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**A MONITORING AND EVALUATION REPORT
OF THE KEY COMPONENTS OF**

NATIONAL HEALTH MISSION

PROGRAMME IMPLEMENTATION PLAN

**SHAHDARA DISTRICT
NCT OF DELHI**



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EXECUTIVE SUMMARY

Background:

The monitoring and evaluation of the key components of the National Health Mission Programme Implementation Plan (NHM-PIP) envisage periodic assessment of the health systems at the district level across the states and union territories of India. The assessment undertakes a detailed analysis of the secondary data to first understand the health systems framework and health outputs status, and then comprehends these patterns in light of implementation apparatus at the grassroots.

The present report brings forth findings from the monitoring and evaluation of the key components of the NHM PIP in the district of Shahdara for the year 2021-22. The report highlights key observations made with respect to the district and sub-district level health needs, based on which the key stakeholders may be guided to prioritize each area with an approach best suited for the realization of the goals of the National Health Mission.

Key Findings and Recommendations:

Unaddressed Child Health and Nutrition needs

- The Fifth Round of the National Family Health Survey identifies a high caseload of childhood anthropometric failures.
- Triangulating with the statistics from the Health Management Information System, the district ranked 4th in NCT-Delhi with regards to under-5 deaths per 10000 live births.
- As on March 2022, the district has no functional District Early Intervention Centre (DEIC) or Nutrition Rehabilitation Centre (NRC) – both of which are instrumental in managing childhood undernutrition.

Segmented health systems architecture

- The public health care services under NHM are rendered by 4 health agencies in the district of Shahdara.
- This multiplicity warrants no centralization of accountability – at least not in practice – which essentially emerges from and leads to the consequent information and coordination lapse.
- Difficulties in coordination between the health agencies often lead to poor policy implementation, poorly functioning referral systems, and bears implication for staff efficiency and motivation.

Public Expenditure on the management of Non-Communicable Diseases

- The share of expenditure under the Flexible pool for Non-Communicable diseases in the year 2021-22 amounts to merely 0.04 percent of the total NHM expenditure.
- Activities under the national programmes targeting mental health, blindness control, oral health, deafness control, etc. were not accounted for during the FY 2021-22.
- It must be noted that while the district did run some of these afore-mentioned programmes earlier, there is both, a funding issue as well as an operational issue that inhibits the implementation of a wider set of programmes targeting NCDs.

Maternal Health Programme Implementation and Health Outcomes

- The district performs relatively well with respect to the ANC coverage and institutional deliveries, however, recording a Maternal Mortality Ratio of 595 maternal deaths per 1 lakh live births during the FY 2021-22, it ranks 2nd in NCT of Delhi.
- Further, the district observes significant backlogs in terms of JSY payments, suffers from poor referral mechanisms, and does not align with the diet provision mandates laid under the JSSK.
- The district shares boundary with the districts of Western Uttar Pradesh, and thereby caters to a number of migrants accessing healthcare services. The challenges of tracking and follow-up become most pertinent in this case.

Critical shortage + quality concerns of delivery points across lower health tiers

- Designated as Maternity Homes, the district of Shahdara has only 3 delivery points catering to the low/no risk Normal Vaginal Deliveries.
- The overall infrastructure and physical upkeep standards at these facilities are condemnable. Labor Rooms here need serious consideration for up-gradation as per the policy mandates and standards.
- The inadequacy and inefficiency of delivery points across the secondary-care health tier leads to a disproportionate share of the delivery load at the specialized care/tertiary care level facilities.

Serious Staffing shortages for Anesthetists, and Radiologists

- In terms of vacancy percentage reported for the positions of anesthetists and radiologists as on March, 2022, the district ranks 1st and 3rd in Delhi, respectively.
- There is a serious staffing shortage for anesthetists in the district which results in a worrying demand-supply gap for surgeries.
- Further, the district also notes shortages in the total workforce for radiologists, resulting in hampered medical imaging services.

Outdated IT support systems impeding digitization activities under National Tuberculosis Elimination Programme (NTEP)

- The exceedingly outdated IT system leads to pendency in data uploading, raises data quality issues, and hampers the overall database management of the programme.
- The said issue has substantial implications for programme management especially in light of acute staffing shortages noted under NTEP.

Facility-based quality accreditations

- The district-level quality coordinator team is earnestly devoted to the implementation of national programmes addressing improved quality care, like Kayakalp, LaQshya, and NQAS.
- There is a need to align the efforts of facility-level healthcare staff and orient them to the significance of these programmatic implementations.
- The district observes routine training and supervision of facility level staff for initiating and sustaining activities under quality healthcare programmes.

Supply shortages of standard format registers, ASHA Diary, household survey forms

- The tender for the printing of registers in standard GoI formats, household survey forms used by ASHA workers, ASHA diary, etc. is facilitated by the Delhi State Health Mission (DSHM).
- The delays in tendering procedures have been long-running, leading to hampered services and poor data maintenance.

Pendency in attending to Infrastructure Maintenance and Civil work

- The civil work requirements at the facility level remain unattended and unresolved for long periods of time.
- The inter-sectoral coordination suffers from serious shortcomings in terms of staff orientation on process of filing a request, and peculiar delays from the civil body's end.

Recommendations:

1. Increasing the number of delivery points across the secondary health tier, and upgrading the labor rooms across existing delivery points (maternity homes) as per the LaQshya mandates and Labor Room guidelines¹.
2. Fostering mutual accountability, and streamlining course-of-coordination between multiple health agencies rendering services under NHM.
3. Strengthen capacities in NHM budgeting, and HMIS data entry of the healthcare staff at the facility level.
4. Addressing the unrelieved backlogs in payments of health benefits package/incentives.
5. Enabling operationalization of the Nutrition Rehabilitation Centre (NRC), District Early Intervention Centre (DEIC), and Comprehensive Lactation Management Centre (CLMC) in the district to cater to Child health and nutrition needs
6. Prioritizing facility-based maternal death review on account of comparatively high maternal mortality noted in the district.
7. Addressing maternal anemia by up-scaling efforts to provide full-course of IFA tablets to pregnant women
8. Rational allocation of SNCU beds to out-born neonates as well
9. Strengthening TB centres across the district by improving IT support systems, and deploying HR to address the existing staffing shortages
10. Addressing accessibility constraints beyond NCD screening, to cover NCD management and post-therapies in cases of cancer, stroke, etc.
11. Facilitating activities and programmes addressing the health needs of adolescents.
12. Improving coordination and delivery mechanisms between inter-sectoral bodies for civil work and infrastructure maintenance across the health facilities

The district has in place a dedicated health workforce, and the health systems must leverage that by minimizing operational barriers, for overall improved health outcomes.

¹ https://nhm.gov.in/New_Updates_2018/NHM_Components/RMNCH_MH_Guidelines/LaQshya-Guidelines.pdf

Key Highlights

District Shahdara, NCT of Delhi

Prepared by:
Population Research Centre,
Delhi

Households Below Poverty Line (% of HHs in the district with the possession of a BPL card NFHS-5, 2019) <h2>31</h2>	Treatment seeking preference: Public facilities (% HHs where members usually avail treatment from a public health facility NFHS-5, 2019) <h2>23</h2>	Maternal Mortality (Maternal deaths per 1,00,000 live births HMIS, 2021-22) <h2>595</h2>	Neonatal Mortality (Neonatal deaths per 1,000 live births HMIS, 2021-22) <h2>34</h2>	Causes of Adolescent/Adult Mortality (Share of select reported causes of adolescent/adult deaths HMIS, 2021-22)
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HEALTH AGENCIES (No. of health agencies rendering public health services HMIS)	HEALTH FINANCING (Expenditure under NHM budget District FMR Transcripts, FY 2021-22)	HEALTH PERFORMANCE (Key performance Indicators under select healthcare themes HMIS 2021-22)	HEALTH EQUITY (Measures of equity in accessibility and coverage of select NHM KPIs NFHS-5, 2019)
Delhi Government <i>Primary care facilities: 70 Tertiary Care facilities: 5</i> Municipal Corporation of Delhi <i>Primary care facilities: 15 Tertiary Care facilities: 1</i> Central Governemnt Health Scheme <i>Primary care facilities: 3</i> ESI <i>Primary care facilities: 3 Tertiary Care facilities: 1</i>	Total expenditure 2021-22: Rs. 109,152,917.22 Percentage change in TE: a) 2021-22 over 2020-21: ↑6.98 b) 2021-22 over 2020-21, flexible-pool-wise: 	Post-Partum IUCD acceptance to total institutional deliveries: Rank: 11/13 Pregnant women received 4+ ANC to total ANC registrations: Rank: 2/13 Institutional deliveries to total institutional deliveries: Rank: 6/13 Newborns received 6 HBNC visits to total institutional deliveries: Rank: 6/13	Institutional delivery in a public facility by wealth index: Poorest: Richest: Institutional delivery in a public facility by mother's education: No schooling: Secondary education:

Swami Dayanand Hospital <ul style="list-style-type: none"> Management of Child under-nutrition 	Polyclinic Surajmal Vihar <ul style="list-style-type: none"> Short supply of Consumables 	DGD, Old Seemapuri <ul style="list-style-type: none"> Poor infrastructure Staffing shortages 	Maternity Home Chandiwala <ul style="list-style-type: none"> Requires Labor room up-gradation 	Maternity Home Old Seemapuri <ul style="list-style-type: none"> Requires Labor room up-gradation
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ABOUT THE REPORT

A successful planning and implementation of a given plan of action must always necessarily stipulate for a sound monitoring and evaluation mechanism. M&E plays a key role in ensuring the sustainability of a programme/plan in the long run, and also helps with course-correction – if and wherever required – in the short term.

The Government of India's flagship health programme – National Health Mission – is going to approach its two decade mark in 2025. The programme has undergone several structural shifts to envisage “Attainment of Universal Access to Equitable, Affordable and Quality health care services, accountable and responsive to people's needs, with effective inter-sectoral convergent action to address the wider social determinants of health”.

The programme is publicly funded by the union and state governments. Every year, the states are accorded a certain budget under the NHM to regulate activities or programmes across six financing components: (i) NRHM-RCH Flexipool, (ii) NUHM Flexipool, (iii) Flexible pool for Communicable disease, (iv) Flexible pool for Non-communicable disease including Injury and Trauma, (v) Infrastructure Maintenance and (vi) Family Welfare Central Sector component.

In this regard, the states prepare a programme implementation plan (PIP) which essentially serves as a guiding document for NHM proceedings at the state-level. It is a comprehensive, aggregate document of state's strategies, budgets and targets under the ambit of NHM, which goes through a formal process of appraisal each year by the Ministry of Health and Family Welfare (MoHFW).

The MoHFW annually assigns its pan-India network of Population Research Centres with the Monitoring and Evaluation component of the NHM-PIP at the district level. A trained team of PRC officials approaches this M&E exercise in two parts: (i) the teams first conduct a desk-review of health systems framework specific to each assigned state or district and works out the contemporary trends in health outcomes vis-à-vis health inputs; (ii) to corroborate the secondary findings, the teams conduct methodical visits to the health facilities in each of the assigned districts. In its final stage, a systematic report is structured to combine these findings, and assist the district-level functionaries, state governments and the Ministry of Health and Family Welfare for further strengthening the programme implementation pathways.

The present NHM-PIP monitoring report concerns the district of Shahdara, NCT of Delhi. The report provides a review of key population, socio-economic, health and service delivery indicators of the Shahdara District. The report also deals with health infrastructure and human resource availability within the district. In its later sections, the report summarizes observations from the team's visit to the health facilities in the district.

The report is based on data collected from health facility visits, as well secondary data collected from the CDMO office, along with information collected from HMIS Web Portal, and the National Family Health Survey for Shahdara district. Structured checklists were used for data collection from the NHM nodal officers, and health facilities. The entire assessment is based on observations made and information collected during:

- a) A round table meeting with the CDMO, NHM Nodal officers and administrative/managerial staff
- b) Visits to health facilities
- c) Beneficiary interactions
- d) Desk review of state PIPs and district FMR records
- e) Evaluation of HMIS data trends
- f) Evaluation of NFHS-5 data

The findings of this report are aimed to assist key stakeholders in ascertaining whether the health system in its current form has the ability to address the health needs and aspirations of its people.

SHAHDARA DISTRICT: AN OVERVIEW



1.1. GEOGRAPHY AND SOCIO-DEMOGRAPHY

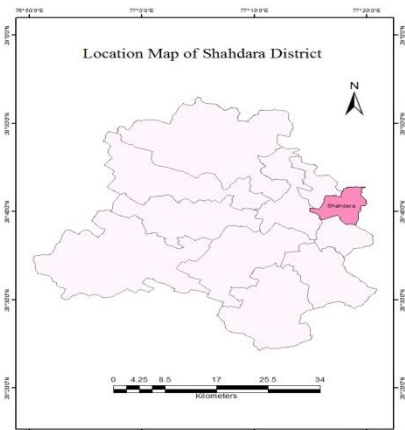


Figure 1: Location Map, Shahdara District

Geographic profile: In September 2012, the district of Shahdara came into existence with the addition of two new revenue & administrative districts to the National Capital Territory (NCT) of Delhi. On the Northern and Eastern side, the district shares its borders with the districts of western Uttar Pradesh, and further shares boundary with the ‘North-East’ and ‘East’ districts of Delhi, on the Western and the Southern sides, respectively.

