



**MONITORING OF IMPORTANT COMPONENTS OF
THE PROGRAMME IMPLEMENTATION PLAN
UNDER NATIONAL HEALTH MISSION
South East Delhi District**

Submitted by

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July 2022

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Acknowledgments

The Monitoring & Evaluation of the National Health Mission-Programme Implementation Plan (NHM-PIP) in South-East district of Delhi was successfully completed with the help and cooperation received from the district NHM staff, and support extended by officials from Health Facilities, and the District Programme Manager Unit, South-East Delhi District.

We are grateful to Dr. Geeta, Chief District Medical Officer, South-East Delhi district for her unstinting support during NHM-PIP monitoring visits. We would like to acknowledge the efforts of Mr. Rehmat Ali Khan, District Programme Manager & Mr. Amrendra Singh, Behavioral Change Communication Officer for facilitating the visits to various health facilities in the district.

We are also thankful to the Medical Officer-in-Charge (MOICs) of the visited health facilities for giving their valuable time in providing district-level data during the visit. We are thankful to all the staff members across visited Maternity Homes, Delhi Government Dispensaries & SPUHC in the district for enabling a smooth M&E visit.

We would also like to thank all the ANMs, ASHAs and beneficiaries who gave their time, insights, and responded to our questions with enthusiasm.

Last but not the least; we would like to thank the PRC-IEG staff for extending support towards the completion of this report.

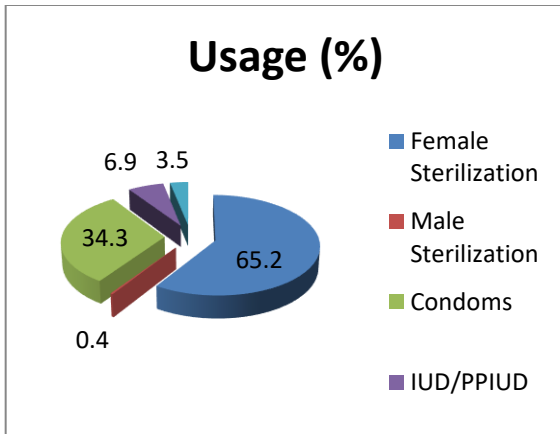
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Abbreviations

AFHS	Adolescent Friendly Health Clinic	LaQshya	Labour room Quality improvement initiative
ANC	Ante Natal Care	LHV	Lady Health Visitor
ANM	Auxiliary Nurse Midwife	LSAS	Life Saving Anaesthesia Skill
ASHA	Accredited Social Health Activist	MCH	Maternal and Child Health
AYUSH	Ayurveda, Yoga & Naturopathy, Unani, Siddha and Homeopathy	MCTS	Mother and Child Tracking System
BB	Blood Bank	MOIC	Medical Officer In-Charge
BCC	Behaviour change communication	MTP	Medical Termination of Pregnancy
BCG	Bacillus Calmette Guerin	NBCC	New Born Care Corner
BEmOC	Basic Emergency Obstetric Care	NBSU	New Born Special Unit
BPL	Below Poverty Line	NGO	Non-Government Organization
BSU	Blood Storage Unit	NHM	National Health Mission
CHC	Community Health Centre	NLEP	National Leprosy Eradication Programme
CMO	Chief Medical Officer	NPCB	National Programme for Control of Blindness
DEIC	District Early Intervention Centre	NPCC	National Program Coordination Committee
DH	District Hospital	NRC	National Rehabilitation Centre
DHQ	District Health Quarter	NRHM	National Rural Health Mission
DOTS	Directly Treatment Strategy	NSSK	NavjatShishuSurkshaKaryakram
DPMU	District Programme Management Unit	NSV	Non Scalpel Vasectomy
DPT	Diphtheria Pertussis Tetanus	NUHM	National Urban Health Mission
DWH	District Women Hospital	NVBDCP	National Vector Borne Disease Control Programme
EmOC	Emergency Obstetric Care	NVHCP	National Viral Hepatitis Control Programme
F-IMNCI	Facility based Integrated Management of Neonatal and Childhood Illness	OBG	Obstetrics Gynaecologist
FRU	First Referral Unit	OCP	Oral Contraceptive Pill
HBNC	Home Based New Born Care	OPV	Oral Polio Vaccine
HIV	Human Immunodeficiency Virus	ORS	Oral Rehydration Solution
HMIS	Health Management Information System	PFMS	Public Financial Management System
HWC	Health & Wellness Centre	PHC	Primary Health Centre
ICDS	Integrated Child Development Services	PIP	Programme Implementation Plan
IEC	Information Education & Communication	PPIUCD	Post-Partum Intrauterine Contraceptive Device
IFA	Iron & Folic Acid	RKS	RogiKalyanSamiti
IMEP	Infection Management and Environment Plan	RNTCP	Revised National Tuberculosis Control Programme
IPD	Indoor-Patients Department	RTI	Reproductive Tract Infection
IPHS	Indian Public Health Standards	SBA	Skilled Birth Attendant
IUCD	Intra Uterine Contraceptive Device	SNCU	Special Newborn Care Unit
JSY	JananiSurakshaYojana	SPUHC	Seed Primary Urban Health Centre
JSSK	JananiShishuSurakshaKaryakaram	STI	Sexually Transmitted Infection
KMC	Kangaroo Mother Care	U5MR	Under 5 Mortality Rate

Highlights of South East Delhi



Family Planning Services opted by the eligible couples in the District



33.3%

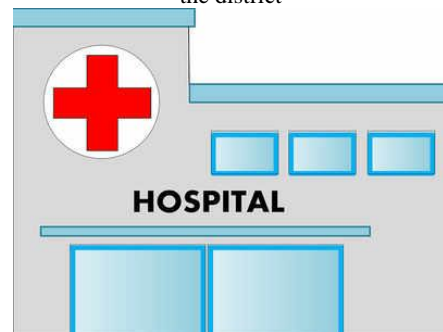
Pregnant women with 4 or more ANC Checkups in the district



100%
Institutional Deliveries

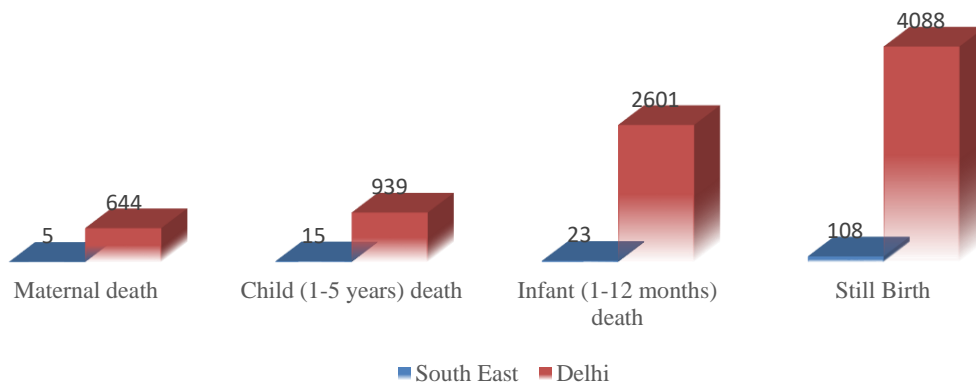
0 %
SBA Deliveries

Institutional Deliveries with respect to total reported Deliveries



No District Hospital for the District

MORTALITY INDICATORS



The Mortality Indicators of the South-East District with respect to Delhi (Maternal Death, Child Death, Infant Death and Still Birth)

Executive Summary

The National Health Mission (NHM) was launched by the government of India in 2013 subsuming the National Rural Health Mission and National Urban Health Mission.

