



Ministry of Health & Family Welfare  
Government of India



# Monitoring of Important Components of the Programme Implementation Plan under National Health Mission

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## SOUTH DELHI DISTRICT 2021-22

Submitted By

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**-Prof. Suresh Sharma**  
**-Dr. Anshita Sharma**  
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## Abbreviations

<b>AFHCs</b>	Adolescent Friendly Health Clinics
<b>ANC</b>	Ante Natal Care
<b>ANM</b>	Auxiliary Nurse Midwife
<b>AYUSH</b>	Ayurveda, Yoga & Naturopathy, Unani, Siddha and Homoeopathy
<b>BEMOC</b>	Basic Emergency Obstetric Care
<b>BMW</b>	Biomedical waste
<b>BSU</b>	Blood Storage Unit
<b>CMO</b>	Chief District Medical Officer
<b>CHC</b>	Community Health Centre
<b>DH</b>	District Hospital
<b>DMPA</b>	Depot Medroxyprogesterone Acetate
<b>DPM</b>	District Programme Manager
<b>ECG</b>	Electrocardiography
<b>EMOC</b>	Emergency Obstetric Care
<b>FRU</b>	First Referral Unit
<b>HMIS</b>	Health Management Information System
<b>IEC</b>	Information, Education and Communication
<b>IMEP</b>	Infection Management and Environment Plan
<b>IPD</b>	In Patient Department
<b>IUCD</b>	Intra Uterine Contraceptive Device
<b>IYCF</b>	Infant and Young Child Feeding
<b>JSSK</b>	Janani Shishu Suraksha Karyakram
<b>JSY</b>	Janani Suraksha Yojana
<b>LHV</b>	Lady Health Visitor
<b>LSAS</b>	Life Saving Anaesthetic Skill
<b>LT</b>	Laboratory Technician
<b>M&amp;E</b>	Monitoring and Evaluation
<b>MCTS</b>	Mother and Child Tracking System
<b>MDR</b>	Maternal Death Review
<b>MMU</b>	Mobile Medical Unit
<b>MoHFW</b>	Ministry of Health and Family Welfare
<b>MOIC</b>	Medical Officer In- Charge
<b>NBCC</b>	New Born Care Corner
<b>NCD</b>	Non-Communicable Disease
<b>NBSU</b>	New Born Stabilization Unit
<b>NSSK</b>	Navjat Shishu Suraksha Karyakram
<b>NSV</b>	No Scalpel Vasectomy
<b>OCP</b>	Oral Contraceptive Pill
<b>OPD</b>	Out Patient Department
<b>OPV</b>	Oral Polio Vaccines
<b>PIP</b>	Programme Implementation Plan
<b>PNC</b>	Post Natal Care
<b>PPP</b>	Public Private Partnership
<b>PRC</b>	Population Research Centre
<b>RBSK</b>	Rashtriya Bal Suraksha Karyakram
<b>RCH</b>	Reproductive Child Health
<b>RKS</b>	Rogi Kalyan Samiti
<b>RPR</b>	Rapid Plasma Reagin
<b>SBA</b>	Skilled Birth Attendant
<b>SKS</b>	Swasthya Kalyan Samiti
<b>SN</b>	Staff Nurse
<b>SNCU</b>	Special New Born Care Unit
<b>TFR</b>	Total Fertility Rate
<b>TT</b>	Tetanus Toxoid
<b>VHND</b>	Village Health and Nutrition Day

## Executive Summary

This report is prepared on the basis of field – based observations and visits to the following public health facilities in South Delhi: District Hospital Pt. Madan Mohan Malviya Hospital, MCW Hauz Khas, DGD Jaunapur, MCW Mehrauli, Seed-PUHC Aya Nagar and DGD Khanpur. Structured checklist was used to collect information on human resources, infrastructure, funds utilization, training, health care services including drugs and equipment's, family planning, disease control programmes and other programmes under the umbrella of NHM including the National Urban Health Mission (NUMH) activities.

### Key Findings

During PIP visit and interaction with NHM officials following are the gaps identified in health service delivery noted in South Delhi District

- In South Delhi District, all delivery points are concentrated at northern part, owing to poor access to public health facilities the health indicators in southern part are poorly performing. Areas like Jonapur, Humayunpur reported high concentration of home deliveries.
- In Delhi, Maternity Homes plays a key role in providing delivery and child care services at primary level, however, in South Delhi District, there is no maternity homes, consequently, district hospital is only place to seek delivery care (both normal and complicated).
- The role of District Programme Manager (DPM) is important in implementations of programs. In South Delhi District, the post of DPM is vacant since last three years. Consequently, this affects routine implementation, management and monitoring of programs.
- The implementation of quality assurance programme like Kayakalp and NQAS is completely absent in the district since last three years. In the district the post of Quality Co-ordinator is vacant. Consequently, there is no concern person to carry forward the roles and responsibilities under the programme.

- As per the WHO norms, there should be 5 beds should be available per 1000 population, however, in the district this ratio stands 1/1000 population.
- Most of the budget under PIP comes in second half of the year. Consequently, most of the outreach and programme activities concentrated for second half of the year.
- During visit it has been observed that at most of the facilities record maintenance is very poor except few outliers (MCW, Mehrauli)
- South Delhi district is observing escalation in non-communicable diseases burden. In 2021-22, 19% of total deaths have been reported due to life style diseases.
- Persistent non-clarity regarding jurisdictional matters, few localities in the area like Kishangarh are not covered by any health facility in the district. Consequently, the population from such areas remain thereby bereft of essential health services coverage, most critical of which is, pregnant women not being allotted RCH numbers. The said limitation poses serious concerns for availing delivery and new born services, particularly in emergency cases.

## **Recommendations**

- **Recommence NQAS and Kayakalp assessments:** In the districts Kayakalp and NQAS programmes are not being implemented. All the public health facilities in Delhi should initiate action for assessments and certification under NQAS and Kayakalp initiatives.
- **Delivery Point at Primary Level:** The southern part of district does not have any public health delivery point, owing to, there is less coverage of maternal health services in southern part. The localities like Jonapur has high home deliveries.
- **Strengthening of NCD Programme:** The screening for various non-communicable diseases is happening on OPD basis only. The outreach screening based on CBAC form for hypertension, diabetes and breast cancer needs to be launched.
- **Filling up of Key Managerial Posts:** The concern posts are vacant in the district since last three years. The absence of both the officials in the district is hampering effective implementation and quality delivery of public health services.

- **Resolution of Jurisdictional Issues:** South Delhi is newly formed district, owing to the persistent non-clarity of on jurisdictional matters, few localities are not covered by any facility in the district. This cause huge institutional hassle for PW to get RCH number and avail MCH services.
- **Strengthen coherence between various health agencies:** Currently, the WCD department relies heavily on MPC cards for releasing incentives under the PMMVY. However, there are gaps in data quality and correspondence in case of indicators of nutritional status of women and children.
- **Operationalization of Proposed Health Facilities:** The issue of underserved localities can be resolved either by establishing a primary health facility as proposed at the locality or merging the area population under nearest other health facilities jurisdiction.
- **Strengthen HIV Counselling and Awareness Activities in the District:** The district have relatively high prevalence and incidence of HIV. In order to minimise the impact of transmission, the district needs to implement effective counselling and awareness activities.

# South Delhi 2021-22

## Maternal Health

- 96.9% Full ANC
- 97% Institutional Delivery
- 62% Couples Using Modern Methods



## Child Health

- 9.5% Children Born Underweight
- 58% Children Fully Immunized



## NCD

- 19.4% Deaths are due to NCD
- OPD based Screening



## Human Resource

- 2 Specialists/10000 Population
- 336 ASHAs against 386 Required
- No DPM, No Quality Co-ordinator

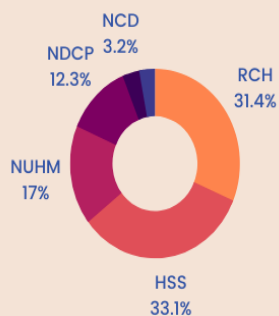


## Health Infrastructure

- 4 District Hospitals
- 2 SNCUs
- 3 Delivery Points



LaQshya LR  
(Pt. MMM Hospital)



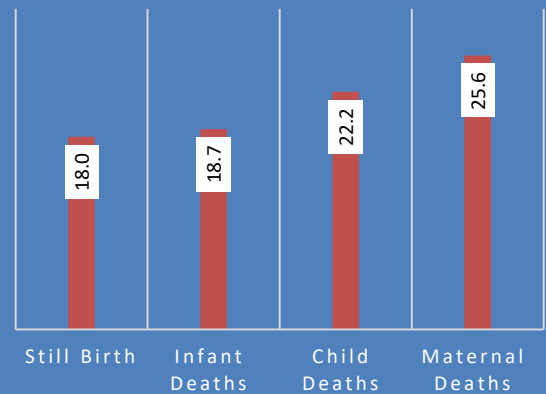
Share of State Resource Envelope  
2021-22

## Key Issues

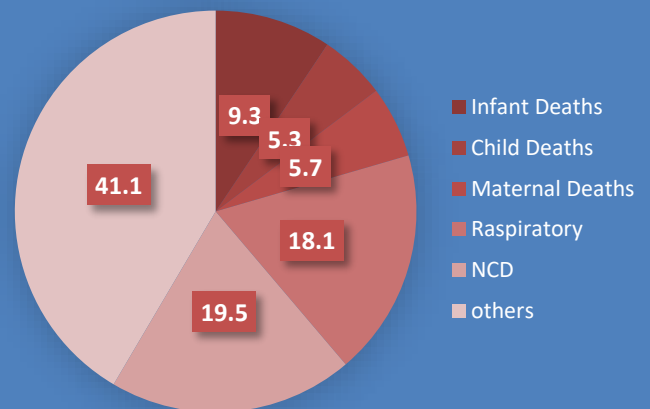
- \*Deliveries only at Tertiary Level \*NO Kayakalp Implementation
- \*Poor Implementation of JSY \*NO NCD Screening
- \*Post of DPM & Quality Co-Ordinator Vacant

-source: NHM PIP Visit, HMIS 2021-22

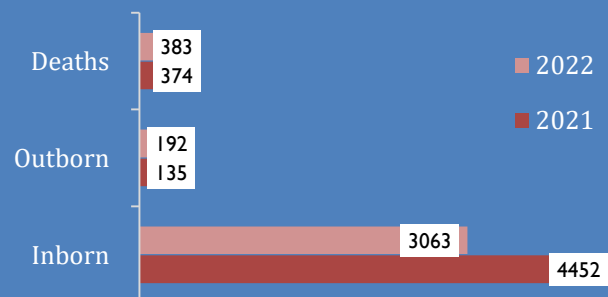
## South Delhi Vs Delhi (% Share)



## Causes of Deaths, South Delhi (2021-22)



## Details Of SNCU Admissions



No. of Beds Available

1

/1000 Population

No. Of SNCU Beds

62

## CHAPTER-1: INTRODUCTION

### BACKGROUND & OBJECTIVES

The Ministry of Health and Family Welfare (MoHFW), Government of India has assigned Population Research Centre (PRC) the task of quality monitoring of essential components of National Health Mission (NHM) State Programme Implementation Plan (PIP 2022-23). Considering PIP as a priority activity, Population Research Centre, Institute of Economic Growth, Delhi (PRC-IEG) would identify critical concerns in implementation of NHM activities and also evolve suitable quality parameters to monitor the listed components.

This report presents the key findings from the concurrent monitoring of essential components of under NHM in South Delhi district. The overall objective is to monitor the functioning of National Health Mission in South Delhi. Especially, the report aims to provide information on coverage of services, constraints in service delivery and utilization of health services by the population.

The specific objectives of the study are as follows.

- To monitor the status and adequacy of physical infrastructure of selected DH, CHC, PHC and SC equivalent facilities in South Delhi.
- To assess the availability of human resources and specialists along with their training status.
- To review service delivery status of institutional deliveries, antenatal care, post-natal care, immunization, and family planning services in the district.
- To understand the performance of incentive schemes such as JSSK and JSY of NHM.
- To review bio-medical waste management and infection control practices; community processes and activities related to ASHAs; functioning of disease control programme etc.
- To understand the budgetary allocations and utilization on various components including untied funds at selected health facilities through Rogi Kalyan Samiti (RKS).

The report is prepared on the basis of field – based observations and visits to the following public health facilities in South Delhi: District Hospital Pt. Madan Mohan Malviya Hospital, MCW Hauz Khas, DGD Jaunapur, MCW Mahrauli, Seed-PUHC Aya Nagar and DGD Khanpur. Structured checklist was used to collect information on human resources, infrastructure, funds utilization, training, health care services including drugs and equipment's, family planning, disease control programmes and other programmes under the umbrella of NHM including the National Urban Health Mission (NUMH) activities.