The city is situated on the banks of Yamuna river. The district is divided into 3 subdivisions: (i) Shahdara, (ii) Vivek Vihar, (iii) Seemapuri.

Population Profile: The data from the Census of India 2011 provides population figures for the ‘tehsil’ of Shahdara as part of the North-East district. Given that Shahdara was allotted the status of a separate ‘district’ much later after the Census 2011 operations, no formal statistics on population figures for the district of Shahdara are available as yet. We hereby analyse the socio-demography characteristics of the district as per the data available for the tehsil Shahdara.

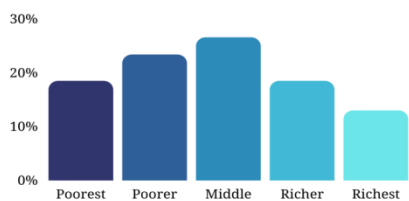
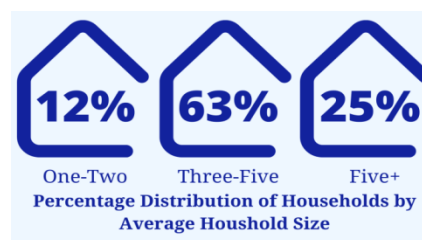
Shahdara Tehsil of North East district has a total population of 322,931 as per the Census 2011. The Average Sex Ratio of Shahdara Tehsil is 906.

The population of children of age 0-6 years in Shahdara Tehsil is 39375 which is 12 percent of the total population. The total literacy rate of Shahdara Tehsil is 86.25%.

Schedule Caste (SC) constitutes 11.6 percent of total population in Shahdara Tehsil.

Household Profile: The fifth round of the National Family Health Survey brings out certain notable demographic findings pertaining to the district of Shahdara, NCT of Delhi:

- About 26 percent of the total population in the district is aged 15 and above.
- On an average, a given household in the district of Shahdara houses about 5 members; about 63 percent of households in Shahdara relate to an average household size of ‘three-five’ members.
- There resides a child aged 0-5 years in close to 29 percent of households of Shahdara.
- Forty-two percent of households with a child less than aged 5 belong to ‘poorest’ or ‘poorer’ wealth strata.



Percentage Distribution of Households with children aged less than 5, by Wealth Index

Source: National Family Health Survey-5, 2019-20

Figure 2: Population and Household Characteristics, District Shahdara



1.2. HEALTH SYSTEMS OVERVIEW

Institutional Arrangements of Public Health Provisioning in Delhi:

The organization of public health care in Delhi depends on all three levels of government: the central (or Union) government; the government of the National Capital Territory of Delhi (or Delhi government); and the Municipal Corporation of Delhi (MCD).

At the topmost level, a major hospital such as the All-India Institute of Medical Sciences, institutions such as the Indian Council for Medical Research and dispensaries catering only to the needs of specific clients (i.e. government employees) come under the central government.

At the state level, a number of hospitals, polyclinics, dispensaries and medical colleges function under the Delhi government that government operates through the Health and Family Welfare Department.

The Municipal Corporation of Delhi (MCD; Delhi’s civic body) also manages a series of hospitals, polyclinics, dispensaries, maternity and child welfare centres, mobile vans and primary health care centres. In addition, various parastatal agencies such as the Northern Railways or the Employees of the State Insurance Corporation (ESI) also provide medical facilities.

Division according to type of care: Delhi government: all curative health care MCD: primary health care, along with preventive care.	Division according to the type of medicine: Delhi government: Allopathic MCD: AYUSH	Chief District Medical Officer (CDMO) proposed to be in charge of coordination & total health planning for the concerned district.	Delhi government created a Delhi State Health Mission
1990s	Post-1999	2002	2007

STATUS QUO:
GoNCTD:
 National / State Health Programmes are now being run by the Delhi State Health Mission through NRHM funding. Integrated District Health Societies (IDHS) provides technical support to these programmes

MCD:
 The Municipal Corporation Of Delhi administers health facilities and healthcare services provisions via IPP VIII, Mother and Child Welfare (MCW) centres, and Hospital & School Health Programmes

Provisioning of Public Health Services at the District level:

The public health services and programme implementation under the National Health Mission are coordinated by the technical officers of the Integrated District Health Society of Shahdara, under the supervision of the Chief District Medical Officer. The following programmes under NHM are catered through DHS: National Tuberculosis Elimination Program (NTEP), The National Leprosy Eradication Programme (NLEP), National Vector Borne Disease Control Programme (NVBDCP), Integrated Disease Surveillance Programme (IDSP), Non-Communicable Diseases Control Programme, National AIDS Control Programme, Routine Immunisation, State Specific Schemes i.e. Aam Aadmi Mohalla Clinic project (AAMC), Rogi Kalyan samiti (RKS), State specific Incentive for ASHA, etc., and other Programmes such as Pulse Polio, National Programme for Health Care of Elderly, etc.



1.2. HEALTH STATUS

The fifth round of the National Family Health Survey (NFHS-5) brings to light key statistics concerning the national and sub-national health outcomes. The district of Shahdara records a higher percentage of the share of women using contraception, when compared with the capital's share. The maternity and delivery care indicators fare relatively better too, as the district records higher than state average of institutional deliveries. 3 in every 4 institutional deliveries reported in the district account for births in a public facility. A concerning pattern with respect to child under-nutrition emerges from the data, wherein, the district records a higher than state average of the share of stunted, underweight, and anemic children. Over 70 percent children age 6-59 months were tested to be anemic during the survey.

Hypertension surfaces to be an emerging area of concern with regards to adult health in the district, for both, men and women.

Table 1: Key Indicators of Population Health: Shahdara District, NCT of Delhi

Key Indicators	Delhi	Shahdara
Reproductive health		
% women using:		
a) Any contraceptive method	76.4	78.0
b) Any modern method	57.7	56.1
c) Female Sterilization	18.0	14.9
Total Unmet Need for Family Planning (%)	6.1	4.6
Maternity and Delivery care		
% mothers who:		
a) had antenatal check-up in the first trimester	76.4	80.8
b) had at least 4 antenatal care visits	77.2	88.9
Institutional births (%)	91.8	95.8
Institutional births in public facility (%)	62.4	74.5
Child Health		
Children age 12-23 months fully immunized (%)	76.0	75.5
Children age 12-23 months who received most of the vaccinations in public health facility (%)	88.7	92.1
Children under 5 years who are stunted (%)	30.9	32.9
Children under 5 years who are underweight (%)	21.8	30.2
Children age 6-59 months who are anaemic (<11.0 g/dl) (%)	69.2	71.4
Adult Health		
% women aged 15-49 years:		
a) who are anaemic	49.9	49.4
b) have high blood sugar levels	12.2	12.3
c) have hypertension	24.1	26.1
% men aged 15-49 years:		
a) have high blood sugar levels	14.1	12.5
b) have hypertension	32.8	35.0

Source: National Family Health Survey – 5, 2019-20

THE FINANCING OF PUBLIC HEALTH



2.1. POPULATION HEALTH FINANCING

Public health financing is a core pillar of population health financing for any given country. In India, while state and central governments are major players of financing the public health services; individuals rely on funding their health needs through various private and/or public sources. An approach towards the universal coverage of health must include advocacy for adequate, stable, and sustainable investments in state NHM budgets.

% HHs with at least one member covered by a health scheme or insurance:	% women aged 15-49 covered with health insurance:	Average OOPE per delivery in a public health facility (Rs.):
Delhi: 25%	Delhi: 16.5%	Delhi: 8,518
Shahdara: 21%	Shahdara: 12%	Shahdara: 3,703

NATIONAL HEALTH MISSION PROGRAMME IMPLEMENTATION PLAN

What goes into the budgeting of NHM PIP?



State level situation analysis and setting of targets



Assessment of last year's physical and financial progress



Evidences gathered using HMIS, Survey reports, etc.



Budgeting with appropriate provisions for ongoing schemes/initiatives



Collated District Health Action Plans & City Health Action Plans

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 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.



2.3. DISTRICT HEALTH ACTION PLAN

In the year 2021-22, the total allocation for the NCT of Delhi against the NHM Resource Envelope amounted to be 299.4 crore. This fund is further budgeted to the fragmented health agencies in Delhi depending on their programmatic areas. The allocation of funds to the districts of Delhi is thus heavily reliant on programme-specific budgeting since MCD and DGD facilities have a clear distinction in terms implementation of activities and programmes each is catering to.

Per the Financial Management Record (FMR) transcripts for the years 2020-21 and 2021-22, the District of Shahdara incurred a total expenditure of Rs. 10.91 crore during the FY 2021-22, recording an increase of about 7 percent over last year's total expenditure. An annual incremental decrease in total expenditure (FY 2021-22 over 2020-21) can be observed for the FMR Head 1: Service Delivery-Fcaility based, FMR Head 5: Untied Funds, FMR Head 15: PPP, and FMR Head 16: Programme Managment in Table 2 below.

Table 2: NHM Expenditure by FMR Budget Heads, District Shahdara, 2020-21

FMR NHM Code	FMR Budget Heads	Total expenditure (Rs. in lakhs)						Increment
		2020-21			2021-22			
		NHM	NUHM	Total	NHM	NUHM	Total	
1	Service Delivery - Facility Based	155.3	3.5	158.9	126.4	4.1	130.5	(28.3)
2	Service Delivery - Community Based	-	0.4	0.4	1.1	0.8	1.9	1.5
3	Community Interventions	35.0	65.3	100.2	32.2	80.7	112.9	12.7
4	Untied Fund	-	-	-	-	6.5	6.5	6.5
5	Infrastructure	0.1	5.4	5.5	-	4.3	4.3	(1.2)
6	Procurement	2.4	-	2.4	2.8	-	2.8	0.3
7	Referral Transport	-	-	-	0.1	-	0.1	0.1
8	Human Resources	519.1	127.3	646.4	564.6	124.4	689.0	42.6
9	Training and Capacity Building	0.7	1.0	1.8	4.4	2.1	6.4	4.7
10	Reviews, Research, Surveys	-	-	-	-	-	-	-
11	IEC/BCC	-	-	-	7.9	-	7.9	7.9
12	Printing	1.1	0.0	1.1	5.2	-	5.2	4.1
13	Quality Assurance	-	7.6	7.6	-	9.2	9.2	1.6
14	Drug Warehousing and Logistics	1.1	-	1.1	26.9	-	26.9	25.7
15	PPP	1.0	-	1.0	-	-	-	(1.0)
16	Programme Management	47.1	46.7	93.9	44.3	43.5	87.8	(6.1)
17	IT Initiatives	-	-	-	-	-	-	-
18	Innovations (if any)	-	-	-	-	-	-	-
Total Expenditure		763.0	257.3		815.9	275.6		
Grand Total (NHM +NUHM)			1020.3			1091.5		6.98

Source: District Quarterly FMR Reports, 2020-21 & 2021-22



Expenditures under the NRHM-RCH Flexipool: During the FY 2021-22, the total expenditure incurred under the NRHM-RCH flexible pool for the district of Shahdara is slightly over 6.75 Crore; 89 percent of which is attributable to the activities/programmes under the Reproductive and Child Component. The district incurred total expenditure amounting to Rs. 0.42 Crore, 6.01 Crore, and 0.32 Crore under to the NRHM-RCH flexible pool sub-components, i.e., Reproductive and Child Health, Health Systems Strengthening, and Immunization, respectively.

Across all three sub-components of NRHM-RCH flexipool, a majority share of total expenditure is incurred towards the concluding quarters of the financial year.

