



A MONITORING AND EVALUATION REPORT
NATIONAL HEALTH MISSION PROGRAMME IMPLEMENTATION PLAN (NMH-PIP)
DISTRICT SAWAI MADHOPUR, RAJASTHAN



2020-21

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August, 2021

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EXECUTIVE SUMMARY

As part of the nation-wide district level assessment of the key components of National Health Mission Programme Implementation Plans, funded by the Ministry of Health and Family Welfare, Government of India, a two member team from the Population Research Centre Delhi visited the allotted district of Sawai Madhopur, Rajasthan during August, 2021.

To facilitate the Monitoring and Evaluation activities, facility surveys at the rural and urban level were conducted. The observations collected during the facility surveys, coupled with key stakeholder interactions, and secondary data reviews form the basis of this report. The report essentially throws lights on the overall status of the healthcare systems in the district, covering comprehensively the demographic profile of Sawai Madhopur, and the Physical Health Infrastructure in the district, followed by sections on Human Resource for Healthcare, Community Health, and Facility Assessments.

Sawai Madhopur district comprises of some underserved areas due to the dense forest regions. However, the district has documented considerable development in terms of health facilities, transport network and quality care. The district observes Health Infrastructure adequacy as per the population norms, however, there is a need to upgrade service basket and HR availability in accordance with the IPHS norms. Community mobilization efforts in the district are catching up post-pandemic, and service delivery plans with prioritised focus on special outreach sessions as per line-listings have been charted for even the difficult and unreachable villages across the district.

The SNCU in the district deserves a remarkable acknowledgement, given the many self-thought initiatives, which the adept team of pediatricians there has implemented. The SNCU monthly review meetings have significantly contributed in bringing down the SNCU mortality rates in the district. The district healthcare management workforce is actively engaged in the facilitation of the healthcare programmes, and observes wide participation from all key stakeholders in the planning and implementation of NHM PIP approved activities in the district.

The priorities of the district include enhancing child immunization services for the unreached areas, accurate data collection and reporting, upgrading facilities as per IPHS norms, management through streamlined follow-up of non-communicable diseases, and strengthening diagnostic and laboratory investigations. The aspect of Respectful Maternity Care needs to be reinforced across delivery points, and due sensitization among staff members must be ensured with regards to providing quality delivery care.

STRENGTHS

ASHA Healthcare Service Delivery, NCD Screening, SNCU Operations, CLMC Operations, NUHM health facilities, Institutional Deliveries, JSY payment status, JSSK entitlements, Drugs availability as per EDL

WEAKNESSES

Intra-district disparity – Child Immunization, Delivery load management at the District Hospital, PPP Mode activities, Healthcare system in the Malarna Doongar Subdivision, 1st Trimester ANC Registration, Full ANC checkups

OPPORTUNITIES

NCD Care management, ANC Care, Child Immunization, and Nutrition support

THREATS

Childhood Diarrhoea, Chronic disease fatality rate, Adult tuberculosis, Cancer

1.

SAWAI MADHOPUR: AN OVERVIEW

- Sawai Madhopur district ranks 26th in terms of population, 29th in terms of area and 12th in terms of population density.
- Sawai Madhopur district has seven tehsils, in which Sawai Madhopur tehsil has the highest number of villages (154) whereas Chauth Ka Barwara tehsil has lowest number of villages (67).
- The district houses majority population from the younger age groups, with about 55 percent of the total population aged less than 25.
- The sex ratio of Sawai Madhopur district (897) is significantly lower than the State sex ratio (928).
- Sawai Madhopur district consists 80.0 percent rural and 20.0 percent urban population whereas the State percent of rural and urban population is 75.1 and 24.9 respectively
- One-fifth of the total population in the district belongs to the Scheduled Caste and Scheduled Tribe groups, each.
- The Burden of Disease profile shows that the leading cause of Child Death and Disease, and Adult Death and Diseases in the Sawai Madhopur District is Diarrhoea, and Diabetes, respectively.



1.1. DEMOGRAPHY

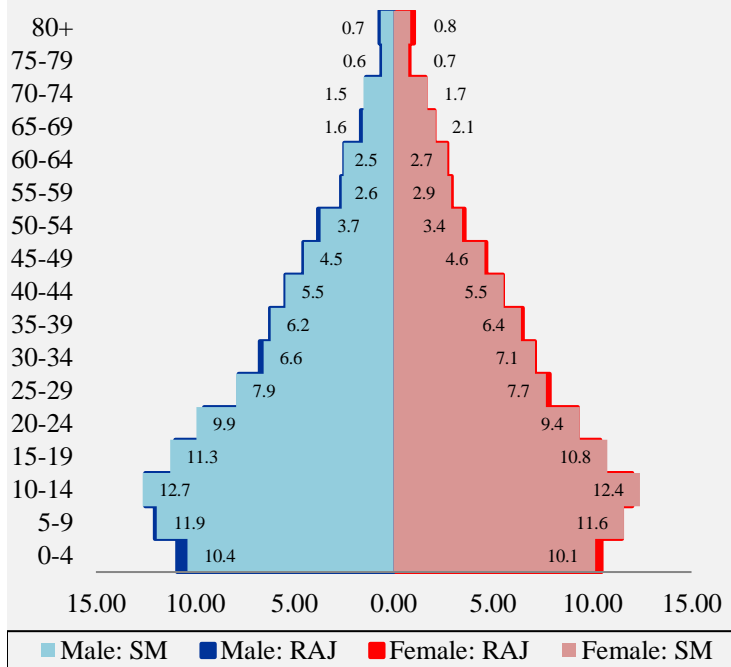
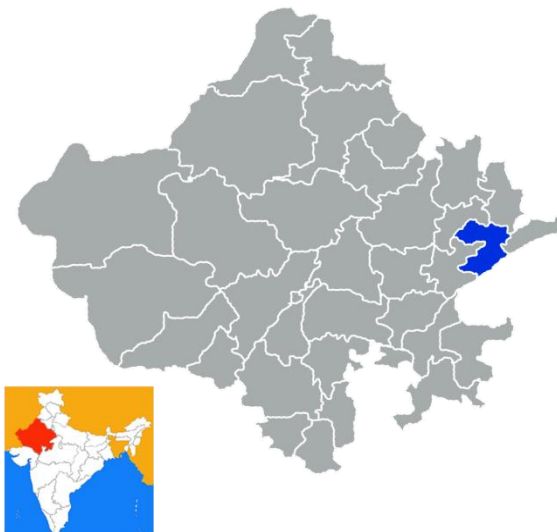


Figure 1: Population Pyramid: District Sawai Madhopur, Rajasthan

As per the Census of India, 2011, the district of Sawai Madhopur houses a little more than of 1.3 million people. The recent estimates from the CMHO Office suggest that the population in the district has increased to approximately 1.6 million. The district houses majority population from the younger age groups, with about 55 percent of the total population aged less than 25. The said pattern is observably true for the genders in the district. Close to seven percent of the total population in the district is aged.

SAWAI MADHOPUR	% Rural: 80.0	% SC: 21.9	% ST: 21.0	% Female: 47.2
Sawai Madhopur	63.8	20.3	22.7	47.8
Malarna Doongar	100.0	14.1	25.7	47.6
Khandar	100.0	29.5	9.8	46.8
Gangapur	62.5	20.5	16.4	46.9
Chauth Ka Barwara	100.0	18.7	22.8	48.1
Bonli	89.3	22.7	25.5	47.5
Bamanwas	100.0	19.7	31.4	46.6



Approximately eighty percent of the total population in the district resides in rural areas. It must also be noted that half of the total population in the district comes from the district headquarter – Sawai Madhopur, or from sub-district Gangapur.

Four out of the seven blocks in Sawai Madhopur are hundred percent rural – Malarna Doongar, Khandar, Chauth ka Barwara, and Bamanwas.

One-fifth of the total population in the district belongs to the Scheduled Caste and Scheduled Tribe groups, each. Blocks Khandar and Bamanwas report the highest proportion of SC and ST population groups, respectively.

1.2. STATUS OF HEALTHCARE

Table 1: Key Health Indicators, Sawai Madhopur

	Rural	Total	Difference
REPRODUCTIVE HEALTH			
<i>% women using:</i>			
a) Any contraceptive method	50.9	50.4	0.5
b) Any modern method	47.4	46.2	1.2
c) Female Sterilisation	40.7	36.7	4
Total Unmet Need for Family Planning (%)	15.0	15.6	-0.6
MATERNITY AND DELIVERY CARE			
<i>% mothers who:</i>			
a) had antenatal check-up in the first trimester	51.4	57.5	-6.1
b) had at least 4 antenatal care visits	29.2	33.8	-4.6
Institutional births (%)	87.4	87.4	0
Institutional births in public facility (%)	71.1	68.9	2.2
CHILD HEALTH			
Children age 12-23 months fully immunized (%)	42.5	46.0	-3.5
Children age 12-23 months who received most of the vaccinations in public health facility (%)	94.3	94.4	-0.1
Children under 5 years who are stunted (%)	39.4	39.4	0
Children under 5 years who are underweight (%)	34.8	34.4	0.4
Children age 6-59 months who are anaemic (<11.0 g/dl) (%)	47.3	49.8	-2.5
ADULT HEALTH			
<i>% women aged 15-49 years:</i>			
a) who are anaemic	40.3	38.5	1.8
b) have high blood sugar levels	3.3	3.4	-0.1
c) have hypertension	5.4	5.8	-0.4
<i>% men aged 15-49 years:</i>			
a) who are anaemic	10.3	11.6	-1.3
b) have high blood sugar levels	3.9	4.4	-0.5
c) have hypertension	10.3	11.0	-0.7

Source: National Family Health Survey, 2015-16

The Fourth Round of the National Family Health Survey throws light on some of the key indicators of health across the country. With regards to Reproductive Health, the total unmet need for family planning in the district has been reported among 16 percent women, while among women from rural areas, the unmet need for family planning is lower, and has been recorded for only 15 percent of the rural women. Performance specific to the 'Full ANC checkup' in the district is concerning, with data suggesting that only 34 percent women reported to have received 4 ANC Checkups. Institutional delivery in public health facilities is notably higher in the rural regions of the district. Strengthening of Child Health, specifically with respect to 'Full Immunisation' can be discerned for from the above Table.

1.3. BURDEN OF DISEASE

The study of Burden of Disease is crucial to the planning and strategizing of healthcare interventions in a given area. Tables 2 and 3 reveal the Child and Adult Morbidity burden in the district, respectively, for the years 2018-19 and 2020-21. The 3-year wide analysis reveals that the burden of childhood diseases and deaths can be largely attributed to Diarrhoea, followed by Pneumonia and Sepsis. Cases of Childhood Tuberculosis and Pertussis have moved up during the said period.

As to the leading causes of Adult Deaths and Diseases reported in the district for the years 2018-19 and 2020-21, Diabetes, Hypertension, and Ophthalmic-related conditions account for the majority burden. It must also be noted that morbidity/death on account of mental illnesses, epilepsy, suicide, animal bites, HIV/AIDS and Kala Azar have moved up ranks for the year 2020-21. Health systems strengthening to cater to the morbidity burden of non-communicable diseases and mental illnesses must serve as a key agenda for the coming years.