This report presents key findings from the concurrent monitoring of essential components of NHM in South-East district of Delhi. The report is prepared on the basis of field-based observations and visits to select public health facilities in South East district. The following public health care facilities were visited by the PRC-IEG Team: two Maternity Homes (Tuglakabad & Shirnivasपुरi), two DGDs (Molarband & Kalka Ji) and two Seed-PUHCs (Meethapur & Jasola). Structured checklists were used to collect information on human resources, infrastructure, funds utilization, training, health care services including drugs and equipment, family planning, disease control programmes and other programmes under the National Health Mission.

Following are the key findings and recommendations based on the monitoring visits and interaction with health officials on the site.

Maternal & Child Health Programmes

- ❖ The Mother & Child health-related programmes are not running efficiently in the district, majorly due to the non-availability of a District Hospital. The JSY & JSSK programmes, which are primarily aimed at improving the Institutional deliveries & maternal Nutrition, are not implemented in the district. Majority of the women in the district go for child birth to “Pt. Madan Mohan Malviya Hospital” which lies in the adjacent South Delhi District.
- ❖ The ANCs registration from 1st trimester to 4th are also affected due to the same reason
- ❖ The delivery rate in the district is invariably quite low, only 5-10 deliveries per month at Maternity Home.
- ❖ There’s no Special New-born Care Unit (SNCU) in the District.
- ❖ Child Immunization services are running relatively well.

Communicable & Non-Communicable Diseases

- ❖ The district presents with a huge unmet need for NCD care. This includes demand for regular drugs and diagnostics for diabetes and hypertension. Strengthening NCD care at the community level is recommended.
- ❖ The District has worked for the National Leprosy Eradication Programme (NLEP) & Integrated Diseases Surveillance Programme from last year’s budget release. No fund was sanctioned for under the said programmes for the FY2021-22.
- ❖ Most of the programmes under Non-Communicable Diseases pool remain non-functional due to the non-sanctions or due to non-availability of the District Hospital.

Family Planning

- ❖ Both, the maternity home and the DGDs, have reported notable acceptance of IUCD insertions, Postpartum Intrauterine and Contraceptive Device (PPIUCD) insertions and condoms.
- ❖ All the visited centers are trying to provide necessary information about family planning to women through proper counseling. However, there is a need to fill vacant counselor positions on an urgent basis, as the doctors and ANMs were only handling the counseling sessions at the time of ANC or Child Immunization itself.
- ❖ Due to the apparent space crunch, the facilities did not have any privacy while counseling the couples for family planning which bears implications for the effective result of the counseling.
- ❖ The male sterilization rate is pretty low in the district due to lack of awareness. So, there is a need to focus on raising public awareness about male as well as female sterilization in the district. It is also necessary to provide detailed information about the benefits and the side effects of sterilization through proper counseling to both, males and females.

Infrastructure

- ❖ The Infrastructure of the Maternity homes in the district was spacious. One of the visited DGDs at the Kalka Ji had water leakage all around the facility, had no separate toilets for men & women, and was overall in a highly unsuitable condition. Managing the patient-load was challenging at the said facility, under the given circumstances.
- ❖ Most of the facilities in the District were functioning in rented buildings, so no construction or adjustment were allowed to be made by the staff, if required.
- ❖ There is no Blood Bank or Blood Storage Unit in the district, primarily, because of no district hospital in South-East Delhi

Management related & Others

- ❖ The Drug Warehouse of the district was centred in the South District with the CDMO office & the DPM unit which is at a significant distance from all the facilities which lie in the South-East district, due to which, the facilities had to wait until the indent was reportedly “enough”, in order to minimise or manage the transport cost or time.
- ❖ The Distance of the management unit hampers the effective monitoring of the programmes at the district as well the facility-level.

CHAPTER-1: INTRODUCTION

1.1. Background and Objectives

The Ministry of Health and Family Welfare (MoHFW), Government of India has assigned population Research Centre (PRC) for quality monitoring of essential components of National Health Mission (NHM) State Programme Implementation Plan (PIP 2019-20). Considering PIP as a major task, 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 East Delhi district of Delhi. The report is prepared on the basis of field – based observations and visits to selected public health facilities in South East Delhi. The following public health care facilities were visited by the PRC-IEG team: *Maternity Home- Tuglakabad, Maternity Home- Shirnivasपुरi, Delhi Government Dispensary- Kalka Ji, Delhi Government Dispensary- Molarband, Seed- PUHC- Meethapur, and Seed-PUHC- Jasola.*

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.

Further, interactions with district and block level health administrators including the Chief District Medical Officer (CDMO) and the Block Medical Officer-In-Charge (MOIC), facility and community level health care providers (ANM, ASHAs etc.) and other supporting staff to understand the strengths and weakness of the facilities in service provisioning. Besides, review of relevant programmatic data and information available from Health Management Information System (HMIS) and the observations made during the monitoring and evaluation of field visit and the key components of NHM are included for robust feedback on programme implementation in the district.

The overall objective is to monitor the functioning of National Health Mission in South East Delhi. Especially the study aims to look into the coverage of the mission, constrains during service delivery and utilization of health services by the population of rural and underserved areas at large. Further it seeks to examine the status of utilization of health care services under NHM by the underserved section of the population. The quality monitoring of Programme Implementation Plan (PIP) and some other aspects of the programme have been evaluated in this study which will help the planners and policy makers to modify the existing policies for better service delivery under the mission. Apart from assessing the availability and adequacy of health services in the study area, the monitoring process intends to assess the performance of the health facilities.

The specific objectives of the study are mentioned below.

- To assess the adequacy of physical infrastructures like buildings, hospitals beds, ambulances, medical equipment's and essential drugs needed for better service delivery at the DH, CHC, PHC and SC level.
- To assess the availability of human resources and specialists along with their training status working under National Health Mission.
- To obtain block-wise reports on the status of institutional deliveries, antenatal care, post- natal care, maternal deaths and immunization, family planning in the district.
- To obtain information about the coverage of beneficiaries under JSSK and JSY of NHM.
- To assess the quality in health care services like bio-medical waste management and infection control; community progress like status and activities related to ASHAs; functioning of disease control programme etc.
- To understand the utilization of NHM programme budgetary allocations on various components including utilization of untied funds at selected health facilities through Rogi Kalyan Samiti (RKS).

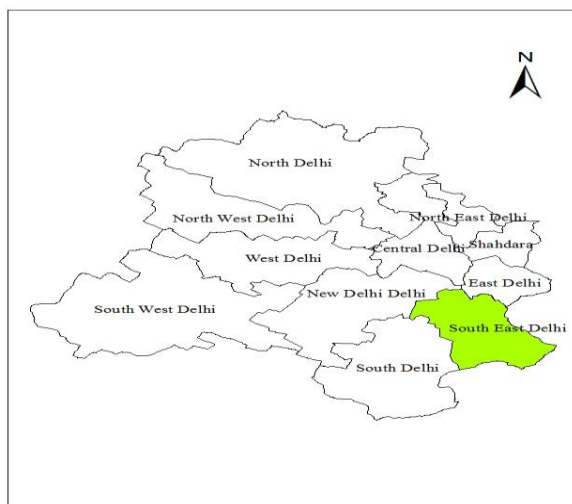
Table 1: List of institutions and facilities visited by the PRC-IEG team

Institution and facilities	Person name
Chief District Medical Officer	Dr. Geeta
District programme manager	Mr. Rehmat Ali Khan
Behavioural change Communication Officer	Mr. Amrendra Singh
Medical Officer In-Charge (Maternity Home, Tuglakabad)	Dr. Tripurari Kumar
Medical Officer In-Charge (Maternity Home, Shrinivasपुरi)	Dr. PoojaGoel
Medical Officer In-Charge(Delhi Government Dispensary, Kalka Ji)	Dr. Elizabeth
Medical Officer In-Charge (Delhi Government Dispensary, Molarband)	Dr. Bal MukundMurari
Medical Officer In-Charge (Seed Public Urban Health Centre,Meethapur)	Dr. Gunjan Joshi
Medical Officer In-Charge (Seed Public Urban Health Centre, Jasola)	Dr. KantaNidhi