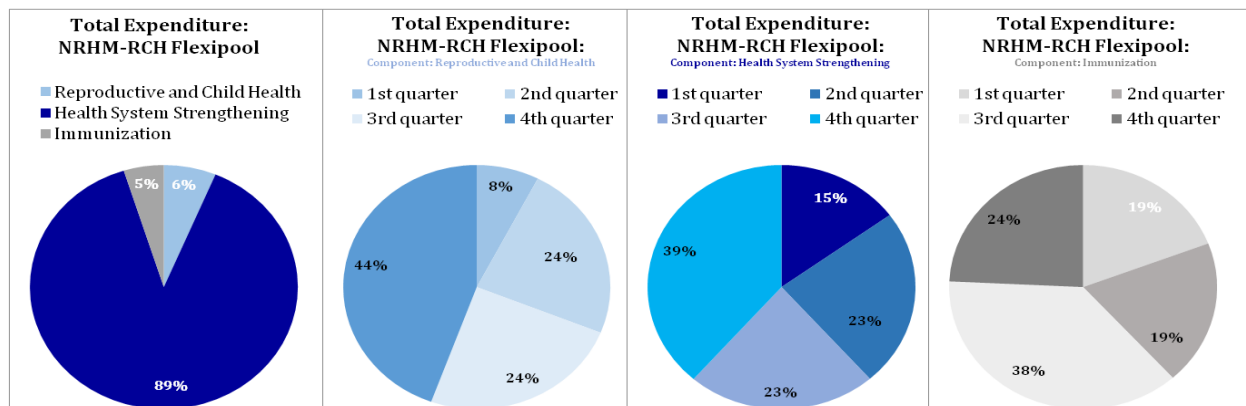


Figure 3: Details of Total Expenditure under RCH flexible pool across annual quarters, 2021-22

Expenditures under Communicable Diseases Flexipool: The total expenditure incurred under the Communicable diseases flexipool in Shahdara during FY2021-22 corresponds primarily to activities under four programmes only: Integrated Disease Control Programme (IDSP – Rs. 56.1 lakh), National Vector Borne Disease Control Programme (NVBDCP – Rs. 0.17 lakh), National Leprosy Elimination Programme (NLEP – Rs. 2.79 lakh), and National Tuberculosis Control Programme Rs. (NTEP – 180 lakh).

With close to 98 percent of the total flexipool expenditure being incurred on NTEP activities, the Communicable Diseases flexipool total expenditure for the district sums to Rs. 191 lakh.

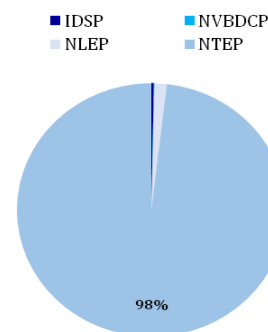


Figure 4: Share of Total Expenditure under the Communicable diseases flexible pool, FY 2021-22

Expenditures under Non-Communicable Diseases Flexipool: Total expenditure incurred by the district during FY 2021-22 on activities/programmes under the NCD flexiblepool aggregates to Rs. Rs. 4.6 lakh; 73 percent of which is spent on activities under the National Programme for Prevention and Control of Cancer, Diabetes, Cardiovascular Diseases and Stroke (NPCDCS) programme. Other programmes budgeted for under the NCD flexipool are: National Programme for the Healthcare of the Elderly (NPHCE), and the National Tobacco Control Programme (NTCP) – relating to 16 and 11 percent share of the total NCD flexipool expenditure, respectively.

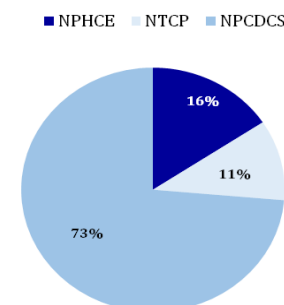


Figure 5: Share of Total Expenditure under the Non-Communicable diseases flexipool, FY 2021-22

PHYSICAL AND HUMAN RESOURCES



3.1. HEALTH INFRASTRUCTURE

In NCT of Delhi, public healthcare services are rendered by primarily four health agencies: the Delhi Government, the MCD, CGHS, and ESI. Medical care by these health agencies are provided through super specialized hospitals, and district hospitals for tertiary care, and through dispensaries, polyclinics and Aam Aadmi Mohalla Clinics (AAMC) for primary care service delivery. There are also facility setups for MCH care services specifically across the city – Mother and Child Welfare Centre (MCW), and Maternity Homes (MH).

There are a total of 131 health facilities linked with the district of Shahdara, of which 98 are physical, and the other 33 are registered as notional health facilities on the Health Management Information System (HMIS). There are 7 district hospitals in Shahdara, of which 3 are super-specialty hospitals catering to conditions like cancer, mental health, specialized surgeries, etc. The majority of these hospitals (5 out of 7) are run by the Delhi Government. The community health centres in the district are MCD-run Maternity Homes, which offer a range of maternal and delivery care services. There are a total of 40 dispensaries in the region, offering services equivalent to that of a primary health centre. The Delhi Government-run AAMCs in the district – 48 in total – are recognized as the health sub-centres, established with the aim to provide doorstep level health services. A number of DGDs in the district are being increasingly upgraded to Polyclinics to address the glaring gaps in secondary health care service delivery level, and ease the disproportionate patient load from tertiary-care facilities in Shahdara.

Table 3: Status of Healthcare Infrastructure in Shahdara, 2021-22

Health Agency and Facility Type	District Hospital	Community Health Centre	Primary Health Centre	Health Sub Centre	Grand Total
Health Agency: CGHS			3		3
<i>Dispensary</i>			3		3
Health Agency: Delhi Govt.	5		22	48	75
<i>Super Specialty Hospital</i>	3				3
<i>District Hospital</i>	2				2
<i>Dispensary</i>			15		15
<i>Polyclinic</i>			4		4
<i>AAMC</i>				48	48
<i>SPUHC</i>			3		3
Health Agency: ESI	1		3		4
<i>District Hospital</i>	1				1
<i>Dispensary</i>			3		3
Health Agency: MCD	1	3	12		16
<i>District Hospital</i>	1				1
<i>Dispensary</i>			3		3
<i>Mother & Child Welfare Centre</i>			9		9
<i>Maternity Home</i>		3			3
Grand Total (Physical)	7	3	40	48	98

Source: Health Management Information System, 2020-21



3.2. HUMAN RESOURCE FOR HEALTHCARE

The human resource availability in the district is invariably tied with the availability of staff with each health agency. The information coordination lags leads to issues with combining of the HR data, and referring to a true status of HR availability in the district from a reliable unified source becomes cumbersome. Any give health facility in the district is provided HR under the NHM, or by MCD, or by DGD. In this light, the sanctions for HRH differ by varying health agencies, along with notable differences in salaries, attitudes and practices of health care staff across different health agencies.

Table 4 highlights the details of core healthcare staff – medical, for the district of Shahdara. A glaring non-availability of surgeons can be seen in the district, followed by huge shortages with respect to Anesthetists. The district ranks first at the UT-level with respect to the vacancy percentage noted for anesthetists in Shahdara, with the total anesthetist workforce in the district facing shortage of 47 anesthetists against the 80 sanctioned posts.

Further, the number of radiologists in the district also warrants attention as the district holds a workforce of 6 radiologists in total against 29 sanctioned posts for radiologists. With the prevailing statistic, the district ranks 3rd among the districts of NCT of Delhi with respect to vacancy percentage noted for Radiologists, corresponding to the FY 2021-22.

The district of Shahdara did not record any vacancy with regards to the positions of ‘Obstetrician/Gynecologist’ – total workforce: 26; ‘ENT Surgeons’ – total workforce: 4; and ‘Staff Nurses’ – total workforce: 1684.

Across the health facilities from the lower tiers (polyclinics, maternity homes, and dispensaries), staffing shortages were observed to be most pertinent with regards to the position of pharmacists, lab technicians, data entry operators, and class IV workers.

While, health workforce density would emerge as an important indicator to assess the health workforce patterns in the district, the non-availability of data – for both, HR status and district population – limits the analysis of per capita availability of HRH.

Table 4: Details of Core Healthcare Staff – Medical, in Shahdara, 2021-22

Human Resource for Healthcare: Doctors	Sanctioned/Approved [A]	In-Position [B]	% Vacant [B-A]/A	Vacancy Rank Inter-district Order: Descending
Anesthetist (Regular / trained)	80	33	58	1
Dental Surgeon	12	6	50	5
ENT Surgeon	4	4	-	-
Obstetrician/Gynecologist(O&G)	23	26	-	-
Ophthalmologist	6	5	16	4
Orthopedician	7	6	14	7
Paediatrician	21	16	24	7
Radiologist	29	6	79	3
Staff Nurse	1679	1684	-	-

Source: Health Management Information System, 2020-21

NATIONAL HEALTH MISSION PROGRAMMES



4.1. INTER-DISTRICT ASSESSMENT: KEY INDICATORS

A number of programmes/schemes are running under the umbrella of National Health Mission, with although specific aims and targets for each programme, but collectively aimed at improving healthcare accessibility and coverage for all.

Table 5 elicits how the district of Shahdara ranks relatively with regards to key performance indicators across the themes of Reproductive, Maternal, Newborn and Child Health, and Patient Services. The district records a third-lowest rate of Post-partum IUCD acceptance at the UT level, however, ranks 5th in terms of Post-partum female sterilization rate in Delhi. While, the district fairs well with 2nd rank in terms of the share of pregnant women (PW) registered for ANC receiving 4+ ANC consultations, the maternal mortality ratio reported for the year 2021-22 is rather disconcerting. Shahdara reported 164 maternal deaths during the said financial year, translating to a Maternal Mortality Ratio of 595 maternal deaths per 1 lakh live births. The recorded MMR is among the highest for Delhi, exceeding the UT average of 336 maternal deaths per 1 lakh live births. The district also ranks fairly low with regards to the KPIs of Newborn and Child Health included in the Table below.

Table 5: Select Key performance Indicators under NHM: Inter-district comparison, 2021-22

Key Performance Indicators	NCT of Delhi	Shahdara	Inter-district Rank Order: Descending Total Districts: 13
Reproductive Health/Family Planning			
Post-partum IUCD to Total Institutional Deliveries (%)	33.7	13.5	11
Post-partum sterilization to total institutional deliveries (%)	3.6	3.7	5
Maternal Health			
Pregnant women received 4+ ANC to total ANC registrations (%)	80.0	111.6	2
PW provided 180 IFA tablets to total ANC registrations (%)	97.3	93.1	6
Institutional deliveries to total deliveries (%)	94.2	95.5	6
Maternal Mortality Ratio (Maternal deaths per 100000 live births)	336.1	595.9	2
Newborn Health			
Outborn SNCU admissions to total SNCU admissions (%)	16.3	13.5	8
SNCU deaths to total SNCU admissions (%)	6.1	6.6	4
Birth Dose coverage: BCG (to total live births) (%)	109.9	101.8	8
Birth Dose coverage: OPV (to total live births) (%)	91.8	95.0	4
Birth Dose Coverage: Hep-B (to total live births) (%)	90.5	95.1	3
Newborns received 6 HBNC visits to total institutional deliveries (%)	64.6	52.1	6
Child Health			
Under-5 Mortality Rate (Child deaths per 10000 live births)	35.7	26.9	4
Share of IPD admissions: children < 18 to total IPD admissions (%)	33.3	27.8	9
Patient Services			
% increase in annual OPD (FY 2021-22 over FY 2020-21)	36.9	30.9	8
% increase in annual IPD admissions (FY 2021-22 over FY 2020-21)	30.9	42.5	5

Source: Health Management Information System, 2020-21 & 2021-22



4.2. KEY IMPLEMENTATION LAGS AND CHALLENGES

Programmes/NHM Components	Challenges
RMNCHA+	
Maternal Health	<ul style="list-style-type: none"> ▪ Limited public awareness of the programme ▪ Critical backlogs in Janani Suraksha Yojana (JSY) incentive payments to the beneficiaries ▪ Aadhar Card non-availability and/or issues with bank accounts delimits the cash transfer benefit to the mother under JSY ▪ Ante-natal care services at the primary care level suffer from the rather tenuous coordination between varying health agencies ▪ Serious implementation lags in diet and referral transport provision for the mothers under the Janani Shishu Suraksha Karyakram (JSSK) ▪ Inadequate Human Resource for Maternal Healthcare service delivery ▪ Deliveries in the district are heavily reliant on tertiary care health facilities, implying almost negligible share of deliveries catered to by lower tier facilities ▪ Condemning status of labor rooms across the delivery points at the CHC level, i.e., across the Maternity Homes in the district ▪ Concerning share of home deliveries pocketed across vulnerable slum regions in the district
Child Health	<ul style="list-style-type: none"> ▪ Non-operational Nutrition Rehabilitation Centre (NRC) in the district, despite child under-nutrition presenting as a serious public health concern ▪ Unacknowledged concerns over sustainability of the District Early Intervention Centres (DEICs) impeding managerial decisions for its operationalisation/uptake ▪ The wretched labor room conditions across the Maternity Homes in the district extend into rather poor service provision for newborns delivered in these facilities.
Family Planning	<ul style="list-style-type: none"> ▪ Low contraception acceptance can be subjected to the socio-cultural beliefs of certain population groups in the district disapproving of contraception use, significant share of migratory women that the district caters to being involved in construction work hence unapproving of family planning methods citing resultant obstructions in work, etc.
Adolescent Health	<ul style="list-style-type: none"> ▪ Non-provision of sanitary napkins to adolescent girls ▪ No dedicated adolescent counselor/(s) in position.