Table 2: Leading Causes of Childhood Death and Disease

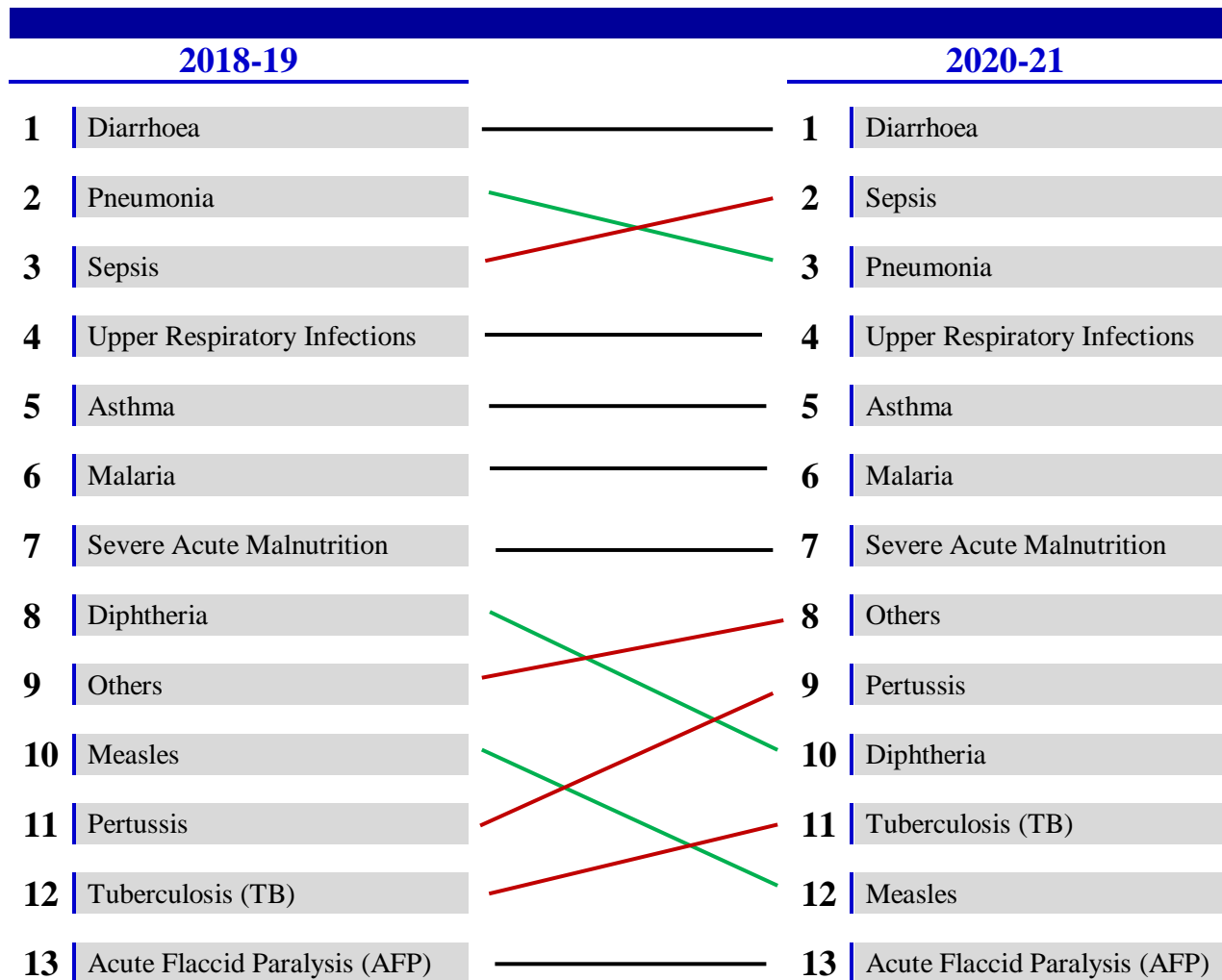


Table 3: Leading Causes of Adult Death and Disease

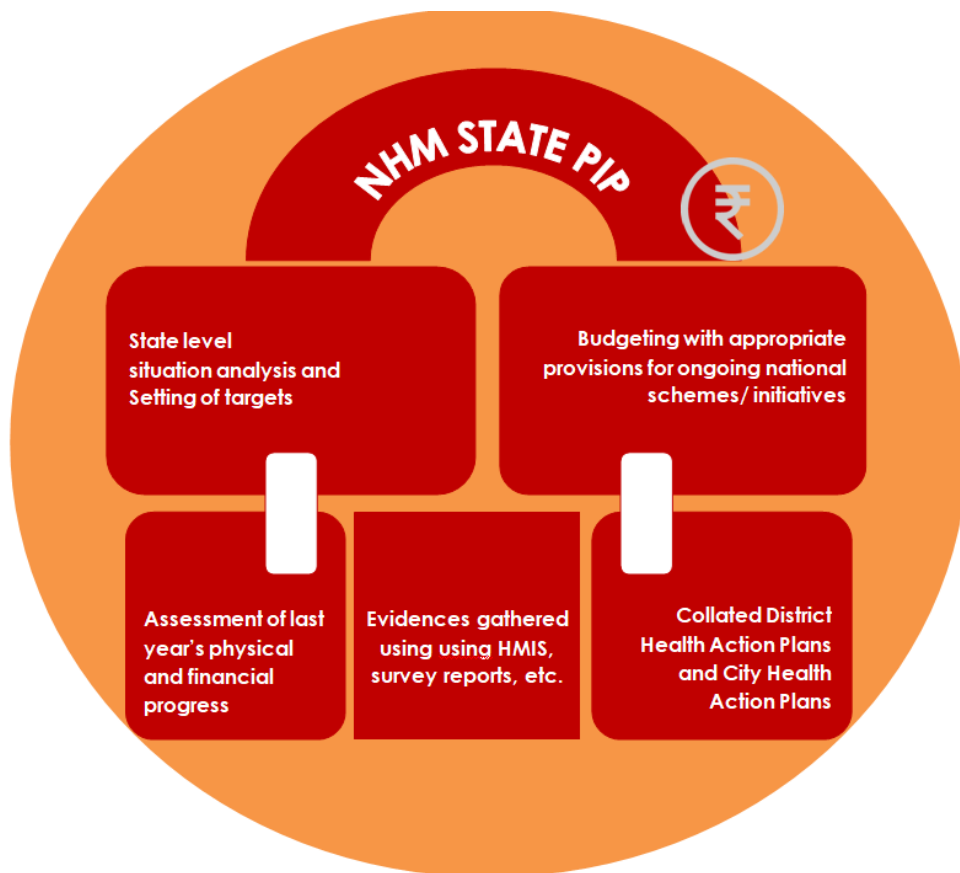
2018-19		2020-21	
1	Diabetes	1	Diabetes
2	Heart disease/Hypertension	2	Ophthalmic Related
3	Ophthalmic Related	3	Heart disease/Hypertension
4	Dental	4	Dental
5	Pyrexia of unknown origin	5	Pyrexia of unknown origin
6	Respiratory diseases	6	Mental illness
7	Diarrhoeal diseases	7	Respiratory diseases
8	Mental illness	8	Diarrhoeal diseases
9	Cancer	9	Epilepsy
10	Typhoid	10	Typhoid
11	Tuberculosis	11	Tuberculosis
12	Epilepsy	12	Cancer
13	Neurological disease/strokes	13	Neurological disease/strokes
14	Hepatitis	14	Hepatitis
15	Accidents/Burn cases	15	Accidents/Burn cases
16	Malaria	16	Suicide
17	Dengue	17	Animal bites and stings
18	Suicide	18	HIV/AIDS
19	Animal bites and stings	19	Malaria
20	HIV/AIDS	20	Kala Azar
21	Kala Azar	21	Dengue

2. PUBLIC HEALTH FINANCING

Resource envelope for Sawai Madhopur for the year FY 2020-21:
2970.14 lakhs (NHM) + 115.33 (NUHM)

3085.74 lakh

A total of 1.02% of the State's total resource envelope was allocated towards Sawai Madhpur District.



2.1. DISTRICT HEALTH ACTION PLAN (DHAP)

BACKGROUND



In order to address the inter district disparities and the local health priorities of each region, the planning process of Nation Health Mission follows a Bottom-Up Approach, wherein, it accounts for the healthcare challenges and required interventions from the village level, moving all the way up to the district level.

A District Health Action Plan (DHAP) is an NHM document that depicts the need at sub district level units for programme implementation in terms of infrastructure, HR, procurement, various schemes running etc. and provides an overall budget required to execute those activities. District Health Mission with support from District Health Society has been entrusted with the responsibility of steering formulation and ensuring implementation of the plan.

A DHAP contains:

- district setting including information into the geography and socio-demographic profiles
- situation analysis
- process for plan development
- objectives
- work plan
- monitoring and evaluation
- budget

PROCESS



Preparation of the District Health Action Plan, following a bottom-up approach, gathers the inputs from block, cities, CHC/PHC and Village level. These inputs are collated into a guiding document –DHAP – which serves to consolidate the State Programme Implementation Plan (State PIP). For finalizing DHAP, an action plan meeting is held between the district and block officials to approve or disapprove the requirements after discussions.



2.2. STATE PROGRAMME IMPLEMENTATION PLAN (PIP)

CONCEPT



Program Implementation Plans (PIPs) are the most crucial documents in NHM through which the States/UTs plan, prioritize and propose strategies and activities to address the challenges in public health. Based on the plan and the budget proposed, the appraisals and discussions are carried out which culminate in National Program Co-ordination Committee (NPCC) meetings and approvals are accorded through the Record of Proceedings (RoP).

The basic principles of planning as given in NHM framework document remain unchanged and so the requirement of bottom-up planning and District Health Action Plans (DHAPs) are to be adhered to. States need to follow the 'Health Systems Approach' in order to simplify the process of planning and budgeting. The state PIPs for the year 2020-21 included the following components:

- PIP Summary
- PIP Annexure
- Budget Annexure
- Budget Abstracts
- Vision document for operationalizing Ab-HWCs

The following themes were identified as Key Priority Areas for the FY 2020-21:

- Operationalization of Health and Wellness Centres (HWCs) for provision of
- Comprehensive Primary Healthcare at SC, PHC and UPHCs
- NCD Screening for 30+ population along with protocols for treatment and follow up and roll out of NCD application
- All well performing District hospitals and Trust hospitals to be notified as Programme Study Centres for CHO training
- Ensuring Free Drugs and Free Diagnostics Services Initiative with Grievance Redressal
- Ensuring NQAS and LaQshya certification of high delivery load facilities
- Operationalization of FRUs as per norms of response time
- Roll out of Home Based Young Child Care (HBYC)
- TB Case Notification from both public and private sectors
- Roll out of National Viral Hepatitis Control Programme (NVHCP)
- National Leprosy Eradication Programme (NLEP) in affected districts
- Operationalization of DEICs
- Early Childhood Development Interventions
- Robust Health Helpline- doctor on call, grievance redressal, scheme dissemination
- Team Based Performance Incentives to ensure continuum of care
- Inclusion of Good practices & Innovations
- Roll out of Rotavirus vaccine
- Roll out of Minimum performance benchmarks
- Roll out of Telemedicine
- Roll out of Midwifery initiative

The PIP documents serve as a crucial input in the preparation of the Record of Proceedings (RoPs). The RoP document conveys the summary of approvals accorded by the NPCC based on the state PIP. It serves as a reference document for implementation of key programmes and procedures. Timely issuance of RoP is seen as an enabler in fast-tracking the implementation of approved activities. A timely and a structured start helps in giving the state and districts ample time to administer and monitor the progress against each approved activity.