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

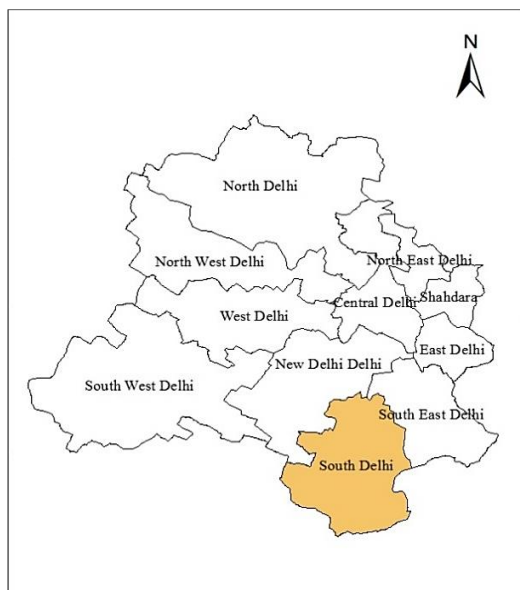
**Table 1. 1** List of institutions and facilities visited, South Delhi

<b>Institution and facilities</b>	<b>Contact Person</b>	<b>Mobile No.</b>
Chief District Medical Officer	Dr. Sangeeta	8826633193
Deputy Medical Superintendent, Pt. Madan Mohan Malviya Hospital , South Delhi	Dr. Anuradha Sharma	9911573343
Medical Officer In-Charge, DGD Jonapur	Dr. Archana	9990115654
Medical Officer In-Charge, DGD Khanpur	Dr. Rashmi Pandey	9540757688
Medical-Officer in Charge, MCW Centre, Mahrauli	Dr. Puja Sarin	9810583148
Medical Officer, Seed Primary Urban Health Centre, Aya Nagar	DR. Suman Sapra	9818011995
Medical Officer in Charge MCW, Hauz Khas	Dr. Sheela Kant	9810071341
District ASHA Coordinator	Gunja Baxa	

## DEMOGRAPHIC & HEALTH PROFILE

South Delhi District is one of the 11 Districts of NCT of Delhi. Delhi was divided into 11 Districts in September-2012, prior to that Delhi had 9 Districts which came into existence in January 1997. It is surrounded by the Haryana State. On its southern side lie the Gurgaon & Faridabad Districts of Haryana. South District on its eastern side is flanked by South East District of Delhi while on northern & western side lies New Delhi & South West Districts respectively.

**Fig 1. 1: Map of South District with State outline**



The district is home of a population 2,731,929 (2011 census), out of which 49% are male and 51% are female. It is expanded in an area of 250 square kilometres (97 sq mi), with a population density of 11060 persons per km<sup>2</sup>. The male literacy in district stands 91% and female literacy is 80%. The sex ratio of the district is in slightly better comparing Delhi UT. The district attracts huge migration from neighboring areas, hence, the decadal population growth of district is 20.5 percent. The district has central position in terms of level of development however, the vast spatial inequality is visible in terms of distribution of public resources.

**Table 1. 2: Key Demographic Indicators, South Delhi, Delhi**

Indicators	South Delhi	Delhi	India
Actual Population	27,31,929	16,787,941	1,21,05,69,573
Male	13,56,240	8,987,326	6,231,843
Female	11,87,003	78,00615	58,74,47,730
Child sex ratio (0-6 year)	885	871	914
Sex ratio	862	868	943
Literacy rate (%)	86.6	86.2	74.0
Male literacy rate (%)	91.7	90.9	80.9
Female literacy rate (%)	80.5	80.8	64.6
Decadal population growth	20.5	21.2	17.7
Density/Km2	11060	11320	382
Area (in sq. Km.)	247.0	1483	3287240

Source: Census of India 2011, ORGI, GOI

## HEALTH CARE INDICATORS

In South Delhi, 58.6% of the ANC registrations occur in the first trimester and 96.9% pregnant women receive four or more ANC check-up. The coverage of 180 IFA tablets among pregnant women is 191% and is way higher than state average of 80.9%. The district has huge share of migrants population, due to which the coverage of IFA and calcium distribution is more in district than total women registered for ANC.

In the district, 97% births are institutional deliveries with C-section deliveries accounting for 29.6% of the total institutional births. The number of institutional deliveries conducted in district outnumbers the total women registered for ANC.

The post-partum check-up after 48 hours of delivery stands very low (9.5%) compared to 45% for the Delhi. The HMIS report shows that 70.71% of the new-born are breastfed within the first hour of the birth. About 9.5% of the births are categorized as low birth weight babies (below 2.5 kg). 100% children have been weighted at birth in the districts which is 3% higher comparing Delhi.

The share of maternal deaths reported in South Delhi remain high compared to Delhi. In FY 2021-22, total 672 maternal deaths have been reported. Similarly, 422 child deaths have been reported in the districts. The number of reported still birth were 705 in 2021-22. One of the probable reason for high maternal and child mortality could be the super speciality services provided by the district. The hospitals like Safdarjung and AIIMS fall in this district, which cater highly complicated delivery and child health cases not only of the south district but also from periphery of Delhi.

**Table 1. 3 No. of Still Births, Infant Deaths, Child Deaths and Maternal Deaths Reported Across Districts of Delhi, 2021-22**

	Central	East	New Delhi	North	North East	North West	Shahdara	South	South East	South West	West
Still Birth	544	156	272	157	33	821	684	737	108	155	421
Infant Deaths	299	336	345	107	35	419	646	584	18	49	280
Child Deaths	77	401	414	62	7	240	156	422	38	18	63
Maternal Deaths	85	19	52	9	8	84	164	165	5	6	47

Source: HMIS 2021-22, South Delhi

**Table 1. 4: Status of key health indicators, 2021-22**

HMIS indicators 2021-22	South Delhi	Delhi
<b>1. Maternal Health</b>		
% of beneficiaries registered for 1 <sup>st</sup> trimester to total ANC registration	58.6	45.8
% of pregnant women with 4 or more ANC check-ups	96.9	68.2
% of pregnant women given 180 IFA to total ANC registrations	191	80.9
% Pregnant women given 360 calcium tablets	190	80.2
<b>2. Institutional and Home Deliveries</b>		
% of institutional deliveries to total reported deliveries	97	100
% of institutional deliveries to total ANC registrations	138	46.4
% of C-Section deliveries to total institutional deliveries	29.6	34.9
% of women received 1st post-partum check-up after delivery	9.5	45
<b>3. New-born and Child Health</b>		
% of new-born weighted to total live birth	100	97.3
% of new-born breastfed within 1 hour of birth to total live birth	70.71	67.6
% of new-born having weight less than 2.5 kg to total live birth	9.5	24.9
No of children admitted in NRC	NA	550
% of children discharged with target weight gain from NRC	NA	49.1
Number of children (9-11 months) fully immunized	13977	254760
<b>4. Family Planning</b>		
% of male sterilization to total sterilization	2.6	2.7
% of female sterilization to total sterilization	97.3	97.3
% of IUCD insertion to total institutional deliveries	20.1	35.7
Total Sterilization conducted	1375	11596
<b>5. Adolescent Health</b>		
Number of Adolescent girls registered at AFHCs	356	81326
Number of Adolescent boys Registered at AFHCs	170	69182
<b>6. Mortality Indicators</b>		
Maternal death	672	644
Child (1-5 years) death	422	939
Infant (1-12 months) death	15	2601
Still Birth	705	4088

Source: HMIS, 2021-22

In South district acceptance of male sterilization remain low in 2021-22, only 2.6 percent of all sterilization were male sterilization. The female sterilization is still dominant methods of family planning followed by IUCD and condoms. In 2021-22 20.1 % women have been inserted IUCD, including PPIUCD. The coverage of ANTARA injectable also remain low, only 163 women have taken the fourth and more doses of same.

## CHAPTER-2: PUBLIC HEALTH FINANCING

### STATE & DISTRICT PROGRAMME IMPLEMENTATION PLAN

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

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

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

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

**Table 2. 1: Breakup of resource envelope, NHM FY 2021-22 – State specific**

S.No.	Particulars	Amount	Percent	State share (in lakh)
		(in lakh)		
		(GoI Share)	(GOI Share)	
1	<b>RCH Flexible Pool (including RI, IPPI, NIDDCP)</b>	56.30	31.3	
1(i)	RCH Flexible Pool (including RI, IPPI, NIDDCP) Cash Grant Support	39.49		
1(ii)	RCH Flexible Pool (Kind Grant Support under Immunization)	16.81		
2	<b>Health System Strengthening (HSS) under NRHM</b>	59.37	33.0	
2(i)	Other Health system Strengthening covered under NRHM	53.88		
2(ii)	Ayushman Bharat-Health & Wellness Centres Under NUHM	0.00		
2(iii)	ASHA Benefit Package	5.49		
	Total NRHM-RCH Flexible Pool	115.67		
3	<b>NUHM Flexible Pool</b>	30.61	17.0	
3(i)	Other Health System Strengthening covered under NUHM	30.61		
3(ii)	Ayushman Bharat-Health & Wellness Centres under NUHM	0.00		
4	<b>NDCP Flexible Pool (NTEP, NVHCP, NVBDCP, NLEP, IDSP)</b>	22.15	12.3	119.7
4(i)	NVBDCP (Cash & Kind)	0.55		6
4(ii)	NTEP (Cash & Kind)	17.96		
4(iii)	NVHCP (Cash & Kind)	1.37		
4(iv)	NLEP	0.85		
4(v)	IDSP	0.90		
4(vi)	National Rabies Control Programme (NRCP)	0.52		
4(vii)	Programme for Prevention and Control of Leptospirosis (PPCL)	0.00		
5	<b>NCD Flexible Pool (NPCB, NMHP, NPHCE, NTCP, NPCDCS, NPC-CHH, PMNDP)</b>	5.75	3.2	
6	<b>Infrastructure Maintenance (including Direction and Administration)</b>	5.46	3.0	
	Total Resource Envelope	179.64	100%	119.7
	Grand Total Resource Envelope (Central Allocation + State Share)	299.40		6

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

The key budget heads that contribute to the total expenditure on flexipool are Maternal Health, Immunization, human resources, ASHAs and NTEP. A total of 241.5 lakhs have been spent on NTEP, 491.5 on human resource and 49.1 on AHSAs. A total of Rs. 12.9 lakhs has been spent under the programme for control of blindness and vision impairment (NPCB-VI). Emergency COVID-19 response plan. Due to the COVID-19 pandemic, less expenditure was incurred on outreach activities including the IEC/BCC activities, printing etc. Under RCH / NDCPs flexipool 96.36 lakhs of the budget is spent for human resources under NHM. Similarly, 336 lakhs of the NUHM budget is also spent on human resources. No budget share has

been provided for Community interventions and procurement and Untied Fund by district authorities.

**Table 2. 2: Share of expenditure by budget heads, South Delhi 2021-22**

Indicator	Budget Released (in lakhs)	Budget utilized (in lakhs)	Reason for low utilization (if less than 60%)	
<b>1. RCH and Health Systems Flexipool</b>	<b>56.3</b>			
· Maternal Health		96.36		
· Child Health		3.62		
· RBSK				
· Family Planning		10.26		
· RKSK/ Adolescent health				
· PC-PNDT		3.65		
· Immunization		29.98		
· Untied Fund				
· Infrastructure				
· ASHAs	107.0	45.91	Covid-19 ,Transfer of accounts in ICICI Bank	
· HR		491.55		
· Programme Management		14.34		
· MMU		NA		
· Referral Transport		NA		
· Procurement		NA		
· Quality Assurance		NA		
· PPP		NA		
<b>2. NUHM</b>		336.7		
<b>3. Communicable Diseases Pool</b>				
· Integrated Disease Surveillance Programme (IDSP)	9.6	10.0	Fund received March Last week and SNA A/C is opened late	
· National Vector Borne Disease Control Programme (NVBDCP)	12.0	0.2		
· National Leprosy Eradication Programme (NLEP)	13.6	9.6		
· National TB Elimination Programme (NTEP)	60.0	241.5		
<b>4. Non-Communicable Diseases Pool</b>	<b>5.8</b>			
· National Program for Control of Blindness and Vision Impairment (NPCB+VI)	44.4	12.9	Due to Covid - 19	
· National Mental Health Program (NMHP)	Nil	Nil		
· National Programme for Health Care for the Elderly (NPHCE)	Nil	0.7		
· National Tobacco Control Programme (NTCP)	Nil	0.0		
· National Programme for Prevention and Control of Diabetes, Cardiovascular Disease and Stroke (NPCDCS)	Nil	0.5		
· National Programme for Prevention and Control of Deafness (NPPCD)	1	0.42	Due to Covid-19	

Source: NHM FMR South Delhi, 2021-22

## CHAPTER-3: PUBLIC HEALTH PLANNING & IMPLEMENTATION

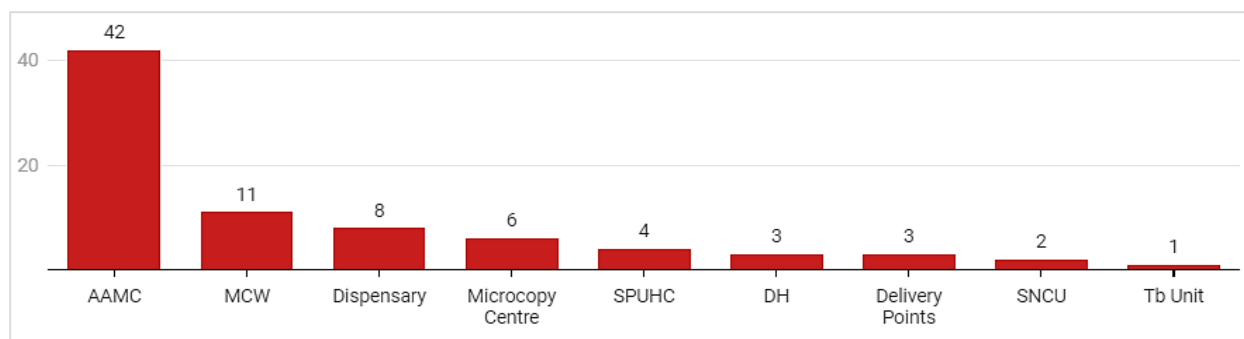
### PHYSICAL HEALTH INFRASTRUCTURE

Health care delivery system in Delhi has been re-organized as per order dated 25.07.2015 in the following manner (Economic Survey of Delhi, 2021-22): 1) Mohalla Clinics (*Aam Aadmi Mohalla Clinics*), 2) Multi-Specialty Clinics (polyclinics), 3) Multi-Specialty Hospitals (earlier called Secondary Level Hospitals), 4) Super Specialty Hospitals (earlier called Tertiary Level Hospitals). Delhi has made substantial progress in building reliable health infrastructure at various levels. The NCT of Delhi has been at the forefront of health care development. Basic tertiary health care services are being provided by the public and private sectors and voluntary organizations. Integrated management of health services has helped tide over the critical phase of the COVID-19 pandemic.