Programmes/NHM Components	Challenges
Health Systems Strengthening	
Ayushman Bharat Health & Wellness Centre (AB-H&WC)	<ul style="list-style-type: none"> ▪ Detained data entry and survey completion by ASHAs due to delays in tendering of the printed formats/registers/records which is primarily managed by the state level functionaries
Immunization	<ul style="list-style-type: none"> ▪ Few cases of immunization dropouts/unvaccinated children clustered on accounts of socio-cultural beliefs against immunization.
Communicable Diseases	
Integrated Disease Surveillance Programme (IDSP)	<ul style="list-style-type: none"> ▪ No apparent challenges, running smoothly
National Vector Borne Disease Control Programme (NVBDCP)	<ul style="list-style-type: none"> ▪ Coordination lags between health agencies
National Leprosy Eradication Programme (NLEP)	<ul style="list-style-type: none"> ▪ No apparent challenges, running smoothly
National Tuberculosis Elimination Programme (NTEP)	<ul style="list-style-type: none"> ▪ Pending operationalisation of incentive payments under Direct Benefit Transfer (DBT) scheme ▪ Chronic shortage of CBNAAT cartridge ▪ Staffing shortages, specifically at the Stark Senior Treatment Supervisor (STS), and the Senior Tuberculosis Laboratory Supervisor (STLS) level ▪ No sanction of Class IV under the programme ▪ No biosafety labs across the centres ▪ Poor infrastructure, and outdated IT support systems, given that the programme operations are heavily digitized
Non-Communicable Diseases	
National Programme For The Healthcare Of The Elderly (NPHCE)	-
National Tobacco Control Programme (NTCP)	-
National Programme for Prevention and Control of Cancer, Diabetes, Cardiovascular Diseases and Stroke (NPCDCS)	<ul style="list-style-type: none"> ▪ Undetermined operational guidelines around tracking and follow-up of patients ▪ Staff crunch, specifically, Lab technicians ▪ Strikingly high OOPE related with the consequent therapies required after a stroke or a cardiovascular event.
Quality Care Programme	
LaQshya, Kayakalp, NQAS	<ul style="list-style-type: none"> ▪ Quality care accreditations and certifications are not realized equally across different health agencies. Whereas, a number of Delhi Government/NHM funded facilities have initiated implementation of LaQshya, and/or Kayakalp guidelines; facilities run by other health agencies do not exhibit the same kind of awareness.

COMMUNITY HEALTH



5.1. FRONTLINE COMMUNITY HEALTH WORKERS

The cardinal role of Frontline Community Health Workers like ASHAs, ANMs, etc in the operational delivery of key schemes/programmes under the National Health Mission has been in evidence since decades now. In NCT of Delhi, the ASHA workers are typically designated to the areas of vulnerable population groups, to ensure integrated and uninterrupted access of service delivery.

The district of Shahdara has a total of 484 ASHA workers in place.

Total no. of ASHAs	...with drug kits	...with HBNC Kits	...enrolled for Pradhan Mantri Jeevan Jyoti Bima Yojana (PMJJBY)	...enrolled for Pradhan Mantri Suraksha Bima Yojana (PMSBY)
484	484	452	150	150

Table 6 highlights the budgeted allocation and expenditure towards ASHA activities in the district. The district of Shahdara spent 70 percent of the total allocation amount under ASHA activities during the FY 2021-22.

Table 6: ASHA activities budget: allocation and expenditures, 2021-22

S.No.	ASHA Programme: Activities	Allocation	Expenditure
A	ASHA Selection	0.15	0.04
B	ASHA Training	37.26	17.50
<i>i</i>	<i>Induction Module</i>	<i>2.64</i>	<i>1.06</i>
<i>ii</i>	<i>Module 6</i>	<i>2.34</i>	<i>0.00</i>
<i>iii</i>	<i>Module 7</i>	<i>3.51</i>	<i>1.22</i>
<i>iv</i>	<i>Round 3</i>	<i>1.70</i>	<i>0.00</i>
<i>v</i>	<i>HBYC</i>	<i>8.50</i>	<i>5.52</i>
<i>vi</i>	<i>NCD</i>	<i>2.55</i>	<i>0.00</i>
<i>vii</i>	<i>1 Day ASHA Refresher Training</i>	<i>10.08</i>	<i>9.70</i>
<i>viii</i>	<i>2 Days ASHA Facilitator Training</i>	<i>2.46</i>	
<i>ix</i>	<i>10 days ASHAs accreditation Training</i>	<i>3.38</i>	<i>0.00</i>
<i>x</i>	<i>Maintenance of ASHA training sites</i>	<i>0.10</i>	<i>0.00</i>
C	Support Structure	0.00	0.00
D	Procurement of ASHA Kit	10.15	3.80
E	HBYC Kit	0.00	0.00
F	Cash Award to ASHAs	1.30	0.00
G	ASHA Sammelan	1.00	0.00
H	ASHA Contingency	0.36	0.28
I	Mobility support for HR under ASHA Program	1.08	0.00
J	Printing of household survey forms	0.00	0.00
K	Social Security Benefits	1.56	0.00
L	NUHM Incentives	78.48	70.58
<i>i</i>	<i>HBNC</i>	<i>29.20</i>	<i>36.54</i>
<i>ii</i>	<i>HBYC Kit</i>	<i>15.00</i>	<i>0.08</i>
<i>iii</i>	<i>PUHC Monthly Review Meeting</i>	<i>6.57</i>	<i>7.43</i>
<i>iv</i>	<i>Household survey/resurvey</i>	<i>21.91</i>	<i>21.76</i>
<i>v</i>	<i>PPIUCD</i>	<i>5.11</i>	<i>4.61</i>
<i>vi</i>	<i>PAIUCD</i>	<i>0.68</i>	<i>0.15</i>
	Grand Total	131.19	92.16

5.2. COMMUNITY PARTICIPATION IN HEALTH

Communities play a vital role in defining a health matrix of a region. Community health behaviors constitute a key social determinant of health. Further, community participation in creating demand for healthcare, and voicing their health needs is crucial to health systems strengthening at large.

The National Health Mission has defined various levels of community participation in enabling health and wellness by means of key interventions like the health camps, rural/urban health, nutrition, sanitation days, Mahila Arogya Samitis (MAS), etc.

In Shahdara, a total of 11 Mahila Arogya Samitis are functional, of which 3 were formed and trained during the FY2021-22. The district caters to a number of difficult areas, slums, and *jhuggi-jhopdi* settings, which are relatively more vulnerable to vector-borne diseases endemicity, poor health behaviors, and restricted health accessibility. It is precisely in these regions that the MAS- facilitated by the ASHA workers – addresses local issues related to Health, Nutrition, Water, Sanitation, etc. It must be noted that no joint accounts have yet been opened for the Mahila Arogya Samitis operational in the district.

One of the key issues with community participation in Shahdara relates to the health-seeking inhibitors backed by social-cultural beliefs. Specific community groups would participate and express coordination with regards to health services/practices they perceive to be important, as opposed to adopting integrated health interventions. For instance, while communities would be desirous to avail mosquito nets, ORS solution, etc, there would exist significant resistance for contraception use, child immunisation, etc.

Thus, while there is an established consensus that community participation improves health services uptake, the district needs to appraise its community engagement approach to target population-subgroup-specific barriers.





5.3. COMMUNITY AND PATIENT PERCEPTIONS

During the course of facility visits, the Monitoring and Evaluation Team engaged with communities, and patients to gauge their perceptions around common health service delivery domains in the district. The responses collected have been summarized below, disaggregated by domain specificity and respondent group:

Health seeking behavior

Community perception: Majorly private, specifically for specialized care
 Frontline worker perception: Polyclinics are aiding in primary care service delivery

Access to health

Community perception: Improved accessibility for primary care services, over-congested tertiary care facilities, improved delivery care accessibility needs to be prioritized

Behavior of health service providers

Patients' perception: Health workers allot proper time for treatment/diagnosis, overall well-satisfied patients especially across DGD-managed facilities

Out of Pocket expenditure in public health facilities

Patients' perception: OOPE incurred on Imaging and Diagnostics, Specialized care – Oncology, Orthopedics, etc., Delivery care, Transport services

Coverage, Knowledge and skills of ASHA as perceived by the community

Community perception: Competent, and cooperative

Availability of services for Immunization, ANC, PNC, AH counseling, Contraceptive services, Nutrition counseling and preferred facilities for each

Community perception: Dispensaries, MCW Centres, Polyclinics

Screening for common NCDs and preferred facilities for seeking treatment

Community perception: AAMCs, Dispensaries, MCW Centres, Polyclinics

The collated community and patient perceptions call for strengthening delivery care services at lower health tiers, improving imaging diagnostics availability across the district, and developing ease of accessibility for specialized care as it accords for a major share of catastrophic OOPE. Rethinking referral transport availability in the district is undoubtedly required, along with strengthened referral linkages from lower tier health facilities to tertiary/specialized care health facilities in the district.

HEALTH FACILITY OBSERVATIONS

6.1. SWAMI DAYANAND HOSPITAL: DISTRICT HOSPITAL

Swami Dayanand Hospital is a 370-bedded teaching district hospital facility primarily run by the MCD, with certain funding received under NHM as per programmes implementation eligibility. The facility provides an integrated mix of specialized and general services like; Medicine, Obstetrics and Gynecology, Pediatrics, General Surgery, Anesthesiology, Ophthalmology, Dental, SNCU, ICU, etc. The district hospital has recently been approved for a Comprehensive Lactation Management Centre (CLMC) setup. The essential 'clinical service' availability set and the minimum requirement of 'specialists' at the Swami Dayanand Hospital is in accordance with the guidelines for District Hospitals laid out by the Indian Public Health Standards 2022², with the exception of non availability of an Adolescent Friendly Health Clinic (AFHC) and a Dialysis Unit.



Figure 6: Team visit to Swami Dayanand Hospital, Shahdara

Good practices/Strengths:

- **Patient safety initiatives in the context of quality care provisions:**

The hospital has in place a rather structures set of practices to ensure better health outcomes by minimizing the possibilities for adverse events among patients. Proper record maintenance and tracking of surgical site infections is one among the many notable actions professing the much-appreciated patient safety culture in the hospital.

- **Availability of a wide spectrum of Laboratory Tests:**

An exhaustive number of Lab tests are made available through the departments of Pathology, Microbiology, Biochemistry, Blood bank, PPTCT, Emergency Lab, and OPD Lab. Events of OOPe on account of lab testing were thereby noted to be extremely rare among patients seeking care from the hospitals.

- **Well-equipped Sick New Born Care Unit (SNCU):**

The SNCU at the district hospital is extremely well-equipped in terms of physical resources deployed. The SNCU caters to a variety of complex diagnoses, and offers quality care in compliance with the set guidelines³.

² http://nhm.gov.in/images/pdf/guidelines/iphs/iphs-revised-guidelines-2022/01-SDH_DH_IPHS_Guidelines-2022.pdf

³ [https://nhm.gov.in/images/pdf/programmes/child-health/annual-report/Two_Year_Progress_of_SNCUs-A_Brief_Report_\(2011-12_&2012-13\).pdf](https://nhm.gov.in/images/pdf/programmes/child-health/annual-report/Two_Year_Progress_of_SNCUs-A_Brief_Report_(2011-12_&2012-13).pdf)

Key challenges:

▪ **Disproportionate delivery load:**

In the year 2021-22, 71 percent of all public facility deliveries in the district are attributable to Swami Dayanand District Hospital. The said DH thereby caters to 7 out of every 10 deliveries in the district, which not only goes on to depict the unjust congestion at tertiary care facilities but also hint towards the colossal weaknesses of primary tier facilities with regards to delivery care.

▪ **Declining trend in the number of deliveries:**

The hospital depicts a continually falling rate with respect to the number of deliveries each month during the FY 2021-22, when compared with the monthly delivery numbers from the previous year. This also has an implication on the number of SNCU admissions. As depicted in Figure below, with falling number of institutional deliveries, the share of SNCU admissions has also fallen down, and this gap has continued to widen throughout the year 2021-22. This is indicative of sub-optimal use of maternity care resources as well as the SNCU resources, and also implies diversion of patients to either private facilities or more congestion at other district hospitals like GTB Hospital in the district. Both of these scenarios are not ideal to the aims of public health provisioning under NHM.