1.2. Demographic Profile

Delhi is the capital of India and the city shares its boundary with two states; Haryana and Delhi. Delhi was declared as a state under the National Capital Territory (NCT) in 1992. There are 11 districts and 33 Tehsils / sub divisions in Delhi. It has a length of 51.9 km and breadth of 48.48 km. It is located in India's seismic zone-iv, an indication of its vulnerability to major earthquakes. As per the 2011 Census, population of Delhi is 16,787,941 and the density of population in Delhi at 11320 persons per square kilometer as against the national level of 382 persons per square kilometer. Delhi is the highest city in term of population density in all states and union territories according 2011 census. Delhi is one of the fastest growing cities in the country. The growth in the urban area during 2001-2011 was observed at 20.4%. This pace of urbanization has reduced the number of villages in Delhi from 300 in 1961 to 112 in 2011. The number of urbanized villages has increased from 20 in 1961 to 135 in 2011. According to Census 2011, about 97.5% of the population of Delhi lives in urban areas and the remaining 2.5% in rural areas. This urban population includes the population of 110 census towns in the 2011 Census.

At the time of the 1991 Census, Delhi was a single district territory. In 1996, the Government of NCT Delhi, created nine districts and 27 sub-divisions. The Census of India (2011) provides the following highlights for the district. It may be noted that the South district occupied the 3rd ranks in terms of area as it shares 16.7% of the total area of the state. South district is the second largest district in terms of population across districts in Delhi. The district ranks 7th place in terms of sex ratio (862) which is below the state average of 868 females per 1000 males. In terms of literacy rate, the district was placed at 6th position in the state with a literacy rate of 86.6%.



Decadal population growth rate of the district is 20.5%, which is slightly lower than the state average of 21.2%. South Delhi district has population density 11060 persons per sq.km, which is less than the state average 11320 persons per sq. km. The population growth rate in Delhi during the last decade was higher than the national level by 3.5%.

1.3. Nutritional Status of Women and Children

As per NFHS 2019-21, in South East Delhi district, 84.2% mothers had antenatal check up in the first trimester and 83.2% had undertaken at least four ANC visits. IFA consumption for 100 days or more was reported at 78.8% during pregnancy and 53.0% mother was received IFA 180 days or more when they were pregnant. A total of 96.1% births took place in institutional facilities with 60.6% births happening across

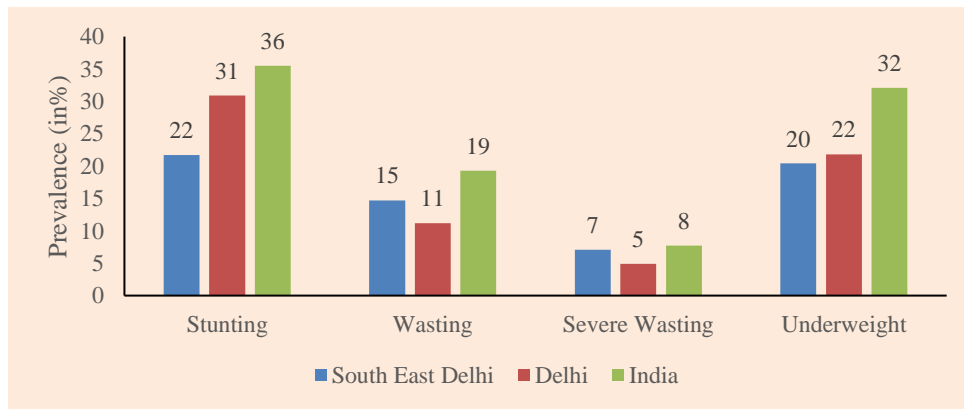
public health facilities. Of the total births, 97.8% births were assisted by a skilled birth attendant whereas 23.8% births were through caesarean section (Public-18.6% and private-35.1% health sector). About 92.3% mothers received postnatal care from doctor or other skilled health personnel. The average out of pocket expenditure per delivery in public health facility was Rs. 3186.

In South East Delhi, about 64.6% children age 12-23 months are fully immunized (BCG, measles, and 3 doses each of polio and DPT). The coverage of 3 doses of polio is estimated to be 72.7% and the coverage of 3 doses of Hepatitis B vaccine is 78.3%. About 74.1% children age 9-35 months have received a vitamin A dose in last 6 months. The district has high prevalence of diarrhea in the last two weeks prior to the survey among children (10.6%). In 2019-21, there was 89.8% coverage for children receiving oral rehydration solution and 67.1% coverage for children under age 5 years receiving Zinc for diarrhea treatment.

In South East Delhi, 7.7% women in the age group 15-49 years have a low body mass index (BMI < 18.5 kg/m²). In addition, 33.0% women are overweight or obese (BMI > 25.0 kg/m²). Anemia is another major concern among women in South East Delhi district. A total of 47.9% women age groups 15-49 years are anemic. The anemia prevalence among non-pregnant women is 48.3% and no information was given about pregnant women in South East Delhi. The prevalence of high blood sugar among women is 3.7% and hypertension (slightly above normal with systolic 140-159 mm of Hg and/or diastolic 90-99 mm of Hg) is 15.8% in the age 15 years and above.

In South East Delhi, 21.7% children under five years are stunted, 20.4% are underweight and 14.7% are wasted including 7.1% with severe wasting. With a prevalence of 72.7%, anemia is also a major concern among children. Only 17.0% children age 6-23 months are estimated to receive an adequate diet as per NFHS 2019-21. The practice of important interventions such as breastfeeding within one hour of birth is 70.1% in South East Delhi.

Figure 1: Prevalence of undernutrition among children (0-5 years) in South East Delhi, NFHS-5 (2019-21)



1.4. Family Planning Services

Education has an important influence on family planning. As per NFHS-5 (2019-21), in South East Delhi, 84.9% women are literate and 65.5% women have 10 or more years of schooling. Further, in South East Delhi, 7.5% of women aged 20-24 years were married before the age of 18 years. About 2.6% women age 15-19 years were already mother or pregnant at the time of the survey. The use of any modern method of contraception was 65.2% with female sterilization having 18.0% coverage and 34.3% reported using of condoms. Use of IUD/PPIUD (6.9%) and pills (3.5%) is also low. Male sterilization is negligible at 0.4%. Overall, the total unmet need for family planning was 2.6% including a 1.0% unmet need for spacing.

The visited facilities reported to have very good acceptance of Antara as well, the beneficiaries were counselled in an effective way that even with heavy flow, the weight gain and other side effects of the Doses they continue the usage and went upto 8 doses of the same. The highly acceptance of the contraceptive method among the modern contraception was PPIUCD, then the ANTARA as per the discussion with the health personnel, the Condom boxes placed at the facilities for the eligible group of people was highly appreciated by the community as well as the health officials.

1.5. HMIS Service Delivery Indicators

In South East Delhi, while 40.4% of the ANC registrations occur in the first trimester and only 33.3% pregnant women receive four or more ANC checkups. The coverage of 180 IFA tablets among pregnant women is 28.3% and is lower than state level coverage of 80.9%. In the district, 100% births are institutional deliveries with C-section deliveries accounting for 42.5% of the total institutional births. The HMIS report shows that 55.9% of the newborn are breastfed within the first hour of the birth. About 16.1% of the births care categorized as low birth weight babies (weight below 2.5 kg). The district reported a total of 5 maternal deaths during 2020-21. The number of infant deaths reported is 23 whereas the number of still births reported is 108. Female sterilization is dominant method of family planning in the district.