A summary of the district RoP is tabulated below, to decipher the patterns of budget allocation across key service domains. It is within the mandates and protocols of the RoP approvals and guidelines, that the district streamlines its NHM activities, and presents its progress against. The RoP amount is typically released in installments, throughout the year. Districts are mandated to submit the financial and physical progress made against the RoP approved budget, every quarter and then, by the end of the year. It is ideally targeted that underutilization of the approved budget is minimized. The said progress reports in light of the approved RoP stimulates effective monitoring of any gaps in terms of budget utilization, and allows for timely corrective action, wherever required.

Table 4: District Resource Envelope, FY 2020-21

S.No.	Particulars	Total Approved Budget (Rs. In Lakh)	% Share
1	Service Delivery - Facility Based	797.46	25.84%
2	Service Delivery - Community	120.06	3.89%
3	Community Interventions	546.87	17.72%
4	Untied Fund	149.6	4.85%
5	Infrastructure	0.75	0.02%
6	Procurement	73.95	2.40%
7	Referral Transport	301.56	9.77%
8	Human Resources	394.98	12.80%
9	Training	46.79	1.52%
10	Reviews, Research, Surveys and	1.534	0.05%
11	IEC/BCC	21.57	0.70%
12	Printing	4.76	0.15%
13	Quality Assurance	134.92	4.37%
14	Drug Warehousing and Logistics	16.9	0.55%
15	PPP	34.63	1.12%
16	Programme Management	197.93	6.41%
17	IT Initiatives for strengthening	30.17	0.98%
18	Innovations (if any)	-	-
B	COVID-19	211.49	6.85%
R	Total - NHM	3085.95	100%
U	NUHM	115.33	
	Grand Total	3201.28	

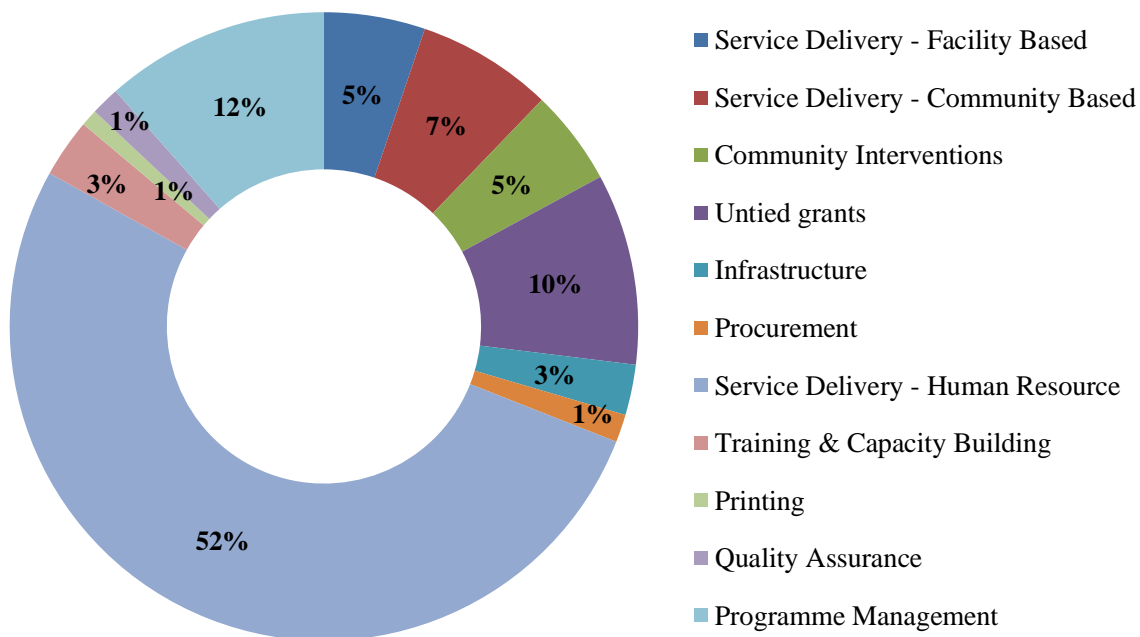
A careful perusal of the District Record of Proceedings (DRoP) was taken up to effectively understand the kind of resource envelope district Sawai Madhopur worked with, during the year 2020-21. For the said financial year, the approved budget for the district, including COVID-19 and NUHM proceedings, accounted to approximately Rs. 320 million. Of Rs. 301 million approved under NHM, close to 26 percent was budgeted towards ‘facility-based service delivery’, followed by Community Interventions (18%), Human Resource (13%), Referral Transport (10%), and Others (33%).

Considering that facility-based service delivery activities accrued for rupees 79.7 million, accounting for one-fourth of the NHM approved budget, it must be noted that 84 percent of this amount was approved towards ‘Beneficiary Compensation’, followed by ‘Service Delivery’ (11%), and ‘Operating Expenses’ (4%).

The budget approved towards NUHM activities accounted to Rs. 11.5 million. A detailed review of budget allocation under NUHM is presented in Figure 2. A little more than half of the NUHM approved budget corresponds to the ‘Service Delivery –Human Resource’ head. ‘Programme Management’ activities under the NUHM take up about 12 percent of the total NUHM budget, and 10 percent from the said allocation is assigned for ‘Untied grants’.

Approximately, 20 percent of the total population in the district resides in urban areas. Of the total approved budget of Rs. 320 million, 96 percent is assigned towards the NHM activities while; the remaining 4 percent is allocated for NUHM proceedings.

Figure 2: Percentage share of NUHM Budget allocation across key domains; FY 2020-21

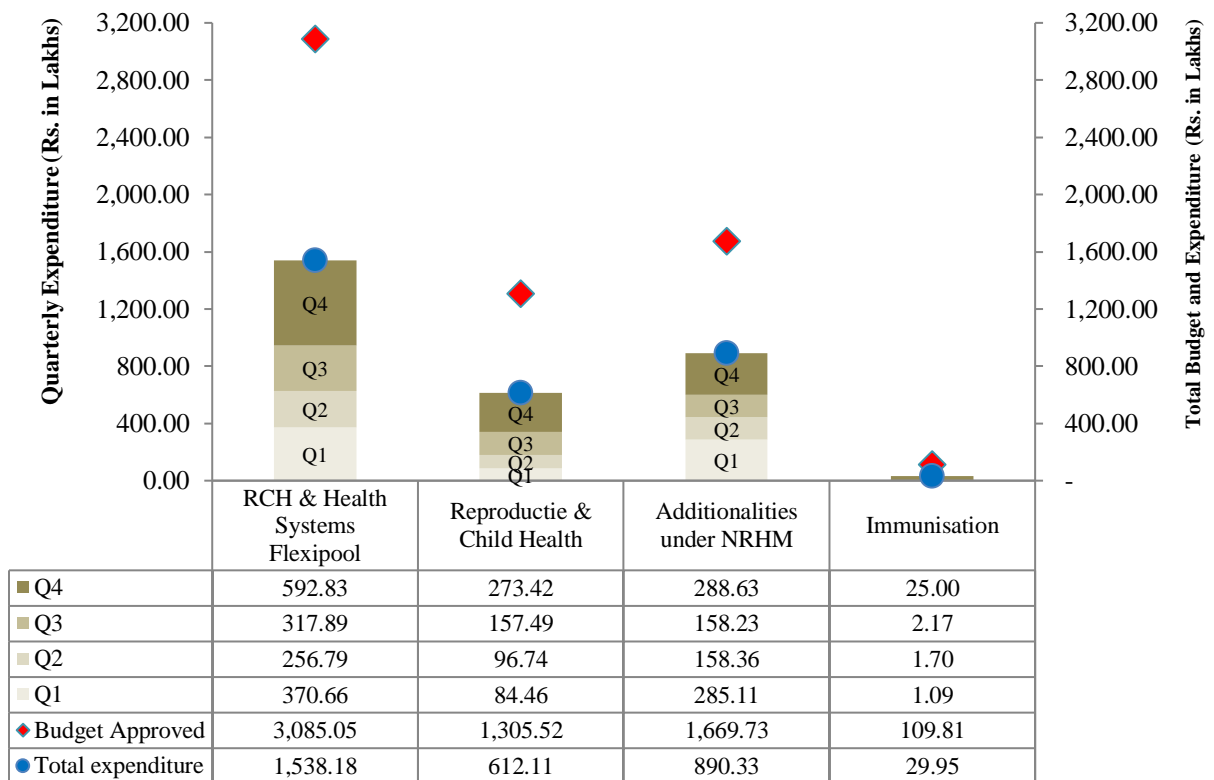


Moving further from the allocation distribution patterns, budget utilization is one of the key aspects of study to understand the patterns in spending. Figure 3 illustrates the quarterly spending of the Sawai Madhopur District for the FY 2020-21, specific to the RCH & Health Systems Flexipool. The total budget approved and total expenditure incurred throughout the year has also been marked for the flexipool and its components.

It can be observed that the maximum share of the approved budget is spent during the last quarter. This pattern holds true for all components within the RCH Flexipool. To elaborate, district Swai Madhopur received an amount of Rs. 3085 lakhs under the RCH flexipool and spent close to Rs. 1538 lakhs, during the financial year 2020-21. This implies an overall utilization of about 50 percent against the approved and allotted budget. A quarterly analysis reveals that whereas 24 percent of the total expenditure towards the RCH flexipool was incurred during the first quarter; the second, third and the fourth quarters accounted for 17, 21, and 38 percent of the total spending. Clearly, and this was also observed for all broad components of PIP Budget heads, that the expenditure patterns are concurrent with the finding discussed above, i.e., higher share of expenditure concerted during the first and final quarters.

Timely disbursement and issuance of funds to the district is the most fundamental towards optimizing utilization levels, and ensuring an equitable utilization pattern throughout the year.

Figure 3: Patterns of Quarterly Expenditure for the RCH Flexipool, FY 2020-21



3. PUBLIC HEALTH PLANNING

- Health facilities per one lakh population: 25
 - Lowest: Malarna Doongar
 - Highest: Khandar
- Public Hospital Bed Density: 8 (per 10,000 population)
- Only 3 public health facilities are available for ultrasound diagnostics against the total of 29 private facilities with ultrasound facility.
- Drug availability with the state supported schemes of 'Chief Ministers Free Medicine Scheme', and 'Chief Ministers Free Diagnostics Scheme' (MNJY AND MNDY) is commendably optimal in the district through the facility tiers.
- Well-performing National Health Programmes:
 - Jananai Shishu Yojana (JSY)
 - Rashtriya Kishor Swasthya Karyakram(RKSK)
 - National AIDS Control Programme (NACP)
 - Universal Immunisation Programme and Mission Indradhanush
- National Health Programmes to be strengthened:
 - Rashtriya Kishor Swasthya Karyakram(RKSK – for IFA Distribution to school-going adolescents)
 - Post-partum family planning
 - National Vitamin A prophylaxis Programme
 - National Programme for Prevention and Control of Cancer, Diabetes, Cardiovascular Diseases & Stroke (NPCDCS)



3.1. HEALTH INFRASTRUCTURE

Healthcare Infrastructure is one of the key pillars in supporting and promoting the aim of ‘Health for All’. It is important to understand that healthcare infrastructure must take into account the various interlinked facets of quality and quantity, so as to address broader healthcare systems and goals.

The National Health Mission categorizes healthcare infrastructure into 4 tiers, wherein a Sub-Centre is at the most peripheral level. Sawai Madhopur has a total of 269 Sub-centres spread across the various villages in the district. The health tier that caters to the primary healthcare needs constitute of Primary Health Centres(PHCs), followed by Community Health Centres (CHCs) offering a wider of range of services, and finally for the top tier is the District Health Hospital and Medical College. With 14 CHCs, 43 PHCs, 1 District Hospital, and 1 SDH functional in the district, the health infrastructure is largely well capacitated.

