newborns were weighed at birth in the District. Approximately 62 per cent of women received the 1st post-partum checkup within 48 hours and 14 days of delivery. Infant death & stillbirth for the District is significantly high, i.e. 222 and 433, respectively.

In the last financial year, 234 child deaths were reported in West Delhi district. The Reproductive and Child Health Programme (RCH) II under the National Rural Health Mission (NRHM) systematically assimilates all possible interventions that improve child health and addresses factors contributing to Infant and under-five mortality. Regarding the service delivery for Child Health, around 26 thousand children fully immunized (9-11 months) were observed in West Delhi. The most common childhood disease is reported as diarrhea in the last financial year. The District had 5122 & 739 cases of diarrhoea and Pneumonia respectively. Total 276 numbers of Asthma cases were reported in the District.

Female sterilization as a permanent family planning method dominates the statistics with 99.3 per cent of all sterilization conducted in the year 2020-21 in West Delhi (Tubectomies). Total sterilization conducted was reported to be 826 in numbers.

To improve the health care delivery, an increase in the OPD and IPD services through better facilitation and coordination of public health systems has been a contribution of NHM. Observing the Facility Service Delivery with regards to patient services, the OPD patient load is as high as 5713171 number of OPD patients in 2020-21 as against 81296 IPD patients. In terms of percentage, IPD to OPD accounts for 1.4 per cent in West Delhi District.

1.3 State Resource Envelope and District Allocations

Delhi had proposed a total of Rs.369.73 Crore for NHM and the state received approval of Rs.279.49 Crore for NHM. Thus, 75.6% of the proposed budget under NHM is approved by the National Program Coordination Committee (NPCC).

For the financial year (FY) 2020-21, against a resource envelope of 279.49 Crore, UT share was noted of 111.8 Crore. The resource envelope for FY 2020-21 consists of government's support of Rs.103.14 Crore for NRHM-RCH flexible pool allocation including cash and kind, Rs.28.56 Crore under NUHM, and Rs. 5.46 Crore for infrastructure maintenance. The total support from the Government of India is Rs. 167.69 Crore whereas the UT share of 40% works out to be Rs.111.8 Crore.

The breakup of the total resource envelope shows that Rs.54.20 Crore is allocated for RCH Flexible Pool (including RI, IPPI, and NIDDCP), Rs.48.94 is allocated for Health System Strengthening (HSS) under NHM. Thus the GOI contribution toward total NRHM-RCH Flexible Pool works out to be Rs.103.14. The GOI contribution toward NUHM Flexible Pool, NDCP Flexible Pool and NCD Flexible Pool is Rs.28.56 Crore, Rs.24.78 Crore and Rs.5.75 Crore, respectively. Within NDCP Flexible Pool bulk of the resources are allocated for RNTCP activities. Finally, merely 3.3% of the GOI contribution under the total resource envelope is allocated toward infrastructure maintenance (including Direction and Administration).

Table 4: Breakup of resource envelope, NHM FY 2020-21, Delhi

Indicators	Amount* (GoI Share)	Percent (GoI share)	UT Share
1.Total NRHM-RCH Flexible Pool (a+b)	103.14	61.5%	
(a) RCH Flexible Pool (including RI, IPPI, NIDDCP)	54.20	32.3%	
RCH Flexible Pool, Cash Grant Support	37.39	-	
RCH Flexi Pool (Kind grant support under immunization)	16.81	-	
(b) HSS under NRHM	48.94	29.2%	
Other HSS covered under NRHM	43.45	-	
Comprehensive Primary Health Care under HSS	0	-	
ASHA Benefit Package (incl. ASHA facilitators)	5.49	-	
2. NUHM Flexible Pool	28.56	17%	
Other Health System Strengthening covered under NUHM	28.56	-	
Comprehensive Primary Health Care under NUHM	0	-	
3. NDCP Flexible Pool	24.78	14.8%	
NVBDCP (Cash & Kind)	1.58	-	
RNTCP (Cash &Kind)	20.43	-	
NVHCP (Cash &Kind)	1.33	-	
NLEP	0.85	-	
IDSP	0.59	-	
4. NCD Flexible Pool (NPCB, NMHP, HCE, NTCP, NPCDCS)	5.75	3.4%	
5. Infrastructure Maintenance (Incl. Direction & Administration)	5.46	3.3%	
Total Resource Envelope (1+2+3+4+5)	167.69	100%	111.8
Grand Total Resource Envelope (GOI Allocation + UT Share)	279.49		

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

*indicate amount in Crore

1.4 List of Visited Healthcare Facilities & AWC

The monitoring report is based on both primary as well as secondary data. Primary data collected from visited health facility and CMO Office while secondary data has been collected from HMIS Web Portal for West District of Delhi, 2020-21. Therefore, this monitoring and evaluation report is concerned with the West district, where the monitoring was carried out in

August 2021. The field team members were Ms. Bindiya Kumari (Field Investigator), Ms. Vandana Sharma (Research Investigator) & Ms. Sonal (Research Fellow) of the same Centre. Structured interview schedules were used for nodal officers and health facilities. Hence, qualitative and quantitative data have been used for collecting the relevant data (Annexure). Prior to visiting to West District, the monitoring and evaluation team reviewed the West PIP document and formulated the semi-structured interviews schedules for the DPM, facility staff and beneficiaries. The healthcare facilities visited are listed below:

Table 5: List of Visited Healthcare Facilities & AWC in West District, Delhi

Visited Healthcare Facility/ Place	Name of the Facilities / Place
District Hospital	Guru Govind Singh Government Hospital,
Maternity Home	MH Jwala Puri & MH Madipur
Delhi Government Dispensary	DGD Nangloi
Mother & Child Health Centre	M & CW centre, Fateh Nagar
Seed PUHC	SPUHC, Nilothi
AWC	Anganwadi Centre, Madipur
Slum/ Non- Slum Area (FGD)	F block, Madipur & D Block Nihal Viah

Before visiting the different levels of healthcare facilities, a meeting with key personnel of NHM, West District was held. The main motive of the interaction with the officials, i.e. CMO, DPMO and Nodal officer, was to know their problems and take their opinions to improve the programmes. Furthermore, the interactions gave an enriching insight into the health situation of the District, key challenges that lay ahead, and a prospective way forward. The present study would focus on the performance of the West district of Delhi in NRHM activities. This study would analyze different issues and problems of the District.

2 Public Health Planning & Implementation of National Programmes

This section will attempt to discuss in details Public health planning & implementation of various national programmes related to mother, child neonatal healthcare services under National Health Mission:

2.1 Public Health Planning

This section will attempt to discuss in detail District Health Action Plan & National Health Mission fund utilization against the sanctioned amount for the last financial year.

2.1.1 District Health Action Plan (DHAP)

District Health Action plan is a principal instrument for planning, implementation & monitoring, formulated through a participatory and bottom-up planning process.

Table 6: Submission & Approval Timelines of DPIP/ DHAP, 2020-21 & 2021-22

Approving Authority	Year DPIP/ DHAP	Submission Date	ROPs Received Date	Fund Release
State	2020-21	16 December, 2019	1 st July, 2020	14 th July, 2020
State	2021-22	Not Submitted	-	Not Received

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

The above table shows the time process of preparation & approval of PIPs & DHAP. The District submitted the DHAP/DPIP in December 2019. The District has received ROPs on 1st July 2020. It was reported that funds release from state to districts in a minimum of two or more tranches. Delay in receiving funds was observed in the District.

2.1.2 National Health Mission Fund Utilization

Budgeting plays an important role in the effective utilization of available resources in order to achieve overall objectives. Furthermore, every state's/District's future will depend upon the efficient utilization of funds like growth, and expanding the facilities. If funds are used effectively, then the District has healthy growth in all the ways.

The extent of utilization of NHM funds is analyzed here using the utilization ratio. The utilization percentage/ ratio is defined as the ratio of actual expenditure to total Budget allocation/ released. Overall around 25 per cent of funds remained unspent at the end of the last financial year. Graph 2 & table 7 depicts the NHM fund utilization pattern at the different budget head. The majority of the money is used under Human Resource head with the % share of 100% utilization. Furthermore, more than 60 % of the funds received, are utilized to procure drugs, supplies & under free diagnostic services.

Table 7: FMR wise Status of Budget Utilization for the year 2020-21, West Delhi

(In lakhs)

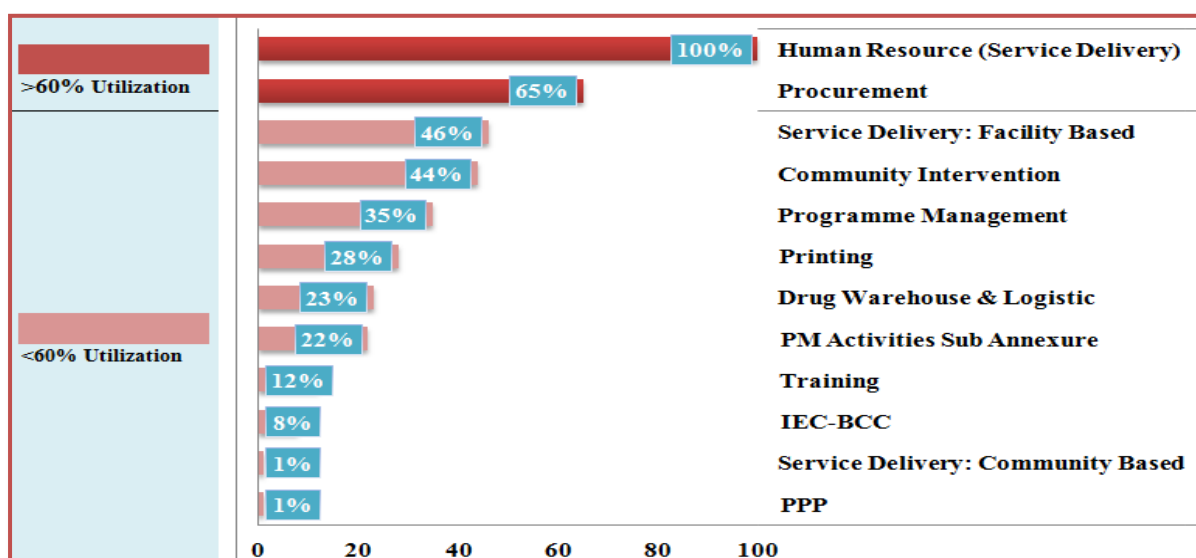
Indicator (Budget Head)	Budget Released	Budget Utilized	% Utilization
FMR 1: Service Delivery: Facility-Based	243.61	111.33	45.7%
FMR 2: Service Delivery: Community Based	12.07	0.15	1.2%
FMR 3: Community Intervention	120.21	53.06	44.1%
FMR 4: Untied grants	0	0	-
FMR 5: Infrastructure	36.65	-	-

FMR 6: Procurement	152.17	99.02	65.1%
FMR 7: Referral Transport	1.20	-	-
FMR 8: Human Resource (Service Delivery)	1162.80	1166.56	100.3%
FMR 9: Training	29.10	3.60	12.4%
FMR 10: Review, Research and Surveillance	0.30	-	-
FMR 11: IEC-BCC	25.88	2.14	8.3%
FMR 12: Printing	5.54	1.54	27.8%
FMR 13: Quality	-	-	-
FMR 14: Drug Warehouse & Logistic	11.59	2.70	23.3%
FMR 15: PPP	88.50	1.24	1.4%
FMR 16: Programme Management	139.54	48.87	35.0%
FMR 16.1: PM Activities Sub Annexure	35.76	7.92	22.1%
FMR 17: IT Initiatives for Service Delivery	-	-	-
FMR 18: Innovations	-	-	-
Total	2029.16	1490.21	73.4%

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

There is significantly less % of fund utilization were observed under the community based service delivery (Outreach services, Mobile medical Units), IEC material, & training for the Medical/Paramedical staff. The major reason cited for the under-utilization of the budget was that very few activities were performed in the District due to COVID-19 outbreak in the last year.

Figure 2: Top Two areas of Major Budget Utilization in West District of Delhi



The budget utilization summary for West district by the programme wise/different Flexi pool and their major components is presented in Table 8. The table indicates that around 25 per cent of funds remained unspent at the end of the last financial year.