Table 2: Status of key maternal and child health indicators, South East district, Delhi, 2021-22

HMIS indicators 2021-22	South East Delhi	Delhi
1. Maternal Health		
% of beneficiaries registered for 1st trimester to total ANC registration	40.4	45.8
% of pregnant women with 4 or more ANC checkups	33.3	68.2
% of pregnant women given 180 IFA to total ANC registrations	28.3	80.9
% Pregnant women given 360 Calcium tablets	29.5	80.2
a) Institutional and Home Deliveries		
% of SBA attended home deliveries to total home deliveries	0.0	0.0
% of institutional deliveries to total reported deliveries	100.0	100.0
% of institutional deliveries to total ANC registrations	23.5	46.4
% of C-Section deliveries to total institutional deliveries	42.5	34.9
% of women received 1st post-partum checkup after delivery	8.1	45.0
2. Newborn and Child Health		
% of newborn weighted to total live birth	100.0	97.3
% of newborn breast fed within 1 hour of birth to total live birth	55.9	67.6
% of newborns having weight less than 2.5 kg to total live birth	16.1	24.9
No of children admitted in NRC	0	550
% of children discharged with target weight gain from NRC	NA	49.1
Number of children (9-11 months) fully immunized	25000	254760
3. Family Planning		
% of male sterilization to total sterilization	1.9	2.7
% of female sterilization to total sterilization	98.1	97.3
% of IUCD insertion to total institutional deliveries	28.3	35.7
Total Sterilization conducted	373	11596
4. Mortality Indicators		
Maternal death	5	644
Child (1-5 years) death	15	939
Infant (1-12 months) death	23	2601
Still Birth	108	4088

Source: HMIS data, 2021-22, MoHFW

CHAPTER-2: PUBLIC HEALTH FINANCING

2.1. State 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 Immunisation (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 NDCCP Flexible Pool, bulk of the resources is allocated for NTEP activities.

Table 3: Table 3: Breakup of resource envelope, NHM FY 2021-22, Delhi

S.No.	Particulars	Amount (in lakh)	Percent	State share (in lakh)
		(GoI Share)	(GOI Share)	
1	RCH Flexible Pool (including RI, IPPI, NIDDCP)	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	Health System Strengthening (HSS) under NRHM	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		119.76
2(iii)	ASHA Benefit Package	5.49		
	Total NRHM-RCH Flexible Pool	115.67		
3	NUHM Flexible Pool	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	NDCP Flexible Pool (NTEP, NVHCP, NVBDCP, NLEP, IDSP)	22.15	12.3
4(i)	NVBDCP (Cash & Kind)	0.55	
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	NCD Flexible Pool (NPCB, NMHP, NPHCE, NTCP, NPCDCS, NPCCHH, PMNDP)	5.75	3.2
6	Infrastructure Maintenance (including Direction and Administration)	5.46	3.0
	Total Resource Envelope	179.64	100% 119.76
	Grand Total Resource Envelope (Central Allocation + State Share)	299.40	

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

2.2. District Health Action Plan

The District Action Plan comprises of the situational analysis, goals and objectives for each of the defined indicators, strategies, activities, support required from the state, work-plan and the budget for each of the thematic areas. All the aspects of health have been incorporated including the NRHM additionalities of ASHA, Untied funds, Mobile Medical Unit, Facilities as per IPHS norms, the National Disease control programmes, and Intersectoral Coordination and Community involvement. Capacity building and Human Resources have been dealt with in details. The other Cross cutting issues of Gender, Logistics and Warehousing, HMIS, IEC and Biomedical Waste management have been also incorporated.

Table 4: Information about District Health Action Plan (DHAP) , 2021-22

Indicators	Year
Whether district prepared District Plan (PIP) for current year and submitted it to states	Yes
Whether the District received the approved District Health Action Plan (DHAP) from state	Jan 22
Date of first release of fund against DHAP	
Infrastructure: Construction Status	
Details of Construction pending for more than 2 years	NA
Details of Construction completed but not handed over	NA

Source: District Profile Checklist, South-East Delhi

Table 4 shows about the information given in the District Profile Checklist by the DPM about District Health Action Plan (DHAP), 2021-22. The district has prepared the District Plan (PIP) for the current year

and submitted to the state, which is done from the end of south east district and also mentioned the date Jan 22 for the submission of DHAP. Details of the construction pending for more than 2 years marked as NA as none of the building was under construction, and no details of construction completed but not handed over.

CHAPTER-3: PUBLIC HEALTH PLANNING AND IMPLEMENTATION

3.1 Health Infrastructure

The National Capital Territory of Delhi has made significant progress in improving the health status of its people. Delhi has made substantial progress in building reliable health infrastructure at various levels. The national capital has been at the forefront of health care development. Basic to 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. Health & Family Welfare Department, GNCTD is committed to provide preventive, promotive and curative health care services to the citizens of Delhi. 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):

- A. Mohalla Clinics (AamAadmiMohalla Clinics)
- B. Multi-Specialty Clinics (Polyclinics)
- C. Multi-Specialty Hospitals (earlier called Secondary Level Hospitals)
- D. Super Specialty Hospitals (earlier called Tertiary Level Hospitals)

By December 2021, there are 38 Multispecialty and Super Specialty Hospitals, 175 Allopathic Dispensaries, 520 AamAadmiMohalla Clinics, 29 Polyclinics, 60 Seed Primary Urban Health Centers (PUHCs), 49 Ayurvedic, 22 Unani, 108 Homeopathic Dispensaries, 22 Mobile Clinics, covering 78-day shelters & 311-night shelters and 61 School Health Clinics are providing preventive, promotive and curative health care services to the citizens of Delhi (Economic Survey of Delhi, 2021-22).

The Health Infrastructure followed in Delhi, is District Hospital for the major health issues & injuries, then the Maternity homes there for all the Mother & Child care services, then the Delhi Government Dispensaries which are primary-tier health centre, located in the middle of the community or near by the community to facilitate the community, also the Seed Primary Urban Health Centre same in the middle of the community to facilitate & provide primary care services to the community.

Table 5 below states the infrastructure of Delhi Health system and the bodies that runs the facilities, the state has multiple bodies to run the different facilities and all have their own state of rules to the run the same, the Delhi government has 28 District Hospitals with 9717 functional beds, then CGHS has 4 DH with 4315 functional beds, the MCD with 4 DH and 1897 bed capacity, the ESI which has again the 4 in number of District Hospitals and 1500 functional beds, the railway department & others have 1 DH each with 422 functional beds in railway's DH and 100 in others.

Table 5: Health infrastructure available in Delhi across health agency

Health Agency	Type of facilities	No. of facilities	Functional bed
Delhi Government	District Hospital	28	9717
CGHS	District Hospital	4	4315
MCD	District Hospital	4	1897
ESI	District Hospital	4	1500
Railway	District Hospital	1	422
Others	District Hospital	1	100

Autonomous	District Hospital	5	2376
NDMC	District Hospital	1	150
Total	District Hospital	48	20477
Delhi Government	Sub-district hospital	4	209
MCD	Community Health Centre	23	307
Delhi Government	Community Health Centre	2	8
Railways	Community Health Centre	1	16
CGHS	Community Health Centre	1	20
Total	Community Health Centre	27	351
Delhi Government	DGD-PHC	174	Not Available
Delhi Government	Seed-PUHC	60	Not Available
Delhi Government	Polyclinic-PHC	25	Not Available
Total	Primary Health Centre	259	-
Delhi Government	Health Sub Centre	512	Not Available
MCD	Health Sub Centre	112	Not Available
CGHS	Health Sub Centre	11	Not Available
Total	Health Sub Centre	635	-