The South Delhi has made significant progress in improving the health status of its people, particularly in tertiary care. Some of the super speciality hospitals like AIIMS and Safdarjung falls under its administrative jurisdiction. These two hospitals not only cater the district's population but also foster the peripheral and other state's complicated cases.

In South Delhi District there are total 6 districts hospitals located. Currently there are 11 Maternal and child Welfare Centres (MCW), 4 Seed PUHCs, 42 Aam Adami Mohalla Clinic and 8 Delhi Government Dispensaries available at primary level care.

**Fig 3. 1: Distribution of Public Health Facilities in South Delhi District, 2021-22**



Source: PIP Monitoring District Checklist, South Delhi

In south Delhi district, deliveries are happening only at tertiary level. There is strong need of maternity home at southern part of district to share normal delivery burden and provide comprehensive coverage, as the case of other districts of Delhi. Further, currently one tuberculosis unit is catering entire population, however one sectioned tuberculosis unit yet needs to be functional.

### Key Issues

- Delivery points only at Tertiary Level
- No Maternity Home Operational
- Concentration of public health Facilities at northern part of district

## HUMAN RESOURCE FOR HEALTHCARE

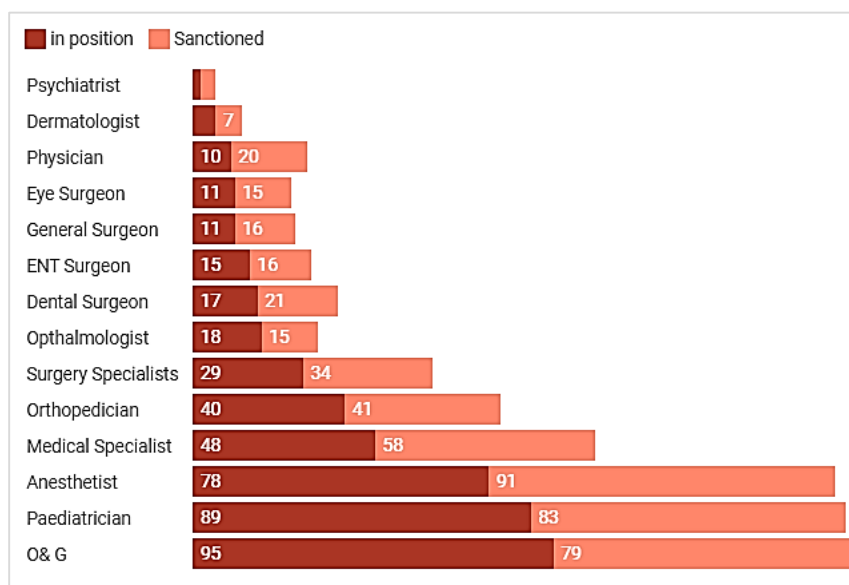
Based on HMIS portal the human resource profile of the South Delhi is presented herewith. In case of doctors and specialists, a total of 942 sanctioned positions (contractual and regular) are available out of which a total 840 positions are filled (89% in-position). The positions are vacant for the post of Pathologist (23 vacant), Medical Officer (15 vacant), Anaesthetist (13) and physician (10).

Total 2193 regular posts are sanctioned for health care workers including specialists. In regular category 85% sanctioned posts are filled. A total 391 posts are contractual in South Delhi against 401 sanctioned posts.

### Core Health Care Workers

WHO defines specialists as Core Health Care Workers. In south Delhi districts total 645 specialists are in position against 691 sanctioned (93%). Currently, there are 95 obstetrics and gynaecologist in position against 79 sanctioned posts, followed by 89 paediatricians against 83 sanctioned posts. Similarly, ENT surgeon also more in position compared to section posts for the districts.

**Fig 3. 2: Availability of Specialists, South Delhi, 2021-22 (HMIS)**



### Paramedics and Front Line Workers

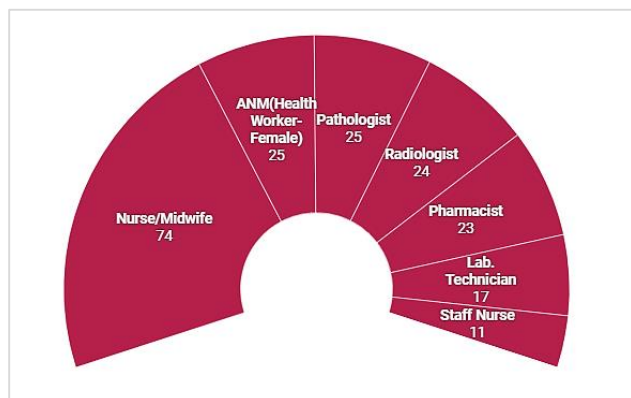
Huge deficit in health care workers can be observed for the posts of paramedical and front line health workers. Currently, 1339 staff nurses are in position for regular post against 1339 sanctioned. 21% posts of staff nurses are vacant in the district (including regular, contractual and out-sourced). Further, only 26%

posts for midwives are filled against 46 total sanctioned posts. Similarly, out of all sanctioned posts 75% ANMs are in positions.

## Administrative and Managerial Staff

In South Delhi district, there is huge deficit of key managerial staff, which is one of the bigger reason in effective program implementation. The post of District Program Manager (DPM) and Quality Co-Ordinator is vacant since last two years.

**Fig 3. 3: Shortage of Paramedical & Front Line Staff (in %), 2021-22 (HMIS)**



A total of 336 ASHAs were working in the district whereas 365 ASHAs are required as per the population norm whereby each ASHA can serve a population of 1500-2500 persons.

Social benefit schemes was implemented on October, 2018 for ASHAs and ASHA facilitators meeting the eligibility criteria to be covered under the Pradhan Mantri Jeevan

Jyoti Bima Yojana (Accident Insurance), the age criteria is 18-50 years and annual premium of average Rs. 330 will be paid by the government. ASHAs and ASHA Facilitators with age criteria between 18-70 years are covered under the Pradhan Mantri Suraksha Bima Yojana (Life Insurance) scheme where government pays an annual premium of Rs. 12 per beneficiary. The details of ASHAs and ASHA Facilitators enrolled under the Pradhan Mantri Suraksha Bima Yojana (Life Insurance) scheme in South district of Delhi is provided herewith. A total of 271 ASHAs were covered under the Pradhan Mantri Suraksha Bima Yojana in South district.

Mahila Arogya Samitis (MAS) is one of the key interventions under National Health Mission aimed at promoting community participation in health including planning, implementation and monitoring of health programmes. The MAS is to be formed at Slum level and covers about 50-100 household. Mahila Arogya Samitis have 10-12 members depending on the size of slum and ASHA will be the member secretary and fix the schedule and venue for monthly meetings of the samiti. In South district, a total of nine Mahila Arogya Samiti was formed and basic training to the members was provided. Every MAS has a bank account opened in the nearest bank in which the untied fund of Rs. 5000 per year to each MAS

### Key Issues

- Shortage of key paramedical staff i.e. radiographer, staff nurse and midwives.
- Key managerial posts i.e. DPM and Quality Co-ordinator are vacant since last three years.

credited and the chairperson and member secretary (ASHA) are the joint signatories of MAS account.

**Table 3. 1: Status of social benefit scheme for ASHAs and ASHA Facilitators, 2021-22**

		<b>Observations</b>
<b>1</b>	<b>Status of ASHAs</b>	
1.1	Required as per population	365
1.2	Selected ASHAs	336
1.3	No. of ASHAs covering more than 1500 (rural)/ 3000 (urban) population	1500
1.4	No. of villages/ slum areas with no ASHA	3000
<b>2</b>	<b>Status of social benefit scheme for ASHAs and ASHA Facilitators</b>	
2.1	No. of ASHAs enrolled for Pradhan Mantri Jeevan Jyoti Bima Yojana	NA
2.3	No. of ASHAs enrolled for Pradhan Mantri Suraksha Bima Yojana	271
2.5	No. of ASHAs enrolled for Pradhan Mantri Shram Yogi Maandhan Yojana	65
<b>3</b>	<b>Status of Mahila Arogya Samitis (MAS)</b>	
3.1	Formed	9
3.2	Trained	9
3.3	MAS account opened	9

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

## HEALTH SYSTEMS STRENGTHENING

### Referral Transport

In South Delhi District CATS are primary mode of referral services. Centralized Accident and Trauma Services (CATS) is an Autonomous body of Govt. of National Capital Territory of Delhi, Providing free ambulance Services to victim of accident and trauma on 24x7 basis since 1991 with the fleet of well-equipped ambulances and well trained manpower.

CATS Control room is functioning 24 hrs with a sophisticated ultramodern GPS-GIS enabled computerized system. Calls of accidents and medical emergencies are received through Tel-102,1099 and wireless network connected to Delhi Police, Delhi fire Services, Delhi Disaster Management Authority, Govt. Hospitals and Delhi Secretariat. CATS provides the ambulance services to all medical attention needing persons including transportation of pregnant women to the hospital and home after delivery ,completely free of cost. Public awareness program and emergency first aid training program are also run by the CATS training center, South Delhi districts. At districts level there are no Mobile Medical Units.

### HR Training as Per RoP

For the FY 2021-22, all planned trainings as per RoP has been completed. Total 6 trainings have been conducted related to HMIS, ASHA Refresher training, 2 NIOS, NVBDCP training for MOs and ANMs, active case detection training for ANMs & Medical officers, Medical officers training under NPPCD.

**Table 4. 1: Details of HR training as per RoP approval, 2021-22**

List of training (to be filled as per RoP approval)	Planned	Completed
- HMIS	4	4
-ASHA Refresher	30	30
- 2 NIOS both ASHA Accreditation by NIOS	2	2
-Medical Officers & ANMs Training under NVBDCP (1Batch)	1	1
-Active Case Detection Training for ANMs & Medical Officers (3 Batch)	1	1
-Medical Officers training under NPPCD (1 Batch)	1	1

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

## Chapter-4: NATIONAL HEALTH MISSION PROGRAMMES

### REPRODUCTIVE MATERNAL NEWBORN CHILD HEALTH+ADOLESCENT

#### Pradhan Mantri Surakshit Matritva Abhiyan (PMSMA)

All pregnant women were given ANC care under the programme on 9<sup>th</sup> of every month at all facilities. AT MCW centers health talks and SAAS Bahu Sammelan were being organized to aware about healthy habits during pregnancies. Besides, every Thursday is a dedicated ANC day at all facilities in the district. In the year total 37168 women registered for ANC services. Out of all women 31.9% women received full ANCs and 18 % have been checked for HB in four times.

#### Janani Shishu Suraksha Karyakram(JSSK)

Implementation of JSSK is smooth in South Delhi District. All three delivery points in the district have in house kitchen to provide diet to women. In the year, out of all women delivered at public health facilities, 9.5% received free drugs and 8% received free diet as reported on HMIS portal.

#### Janani Suraksha Yojna (JSY)

The Janani Suraksha Yojana has a weak implementation status in the South Delhi district. This is associated with factors such as low JSY incentive for urban areas, limited interest among beneficiaries to claim JSY, inadequate documentation and high proportion of migrant population. However, all the delivery points in the district implement the Janani Shishu Suraksha Karyakram (JSSK). Total only 38 women have benefitted with JSY incentive. Only 1.2% women received inter facility transfer.