Table 5: Details of Health Infrastructure and Health Infrastructure Density at the Block level

	DH	SDH	CHC	PHC	SHC	Total	Density per 1,00,000 Population	
							Total	Primary Care
SAWAI MADHOPUR	1	1	14	43	269	328	25	23
Bamanwas	-	-	2	9	28	39	23	22
Bonli	-	-	3	8	49	60	42	40
Chauth Ka Barwara	-	-	3	2	4	9	9	6
Gangapur	-	1	3	9	49	62	18	17
Khandar	-	-	2	5	58	65	48	46
Malarna Doongar	-	-	-	-	-	-	-	-
Sawai Madhopur	1	-	1	10	74	86	26	25

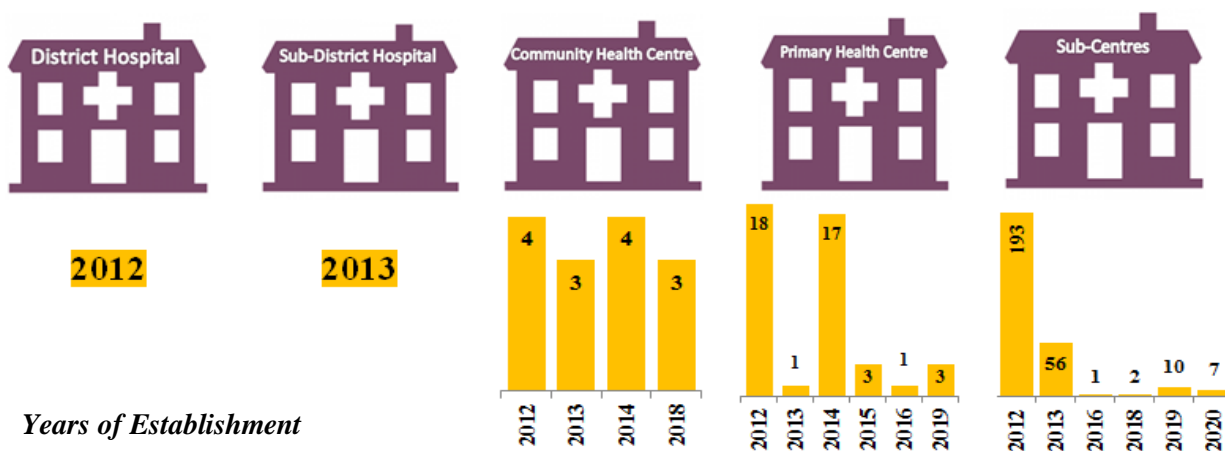


Table 6: Comparative overview of health infrastructure density

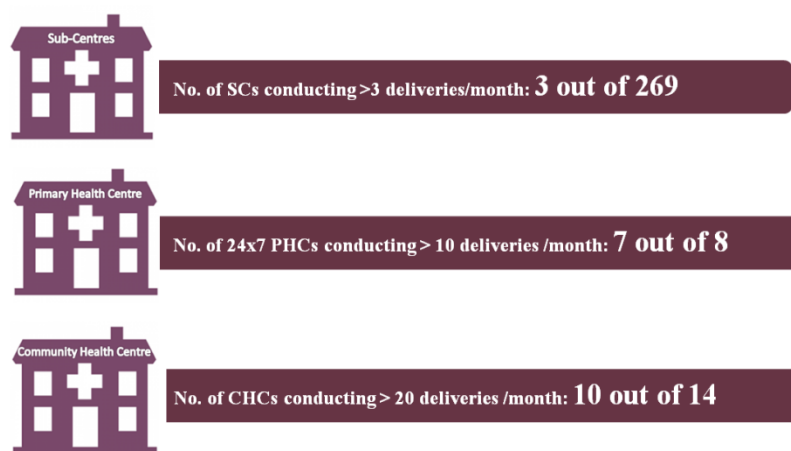
	Rajasthan	Sawai Madhopur	Inter-District Rank
1. Health Centres for Primary Care per 1,00,000 population(<i>sc+phc</i>)	24	23	22
2. Health Centres for Specialized Care per 1,00,000 population(<i>dh+sdh+chc</i>)	1	1	16
3. Total Public Health Facilities per 1,00,000 population	25	25	22
4. Public Hospital Bed Density(per 10,000 population)	10	8	26
5. Public Hospital Bed Density: Specialized Care(per 10,000 population)(<i>dh+sdh+chc</i>)	7	6	17

Table 6 contextualizes healthcare infrastructure in relation to the population of the district. Health infrastructure density (HI density) is tabulated for the state of Rajasthan, for Sawai Madhopur district, and it is also ascertained how the district ranks for primary-care-health-infrastructure-density and specialized-care-health-infrastructure-density. The total HI density in the district is noted to be 25 public healthcare facilities for every 1,00,000 individuals. The HI Density for primary care and specialized care stands at 23 and 1 public health facility(s) per 1,00,000 population. Clearly, HI density for specialized care is extremely low. The public hospital bed density in the district is 8 public hospital beds per 1,00,000 individuals.

With respect to the overall HI density, the district stands at rank 16 out of 33, and acquires rank 17 with regards to public hospital bed density.

In order to review the scope of services across the health facilities in Sawai Madhopur, an assessment of delivery points was carried out. It has been noted that only 3 out of the 269 sub-centres in the district are conducting more than 3 deliveries per month. A sizeable number of PHC and CHCs are functional as optimal delivery points in the district (Fig. 4).

Figure 4: Delivery points assessment, Sawai Madhopur



It is crucial that the district strengthens delivery points at the peripheral level, especially considering that a considerable number of villages exist in hard-to-reach areas.

At the CHC level, prioritized intervention must be carried out ensure that a suited delivery load across the tier.

Table 7: Details of Ancillary Health Infrastructure, Sawai Madhopur

Facility Details	Sanctioned/ Planned	Operational
1. Special Newborn Care Units (SNCU)	2	2
2. Nutritional Rehabilitation Centres (NRC)	1	1
3. District Early intervention Center (DEIC)	1	1
4. First Referral Units (FRU)	3	2
5. Blood Bank	2	2
6. Blood Storage Unit (BSU)	2	-
7. No. of PHC converted to HWC	34	34
8. No. of U-PHC converted to HWC	5	5
9. Number of Sub Centre converted to HWC	129	129
10. Designated Microscopy Center (DMC)	1	1
11. Tuberculosis Units (TUs)	5	5
12. CBNAAT/TruNat Sites	2	-
13. Drug Resistant TB Centres	-	-
14. Functional Non-Communicable Diseases (NCD) clinic		
• At DH	1	1
• At SDH	1	1
• At CHC	5	5
15. Institutions providing Comprehensive Abortion Care (CAC) services		
• Total no. of facilities	9	9
• Providing 1st trimester services	7	7
• Providing both 1st & 2nd trimester services	2	2
16. Number of institutes with ultrasound facilities (Public+Private)		Public: 3 Private: 29
• Of these, how many are registered under PCPNDT act		Public: 3 Private:29

Table 7 exhibits the details of ancillary health infrastructure in the district. Public health facilities with improved diagnostic services, especially with regards to ultrasound provisions, could definitely be an important consideration for the district's healthcare strengthening plans. With only 3 public health facilities offering ultrasound facility in the district, a considerable share of out-of-pocket-expenditure could be attributed to imagining and diagnostics for pregnant women. All possible measures must be taken to at least ensure that the healthcare service availability and accessibility has a wider reach.

Health and Wellness Centres (HWCs), under the ambit of Ayushman Bharat, are envisaged to deliver expanded range of services that go beyond Maternal and child health care services to include care for non -communicable diseases, palliative and rehabilitative care, Oral, Eye and ENT care, mental health and first level care for emergencies and trauma, including free essential drugs and diagnostic services. Towards this vision, a number of Sub-centres and PHCs are being actively converted into HWCs. In Sawai Madhopur, 129 SCs and 34 PHCs have been upgraded to a HWC, implying a wider range of services for the community, and improved accessibility.

3.2. HEALTH SYSTEM STRENGTHENING & NHM PROGRAMMES

DRUGS AND DIAGNOSTICS



The district has implemented 'Free Drug Services' and 'Free Diagnostic Services' for *ALL*. The state sponsored 'Chief Ministers Free Medicine Scheme', and 'Chief Ministers Free Diagnostics Scheme' has significantly contributed to ensuring next to zero stock outs of essential medicines even at the remotest health facility, and in ensuring that a specific range of diagnostic services in accordance with the health facility level are routinely available across the health facilities.

MERA AASPATAL



'Mera Aspatal' (My Hospital) captures 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. It aims to establish patient driven, responsive and accountable healthcare system.

The 'Mera Aspatal' figures for the district are as below:

- Total Responses collected: 5884
- % reported Satisfied: 87
- % reported Not Satisfied: 13

REFERRAL TRANSPORT



The district has 16 BLS, 1 ALS, and 1 PTA ambulance. The operational agency for ALS and BLS Referral ambulances is the State, and a PPP agency, respectively. The BLS vehicles are GPS fitted and cover an average distance of approximately 155 kms per day.

No new purchase of any referral transport has been made in the last two years. Of the total BLS ambulances, 8 are stationed at the CHCs, 5 at the PHCs, and 3 at the DH/SDH level.

DIALYSIS SERVICES



The National Dialysis Programme under the National Health Mission is running effectively in the District Hospital, Sawai Madhopur. The PMO, DH did elicit some structural issues with the dialysis services being provided, however, a plan for further improvement has been put in place for strengthened service delivery.

MOBILE MEDICAL UNITS (MMUS)



The district has in running 4 MMUs with a team composition of 1 Doctor, 1 GNM, 1 LT, 1 Pharmacist and 1 Driver, for each MMU. The MMUs cover about 30-35 villages, and screens an average of 2300 OPD patients per month. On an average, about 450 lab investigations are carried out from the MMUs each month in Sawai Madhopur.

Each MMU in the district takes 20 trips per month, which means that 20 camps are organized per MMU per month.

MMUs are working effectively, especially towards sputum collection for TB detection in the district.

GRIEVANCE REDRESSAL



A systematic Grievance Redressal Mechanism is in place in the district, wherein, any person can register their grievance through via call or online. Within a scheduled time a nominated officer is mandated to resolve the issue otherwise automated system forwards the complaint. A toll free number 181 is available for people to submit their grievances. During the FY 2020-21, 98.7% of the registered complains had been duly resolved.