Table 8: Programme wise Status of Budget Utilization for the year 2020-21, West Delhi

(In lakhs)

Indicator	Budget Released	Budget utilized	% Utilization
RCH and Health Systems Flexi pool	479.20	180.77	37.7
Maternal Health		118.99	
Child Health		0.26	
RBSK		-	
Family Planning		13.58	
RKSK/ Adolescent health		0.01	
PC-PNDT		0.86	
Immunization	105.30	57.65	54.7
United Fund		-	
Comprehensive Primary Healthcare		-	
Blood Services and Disorders		-	
Infrastructure		-	
ASHAs		-	
HR		-	
Programme Management		48.06	
MMU		-	
Referral Transport		-	
Procurement		-	
Quality Assurance		-	
PPP		-	
NIDDCP		-	
NUHM	555.00	580.32	104.6
Communicable Diseases Pool	175.21	219.56	125.3
IDSP	5.74	1.13	19.7
NVBDCP	1.97	0.42	21.3
NLEP	17.50	13.48	77.0
NTEP	150.00	204.53	136.4
Non-Communicable Diseases Pool	72.65	1.85	2.5
NPCB+VI	53.39	-	
NMHP	-	-	
NPHCE	3.35	-	
NTCP	9.33	1.64	17.6
NPCDCS	5.00	0.21	4.2
National Dialysis Programme			
NPCCHH			
NOHP			
NPPC			
NPPCF	1.58	-	-
NRCP			
NPPCD			
PPPBI			
PPCL			
Total (RCH+NUHM+CD+NCD)	1282.06	982.5	76.6

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

Note: Budget release also includes the forward carry amount

The highest part of the budget accrues to NUHM flexipool. In the last financial year, the District could not utilize the entire sanctioned amount for NCD & RCH flexipool. It was reported that Programme officer was hesitant to utilize the budget amount due to audit issue. Another reason behind the unspent fund was the prioritization of other things i.e. COVID management. The table clearly shows that the District has completely utilized the fund allocated to under NTEP programme i.e. 150 lakh. However, the District has utilized the additional 36 % fund in the said programme.

2.1.3 Health Infrastructure, Ambulance & Referral Services

The above table depicts the health infrastructure details of the West district. The District has 4 district hospitals; Guru Gobind Hospital, Deen Dayal Hospital, Acharya Shree Bhikshu, and Janakpuri Super Speciality Hospital. It has 1 Sub-district hospital, 3 Maternity Homes, and 28 DGDs & MCW Centres. There are 7 Seed PUHC and all the Seed PUHC facilities were functioning in rented buildings. The District has District Early Intervention Centre, which is a part of NHM's mandate for facilitating better delivery of services. Furthermore, establishing another DEIC in Guru Govind hospital is under process (delayed due to COVID pandemic). There are 8 blood banks in the District but no blood storage unit.

Table 9: Status of Health Infrastructure in West Dist, Delhi, 2020-21

Facility Details	Operational
District Hospitals	4
Sub District Hospital	1
Maternity Home	3
DGD & MCW Centre	28
Seed PUHC	7
Urban Primary Health Centers (U-PHC)	1
Special Newborn Care Units (SNCU)	3
Nutritional Rehabilitation Centres (NRC)	2
District Early Intervention Center (DEIC)	1
First Referral Units (FRU)	4
Blood Bank	8
Blood Storage Unit (BSU)	-
Designated Microscopy Center (DMC)	35
Tuberculosis Units (TUs)	2
CBNAAT/TruNat Sites	2
Drug-Resistant TB Centres	2
Facility with Ultrasound services	7

Source: CDMO Office (2020-21), West District, Delhi

Health infrastructure also includes transport facilities at the District for the safe and timely movements of the patients. The District doesn't have the Mobile Medical Units (MMU), however, the District has the CATS Transport facility. Centralized Accident Trauma Services

(CATS) provide daily round the clock pre-hospital emergency response services in west Delhi through a toll-free number (102). The observation found that the community were aware of the ambulance services. However, they were unable to use the transport services due to a lack of information about the ambulance number. Hence, it was not being utilized on an efficient scale.

Table 10: Status of Delivery Points in West District, Delhi

No. of SCs conducting >3 deliveries/month	In number
No. of DGDs/ MCW centre conducting >10 deliveries /month	0
No. of maternity conducting < 20 deliveries /month	7*
No. of DH conducting > 50 deliveries /month	4
No. of DH conducting C-section	4

Source: CDMO Office (2020-21), West District, Delhi

*indicates both public & private facility

2.1.4 Human Resources

Lack of Human Resource is one of the District's major concerns; more specifically, during the COVID-19 outbreak, a major issue was reported regarding the shortage of LT & Doctors in the District. Table 11 depicts the status of man-power in the District.

Table 11: Status of Human Resources in the West District, Delhi

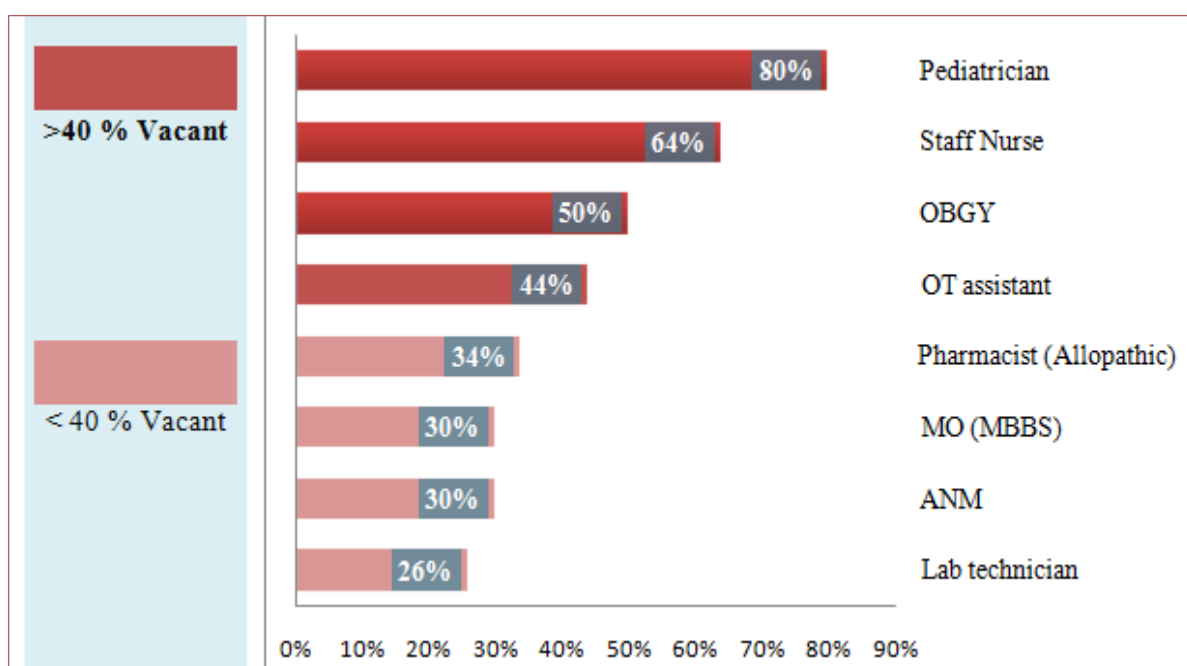
Staff Details at Public Facility	Sanctioned	In place	Vacant	% Vacant
ANM	161	112	49	30
MPW (Male)	0	0	0	-
Staff Nurse	61	22	39	64
Lab technician	58	43	15	26
Pharmacist (Allopathic)	95	63	32	34
MO (MBBS)	126	88	38	30
OBGY	2	1	1	50
Pediatrician	10	2	8	80
Anesthetist	0	0	0	-
Surgeon	0	0	0	-
Radiologists	0	0	0	-
Other Specialists Pathologist	1	1	0	0
Dentists/ Dental Surgeon/ Dental	0	0	0	-
Dental technician	0	0	0	-
Dental Hygienist	1	1	0	0
Radiographer/ X-ray technician	0	0	0	-
CSSD Technician	0	0	0	-
OT technician	0	0	0	-
OT assistant	9	5	4	44
CHO/ MLHP	0	0	0	-
AYUSH MO	0	0	0	-
AYUSH Pharmacist	0	0	0	-
Total	524	338	186	-

Source: CDMO Office (2020-21), West District, Delhi

A total number of sanctioned posts of Gynecologists is 2 out of which only one post has been filled and one is still vacant. The total number of sanctioned posts for Medical officers including specialist is 88 out which only 39 has been filled and 38 posts is still held vacant. It has 2 Pediatricians against the sanctioned post of 10. Against the total number of sanctioned posts for ANM, 39 posts are vacant in the District. Furthermore, sanctioned post for pharmacists and lab technicians are 95 and 58, respectively out of which 32 post and 15 posts are vacant for pharmacists and lab technician, respectively. Position for the OT technicians is also significantly high in the District. Non-availability of Anesthetist, surgeons & Radiologists was observed in the District.

Figure 3 presents the vacant percentages for the various Medical, Paramedical and Administrative positions in West district of Delhi. High % vacancy exists in the District for mostly Pediatrician, Staff Nurse and OT assistant. Against the sanctioned post in the District, 80 percent of paediatrician position, 50 percent position of gynaecologists, 30 per cent of MO's positions were are vacant.

Figure 3: Vacancy of Human Resources in West Delhi, 2020-21



2.1.5 Training

Table 12 shows the training status of West Delhi in the last financial year. The District has been completed 100 per cent training on Immunization, HMIS, IDSP & Kayakalp programme. Against the planned training in ROP document, around 83 % & 75 % of training has been completed on NTCP & NLEP, respectively. Owing to the COVID pandemic, trainings on Quality Assurance were not conducted in the last financial year 2020-21.

Table 12: Trainings Planned Vs Accomplished (As per ROP approval), West Delhi

Training	Planned	Completed	% Completed
NTCP	12	10	83.3
NLEP	4	3	75
IDSP	3	3	100
NPPCD	-	-	-
Immunization	3	3	100
HMIS	4	4	100
Quality Assurance	6	0	0
Kayakalp	61	61	100

Source: CDMO Office (2020-21), West District, Delhi

2.2 Service Delivery & Implementation Status of National Programme

This section will attempt to discuss in details service delivery & implementation of various national programmes related to mother, child healthcare services under National Health Mission:

2.2.1 Maternal Health, New Born & Child Health Services/ Programmes

Improving the well-being of mothers, infants and children is an important public health goal for the Government of India (GOI). India's Reproductive, Maternal, Newborn, Child and Adolescent Health (RMNCH+A) Strategy, was launched in 2013. The RMNCH+A strategy aim to reduce child and maternal mortality through strengthening of health care delivery system. The following table depicts the scenario of mortality indicators in west District of Delhi for last two financial years.

Table 13: Mortality Indicators in West District, 2019-20 & 2020-21

Mortality Indicators	2019-20	2020-21
Maternal Death	57	59
Child Death	155	234
Infant Death	150	222
Stillbirth	-	-

Source: CDMO Office (2020-21), West District, Delhi

Overall, a total number of Maternal, Infant & Child death has increased from 2019-20 to 2020-21 in the District. The vast majority of these deaths are preventable. To ensure the maternal & Child health, GoI has launched numerous initiatives i.e. JSY, JSSK, HBNC & RBSK etc. This section will discuss the implementation status of the national programme for mothers & Child Health.

JSY Programme

Janani Suraksha Yojana is an initiative for safe motherhood under NRHM. It aims at reducing maternal and neo mortality rates, promoting institutional deliveries among poor pregnant women by incentivizing them through cash benefits for getting institutional deliveries. The initiative is working well in the District and also the level of awareness among the beneficiaries is satisfactory in the District. Table 12 depicts the disbursement of the JSY entitlements.

Table 14: JSY Payments Status, West District, Delhi

No. of Beneficiaries	Backlog	DBT status
408	0	408

Source: CDMO Office (2020-21), West District, Delhi

JSSK Programme

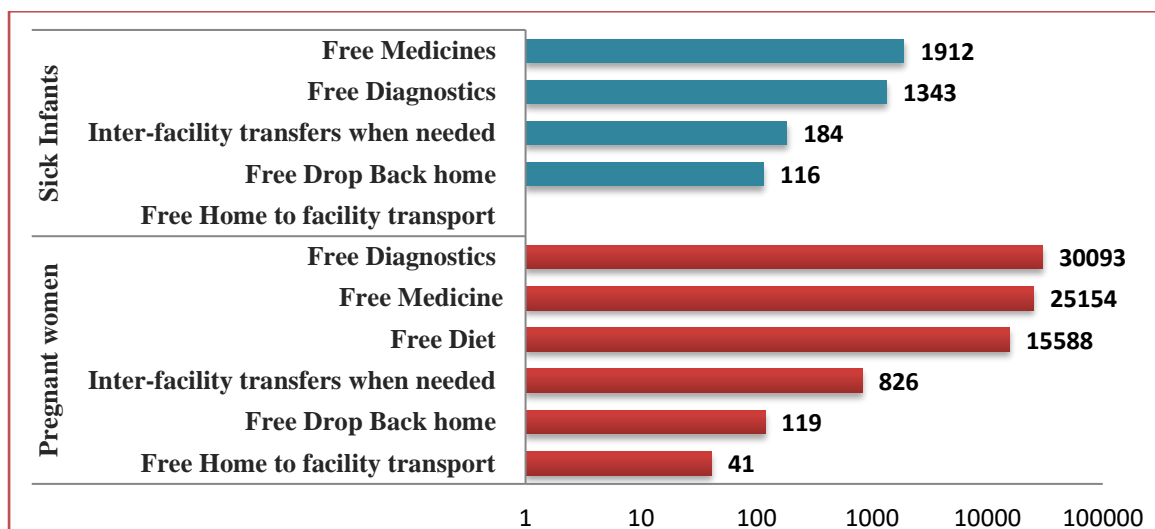
Janani Shishu Suraksha Karyakaram aims to improve maternal and child health by minimizing financial expenses of pregnancy and a sick newborn child. Furthermore, the aim of this scheme is to promote institutional deliveries. Under this scheme, cashless services are provided to the pregnant woman and new born in form of free drug, free food, free diagnostics, and free transport or any other cost which might be incurred during the process of normal delivery till 3 days after birth, and 7 days in case of caesarean section. Table 15 shows the JSSK status in West Delhi for the year 2020-21.