#### Home Based New Born Care (HBNC)

In South Delhi district total 657 home deliveries reported. All the home deliveries were SBA attended. Currently there 336 ASHAs are there, all of them have received module 6 & & training. All ASHAs in the districts have HBNC kits.










#### Rashtriya Kishor Swasthya Karyakram (RKSK)

Under the programme the adolescent counselling were being provided at AFHCs by ANM or dedicated counselling staff. For FY 2021-22, total 356 girls and 170 boys have registered in AFHCs.

#### Key Issues

- Poor Implementation of JSY.
- Low coverage of full Immunization
- Higher Maternal Deaths in districts.
- Absence of Public health delivery point in southern part of district.

**Table 4. 2: RMNCH+A Programme Implementation status in the District, 2021-22**

RMNCH+A	Status of Implementation	Key activities performed 2021-22
 <b>PMSMA</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<ul style="list-style-type: none"> <li>- Universally all Pregnant women are given ANC on 9<sup>th</sup> of every month</li> <li>- Total 37168 women registered</li> <li>- 31.9 % women received full ANC</li> <li>- 18% women tested for HB for four or more times</li> </ul>
 <b>JSSK</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<ul style="list-style-type: none"> <li>- Out of all delivery conducted in public health facilities 9.5% women received free drugs</li> <li>- Out of all delivery conducted in public health facilities 8 % received free diet</li> </ul>
 <b>JSY</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<ul style="list-style-type: none"> <li>- Total 97% delivery conducted in health facilities.</li> <li>- Only 38 women have been transferred JSY payment.</li> <li>- The status of JSY is poor in the district.</li> </ul>
 <b>HBNC</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<ul style="list-style-type: none"> <li>- Total 657 home deliveries have been reported in the district</li> <li>- All home deliveries are SBA attended</li> <li>- Total 336 (All) ASHAs are trained in module 6&amp; 7</li> <li>- All ASHAs are equipped with HBNC kits (337)</li> </ul>
 <b>MDR</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<ul style="list-style-type: none"> <li>- Total 165 maternal deaths have been reported</li> <li>- Out of all 127 deaths have reviewed</li> <li>- 36 deaths reviews are pending</li> </ul>
 <b>Family Planning</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<ul style="list-style-type: none"> <li>- Awareness &amp; sensitization activities performed at various health facility of south district, on the occasion of world population day.</li> <li>- Family Planning basket available at all facilities</li> <li>- PPIUCD and Condoms were most preferred family planning methods</li> <li>- 20% PPIUCD coverage against all institutional deliveries</li> </ul>
 <b>RSKS</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<ul style="list-style-type: none"> <li>- Adolescent counselling are being provided at AFHCs</li> <li>- Total 356 Girls and 170 Boys have registered at AFHCs</li> <li>- out of all registered 300 girls and 170 boys received clinical services</li> </ul>
 <b>SNCU</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<ul style="list-style-type: none"> <li>- Two SNCUs are currently functional in district</li> <li>- 62 radiant warmers functional</li> <li>- 16 stepdown care</li> <li>- 22 Kangaroo Mother Care (KMC unit)</li> <li>- 3124 inborn admissions and 26 out born admission</li> <li>- 209 inborn children admitted with defect at birth</li> </ul>
 <b>Immunization</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<ul style="list-style-type: none"> <li>- 57 % children 9 to 11 months are fully immunized</li> <li>- 29007 children have been given hepatitis birth dose</li> <li>- 28371 children have been given OPV birth dose</li> <li>- 25639 have given Vitamin K birth dose</li> </ul>

Source: NHM PIP Monitoring

## COMMUNICABLE DISEASE PROGRAMME

### National Tuberculosis Elimination Programme (NTEP)

Tuberculosis (TB) is an infectious disease caused by Mycobacterium Tuberculosis bacteria. TB remains to be major public health problem in India. Under National Tuberculosis Elimination Programme (NTEP), the target TB notification from all medical practitioners, hospitals, laboratories, and chemists (government, private and NGOs) in 2021-22, was achieved to be at 80%. Of the total TB patients notified, all patients was with known HIV status. The treatment success rate for public sector patients were 80% in contrast to 95% for private sector. Total 518 TB patients were notified by private health sector. Number of MDR TB patients identified were 140 cases from public and 1 from private initiated treatment among MDR patients. The incentives under Nikshay Poshan Yojna is being affected due to bank account transfer to ICICI bank.

### National Vector Borne Disease Control Programme (NVBDCP)

The activities under NVBDCP are done by Municipal Corporation (MCD) and district health authorities. Most of the preventive measures like, fumigation and spray were done by MCD and curative measures taken by health authorities under NHM. The south Delhi District have micro plan for vector borne disease control for FY 2021-22. For total 746 person blood examination has been done for the year 2021-22, 726 (2020-21), 2010 (2019-20). The prevalence of vector borne disease is very low in South Delhi district due to timely preventive measures taken by MCD.

### National Leprosy Eradication Programme & Integrated Disease Surveillance Programme

Under National Leprosy Eradication Programme, 148 new cases were detected, out of which 17 were Grade 2 Disabilities (G2D) cases. However, the supply of Multi Drug therapy (MDT) was not available throughout, reconstructive surgery for G2D cases are not being conducted and MCR footwear and self-care kit are also not available under the programme.







#### Key Issues

- High prevalence of HIV.
- Only one ICTC counselling center in the district.

Rapid response team are being constituted under the Integrated Disease Surveillance Programme (IDSP). Eighty percent private health facilities are reporting weekly data on IDSP. Due to COVID-19 pandemic, outbreak investigations has been temporarily halted since

2019-2020. The 9 member’s rapid response team has been constituted including DSO, Clinician, Microbiologist, Paediatrician, SHO, Data Manager, DJB, Veterinary, Food Safety Officer. District team also constituted including DSO, Epidemiologist and Data Manager.

**Table 4. 3: Communicable Diseases Programme Implementation status in the District, 2021-22**


Communicable Diseases Programme	Status of Implementation	Key activities performed 2021-22
 <b>NTEP</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<ul style="list-style-type: none"> <li>- -11125 DOTS patient registered</li> <li>- 3040 Patients were with known HIV status</li> <li>- -1480 eligible for UDST testing</li> <li>- 80% Treatment success rate for public sector</li> <li>- -95% Treatment success rate for private sector</li> <li>- -1466 patients completed treatment successfully</li> <li>- -TB prevalence for the 2021-22 is 40/10000 population</li> </ul>
 <b>NVBDCP</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<ul style="list-style-type: none"> <li>- 5007 person were examined for malaria</li> <li>- 530 positive dengue cases</li> <li>- All preventive activities like fumigation and spray were being done by MCD</li> <li>- The prevalence of Vector borne disease is very low in South Delhi District</li> </ul>
 <b>NLEP</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<ul style="list-style-type: none"> <li>- Total 148 new cases detected in district</li> <li>- Out which all cases 17 are G2 disability cases</li> <li>- MCR footwear &amp; self-care kits are not available in the district</li> </ul>
 <b>IDSP</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<ul style="list-style-type: none"> <li>- Rapid response team consisting 9 members have been formed</li> <li>- The post of epidemiologist and DEO is vacant in district team</li> <li>-</li> </ul>
 <b>NACP</b> (National AIDS Control Programme)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<ul style="list-style-type: none"> <li>- Currently, 127 male and 14 PW and 45 Non PW tested positive for HIV</li> <li>- Counselling and awareness activities through outreach and facility based services.</li> <li>- All pregnant women are being tested for HIV</li> </ul>
 <b>NTCP</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<ul style="list-style-type: none"> <li>- Awareness &amp; sensitization activities performed at various health facility of south district, on the occasion of world no tobacco day fortnight campaign from 31 may 2022 to 14 June 2022.</li> </ul>

Source: NHM PIP Monitoring

## NON-COMMUNICABLE DISEASE PROGRAM

The following NCD programmes under NHM were reported to be functional in the South Delhi district. However, these activities were affected because of COVID-19 in 2021-22.

**Table 4. 4: Non-Communicable Diseases Programme Implementation status in the District, 2021-22**

Non-Communicable Diseases Programme	Status of Implementation	Key activities performed 2021-22
 <p><b>NPCDCS</b> (National Programme for prevention &amp; Control of Cancer, Diabetes, Cardiovascular Diseases &amp; stroke)</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<ul style="list-style-type: none"> <li>- The screening for hypertension and Diabetes is being done on OPD basis</li> <li>- 34198 people screened for Diabetes, out of which 7542 diagnosed with it</li> <li>- 24548 people screened for Hypertension, out of which 6847 diagnosed with it</li> <li>- 3 people with oral cancer have been diagnosed</li> <li>- The awareness activities on lifestyle, eating behavior were being given through health talks and outreach activities</li> </ul>
- National Programme For Control Of Blindness & Visual Impairment(NPCBVI)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	NO camps due to covid-19
- National Mental Health Programme (NMHP)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Counselling provided by ANM and SN
- National Programme for healthcare of Elderly(NPHCE)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
- National Programme for the Prevention & Control of Deafness (NPPCD)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	No activities due to COVID-19
- National Tobacco Control Programme (NTCP)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Awareness & sensitization activities performed at various health facility of south district, on the occasion of world no tobacco day fortnight campaign from 31 may 2022 to 14 June 2022.
- National Oral Health Programme(NOHP)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<ul style="list-style-type: none"> <li>- OPD basis</li> <li>- Awareness activities about oral hygiene</li> </ul>
- National Programme for Palliative care (NPPC)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
- National Programme for Prevention & Management of Burn Injuries (NPPMBI)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

Source: NHM PIP Monitoring

## OTHER PROGRAMMES: QUALITY ASSURANCE PROGRAMME

Currently, in South Delhi District, the posts of District Program Manager and Quality Co-ordinator is vacant since last three years. Owing to this, the implementation of quality assurance programme like NQAS and Kayakalp were poor. In present, at primary level there is not any facility kayakalp awarded. Further, no kayakalp assessment has been done by peer or external committee since last three years. At district hospitals the maternal OT and General Major OT both are LaQshya certified by external assessment.

All the public health facilities in South Delhi should initiate action for assessments and certification under NQAS, LaQshya and Kayakalp initiatives. While some of these activities are performed more regularly such as LaQshya but facilities are lagging in terms of their performance and assessment activities to meet the criteria specified under NQAS and Kayakalp guidelines.



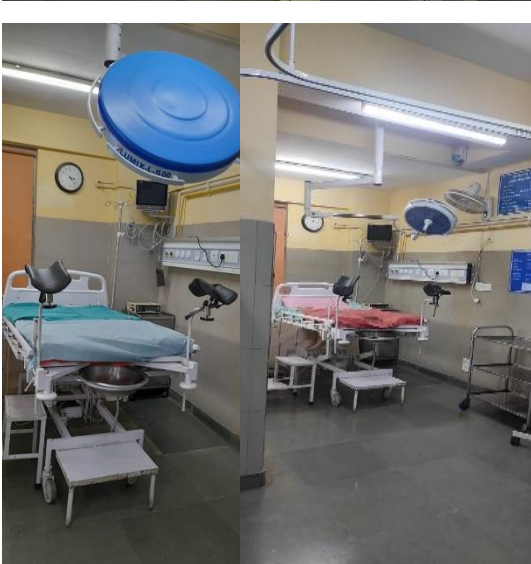
### Key Issues

- No implementation of Kayakalp in the district due to lack of key managerial staff
- High Prevalence of NCD in the district.
- Only OPD based screening of NCD.