Source: Facility Master Report, HMIS Data, 2021-22

Table 6: Details of health facilities available, 2021-22

Facility Details	Sanctioned/ Planned	Operational
1. District Hospitals		3(2AYUSH+ESI)
2. Sub District Hospital		1(MCD)
3. Community Health Centers (CHC)		5(MCD)
4. Primary Health Centers (PHC)		55(DGD,NHM,MCD,ESI,CGHS, Railway)
5. Sub Centers (SC)		NA
6. Urban Primary Health Centers (U-PHC)		NA
7. Urban Community Health Centers (U-CHC)		NA
8. Special Newborn Care Units (SNCU)		NA
9. Nutritional Rehabilitation Centres (NRC)		NA
10. District Early intervention Center (DEIC)		0
11. First Referral Units (FRU)		0
12. Blood Bank		0
13. Blood Storage Unit (BSU)		0
14. No. of PHC converted to HWC		
15. No. of U-PHC converted to HWC		
16. Number of Sub Centre converted to HWC		
17. Designated Microscopy Center (DMC)		18
18. Tuberculosis Units (TUs)		3
19. CBNAAT/TruNat Sites		2
20. Drug Resistant TB Centres		36

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

Table 6 above shows the details of the Health Facilities of the South East District of Delhi, which clearly depicts that the district lacks with the government health facilities in order to facilitate the community well, there's no DH in the district but it was mentioned in the checklist to have 2 AYUSH concerned District Hospitals and 1 ESI Hospital was there for the community but not any from the Delhi Government, again

for the CHC level facilities, all the concerned facilities comes under MCD operating the district not any facility of Delhi Government, the PHC level facilities were 5 in number there, including the facilities of Delhi Government, MCD and other bodies. There's no Sub Centre level facilities and due to non-availability of the District Hospital, the district also lacks with the SNCU, NRC, and the Blood Bank and also it did not have any First Referral Unit (FRU) in the district to facilitate the Community people.

3.2 Human Resource for Healthcare

Table 7: Availability of human resource, 2021-22

Staff details at public facility (Regular+ NHM+ other sources)	Sanctioned	In-place	Short-fall
ANM	89	78	12
MPW (Male)	0	0	0
Staff Nurse	4	4	0
Lab technician	27	25	5
Pharmacist (Allopathic)	50	38	24
MO (MBBS)	56	47	15
OBGY	0	0	0
Pediatrician	0	0	0
Anesthetist	0	0	0
Surgeon	0	0	0
Radiologists	0	0	0
Other Specialists	0	0	0
Dentists/ Dental Surgeon/ Dental MO	3	0	100
Dental technician	3	0	100
Dental Hygienist	0	0	0
Radiographer/ X-ray technician	0	0	0
CSSD Technician	0	0	0
OT technician	0	0	0
CHO/ MLHP	0	0	0
AYUSH MO	0	0	0
AYUSH Pharmacist	0	0	0

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

The table 7 above represents the HR Status of the South East District, the staff details includes the Regular staff, the staff appointed under National Health Mission and the Out Sourced. The difference between the sanctioned and In-place was quite considerable in other sanctioned positions but looking for the Dentists/Dental surgeons the Sanctioned were 3 but not placed, they had 100% of the short fall, same for the Dental Technician, majorly shortfall in the district was for the Pharmacist (Allopathic), which was 15 in short. Rest of the positions did not even sanction for the district due not having District Hospital.

3.3 Health Systems Strengthening

3.3.1 Drugs and Diagnostics

The District's Health facilities have enough medicines to meet the needs of daily general OPD and ANCs, every facility has required medicines as per the norms, and here major problem with the availability of medicines arises due to the drug warehouse which is in the south district instead of the south east and at a distance from the health facilities. The facilities had to wait for long until they generate the heavy demand to intend in order to minimize the cost of transport and time, which later accomplished as & when they send for the demand of medicines and related stuffs. Only shortage of medicine which seemed during the field

visit is for combiflame which was taken during the COVID pandemic, which could be a reason for non-availability for this.

3.3.2 HR Training as per RoP

Training constitutes a basic concept in human resource development. It is concerned with developing a particular skill to a desired standard by instruction and practice. It is a highly useful tool that can bring an employee into a position where they can do their job correctly, effectively, and conscientiously. Training is the act of increasing the knowledge and skill of an employee for doing a particular job. The NHM supports training for the ASHAs, ANMs, & HMIS expert to facilitate the quality of programmes being run under the NHM. The number of training needed to be organized in any particular district would be first stated into the RoP prepared by the District officials. Thereafter, the same would be planned accordingly. Some of the training under NHM includes the HMIS data entering, the quality assurance programmes, family planning (assuring the better counseling of the eligible couple), ASHAs training to alighting the community, Training to fresher ASHAs, the programmes related trainings to the health personnel which run under NHM, Maternal & Child Care training etc.

Table 8: Details of HR training as per RoP approval, 2021-22

List of training (to be filled as per ROP approval)	Planned	Completed
1. HMIS	4	4
2. Quality	3	0
3. Family Planning	1	1
4. Maternal Health	1	1
5. NLEP	4	4
6. Refresher ASHA	-	-

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

The District reported about the training status, that it was up to date and according to the RoP as planned which is represented by the table given below, Table 15 shows the list of training filled as per RoP approval, the HMIS which were planned as 4 in number and all were completed, then the Quality Programmes related training planned as 3 and none of them accomplished, the family planning training to health personnel was 1 as per the RoP and that one completed, the trainings on Maternal Health was 1 and that was completed then the NLEP, National Leprosy Eradication Programme's training were planned as 4 and all were completed. Only these 5 training were planned by the district as per the RoP.

CHAPTER-4: PUBLIC HEALTH FACILITY ASSESSMENT

4.1 Maternity Home (CHC Level Health Facility)

NHM Monitoring team visited 2 Maternity Homes one from Tuglakabad and another from Shrinivasपुरi. The Maternity Homes (MH 1) in Tuglakabad was operating as MCW+MH+ Polyclinic, providing multiple services in the same building. Another form Shrinivasपुरi (MH 2) providing respective services to the community.

Maternity Home, Tuglakabad

The Maternity Home in Tuglakabad is Maternity & Child Welfare Centre and also a Polyclinic functioning under the supervision of Dr.Tripurari Kumar who was MoI of the facility. Most of the NHM Programmes were not operational since COVID at the health facility. The Delivery load at the facility was only 4 to 5 deliveries in a month, the facility was providing primary level services only which consist of ANCs & Child Immunization, regular OPD which were 200-250 on daily basis handled by 3 Doctors at the facility. The facility also had a DoT centre which is established by the NGS named as “Operation ASHA” operated by ASHA on alternate days (Monday- Wednesday- Friday). It was observed that the facility has no separate room for the purpose of family planning counselling due to which no privacy is maintained in order to counsel the eligible couples and the women well. It was reported that the medicines supplies was not adequate for the facility.

The Maternity Homes was located at the prime location with respect to the locality. The community prefer to go to the District Hospital directly namely “Pt. Madan Mohan Malviya Hospital” or “Safdurjung Hospital” in order to get treated which lies in different district “South” as the South-East district has no District Hospital. The facility was also operating as polyclinic but partially due to lack of related apparatus. The Medical Officer In-charge of the facility was active with maintaining the record of the catchment area with respect to the total ANCs, Immunization, COVID cases and people vaccinated, etc.



Figure 2: Maternity Home, Tuglakabad



Figure 3: Maternity Home, Srinivasपुरi

Visit to Maternity Homes, South East Delhi

Maternity Home, Shrinivasपुरi

The Maternity Home in Shrinivasपुरi was functioning under the Supervision of Dr.PoojaGoel posted as MoI of the facility. The services available at the facility were General OPD, 24*7 Labour Room Services, Family Planning Services, Child Immunization and ANCs. As per the discussion & observation during the field visit, it could be stated that the facility was providing enough services to the community and was well

maintained with no lack of drugs and equipments, all the primary care services and deliveries were handled at the facility but the high risk pregnancies and all other major patients with major health issues were referred to South Districts’ Hospital mainly to “Pt. Madan Mohan Malviya Hospital and Safdurjung Hospital”. The Health Personnel reported the crunch of Man Power at the facility, the HR was not sufficient to them but as per the observation we found that they did not have that much of crowd to manage during the hike hours as well, so they staff crunch’s problem could not be considered primarily as a major issue of the facility. The facility was very efficiently performing in family planning counselling and inserting PPIUCD/ providing contraception’s to the eligible couples, and also in ANC’s checkups.