Table 15: Overall Status of JSSK Program in West District, Delhi, 2020-21

Pregnant Women/Children provided - Free Medicines under JSSK (Pregnant women + Sick Infants)	In No.
Free Diet	15588
Free Medicine	27066
Free Diagnostics	31436
Free Home to facility transport	41
Inter-facility transfers when needed	1010
Free Drop Back home	235

Source: HMIS (2020-21), West District, Delhi

The JSSK scheme is well implemented in the west District of Delhi. Free diet (one time in a day) was given to 15588 beneficiary mothers. Free drugs were given to 25154 mothers and 1912 infants. Free diagnostics was conducted for 30093 beneficiary mothers and 1343 infants. Solely 41 beneficiaries availed home to facility transport and referral transport was availed by total 1010 beneficiaries, 235 beneficiaries availed facility to home transport.

Figure: JSSK program in West Delhi in 2020-21: Pregnant Women vs. Sick Infants

The JSSK fund was being almost completely utilized for the diagnostic services. The official mentioned that only one meal in a day (in the same amount 100 Rs.) is provided to pregnant women to ensure quality food. The allotted amount of Rs. 100 per patient is very less for the quality/ nutritional food three times per day. Furthermore, the deliveries are so small for the tender to be taken at the maternity homes; however, the facility was arranging a basic food facility for the patients in the allotted rs.100 per patient per day.

Table 16: Neonatal Health Service Delivery in West District, 2020-21

Facility	In Number	
SNCU (Total 3)		
	Inborn	Out born
Admission	1021	59
Defects at birth	19	3
Discharged	775	57
Referral	57	1
LAMA	42	1
Died	22	0
NRC (Total 2)		
Admission		53
Discharged		37
Referral		-
LAMA		3
Died		1

Source: CDMO Office (2020-21), West District, Delhi

The District has 3 SNCU and 2 NRC. However, the District does not have any Newborn stabilization unit (NBSU). The following table depicts the neonatal health service delivery with regard to infrastructure and man-power in West District of Delhi for the year 2020-21.

HBNC Programme

ASHAs are responsible for the HBNC & HBYC visits in the villages or slums. HBNC programme is well implemented in the District. The following table depicts the HBNC programme in the District. During the COVID period, ASHAs were also actively involved in the counseling of Immunization & HBNC visit as well. A total of 7266 neonatal visits were conducted by ASHA worker under HBNC programme in the year 2020-21.

Table 17: Status of HBNC programme in the West District of Delhi, 2020-21

Home Based Newborn Care (HBNC)	In number
Availability of HBNC kit with ASHAs	590
% ASHA having HBNC kit, of total ASHAs	99
Availability of drug kit with ASHAs	590
Newborns visited under HBNC	7266

Source: CDMO Office (2020-21), West District, Delhi

RBSK Program

Rashtriya Bal Swasthya Karyakram (RBSK) is an important initiative aiming at early identification and early intervention for children from birth to 18 years to cover 4 'D's viz. Defects at birth, Deficiencies, Diseases, Development delays, including disability. Under this program team of experts are sent to schools for regular checkups of the children. The checkups include the eye testing, dental checkups, and any prominent symptoms of any communicable and non-communicable disease are being screened. However, the RBSK programme is not implemented in the District as it already has a School Health Scheme programme of State Government operating efficiently on the same grounds and lines as the RBSK.

2.2.2 Communicable & Non- Communicable Diseases Control Programmes

One of the key objectives of NHM programme is prevention and control of the most common communicable and non-communicable diseases.

IDSP Programme

The surveillance units have been established in the District. Shortage of Manpower, lack of IT equipment & space constraint is a major challenge for effective implementation of IDSP in the west District of Delhi. Rapid response teams are available/ constituted at the district level and

the team includes- Microbiologist, Pediatrician, Pathologist, Chest Physicians & Food safety officers. It was cited that orientation & training on regular basis was lacking .

IDSP data is utilized properly at the district level by Data Analysis & clustering. Overall, 45 percent of private health facilities (out of total facilities) report weekly data of IDSP.

NTEP Programme

Tuberculosis (TB) is an infectious disease caused by Mycobacterium Tuberculosis bacteria. It spreads through the air when a person suffering from tuberculosis coughs, sneeze or spit. TB remains to be a major public health problem in India. TB control efforts are initiated countrywide since 1962 with the inception of the National TB Control Programme. The programme was reviewed and revised strategy was pilot tested in 1993. The Revised National TB Control Programme (RNTCP) was launched in 1997 with the implementation of Directly Observed Treatment, Short Course Strategy. Programme is further renamed as National Tuberculosis Elimination Programme in the year 2020 by Central TB Division, Government of India.

Table 18: NTEP Programme: Public Vs Private Sector, 2020-21

NTEP	Public Sector	Private Sector
No of patients notified	5684	256
Treatment success rate	92.2	81
No. of MDR TB Patients	255	10
Treatment initiation among MDR TB patients	312	2

Source: CDMO Office (2020-21), West District, Delhi

Diagnosis of TB through Intermediary UDST testing/lab is established in the District. A total number of TB cases notified under NIKSHYA significantly varies from 5684 (96%) in the Public sector to 256 (4%) in the private sector. In the last financial year, overall total 265 TB patient deaths were reported in the District. As compared to private sector, more MDR TB patient death was observed in public sector. However, in the public sector treatment success rate was observed 92 per cent, while in the private sector it was observed 81 per cent. Therefore, the treatment success rate was observed high in the public sector. Total 6528 beneficiaries paid under Nikshay Poshan Yojana.

NLEP Programme

Table 19 depicts the status/ Profile of Leprosy patients under the NLEP programme in West Delhi in 2021.

Table 19: Profile of Leprosy patients under NLEP programme in West Delhi, 2021

Leprosy Profile	2020-21
New case detected/ recorded (In no.)	36*
Female case with %	12 (33.3%)
Male case with %	23 (63.8%)
Child case with %	1 (2.8%)
No. of G2D cases	7
% of G2D cases of new cases deducted	20%
MDT available without interruption	All Health Units
Reconstructive surgery for G2D cases being conducted	-
MCR footwear and self-care kit available	Guru Govind Singh Hospital & NGO

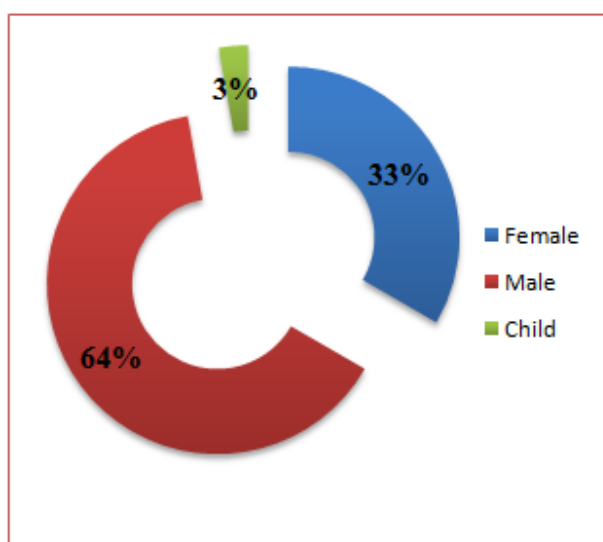
Source: CDMO Office (2020-21), West District, Delhi

*April 2021 to July 2021

In West district of Delhi, the implementation of NLEP programme is functioning well with MDT medicines & equipment available at all the facilities.

Figure 4: Leprosy cases in West Delhi

- Overall 36 new leprosy cases were detected from April 2021 to July 2021.
- Out of the total Leprosy cases, around 68 per cent & 33.3 per cent of cases were detected in male & female, respectively.
- In the west District, 3 per cent leprosy cases were detected among children.



Gr. II disability rate among new deducted cases was observed, around 20% of which is quite high and is a cause for concern. As per the World Health Organizations (WHO) Document, the proportion of G2D cases among newly diagnosed patients and the G2D rate in a population indicate the efficiency of early detection of leprosy. Total 7 cases of G2D were observed in Delhi. G2D indicates late deduction of cases due to lack of knowledge & awareness about the programme.

NVBDCP Programme

The National Vector Borne Disease Control Programme (NVBDCP) is a focal agency of the Government of India, responsible for the control of 6 vector-borne diseases, i.e. malaria, visceral leishmaniasis, lymphatic filariasis, dengue, chikungunya and Japanese encephalitis.

NVBDCP is a vertical programme due to separate budgets, healthcare cadres, supply chains, health information systems, monitoring, and evaluation frameworks but partially embedded in the existing mainstream healthcare system of the country at the grass-root level, especially after the advent of National Rural Health Mission (NRHM).

Table 20: Profile of NVBDCP Programme, West Delhi

Note: In the last financial year, reporting did not take place due to COVID pandemic in West District of Delhi

Detection methods for Filariasis include blood survey and filarial test strip. Overall Annual blood examination rate was reported 0.193 per cent in the District. MCD is responsible for the implementation & monitoring of the NVBDCP programme. With regards to the said programme, preventive measures are being taken by MCD. It was found that, during the COVID pandemic period, there was no reporting done for the same in the District. However, epidemiological and entomological situations were monitored weekly.

Table 21: Status of Non-Communicable Diseases in West District of Delhi, 2020-21

Diseases	No. of cases screened	No. of detected cases	No. of treated cases
Hypertension	5639	4627	4627
Diabetes	5728	3900	3900
Oral Cancer	81	46	46
Breast Cancer	154	32	32
Cervical Cancer	35	0	0

Source: CMO Office, West District, Delhi

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

Above table 21 depicts Non-Communicable Diseases (NCDs) status in the West District of Delhi for the year 2020-21. The numbers of cases of diabetes & hypertension have been high in the last financial year. The maximum detected cases were for hypertension.

2.2.3 Quality of Care/Assurance Programme

To address the challenge of the continuing perception of low-quality services in the public healthcare premises, the policymakers in India introduced a set of quality-oriented programmes i.e. NQAS, KAYAKALP & MERA ASPATAAL, under the National Health Mission.

Kayakalp programme, which was launched in 2015, was a cleanliness and Hygiene drive initiated to promote proper sanitary standards in the public health premises in India. Its main objective was to teach a culture for promoting cleanliness, infection control and hygiene practices in the facilities by incentivizing & recognizing the facilities showing exemplary performance in adherence to Kayakalp guidelines &, after that sustaining such practices as well. The assessment involves a stepwise procedure, i.e. Internal Assessment, Peer Review & External Assessment. After reviewing external assessment, the facilities are ranked based on scores obtained and the facilities acquiring maximum scores are declared the winners and awarded accordingly. The following table (22) displays the scenario of awarded facilities under Kayakalp program in West district of Delhi. The table 20 clearly demonstrates that there are 28 DGD/ M&CH Centre and 7 Seed PUHC; out of the, 43% DGD/ Mother & Child care centre and 14 % Seed PUHC scored more than 70% in the year 2020-21.

Table 22: Status of Kayakalp programme in West Delhi, 2020-21

Facility Details	Total Public Facilities	Participated in External Assessment	Facility Awarded (>70% score)	% Awarded
District Hospitals/ SDH	5	NA	NA	-
Maternity Home	3	-	Tier not included	-
DGD/ MCW Centre	28	18	12	43%
Seed PUHC	7	2	1	14%
Urban Primary Health Centers	1	-	-	-

Source: CDMO Office (2020-21), West District, Delhi

In the last financial year, Kayakalp programme at the Maternity Home level was not implemented in West Delhi. MCW Peeragarhi was declared the winner with 94.6 points and received a cash award of Rs. two lakh, while the rest of the facility is eligible only for commendation award i.e. Rs. Fifty thousand.

Mera-Aspataal Initiative

Apart from Kayakalp programme, Mera-Aspataal initiative is also implemented in Delhi. It is the Ministry of Health, Government of India initiative to capture patient feedback for the services received at the hospital through user-friendly multiple channels such as Short Message Service (SMS), Outbound Dialling (OBD) mobile application and web portal. Currently, it has been implemented in 5 public healthcare facilities of West Delhi.