## CHAPTER-5: PUBLIC HEALTH FACILITY ASSESSMENT



### DISTRICT HOSPITAL: PT. MADAN MOHAN MALVIYA

Images	Field Based Observation
	<p><b><u>Services</u></b></p> <ul style="list-style-type: none"> <li>- Emergency, ANC, PNC, Delivery, C-section, Family Planning, IPD, OPD, CSSD, Blood Storage, HIV Counselling, Minor and Major OT, SNCU, Dialysis</li> <li>- Average OPD load 350 and above/day</li> <li>- Average Delivery load 1000/month</li> </ul>
	<p><b><u>Infrastructure</u></b></p> <ul style="list-style-type: none"> <li>- The facility is situated in well built and maintained building having enough waiting area at every floor</li> <li>- The facility has geriatric facilities</li> <li>- The facility is equipped with electric lift</li> <li>- There three operation theatres in the facilities including maternity OT.</li> <li>- Two delivery tables are available at labour room , however as per norm there should be 4 LDR tables</li> <li>- The facility has six bedded NICCU</li> <li>- The facility is easily accessible from road</li> <li>- 103 functional beds</li> </ul>
	<p><b><u>Program Wise</u></b></p> <ul style="list-style-type: none"> <li>- JSSK diet is being provided through in house kitchen as per guidelines</li> <li>- Free drugs and diagnostics are being given to all</li> <li>- 1241 new born immunized with birth dose in last three months</li> <li>- PPIUCD, Chhaya, Condoms, Antara are popular family planning methods</li> <li>- Female sterilization is popular limiting method</li> <li>- Dialysis services are being provided on PPP mode</li> </ul>

**Table 5. 1: Status of health infrastructure, District Hospital, 2021-22**

Infrastructure	Yes/No
Accessible from nearest road head	Yes
24*7 running water facility	Yes
Clean functional toilets available (separate for Male and female)	Yes
Drinking water facility available	Yes
OPD waiting area has sufficient sitting arrangement	Yes
Facility is geriatric and disability friendly (ramps etc.)	Yes
ASHA rest room is available	Yes
Drug storeroom with rack is available	Yes
Power backup (Complete Hospital / Part of the hospital)	Yes
Availability of delivery services	Yes
If facility is designated as FRU, whether C-section are performed	Yes
Functional newborn care corner (radiant warmer neo-natal ambu bag)	Yes
PMSMA services provided on 9 <sup>th</sup> of every month	Yes
Number of functional in-patient beds	103

**Table 5. 2: Availability of specialized services at District Hospital, 2021-22**

Services	Yes/NO
Medicine (Yes/No)	Yes
Surgery (Yes/No)	Yes
Obstetric & Gynaecology (Yes/No)	Yes
Paediatrics including Neonatology (as required for level II SNCU)	Yes
Emergency Services (Accident & other emergency)(Casualty 24X7)	Yes
Critical care(ICU)	Yes
Anaesthesia	Yes
Ophthalmology	Yes
ENT	Yes
Dermatology and Venerology (Skin & VD) Treatment of RTI/STI	Yes
Orthopaedics	Yes
Dental care	Yes
Radiology (including ultrasonologist)	Yes
Physiotherapy	Yes
Drugs and Pharmacy	Yes
X-Ray	Yes
Sonography (Ultrasound)	Yes
Blood Transfusion and Storage	Yes

**Table 5. 3: Availability of Human resources at District Hospital, 2021-22**

	Sanctioned	In Position	IPHS Norm
Chief Medical Superintendent/ Hospital Superintendent	1	1	
Medical Specialist	3	3	1/80 OPD/IPD per day
Surgery Specialists	3	1	1/ 80 OPD/IPD per day
Obstetrician/Gynecologist(O&G specialist)	3	3	1/ 80 OPD/IPD per day
Dermatologist / Venereologist	1	0	1/60 OPD
Paediatrician	2	2	1/ 80 OPD/IPD per day
Anaesthetist (Regular / trained)	5	3	as per requirement
ENT Surgeon	1	1	1/ 80 OPD/IPD per day
Ophthalmologist	1	1	1/ 80 OPD/IPD per day
Orthopedician	2	1	1/ 80 OPD/IPD per day
Radiologist	1	0	1/20-30 pts/day
Casualty Doctors / General Duty Doctors(Medical Officer)	14	14	1/ 75 OPD/IPD per day
Dental Surgeon	2	0	1/ 20 cases per day
Staff Nurse	110	92	General 1:6 SNCU1:3



## Maternal and Child Wellbeing Centre (MCW), Hauz Khas



### Key Observations

- Ante-Natal Services, Family Planning, Child Immunization, OPD, NCD OPD, Nutrition Services
- Average OPD 150/day
- ANC dedicated day on Thursday
- Six in-house tests were being conducted (HB, Sugar, HBSsAg, VDRL, HIV, urine, AI Sugar) at Mohalla Clinic
- One MO, 4 ANM and 1 pharmacist are currently posted at facility

### Activities Performed 2021-22

- Outreach services for ANC
- Health Talk
- Diet and Nutrition Counselling
- Counselling on Breastfeeding Practices



## Maternal and Child Wellbeing Centre (MCW), Mehrauli



### Key Observations

- Ante-Natal Services, Family Planning, Child Immunization, OPD, NCD OPD, Nutrition Services
- Average OPD 180-200/day
- ANC dedicated day on Thursday
- Six in-house tests were being conducted (HB, Sugar, HBSsAg, VDRL, HIV, urine, AI Sugar)
- Excellent record maintenance
- The facility has received Kayakalp award in 2019-20 and 2018-19
- Currently 2 MOs, 2 LT and 5 ANMs are posted at facility

### Activities Performed 2021-22

- Outreach services for ANC
- Health Talk
- Saas Bahu Sammelan
- Diet and Nutrition Counselling
- Family Planning counselling by ANM



## Delhi Government Dispensary, Khanpur



### Key Observation

- OPD, NCD OPD, Ante-Natal Services, Family Planning, Child Immunization, Nutrition Services
- Average OPD 300/day
- ANC dedicated day on Thursday
- Dots centre available, Total 309 patient's treatment is going on
- All ANC tests are being conducted at nearby Mohalla Clinic
- ICTC for HIV counselling
- Currently 2 MOs, 3 ANMs are posted at facility

### Activities Performed 2021-22

- Outreach services for anti-Tobacco consumption
- Health Talk on Nutrition
- Diet and Nutrition Counselling
- Family Planning counselling by ANM, MOs



## Delhi Government Dispensary, Jonapur



### Key Observation

- OPD, NCD OPD, Ante-Natal Services, Child Immunization, Nutrition Services, Family Planning,
- Average OPD 250/day
- Condoms are most popular family planning method
- High maternal mortality has been observed in catchment population due to lack to nearby delivery centre (public and private)
- DOTS centre available
- Six in-house tests were being conducted (HB, Sugar, HBSsAg, VDRL, HIV, urine, Al Sugar)
- ANC dedicated day on Thursday
- The key challenges highlighted were unavailability of drinking water, Security

### Activities Performed 2021-22

- Outreach services for ANC
- Health Talk on Health Days
- Family Planning counselling by ANM



## Seed PUHC, Aya Nagar



### Key Observation

- Ante-Natal Services, Child Immunization, Covid-19 vaccination, OPD, NCD OPD, Nutrition Services
- Average OPD 80-90/day
- ANC dedicated day on Thursday
- Six in-house tests were being conducted (HB, Sugar, HBSsAg, VDRL, HIV, urine, AI Sugar)
- Currently, 6 ANMs are serving the area

### Activities Performed 2021-22

- Outreach services for ANC and new born care by ASHAs
- HBNC services by ASHAs
- Health Talk
- Diet and Nutrition Counselling
- Family Planning counselling by ANM

## CHAPTER-6: COMMUNITY HEALTH

- **Background: Name of Locality:** Aya Nagar, South Delhi, Delhi
- **Community Interaction:** The community interaction has done at Aya Nagar, South Delhi. The population of the area is mostly migrants from neighboring states.

<b>Health seeking behavior</b>	
Community perception	Public Facility preferred for primary and tertiary care, for seasonal sickness also seek private health services Public health services are satisfactory, but long waiting time and some-time drugs are not available
Frontline worker perception:	People prefer public facilities for delivery care, new born and child care and communicable and non-communicable diseases
<b>Access to health</b>	
Community perception	Most primary health care facilities are located nearby, hence do not require to travel long distance
<b>Behavior of health service providers</b>	
Community perception	Satisfactory, sometimes less attendance time due to long queues
<b>Out of Pocket expenditure in public health facilities</b>	
Community perception	Majority of out of pocket expenditure goes on transport services and diagnostics
<b>Coverage, Knowledge and skills of ASHA as perceived by the community</b>	
Community perception	ASHAs are very helpful, routinely provide information about health care services
Frontline worker perception	Outreach activities like ANC and immunization, few communities have very low acceptance
<b>Availability of services for Immunization, ANC, PNC, AH counseling, Contraceptive services, Nutrition counseling and preferred facilities for each</b>	
Community perception	For ANC and immunization services mostly goes to nearest Mohalla Clinic or MCW center
<b>Screening for common NCDs (HT, DM) and preferred facilities for seeking treatment</b>	
Community perception	Mostly prefer government facilities for long term treatment
Frontline worker perception	Mostly prefer government facilities for long term treatment
<b>Preferred facilities for emergency services (Burn, Accidents etc.)</b>	
Community perception	Safdarjung Hospital or AIIMS
Frontline worker perception	Safdarjung Hospital or AIIMS
<b>Preferred facilities for Eye ailments (eg. Cataract), Dental ailments (e.g. for denture, RCT etc.)</b>	
Community perception-	Safdarjung Hospital or AIIMS
Frontline worker perception:	Safdarjung Hospital or AIIMS

## CHAPTER-7: CONCLUSION

The report is prepared on the basis of field – based observations and visits to the following public health facilities in South Delhi: District Hospital Pt. Madan Mohan Malviya Hospital, MCW Hauz Khas, DGD Jaunapur, MCW Mehrauli, Seed-PUHC Aya Nagar and DGD Khanpur. Structured checklist was used to collect information on human resources, infrastructure, funds utilization, training, health care services including drugs and equipment's, family planning, disease control programmes and other programmes under the umbrella of NHM including the National Urban Health Mission (NUMH) activities.

The following are the inferential key points out of PIP-NHM visit to South Delhi:

### **Status of Health Infrastructure**

A total of 3 district hospital are functioning in South Delhi District. In the district there is currently three delivery points and all of these are located at tertiary level (AIIMS, Safadarjung and Pt. MMM Hospital). In Delhi, Maternity Homes plays a key role in providing delivery and child care services at primary level, however, in South Delhi District, there is no maternity homes, consequently, district hospital is only place to seek delivery care (both normal and complicated). Currently there are 11 Maternal and child Welfare Centres (MCW), 4 Seed PUHCs, 42 Aam Adami Mohalla Clinic and 8 Delhi Government Dispensaries are operational at primary level care and provide general services like: OPD, immunization, ANC check-up and family planning services at the centre. There is no NRC or DEIC operational in the district.

### **Status of Programme Implementation under NHM**

The implementation of quality assurance programme like NQAS and Kayakalp is absent in the South Delhi District. In present, at primary level there is not any facility Kayakalp awarded. Further, no Kayakalp assessment has been done by peer or external committee since last three years in the district. All the public health facilities in Delhi should initiate action for assessments and certification under NQAS, LaQshya and Kayakalp initiatives. While some of these activities are performed more regularly such as LaQshya but facilities are lagging in terms of their performance and assessment activities to meet the criteria specified under NQAS and Kayakalp guidelines. At district hospitals the maternal OT and General Major OT both are LaQshya certified by external assessment. The JSY has weak implementation status in South Delhi. This is associated with factors such as low JSY incentive for urban areas, limited interest among beneficiaries to claim JSY, inadequate documentation and high proportion of migrant population. However, all the delivery points in the district implement JSSK. The PMSMA activities are conducted at the PHC / PUHC equivalent facilities.

The South Delhi district has two SNCUs with a capacity of 62 in-radiant warmer, 16 stepdown care and 22 KMC units. The 336 ASHAs of the district have conducted a total of 657 HBNC visits. Under NTEP, the target TB notification from all medical practitioners, hospitals, laboratories, and chemists (government, private and NGOs) in 2021-22, was achieved to be at 92%. Under National Leprosy Eradication Programme, 148 new cases were detected, out of which 17 were Grade 2 Disabilities (G2D) cases. The screening of non-communicable disease is being done on OPD basis.

## **Status of Human Resource**

Total 2193 regular posts are sanctioned for health care workers including specialists. In regular category 85% sanctioned posts are filled. A total 391 posts are contractual in South Delhi against 401 sanctioned posts.

In case of doctors and specialists, a total of 942 sanctioned positions are available out of which a total 840 positions are filled (89% in-position). The positions are vacant for the post of Pathologist (23 vacant), Medical Officer (15 vacant), Anaesthetist (13) and physician (10). In south Delhi districts total 645 specialists are in position against 691 sanctioned (93%). Currently, there are 95 obstetrics and gynaecologist in position against 79 sectioned posts, followed by 89 paediatricians against 83 sanctioned posts. Similarly, ENT surgeon also more in position compared to sanctioned posts for the districts.

Deficit in health care workers can be observed for the posts of paramedical and front line health workers. Currently, 1302 staff nurses are in position for regular post against 1460 sanctioned. 21% posts of staff nurses are vacant in the district (including regular, contractual and outsourced). Further, only 26% posts for midwives are filled against 46 total sanctioned posts. Similarly, out of all sanctioned posts 75% ANMs are in positions. In South Delhi district, there is huge deficit of key managerial staff, which is one of the bigger challenge in effective program implementation. The post of District Program Manager (DPM) and Quality Co-Ordinator is vacant since last three years.

## **Dominant Health Issues in the District**

The district has high incidence rate of HIV transmission. In the year 2021-22, total 64 new HIV positive cases have registered. In South Delhi district TB prevalence stands 40.7/10000 population in 2021-22. Prevalence of the vector borne diseases is very low in the district. The higher number of deaths in the South Delhi district have been reported due to non-communicable diseases (19.47) and respiratory diseases (18.08) in 2021-22.