The tables given below show the picture of the Maternity Homes of the District in terms of Infrastructure, Human Resource available and the Services provided by the facilities to the community.

Table 9: Status of health infrastructure at Maternity Homes, 2021-22

Condition of infrastructure	MH-1 (Maternity Home)	MH-2 (Maternity Home)
24*7 running water facility	√	√
Facility is geriatric and disability friendly (ramps etc.)	Partial	√
Clean functional toilets (separate for Male and female)	√	√
Drinking water facility available	√	√
OPD waiting area has sufficient sitting arrangement	√	√
ASHA rest room is available	X	X
Drug storeroom with rack is available	√	√

Source: Community Health Centre Level, Checklist

Table 9 states about the condition of health infrastructure at both the Maternity Homes being visited by the monitoring team, it shows the aspects like running water facility for the staff of the facility as well as the patients visited to the facility, which was available at both the maternity homes then the facility of ramps to geriatric and disable persons which is partially available at the Tuglakabad maternity home, they had ramps for first floor or at the OPD waiting area but not at every required area of the facility. They had clean and functional toilets separately for male and female, the drinking water was available all the time, the OPD waiting area had sufficient sitting arrangements and enough space to the family members accompanying the patients, Drug store with racks was there in the facility, all these facilities were also available at the maternity home of Shrinivaspuri as well except for the ASHA rest rooms, which was not available at both the facilities in Tuglakabad and Shrinivaspuri. The condition of infrastructure of both the Maternity Homes was quite good and hygienic.

Table 10 represents the specialized services available at the facility, the Medicines were not available at both the maternity homes, these medicines includes the medicines other than the general one which was given to the patients during OPD or while having minor issues, then the O & G, which was available at both the facility. The Pediatrician was not at the Maternity home of Shrinivaspuri but available at the Tuglakabad maternity home, the general surgery includes the Minor surgeries like Sterilization and Caesarian which was not in practices at the maternity homes, for the same purpose the patients were referred to the South- Delhi ‘District Hospital, the services of Anesthesiology was not available at none of the maternity homes as it was a primary level health facility, & no surgeries were performed there, therefore did not have the requirement for the same as well, the Ophthalmology was not at the Shrinivaspuri but at the Tuglakabad’s Maternity Home, The MH-1 (Tuglakabad) also having the facility for the Dental Services but the same service was not at the MH-2 (Shrinivaspuri).

Table 10: Availability of specialized services at Maternity Homes, 2021-22

List of services	MH-1	MH-2
	(Tuglakabad)	(Shrinivaspuri)
Medicine	X	X
O&G	√	√
Pediatrician	X	√
General Surgery	X	X
Anesthesiology	X	X
Ophthalmology	√	X
Dental	√	X
Imaging Services (X – ray)	√	X
Imaging Services (USG)	X	√
Newborn Stabilization Unit	√	√
Tele-medicine/Consultation	X	X
Operation theatre	X	X
Availability of functional blood storage unit	X	X

Source: Community Health Centre Level, Checklist

The Tuglakabad had the Imaging Services for the X-ray only not USG which resultant in complete ANC's checkups at one place at a time and no women had to move to the facility due to the inconvenience or non-availability of services. But the Shrinivaspuri's maternity home did not have the X-ray machines, therefore the ANC's were referred to other facility but they had the facility of USG at the facility. The Newborn Stabilization Unit was available at both the facilities.

Table 11: Human resources availability at Maternity Homes, 2021-22

HR Positions	MH- 1 (Tuglakabad)			MH-2 (Shrinivaspuri)		
	Sanction	Regular	Contractual	Sanction	Regular	Contractual
MO (MBBS)	5	3	-	5	3	1
Medicine (Specialist)	0	0	0	-	-	-
OB &Gy (Specialist)	1	-	1	1	0	-
Paediatrician (Specialist)	1	0	0	1	0	-
Anesthetist (Specialist)	1	0	0	-	-	-
Dentist	1	0	1	-	-	-
Staff Nurses/ GNMs	5	3	-	4	4	-
LTs	1	0	0	1	-	1
Pharmacist	3	1	0	1	-	1
Dental Technician/ Hygienist	1	0	1	0	-	-
Hospital/ Facility Manager	0	0	0	0	-	-
EmOC trained doctor	0	0	0	0	0	0
LSAS trained doctor	0	0	0	0	0	0
Others	0	0	0	-	-	1

Source: Community Health Centre Level, Checklist

Table 11 states about the Human Resources availability of the Maternity Homes, first we'll look into the account for the MH-1 which was from Tuglakabad, the total number of sanctioned post of MBBS Dr. for the facility was 5 whereas only 3 Regular Dr. was currently posted there, the Medicine's specialist was not sanctioned then only 1 OB &Gy specialist posted as same in number on contractual, the pediatrician was not there at the facility but sanctioned 1 in number, no anesthetist as no surgeries were performed at the facility but 1 has sanctioned. 1 position for Dental, same as posted, 5 Staff Nurses/ GNMs only 3 regular were there at the time of visit. 1 pharmacist for the facility dealing with all the patients on the place of 3 as assigned, No trained EmOC trained doctors and LSAS trained doctors were assigned for the facility. On the other hand, the Maternity Home from Shrinivaspuri had different scenario but same in case of vacant position, 5 MBBS doctors were assigned but only 4 were at position among which 3 doctors are regular and

1 contractual, then the specialist for medicines which was not sanctioned to the facility, the ObGy& Pediatrician was not posted, but 1 had sanctioned, no Dentist was there, SNs/GNMs were posted 4 same as sanctioned 1 LTs placed same as sanctioned to the facility, No hospital Manager, EmOC trained doctor and LSAS trained doctors at the facility. The Staff crunch was reported by both the facilities but as per the crowd and work load over both the maternity homes it could be considered as they did not need any other human resource at the facility with the same number of services they've been providing to the community.

4.2 Delhi Government Dispensaries, DGDs (PHC Level Health Facility)

The DGDs visited by the monitoring team were from Kalkaji & another one from Molarband, during the visit it was being observed that the DGD-1 of Kalkaji was at the center of the community and cater much population majorly the slum area across the road, but the building in which that DGD was functioning was not supposed to be a health facility, the Health staff faces challenges on a daily bases to run the Dispensaries. The DGD-2 from Molarband performing much better any health centres whether we talk about catering the population or the services available at the facility.



Figure 4: DGD, Kalkaji



Figure 5: DGD, Molarband

Delhi Government Dispensaries, South East Delhi

Table 12: Table 12: Status of infrastructure, Delhi Government Dispensaries (DGDs), 2021-22

Condition of infrastructure	DGD-1 (Kalkaji)	DGD-2 (Molarband)
Accessible from nearest road head	✓	✓
24*7 running water facility	✓	✓
Facility is geriatric and disability friendly (ramps etc.)	X	✓
Clean functional toilets available (separate for Male and female)	X	✓
Drinking water facility available	X	✓
OPD waiting area has sufficient sitting arrangement	✓	✓
ASHA rest room is available	X	✓
Drug storeroom with rack is available	X	✓
Branding of the health facility	X	X
Power backup	X	✓

Source: PHC Level Checklist, South East Delhi

Table 12, shows the status of infrastructure of both the DGDs, it consist of the condition of the health facility in terms of the availability of resources in order to run the facility effectively, both the DGDs are accessible from the nearest road head, the water facility was also available on both the DGDs, the facility from Kalkaji lacks with the geriatric and disability friendly in terms of ramps for them but as it was on the ground floor though majorly it was accessible to all people, the Molarband DGDs has good with its infrastructure, it has ramps for the disable patients as well, clean and functional toilets were not there at DGD- 1, it was very bad in terms of the building and infra, whether the DGD-2 has that facility. The Drinking water was also not available at the DGD 1, all the staff carries their own drinking water and no water facility for the patients come for general OPD, due to space crunch the DGD-1 did not have any room for ASHA, the dispensary had only 1 room where the ANCs were practised and in the same room ASHA stays, Drug store of the DGD-1 looks like a store room and it was actually a store room of all other stuffs as well, no power backup at Kalkaji facility but all these services were available at the Molarband DGD.