2.2.4 Community Health Worker (CHW) & Programmes

Community health workers like ASHAs play a strategic role in the area of public health. ASHAs have been established as the first port of call for all health-related and allied activities at the community level. The bottom-up approach of NHM especially draws attention to the role of ASHAs all the more. They help in educating and mobilizing the masses to adopt healthy behaviors. About 4 ASHA Resource centre is there in West District. The broad working status of ASHAs is highlighted in the following Table.

Table 23: Contemporary status of ASHAs Worker, 2020-21

Status of ASHAs	(In number)
Total working	594
Sanctioned Post	625
Positions vacant	31
ASHAs covering more than 3000 urban population	30

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

At present, 594 ASHAs (625 sanctioned) are working in the District, and there are 31 vacant positions against the approved position for ASHAs. The average payment received by ASHA ranges from Rs. 6000-7000, which includes Rs. 2000/month for routine and recurring activities. Salaries of ASHA were reported to be on time. Out of total ASHAs, 5% ASHAs were covering more than 3000 urban populations.

Table 24: Enrolled status of ASHAs under Different Programme, 2020-21

Scheme/ Programme	No of ASHA Enrolled	% Enrolled of Total ASHAs:
PMJBY	306	52%
PMSBY	303	51%
PMSYMY	15	3%

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

ASHAs were actively involved in the counseling of ANC, PNC, Immunization and Hygiene and sanitation practices during the COVID period. They were responsible for the HBNC & HBYC visits in the village/ slum. Community interactions & interaction with ANM indicated that the role of the ASHA as well appreciated as they bridge the gap between the health department and the community.



Figure 5: Discussion with ANM, MCW Peeragarhi

MAS (Mahila Arogya Samiti)

MAS is one of the key interventions under National Health Mission to promote community participation in health at all levels, including planning, implementing, and monitoring health programmes. One MAS covers approximately 100-150 households in slum and slum-like settlements. This Samiti addresses local issues related to Health, i.e. Immunization, Family planning, COVID, Water, and Sanitation at slum level. Total 8 number of Samiti formed & trained in the District. MAS account was opened, and it was reported that ASHA handling the MAS account under the supervision of ANM. Meeting of MAS was held at least once every month. It is better if there is a particular day or date for the meeting, for example 10th of every month or third Saturday of every month. This will ensure that the members are aware beforehand of when the meeting is to be held to plan for participating in it.

3 Service Availability: Focus Group Discussions (FGDs) with Community

3.1 Community Awareness & Health Seeking Behaviors

Community interaction in DGD Nangloi reflected similar observation & experience that the vulnerable community was pleased with the public healthcare services provided by the Facility. Most of the slum community prefers public facilities over private clinics/ facilities. Therefore, utilization & faith towards the public health system was satisfactory among the slum people. Community of Nihar Vihar & D block were aware of most services like free drugs/medicine, ANC, PNC, Immunization, and family planning, which the Facility and ASHAs worker provided. Almost all the people know where to go for institutional deliveries; however, they don't know about the ambulance services, for instance, ambulance number.

It was reported that they received all the necessary medicines at the dispensary. However, response/ waiting time of 1-2 hours for the services was an issue. Regarding NCD screening/ lab testing, government facility (DGD Nangloi) refers to community people at Aam Adami Mohalla clinic Budhbajar, Nangloi.

While community interaction in non-slum area/village (F Block Madipur), was not satisfactory response about the public healthcare facilities. Even they were not utilizing the services provided by public health facilities. Non-slum Community's perception about public healthcare facilities was that they provide expired medicine to patients. Therefore, a significantly different scenario can be observed between slum and non-slum communities regarding access to public health facilities.

3.2 Out of pocket expenditure, Access of Medicine & Transportation services:

Out of pocket expenditure was almost nil/zero in the slum areas of West Delhi. Even in pregnancy, beneficiaries walk to the facility from 3 to 4 km; hence they were not using the free public transport facilities. Overall, observation found that pregnant women don't know Ambulance number. Awareness with regards to ambulance services should be provided at frequent intervals through the ASHAs & ANM.

3.3 Staff Behavior with the Community

Overall perceptions of patients about doctors and nurses about their behaviour/ attitude was rude/ negative. Regarding ASHA workers, the overall community has realized the importance & contribution of ASHA workers in providing healthcare services, i.e. ANC, Immunization and PNC. Community interactions indicated that the role of the ASHA is well appreciated in the community as they bridge the gap between the health department and the community.

3.4 Key Challenges at the Grass root level

Major concerns brought out during group discussion were staff behaviour, lack of knowledge about the ambulance services, and non-slum community belief that expired medicine is provided at public healthcare facilities.



Figure 6: Focus Group Discussion with community members, F block Madipur

4 Service Availability: Facility wise observation

The observations made by the monitoring team during the visit to various health facilities in West district are listed below. This section of the report summarizes the broad status of the health facilities with regards to infrastructure, service delivery, man-power, drugs and equipment, etc as per the IPHS standard.

4.1 Guru Govind Singh Government Hospital

Guru Govind district hospital is a 200-bedded facility located in Raghubir Nagar, West Delhi. The health facility was easily accessible, located on the main road, and functioned in an old government building. Currently, the construction work of the new building is in process. Only the structure of the building is done & other construction is still in process. Furthermore, the slab is cast till third-floor terrace & the handover of the project is expected to be done in the upcoming 12-15 months. The average delivery load at this hospital was reported to be high in comparison to another district hospital in the district due to the non-COVID patient facility. Furthermore, apart from Guru Govind Singh hospital, the other three hospitals in the district were COVID dedicated & these three hospitals were not attending high risk patients; therefore, patient load is automatically high at this Facility.



Monthly 532 deliveries were conducted at the hospital. Out of the total deliveries, 143 was C-section & 389 were reported normal Deliveries. The Facility has an average OPD load of approximately 1500-2000 patients per day. The above table depicts the availability of Physical Infrastructure, Diagnostic Services, Specialized Services, and Medicine & Equipment at the district hospital.

Table 25: Infrastructure, Services & Equipment Availability in Guru Govind Hospital

Physical Infrastructure Availability	Yes/No	Specialized Services Availability	Yes/No
Accessible from nearest road ahead	√	O&G	√
24*7 running water facility	√	Pediatric	√
Facility is geriatric and disability friendly	√	General Surgery	√
Hospital located near residential area	√	Anesthesiology	√
Clean functional toilets (separate for M/F)	√	Ophthalmology	√
Drinking water facility available	√	Dental	√
OPD waiting area has sufficient sitting space	√	Imaging Services (X-ray)	√
ASHA restroom is available	×	Imaging Services (USG)	×
Drug storeroom with rack is available	√	DEIC	×
Power backup at Complete Hospital	√	NRC	×
Good Condition of Building	√	SNCU/ MNCU	√
Complete Construction Status of Building	√	CLMC	√
Diagnostic Services Availability		NICU	√
Laboratory Service	√	PICU	√
X-ray	√	Labour Room Complex	√
UltraSound	-	ICU	×
CT Scan	×	Dialysis Unit	√
ECG	√	Emergency Care	√
Blood Transfusion & Storage	√	Burn Unit	×
Fully Equipped Blood Bank	×	Teaching blocks (medical/paramd.)	×
Physiotherapy	√	Skill Lab	×
Medicine Availability		Instrument Availability	
Essential medicine on the day of visit	×	Major Instrument Available & Functional	√

Table 25 clearly depicts the availability & non-availability of the services at the Facility. Overall, non-availability of CT scan, Blood Bank, USG, DEIC, NRC, ICU, Burn Unit, teaching block & skill lab was observed. Furthermore, the following table presents the vacant percentages for the various Medical and Paramedical positions in West district of Delhi. High % vacancy pertains in the district for mostly Pediatrician, Radiologist, Staff Nurse & medicine.

Table 26: Status of Human Resources in Guru Govind Hospital, West district, 2020-21

DH Manpower	Sanctioned	In position	As per IPHS norm	Available as per IPHS	% Vacant against sanctioned
MO (MBBS)	17	14	-	-	18%
Medicine	3	1	3	No	67%
OBGY	3	3	4	No	0%
Pediatrician	2	2	2	Yes	0%
Anesthetist	5	3	2	Yes	40%
Surgeon	2	1	2	No	50%
Ophthalmologist	1	1	1	Yes	0%
Orthopedic	2	2	1	No	0%
Radiologist	1	0	1	No	100%
Pathologist	1	1	2	No	0%
ENT	1	1	1	Yes	0%
Skin	1	0	-	-	100%
Microbiologist	1	1	1	Yes	0%
Forensic specialist	1	0	1	No	100%
Dentist	2	1	1	Yes	50%
Staff Nurses	125	114	75-100	Yes	9%
LTs	10	6	12	No	40%
Pharmacist	12	12	5	Yes	0%
Dental Tech. /Hyg.	1	2	-	-	#
Hospital Manager	-	0	1	No	-
Others	260	218	-	-	16%

#Surplus

Table 27: Status of Fund Utilization in Guru Govind Hospital, West Delhi, 2020-21

(In lakhs)

Category	Name of Fund	Amount Received	Expenditure	%Utilization
>60 % Utilization	Telephone (MTNL) & Internet	0.1	0.1	84.1%
	PPIUCD	2.7	2.2	80.4%
	JSSK* Incl. Bank Charges (Diagnostics)	52.5	32.2	61.3%
<60 % Utilization	JSY (Patient money @600/-)	3.1	1.6	52.5%
	Female (Sterilization)	0.4	0.04	10.9%
	Rogi Kalyan Samiti	4.8	0.0	0.0%
	IUCD	0.2	0.0	0.0%
	RCH Contingency	-	-	-
	Male (Sterilization)	-	-	-
Total		63.7	36.1	56.7%

SOE of DH, GGSGH, West Delhi, 1April 2020 to31 March 2021

* Committed unpaid balance as on 31/03/2021 = 42.7Lakh

Total fund includes carry forward amount of Rs.7.38 lakh as well.

Overall, most of the money is used under the JSSK scheme, while low % utilization was observed under the IUCD, Female sterilization & JSY payment at the Facility.

Reason for Low Fund Utilization (< 60%): The Facility was unable to utilize the JSY fund completely due to the beneficiary's inactive bank accounts or no bank accounts. Another reason reported was the beneficiaries' disinterest in going through the tedious work for the small amount. Furthermore, Portal & Internet Issue was also one more reason for this JSY gap. The low utilization of sterilization funds was because less tubectomies was performed at the Facility in the last financial year (COVID Outbreak).

Key Challenges:

- ⊕ The district hospital faces huge delivery load in the west district. Out of the total 4 DH in the district, 3 DH were COVID dedicated & they were not attending high risk patients. Therefore, patient load is automatic high at the Guru Govind Hospital.

4.2 Maternity Home Jwala Puri

Maternity Home Jawalपुरi is 12 bedded health facility, with average OPD of 2000 monthly. Average monthly delivery load is 50-60. MH Jwalपुरi is effectively running in government building & infrastructure was adequately well maintained.



Figure 8: Maternity Home, Jwalपुरi

(A) Post Delivery room, MH Jwalपुरi

All essential services, i.e. General OPDs, maternal and child health services, diagnosis, and follow-up for common NCDs were provided at the Facility. It is well equipped for the normal delivery cases, while the cases of C-section, high risk cases & pregnant women with COVID positive directly referred to the Guru Govind Sigh Hospital. In last year, no child & maternal death was observed at this Facility. The above table clearly depicts the availability & non-availability of the services at the Facility. Overall, non-availability of OT services, Blood

storage Unit, NBSU Unit, Imaging Services (X-ray), Dental, Ophthalmology was observed at this Facility.

Table 28: Infrastructure, Services & Equipment Availability in MH Jwalapuri

Physical Infrastructure Availability	Yes/No	Specialized Services Availability	Yes/No
Accessible from nearest road ahead	√	Medicine	×
24*7 running water facility	√	O&G	√
Facility is geriatric and disability friendly	√	Pediatric*	√
Hospital located near residential area	√	General Surgery	×
Clean functional toilets (separate for M/F)	√	Anesthesiology	×
Drinking water facility available	√	Ophthalmology	×
OPD waiting area has sufficient sitting space	√	Dental	×
ASHA restroom is available	×	Imaging Services (X-ray)	×
Drug storeroom with rack is available	√	Imaging Services (USG)	√
Power backup at Complete Facility	×	NBSU	×
Good Condition of Building	√		
Services Availability		Instrument Availability	
24*7 Emergency (Triage & Resuscitation)	√	Major Instrument Available & Functional	√
MCH Services	√	Medicine & Diagnostic Availability	
OT Available	√	Essential Medicine	√
OT Functional	×	Essential diagnostic (In House& outsourced)	√
Blood storage Unit	×	Testing kits	√
		Essential Consumable	√

*Three days in a week (Alternate day)

Table 29: Status of Fund Utilization in MH Jawala Puri, West Delhi, 2020-21

Category	Name of Fund	Amount Received (From IDHS -WD)	Expenditure	% Utilization
>60 % Utilization	SNCU/NBSU	6489	6489	100%
	WPD	4000	4000	100%
	COVID Fund	13,000	13,000	100%
	World Cancer	1000	1000	100%
	PPIUCD	135650	134550	99.2%
	JSSK	210,459	137843	65.5%
<60 % Utilization	RCH Contingency	21,180	10,958	52.4%
	IUCD	16743	4997	29.8
	JSY (Patient money @600/-)	22,925	1800	7.9%
	VHND	0	0	-
	Rogi Kalyan Samiti	0	0	-
	Total		431446	314637

SOE of MH Jwalapuri, West Delhi, 1April 2020 to31 March 2021

Total fund includes carry forward amount of Rs.2.58 lakhs as well

The highest part of the budget accrues to JSSK & PPIUCD. The above table indicates that around 25 per cent of funds remained unspent at the end of the last financial year. Therefore, the Facility was not able to utilize the entire sanctioned amount in last financial year.