The share of maternal deaths reported in South Delhi remain high compared to entire Delhi. In FY 2021-22, total 672 maternal deaths have been reported. Similarly, 422 child deaths have been reported in the districts. The number of reported still birth were 705 in 2021-22.

One of the probable reason for high maternal and child mortality could be the super speciality services provided by the district. The hospitals like Safadarjung and AIIMS fall in this district, which cater highly complicated delivery and child health cases not only of the south district but also from periphery of Delhi. In South Delhi, 58.6% women register for ANC in the first trimester and 96.9% pregnant women receive four or more ANC check-up. In the district, 97% births are institutional deliveries with C-section deliveries accounting for 29.6% of the total institutional births. The female sterilization is still dominant methods of family planning followed by IUCD and condoms. In 2021-22 20.1 % women have been inserted IUCD, including PPIUCD. The coverage of ANTARA injectable also remain low, only 163 women have taken the fourth and more doses of same.

## Appendix

**Table : Summary of budget approval, 2021-22, (Rs. in Lakhs) - State specific**

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

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

**Table : Availability of human resource, 2021-22**

Designation	Regular		Contractual		Outsourced	
	Sanc-tion	In position	Sanc-tion	In position	Sanc-tion	In position
General Surgeon	11	7	3	2	2	2
Physician	15	8	3	2	2	0
Eye Surgeon	9	7	3	3	3	1
Chief Medical Superinten-dent	8	6	1	0	1	0
Medical Specialist	35	29	20	19	3	0
Surgery Specialists	22	14	12	15	0	0
Obstetrician/Gynaecol-ogist	48	38	28	57	3	0
Psychiatrist	2	1	2	1	0	0
Dermatologist	3	0	1	3	3	3
Paediatrician	42	32	41	57	0	0
Anaesthetist	45	32	45	43	1	3
ENT Surgeon	7	5	9	10	0	0
Ophthalmologist	3	1	12	17	0	0
Orthopedician	29	20	12	20	0	0
Radiologist	31	21	11	11	0	0
Microbiologist	8	8	1	1	0	0
Medical Officers	172	162	19	14	0	0
Dental Surgeon	4	0	1	1	16	16
MO AYUSH	1	0	4	3	0	0
Staff Nurse	1339	1214	91	61	30	27
Laboratory Technician Lab + BB)	72	58	12	3	9	9
Radiographer	41	40	2	0	5	5
Pharmacist	48	40	5	0	3	3
Physiotherapist	25	22	1	0	0	0
ANM	21	16	29	22	1	0
Nurse/Midwife	41	12	5	0	0	0
Pharmacist / compounder	68	54	14	12	1	0
Lab. Technician	34	26	12	12	0	0
Radiographer	14	12	0	0	0	0
AIDS/STD Counsellor	0	0	2	2	0	0

Source: HMIS Infrastructure and HR Report, Delhi 2021-22

**Table : Availability of Para-Medical Staff, 2021-22**

Designation	Sanctioned	In position	Vacant	% Vacant
Staff Nurse	1460	1302	158	89
Nurse/Midwife	46	12	34	26
ANM(Health Worker-Female)	51	38	13	75
Radiologist	42	32	10	76
Microbiologist	9	9	0	100
Pathologist	93	70	23	75
Pharmacist	56	43	13	77
Lab. Technician	46	38	8	83

Source: HMIS Infrastructure and HR Report, Delhi 2021-22

**Table : Health infrastructure available in South Delhi across health agency (in numbers), 2021-22**

Sr. No.	DH	MH	MCW	SPUHC	AAMC	Dispensary
1	AIIMS	0	11	4	42	8
2	Pt. Madan Mohan Malviya					
3	Safdarjung Hospital					
4	Institute of Liver & Biliary Science					
5	National Institute of TB and Respiratory					
6	Ambedkar Nagar Hospital, Dakshinpuri (Not Functional)					
<b>Total</b>	6	-	-	-	-	-
<b>Functional Beds</b>	4322	-	-	-	-	-
<b>Bed Density /10000 pop</b>	15.8	-	-	-	-	-

Source: Facility Master Report, South Delhi 2021-

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

Facility Details	Operational	Sanctioned
No. of DH conducting > 50 deliveries /month	3	-
No. of DH conducting C-section	3	-
4. Primary Health Centers (PHC)	35(4CGHS, 14 DGD, 12MCW, 3SHS, 2ESI)	-
8. Special Newborn Care Units (SNCU)	2 (Pt MMMH. SJ Hospital)	-
9. Nutritional Rehabilitation Centers (NRC)	0	-
10. District Early intervention Center (DEIC)	0	-
11. First Referral Units (FRU)	1	-
12. Blood Bank	1 (AIIMS, SJ Hospital)	-
13. Blood Storage Unit (BSU)	1(Pt. MMMH)	-
14. No. of PHC converted to HWC	NA	-
15. No. of U-PHC converted to HWC	NA	-
16. Number of Sub Centre converted to HWC	NA	-
17. Designated Microscopy Center (DMC)	6	10
18. Tuberculosis Units (TUs)	1	2
19. CBNAAT/TruNat Sites	1	1
20. Drug Resistant TB Centres	1	1
21. Functional Non-Communicable Diseases (NCD) Clinic at DH	NA	-
22. Functional NCD Clinic at CHCs	NA	-
23. Number of institutes with ultrasound facilities (Public)	3(Public)	-
24. Of these, how many are registered under PCPNDT act	3	-

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

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

Janani Suraksha Yojana (JSY)	<ul style="list-style-type: none"> <li>Total Deliveries 2021-22:</li> <li>Total JSY Beneficiaries 2021-22: 38</li> </ul>																		
Janani Shishu Suraksha Yojana (JSSK)	<ul style="list-style-type: none"> <li>Total Delivery Points</li> <li>No. of facilities where free diet is available for PW:</li> <li>No. of facilities where lab is functional for basic tests for PW:</li> </ul>																		
Pradhan Mantri Surakshit Matritva Abhiyan (PMSMA)	<ul style="list-style-type: none"> <li>No. issued MCP card and Safe Motherhood Booklet: 14700</li> <li>Number of health facilities where current round of PMSMA was conducted:                             <ol style="list-style-type: none"> <li>Medical College: 01</li> <li>DH: 01</li> <li>AAMC: All</li> <li></li> <li>PHC/UPHC: NA</li> <li>Private Clinics: NA</li> </ol> </li> </ul>																		
<b>Special Newborn Care Units</b>	<ul style="list-style-type: none"> <li>Total number of beds</li> <li>In-radiant warmer:62</li> <li>Stepdown Care:16</li> <li>Kangaroo Mother Care (KMC) unit: 22</li> <li>Number of <b>non-functional radiant warmer</b> for more than a week: 1</li> <li>Number of <b>non-functional phototherapy unit</b> for more than a week: 0</li> </ul>																		
	<table border="1"> <thead> <tr> <th></th> <th>Inborn</th> <th>Out born</th> </tr> </thead> <tbody> <tr> <td>Admissions</td> <td>3124</td> <td>26</td> </tr> <tr> <td>Defects at Birth</td> <td>209</td> <td>0</td> </tr> </tbody> </table>		Inborn	Out born	Admissions	3124	26	Defects at Birth	209	0									
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<b>Newborn Stabilization Unit (NBSU)</b>	<table border="1"> <thead> <tr> <th></th> <th>Inborn</th> <th>Out born</th> </tr> </thead> <tbody> <tr> <td>Admission</td> <td>NA</td> <td>NA</td> </tr> <tr> <td>Discharged</td> <td>NA</td> <td>NA</td> </tr> <tr> <td>Referral</td> <td>NA</td> <td>NA</td> </tr> <tr> <td>LAMA</td> <td>NA</td> <td>NA</td> </tr> <tr> <td>Died</td> <td>NA</td> <td>NA</td> </tr> </tbody> </table>		Inborn	Out born	Admission	NA	NA	Discharged	NA	NA	Referral	NA	NA	LAMA	NA	NA	Died	NA	NA
	Inborn	Out born																	
Admission	NA	NA																	
Discharged	NA	NA																	
Referral	NA	NA																	
LAMA	NA	NA																	
Died	NA	NA																	
<b>Home Based Newborn Care (HBNC)</b>	<ul style="list-style-type: none"> <li>Total Newborns visited under HBNC: 337</li> <li>Total No. of ASHAs trained in Module 6 &amp; 7: 336</li> <li>Total no. of ASHAs with HBNC Kits: 337</li> </ul>																		
<b>Adolescent Health Programmes</b>	<ul style="list-style-type: none"> <li>No. of Blocks covered under RKSK programme: ALL</li> <li>No. of Blocks covered under MHS programme: ALL</li> <li>No. of Blocks and Schools covered under WIFS programme: ALL</li> <li>No. of Blocks covered under Peer Education (PE) programme: ALL</li> <li>No. of Peer Educators:</li> <li>No. of Adolescent Friendly Health Clinics (AFHCs):</li> </ul>																		

**Table: Details of Communicable disease programmes implemented in the District. 2021-22**

<b>National Tuberculosis Elimination Programme (NTEP)</b>	
TB patients with known HIV status: 3040	
Eligible TB patients with UDST testing: 1480	
Whether drugs for both drug sensitive and drug resistance TB available : Yes	
<b>Patients notification from public sector</b>	<b>Patients notification from private sector</b>
<ul style="list-style-type: none"> <li>• No of patients notified:3093</li> <li>• Treatment success rate: 80%</li> <li>• No. of MDR TB Patients: 140</li> </ul>	<ul style="list-style-type: none"> <li>• No of patients notified: 518</li> <li>• Treatment success rate: 95%</li> <li>• No. of MDR TB Patients: 1</li> </ul>
<ul style="list-style-type: none"> <li>• No. of Beneficiaries paid under Nikshay Poshan Yojana: NO</li> </ul>	

**Table: Details of NLEP and IDSP implemented in the District. 2021-22**

<b>3. Implementation of National Leprosy Eradication Programme (NLEP)</b>
No. of new cases detected: 148
No. of G2D cases: 17
MDT available without interruption: No
Reconstructive surgery for G2D cases being conducted: No
MCR footwear & selfcare kit available: No
<b>4. Integrated Disease Surveillance Programme (IDSP)</b>
<ul style="list-style-type: none"> <li>• Rapid Response Team (RRT) Constituted: YES                             <ul style="list-style-type: none"> <li>○ DSO</li> <li>○ Clinician</li> <li>○ Microbiologist</li> <li>○ Pediatrician</li> <li>○ SHO</li> <li>○ Data Manager</li> <li>○ DJB</li> <li>○ Veterinary</li> <li>○ Food Safety Officer</li> </ul> </li> <li>• District Team Composition:                             <ul style="list-style-type: none"> <li>○ DSO</li> <li>○ Epidemiologist-Vacant</li> <li>○ Data Manager</li> <li>○ DEO(District)- Vacant</li> <li>○ DEO (SJH)- Vacant</li> <li>○ DEO (AIIMS)- Vacant</li> </ul> </li> <li>• Outbreaks investigated:</li> <li>• 2020-21: NIL</li> <li>• 2021-22: NIL</li> </ul>

**Table: Details of Communicable disease programmes implemented in the District. 2021-22**

<b>1. National Vector Borne Disease Control Programme (NVBDCP)</b>	
• Micro plan and macro plan available at district level:	Yes
• Annual Blood Examination:	
○ 2019-20:	2010
○ 2020-21:	726
○ 2021-22:	746
• Total LLIN distributed vs procured:	no
• Weekly epidemiological and entomological situations are monitored:	YES
• No. of blocks achieved elimination status for Lymphatic Filariasis i.e. mf rate <1%:	No case of filaria reported

Source: District Checklist, NHM PIP Monitoring

**Table: Status of Non-Communicable Diseases as recorded under the HWC programme in the district, 2021-22**

	<b>Diagnosed</b>	<b>Screened</b>
Diabetes Only	7542	34198
Hypertension Only	6847	24548
Oral Cancer	03	-
Breast cancer	-	-
Cervical cancer	-	-
Other cancers	-	-

## ANNEXURE – I: DH CHECKLIST



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



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

**Service Delivery:**

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

*Please remember that along with the checklist you have to list five key challenges observed in the facility, explore the root causes during the discussion in the facility, and document them.*

Indicator	Remarks/ Observation
1. OPD Timing	
2. Condition of infrastructure/ building	Comments:
Please comment on the condition and tick the appropriate box	<input type="checkbox"/> 24*7 running water facility <input type="checkbox"/> Facility is geriatric and disability friendly (ramps etc.) <input type="checkbox"/> Clean functional toilets available (separate for Male and female) <input type="checkbox"/> Drinking water facility available <input type="checkbox"/> OPD waiting area has sufficient sitting arrangement <input type="checkbox"/> ASHA rest room is available <input type="checkbox"/> Drug storeroom with rack is available  Power backup: <input type="checkbox"/> Complete Hospital/ <input type="checkbox"/> Part of the hospital  Last major renovation done in (Year): _____