Table 8: Status of NHM Programme-specific monitorable targets, Sawai Madhopur, FY 2020-21

Programmes	Monitorable Targets	Rajasthan	S.Madhopur	IDR
Reproductive, Maternal, Neonatal, Child and Adolescent health				
Janani Shishu Yojana (JSY)	% Institutional Delivery to Total Deliveries	97.9	99.9	1
	% 4 ANC Checkups to Total ANC Registered	61.9	82.1	2
Janani Shishu Suraksha Karyakaram (JSSK)	% beneficiaries - Mother (to total institutional deliveries)	Diet	51.7	19
		Diagnosics	89.7	10
		Medicine	92.2	17
	% beneficiaries - Child (to total institutional deliveries)	Diagnosics	8.6	9
Medicine		22.7	11	
Rashtriya Kishor Swasthya Karyakram(RKSK)	% adolescent girls given IFA Tablets to total adolescents given IFA tablets	In school	39.1	30
		Out-of school	99	1
	Sanitary pads distributed for free to total sanitary pads distributed	69	-	-
Rashtriya Bal Swasthya Karyakram (RBSK)	Male-Female Ratio: children identified with Disease	0.47	0.48	11
	Male-Female Ratio: children identified with Deficiency	0.48	0.47	12
	Male-Female Ratio: children identified with Developmental Delay	0.49	0.46	11
	% Surgically Managed	1	52	3
Universal Immunisation Programme	Birth Dose Coverage (%)	BCG	100.1	12
		Hep B	75.3	8
		OPV	92.2	7
% Immunisation session held to planned	93.5	93.7	16	
Mission Indradhanush / Intensified Mission Indradhanush	Male-Female Ratio: Full Immunisation	51.9	53.6	1
Pradhan Mantri Surakshit Matritva Abhiyan (PMSMA)	% high risk pregnancies managed to identified	77	75	23
National Programme for Family planning	% female sterilizations to total sterilizations	99	99	19
	Postpartum family planning to total family planning methods	40	38	21

Programmes	Monitorable Targets	Rajasthan	S.Madhopur	IDR	
National Nutritional Programmes					
MAA Programme for Infant and Young Child Feeding	% newborns breastfed within one hour of birth to total institutional deliveries	88	93	11	
National Iron Plus Initiative for Anaemia Control	Number of children (6-59 months) provided 8-10 doses (1ml) of IFA syrup (Bi weekly)	8996811	251220	18	
National Vitamin A prophylaxis Programme	% Children Administered Vitamin A to children administered Measles Vaccine	97	89	30	
Nutritional Rehabilitation Centre	% Children with target weight gain from NRC to total children admitted	67	78	12	
Communicable diseases					
Integrated Disease Surveillance Programme (IDSP)	Pneumonia	10.3	12.8	7	
	Asthma	3.8	2.9	21	
	Sepsis	1.7	21.1	1	
	Tuberculosis (TB)	0.4	0.2	20	
	Childhood Diseases (proportion of total cases)				
	Malaria	1.5	1.8	9	
	Diarrhoea	76.5	55.7	33	
	Respiratory Infections	4.2	4.8	13	
	Severe Acute Malnutrition	1.7	0.7	21	
Revised National Tuberculosis Control Programme (RNTCP)	% inpatient deaths due to tuberculosis to total inpatient admission of Tuberculosis	8	5	22	
	On going DOTS Patients	75756	2347	12	
National Vector Borne Disease Control Programme	% malaria cases to total malaria tests (BS+RDT)	0.18	0.12	13	
National AIDS Control Programme (NACP)	% male tested HIV positive	0.8	0.4	28	
	% female tested HIV positive				
		Pregnant	0.3	0.3	9
		Non-Pregnant	0.4	0.1	32
National Viral Hepatitis Control Program	% inpatient hepatitis to total hepatitis	0.1	0.1	15	

Programmes	Monitorable Targets	Rajasthan	S.Madhopur	IDR
Non-communicable diseases				
National Programme for Prevention and Control of Cancer, Diabetes, Cardiovascular Diseases & Stroke (NPCDCS)	Cancer	4.3	3.7	20
	Heart Diseases	9.4	16.7	2
	Total Acute Diseases	8.2	12.7	2
	Total Chronic Diseases	15.2	9.0	32
National Mental Health Programme	% Outpatient mental illness to total outpatient	0.4	0.2	16
National Oral Health programme	% Outpatient dental to total outpatient	1.3	0.9	28
Health system strengthening programs				
Ayushman Bharat Yojana	Number of PMJAY empanelled hospitals		17	

Sawai Madhopur certainly has an effective health ecosystem with regards to maternal care provisions. The district ranks first out of the total 33 districts in Rajasthan in terms of Institutional Deliveries, as it reported 99.9 percent institutional deliveries to total deliveries during the financial year 2020-21. Further, standing at rank 2, the percentage of 4 ANC Checkups to Total ANC Registered is 82.1 for the district, which is higher than the corresponding state figures by more than 20 points at least.

The major healthcare priorities for the district on the basis on programme-specific evaluations are:

- a) Distribution of IFA tablets to adolescent girls (both in-school, and out-of-school)
- b) Management of cases of high risk pregnancy
- c) Postpartum family planning services
- d) Administration of Vitamin A doses to children
- e) Management of diarrhea, tuberculosis, and asthma among children
- f) HIV treatment and care for male and non-pregnant female patients
- g) Chronic diseases management and treatment care
- h) Expanded availability of Dental health care

3.3. HUMAN RESOURCE FOR HEALTHCARE

A region's healthcare goals and outcomes are largely dependent on its health workforce. Human resource for health is a key component in the study of the health systems. Against this backdrop, this section discusses in detail about the HRH capacity in Sawai Madhopur, both, at the facility level, as well as the community level.

Table 9: Details of Human Resource for Healthcare, Sawai Madhopur, FY 2020-21

Staff details at public facility	Sanctioned	In-place	Vacancy (%)
MO (MBBS)	171	175	
OBGY	22	12	45%
Pediatrician	20	10	50%
Anesthetist	9	5	44%
Surgeon	11	8	27%
Other Specialists	29	23	21%
Dentists/ Dental Surgeon/ Dental MO	9	5	44%
Dental technician	6	2	67%
Dental Hygienist	1	1	-
Radiologists	5	2	60%
Radiographer/ X-ray technician	16	12	25%
Lab technician	93	67	28%
Pharmacist (Allopathic)	59	36	39%
CSSD Technician	-	-	-
OT technician	8	5	38%
Staff Nurse	347	272	22%
ANM	351	309	12%
MPW (Male)	5	5	-
CHO/ MLHP	149	128	14%
AYUSH MO	33	29	12%
AYUSH Pharmacist	14	10	29%

Table 9 depicts the details of staff across the public health facilities in Sawai Madhopur district. An analysis of vacancy percentages reflects that the vacant positions are high for specialist doctors – Pediatricians (50%), OBGYNs (45%), Anesthetists (44%), Dentists (44%). 3 out of 5 positions for Radiologists stand vacant in the district. Vacancy with regards to Staff Nurses, Lab Technicians, and Pharmacists must be seriously attended to, as the same was reported to cause serious issue pertaining to workload and patient management.

The district has 175 MOs in place. This translates to a health worker (MBBS Doctors) density of 1.3 doctors for every 10,000 people, or 13 doctors for a population of one lakh. With respect to Specialists, the district has 0.47 Specialist doctors per 10,000 individuals. Prioritized attention must be given to the HRH situation in the district, and by all means, vacant posts should be filled against, in a timely manner.

The community health workforce acts as an interface between the community and the public health system. The district requirement of ASHA workers in accordance with the population norms is that of 1035 ASHAs. However, against the said number, only 949 ASHAs are currently in place. This leaves 72 villages and 12 slum areas with designated ASHA worker.

A notable number of ASHA workers in the district are insured under the Pradhan Mantri Jeevan Jyoti Bima Yojana (PMJJBY) and Pradhan Mantri Suraksha Bima Yojana (PMSBY). These are both government backed insurance schemes. In a yet another social welfare scheme oriented towards pensions, 732 ASHA workers are registered beneficiaries of the Pradhan Mantri Shram Yogi Maandhan Yojana (PMSYMY).

The Mahila Arogya Samitis are community worker groups in urban areas. The district has 56 MASs in place – all trained and with a valid account. The district further has 754 Village Health Sanitation and Nutrition Committees, of which 312 have completed their trainings.

Table 10: Details of community-oriented Human Resource for Healthcare, Sawai Madhopur

1. Number of ASHAs		
• Required as per population		1035
• Selected		949
• No. of ASHAs covering more than 1500 (rural) population		21
• No. of ASHAs covering more than 3000 (urban) population		14
• No. of villages with no ASHA		72
• No. of slum areas with no ASHA		12
2. Status of social benefit scheme for ASHAs and ASHA Facilitators (if available)		
	949 ASHA and 24 ASHA Facilitators	
	<i>ASHAs</i>	<i>ASHA Facilitator</i>
• Pradhan Mantri Jeevan Jyoti Bima Yojana (PMJJBY)	760	0
• Pradhan Mantri Suraksha Bima Yojana (PMSBY)	944	0
• Pradhan Mantri Shram Yogi Maandhan Yojana (PMSYMY)	732	0
3. Status of Mahila Arogya Samitis (MAS)-		
a. Formed		56
b. Trained		56
c. MAS account opened		56
4. Status of Village Health Sanitation and Nutrition Committee (VHSNC)		
	a. Formed:754	
	b. Trained:312	
	c. MAS account opened:712	

4. COMMUNITY HEALTH



4.1. COMMUNITY HEALTHCARE MATRIX

COMMUNITY HEALTH

SOCIOECONOMIC FACTORS

40%

Four key drivers of Community Health have been identified by the Population Health Institute at the University of Wisconsin, namely, socioeconomic factors, physical environment, health behaviors, and healthcare systems, each contributing a certain share to the overall status of the community health.

In the district Sawai Madhopur, literacy rate stands at 65 percent, coupled with huge disparity in the literacy rates for males and females. As per Census 2011, the share of Total workers in the district is about 43 percent, such that 12 percent are marginal workers. The share of 'Non-workers' in the district is as high as 57 percent. The social group vulnerability in the district is low, with about 20 percent of the population belonging from SC and ST groups, each.

PHYSICAL ENVIRONMENT

10%

Vehicles are considered to be the only significant source of air pollution in Sawai Madhopur. No major industries are located in the district.

HEALTH BEHAVIORS

30%

The prevalence of risky health behaviors in the district shapes about 30 percent of the overall community health in a given region. The men and women in Sawai Madhopur were reported to chew on 'Lal Manjan', and also smoke bidis. The behavioral practices definitely contribute to health risks. Counseling through community mobilization, on the harms of tobacco chewing and smoking, needs to be strengthened in the district.

The prevalence of obesity was however found to minimal, and nutrition-rich diet indulgences were reported for the people of Sawai Madhopur.

HEALTHCARE

20%

Availability and accessibility to healthcare is again an important enabler of improved community health. Interaction with the local beneficiaries at health facilities revealed that accessibility constraints are barely any in the community. Availability of healthcare services, specifically, with regards to diagnostics, dental, and specialist care needs to be expanded to boost treatment seeking and reduce any out-of-pocket-expenditure.

4.2. FOCUS GROUP DISCUSSIONS

Focus Group Discussions were held with the beneficiaries at the Anganwadi Centres and other Public Health Facilities across the District. The Discussions focused primarily on the perceived health needs of the community members, and how the services can be strengthened further to cater to the same. A summarized presentation of the FGDs is presented below:

What are the most pressing health issues in your community?

ASHA workers/ANMs:	Childhood Diarrhea, Diabetes
Community – Rural:	Dental issues, Nephrology conditions,
Community – Urban:	Diabetes, Hypertension, Nephrology, Heart Diseases

What can be done to improve the overall health status in your community?

ASHA workers/ANMs:	Improved counseling, healthcare promotion
Community Members:	Improved availability of healthcare services

Do you face any barriers in accessing healthcare in your community?

ASHA workers/ANMs:	Mostly all referral cases are managed effectively, so no notable barrier to accessibility can be discerned.
Community Members:	Availing diagnostic services, specially imaging

What do you think is the most pressing child health issue in your community?

ASHA workers/ANMs:	Diarrhea
Community Members:	Fever, Diarrhea, Stomach Infections

What can be done to improve child health status in your community?

ASHA workers/ANMs:	Enhanced parental counseling and education on childhood disease management, nutrition needs and age-specific care
Community Members:	Satisfactory

What can be done to improve adult health status in your community?