Reason for Low Fund Utilization (< 60%): The Facility was unable to utilize the JSY fund completely majorly due to the inactive bank accounts or no bank accounts of the beneficiary. Another reason reported was the beneficiaries' disinterest in going through the tedious work for the small amount. The low utilization of IUCD funds was because less number of IUCD was performed at the Facility in the last financial year, i.e. COVID period.

Key Challenges:

- ⊕ The pediatrician at the Jwalapuri health centre is available on sharing basis, such that the pediatrician is available at the said Facility for only three days a week. The Facility has significant delivery load, and regular availability of a pediatrician could definitely enhance service delivery.
- ⊕ The centre serves as one of the region's most sought-after delivery points, but given the HR availability and Infrastructure status, it is also severely underutilized. Rational deployment of HR for maternity OT at this Facility would add to the basket of services offered and ensure a wider reach.
- ⊕ Shortage of LT was reported at the Facility given the frequent transfers/re-allocations of LTs to the COVID centre.

4.3 Maternity Home Madipur

Maternity Home Madipur is running in a government old building. It was reported that this building would be demolished after three months & new construction will start on this same purposed building. All essential services, for instance, General OPDs, maternal and child health services, diagnosis, and follow-up for common NCDs were provided at the Facility. Furthermore, all essential tests were provided at the Facility. In the last financial year total 8097 number of tests performed at the Facility.



Figure: Maternity Home, Madipur

Table 30 depicts the availability as well as non-availability of the Infrastructure, Diagnostic Services, Medicine & Equipment at the Facility. Overall non-availability of OT services, Blood storage Unit, NBSU Unit, Imaging Services (X-ray), Dental, Ophthalmology and General Surgery was observed.

Table 30: Infrastructure, Services, Medicine & Equipment Availability in MH Madipur

Physical Infrastructure Availability	Yes/No	Specialized Services Availability	Yes/No
Accessible from nearest road ahead	√	Medicine	√
24*7 running water facility	√	O&G	√
Facility is geriatric and disability friendly	√	Pediatric*	√
Hospital located near residential area	√	General Surgery	×
Clean functional toilets (separate for M/F)	×	Anesthesiology	×
Drinking water facility available	√	Ophthalmology	×
OPD waiting area has sufficient sitting space	√	Dental	×
ASHA restroom is available	√	Imaging Services (X-ray)	×
Drug storeroom with rack is available	√	Imaging Services (USG)	√
Power backup at Complete Facility	×	NBSU	×
Good Condition of Building*	×	Instrument Availability	
Services Availability		Major Instrument Available & Functional	√
24*7 Emergency (Resuscitation)	√	Medicine & Diagnostic Availability	
MCH Services (incl. High Risk Pregnant)	√	Essential medicine (68out of 69)	√
OT	×	Essential diagnostic (In House)	√
Blood storage Unit	×	Essential Consumable	√

*Old building, it will be Demolish & Re-Construct

Table 31 indicates that around 35-40 per cent of funds remained unspent at the end of the last financial year. In the last financial year, the Facility was not able to utilize the entire sanctioned amount for JSY, JSSK, and PPIUCD.

Table 31: Status of Fund Utilization in MH Madipur, West Delhi, 2020-21

Category	Name of Fund	Amount Received (From IDHS -WD)	Expenditure	%Utilization
>60 % Utilization	JSY (Home Delivery @500)	1500	1500	100%
	WPD	4000	4000	100%
	VPD	4350	4350	100%
	IDCF Activities	2600	2600	100%
	COVID Fund	5000	5000	100%
	COVID Awareness TRG	2000	2000	100%
	LCDC Activities	25900	25900	100%
	JSSK	130,535	80782	61.9%
	<60 % Utilization	Transportation Money	3600	1500
PPIUCD		25350	6600	26%
JSY (Patient money @600/-)		21,521	5570	25.8%
IUCD		-2560*	1700	Rs. -4260
RCH Contingency		-	-	-
HMIS		-	-	-
SNCU/NBSU		-	-	-
Rogi Kalyan Samiti		-	-	-
Total			223796	140002

SOE of MH Madipur, West Delhi, 1April 2020 to31 March 2021 *opening balance, extra utilized in last year
Total fund includes carry forward amount of Rs.34596 as well.

Reason for Low Fund Utilization (< 60%): The Facility was unable to utilize the JSY fund majorly due to the inactive bank accounts or no bank accounts of the beneficiary. Another reason reported was the beneficiaries' disinterest in going through the tedious work for the small amount. Regarding the PPIUCD fund, the Facility reported that women did not prioritize PPIUCD; leading to underutilization of funds.

Key challenges:

- ✚ Shortage of LT was reported at the Facility given the frequent transfers/re-allocations of LTs to the COVID centre.

4.4 Delhi Government Dispensary Nangloi

DGD Nangloi is running in a government building with a catchment population of 54-56 K. This Facility caters to a catchment population where was identified vulnerable. All the essential services, i.e. General OPDs, maternal and child health services, diagnosis, and follow-up for common NCDs were provided at the Facility. OPD load 250-300 per day was observed at this Facility. Apart from the regular medicine consultations, the concerning case-mix at the health

facility is that of drug addiction, and Tuberculosis. The Facility has a dedicated DOTS centre for the management of tuberculosis cases.



Figure 9: Delhi Government Dispensary, Nangloi

Delhi Government Dispensary, Nangloi

Table 32: Infrastructure, Services, Medicine & Equipment Availability in DGD Nangloi

Physical Infrastructure Availability	Yes/No	Services Availability	Yes/No
Accessible from nearest road ahead	√	24*7 Service Delivery	×
24*7 running water facility	√	Availability of Delivery care services	×
Facility is geriatric and disability friendly	×	Line listing of High risk pregnancy	√
Facility located near residential area	√	X-Ray	×
Clean functional toilets (separate for M/F)	√	Functional AFHC	√
Drinking water facility available	√	Instrument Availability	
OPD waiting area has sufficient sitting space	×	Major Instrument Available & Functional	-
ASHA restroom is available	√	Medicine & Diagnostic Availability	
Drug storeroom with rack is available	√	Essential medicine (159out of 215)	×
Power backup at the Facility	×	Essential diagnostic (In House)	√
Good Condition of Building	×	Essential Consumable	√

Overall majority of the money is used for the ASHA refresher training, while low % utilization was observed under the ASHAs modular training at the Facility. The Facility has completely

utilized the fund allocated to under IT/ Telephone internet i.e. Rs. 8020. However, the district has utilized the additional 21 % fund in the telephone internet services.

Table 33: Status of Fund Utilization in DGD Nangloi, West Delhi, 2020-21

Category	Name of Fund	Amount Received (From IDHS -WD)	Expenditure	%Utilization
>60 % Utilization	Telephone Internet	8020	9750	121.6%
	ASHA Mentor group	2000	2000	100%
	COVID Fund	10000	10000	100%
	WPD	500	500	100%
	FGD Leprosy	500	500	100%
	AWW training on vaccination	5400	5400	100%
	RCH Contingency	18370	16920	92.1%
<60 % Utilization	ASHA Refresher training	145150	80650	55.6%
	ASHA Modular Training	51235	0	0%
	JSY	0	0	-
Total		241175	125720	52.1%

SOE of DGD Nangloi, West Delhi, 1 April 2020 to 31 March

Total fund includes carry forward amount of Rs 195975.as well.

Reason for Low Fund Utilization (< 60%): At the end of the last financial year, the unspent fund share of around 45 % was likely due to the COVID-19 outbreak resulting in fewer refresher training for ASHAs. It was reported that only two training was held in last financial year (One in February, one in March). There was no ASHA modular training observed at the Facility due to the same said reason.

Key Challenges:

- ⊕ The health facility infrastructure is in an unfortunate state and could be regarded as unfit for functional purposes. The district must attend to the building's civil work, almost immediately.
- ⊕ Unavailability of medicine was observed as an issue with even basic medicines for common diseases not in stock.

4.5 M & CW Centre Fateh Nagar

Seed PUHC Nilothi functioning in a government building where issues of space crunch, seepage in roofs, Theft & fund delayed, etc. persists. This Facility caters for the population of 70-80 K. All the essential services, i.e. General OPDs, ANC, Immunization, PNC, and FP were provided at the Facility. OPD load 70-80 patients per day was observed at this Facility. Total 5 ASHAs & 12 Aanganwadi centres were associated with this Facility.



Figure 10: M & CW Centre, Fateh Nagar

Table 34: Infrastructure, Services & Equipment Availability in MCW Fateh Nagar

Physical Infrastructure Availability	Yes/No	Services Availability	Yes/No
Accessible from nearest road ahead	√	24*7 Service Delivery	×
24*7 running water facility	×	Availability of Delivery care services	×
Facility is geriatric and disability friendly	×	Line listing of High risk pregnancy	√
Facility located near residential area	√	X-Ray	×
Clean functional toilets (separate for M/F)	√	Functional AFHC	√
Drinking water facility available	√	Instrument Availability	
OPD waiting area has sufficient sitting space	×	Major Instrument Available & functional	√
ASHA restroom is available	×	Medicine & Diagnostic Availability	
Drug storeroom with rack is available	√	Essential Medicine	√
Power backup at the Facility	×	Essential diagnostic (In House)	√
Good Condition of Building	×	Essential Consumable	√

Overall majority of the money is used under RCH contingency at this Facility. The Facility has completely utilized the fund allocated to under all head i.e. RCH Contingency, WPD, COVID Fund, COVID Awareness TRG. However, the Facility has utilized the additional 34 % fund from the RCH Contingency Fund.

Table 35: Status of Fund Utilization in MCW Fateh Nagar, West Delhi, 2020-21

Name of Fund	Amount Received (From IDHS -WD)	Expenditure	% Utilization
RCH Contingency	17755	23943	134.8%
WPD	500	500	100%
COVID Fund	13000	13000	100%
COVID Awareness TRG	600	600	100%
Total	31855	38043	119.4

Note: Total funds includes also Carry forward amount. Under RCH facility received total amount 18000

Key Challenges:

- ⊕ M&CW Fateh Nagar reported repeated police complaints against violent patient behaviours, theft, etc. There exists a dire need to depute a security Guard at the facility level, especially for the Facility where all health workers are women.
- ⊕ Delayed in Funds major issue was reported at the Facility.
- ⊕ The Facility reported dire need of extra oxygen cylinder.

4.6 Seed PUHC Nilothi

Seed PUHC Nilothi functioning in a rented building where issues pertaining to space crunch, overcrowding, poor ventilation, etc., persist and significantly hamper care quality. The health facility was easily accessible and located on the main road. At present, there are two MO, four ANM, one LT, one Pharmacist & one CDEO at the Facility.



Figure 11: Seed PUHC, Nilothi

Incorrect Storage of Medicine

Incorrect Storage of Medicine

All essential services were rendered at the Facility except the Delivery care services. In the last financial year, total 16920 number of test (RTPCR) performed at the Facility.

Table 36: Infrastructure, Services & Equipment Availability in Seed PUHC Nilothi

Physical Infrastructure Availability	Yes/No	Services Availability	Yes/No
Accessible from nearest road ahead	√	24*7 Service Delivery	×
24*7 running water facility	√	Availability of Delivery care services	×
Facility is geriatric and disability friendly	×	Line listing of High risk pregnancy	√
Facility located near residential area	√	X-Ray	×
Clean functional toilets (separate for M/F)	×	Functional AFHC	√
Drinking water facility available	√	Instrument Availability	
OPD waiting area has sufficient sitting space	√	Major Instrument Available & Functional	-
ASHA restroom is available	×	Medicine & Diagnostic Availability	
Drug storeroom with rack is available	√	Essential medicine (159out of 215)	√
		Essential Consumable	√
Power backup at the Facility	×	Essential diagnostic (In House)	√
Good Condition of Building*	×	Testing kits	

*Facility running in rented building

The following table clearly depicts that majority of the money is used under the running cost contingency & RCH contingency at the Facility. Out of the total budget (Rs. 275359) amount, Rs. 158,538 was expenditure in last financial year with the % share of 57 per cent.