Table 13: Table 13: Human resources availability at Delhi Government Dispensaries

HR Positions	DGD-1 (Kalkaji)			DGD-2 (Molarband)		
	San.	Reg.	Cont.	San.	Reg.	Cont.
MO (MBBS)	02	02	-	03	-	03
MO (AYUSH)	-	-	-	0	-	-
SNs/ GNMs	-	-	-	0	-	-
ANM	-	-	04	07	-	07
LTs	02	-	01	01	-	01
Pharmacist	02	-	02	03	-	02
Public Health Manager (NUHM)	-	-	NIL	0	-	-
LHV/PHN	-	-	NIL	01	-	01
Others	-	-	-	-	-	-

Source: PHC Level Checklist, South East Delhi

Table 13 represents the status of Human Resource at the facility DGD- 1 (Kalkaji) shows the staff crunch as per the details received through checklist, the Medical Officer sanctioned for the facility were 2 and the same number had appointed there, then the MO (Ayush)'s record was no mentioned the LTs were 02 sanctioned and only 01 was appointed there on contractual basis, the 02 pharmacist were sanctioned and the same was appointed, no further information of the LHV/PHN from the facility, then the another DGD- 2 from Molarband where the MO sanctioned for the facility were 03 and the same were appointed on contract bases, the AYUSH MO were not sanctioned for the DGD, then the ANMs were 07 in numbers and the same were appointed for the facility, the LTs was only 1 sanctioned and the same in number was appointed on contract bases, then 1 LHV/PHN was there as sanctioned the same.

Table 14: Table 14: Status of health services at Delhi Government Dispensaries. 2021-22

Drugs and diagnostics services	DGD-1 (Kalkaji)	DGD-2 (Molarband)
Availability of list of essential medicines (EML)/ drugs (EDL)	257	257
EDL/EML display in OPD area	Yes	Yes
Implementation of DVDMS	No	No
Shortage of 5 priority drugs from EDL in last 30 days, if any	Yes	Yes
Drugs Available for Hypertension & Diabetic patients	Yes	Yes
Shortage of sufficient number of Hypertension & Diabetic in last 7 days	No	No
Availability of Testing kits/ Rapid Diagnostic Kits	Yes	Yes
Line listing of all high risk pregnancies	Yes	Yes
Availability of vaccines and hub cutter	Yes	Yes
Availability of trained provider for IUCD / PPIUCD	Yes	Yes
Whether reporting weekly data in P and L form under IDSP	Yes	Yes
Maintenance of Records		
Maintenance of records on TB cases (drug sensitive/resistant cases)	Yes	Yes
Maintenance of records on Malaria cases	Yes	Yes
Maintenance of records on Palliative cases	Yes	Yes
Maintenance of records on Dengue and Chikungunia	Yes	Yes
Maintenance of records on Leprosy cases	Yes	Yes

Source: PHC Level Checklist, South East Delhi

Table 14 represents the status of health services at Delhi Government Dispensaries in terms of availability of Drugs and Diagnostic services among all the services the availability was quite same for both the DGDs the essential medicine list was available which 257 in numbers. The only facility which was not at the facilities were Implementation of DVDMS on both the DGDs and also they did not have shortage of sufficient number of Hypertension & Diabetic patients tablets in last 7 days, the EDL/EML displayed in the OPD area of both the facilities, then the shortage of 5 priority drugs at DGD-1 were *Paracetamol*,

Antibiotic, calcium tablets, Iron Tablets & Dressing materials, the list of shortage drugs at Molarband DGDs were; *Pantoprazole tablets, Phenyton Sodium tablet, Cephalexin tablet, Erythromycin Tablet, and Griseofulvin tablet*, both the facilities had availability of drugs for the Hypertension and Diabetic Patients, name of some of medicines mentioned by the MO in the checklist from DGD Kalkaji was *Telma/mand* from DGD Molarband were *Amlodipin, Telmisartan, Enalapril, Metopolol HCT and Melforminthen* testing kits & rapid diagnostic kits were there on the facilities, line listing of all high risk pregnancies were done regularly by ASHAs of the facilities, availability of vaccines & hub cutter were there, the facilities were having trained Staff for insertion for IUCD/PPIUCD. Both the facilities maintained record for the TB treatment Card cases, Malaria cases, Palliative cases, & cases related to Dengue &Chikungunya, and Leprosy cases.

4.3 Seed Primary Urban Health Centre, (S-PUHC)

The PRC team visited two Seed Primary Urban Health Centres, one of them from Meethapur, SPUHC-1 and another from Jasola, SPUHC-2. Both the centres were performing well with the programmes running under NHM in the facilities. Some of the field observations were explained in following details.



Figure 6: SPUHC, Meethapur



Figure 7: SPUHC, Jasola

Seed Primary Urban Health Centres, South East Delhi

Seed Primary Urban Health Centre, Meethapur

The SPUHC catered the total of 60000 populations under it, located in the middle of the community and providing all the primary level services of ANC's, Child Immunization, Family Planning, Drugs & Minor Diagnostics like Hyper Tension & Diabetes, and COVID vaccination. General OPD at the facility was 170-175 / per day. The referred from the facility were made to the DH-South Delhi "Pt. Madan Mohan Malviya Hospital" or "Safdurjung Hospital" for the High Risk Pregnancies or major health issues. The family planning services was given by the facility- insertion of IUCD/PPIUCD, condom distribution and counselling as well, most prominent method opted by the community is PPIUCD & ANTARA, the dropout rates of the same was very less, there's none of the problems like non-availability of medicines or Doctors at the time of consulting.

Challenges faced by the Facility were: - non- availability of LT on the facility, ANC's checkups affected due to non-availability of HB/BP monitor from few months, only 1 Pharmacist was looking for the drug store & medicine distribution.

Seed Primary Urban Health Centre, Jasola

The SPUHC catered the total of 40000-45000 of population under it, located at an easy to reach distance from the community. The Daily OPD of the facility was 100-150; the facility had just shifted to a different place which affected the daily OPD which is 70-100 currently. Earlier the facility was located adjacent to a sewage where most of the ANC's during their final trimester avoid visiting due to health issues and it was hard to sit there for the medical staff throughout the day & work, the fear of air & water borne disease was constant, but now all the related problems have solved. The facilities provided at the centre include, family planning, ANC's, Child Immunization, Covid Vaccination, & outreach activities by ASHAs etc.



Figure 8: Diarrhea Control Programme at SPUHC, Jasola

The Seed-PUHC had programme going on names as Diarrhea Control Programme “DastNiyantranPakhvada” when visited, under which the health personnel was awarding the mother about how to manage and take proper precautions in order to save the child from Diarrhea & other related health issues. They organized the counseling session to the mother & family member together, to make them understand the need and importance of proper vaccination and treatment towards the diseases and to manage cleanliness around the child and the mother to prevent from the harmful diseases.

Challenges faced by the facilities were: - the community catered by the PUHC have majorly migrated population which affected the ANCs & other related services of the facility.