ASHA workers/ANMs:	Regular camps, improved screening, follow-up on treatment seeking, tele-consultations, strengthening of preventative care
Community Members:	Improved availability of healthcare services, behavioral health education, provision of quality care in terms of medicines and diagnostic services

The guided training for the ‘Community Action for Health’ Programme has been completed in the district and designated *Jan Sunwai* days have been marked to address grievances and facilitate dialogue between services providers and beneficiaries for an overall improved service delivery.

5. PUBLIC HEALTH FACILITY ASSESSMENT



**District Hospital
Sawai Madhopur**



**Community Health Centre,
Kundera Khand**



**Urban Primary Health Centre
Bajariya**



**Primary Health Centre
Malarna Choor**



**Health Sub-Centre
Jastana**

5.1. SUB HEALTH CENTRE



SUB CENTRE JASTANA, BONLI

KEY AREAS	OBSERVATIONS	CHALLENGES
1. SERVICE SET	<ul style="list-style-type: none">• Antenatal Care – Registration, Diagnostic, Vaccination, Nutrition management, Referral, MCP Cards• Family Planning – Injectable Antara, Condoms• Immunization – Line listing, immunization sessions,• Childhood Diseases – Diarrhoea, Malaria, Tuberculosis, etc.• Childhood Nutrition – Weight assessment, Diet counseling, etc.• NCD Screening and counseling• Post Natal care – HBNC• Basic Medicines• Referral Care• Tuberculosis Identification and treatment follow-up	-
2. HUMAN RESOURCE	1 ANM, 1 MPW 3 ASHA Workers	-
3. INFRASTRUCTURE	No building	No Building is available for the sub-centre. The sub-centre runs from a desk and a storage area merely.
4. DRUGS	Availability of all essential drugs as per Sub-Centre norms	-
5. DIAGNOSTICS	Testing kits and instruments were found to be available and functional. No noted shortage was reported.	-
6. OTHER	Remarkable rollout of the COVID19 Vaccination drive	-

5.2. PRIMARY HEALTH CENTRE



PRIMARY HEALTH CENTRE, MALARNA CHOOR, BONLI

KEY AREAS	OBSERVATIONS	CHALLENGES
1. SERVICE SET	<ul style="list-style-type: none"> • Antenatal Care – Registration, Diagnostic, Vaccination, Nutrition management, Referral, MCP Cards • Delivery Point – Normal Vaginal Deliveries (NVD) • Post Natal care • Family Welfare – Injectable Antara, Condoms, IUDs • Immunization – Line listing, immunization sessions, • Childhood Diseases • NCD Screening • Medicine OPD • Basic Laboratory and Diagnostic Investigations • Referral Care • Tuberculosis Identification and treatment follow-up 	-
2. HUMAN RESOURCE	2 MOs, 3 MNs II, 1 LT, 1 Pharmacist, 1 LHV, 1 ANM, 1 Ward Boy, 1 CHO, 1 Class IV staff	Non-Availability of female staff Nurse and/or female MO were reported to be an issue for the community members.
3. INFRASTRUCTURE	<ul style="list-style-type: none"> • Well maintained Bbuilding • 24*7 running water facility • Power Backup • Drug Storeroom 	The building exterior could definitely use some work, as the PHC has good space but limited and old building setup.
4. DRUGS	349 out of 349 drugs in EDL available on the day of the visit Drugs disbursement under MNDY	-
5. DIAGNOSTICS	Testing kits and instruments were found to be available and functional. No noted shortage was reported. Microscope was observed to be non-functional.	-
6. OTHER	Fund Received : 1,99,884 Fund Utilized : 1,99,018	-



URBAN PRIMARY HEALTH CENTRE, BAJARIYA, S. MADHOPUR

KEY AREAS	OBSERVATIONS	CHALLENGES
1. SERVICE SET	<ul style="list-style-type: none"> • Antenatal Care – Registration, Diagnostic, Vaccination, Nutrition management, Referral, MCP Cards • Delivery Point – Normal Vaginal Deliveries (NVD) • Post Natal care • Family Welfare – Injectable Antara, Condoms, IUDs • Immunization – Line listing, immunization sessions, • Childhood Diseases • NCD Screening • Medicine OPD • Basic Laboratory Investigations 	The facility caters to an OPD load of more than 350 patients per day per doctor, and while the services offered are in line with the PHC mandates, the work load
2. HUMAN RESOURCE	1 MO, 1 PHM, 2 GNMs, 1 LT, 4 ANMs, 1 Support Staff, 1 MPW 3 ASHA Workers	
3. INFRASTRUCTURE	<ul style="list-style-type: none"> • Well maintained Building • 24*7 running water facility • Power Backup • Drug Storeroom • OPD Waiting Area • Clean Functional Toilets 	The building is old. While repeated renovations have been done to upscale the look of the premises, the frame continues to be old and limits the expansion prospects.
4. DRUGS	No reported Drug Shortage. No outside prescription was observed. Drugs disbursement under MNDY	-
5. DIAGNOSTICS	In-House tests are free for all, and a total of 11,665 diagnostic tests were performed during last year.	Need for the provision of X-Ray, CBC, and ECG investigations
6. OTHER	<ul style="list-style-type: none"> • Remarkable rollout of the COVID19 Vaccination drive • 9878 CBAC forms have been filled to date • UHNDs and Special Outreach Camps are being conducted regularly. • Fund Utilisation is close to 100%. 	-

5.3. COMMUNITY HEALTH CENTRE



COMMUNITY HEALTH CENTRE, KUNDERA

KEY AREAS	OBSERVATIONS	CHALLENGES
1. SERVICE SET	<ul style="list-style-type: none"> • Antenatal Care – Registration, Diagnostic, Vaccination, Nutrition management, Referral, MCP Cards • Delivery Services • Post Natal Care • Family Planning • Child Immunization • Childhood Diseases • NCD Clinic • Emergency 24x7 • IPD services • Tuberculosis Identification and treatment follow-up 	-
2. HUMAN RESOURCE	MOs, SNs, GNMs, and LTs are in place	<ul style="list-style-type: none"> • No specialist has been designated for the facility. A Pediatrician is consulted with on call, whenever required. • The delivery load is significant at the CHC, and a Gynecologist must be urgently deputed. • Non-availability of a Data Entry Operator.
3. INFRASTRUCTURE	<ul style="list-style-type: none"> • Well maintained Building • 24*7 running water facility • Power Backup • Drug Storeroom • OPD Waiting Area • Clean Functional Toilets 	Need for Digital Generators given that the present power backup facility is not sufficient in present capacity.
4. DRUGS	Drugs as per EDL : 633 Drugs available on the day of the visit : 501	-
5. DIAGNOSTICS	Testing kits and instruments were found to be available and functional. No noted shortage was reported.	The facility has an X-Ray machine; however, tests are not being performed due to non-availability of a Radiographer.
6. OTHER	Fund Received : 14,40,000 Fund Utilized : 19,25,701	-

5.4. DISTRICT HOSPITAL



DISTRICT HOSPITAL, SAWAI MADHOPUR

KEY AREAS	OBSERVATIONS	CHALLENGES
1. SERVICE SET	Medicine, Obs&Gynae Pediatric, General Surgery Anesthesiology, Ophthalmology Dental, Imaging Services DEIC NRC SNCU CLMC NICU Labour Room ICU Dialysis Unit Emergency Care Burns Unit	Demand for Nephrology – Surgery and Medicine is unmet from public facility.
2. HUMAN RESOURCE	Availability in accordance with the sanctioned DH strength.	Vacancy for SS Pediatrician, JS Pathology, S Surgery, and JS Skin exists. Non-availability of a doctor in Radiology is also a serious problem. Major shortage of paramedical staff, specifically Labour room nurses. Shortage of staff in SNCU, CLMC.
3. INFRASTRUCTURE	Presently running in an old building where infrastructure maintenance is extremely poor. However, fund has been received for the construction of new building.	No Building is available for the sub-centre. The sub-centre runs from a desk and a storage area merely. Somehow the Labour Room is LaQshya certified, however, the maintenance is absolutely poor given the work load and space crunch.
4. DRUGS	Drugs as per EDL : 843 Drugs available on the day of the visit : 650	-
5. DIAGNOSTICS	CT Scan and X Ray services working in PPP Mode. Other lab investigations are being performed in-house.	-
6. OTHER	Bio-Medical Waste Managemnt at the facility is optimal, and bar- coding is used for segregation and disposal processes.	-

6.

DISCUSSION AND RECOMMENDATIONS

The National Health Programme envisages the goal for 'Health for All' for the people of India. It aims to provide quality public healthcare to the people of the country, in order to improve health outcomes, reduce out-of-pocket-expenditures, and create a holistic healthcare ecosystem with improved transparency and accountability.

The Ministry of Health and Family Welfare annually funds the Monitoring and Evaluation of the essential components of the NHM PIP, by facilitating teams from various Population Research Centres across India to visit a set of districts and gather information using structured checklist, and stakeholder interactions. Against this backdrop, a two-member team from the Ministry of Health and Family Welfare visited the Sawai Madhopur district in August 2021, and phased the M&E exercise for rural and urban facilities from each health tier. A detailed review of the national health programmes was also conducted with the concerned Nodal Officers in the district, as exhaustive meetings with the Chief Medical Officer and District Programme Management Unit were held.

The district has taken note of the deviations made in lieu of the COVID19 pandemic, and is prepared to boost the healthcare service delivery under the ambit of National Health Mission moving forward. Comprehensive plans for strengthening Immunization services have been laid out and are already at the stage of effective implementation.

A programme-specific analysis reveals that the district needs to really focus on its targets under the following national health programmes:

- a) Rashtriya Kishor Swasthya Karyakram (RKSK)
- b) Pradhan Mantri Surakshit Matritva Abhiyan (PMSMA)
- c) Postpartum family planning services
- d) National Vitamin A prophylaxis Programme
- e) Management of diarrhea, tuberculosis, and asthma among children
- f) Chronic diseases management and treatment care
- g) National Oral Health Programme

In accordance with the observations noted on the field, the district is faced with following challenges:

- a) The activities under the PPP need serious re-structuring, as in its present form the performance was not deemed satisfactory by the key stakeholders in the district.

- b) The sub-division Malarna Dungar has observed a recent shutdown of a few PHCs, rendering a rather weak healthcare system for the people residing in nearby areas. Due care and attention must be allotted to the healthcare systems planning of this block so as to ensure equitable healthcare.
- c) Functioning of health facilities as per the Indian Public Health Standards was amiss in the district, especially for rural health facilities. Quality monitoring of healthcare facilities strictly in accordance to the IPHS norms, and a follow-up of the said monitoring to ensure that the IPHS criteria are duly met in the given time period after the monitoring is absolutely crucial.
- d) The Diagnostics and Laboratory services offered by the CHCs suffer from various gaps – human resource, non-availability of equipment, space crunch. Upgradation of CHCs to ensure a wider and expanded availability of Diagnostics and Laboratory packages must be prioritised in the district.
- e) While the healthcare outcomes largely do not exhibit a huge disparity by geography within the district, intra-district differences with regards to health systems, and its upkeep are definitely concerning. Conduct and documentation of the meetings of the Rogi Kalyan Samitis across the facilities must be strengthened and promoted to cater to the local health facility needs.
- f) Human Resource availability surfaced as a notable cause of concern across the district. Within the stipulated guidelines, all efforts must be made to ensure proper deployment of staff at the health facilities, so that patient welfare is maximized, and patient load on healthcare staff is justified.
- g) Delayed disbursement of the PIP approved budget causes for a lot of activities to be conducted during the final annual quarter, which is not ideal. Timely fund release and its utilization must be planned for in the district.