Table 37: Fund Utilization in Seed PUHC Nilothi, West Delhi, 2020-21

Category	Name of Fund	Amount Received	Expenditure of Unit	%Utilization
>60 % Utilization	HIMS	1500	4500	300%
	RCH Contingency	24000	24000	100%
	COVID Found	10000	10,000	100%
	Leprosy activity	500	500	100%
	Cancer activity	1000	1000	100%
	AWW Breeze training	3750	3750	100%
	WPD	500	500	100%
<60 % Utilization	Telephone (Internet)	14959	7395	49%
	Running cost Contingency	216150	106893	49%
	COVID Campaign Fund	3000	0	0%
	ASHA (Incentive)	-	-	-
	ASHA (Refresher Training Workshop)	-	-	-
TOTAL		275359	1,58,538	57.6%

SOE of Seed PUHC Nilothi, West Delhi, 1April 2020 to31 March

Total fund includes carry forward amount of Rs.38022 as well

Reason for Low Fund Utilization (< 60%): The Facility received COVID Campaign fund on 30th March 2021. Therefore, delayed in funds leads to underutilization in the Seed PUHC, Nilothi. With Regards to Telephone Internet & Running cost Contingency, the Facility was not able to utilize the entire amount. The main reason was reported that Facility is bound/ constraint with the utilization guidelines. Hence, after spending under particular head; they cannot utilize the remaining balance in other heads/ activities.

Key Challenges:

- ⊕ Seed PUHC Nilothi functioning in a rented building where issues pertaining to space crunch, overcrowding, poor ventilation, etc., persist and significantly hamper care quality. Therefore, the Facility is lacking in COVID proof infrastructure somewhere.
- ⊕ Shortage of LT was reported at the Facility given the frequent transfers/re-allocations of LTs to the COVID centre.

5 Discussion & Key Recommendations

- ⊕ During the COVID-19 outbreak, the major crisis of insufficient LT was reported across the district given the frequent transfers/re-allocations of LTs to the COVID centres. HRH Shortage for doctors was also reported in the district, with a significant proportion of doctors being COVID infected. To ensure smooth functioning of the essential activities other than COVID care, the district must prioritize immediate filling of vacant posts.
- ⊕ There exists a dire need to depute a security Guard at the facility level, especially for the facilities where all health workers are women. For instance, M&CW Fateh Nagar reported repeated police complaints against violent patient behaviours, theft, etc.
- ⊕ The bottlenecks concerning staff availability in the district needs dedicated attention. It was recommended that a formation of separate cell/unit at the state level overlooking solely at HR issue & their workload should be considered that would aid in attending to the existing gaps. This committee should review the sanctioned manpower strength prior to recruitment.
- ⊕ Enormous Salary discrepancy was reported between DHS & NHM staff which lead to staff demotivation towards work. For instance, the salary of a NHM Doctor is even less than the DHS ANM. It was reported that the salary gap is the main reason for the

difference in the quality of work. Therefore, proper protocols/channels can instil more positivity for further collective effort/ quality work.

- ⊕ In order to ensure success & appropriate effective implementation of the programme, training of DPM and key staff members from the DPM Unit is of utmost importance. Trainings related to program implementation, human resource policy & others issues should be provided frequently at the district level.
- ⊕ The district is lacking in COVID proof infrastructure facility; and this is especially true for health facilities functioning in rented buildings where issues of space crunch, overcrowding, poor ventilation, etc. persists and significantly hampers quality of care.
- ⊕ During the COVID pandemic period, more documentation workload increased. In this regard, the district highly requires more funds under the IT section, i.e. Computer.
- ⊕ Delay in receiving funds leads to underutilization of NHM funds. The prompt transfer of funds can lead to efficient utilization at the district as well as facility level.
- ⊕ The amount per head diet under JSSK should be increased for improving the quality of food given to mothers after delivery. Per head diet i.e. Rs. 100 is very meagre for the three times quality meal. Some facilities provide only one time meal pack to the beneficiary in the same amount. Therefore, a revision in per head diet amount is strongly recommended.
- ⊕ Observations found that pregnant women don't have the knowledge of Ambulance number. Awareness with regards to ambulance services should be provided at frequent intervals through the ASHAs & ANM.
- ⊕ DGD Nangloi serves a catchment population in severely deprived and vulnerable area. The Facility faces a huge workload, and the patients are being catered to effectively. However, the facility building is in absolute ruins and needs serious revamping. It presently faces jurisdiction-related barriers for civil work requests. A mechanism or a transparent portal for all health facilities to register their requests for civil work, and a real-time status update of these requests could be monitored at regular intervals. This could ensure increased accountability of such work.
- ⊕ Maternity Home Jwalapuri could significantly enhance operations with the additional availability of Maternity O.T. Staff. Their OT remains non-functional due to lack of concerned HR, availability of which could ensure C-Section service availability at the centre and reduced OT load at the District Hospital.

Annexure

District level Monitoring Checklist

Indicator	Remarks/ Observation			
1. Name of District				
2. Total number of Blocks				
3. Total number of Villages				
4. Total Population				
Rural population				
Urban population				
5. Literacy rate				
6. Sex Ratio				
7. Sex ratio at birth				
8. Population Density				
9. Estimated number of deliveries				
10. Estimated number of C-section				
11. Estimated numbers of live births				
12. Estimated number of eligible couples				
13. Estimated number of leprosy cases				
14. Target for public and private sector TB notification for the current year				
15. Estimated number of cataract surgeries to be conducted				
16. Mortality Indicators:	Previous year (2019-20)		Current FY (2020-21)	
	Estimated	Reported	Estimated	Reported
Maternal Death				
Child Death				
Infant Death				
Stillbirth				
Deaths due to Malaria				
Deaths due to sterilization procedure				
17. 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 <ul style="list-style-type: none"> • Total no. of facilities • Providing 1st trimester services • Providing both 1st & 2nd trimester services 		
--	--	--

Overview: DHAP

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

Service Availability

Indicator	Remarks/ Observation
1. Implementation of Free drugs services (if it is free for all)	
2. Implementation of diagnostic services (if it is free for all) <ul style="list-style-type: none"> • Number of lab tests notified 	
3. Status of delivery points	
• No. of SCs conducting >3 deliveries/month	
• No. of 24X7 PHCs conducting > 10 deliveries /month	
• No. of CHCs conducting > 20 deliveries /month	
• No. of DH/ District Women and child hospital conducting > 50 deliveries /month	
• No. of DH/ District Women and child hospital conducting C-section	
• No. of Medical colleges conducting > 50 deliveries per month	
• No. of Medical colleges conducting C-section	
4. Number of institutes with ultrasound facilities (Public+Private) <ul style="list-style-type: none"> • Of these, how many are registered under PCPNDT act 	
5. Details of Pradhan Mantri Surakshit Matritva Abhiyan PMSMA activities performed	
6. RBSK <ul style="list-style-type: none"> • 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 	
7. Special Newborn Care Units (SNCU) <ul style="list-style-type: none"> • Total number of beds <ul style="list-style-type: none"> ○ In radiant warmer ○ Stepdown care ○ Kangaroo Mother Care (KMC) unit 	

Indicator	Remarks/ Observation	
<ul style="list-style-type: none"> Number of non-functional radiant warmer for more than a week 		
<ul style="list-style-type: none"> Number of non-functional phototherapy unit for more than a week 		
	Inborn	Out born
<ul style="list-style-type: none"> Admission 		
<ul style="list-style-type: none"> Defects at birth 		
<ul style="list-style-type: none"> Discharged 		
<ul style="list-style-type: none"> Referral 		
<ul style="list-style-type: none"> LAMA 		
<ul style="list-style-type: none"> Died 		
8. Newborn Stabilization Unit (NBSU)		
	Inborn	Out born
<ul style="list-style-type: none"> Admission 		
<ul style="list-style-type: none"> Discharged 		
<ul style="list-style-type: none"> Referral 		
<ul style="list-style-type: none"> LAMA 		
<ul style="list-style-type: none"> Died 		
9. Nutrition Rehabilitation Centers (NRC)		
<ul style="list-style-type: none"> Admission <ul style="list-style-type: none"> Bilateral pitting oedema MUAC<115 mm <'3SD WFH with Diarrhea ARI/ Pneumonia TB HIV Fever Nutrition-related disorder Others 		
<ul style="list-style-type: none"> Referred by <ul style="list-style-type: none"> Frontline worker Self Ref from VCDC/ CTC RBSK Pediatric ward/ emergency 		
<ul style="list-style-type: none"> Discharged 		
<ul style="list-style-type: none"> Referral/ Medical transfer 		
<ul style="list-style-type: none"> LAMA 		
<ul style="list-style-type: none"> Died 		
10. Home Based Newborn Care (HBNC)		
<ul style="list-style-type: none"> Status of availability of HBNC kit with ASHAs 		
<ul style="list-style-type: none"> Newborns visited under HBNC 		
<ul style="list-style-type: none"> Status of availability of drug kit with ASHAs 		
11. Number of Maternal Death Review conducted		
<ul style="list-style-type: none"> Previous year 		
<ul style="list-style-type: none"> Current FY 		
12. Number of Child Death Review conducted		
<ul style="list-style-type: none"> Previous year 		
<ul style="list-style-type: none"> Current FY 		
13. Number of blocks covered under Peer Education (PE) programme		
14. No. of villages covered under PE programme		
15. No. of PE selected		
16. No. of Adolescent Friendly Clinic (AFC) meetings held		
17. Weekly Iron Folic Acid Supplementation (WIFS) stockout		

Indicator	Remarks/ Observation	
18. No. of Mobile Medical Unit (MMU) (on the road) and micro-plan		
• No. of trips per MMU per month		
• No. of camps per MMU per month		
• No. of villages covered		
• Average number of OPD per MMU per month		
• Average no. of lab investigations per MMU per month		
• Avg. no. of X-ray investigations per MMU per month		
• Avg. no. of blood smears collected / Rapid Diagnostic Tests (RDT) done for Malaria, per MMU per month		
• Avg. no. of sputum collected for TB detection per MMU per month		
• Average Number of patients referred to higher facilities		
• Payment pending (if any)		
• If yes, since when and reasons thereof		
19. Vehicle for Referral Transport		
• No. of Basic Life Support (BLS) (on the road) and their distribution		
• No. of Advanced Life Support (ALS) (on the road) and their distribution		
	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)		
20. Universal health screening		
• If conducted, what is the target population		
• Number of Community Based Assessment Checklist (CBAC) forms filled till date		
• No. of patients screened, diagnosed, and treated for:		
○ Hypertension		
○ Diabetes		
○ Oral cancer		
○ Breast Cancer		
○ Cervical cancer		
21. If State notified a State Mental Health Authority		
22. If grievance redressal mechanism in place		
• Whether call center and toll-free number available		
• Percentage of complains resolved out of the total complains registered in current FY		

Indicator	Remarks/ Observation		
23. If Mera-aaspatal has been implemented			
24. Payment status:	No. of beneficiaries	Backlog	DBT status
<ul style="list-style-type: none"> • JSY beneficiaries 			
<ul style="list-style-type: none"> • ASHA payment: 			
<ul style="list-style-type: none"> ○ A- Routine and recurring at an increased rate of Rs. 2000 pm 			
<ul style="list-style-type: none"> ○ B- Incentive under NTEP 			
<ul style="list-style-type: none"> ○ C- Incentives under NLEP 			
<ul style="list-style-type: none"> • Payment of ASHA facilitators as per revised norms (of a minimum of Rs. 300 per visit) 			
<ul style="list-style-type: none"> • Patients incentive under NTEP programme 			
<ul style="list-style-type: none"> • Provider's incentive under NTEP programme 			
<ul style="list-style-type: none"> • FP compensation/ incentive 			
25. Implementation of Integrated Disease Surveillance Programme (IDSP)			
<ul style="list-style-type: none"> • If Rapid Response Team constituted, what is the composition of the team • No. of outbreaks investigated in previous year and in current FY 			
<ul style="list-style-type: none"> • How is IDSP data utilized 			
<ul style="list-style-type: none"> • Proportion (% out of total) of Pvt health facilities reporting weekly data of IDSP 			
26. Implementation of National Vector Borne Disease Control Programme (NVBDCP)			
<ul style="list-style-type: none"> • Micro plan and macro plan available at district level 			
<ul style="list-style-type: none"> • Annual Blood Examination Rate 			
<ul style="list-style-type: none"> • Reason for increase/ decrease (trend of last 3 years to be seen) 			
<ul style="list-style-type: none"> • LLIN distribution status 			
<ul style="list-style-type: none"> • IRS 			
<ul style="list-style-type: none"> • Anti-larval methods 			
<ul style="list-style-type: none"> • Contingency plan for epidemic preparedness 			
<ul style="list-style-type: none"> • Weekly epidemiological and entomological situations are monitored 			
<ul style="list-style-type: none"> • No. of MDR rounds observed 			
<ul style="list-style-type: none"> • No. of districts achieved elimination status for Lymphatic Filariasis i.e. mf rate <1% 			
27. Implementation of National Tuberculosis Elimination Programme (NTEP)			
<ul style="list-style-type: none"> • Target TB notification achieved 			
<ul style="list-style-type: none"> • Whether HIV Status of all TB patient is known 	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If No, no. of TB patients with known HIV status _____		
<ul style="list-style-type: none"> • Eligible TB patients with UDST testing 			
<ul style="list-style-type: none"> • Whether drugs for both drug-sensitive and drug resistance TB available 			
<ul style="list-style-type: none"> • Patients notification from public sector 	No of patients notified: Treatment success rate: No. of MDR TB Patients: Treatment initiation among MDR TB patients:		
<ul style="list-style-type: none"> • Patients notification from private sector 	No of patients notified: Treatment success rate: No. of MDR TB Patients: Treatment initiation among MDR TB patients:		