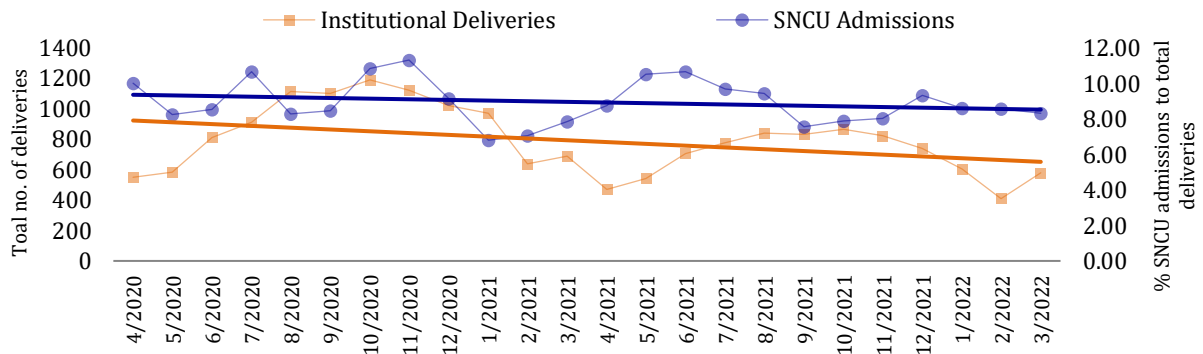


Figure 7: Trends in institutional deliveries and SNCU admissions, DH SDN, Shahdara, 2020-22

▪ **Share of outborn SNCU admissions too low in spite of technological leverage:**

The District Hospital clearly has operational leverage with respect to their almost state-of-the-art SNCU. However, the trends with regards to outborn SNCU admissions indicate an anecdotal preferential divide, which must be looked into to ensure equitable care for all newborns, by every possible means.

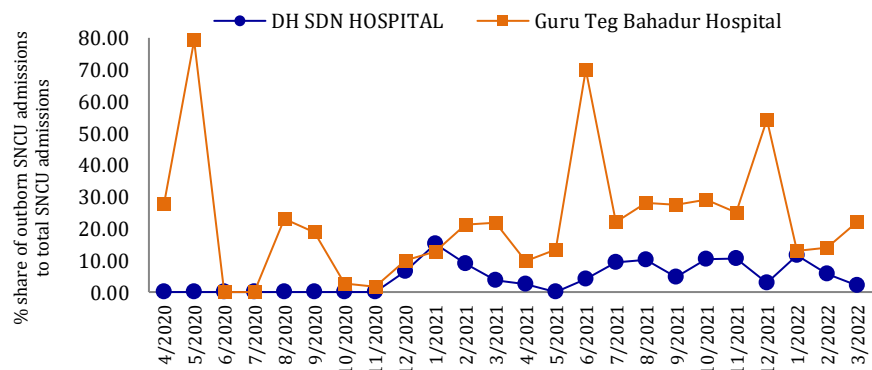


Figure 8: Trends in share of outborn SNCU admissions, DH SDN vs GTBH, Shahdara 2020-22

This would also help reduce the burden of outborn SNCU admissions on GTB hospital – the only other District Hospital in the region with a functional SNCU.



6.2. DGD SURAJMAL VIHAR

The Delhi Government Dispensary, Surajmal Vihar has been recently upgraded to an *Aam Aadmi* Polyclinic facility offering a wide range of primary care services.

- The facility stands out for its implementation of Kayakalp guidelines, facility upkeep and cleanliness, complete and orderly provision of healthcare services, health staff behavior, laboratory and pharmacy upkeep and maintenance.
- The facility has introduced recognition initiatives like ‘quality champions of PHC’ and ‘Wall of Fame’ to inculcate a sense of motivation among staff members for improved quality care delivery.
- Among the observed challenges; persistent shortages of RCH, stock, and attendance registers, staffing shortage in pharmacy, collaboration difficulties with linked departments, and indistinct managerial training/orientation with respect to fund management, surfaced as critical.

Overall, programme implementation at the facility level is smooth and caters to a comprehensive package of promotive, preventive, and curative primary care services.



Figure 9: Team visit to DGD Surajmal Vihar, Shahdara

6.3. DGD OLD SEEMAPURI

The Delhi Govt. Dispensary, Old Seemapuri runs in a rather dilapidated building, offering a range of primary care services like family planning, ANC services, immunization, TB testing, etc. The facility also provides homoeopathy consultations after the operational hours of the allopathic clinic. Despite having in position a truly dedicated team of healthcare staff, the facility operations are extremely affected by:

- Absolutely diabolical state of the facility building
- Migratory population, and associated difficulties with patient tracking and follow-up
- Interrupted lab investigations due to COVID-19



Figure 10: Team visit to DGD Old Seemapuri, Shahdara

6.4. MATERNITY HOME SEEMAPURI

Maternity Home, Seemapuri is a functional delivery point in the district, with an average per-month delivery load ranging between 30-40 deliveries. Among specialists, an Ob-Gyn and a Paediatrician is positioned at the facility to oversee delivery care and maternal care. The following operational challenges exist with regards to the said Maternity Home's functioning:

- Poor infrastructure, congested space, inadequate furniture
- Continued pendency of RKS fund release
- Lack of self-motivation among staff due to variations in salary norms.
- Non-availability of the round-the-clock doctor on duty/call
- Labor Room was not in line with the standardization mandates of LaQshya guidelines.



Figure 11: Team Visit to Maternity Home, Seemapuri

6.5. MATERNITY HOME CHANDIWALA

Maternity Home, Chandiwala is a functional delivery point in the district, with an average per-month delivery load ranging between 30-40 deliveries. It is situated at a distance of 2.5 kms from the Swami Dayanand Hospital – which is the facility's referral point as well for high-risk delivery cases. The Maternity Home is faced with a series of challenges:

- There is no Specialist placed at the facility, and the entire MH is run under the supervision of 2 Medical Officers.
- The facility observes shortages of Testing kits/ Rapid diagnostic kits from time-to-time.
- The JSY payments are on an average delayed by one month at least; the providers cite portal issues to be the underlying cause.
- Infrastructure maintenance was observed to be affected accounts of lack of fund.
- Labor Room was not in line with the standardization mandates of LaQshya guidelines.



Figure 12: Team Visit to Maternity Home, Chandiwala

The Maternity Homes in Shahdara are primarily delivery points, which are CHC-equivalent, and run by MCD. Service provision under NHM across these centres varies significantly because of a) staff motivation – affected by salary differentials between MCD staff and compared to DGD staff, coupled with significant salary delays, b) poorly-maintained infrastructure, and c) staff's foremost fanatical affiliation to the governing agency, and only later to the goals and proceedings of NHM.

CONCLUSION



Each year, the Ministry of Health and Family Welfare, Government of India, through its pan-India network of Population Research Centres, facilitates the Monitoring and Evaluation of the key components of the National Health Mission (Government's flagship healthcare programme) – Programme Implementation Plan (key document of the NHM highlighting physical and financial targets/provisions).

This Monitoring and Evaluation assignment is carried out in two phases: in the first phase, a PRC team analyses secondary data to build an outlook of the district's healthcare and health systems framework; in the second phase, a two-member team undertakes field visits to the health facilities in the district, and interacts with key stakeholders of NHM.

The findings from this exercise are consolidated into a systematic report. The said report is structured to elaborate on the key aspects of the district level healthcare status, health systems functionalities, and status of programme implementation under the ambit of NHM.

In the said series, the present report collates findings from the M&E of the key components of NHM-PIP in the district of Shahdara during the FY 2021-22. The team visited five health facilities in the district, met and interacted with Chief District Medical Officer and the District Nodal Officials to gain insights of the programme implementation proceedings, and impediments thereof

Shahdara is one among the 11 districts in the capital city of India, and was formed rather recently as a separate administrative and revenue district of Delhi in the year 2012. The district caters to a diverse, mostly urbanized population from all age-groups. It is land-locked by the districts of Delhi and Western Uttar Pradesh. Every year, the district observes a large influx of migrants from the neighboring districts of UP. Invariably, the share of migrants in the district's total population is rather high. The households in Shahdara are distributed along all wealth stratum, and as is true for any metropolitan region, the district observes fragmented areas of niche, as well as vulnerable localities. On an average, one in every four households in the district houses 5 or more than 5 members.

The organizational setup of health care provisioning in Delhi is rather unique as it depends on all three levels of the Government – the Central Government, Delhi Government, and the MCD. Health facilities under each of these health agencies offer a wide range of promotive, preventive, curative, and palliative care. While decentralization of operations in health systems and healthcare provisioning principally has its advantages, it does not seem to be the case for Shahdara district. The multiplicity of health agencies seems to come with its own set of disadvantages in terms of coordination and information lags, often leading to poor and uncoordinated implementation of policy and programmes at the district level.

Apart from the operational challenges between these health agencies, there are stark differentials noted among the health facilities affiliated with different government bodies. The state of facility infrastructure, staff salaries, compliance to quality care provisioning and other guidelines of the NHM varied considerably across facilities linked with varying health agencies. The healthcare staff and their actions can be seen to be primarily aligned with their linked health agency, and only thereafter, with the goals of the National Health Mission.



Per the Financial Management Record (FMR) transcripts for the years 2020-21 and 2021-22, the District of Shahdara incurred a total expenditure of Rs. 10.91 crore during the FY 2021-22, recording an increase of about 7 percent over last year's total NHM expenditure. With the only exception of the NRHM-RCH flexipool; during the FY 2021-22, the district recorded an increase in the share of total expenditure for all flexible pools when compared with the respective expenditure shares from the year 2020-21.

It is extremely crucial that the district increases spending on National Programmes under the Non-Communicable Diseases flexible pool, as hypertension and high blood glucose levels among men and women in the district have been noted to exceed UT-level estimates. The district was sanctioned budget and incurred expenditure under the said flexible pool for the following programmes only: a) National Programme for the Healthcare of the Elderly (NPHCE), b) National Tobacco Control Programme (NTCP), c) National Programme for Prevention and Control of Cancer, Diabetes, Cardiovascular Diseases and Stroke (NPCDCS). Activities under the national programmes targeting mental health, blindness control, oral health, deafness control, fluorosis prevention and control, etc. were not accounted for during the FY 2021-22.

Managed by different levels of the Government, the district of Shahdara has a health infrastructure set up of 98 facilities, of which, 7 are super specialty/district hospitals. While, to a great extent, the upper health tier is well endowed and resourced, the health facilities across the lower tiers are undermined by a variety of operational barriers like poor infrastructure, staffing shortages, shortages of consumables items, lack of funds, etc. The state of health infrastructure, especially across the primary and secondary care facilities needs to be upgraded to meet with the basic Indian Public Health Standards requirements.

The newly set-up polyclinics in the district - under the governance of the state government - are emerging as the promising face of primary care in the district, at least with regards to infrastructure and service availability.

One of the major loopholes compromising a well-founded health infrastructure in Shahdara relates to the paucity of delivery points at the secondary-care or CHC-equivalent level. There are currently only 3 maternity homes in the district offering no-risk normal vaginal delivery service. This leads to two issues: first, the Labor Rooms in these centres are not compliant with the standardization guidelines of Labor room as specified under LaQshya, and because there is no alternative, the beneficiary has to accept sub-optimal quality standards of delivery care; second, the inadequate and inefficient delivery points at the secondary level propel disproportionate burden of delivery load at the district hospital level.

It is thereby deemed crucial to strengthen the primary and secondary care tiers to go a step beyond basic screening, and assist in easing the patient load at the top tier.

Further, infrastructure maintenance is most affected by the poor inter-sectoral mechanisms with civil bodies responsible for civil work. The reported pendency in this regard advocates for immediate action, to enable timely filing, and completion of the civil works request.



The adequate availability of the Human Resource for Healthcare is indispensable to the smooth functioning of health systems. The HR availability in the district is glaringly sparse with respect to anesthetists and radiologists. The district has not recorded any vacancies for staff nurses, during the year 2021-22.

One of the key barriers concerning HRH concerns training and capacity building for proper utilization of NHM funds. To date, the Medical Officers are not attuned to the budget formats, procedures, and various allied aspects.

The population health in Shahdara can be characterized by high burden of maternal deaths, child under-nutrition, and maternal and childhood anemia. The district ranks 2nd in Delhi in terms of maternal mortality, while also being placed at rank 2 for the highest 4+ ANC coverage rates across the districts of Delhi. This implies serious lacunae in the continuum of care for maternal health care service provision in the district. The aforementioned pattern could also emerge due to the large share of high-risk pregnancy beneficiaries from neighboring districts of Delhi and Uttar Pradesh attended by the specialty hospitals in the district. In either case, the district must prioritize operational strategies to address the maternal mortality situation across its public health facilities.

The National Family Health Survey-5 estimates that 7 in every 10 children aged 6-59 months in the district of Shahdara suffer from anemia, and 3 in every 10 children under the age of 5 are underweight. The nutritional health needs of children in the district are severely unaddressed, as there is no Nutritional Rehabilitation Centre, or District Early Intervention Centre operational in Shahdara (status quo).

Programmes like the National Tuberculosis Elimination Programme (NTEP) have a strong operational foundation in the district, but are nonetheless faced with barriers of acute staffing shortages, poor IT support system, consumables shortage, and high-risk plus high-exposure work conditions.

The district seems to have made good progress in terms of quality care programmes implementation lately. An increasing number of facilities are implementing Kayakalp initiatives in the district. LaQshya accreditation is an area that the district must plan for carefully. Sustained efforts of quality care provisioning must be central to the planning and implementation of these programmes.