The district of Sawai Madhopur has a dedicated team for planning and implementing of healthcare activities in the area. Its existing HR pool is definitely a valued resource, sharing a common vision of the NHM. The new District Hospital plan will definitely solve a number of existing issues with the tertiary care in the district, and the rollout of 'Community Action for Health' is one of the most heartening and well-performing programmes of the district aiming to bridge the gaps through supervised accountability and evaluation.

The district has a huge scope of healthcare systems strengthening, and with proper planning and review of existing lacunae, the goal is not too difficult to be materialized.

APPENDIX



Ministry of Health & Family Welfare
Government of India



Schedule for PIP Monitoring

A. District Profile

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				
• Still birth				
• 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 <ul style="list-style-type: none"> • 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 		

B. 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	
<ul style="list-style-type: none"> • Details of Construction pending for more than 2 years 	
<ul style="list-style-type: none"> • Details of Construction completed but not handed over 	

C. 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	
<ul style="list-style-type: none"> • 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 	

Indicator	Remarks/ Observation	
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 		
<ul style="list-style-type: none"> • No. of teams with all HR in-place (full-team) 		
<ul style="list-style-type: none"> • No. of vehicles (on the road) for RBSK team 		
<ul style="list-style-type: none"> • No. of Teams per Block 		
<ul style="list-style-type: none"> • No. of block/s without dedicated teams 		
<ul style="list-style-type: none"> • Average no of children screened per day per team 		
<ul style="list-style-type: none"> • 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 		
<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 		

Indicator	Remarks/ Observation	
<ul style="list-style-type: none"> ○ 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 • Current FY 		
12. Number of Child Death Review conducted		
<ul style="list-style-type: none"> • Previous year • 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		
18. No. of Mobile Medical Unit (MMU) (on the road) and micro-plan		
<ul style="list-style-type: none"> • 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		
<ul style="list-style-type: none"> • 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
<ul style="list-style-type: none"> ○ 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 		

Indicator	Remarks/ Observation		
○ 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			
23. If Mera-aaspatal has been implemented			
24. Payment status:	No. of beneficiaries	Backlog	DBT status
● JSY beneficiaries			
● ASHA payment:			
○ A- Routine and recurring at increased rate of Rs. 2000 pm			
○ B- Incentive under NTEP			
○ C- Incentives under NLEP			
● Payment of ASHA facilitators as per revised norms (of a minimum of Rs. 300 per visit)			
● Patients incentive under NTEP programme			
● Provider's incentive under NTEP programme			
● FP compensation/ incentive			
25. Implementation of Integrated Disease Surveillance Programme (IDSP)			
● If Rapid Response Team constituted, what is the composition of the team			
● No. of outbreaks investigated in previous year and in current FY			
● How is IDSP data utilized			
● Proportion (% out of total) of Pvt health facilities reporting weekly data of IDSP			
26. Implementation of National Vector Borne Disease Control Programme (NVBDCP)			
● Micro plan and macro plan available at district level			
● Annual Blood Examination Rate			
● Reason for increase/ decrease (trend of last 3 years to			

Indicator	Remarks/ Observation
be seen)	
• LLIN distribution status	
• IRS	
• Anti-larval methods	
• Contingency plan for epidemic preparedness	
• Weekly epidemiological and entomological situations are monitored	
• No. of MDR rounds observed	
• No. of districts achieved elimination status for Lymphatic Filariasis i.e. mf rate <1%	
27. Implementation of National Tuberculosis Elimination Programme (NTEP)	
• Target TB notification achieved	
• 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
• Eligible TB patients with UDST testing	
• Whether drugs for both drug sensitive and drug resistance TB available	
• Patients notification from public sector	No of patients notified: Treatment success rate: No. of MDR TB Patients: Treatment initiation among MDR TB patients:
• Patients notification from private sector	No of patients notified: Treatment success rate: No. of MDR TB Patients: Treatment initiation among MDR TB patients:
• Beneficiaries paid under Nikshay Poshan Yojana	
• 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)	
• No. of new cases detected	
• No. of G2D cases	
• MDT available without interruption	
• Reconstructive surgery for G2D cases being conducted	
• 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	
• Required as per population	
• Selected	
• No. of ASHAs covering more than 1500 (rural)/ 3000 (urban) population	
• No. of villages/ slum areas with no ASHA	

Indicator	Remarks/ Observation			
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 (2019-20)		Current FY (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				

D. 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: <ol style="list-style-type: none"> SHC- HWC PHC- HWC UPHC – HWC 		
4. Number of individuals screened for: <ol style="list-style-type: none"> Hypertension Diabetes 		

c. Oral Cancer		
d. Breast Cancer		
e. Cervical Cancer		
5. Number of HWCs providing Teleconsultation services		
6. Number of HWCs organizing wellness activities		

E. 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				

F. 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			
<ul style="list-style-type: none"> • 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			
<ul style="list-style-type: none"> • Maternal Health • Child Health • RBSK • Family Planning • RKSK/ Adolescent health • PC-PNDT • Immunization • Untied Fund • Comprehensive Primary Healthcare (CPHC) • Blood Services and Disorders • Infrastructure • ASHAs • HR • Programme Management • MMU • Referral Transport • Procurement • Quality Assurance • PPP • NIDDCP 			
2. NUHM			
3. Communicable Diseases Pool			
<ul style="list-style-type: none"> • Integrated Disease Surveillance Programme (IDSP) • National Vector Borne 			

Indicator	Budget Released (in lakhs)	Budget utilized (in lakhs)	Reason for low utilization (if less than 60%)
Disease Control Programme (NVBDCP)			
• National Leprosy Eradication Programme (NLEP)			
• National TB Elimination Programme (NTEP)			
4. Non-Communicable Diseases Pool			
• National Program for Control of Blindness and Vision Impairment (NPCB+VI)			
• National Mental Health Program (NMHP)			
• National Programme for Health Care for the Elderly (NPHCE)			
• National Tobacco Control Programme (NTCP)			
• 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)			

G. Status of trainings

Status as on: _____

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

4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		
13.		
14.		
15.		



Ministry of Health & Family Welfare
Government of India



District Hospital (DH)/ Sub-District Hospital (SDH) Level 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 rest room is available <input type="checkbox"/> Drug storeroom with rack is available Power backup: <input type="checkbox"/> Complete Hospital/ <input type="checkbox"/> Part of the hospital Last major renovation done in (Year): _____		
3. Number of functional in-patient beds	_____ No of ICU Beds available:		
4. List of Services available			
<ul style="list-style-type: none"> Specialized services available in addition to General OPD, ANC, Delivery, PNC, Immunization, FP, Laboratory services 	Sl.	Service	Y/N
	1	Medicine	
	2	O&G	
	3	Pediatric	
	4	General Surgery	
	5	Anesthesiology	

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

Indicator	Remarks/ Observation				
facility (Sanctioned and In-place)	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: _____ score: _____ Facility _____ Award received: _____				
14. NQAS	Assessment done: _____ Internal/State score: _____ Facility _____ Certification Status: _____				
15. LaQshya	Labour Room: _____ Operation Theatre: _____				
16. Availability of list of essential medicines (EML)/ drugs (EDL)	<input type="checkbox"/> Yes/ <input type="checkbox"/> No				
	If yes, total number of drugs in EDL _____				
	EDL displayed in OPD Area: <input type="checkbox"/> Yes/ <input type="checkbox"/> No				
No. of drugs available on the day of visit (out of the EDL) _____					
17. Implementation of DVDMS or similar supply chain management system	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If other, which one _____				
18. Shortage of 5 priority drugs from EDL in last 30 days, if any	1				
	2				
	3				
	4				
	5				
19. Availability of Essential Consumables:	<input type="checkbox"/> Sufficient <input type="checkbox"/> Minimal <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/ <input type="checkbox"/> Both/ Mixed PPP				

Indicator	Remarks/ Observation
<ul style="list-style-type: none"> In-house tests (For 2020-21) 	Timing: Total number of tests performed: _____ Details of tests performed:
<ul style="list-style-type: none"> 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 <input type="checkbox"/> Minimal <input type="checkbox"/> Acute shortage Supply Shortage
25. Implementation of PM-National Dialysis programme	<input type="checkbox"/> Yes/ <input type="checkbox"/> No <input type="checkbox"/> In-house <input type="checkbox"/> Outsourced/ PPP Total number of tests performed: _____
<ul style="list-style-type: none"> Whether the services are free for all 	<input type="checkbox"/> Free for BPL <input type="checkbox"/> Free for elderly <input type="checkbox"/> Free for JSSK beneficiaries <input type="checkbox"/> Free for all
<ul style="list-style-type: none"> Number of patients provided dialysis service (for 2020-21) 	<input type="radio"/> Previous year _____ <input type="radio"/> 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: _____

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

Indicator	Remarks/ Observation																		
	<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. Are service providers trained in cancer services?	<input type="checkbox"/> Yes/ <input type="checkbox"/> No																		
50. Number of individuals screened for the following in last 6 months:	<table border="1"> <thead> <tr> <th></th> <th>Screened</th> <th>Confirmed</th> </tr> </thead> <tbody> <tr> <td>a. Hypertension</td> <td></td> <td></td> </tr> <tr> <td>b. Diabetes</td> <td></td> <td></td> </tr> <tr> <td>c. Oral Cancer</td> <td></td> <td></td> </tr> <tr> <td>d. Breast Cancer</td> <td></td> <td></td> </tr> <tr> <td>e. Cervical Cancer</td> <td></td> <td></td> </tr> </tbody> </table>		Screened	Confirmed	a. Hypertension			b. Diabetes			c. Oral Cancer			d. Breast Cancer			e. Cervical Cancer		
	Screened	Confirmed																	
a. Hypertension																			
b. Diabetes																			
c. Oral Cancer																			
d. Breast Cancer																			
e. Cervical Cancer																			
51. 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 • 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:																		

Indicator	Remarks/ Observation
	Reasons for underutilization of fund (if any)
54. Status of data entry in (match with physical records)	HMIS: <input type="checkbox"/> Updated/ <input type="checkbox"/> Not updated MCTS: <input type="checkbox"/> Updated/ <input type="checkbox"/> Not updated IHIP: <input type="checkbox"/> Updated/ <input type="checkbox"/> Not updated HWC Portal: <input type="checkbox"/> Updated/ <input type="checkbox"/> Not updated Nikshay Portal: <input type="checkbox"/> Updated/ <input type="checkbox"/> Not updated
55. Frequency of RKS meeting (check and obtain minutes of last meeting held)	
2. Availability of ambulance services in the area	<input type="checkbox"/> Own ambulance available (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)	
c)	
d)	
e)	



Ministry of Health & Family Welfare
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Community Health Centre (CHC)/ U-CHC Level Checklist

Service Delivery:

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

	8	Imaging Services (X – ray)		
	9	Imaging Services (USG)		
	10	Newborn Stabilization Unit		
• If any of the specialists are available 24*7	<input type="checkbox"/> Yes available <input type="checkbox"/> Yes, available only on-call <input type="checkbox"/> Not available			
• Emergency	General emergency: or facilities available for: 1. Triage 2. Resuscitation 3. Stabilization			
9. Tele-medicine/Consultation services available	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, average case per day _____			
10. Operation Theatre available	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, Major: Minor:			
11. Availability of functional Blood Storage Unit	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, number of units of blood currently available: _____ No. of blood transfusions done in last month: _____			
12. Whether blood is issued free, or user-fee is being charged	<input type="checkbox"/> Free for BPL <input type="checkbox"/> Free for elderly <input type="checkbox"/> Free for JSSK beneficiaries <input type="checkbox"/> Free for all			
13. Biomedical waste management practices	Sharp pit: Deep Burial pit: Other System, if any:			
14. Details of HR available in the facility (Sanctioned and In-place)	HR		San.	Reg.
	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	• 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: Facility score: Certification Status:		Internal/State score:	