Indicator	Remarks/ Observation																																																																					
3. Number of functional in-patient beds	<p>_____</p> <p>No of ICU Beds available:</p>																																																																					
4. List of Services available																																																																						
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12. IT Services	<ul style="list-style-type: none"> <li>• Desktop/ Laptop available: <input type="checkbox"/> Yes/ <input type="checkbox"/> No</li> <li>• Internet connectivity: <input type="checkbox"/> Yes/ <input type="checkbox"/> No                              Quality/strength of internet connection: _____</li> </ul>																																																																																																									
13. Kayakalp	Initiated: Facility score: Award received:																																																																																																									
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15. LaQshya	Labour Room: Operation Theatre:																																																																																																									
16. Availability of list of essential medicines (EML)/ drugs (EDL)	<input type="checkbox"/> Yes/ <input type="checkbox"/> No																																																																																																									
	If yes, total number of drugs in EDL _____  EDL displayed in OPD Area: <input type="checkbox"/> Yes/ <input type="checkbox"/> No  No. of drugs available on the day of visit (out of the EDL) _____																																																																																																									

Indicator	Remarks/ Observation
17. Implementation of DVDMS or similar supply chain management system	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If other, which one _____
18. Shortage of 5 priority drugs from EDL in last 30 days, if any	1 2 3 4
19. 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_____
20. Availability of essential diagnostics	<input type="checkbox"/> In-house <input type="checkbox"/> Outsourced/ PPP <input type="checkbox"/> Both/ Mixed
<ul style="list-style-type: none"> <li>In-house tests</li> </ul>	Timing: Total number of tests performed: _____ Details of tests performed:
<ul style="list-style-type: none"> <li>Outsourced/ PPP</li> </ul>	Timing: Total number of tests performed: _____ Details of tests performed:
21. X-ray services is available	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If Yes, type & nos. of functional X-ray machine is available in the hospital:  Is the X-ray machine AERB certified: <input type="checkbox"/> Yes/ <input type="checkbox"/> No
22. CT scan services available	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes: <input type="checkbox"/> In-house/ <input type="checkbox"/> PPP Out of Pocket expenditures associated with CT Scan services (if any, approx. amount per scan): _____
23. Whether diagnostic services (lab, X-ray, USG etc.) are free for all	<input type="checkbox"/> Free for BPL <input type="checkbox"/> Free for elderly <input type="checkbox"/> Free for JSSK beneficiaries <input type="checkbox"/> Free for all
24. Availability of Testing kits/ Rapid Diagnostic Kits	<input type="checkbox"/> Sufficient Supply <input type="checkbox"/> Minimal Shortage <input type="checkbox"/> Acute shortage
25. Implementation of PM-National Dialysis programme	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
	<input type="checkbox"/> In-house <input type="checkbox"/> Outsourced/ PPP

Indicator	Remarks/ Observation
	Total number of tests performed: _____
<ul style="list-style-type: none"> <li>Whether the services are free for all</li> </ul>	<input type="checkbox"/> Free for BPL <input type="checkbox"/> Free for elderly <input type="checkbox"/> Free for JSSK beneficiaries <input type="checkbox"/> Free for all
<ul style="list-style-type: none"> <li>Number of patients provided dialysis service</li> </ul>	<ul style="list-style-type: none"> <li>Previous year _____</li> <li>Current FY _____</li> </ul> <i>*Calculate the approximate no. of patients provided dialysis per day</i>
26. If there is any shortage of major instruments/ 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"> <li>If the facility is designated as FRU, whether C-sections are performed</li> </ul>	<input type="checkbox"/> Yes/ <input type="checkbox"/> No  Number of normal deliveries performed in last month: _____ No. of C-sections performed in last month: _____
<ul style="list-style-type: none"> <li>Comment on the condition of:</li> </ul>	Labour room: OT:  Functional New-born care corner (functional radiant warmer with neo-natal ambu bag): <input type="checkbox"/> Yes/ <input type="checkbox"/> No
29. Status of JSY payments	Payment is up to date: <input type="checkbox"/> Yes/ <input type="checkbox"/> No Average delay: Payment done till: Reasons for delay:
30. Availability of JSSK entitlements	<input type="checkbox"/> Yes/ <input type="checkbox"/> No  If yes, whether all entitlements being provided <input type="checkbox"/> Free delivery services (Normal delivery/ C-section) <input type="checkbox"/> Free diet <input type="checkbox"/> Free drugs and consumables <input type="checkbox"/> Free diagnostics <input type="checkbox"/> Free blood services <input type="checkbox"/> Free referral transport (home to facility) <input type="checkbox"/> Free referral transport (drop back from facility to home) <input type="checkbox"/> No user charges
31. PMSMA services provided on 9 <sup>th</sup> of every month	<input type="checkbox"/> Yes/ <input type="checkbox"/> No  If yes, how are high risks identified on 9 <sup>th</sup> ?  If No, reasons thereof:
32. Line listing of high-risk pregnancies	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
33. Practice related to Respectful Maternity Care	

Indicator	Remarks/ Observation		
34. Whether facility have registers for entering births and deaths	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
35. Number of Maternal Death reported in the facility	Previous year: Current year:		
36. Number of Child Death reported in the facility	Previous year: Current year:		
37. If Comprehensive Abortion Care (CAC) services available	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
38. Availability of vaccines and hub cutter	<input type="checkbox"/> Yes/ <input type="checkbox"/> No Nurses/ ANM aware about open vial policy: <input type="checkbox"/> Yes/ <input type="checkbox"/> No		
39. Number of newborns immunized with birth dose at the facility in last 3 months			
40. Newborns breastfed within one hour of birth (observe if practiced and women are being counselled)			
41. Status of functionality of DEIC	<input type="checkbox"/> Fully functional with all staff in place <input type="checkbox"/> Functional with few vacancies (approx. 20%-30%) <input type="checkbox"/> Functional with more than 50% vacancies <input type="checkbox"/> Not functional/ All posts vacant		
42. Number of sterilizations performed in last one month			
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		
48. Whether facility has fixed day NCD clinic	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If Yes, how many days in a week: _____ days		
49. Are service providers trained in cancer services?	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
50. Number of individuals screened for the following in last 6 months:		Screened	Confirmed
	a. Hypertension		
	b. Diabetes		
	c. Oral Cancer		
	d. Breast Cancer		
	e. Cervical Cancer		
51. 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		

Indicator	Remarks/ Observation
	Availability of CBNAAT/ TruNat: <input type="checkbox"/> Yes/ <input type="checkbox"/> No Percent of patients tested through CBNAAT/TruNat for Drug resistance in the last 6 months _____ Are all TB patients tested for HIV? <input type="checkbox"/> Yes/ <input type="checkbox"/> No Are all TB patients tested for Diabetes Mellitus: <input type="checkbox"/> Yes/ <input type="checkbox"/> No Percent of TB Patients for whom DBT installments have been initiated under Nikshay Poshan Yojana in the last 6 months:
52. Maintenance of records on	<ul style="list-style-type: none"> <li>• TB Treatment Card cases (both for drug sensitive and drug resistant cases): <input type="checkbox"/>Yes/ <input type="checkbox"/>No</li> <li>• TB Notification Registers: <input type="checkbox"/>Yes/ <input type="checkbox"/>No</li> <li>• Malaria cases: <input type="checkbox"/>Yes/ <input type="checkbox"/>No</li> <li>• Palliative cases: <input type="checkbox"/>Yes/ <input type="checkbox"/>No</li> <li>• Cases related to Dengue and Chikungunya: <input type="checkbox"/>Yes/ <input type="checkbox"/>No</li> <li>• Leprosy cases: <input type="checkbox"/>Yes/ <input type="checkbox"/>No</li> </ul>
53. How much fund was received and utilized by the facility under NHM?	Fund Received last year: Fund utilized last year: Items/ Activities whose expenditure is met out of the RKS/ Untied Fund regularly:  Reasons for underutilization of fund (if any)
54. Status of data entry in (match with physical records)	HMIS: <input type="checkbox"/> Updated/ <input type="checkbox"/> Not updated MCTS: <input type="checkbox"/> Updated/ <input type="checkbox"/> Not updated IHIP: <input type="checkbox"/> Updated/ <input type="checkbox"/> Not updated HWC Portal: <input type="checkbox"/> Updated/ <input type="checkbox"/> Not updated Nikshay Portal: <input type="checkbox"/> Updated/ <input type="checkbox"/> Not updated
55. Frequency of RKS meeting (check and obtain minutes of last meeting held)	
2. Availability of ambulance services in the area	<input type="checkbox"/> Own ambulance available <input type="checkbox"/> DH/ SDH has contracted out ambulance services <input type="checkbox"/> Ambulances services with Centralized call centre <input type="checkbox"/> Government ambulance services are not available Comment (if any):
<ul style="list-style-type: none"> <li>• How many cases from referred to in last month?</li> </ul>	Number: Types of cases referred in:
<ul style="list-style-type: none"> <li>• How many cases were referred out last month?</li> </ul>	Number: Types of cases referred out:
<b>3. Key challenges observed in the facility and the root causes</b>	
Challenge	Root causes
a)	

Indicator	Remarks/ Observation
b)	
c)	
d)	

## ANNEXURE – III: CHC CHECKLIST



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



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

**Service Delivery:**

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

*Please remember that along with the checklist you have to list five key challenges observed in the facility, explore the root causes during the discussion in the facility, and document them.*

Indicator	Remarks/ Observation
4. OPD Timing	
5. Whether the facility is functioning in PPP mode	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
6. Condition of infrastructure/ building  Please comment on the condition and tick the appropriate box	Comments:  <input type="checkbox"/> 24*7 running water facility <input type="checkbox"/> Facility is geriatric and disability friendly (ramps etc.) <input type="checkbox"/> Clean functional toilets available (separate for Male and female) <input type="checkbox"/> Drinking water facility available <input type="checkbox"/> OPD waiting area has sufficient sitting arrangement <input type="checkbox"/> ASHA rest room is available <input type="checkbox"/> Drug storeroom with rack is available  Power backup: <input type="checkbox"/> Complete Hospital/ <input type="checkbox"/> Part of the hospital
7. Number of functional in-patient beds	
8. List of Services available	

Indicator	Remarks/ Observation																																
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<ul style="list-style-type: none"> <li>If any of the specialists are available 24*7</li> </ul>	<input type="checkbox"/> Yes available <input type="checkbox"/> Yes, available only on-call <input type="checkbox"/> Not available																																
<ul style="list-style-type: none"> <li>Emergency</li> </ul>	General emergency: or facilities available for: 1. Triage 2. Resuscitation 3. Stabilization																																
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14. Details of HR available in the facility (Sanctioned and In-place)	<table border="0"> <tr> <td style="text-align: right;">MO (MBBS)</td> <td style="text-align: left;">HR</td> <td style="text-align: right;">San.</td> <td style="text-align: left;">Reg.</td> </tr> <tr> <td style="text-align: right;">Specialists</td> <td style="text-align: left;">Medicine ObGy Pediatrician Anesthetist</td> <td></td> <td></td> </tr> <tr> <td style="text-align: right;">Dentist</td> <td style="text-align: left;">Dentist</td> <td></td> <td></td> </tr> <tr> <td style="text-align: right;">SNs/ GNMs</td> <td style="text-align: left;">SNs/ GNMs</td> <td></td> <td></td> </tr> <tr> <td style="text-align: right;">LTs</td> <td style="text-align: left;">LTs</td> <td></td> <td></td> </tr> <tr> <td style="text-align: right;">Pharmacist</td> <td style="text-align: left;">Pharmacist</td> <td></td> <td></td> </tr> <tr> <td style="text-align: right;">Dental Assistant/ Hygienist</td> <td style="text-align: left;">Dental Assistant/ Hygienist</td> <td></td> <td></td> </tr> <tr> <td style="text-align: right;">Hospital/ Facility Manager</td> <td style="text-align: left;">Hospital/ Facility Manager</td> <td></td> <td></td> </tr> </table>	MO (MBBS)	HR	San.	Reg.	Specialists	Medicine ObGy Pediatrician Anesthetist			Dentist	Dentist			SNs/ GNMs	SNs/ GNMs			LTs	LTs			Pharmacist	Pharmacist			Dental Assistant/ Hygienist	Dental Assistant/ Hygienist			Hospital/ Facility Manager	Hospital/ Facility Manager		
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Specialists	Medicine ObGy Pediatrician Anesthetist																																
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LTs	LTs																																
Pharmacist	Pharmacist																																
Dental Assistant/ Hygienist	Dental Assistant/ Hygienist																																
Hospital/ Facility Manager	Hospital/ Facility Manager																																

Y/N

Cont.