In preparing for its future programme implementation strategies, the district must take into account the goal of universal healthcare coverage by building resilient, adequate, and efficient healthcare systems. The district of Shahdara has a dedicated team for planning and implementing the healthcare activities in the area. Its existing HR pool is definitely a valued resource, sharing a common vision with the NHM, and the health systems must leverage it to augment favorable health outcomes. The district has a huge scope of further strengthening the healthcare system into a more responsive structure. The segmented governance mechanisms may be integrated via regulated information-based portals for improved accountability. Periodic monitoring, evaluation, and supervision of activities and outcomes will be paramount in ensuring positive results for the beneficiary base of Shahdara.



APPENDIX

Table A.1: Health Infrastructure details, Shahdara

Facility Details	Operational
1. Blood Bank	3
2. Blood Storage Unit (BSU)	3
3. Designated Microscopy Center (DMC)	16
4. Tuberculosis Units (TUs)	3
5. CBNAAT/TruNat Sites	3
6. Drug Resistant TB Centres	3
7. Institutions providing Comprehensive Abortion Care (CAC) services	4
8. Number of institutes with ultrasound facilities (Public+Private)	Public: 8 Private: 145
9. Of these, how many are registered under PCPNDT act	Public: 8 Private: 145

Table A.2: Sick New-born Care Unit details, Shahdara

Special Newborn Care Units (3 units)	<ul style="list-style-type: none"> • Total number of beds: 82 • In-radiant warmer: 61 • Step-down care: 26 • Kangaroo Mother Care (KMC) unit: 11 • Number of non-functional radiant warmer for more than a week: 4 • Number of non-functional phototherapy unit for more than a week: 2
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Table A.3: Status of Quality Assurance Programmes, Shahdara

Quality Assurance Programmes	<ul style="list-style-type: none"> • No. of facilities quality certified <ul style="list-style-type: none"> a. NQAS:- NQAS National Level Assessment conducted for DGD Nand Nagri Extension and DGD Surajmal Vihar results awaited. b. LaQshya :- State Level Assessment to be done • Status of Kayakalp programme FY21-22: <ul style="list-style-type: none"> a. No. of awarded DH: Result awaited for FY21-22 to be declared by State Quality Assurance Cell b. UHC:- 2 for commendation (MH Seemapuri and MH Chandiwala) c. PHC:- 5 (1 Winner DGD Surajmal Vihar, 1 Runner Up DGD Dilshad Garden , 3 for commendation DGD Old Seemapuri, MCW Krishna Nagar & MCW Sarai Mohalla) d. SC:- nil
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District Level Checklist

Key Correspondence: DPMU

1. District Profile

A.1. Healthcare				
Indicator	Values		Source	
2. Name of the District				
3. Total number of Blocks				
4. Total number of Villages				
5. Total Population				
• Rural population				
• Urban population				
6. Literacy rate				
7. Sex Ratio				
8. Sex ratio at birth				
9. Population Density				
10. Estimated number of deliveries				
11. Estimated number of C-section				
12. Estimated numbers of live births				
13. Estimated number of eligible couples				
14. Estimated number of leprosy cases				
15. Target for public and private sector TB notification for the current year	Public:			
	Private:			
16. Estimated number of cataract surgeries to be conducted				
*Estimated numbers (Sl. No 9-15) to be filled for the financial year 2021-22				
Mortality Indicators:	Financial year (2021-21)		Financial Year (2021-22)	
	Estimated	Reported	Estimated	Reported
• Maternal Death				
• Child Death				
• Infant Death				
• Still birth				
• Deaths due to Malaria				
• Deaths due to sterilization procedure				
A.2. Healthcare Infrastructure				
Facility Details	Sanctioned/ Planned		Operational	
1. District Hospitals				
2. Sub District Hospital				
3. Community Health Centers (CHC)				
4. Primary Health Centers (PHC)				
5. Sub Centers (SC)				
6. Urban Primary Health Centers (U-PHC)				
7. Urban Community Health Centers (U-CHC)				
8. Special Newborn Care Units (SNCU)				
9. Nutritional Rehabilitation Centres (NRC)				
10. District Early intervention Center (DEIC)				
11. First Referral Units (FRU)				
12. Blood Bank				
13. Blood Storage Unit (BSU)				
14. No. of PHC converted to HWC				
15. No. of U-PHC converted to HWC				
16. Number of Sub Centre converted to HWC				
17. Designated Microscopy Center (DMC)				
18. Tuberculosis Units (TUs)				
19. CBNAAT/TruNat Sites				
20. Drug Resistant TB Centres				
21. Functional Non-Communicable Diseases				

(NCD) clinic		
• At DH	_____	_____
• At SDH	_____	_____
• At CHC	_____	_____
22. Institutions providing Comprehensive Abortion Care (CAC) services		
• Total no. of facilities	_____	_____
• Providing 1st trimester services	_____	_____
• Providing both 1st & 2nd trimester services	_____	_____
A.3 Infrastructure Construction Status Details		
• Details of Construction pending for more than 2 years		
• Details of Construction completed but not handed over		

17. Overview: Submission & approval timelines of DHAP

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

18. Service Availability

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

Indicator	Remarks/ Observation	
	No. of teams with all HR in-place (full-team)	
	No. of vehicles (on the road) for RBSK team	
	No. of Teams per Block	
	No. of block/s without dedicated teams	
	Average no of children screened per day per team	
	Number of children born in delivery points screened for defects at birth	
5. Special Newborn Care Units (SNCU) <ul style="list-style-type: none"> • Admissions (2021-22) • Defects at birth • Discharged • Referral • LAMA • Died 	<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 _____ • Number of non-functional radiant warmer for more than a week _____ • Number of non-functional phototherapy unit for more than a week _____ 	
	Inborn	Out born

6. Newborn Stabilization Unit (NBSU)	Inborn	Out born
• Admission (2021-22)		
• Discharged		
• Referral		
• LAMA		
• Died		
7. Nutrition Rehabilitation Centers (NRC) <ul style="list-style-type: none"> • Total Admissions(2021-22) • Discharged • Referral/ Medical transfer • LAMA • Died • 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 • Admission to NRC Referred by <ul style="list-style-type: none"> • Frontline worker • Self • Ref from VCDC/ CTC 		

	<ul style="list-style-type: none"> • RBSK • Pediatric ward/ emergency
<p>8. Home Based Newborn Care (HBNC)</p>	<ul style="list-style-type: none"> • Status of availability of HBNC kit with ASHAs >Total No. of ASHAs: _____ > No. of ASHAs with HBNC kits: _____ > Reasons of Non-provision: _____ _____ _____ • Total Newborns visited under HBNC: _____ • Status of availability of drug kit with ASHAs: > Total No. of ASHAs: _____ > No. of ASHAs with drug kits: _____ > Reasons of Non-provision: _____ _____ _____
<p>9. Peer Education (PE) programme (Adolescent Health) & Weekly Iron Folic Acid Supplementation(WIFS)</p>	<ul style="list-style-type: none"> • No. of Blocks covered under Peer Education (PE) programme:..... • No. of villages covered under PE programme:..... • No. of Peer Educators: • No. of Adolescent Friendly Clinic (AFC) meetings held:..... • WIFS stockout:.....
<p>10. Mobile Medical Unit (MMU) (on the road) and micro-plan</p>	<ul style="list-style-type: none"> • No. of Mobile Medical Unit (MMU) (on the road) and micro-plan _____ • MMU team Composition _____ _____ _____ • List of Services provided by MMU _____ _____ _____ • No. of trips per MMU/month • No. of camps per MMU/month • No. of villages covered • Average number of OPD per MMU per month • Average no. of lab investigations per MMU per month • Avg. no. of X-ray per MMU per month • Avg. no. of blood smears collected / Rapid Diagnostic Tests (RDT) done for Malaria, per MMU/month • Avg. no. of sputum collected for TB detection per MMU per month • Average Number of patients referred to higher facilities • Payment pending (if any) <p>If yes, since when and reasons thereof</p>
<p>11. Universal health screening</p> <ul style="list-style-type: none"> • No. of patients screened, diagnosed, and treated for: 	<ul style="list-style-type: none"> • If conducted, what is the target population • Number of Community Based Assessment Checklist (CBAC) forms filled till date

<ul style="list-style-type: none"> ○ Hypertension ○ Diabetes ○ Oral cancer ○ Breast Cancer ○ Cervical cancer 	<table border="1"> <thead> <tr> <th>Screened</th> <th>Diagnosed</th> <th>Treated</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table>	Screened	Diagnosed	Treated																		
Screened	Diagnosed	Treated																				
12. Integrated Disease Surveillance Programme (IDSP)	<ul style="list-style-type: none"> • Rapid Response Team (RRT) Constituted: Y/N • Team Composition: • Outbreaks investigated: <ul style="list-style-type: none"> • 2021-21: • 2021-22: • Proportion (% out of total) of Pvt health facilities reporting weekly data of IDSP • How is IDSP data utilized? Elaborate. _____ 																					

13. National Viral Hepatitis Control Program (NVHCP)	<ul style="list-style-type: none"> • % of health workers immunized against Hep B • Number of treatment sites and Model Treatment Center (MTC) for viral hepatitis
14. If District notified a State Mental Health Authority (SMHA)	<ul style="list-style-type: none"> • If District notified a State Mental Health Authority (SMHA) <ul style="list-style-type: none"> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No SMHA in place <input type="checkbox"/> No Mental Health Service or Facility in the district

15. Vehicle for Referral Transport						
<ul style="list-style-type: none"> • Details of Referral Transport – Number and Distribution: 						
Stationed at:	BLS	ALS	PTA	Kilkari	Neonatal	Others
Medical College						
DH						
SDH						
CHC						
PHC						
Others						
<ul style="list-style-type: none"> • Details of Referral Transport – Performance Indicators: 						
Year	Ambulances Purchased	Total Cases	Pregnant Women	Accident Cases	Referral from one health facility to another	Others
2020-21						
2021-22						
				ALS	BLS	
○ Operational agency (State/ NGO/ PPP)						
○ If the ambulances are GPS fitted and handled through centralized call centre						
○ Average number of calls received per day						
○ Average number of trips per ambulance per day						
○ Average km travelled per ambulance per day						
○ Key reasons for low utilization (if any)						
<ul style="list-style-type: none"> • No. of transport vehicle/102 vehicle (on the road) 						
○ If the vehicles are GPS fitted and handled						

through centralized call centre	
○ Average number of trips per ambulance per day	
○ Average km travelled per ambulance per day	
○ Key reasons for low utilization (if any) ○	
16. National Fluorosis Control Programme	<ul style="list-style-type: none"> Key activities performed in 2021-22 as per ROP:
17. National Iron Deficiency Disorders Control Programme	<ul style="list-style-type: none"> Key activities performed in 2021-22 as per ROP:
18. National Tobacco Control Programme	<ul style="list-style-type: none"> Key activities performed in 2021-22 as per ROP:
19. National Vector Borne Disease Control Programme (NVBDCP)	<ul style="list-style-type: none"> Micro plan and macro plan available at district level Y/N Annual Blood Examination Rate: <ul style="list-style-type: none"> ○ 2019-20: ○ 2020-21: ○ 2021-22: ○ Reason for increase/ decrease (as per the trend of last 3years) LLIN distribution status IRS Anti-larval methods Contingency plan for epidemic preparedness Weekly epidemiological and entomological situations are monitored No. of MDR rounds observed No. of blocks achieved elimination status for Lymphatic Filariasis i.e. mf rate <1%
20. National Tuberculosis Elimination Programme (NTEP)	<ul style="list-style-type: none"> Target TB notification achieved Y/N Whether HIV Status of all TB patient is known: <ul style="list-style-type: none"> <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 <ul style="list-style-type: none"> Patients notification from public sector (2021-22) <ul style="list-style-type: none"> No of patients notified: Treatment success rate: No. of MDR TB Patients: Treatment initiation among MDR TB patients: Patients notification from private sector (2021-22) <ul style="list-style-type: none"> No of patients notified: Treatment success rate: No. of MDR TB Patients: Treatment initiation among MDR TB patients: Beneficiaries paid under NikshayPoshan Yojana <input type="checkbox"/> Yes/ <input type="checkbox"/> No Active Case Finding conducted as per planned for the year <input type="checkbox"/> Yes/ <input type="checkbox"/> No
21. Implementation of National Leprosy Eradication Programme (NLEP)	No. of new cases detected
	No. of G2D cases