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	<table border="1"> <tr><td>1</td><td></td></tr> <tr><td>2</td><td></td></tr> <tr><td>3</td><td></td></tr> <tr><td>4</td><td></td></tr> <tr><td>5</td><td></td></tr> </table>	1		2		3		4		5	
1											
2											
3											
4											
5											
22. Availability of Essential Consumables:	<input type="checkbox"/> Sufficient <input type="checkbox"/> Minimal <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/ <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 <input type="checkbox"/> Minimal <input type="checkbox"/> Acute shortage (List the name of kits for which there is shortage)										
27. If there is any shortage of major instruments/ equipment											

(List the Name of Equipment)	
28. Average downtime of equipment. Details of equipment are nonfunctional for more than 7 days	
29. Availability of delivery services	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
<ul style="list-style-type: none"> If the facility is designated as FRU, whether C-sections are performed 	<input type="checkbox"/> Yes/ <input type="checkbox"/> No Number of normal deliveries performed in last month: _____ No. of C-sections performed in last month: _____
<ul style="list-style-type: none"> Comment on condition of: 	Labour room: OT: Functional New-born care corner (functional radiant warmer with neo-natal ambu bag): <input type="checkbox"/> Yes/ <input type="checkbox"/> No
30. Status of JSY payments	Payment is up to date: <input type="checkbox"/> Yes/ <input type="checkbox"/> No Average delay: Payment done till: Reasons for delay:
31. Availability of JSSK entitlements	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, whether all entitlements being provided <input type="checkbox"/> Free delivery services (Normal delivery/ C-section) <input type="checkbox"/> Free diet <input type="checkbox"/> Free drugs and consumables <input type="checkbox"/> Free diagnostics <input type="checkbox"/> Free blood services <input type="checkbox"/> Free referral transport (home to facility) <input type="checkbox"/> Free referral transport (drop back from facility to home) <input type="checkbox"/> No user charges
32. PMSMA services provided on 9 th of every month	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, how are high risks identified on 9 th ? If No, reasons thereof:
33. Line listing of high-risk pregnancies	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
34. Practice related to Respectful Maternity Care	
35. Whether facility have registers for entering births and deaths	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
36. Number of Maternal Death reported in the facility	Previous year: 2019-20 _____ Current year: 2020-21 _____
37. Number of Child Death reported in the facility	Previous year: Current year:
38. If Comprehensive Abortion Care (CAC) services available	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
39. Availability of vaccines and hub cutter	<input type="checkbox"/> Yes/ <input type="checkbox"/> No Nurses/ ANM aware about open vial policy: <input type="checkbox"/> Yes/ <input type="checkbox"/> No

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

	<p>cases): <input type="checkbox"/>Yes/ <input type="checkbox"/>No</p> <ul style="list-style-type: none"> • TB Notification Registers: <input type="checkbox"/>Yes/ <input type="checkbox"/>No • Malaria cases: <input type="checkbox"/>Yes/ <input type="checkbox"/>No • Palliative cases: <input type="checkbox"/>Yes/ <input type="checkbox"/>No • Cases related to Dengue and Chikungunya: <input type="checkbox"/>Yes/ <input type="checkbox"/>No • Leprosy cases: <input type="checkbox"/>Yes/ <input type="checkbox"/>No
56. How much fund was received and utilized by the facility under NHM?	Fund Received last year: Fund utilized last year:
	Items/ Activities whose expenditure is met out of the RKS/ Untied Fund regularly:
	Reasons for underutilization of fund (if any)
57. Status of data entry in (match with physical records)	HMIS: <input type="checkbox"/> Updated/ <input type="checkbox"/> Not updated MCTS: <input type="checkbox"/> Updated/ <input type="checkbox"/> Not updated IHIP: <input type="checkbox"/> Updated/ <input type="checkbox"/> Not updated HWC Portal: <input type="checkbox"/> Updated/ <input type="checkbox"/> Not updated Nikshay Portal: <input type="checkbox"/> Updated/ <input type="checkbox"/> Not updated
58. Frequency of RKS meeting (check and obtain minutes of last meeting held)	
59. Availability of ambulance services in the area	<input type="checkbox"/> CHC own ambulance available 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)	
b)	
c)	
d)	



Ministry of Health & Family Welfare
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Primary Health Centre (PHC/U-PHC) Level Checklist

Service Delivery:

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

9. Details of HR available in the facility (Sanctioned and In-place)	HR	San.	Reg.	Cont.
	MO (MBBS)			
	MO (AYUSH)			
	SNs/ GNMs			
	ANM			
	LTs			
	Pharmacist			
	Public Health Manager (NUHM)			
	LHV/PHN			
	Others			
10. IT Services	<ul style="list-style-type: none"> 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:			score:
	Facility			
	Award received:			
12. NQAS	Assessment	done:		Internal/State score:
	Facility			
	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	1			
	2			
	3			
	4			
	5			
16. Drugs Available for Hypertension & Diabetic patients:	1			
	2			
	3			
17. Shortage of sufficient number of Hypertension & Diabetic in last 7 days	1			
	2			
	3			
18. Availability of Essential Consumables:	<input type="checkbox"/> Sufficient <input type="checkbox"/> Minimal <input type="checkbox"/> Acute shortage			Supply Shortage
	In last 6 months how many times there was shortage _____ (Also list the consumables for which there was shortage)			
19. Availability of essential diagnostics	<input type="checkbox"/> In-house			

	<input type="checkbox"/> Outsourced/PPP <input type="checkbox"/> Both/ Mixed
<ul style="list-style-type: none"> In-house tests For 2020-21 	Timing: Total number of tests performed: _____ Details of tests performed:
<ul style="list-style-type: none"> 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 <input type="checkbox"/> Minimal <input type="checkbox"/> Acute shortage
23. If there is any shortage of major instruments/ equipment	List of Equipment
24. Average downtime of equipment. Details of equipment are nonfunctional for more than 7 days	
25. Availability of delivery services	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
<ul style="list-style-type: none"> 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 (observe if practiced and women are being counselled)			
37. Number of sterilizations performed in last one month	Male Female		
38. Availability of trained provider for IUCD/ PPIUCD	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
39. Who counsels on FP services?			
40. Please comment on utilization of other FP services			
41. FPLMIS has been implemented	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
42. Availability of functional Adolescent Friendly Health Clinic	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, who provides counselling to adolescents: _____ Separate male and female counselors available: <input type="checkbox"/> Yes/ <input type="checkbox"/> No		
43. Whether facility has fixed day NCD clinic	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If Yes, how many days in a week: _____ days		
44. Are service providers trained in cancer services?	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
45. Number of individuals screened for the following in last 6 months:		Screened	Confirmed
	a. Hypertension		
	b. Diabetes		
	c. Oral Cancer		
	d. Breast Cancer		
	e. Cervical Cancer		
46. Whether wellness activities are performed	<input type="checkbox"/> Yes/ <input type="checkbox"/> No Frequency:		
47. Whether reporting weekly data in P and L form under IDSP	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
48. Distribution of Long lasting Insecticidal nets (LLIN) in high-risk areas	No. of LLIN distributed per household: <input type="checkbox"/> 1 per family/ <input type="checkbox"/> Others (Specify): _____		
49. Status of TB elimination programme	Facility is designated as Designated Microscopy Centre (DMC): <input type="checkbox"/> Yes/ <input type="checkbox"/> No		

	<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 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: _____</p> <p>Out of those, how many are having Gr. II deformity: _____</p> <p>Frequency of Community Surveillance: _____</p>
51. Maintenance of records on	<ul style="list-style-type: none"> • 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: _____</p> <p>Fund utilized last year: _____</p> <p>Items/ Activities whose expenditure is met out of the RKS/ Untied Fund regularly: _____</p> <p>Reasons for underutilization of fund (if any) _____</p>
53. Status of data entry in (match with physical records)	<p>HMIS: <input type="checkbox"/>Updated/ <input type="checkbox"/>Not updated</p> <p>MCTS: <input type="checkbox"/>Updated/ <input type="checkbox"/>Not updated</p> <p>IHIP: <input type="checkbox"/>Updated/ <input type="checkbox"/>Not updated</p> <p>HWC Portal: <input type="checkbox"/>Updated/ <input type="checkbox"/>Not updated</p> <p>Nikshay Portal: <input type="checkbox"/>Updated/ <input type="checkbox"/>Not updated</p>
54. Frequency of RKS meeting (check and obtain minutes of last meeting held)	
55. Availability of ambulance services in the area	<p><input type="checkbox"/>PHC own ambulance available Number _____</p> <p><input type="checkbox"/>PHC has contracted out ambulance services Number _____</p> <p><input type="checkbox"/>Ambulances services with Centralized call centre</p> <p><input type="checkbox"/>Government ambulance services are not available</p> <p>Comment (if any): _____</p>
<ul style="list-style-type: none"> • How many cases from sub centre were referred to this 	<p>Number: _____</p>

PHC last month?	Types of cases referred in:
<ul style="list-style-type: none"> How many cases from the PHC were referred to the CHC last month? 	Number: Types of cases referred out:
56. Key challenges in the facility and the root causes	
Challenge	Root causes
a)	
b)	
c)	
d)	
e)	
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: _____



Ministry of Health & Family Welfare
Government of India



Sub-Centre (SC) Level Checklist

Service Delivery: Sub Centre

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

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

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

Indicator	Remarks/ Observation		
	LBW babies: <input type="checkbox"/> Yes/ <input type="checkbox"/> No		
20. Line listing of all eligible couple in the area	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
21. Availability of trained provider for IUCD/ PPIUCD	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
22. Please comment on utilization of other FP services			
23. Number of individuals above 30 years of age in the HWC population			
24. Number of CBAC forms filled in last 6 months			
25. Report for number of individuals for whom CBAC form has been filled in last six months.	Score with below 4: 4 and above score:		
26. Whether universal screening of NCD has started	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
27. Number of individuals screened for the following in last 6 months:		Screened	Confirmed
	a. Hypertension		
	b. Diabetes		
	c. Oral Cancer		
	d. Breast Cancer		
	e. Cervical Cancer		
28. Number of individuals who had initiated treatment for HTN, DM and others during last six months	Advised for Lifestyle management: Medicines for Hypertension: Medicines for Diabetes: Medicines for Others:		
29. Source of getting drugs/ medications for individual. Number of individuals taking medication for HTN and DM during last six months from which source Taking medication for HTN/DM	From From From other govt. facilities: From pvt. Chemist shop: (Average OOP/month)		SC-HWC: PHC: (Specify)
30. Status of use of:	<ul style="list-style-type: none"> • Tele-consultation services • HWC App Details:		
31. Whether wellness activities are performed	<input type="checkbox"/> Yes/ <input type="checkbox"/> No Frequency:		
32. Whether reporting weekly data in S form under IDSP	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
33. Status of Tuberculosis in the area:	Indicators	2019-20	2020-21
	Number of presumptive TB patients identified:		
	Number of presumptive TB patients referred for testing		
	Number of TB patients diagnosed out of the presumptive patients referred		
	Number of TB patients taking treatment under the Sub centre area		
34. ASHA Interaction			
<ul style="list-style-type: none"> • Status of availability of Functional HBNC Kits (weighing scale/ digital thermometer/ blanket or warm bag) 			

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