Indicator	Remarks/ Observation	
<ul style="list-style-type: none"> Beneficiaries paid under Nikshay Poshan Yojana 		
<ul style="list-style-type: none"> Active Case Finding conducted as per planned for the year 	<input type="checkbox"/> Yes/ <input type="checkbox"/> No	
28. Implementation of National Leprosy Eradication Programme (NLEP)		
<ul style="list-style-type: none"> No. of new cases detected 		
<ul style="list-style-type: none"> No. of G2D cases 		
<ul style="list-style-type: none"> MDT available without interruption 		
<ul style="list-style-type: none"> Reconstructive surgery for G2D cases being conducted 		
<ul style="list-style-type: none"> MCR footwear and self-care kit available 		
29. Number of treatment sites and Model Treatment Center (MTC) for viral hepatitis		
30. Percent of health workers immunized against Hep B		
31. Key activities performed in current FY as per ROP under National Fluorosis Control Programme		
32. Key activities performed in current FY as per ROP under National Iron Deficiency Disorders Control Programme		
33. Key activities performed in current FY as per ROP under National Tobacco Control Programme		
34. Number of ASHAs <ul style="list-style-type: none"> Required as per population Selected No. of ASHAs covering more than 1500 (rural)/ 3000 (urban) population No. of villages/ slum areas with no ASHA 		
35. Status of social benefit scheme for ASHAs and ASHA Facilitators (if available) <ul style="list-style-type: none"> No. of ASHAs enrolled for Pradhan Mantri Jeevan Jyoti Bima Yojana (PMJJBY) No. of ASHA Facilitator enrolled for Pradhan Mantri Jeevan Jyoti Bima Yojana (PMJJBY) No. of ASHAs enrolled for Pradhan Mantri Suraksha Bima Yojana (PMSBY) No. of ASHA Facilitators enrolled for Pradhan Mantri Suraksha Bima Yojana (PMSBY) No. of ASHAs enrolled for Pradhan Mantri Shram Yogi Maandhan Yojana (PMSYMY) No. of ASHA Facilitators enrolled for Pradhan Mantri Shram Yogi Maandhan Yojana (PMSYMY) Any other state-specific scheme _____ 		
36. Status of Mahila Arogya Samitis (MAS)- <ol style="list-style-type: none"> Formed Trained MAS account opened 		
37. Status of Village Health Sanitation and Nutrition Committee (VHSNC) <ol style="list-style-type: none"> Formed Trained MAS account opened 		
38. Number of facilities quality certified		
39. Status of Kayakalp and Swachh Swasth Sarvatra (SSS)		
40. Activities performed by District Level Quality Assurance Committee (DQAC)		
41. Recruitment for any staff position/ cadre conducted at district level		
42. Details of recruitment	Previous year	Current FY

Indicator	Remarks/ Observation			
	(2019-20)		(2020-21)	
	Regular cadre	NHM	Regular cadre	NHM
• Total no. of posts vacant at the beginning of FY				
• Among these, no. of posts filled by state				
• Among these, no. of posts filled at district level				
43. If state has comprehensive (common for regular and contractual HR) Human Resource Information System (HRIS) in place				

Implementation of CPHC

Status as on: _____

Indicator	Planned	Completed
1. Number of individuals enumerated		
2. Number of CBAC forms filled		
3. Number of HWCs started NCD screening: a. SHC- HWC b. PHC- HWC c. UPHC – HWC		
4. Number of individuals screened for: a. Hypertension b. Diabetes c. Oral Cancer d. Breast Cancer e. Cervical Cancer		
5. Number of HWCs providing Tele-consultation 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			
2. Performance of EMOC/ LSAS trained doctors	Trained	Posted in FRU	Performing C-section
LSAS trained doctors			
EmOC trained doctors			

State of Fund Utilization

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

Status of Expenditure as on: _____ to _____

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			
• FMR 16.1: PM Activities Sub Annexure			
17. FMR 17: IT Initiatives for Service Delivery			
18. FMR 18: Innovations			

Programme Wise

Status of Expenditure as on: _____ to _____

Indicator	Budget Released (in lakhs)	Budget utilized (in lakhs)	Reason for low utilization (if less than 60%)
1. RCH and Health Systems Flexipool			
Maternal Health			
Child Health			
RBSK			
Family Planning			
RKSK/ Adolescent health			
PC-PNDT			
Immunization			
Untied Fund			
Comprehensive Primary Healthcare (CPHC)			
Blood Services and Disorders			
Infrastructure			
ASHAs			
HR			
Programme Management			
MMU			

Indicator	Budget Released (in lakhs)	Budget utilized (in lakhs)	Reason for low utilization (if less than 60%)
Referral Transport			
Procurement			
Quality Assurance			
PPP			
NIDDCP			
NUHM			
Communicable Diseases Pool			
Integrated Disease Surveillance Programme (IDSP)			
National Vector Borne Disease Control Programme (NVBDCP)			
National Leprosy Eradication Programme (NLEP)			
National TB Elimination Programme (NTEP)			
Non-Communicable Diseases Pool			
National Program for Control of Blindness and Vision Impairment (NPCB+VI)			
National Mental Health Program (NMHP)			
National Programme for Health Care for the Elderly (NPHCE)			
National Tobacco Control Programme (NTCP)			
National Programme for Prevention and Control of Diabetes, Cardiovascular Disease and Stroke (NPCDCS)			
National Dialysis Programme			
National Program for Climate Change and Human Health (NPCCHH)			
National Oral health programme (NOHP)			
National Programme on palliative care (NPPC)			
National Programme for Prevention and Control of Fluorosis (NPPCF)			
National Rabies Control Programme (NRCP)			
National Programme for Prevention and Control of Deafness (NPPCD)			
National Programme for Prevention and Management of Burn & Injuries			
Programme for Prevention and Control of Leptospirosis (PPCL)			

Status of trainings

Status as on: _____

List of training (to be filled as per ROP approval)	Planned	Completed
1.		
2.		
3.		
4.		

DH level Monitoring Checklist

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	Comments: <input type="checkbox"/> 24*7 running water facility <input type="checkbox"/> Facility is geriatric and disability-friendly (ramps etc.) <input type="checkbox"/> Clean functional toilets available (separate for Male and female) <input type="checkbox"/> Drinking water facility available <input type="checkbox"/> OPD waiting area has sufficient sitting arrangement <input type="checkbox"/> ASHA restroom is available <input type="checkbox"/> Drug storeroom with rack is available Power backup: <input type="checkbox"/> Complete Hospital/ <input type="checkbox"/> Part of the hospital Last major renovation done in (Year): _____																																																									
3. Number of functional in-patient beds	_____ No of ICU Beds available:																																																									
4. List of Services available																																																										
<ul style="list-style-type: none"> • Specialized services available in addition to General OPD, ANC, Delivery, PNC, Immunization, FP, Laboratory services 	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 5%;">Sl.</th> <th style="width: 75%;">Service</th> <th style="width: 20%;">Y/N</th> </tr> </thead> <tbody> <tr><td>1</td><td>Medicine</td><td></td></tr> <tr><td>2</td><td>O&G</td><td></td></tr> <tr><td>3</td><td>Pediatric</td><td></td></tr> <tr><td>4</td><td>General Surgery</td><td></td></tr> <tr><td>5</td><td>Anesthesiology</td><td></td></tr> <tr><td>6</td><td>Ophthalmology</td><td></td></tr> <tr><td>7</td><td>Dental</td><td></td></tr> <tr><td>8</td><td>Imaging Services (X-ray)</td><td></td></tr> <tr><td>9</td><td>Imaging Services (USG)</td><td></td></tr> <tr><td>10</td><td>District Early Intervention Centre (DEIC)</td><td></td></tr> <tr><td>11</td><td>Nutritional Rehabilitation Centre (NRC)</td><td></td></tr> <tr><td>12</td><td>SNCU/ Mother and Newborn Care Unit (MNCU)</td><td></td></tr> <tr><td>13</td><td>Comprehensive Lactation Management Centre (CLMC) / Lactation Management Unit (LMU)</td><td></td></tr> <tr><td>14</td><td>Neonatal Intensive Care Unit (NICU)</td><td></td></tr> <tr><td>15</td><td>Pediatric Intensive Care Unit (PICU)</td><td></td></tr> <tr><td>16</td><td>Labour Room Complex</td><td></td></tr> <tr><td>17</td><td>ICU</td><td></td></tr> <tr><td>18</td><td>Dialysis Unit</td><td></td></tr> </tbody> </table>	Sl.	Service	Y/N	1	Medicine		2	O&G		3	Pediatric		4	General Surgery		5	Anesthesiology		6	Ophthalmology		7	Dental		8	Imaging Services (X-ray)		9	Imaging Services (USG)		10	District Early Intervention Centre (DEIC)		11	Nutritional Rehabilitation Centre (NRC)		12	SNCU/ Mother and Newborn Care Unit (MNCU)		13	Comprehensive Lactation Management Centre (CLMC) / Lactation Management Unit (LMU)		14	Neonatal Intensive Care Unit (NICU)		15	Pediatric Intensive Care Unit (PICU)		16	Labour Room Complex		17	ICU		18	Dialysis Unit	
	Sl.	Service	Y/N																																																							
	1	Medicine																																																								
	2	O&G																																																								
	3	Pediatric																																																								
	4	General Surgery																																																								
	5	Anesthesiology																																																								
	6	Ophthalmology																																																								
	7	Dental																																																								
	8	Imaging Services (X-ray)																																																								
	9	Imaging Services (USG)																																																								
	10	District Early Intervention Centre (DEIC)																																																								
	11	Nutritional Rehabilitation Centre (NRC)																																																								
	12	SNCU/ Mother and Newborn Care Unit (MNCU)																																																								
	13	Comprehensive Lactation Management Centre (CLMC) / Lactation Management Unit (LMU)																																																								
	14	Neonatal Intensive Care Unit (NICU)																																																								
	15	Pediatric Intensive Care Unit (PICU)																																																								
	16	Labour Room Complex																																																								
17	ICU																																																									
18	Dialysis Unit																																																									

Indicator	Remarks/ Observation				
	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				
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"> • Desktop/ Laptop available: <input type="checkbox"/> Yes/ <input type="checkbox"/> No • Internet connectivity: <input type="checkbox"/> Yes/ <input type="checkbox"/> No Quality/strength of internet connection: _____				
13. Kayakalp	Initiated:				

Indicator	Remarks/ Observation
	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	
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 _____
20. 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:
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: _____
• Whether the services are free for all	<input type="checkbox"/> Free for BPL <input type="checkbox"/> Free for elderly <input type="checkbox"/> Free for JSSK beneficiaries <input type="checkbox"/> Free for all
• Number of patients provided dialysis service (for 2020-21)	○ Previous year _____

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

Indicator	Remarks/ Observation			
39. Number of newborns immunized with birth dose at the Facility in last 3 months				
40. Newborns breastfed within one hour of birth (observe if practiced and women are being counselled)				
41. Status of functionality of DEIC	<input type="checkbox"/> Fully functional with all staff in place <input type="checkbox"/> Functional with few vacancies (approx. 20%-30%) <input type="checkbox"/> Functional with more than 50% vacancies <input type="checkbox"/> Not functional/ All posts vacant			
42. Number of sterilizations performed in last one month				
43. Availability of trained provider for IUCD/ PPIUCD	<input type="checkbox"/> Yes/ <input type="checkbox"/> No			
44. Who counsels on FP services?				
45. Please comment on utilization of other FP services				
46. FPLMIS has been implemented	<input type="checkbox"/> Yes/ <input type="checkbox"/> No			
47. Availability of functional Adolescent Friendly Health Clinic	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, who provides counselling to adolescents: _____ Separate male and female counselors available: <input type="checkbox"/> Yes/ <input type="checkbox"/> No 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. Our 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 Nikshay Poshan Yojana in the last 6 months: _____			
52. Maintenance of records on	<ul style="list-style-type: none"> • TB Treatment Card cases (both for drug-sensitive and drug-resistant cases): <input type="checkbox"/> Yes/ <input type="checkbox"/> No • TB Notification Registers: <input type="checkbox"/> Yes/ <input type="checkbox"/> No • Malaria cases: <input type="checkbox"/> Yes/ <input type="checkbox"/> No • Palliative cases: <input type="checkbox"/> Yes/ <input type="checkbox"/> No • Cases related to Dengue and Chikungunya: <input type="checkbox"/> Yes/ <input type="checkbox"/> No 			