Indicator	Remarks/ Observation
	EmOC trained doctor LSAS trained doctor Others
15. IT Services	<ul style="list-style-type: none"> <li>• Desktop/ Laptop available: <input type="checkbox"/>Yes/ <input type="checkbox"/>No</li> <li>• Internet connectivity: <input type="checkbox"/>Yes/ <input type="checkbox"/>No</li> </ul> Quality/strength of internet connection: _____
16. Kayakalp	Initiated: Facility score: Award received:
17. NQAS	Assessment done: Internal/State Facility score: Certification Status:
18. LaQshya	Labour Room: Operation Theatre:
19. Availability of list of essential medicines (EML)/ drugs (EDL)	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
	If yes, total number of drugs in EDL _____  EDL displayed in OPD Area: <input type="checkbox"/> Yes/ <input type="checkbox"/> No  No. of drugs available on the day of visit (out of the EDL) _____
20. Implementation of DVDMS or similar supply chain management system	<input type="checkbox"/> Yes/ <input type="checkbox"/> No  If other, which one _____
21. Shortage of 5 priority drugs from EDL in last 30 days, if any	1 2 3 4 5
22. Availability of Essential Consumables:	<input type="checkbox"/> Sufficient Supply <input type="checkbox"/> Minimal Shortage <input type="checkbox"/> Acute shortage In last 6 months how many times there was shortage _____
23. Availability of essential diagnostics	<input type="checkbox"/> In-house <input type="checkbox"/> Outsourced/ PPP <input type="checkbox"/> Both/ Mixed
<ul style="list-style-type: none"> <li>• In-house tests</li> </ul>	Timing: Total number of tests performed: _____ Details of tests performed:
<ul style="list-style-type: none"> <li>• Outsourced/ PPP</li> </ul>	Timing: Total number of tests performed: _____ Details of tests performed:
24. X-ray services is available	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If Yes, type & nos. of functional X-ray machine is available in the hospital:

Indicator	Remarks/ Observation
	Is the X-ray machine AERB certified: <input type="checkbox"/> Yes/ <input type="checkbox"/> No
25. Whether diagnostic services (lab, X-ray, USG etc.) are free for all	<input type="checkbox"/> Free for BPL <input type="checkbox"/> Free for elderly <input type="checkbox"/> Free for JSSK beneficiaries <input type="checkbox"/> Free for all
26. Availability of Testing kits/ Rapid Diagnostic Kits	<input type="checkbox"/> Sufficient Supply <input type="checkbox"/> Minimal Shortage <input type="checkbox"/> Acute shortage
27. If there is any shortage of major instruments/ equipment	
28. Average downtime of equipment. Details of equipment are nonfunctional for more than 7 days	
29. Availability of delivery services	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
	<input type="checkbox"/> Yes/ <input type="checkbox"/> No Number of normal deliveries performed in last month: ____ No. of C-sections performed in last month: _____

Indicator	Remarks/ Observation
<ul style="list-style-type: none"> <li>• Comment on condition of:</li> </ul>	Labour room: OT: Functional New-born care corner (functional radiant warmer with neo-natal ambu bag): <input type="checkbox"/> Yes/ <input type="checkbox"/> No
30. Status of JSY payments	Payment is up to date: <input type="checkbox"/> Yes/ <input type="checkbox"/> No Average delay: Payment done till: Reasons for delay:
31. Availability of JSSK entitlements	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, whether all entitlements being provided <input type="checkbox"/> Free delivery services (Normal delivery/ C-section) <input type="checkbox"/> Free diet <input type="checkbox"/> Free drugs and consumables <input type="checkbox"/> Free diagnostics <input type="checkbox"/> Free blood services <input type="checkbox"/> Free referral transport (home to facility) <input type="checkbox"/> Free referral transport (drop back from facility to home) <input type="checkbox"/> No user charges
32. PMSMA services provided on 9 <sup>th</sup> of every month	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, how are high risks identified on 9 <sup>th</sup> ? If No, reasons thereof:
33. Line listing of high-risk pregnancies	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
34. Practice related to Respectful Maternity Care	
35. Whether facility have registers for entering births and deaths	<input type="checkbox"/> Yes/ <input type="checkbox"/> No

Indicator	Remarks/ Observation		
36. Number of Maternal Death reported in the facility	Previous year: Current year:		
37. Number of Child Death reported in the facility	Previous year: Current year:		
38. If Comprehensive Abortion Care (CAC) services available	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
39. Availability of vaccines and hub cutter	<input type="checkbox"/> Yes/ <input type="checkbox"/> No Nurses/ ANM aware about open vial policy: <input type="checkbox"/> Yes/ <input type="checkbox"/> No		
40. Number of newborns immunized with birth dose at the facility in last 3 months			
41. Newborns breastfed within one hour of birth (observe if practiced and women are being counselled)			
42. Number of sterilizations performed in last one month			
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		
48. Whether facility has fixed day NCD clinic	<input type="checkbox"/> Yes/ <input type="checkbox"/> No  If Yes, how many days in a week: _____ days		
49. Are service providers trained in cancer services?	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
50. Number of individuals screened for the following in last 6 months:		Screened	Con- firmed
	a. Hypertension		
	b. Diabetes		
	c. Oral Cancer		
	d. Breast Cancer		
e. Cervical Cancer			
51. Are service providers trained in cancer services?	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
52. Whether reporting weekly data in P, S and L form under IDSP	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
53. Status of TB elimination programme	Facility is designated as Designated Microscopy Centre (DMC): <input type="checkbox"/> Yes/ <input type="checkbox"/> No		
	If yes, percent of OPD whose samples were tested for TB (microscopy) in last 6 month (average) _____		

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

Indicator	Remarks/ Observation
	<input type="checkbox"/> Government ambulance services are not available Comment (if any):
<ul style="list-style-type: none"> <li>How many cases from sub centre/ PHC were referred to this CHC last month?</li> </ul>	Number: Types of cases referred in:
<ul style="list-style-type: none"> <li>How many cases from the CHC were referred to the DH last month?</li> </ul>	Number: Types of cases referred out:
<b>60. Key challenges observed in the facility and the root causes</b>	
Challenge	Root causes
a)	
b)	
c)	
d)	

## ANNEXURE – IV: PHC CHECKLIST



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



### 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:

*Please remember that along with the checklist you have to list five key challenges observed in the facility, explore the root causes during the discussion in the facility, and document them.*

Indicator	Remarks/ Observation
A. OPD Timing	
a. For U-PHC, check if evening/morning OPD/Clinics being conducted	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
B. Whether the facility is functioning in PPP mode	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
C. Condition of infrastructure/ building	Comments:
Please comment on the condition and tick the appropriate box	<input type="checkbox"/> 24*7 running water facility <input type="checkbox"/> Facility is geriatric and disability friendly (Ramps etc.) <input type="checkbox"/> Clean functional toilets available (separate for Male and female) <input type="checkbox"/> Drinking water facility available <input type="checkbox"/> OPD waiting area has sufficient sitting arrangement <input type="checkbox"/> ASHA rest room is available <input type="checkbox"/> Drug storeroom with rack is available <input type="checkbox"/> Power backup <input type="checkbox"/> Branding
D. Number of functional in-patient beds	
E. List of Services available	

Indicator	Remarks/ Observation																																												
F. If 24*7 delivery services available	<input type="checkbox"/> Yes/ <input type="checkbox"/> No																																												
G. Tele-medicine/Consultation services available	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, average case per day_____																																												
H. Biomedical waste management practices	Sharp pit: Deep Burial pit: Other System, if any:																																												
I. Details of HR available in the facility (Sanctioned and In-place)	<table border="0" style="width: 100%;"> <tr> <td style="width: 60%;"></td> <td style="width: 10%; text-align: center;">San.</td> <td style="width: 10%; text-align: center;">Reg.</td> <td style="width: 10%; text-align: center;">Cont.</td> </tr> <tr> <td>HR</td> <td></td> <td></td> <td></td> </tr> <tr> <td>MO (MBBS)</td> <td></td> <td></td> <td></td> </tr> <tr> <td>MO (AYUSH)</td> <td></td> <td></td> <td></td> </tr> <tr> <td>SNs/ GNMs</td> <td></td> <td></td> <td></td> </tr> <tr> <td>ANM</td> <td></td> <td></td> <td></td> </tr> <tr> <td>LTs</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Pharmacist</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Public Health Manager (NUHM)</td> <td></td> <td></td> <td></td> </tr> <tr> <td>LHV/PHN</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Others</td> <td></td> <td></td> <td></td> </tr> </table>		San.	Reg.	Cont.	HR				MO (MBBS)				MO (AYUSH)				SNs/ GNMs				ANM				LTs				Pharmacist				Public Health Manager (NUHM)				LHV/PHN				Others			
	San.	Reg.	Cont.																																										
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Others																																													
J. IT Services	<ul style="list-style-type: none"> <li>• Desktop/ Laptop available: <input type="checkbox"/> Yes/ <input type="checkbox"/> No</li> <li>• All ANMs have functional Tablets: <input type="checkbox"/> Yes/ <input type="checkbox"/> No</li> <li>• Smart phones given to all ASHAs: <input type="checkbox"/> Yes/ <input type="checkbox"/> No</li> <li>• Internet connectivity: <input type="checkbox"/> Yes/ <input type="checkbox"/> No</li> <li>Quality/strength of internet connection: _____</li> </ul>																																												
K. Kayakalp	Initiated: Facility score: Award received:																																												
L. NQAS	Assessment done: Internal/State Facility score: Certification Status:																																												
M. 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) _____																																												
N. Implementation of DVDMS or similar supply chain management system	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If other, which one _____																																												
O. Shortage of 5 priority drugs from EDL in last 30 days, if any	1																																												
	2																																												
	3																																												
	4																																												
	5																																												
P. Drugs Available for Hypertension & Diabetic patients:	1																																												
	2																																												
	3																																												
Q. Shortage of sufficient number of Hypertension & Diabetic in last 7 days	1																																												
	2																																												
	3																																												

Indicator	Remarks/ Observation
R. 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_____
S. Availability of essential diagnostics	<input type="checkbox"/> In-house <input type="checkbox"/> Outsourced/ PPP <input type="checkbox"/> Both/ Mixed
<ul style="list-style-type: none"> <li>In-house tests</li> </ul>	Timing: Total number of tests performed: _____ Details of tests performed:
<ul style="list-style-type: none"> <li>Outsourced/ PPP</li> </ul>	Timing: Total number of tests performed: _____ Details of tests performed:
T. 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
U. 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
V. Availability of Testing kits/ Rapid Diagnostic Kits	<input type="checkbox"/> Sufficient Supply <input type="checkbox"/> Minimal Shortage <input type="checkbox"/> Acute shortage
W. If there is any shortage of major instruments/ equipment	
X. Average downtime of equipment. Details of equipment are non-functional for more than 7 days	
Y. Availability of delivery services	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
<ul style="list-style-type: none"> <li>If yes, details</li> </ul>	Comment on condition of labour room: Functional New-born care corner (functional radiant warmer with neo-natal ambu bag): <input type="checkbox"/> Yes/ <input type="checkbox"/> No
Z. 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:
AA. 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
BB. Line listing of high-risk pregnancies	<input type="checkbox"/> Yes/ <input type="checkbox"/> No

Indicator	Remarks/ Observation		
CC. Number of normal deliveries in last three month			
DD. Availability of Daksh/ Dakshta trained/SBA trained MO/SN/ANM in Labour Room	<input type="checkbox"/> Yes <input type="checkbox"/> No		
EE. Practice related to Respectful Maternity Care			
FF. Number of Maternal Death reported in the facility	Previous year: Current FY:		
GG. Number of Child Death reported in the facility	Previous year: Current year:		
HH. 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		
II. Number of newborns immunized with birth dose at the facility in last 3 months			
JJ. Newborns breastfed within one hour of birth (observe if practiced and women are being counselled)			
KK. Number of sterilizations performed in last one month			
LL. Availability of trained provider for IUCD/ PPIUCD	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
MM. Who counsels on FP services?			
NN. Please comment on utilization of other FP services			
OO. FPLMIS has been implemented	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
PP. 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		
QQ. Whether facility has fixed day NCD clinic	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If Yes, how many days in a week: _____ days		
RR. Are service providers trained in cancer services?	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
SS. 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		
TT. Whether wellness activities are performed	<input type="checkbox"/> Yes/ <input type="checkbox"/> No Frequency:		
UU. Whether reporting weekly data in P and L form under IDSP	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
VV. 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): _____		
WW. Status of TB elimination programme	Facility is designated as Designated Microscopy Centre (DMC): <input type="checkbox"/> Yes/ <input type="checkbox"/> No		

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

Indicator	Remarks/ Observation
	Types of cases referred in:
<ul style="list-style-type: none"> <li>How many cases from the PHC were referred to the CHC last month?</li> </ul>	Number:  Types of cases referred out:
<b>DDD. Key challenges observed in the facility and the root causes</b>	
Challenge	Root causes
a)	
b)	
c)	
d)	
e)	
<b>Only for U-PHC</b>	
EEE. Population enumeration initiated for slum population	<input type="checkbox"/> Not yet initiated <input type="checkbox"/> Initiated <input type="checkbox"/> Completed
FFF. Number of CBAC forms filled (NUHM)	
GGG. 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:
HHH. UHNDs Conducted:	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, no. of UHND conducted per month:
III. 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:



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

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

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