	MDT available without interruption Y/N Reconstructive surgery for G2D cases being conducted Y/N MCR footwear & selfcare kit avY/N
22. ASHAs	<p>Number of ASHAs</p> <ul style="list-style-type: none"> • Required as per population • Selected • No. of ASHAs covering more than 1500 (rural) population • No. of ASHAs covering more than 3000 (urban) population • Villages with no ASHA • Slum areas with no ASHA <p>Status of social benefit scheme for ASHAs and ASHA Facilitators (if available)</p> <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
23. Mahila Arogya Samitis (MAS)-	<p>Status of Mahila Arogya Samitis (MAS)-</p> <ol style="list-style-type: none"> a. Formed b. Trained c. MAS account opened d. Samiti addresses issues related to.....
24. Village Health Sanitation and Nutrition Committee (VHSNC)	<p>Status of Village Health Sanitation and Nutrition Committee (VHSNC):</p> <ol style="list-style-type: none"> a. Formed: b. Trained: c. MAS account opened:
25. Kayakalp and Quality Assurance	<ul style="list-style-type: none"> • No. of facilities quality certified NQAS..... LaQshya • Status of Kayakalp programme- No. of awarded DH CHC PHC SC..... • Activities performed by District Level Quality Assurance Committee (DQAC)
26. Maternal and Child Health	<ul style="list-style-type: none"> • Number of maternal deaths reported at: DH:

	SDH: _____ CHC: _____ PHC: _____ SC: _____ Prime reason for the maternal death..... <ul style="list-style-type: none"> • Number of Maternal Death Review conducted <ul style="list-style-type: none"> • 2020-21: _____ • 2021-22: _____
	<ul style="list-style-type: none"> • Number of Neonatal Deaths: _____ • Number of Total Child Deaths: _____ • Number of Child Death Review conducted <ul style="list-style-type: none"> • 2020-21: _____ • 2021-22: _____

C.4. Healthcare Systems

27. Payment status:	No. of beneficiaries	Backlog	DBT status	
<ul style="list-style-type: none"> • JSY beneficiaries 				
<ul style="list-style-type: none"> • ASHA payment: <ul style="list-style-type: none"> ○ A- Routine and recurring at 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 NTEPprogramme • Provider's incentive under NTEPprogramme • FP compensation/ incentive 				
28. Recruitment for any staff position/ cadre conducted at district level				
29. Details of recruitment	Previous year (2020-21)		Current Year (2021-22)	
	Regular cadre	NHM	Regular cadre	NHM
<ul style="list-style-type: none"> • Total no. of posts vacant at the beginning of FY • Among these, no. of posts filled by state • Among these, no. of posts filled at district level 				
30. If state has comprehensive (common for regular and contractual HR) Human Resource Information System (HRIS) in place				
31. If grievance redressal mechanism in place: Y/N	<ul style="list-style-type: none"> • Whether call center and toll-free number available..... • Percentage of complains resolved out of the total complains registered in current FY..... 			
32. Mera-Aaspatal (Attach MeraAspataal performance report)	<ul style="list-style-type: none"> • Implemented in how many facilities..... DH.....CHC.....PHC • Total Responses collected: • % reported Very Satisfied: • % reported Satisfied: • % reported not satisfied: • Total response for dis-satisfied: <ul style="list-style-type: none"> Dissatisfied with staff behaviors... Dissatisfied with cleanliness..... Dissatisfied with cost of treatment..... 			

	Dissatisfied with quality of treatments..... With other reason
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19. Implementation of CPHC

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

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

20. Status of HRH

1. Staff details at public facility (Regular+ NHM+ other sources)	Sanctioned	In-place	Vacancy (%)
• ANM			
• MPW (Male)			
• Staff Nurse			
• Lab technician			
• Pharmacist (Allopathic)			
• MO (MBBS)			
• OBGY			
• Pediatrician			
• Anesthetist			
• Surgeon			
• Radiologists			
• Other Specialists			
• Dentists/ Dental Surgeon/ Dental MO			
• Dental technician			
• Dental Hygienist			
• Radiographer/ X-ray technician			
• CSSD Technician			
• OT technician			
• CHO/ MLHP			
• AYUSH MO			
• AYUSH Pharmacist			
2. Performance of EMOC/ LSAS trained doctors	Trained	Posted in FRU	Performing C-section
• LSAS trained doctors			
• EmOC trained doctors			

21. State of Fund Utilization

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

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

Programme Wise

Status of Expenditure (Financial year 2021-22):

Indicator	Budget Released (in lakhs)	Budget utilized (in lakhs)	Reason for low utilization (if less than 60%)
1. RCH and Health Systems Flexipool			
• Maternal Health			
• Child Health			
• RBSK			
• Family Planning			
• RKSK/ Adolescent health			
• PC-PNDT			
• Immunization			
• Untied Fund			
• Comprehensive Primary Healthcare (CPHC)			
• Blood Services and Disorders			
• Infrastructure			
• ASHAs			
• HR			
• Programme Management			
• MMU			
• Referral Transport			
• Procurement			
• Quality Assurance			
• PPP			
• NIDDCP			
2. NUHM			
3. Communicable Diseases Pool			
• Integrated Disease Surveillance Programme (IDSP)			
• National Vector Borne Disease Control Programme (NVBDCP)			
• National Leprosy Eradication Programme (NLEP)			

Indicator	Budget Released (in lakhs)	Budget utilized (in lakhs)	Reason for low utilization (if less than 60%)
<ul style="list-style-type: none"> National TB Elimination Programme (NTEP) 			
4. Non-Communicable Diseases Pool			
<ul style="list-style-type: none"> National Program for Control of Blindness and Vision Impairment (NPCB+VI) 			
<ul style="list-style-type: none"> National Mental Health Program (NMHP) 			
<ul style="list-style-type: none"> National Programme for Health Care for the Elderly (NPHCE) 			
<ul style="list-style-type: none"> National Tobacco Control Programme (NTCP) 			
<ul style="list-style-type: none"> National Programme for Prevention and Control of Diabetes, Cardiovascular Disease and Stroke (NPCDCS) 			
<ul style="list-style-type: none"> National Dialysis Programme 			
<ul style="list-style-type: none"> National Program for Climate Change and Human Health (NPCCHH) 			
<ul style="list-style-type: none"> National Oral health programme (NOHP) 			
<ul style="list-style-type: none"> National Programme on palliative care (NPPC) 			
<ul style="list-style-type: none"> National Programme for Prevention and Control of Fluorosis (NPPCF) 			
<ul style="list-style-type: none"> National Rabies Control Programme (NRCP) 			
<ul style="list-style-type: none"> National Programme for Prevention and Control of Deafness (NPPCD) 			
<ul style="list-style-type: none"> National programme for Prevention and Management of Burn & Injuries 			
<ul style="list-style-type: none"> Programme for Prevention and Control of Leptospirosis (PPCL) 			

22. Status of trainings

Status as on: _____

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

9.		
10.		
11.		
12.		

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

Service Delivery:

Name of facility visited	
Facility Type	<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 	<table border="1" style="width: 100%;"> <thead> <tr> <th style="text-align: center;">Sl.</th> <th style="text-align: center;">Service</th> <th style="text-align: center;">Y/N</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">1</td> <td>Medicine</td> <td></td> </tr> <tr> <td style="text-align: center;">2</td> <td>O&G</td> <td></td> </tr> <tr> <td style="text-align: center;">3</td> <td>Pediatric</td> <td></td> </tr> <tr> <td style="text-align: center;">4</td> <td>General Surgery</td> <td></td> </tr> <tr> <td style="text-align: center;">5</td> <td>Anesthesiology</td> <td></td> </tr> <tr> <td style="text-align: center;">6</td> <td>Ophthalmology</td> <td></td> </tr> <tr> <td style="text-align: center;">7</td> <td>Dental</td> <td></td> </tr> <tr> <td style="text-align: center;">8</td> <td>Imaging Services (X – ray)</td> <td></td> </tr> <tr> <td style="text-align: center;">9</td> <td>Imaging Services (USG)</td> <td></td> </tr> <tr> <td style="text-align: center;">10</td> <td>District Early Intervention Centre (DEIC)</td> <td></td> </tr> <tr> <td style="text-align: center;">11</td> <td>Nutritional Rehabilitation Centre (NRC)</td> <td></td> </tr> </tbody> </table>	Sl.	Service	Y/N	1	Medicine		2	O&G		3	Pediatric		4	General Surgery		5	Anesthesiology		6	Ophthalmology		7	Dental		8	Imaging Services (X – ray)		9	Imaging Services (USG)		10	District Early Intervention Centre (DEIC)		11	Nutritional Rehabilitation Centre (NRC)	
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Indicator	Remarks/ Observation				
	12	SNCU/ Mother and Newborn Care Unit (MNCU)			
	13	Comprehensive Lactation Management Centre (CLMC) / Lactation Management Unit (LMU)			
	14	Neonatal Intensive Care Unit (NICU)			
	15	Pediatric Intensive Care Unit (PICU)			
	16	Labour Room Complex			
	17	ICU			
	18	Dialysis Unit			
	19	Emergency Care			
	20	Burn Unit			
	22	Teaching block (medical, nursing, paramedical)			
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 cases 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: Others:				
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: _____ If No, availability of blood storage unit:-----				
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. Other				
11. Details of HR available in the facility (Sanctioned and In-place)	HR				
	MO (MBBS)				
	Specialist	Medicine			
		ObGy			
		Pediatrician			
		Anesthetist			
		Surgeon			
		Ophthalmologist			
		Orthopedic			
		Radiologist			
		Pathologist			
	Others				
	Dentist				
	Staff Nurses/ GNMs				
LTs					
Pharmacist					
Dental Technician/ Hygienist					
Hospital/ Facility Manager					

Indicator	Remarks/ Observation												
	<table border="1"> <tr> <td data-bbox="616 107 997 141">EmOC trained doctor</td> <td data-bbox="997 107 1129 141"></td> <td data-bbox="1129 107 1262 141"></td> <td data-bbox="1262 107 1401 141"></td> </tr> <tr> <td data-bbox="616 141 997 174">LSAS trained doctor</td> <td data-bbox="997 141 1129 174"></td> <td data-bbox="1129 141 1262 174"></td> <td data-bbox="1262 141 1401 174"></td> </tr> <tr> <td data-bbox="616 174 997 203">Others</td> <td data-bbox="997 174 1129 203"></td> <td data-bbox="1129 174 1262 203"></td> <td data-bbox="1262 174 1401 203"></td> </tr> </table>	EmOC trained doctor				LSAS trained doctor				Others			
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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 (for year 2021-22)	Initiated: Facility score: Award received:												
14. NQAS (for year 2021-22)	Assessment done: Internal/State Facility score: Certification Status:												
15. LaQshya	Labour Room: Operation Theatre:												
16. Availability of list of essential medicines (EML)/ drugs (EDL)	<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												
17. Implementation of DVDMS(Drugs & Vaccine Management Distribution System) or similar supply chain management system	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If other, which one _____												
18. Shortage of 5 priority drugs from EDL in last 30 days, if any													
19. Availability of Essential Consumables:	<input type="checkbox"/> Sufficient Supply <input type="checkbox"/> Minimal Shortage <input type="checkbox"/> Acute shortage List the consumables for with there was shortage In last 6 months how many times there was shortage												
20. Availability of essential diagnostics	<input type="checkbox"/> In-house <input type="checkbox"/> Outsourced/ PPP <input type="checkbox"/> Both/ Mixed												
<ul style="list-style-type: none"> • In-house tests (For 2021-22) 	Number of Tests available:----- Total number of tests performed during Apr 2021- March 22: _____ Days & Timing on which tests are done:												
<ul style="list-style-type: none"> • Outsourced/ PPP (For 2021-22) 	Number of Tests available:----- Total number of tests performed during Apr 2021- March 22: _____ Days & Timing on which tests are done:												
21. X-ray services is available	<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	<input type="checkbox"/> Free for BPL <input type="checkbox"/> Free for elderly												

Indicator	Remarks/ Observation
for all	<input type="checkbox"/> Free for JSSK beneficiaries <input type="checkbox"/> Free for all If not, charges for lab tests, X-Ray, USG, CT, etc
24. Availability of Testing kits/ Rapid Diagnostic Kits	<input type="checkbox"/> Sufficient Supply <input type="checkbox"/> Minimal Shortage <input type="checkbox"/> Acute shortage
25. Implementation of PM-National Dialysis programme	<input type="checkbox"/> Yes/ <input type="checkbox"/> No <input type="checkbox"/> In-house <input type="checkbox"/> Outsourced/ PPP Total number of tests performed: _____
<ul style="list-style-type: none"> Whether the services are free for all 	<input type="checkbox"/> Free for BPL <input type="checkbox"/> Free for elderly <input type="checkbox"/> Free for JSSK beneficiaries <input type="checkbox"/> Free for all If not, charges for lab tests, X-Ray, USG, CT, etc
<ul style="list-style-type: none"> Number of patients provided dialysis service 	<ul style="list-style-type: none"> Previous year (2020-21) _____ Current FY(2021-22) _____
26. If there is any shortage of major instruments/ equipment(List the Equipments)	
27. Average downtime of equipment. Details of equipment are nonfunctional for more than 7 days	
28. Availability of delivery services	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
<ul style="list-style-type: none"> If the facility is designated as FRU, whether C-sections are performed 	<input type="checkbox"/> Yes/ <input type="checkbox"/> No Number of normal deliveries performed in last month: _____ No. of C-sections performed in last month: _____
<ul style="list-style-type: none"> Comment on the condition of: 	Labour room: OT: Functional New-born care corner (functional radiant warmer with neonatal 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:

Indicator	Remarks/ Observation																		
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: (2020-21) Current year: (2021-22)																		
36. Number of Child Death reported in the facility	Previous year: (2020-21) Current year: (2021-22)																		
37. If Comprehensive Abortion Care (CAC) services available	<input type="checkbox"/> Yes/ <input type="checkbox"/> No																		
38. Availability of vaccines and hub cutter	<input type="checkbox"/> Yes/ <input type="checkbox"/> No Nurses/ ANM aware about open vial policy: <input type="checkbox"/> Yes/ <input type="checkbox"/> No																		
39. Number of newborns immunized with birth dose at the facility in last 3 months																			
40. Newborns breastfed within one hour of birth (observe if practiced and women are being counselled)																			
41. Status of functionality of DEIC	<input type="checkbox"/> Fully functional with all staff in place <input type="checkbox"/> Functional with few vacancies (approx. 20%-30%) <input type="checkbox"/> Functional with more than 50% vacancies <input type="checkbox"/> Not functional/ All posts vacant																		
42. Number of sterilizations performed in last one month	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 Total No of Adolescentscounseled 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 2021-2022:	<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		
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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																		

Indicator	Remarks/ Observation
	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 (2021-22) Fund utilized last year: (2021-22) Items/ Activities whose expenditure is met out of the RKS/ Untied Fund regularly: Reasons for underutilization of fund (if any)
54. Status of data entry in (match with physical records)	HMIS: <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 Last meeting held on (date):	
<ul style="list-style-type: none"> • 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:
2. Key challenges in the facility and the root causes	
Challenge	Root causes
a)	
b)	
c)	

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

Service Delivery:

Name of facility visited																																				
Facility Type		<input type="checkbox"/> CHC/ <input type="checkbox"/> U-CHC																																		
FRU		<input type="checkbox"/> Yes/ <input type="checkbox"/> No																																		
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4. Whether the facility is functioning in PPP mode	<input type="checkbox"/> Yes/ <input type="checkbox"/> No																																			
5. 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																																			
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<ul style="list-style-type: none"> If any of the specialists are available 24*7 	<input type="checkbox"/> Yes available <input type="checkbox"/> Yes, available only on-call <input type="checkbox"/> Not available																																			
<ul style="list-style-type: none"> Emergency 	General emergency: or facilities available for: 1. Triage 2. Resuscitation 3. Stabilization																																			
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	LTs																																																																								
	Pharmacist																																																																								
	Dental Assistant/ Hygienist																																																																								
	Hospital/ Facility Manager																																																																								
EmOC trained doctor																																																																									
LSAS trained doctor																																																																									
Others																																																																									
14. 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: _____																																																																								
15. Kayakalp (2021-22)	Initiated: Facility score: Award received:																																																																								
16. NQAS (2021-22)	Assessment done: Internal/State Facility score: Certification Status:																																																																								
17. LaQshya	Labour Room: Operation Theatre:																																																																								
18. 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) _____																																																																								
19. Implementation of DVDMS or similar supply chain management system	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If other, which one _____																																																																								
20. Shortage of 5 priority drugs from EDL in last 30 days, if any																																																																									
21. Availability of Essential Consumables:	<input type="checkbox"/> Sufficient Supply <input type="checkbox"/> Minimal Shortage <input type="checkbox"/> Acute shortage In last 6 months how many times there was shortage _____ List the consumables for which there has been shortage _____																																																																								
22. Availability of essential diagnostics	<input type="checkbox"/> In-house <input type="checkbox"/> Outsourced/ PPP <input type="checkbox"/> Both/ Mixed																																																																								
• In-house tests (for 2021-22)	Timing: Total number of tests performed: _____ Details of tests performed:																																																																								
• Outsourced/ PPP (for 2021-22)	Timing: Total number of tests performed: _____ Details of tests performed:																																																																								
23. 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
24. 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
25. Availability of Testing kits/ Rapid Diagnostic Kits	<input type="checkbox"/> Sufficient Supply <input type="checkbox"/> Minimal Shortage <input type="checkbox"/> Acute shortage (List the name of kits for which there is shortage)
26. If there is any shortage of major instruments/ equipment (List the Name of Equipment)	
27. Average downtime of equipment. Details of equipment are nonfunctional for more than 7 days	
28. Availability of delivery services	<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 neonatal 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: 2020-21 _____ Current year: 2021-22 _____
36. Number of Child Death reported in the facility	2020-21: 2021-22:
37. If Comprehensive Abortion Care (CAC) services available	<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. Number of sterilizations performed in last one month	Male __ Female __		
42. Availability of trained provider for IUCD/ PPIUCD	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
43. Who counsels on FP services?			
44. Please comment on utilization of other FP services			
45. FPLMIS has been implemented	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
46. 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 _____		
47. Whether facility has fixed day NCD clinic	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If Yes, how many days in a week: _____ days		
48. Are service providers trained in cancer services?	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
49. Number of individuals screened for the following in last 6 months:	Screened	Confirmed	
	a. Hypertension		
	b. Diabetes		
	c. Oral Cancer		
	d. Breast Cancer		
50. Are service providers trained in cancer services?	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
51. Whether reporting weekly data in P, S and L form under IDSP	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
52. 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 Percent of TB Patients for whom DBT installments have been initiated under Nikshay Poshan Yojana in the last 6 months: _____		
53. Status on Leprosy eradication programme	Nos. of new case detected by Field Worker in last 12 months: Out of those, how many are having Gr. II deformity: Frequency of Community Surveillance: _____		
54. Maintenance of records on	<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 		
55. How much fund was received and utilized by the facility	Fund Received last year: Fund utilized last year: _____		

under NHM?	Items/ Activities whose expenditure is met out of the RKS/ Untied Fund regularly:
	Reasons for underutilization of fund (if any)
56. Status of data entry in (match with physical records)	HMIS: <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
57. Frequency of RKS meeting (check and obtain minutes of last meeting held)	
58. 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):
• How many cases from sub centre/ PHC were referred to this CHC last month?	Number: Sub centre PHC Types of cases referred in:
• How many cases from the CHC were referred to the DH last month?	Number: Types of cases referred out:
59. Key challenges in the facility and the root causes	
Challenge	Root causes
a)	
b)	

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

• **Service Delivery:**

Name of facility visited	
Facility Type	<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 (2021-22)	Initiated: Facility score: Award received:			
12. NQAS(2021-22)	Assessment done: Internal/State Facility score: Certification Status:			
13. Availability of list of essential medicines (EML)/ drugs (EDL)	<input type="checkbox"/> Yes/ <input type="checkbox"/> No			
	If yes, total number of drugs in EDL _____			
	EDL displayed in OPD Area: <input type="checkbox"/> Yes/ <input type="checkbox"/> No			
14. Implementation of DVDMS or similar supply chain management system	No. of drugs available on the day of visit (out of the EDL) _____			
	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If other, which one _____			
15. Shortage of 5 priority drugs from EDL in last 30 days, if any				

16. Drugs Available for Hypertension & Diabetic patients:	
17. Shortage of sufficient number of Hypertension & Diabetic in last 7 days	
18. Availability of Essential Consumables:	<input type="checkbox"/> Sufficient Supply <input type="checkbox"/> Minimal Shortage <input type="checkbox"/> Acute shortage In last 6 months how many times there was shortage _____ (Also list the consumables for which there was shortage)
19. Availability of essential diagnostics	<input type="checkbox"/> In-house <input type="checkbox"/> Outsourced/ PPP <input type="checkbox"/> Both/ Mixed
<ul style="list-style-type: none"> In-house tests For 2021-22 	Timing: Total number of tests performed: _____ Details of tests performed:
<ul style="list-style-type: none"> Outsourced/ PPP For 2021-22 	Timing: Total number of tests performed: _____ Details of tests performed:
20. X-ray services is available	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If Yes, type & nos. of functional X-ray machine is available in the hospital: Is the X-ray machine AERB certified: <input type="checkbox"/> Yes/ <input type="checkbox"/> No
21. Whether diagnostic services (lab, X-ray etc.) are free for all	<input type="checkbox"/> Free for BPL <input type="checkbox"/> Free for elderly <input type="checkbox"/> Free for JSSK beneficiaries <input type="checkbox"/> Free for all
22. Availability of Testing kits/ Rapid Diagnostic Kits	<input type="checkbox"/> Sufficient Supply <input type="checkbox"/> Minimal Shortage <input type="checkbox"/> Acute shortage
23. If there is any shortage of major instruments/ equipment	List of Equipment
24. Average downtime of equipment. Details of equipment are nonfunctional for more than 7 days	
25. Availability of delivery services	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
<ul style="list-style-type: none"> 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:2020-2021 Current FY:2021-2022		
33. Number of Child Death reported in the facility	Previous year: Current year:		
34. Availability of vaccines and hub cutter	<input type="checkbox"/> Yes/ <input type="checkbox"/> No Nurses/ ANM aware about open vial policy: <input type="checkbox"/> Yes/ <input type="checkbox"/> No		
35. Number of newborns immunized with birth dose at the facility in last 3 months			
36. Newborns breastfed within one hour of birth (observe if practiced and women are being counselled)			
37. Number of sterilizations performed in last one month	Male Female		
38. Availability of trained provider for IUCD/ PPIUCD	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
39. Who counsels on FP services?			
40. Please comment on utilization of other FP services			
41. FPLMIS has been implemented	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
42. Availability of functional Adolescent Friendly Health Clinic	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, who provides counselling to adolescents: _____ Separate male and female counselors available: <input type="checkbox"/> Yes/ <input type="checkbox"/> No		
43. Whether facility has fixed day NCD clinic	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If Yes, how many days in a week: _____ days		
44. Are service providers trained in cancer services?	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
45. Number of individuals screened for the following in last 6 months:		Screened	Confirmed
	a. Hypertension		
	b. Diabetes		
	c. Oral Cancer		
	d. Breast Cancer		
e. Cervical Cancer			
46. Whether wellness activities are performed	<input type="checkbox"/> Yes/ <input type="checkbox"/> No Frequency:		
47. Whether reporting weekly data in P and L form under IDSP	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
48. Distribution of Long lasting Insecticidal nets (LLIN) in high-risk areas	No. of LLIN distributed per household: <input type="checkbox"/> 1 per family/ <input type="checkbox"/> Others (Specify): _____		
49. Status of TB elimination programme	Facility is designated as Designated Microscopy Centre (DMC): <input type="checkbox"/> Yes/ <input type="checkbox"/> No		
	If yes, percent of OPD whose samples were tested for TB (microscopy) in last 6 month (average) _____		
	If anti-TB drugs available at the facility: <input type="checkbox"/> Yes/ <input type="checkbox"/> No		
	If yes, are there any patients currently taking anti-TB drugs from the		

	facility: <input type="checkbox"/> Yes/ <input type="checkbox"/> No Percent of patients tested through CBNAAT/TruNat for Drug resistance in the last 6 months Is there a sample transport mechanism in place for: <ul style="list-style-type: none"> • 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 Percent of TB Patients for whom DBT installments have been initiated under Nikshay Poshan Yojana in the last 6 months:
50. Status on Leprosy eradication programme	Nos. of new case detected by Field Worker in last 12 months: Out of those, how many are having Gr. II deformity: Frequency of Community Surveillance:
51. Maintenance of records on	<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?	Fund Received last year: Fund utilized last year:
	Items/ Activities whose expenditure is met out of the RKS/ Untied Fund regularly:
	Reasons for underutilization of fund (if any)
53. Status of data entry in (match with physical records)	HMIS: <input type="checkbox"/> Updated/ <input type="checkbox"/> Not updated MCTS: <input type="checkbox"/> Updated/ <input type="checkbox"/> Not updated IHIP: <input type="checkbox"/> Updated/ <input type="checkbox"/> Not updated HWC Portal: <input type="checkbox"/> Updated/ <input type="checkbox"/> Not updated Nikshay Portal: <input type="checkbox"/> Updated/ <input type="checkbox"/> Not updated
54. Frequency of RKS meeting (check and obtain minutes of last meeting held)	
55. Availability of ambulance services in the area	<input type="checkbox"/> PHC own ambulance available Number _____ <input type="checkbox"/> PHC has contracted out ambulance services Number _____ <input type="checkbox"/> Ambulances services with Centralized call centre <input type="checkbox"/> Government ambulance services are not available
	Comment (if any):
<ul style="list-style-type: none"> • How many cases from sub centre were referred to this PHC last month? 	Number: 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)	
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: _____