Indicator	Remarks/ Observation
	<ul style="list-style-type: none"> Leprosy cases: <input type="checkbox"/>Yes/ <input type="checkbox"/>No
53. How much fund was received and utilized by the Facility under NHM?	Fund Received last year: Fund utilized last year: Items/ Activities whose expenditure is met out of the RKS/ Untied Fund regularly: Reasons for underutilization of fund (if any)
54. Status of data entry in (match with physical records)	HMIS: <input type="checkbox"/> Updated/ <input type="checkbox"/> Not updated MCTS: <input type="checkbox"/> Updated/ <input type="checkbox"/> Not updated IHIP: <input type="checkbox"/> Updated/ <input type="checkbox"/> Not updated HWC Portal: <input type="checkbox"/> Updated/ <input type="checkbox"/> Not updated Nikshay Portal: <input type="checkbox"/> Updated/ <input type="checkbox"/> Not updated
55. Frequency of RKS meeting	
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):
<ul style="list-style-type: none"> How many cases from CHC, PHC, SC, referred to in last month? 	Number: CHC PHC SC Types of cases referred in:
<ul style="list-style-type: none"> How many cases were referred out last month? 	Number: Types of cases referred out:
3. Key challenges in the Facility and the root causes	
Challenge	Root causes
a)	
b)	

CHC/ MH level Monitoring Checklist

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 Please comment on the condition and tick the appropriate box		Comments: <input type="checkbox"/> 24*7 running water facility <input type="checkbox"/> Facility is geriatric and disability-friendly (ramps etc.) <input type="checkbox"/> Clean functional toilets available (separate for Male and female) <input type="checkbox"/> Drinking water facility available <input type="checkbox"/> OPD waiting area has sufficient sitting arrangement <input type="checkbox"/> ASHA restroom 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"> Specialized services available in addition to General OPD, ANC, Delivery, PNC, Immunization, FP, Laboratory services 	Sl.	Service	Y/N
	1	Medicine	
	2	O&G	
	3	Pediatric	
	4	General Surgery	
	5	Anesthesiology	
	6	Ophthalmology	
	7	Dental	
	8	Imaging Services (X-ray)	
	9	Imaging Services (USG)	
10	Newborn Stabilization Unit		
<ul style="list-style-type: none"> 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		
<ul style="list-style-type: none"> Emergency 	General emergency: or facilities available for: 1. Triage 2. Resuscitation 3. Stabilization		
9. Tele-medicine/Consultation services available	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		

	If yes, average case per day _____																																																																								
10. Operation Theatre available	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, Major: Minor:																																																																								
11. Availability of functional Blood Storage Unit	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, number of units of blood currently available: _____ No. of blood transfusions done in last month: _____																																																																								
12. Whether blood is issued free, or user-fee is being charged	<input type="checkbox"/> Free for BPL <input type="checkbox"/> Free for elderly <input type="checkbox"/> Free for JSSK beneficiaries <input type="checkbox"/> Free for all																																																																								
13. Biomedical waste management practices	Sharp pit: Deep Burial pit: Other System, if any:																																																																								
14. Details of HR available in the Facility (Sanctioned and In-place)	<table border="1"> <thead> <tr> <th></th> <th>HR</th> <th>San.</th> <th>Reg.</th> <th>Cont.</th> </tr> </thead> <tbody> <tr> <td>MO (MBBS)</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td rowspan="4">Specialists</td> <td>Medicine</td> <td></td> <td></td> <td></td> </tr> <tr> <td>ObGy</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Pediatrician</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Anesthetist</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Dentist</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>SNs/ GNMs</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>LTs</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Pharmacist</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Dental Assistant/ Hygienist</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Hospital/ Facility Manager</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>EmOC trained doctor</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>LSAS trained doctor</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Others</td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>		HR	San.	Reg.	Cont.	MO (MBBS)					Specialists	Medicine				ObGy				Pediatrician				Anesthetist				Dentist					SNs/ GNMs					LTs					Pharmacist					Dental Assistant/ Hygienist					Hospital/ Facility Manager					EmOC trained doctor					LSAS trained doctor					Others				
		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"> Desktop/ Laptop available: <input type="checkbox"/> Yes/ <input type="checkbox"/> No Internet connectivity: <input type="checkbox"/> Yes/ <input type="checkbox"/> No Quality/strength of internet connection: _____																																																																								
16. Kayakalp	Initiated: Facility score: Award received:																																																																								
17. NQAS	Assessment done: Internal/State Facility score: Certification Status:																																																																								
18. LaQshya	Labour Room: Operation Theatre:																																																																								
19. Availability of list of essential medicines (EML)/ drugs (EDL)	<input type="checkbox"/> Yes/ <input type="checkbox"/> No																																																																								
	If yes, total number of drugs in EDL _____ EDL displayed in OPD Area: <input type="checkbox"/> Yes/ <input type="checkbox"/> No No. of drugs available on the day of visit (out of the EDL) _____																																																																								
20. Implementation of DVDMS or similar supply chain management system	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If other, which one _____																																																																								
21. Shortage of 5 priority drugs from EDL in last 30 days, if any																																																																									
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	
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
• If the Facility is designated as FRU, whether C-sections are performed	<input type="checkbox"/> Yes/ <input type="checkbox"/> No Number of normal deliveries performed in last month: _____ No. of C-sections performed in last month: _____
• Comment on condition of:	Labour room: OT: Functional New-born care corner (functional radiant warmer with neo-natal ambu bag): <input type="checkbox"/> Yes/ <input type="checkbox"/> No
30. Status of JSY payments	Payment is up to date: <input type="checkbox"/> Yes/ <input type="checkbox"/> No Average delay: Payment done till: Reasons for delay:
31. Availability of JSSK entitlements	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, whether all entitlements being provided <input type="checkbox"/> Free delivery services (Normal delivery/ C-section) <input type="checkbox"/> Free diet <input type="checkbox"/> Free drugs and consumables <input type="checkbox"/> Free diagnostics <input type="checkbox"/> Free blood services <input type="checkbox"/> Free referral transport (home to Facility) <input type="checkbox"/> Free referral transport (drop back from Facility to home) <input type="checkbox"/> No user charges
32. PMSMA services provided on 9 th of every month	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, how are high risks identified on the 9 th ? If No, reasons thereof:
33. Line listing of high-risk pregnancies	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
34. Practice related to Respectful Maternity Care	

35. Whether Facility have registers for entering births and deaths	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
36. Number of Maternal Death reported in the Facility	Previous year: 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			
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. Our 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		
51. Our service providers trained in cancer services?	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
52. Whether reporting weekly data in P, S and L form under IDSP	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
53. Status of TB elimination programme	Facility is designated as Designated Microscopy Centre (DMC): <input type="checkbox"/> Yes/ <input type="checkbox"/> No		
	If yes, percent of OPD whose samples were tested for TB (microscopy) in last 6 month (average) _____		
	If anti-TB drugs available at the Facility: <input type="checkbox"/> Yes/ <input type="checkbox"/> No		
	If yes, are there any patients currently taking anti-TB drugs from the Facility: <input type="checkbox"/> Yes/ <input type="checkbox"/> No		
	Percent of patients tested through CBNAAT/TruNat for Drug resistance in the last 6 months _____		
Is there a sample transport mechanism in place for:			

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

PHC/ DGD/ M&CW level Monitoring Checklist

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 For U-PHC, check if evening/morning OPD/Clinics being conducted	<input type="checkbox"/> Yes/ <input type="checkbox"/> No			
2. Whether the Facility is functioning in PPP mode	<input type="checkbox"/> Yes/ <input type="checkbox"/> No			
3. Condition of infrastructure/ building Please comment on the condition and tick the appropriate box	Comments <input type="checkbox"/> 24*7 running water facility <input type="checkbox"/> Facility is geriatric and disability-friendly (Ramps etc.) <input type="checkbox"/> Clean functional toilets available (separate for Male and female) <input type="checkbox"/> Drinking water facility available <input type="checkbox"/> OPD waiting area has sufficient sitting arrangement <input type="checkbox"/> ASHA restroom 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			
	LHV/PHN			
Others				
10. IT Services	<ul style="list-style-type: none"> • Desktop/ Laptop available: <input type="checkbox"/> Yes/ <input type="checkbox"/> No • All ANMs have functional Tablets: <input type="checkbox"/> Yes/ <input type="checkbox"/> No • Smart phones given to all ASHAs: <input type="checkbox"/> Yes/ <input type="checkbox"/> No • Internet connectivity: <input type="checkbox"/> Yes/ <input type="checkbox"/> No Quality/strength of internet connection: _____ 			
11. Kayakalp	Initiated: Facility score: Award received:			

12. NQAS	Assessment done: Internal/State Facility score: Certification Status:
13. Availability of list of essential medicines (EML)/ drugs (EDL)	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, total number of drugs in EDL _____ EDL displayed in OPD Area: <input type="checkbox"/> Yes/ <input type="checkbox"/> No No. of drugs available on the day of visit (out of the EDL) _____
14. Implementation of DVDMS or similar supply chain management system	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If other, which one _____
15. Shortage of 5 priority drugs from EDL in last 30 days, if any	
16. Drugs Available for Hypertension & Diabetic patients:	
17. Shortage of sufficient number of Hypertension & Diabetic in last 7 days	
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
• 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:
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
• If yes, details	Comment on condition of labour room: Functional New-born care corner (functional radiant warmer with neo-natal ambu bag): <input type="checkbox"/> Yes/ <input type="checkbox"/> No
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/ Dakshta trained/SBA trained MO/SN/ANM in Labour Room	<input type="checkbox"/> Yes <input type="checkbox"/> No		
31. Practice related to Respectful Maternity Care			
32. Number of Maternal Death reported in the Facility	Previous year:2019-2020 Current FY:2020-2021		
33. Number of Child Death reported in the Facility	Previous year: Current year:		
34. Availability of vaccines and hub cutter	<input type="checkbox"/> Yes/ <input type="checkbox"/> No Nurses/ ANM aware about open vial policy: <input type="checkbox"/> Yes/ <input type="checkbox"/> No		
35. Number of newborns immunized with birth dose at the Facility in last 3 months			
36. Newborns breastfed within one hour of birth			
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: _____		
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. Our 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		

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

57. Population enumeration initiated for slum population	<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: _____

Community-level Monitoring Checklist

Name of Village/ slum visited	
Whether the sub-centre/ U-PHC is in the same village/ slum area	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
Details of nearest public health facility	Facility Name: Facility type: Distance:
Accessible from nearest road head	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
Date of Visit	

Indicator	Please comment
1. Health seeking behavior Preferred health facility for primary, secondary and tertiary healthcare services <ul style="list-style-type: none"> • Public or Private? • If private, reason for not preferring public facilities 	
2. Lifestyles (tobacco, alcohol, substance abuse and physical activity level) and living conditions (Indoor air pollution, use of solid fuel, use of iodized salt, drinking water, hygiene and sanitation, ODF Status)	
3. Access to health: drugs, diagnostics, referral transport	
4. Behavior of health service providers	
5. Out of Pocket expenditure in public health facilities	
6. Coverage, knowledge and skills of ASHA as perceived by the community	
7. Support, supervision, training and payment of incentives of ASHA (as per discussion with ASHAs)	
8. Availability of services for Immunization, ANC, PNC, AH counselling, Contraceptive services, Nutrition counselling and preferred facilities for each	
9. Screening for common NCDs (HT, DM) and preferred facilities for seeking treatment	
10. Screening for Leprosy, TB and preferred facilities for seeking treatment	
11. Availability of services for treatment of Malaria, Dengue, Kala-azar, Chikungunya, JE, Filariasis, Fluorosis, rabies etc.	
12. Preferred facilities for emergency services (Burn, Accidents etc.)	
13. Preferred facilities for: <ul style="list-style-type: none"> • Eye ailments (eg. Cataract) • Dental ailments (e.g. for toothache, denture, RCT etc.) 	
14. Screening for 4Ds (by RBSK Team) at schools and Anganwadi centre	
15. Key challenges observed in the community and the root causes	
Challenge	Root causes
a)	
b)	