Table 15: Status of infrastructure, Seed Primary Urban Health Centre, 2021-22

Condition of infrastructure	S-PUHC-1 (Meethapur)	S-PUHC-2 (Jasola)
Accessible from nearest road head	✓	✓
24*7 running water facility	✓	X
Facility is geriatric and disability friendly (ramps etc.)	✓	✓
Clean functional toilets available (separate for Male and female)	✓	✓
Drinking water facility available	✓	✓
OPD waiting area has sufficient sitting arrangement	✓	✓
ASHA rest room is available	✓	X
Drug storeroom with rack is available	✓	✓
Branding of the health facility	X	X
Power backup	✓	✓

Source: PHC Level, Checklist, South East Delhi

Table 15 Depicts the status of infrastructure of the Seed Primary Urban Health Centers visited by the PRC team, according to the checklist received from the officials of the SPUHC the Meethapur, PUHC has all the facilities as mentioned in the table above, the SPUHC was accessible from the nearest road head, then they had 24*7 facility of running water, also the facility of geriatric and disability friendly ramps, which could lead to move around the facility safely, the facility reported to have clean and functional toilets separately for men & women, it was observed at the time of visit also but they were not clean as expected or it should be, the drinking water facility was there for the patients as well, the OPD waiting area was sufficient with proper sitting arrangement for the patients and accommodators to them, the ASHA rest room was also available there which many a times could not expected to such facility, they also had proper racks for the drug storage, the branding of the facility was not done, but they had proper boards with name & address of the SPUHC, then the last but not least about the power backup which the facility had to run the SPUHC at its best. Afterwards, the 2nd SPUHC being visited was Jasola’s SPUHC, so starting with its accessibility to the road, which was accessible according to the officials of the facility. All the facilities were available there as discussed for SPUHC-1 (Meethapur), expect for the facility of geriatric and

disability friendly ramps, which was not available at the facility, also it was observed that they actually did not need for the same as the facility was running on the ground floor only, apart from this the SPUHC also not had the ASHA rest room there & not branding but proper board with name & address.

Table 16: Status of health services at Seed Primary Urban Health Centre, 2021-22

Drugs and diagnostics services	SPUHC-1 (Meethapur)	SPUHC-2 (Jasola)
Availability of list of essential medicines (EML)/ drugs (EDL)	Yes	206
EDL/EML display in OPD area	Yes	Yes
Implementation of DVDMS	Yes	Yes
Shortage of 5 priority drugs from EDL in last 30 days, if any	Yes	Yes
Drugs Available for Hypertension & Diabetic patients	Yes	Yes
Shortage of sufficient number of Hypertension & Diabetic in last 7 days	Yes	Yes
Availability of Testing kits/ Rapid Diagnostic Kits	Yes	Yes
Line listing of all high risk pregnancies	Yes	Yes
Availability of vaccines and hub cutter	Yes	Yes
Availability of trained provider for IUCD / PPIUCD	Yes	Yes
Whether reporting weekly data in P and L form under IDSP	Yes	Yes
Maintenance of Records		
Maintenance of records on TB cases (drug sensitive/resistant cases)	Yes	Yes
Maintenance of records on Malaria cases	Yes	Yes
Maintenance of records on Palliative cases	Yes	Yes
Maintenance of records on Dengue and Chikungunia	Yes	Yes
Maintenance of records on Leprosy cases	Yes	Yes

Source: PHC Level Checklist, South East Delhi

Table 16 shows the status of services available at the Seed Primary Urban Health Centre, so the above table shows that both the PUHCs have same response for the sub heads being asked in the checklist, the first sub head has asked for the availability of the list of essential medicines (EML/EDL) drug list for the pharmacy which both the SPUHCs has marked as YES, but the Meethapur has not mentioned in numbers and the Jasola has 206 medicines in their drug store at the time of visit, then both the facilities had implemented the DVDMS, they had shortage of drugs in last 30 days, named as (*Paracetamol, Metformris and Amlodyaen*) for SPUHC-1 and (*Albandze,o, Jbubrefess, Srp. PCM*) for SPUHC-2, proper drugs were available for the Hypertension and Diabetic patients, the line listing was also done by the ASHAs & ANMs for all the high risk pregnancies, availability of Vaccines & Hub cutter was there, trained provider for IUCD/PPIUCD was available at both the SPUHCs, so the last set of questions have asked for the maintenance of records of some major diseases like TB, Malaria, Palliative, Dengue, Chikungunia, and Leprosy cases, which were properly maintained by the Seed PUHCs.

CHAPTER-5: CONCLUSION AND RECOMMENDATIONS

This report presents the key findings from the concurrent monitoring of essential components under NHM in South-East district of Delhi. The report is prepared based on field-visit observations and visits to select public health facilities in South-East Delhi. The following public health care facilities were visited by the PRC-IEG Team: Seed Primary Urban Health Centre Meethapur & Jasola, Delhi Government Dispensary unit (DGD) Kalkaji and Molarband, and Maternity Home (Tuglakabad & Shrinivasपुरi). Structured checklists were used to collect information on human resources, infrastructure, funds utilization, training, health care services including drugs and equipment, family planning, disease control programmes, JSY and JSSK programme, maternal and child health, RBSK programme, and other programmes under the umbrella of NHM.

The immediate action should be to strengthen the referral links and fuller and flexible utilization of the existing infrastructures. There is urgent need to have a District Hospital for the South East District; presently all the high risk cases are being referred to the District Hospital in South District, that is, “*Pt. Madan Mohan Malviya Hospital*”. With regards to the district’s health infrastructure, a large number of primary and secondary health facilities are operating in rented buildings. Further, due to the non-availability of a district hospital, there are no provisions for an adolescent friendly health clinic, skills lab, SNCU, etc., thereby hampering essential care delivery.

With regards to the human resources, the district continues to report significant gap between required and posted health functionaries at referral level and in particular for staff nurses, gynecologists, etc. Further, the visited health centres could not provide any information about the updated training scheduled such as RTI/STI/HIV, NSSK etc.

Under family planning, the number of IUCD insertions, oral pills, emergency pills, condoms and injectable contraceptives have been widely acceptable in the district.

Lastly, some of the major key recommendations for the district have given below that the key stakeholders of public health provisioning in the district of South-East Delhi must consider for improved efficiency:

Key Recommendations

- I. District Hospital:** The South East District lacks a District Hospital or any referral unit, all the patients are referred to the South District’s DH, and there is thus an urgent requirement of a DH in South-East Delhi.
- II. Logistics Issuance:** The CDMO office is situated outside the district boundaries which bears implications for due management and supervision in the district. Drugs-supply and other logistics also stand to be affected in the given circumstances. The placement of CDMO Office must be revisited.
- III. Delay in Funding:** Funding to the Health Centres has been delayed due to bank account’s switch to ICICI bank from this year, the procedure for the same has been protracted, which slows down the effective functionality of the Health Facilities.
- IV. No RKS Committee:** Due to the multiple bodies & agencies running in the district, an RKS committee has not yet been formed in the District. The cooperation lacks among different bodies operating in the district. Inter-sectoral convergence must be strengthened to optimize RKS functioning in the district.

Annexure I

Table 17: Key Demographic Indicators: All India, Delhi and South District of Delhi

Indicators	South East Delhi	Delhi	India
Actual Population	1,500,636	16,787,941	1,21,05,69,573
Male	900,381	8,987,326	6,231,843
Female	600,255	78,00615	58,74,47,730
Child sex ratio (0-6 year)	910	871	914
Sex ratio	906	868	943
Literacy rate (%)	86.4	86.2	74.0
Male literacy rate (%)	89.6	90.9	80.9
Female literacy rate (%)	74.2	80.8	64.6
Decadal population growth	20.1	21.2	17.7
Density/Km2	15000	11320	382
Area (in sq. Km.)	102	1483	3287240

Source: Census of India 2011, ORGI, GOI

Figure 9: Flexipool-wise share of State Resource Envelope, 2021-22 (in percent), Delhi

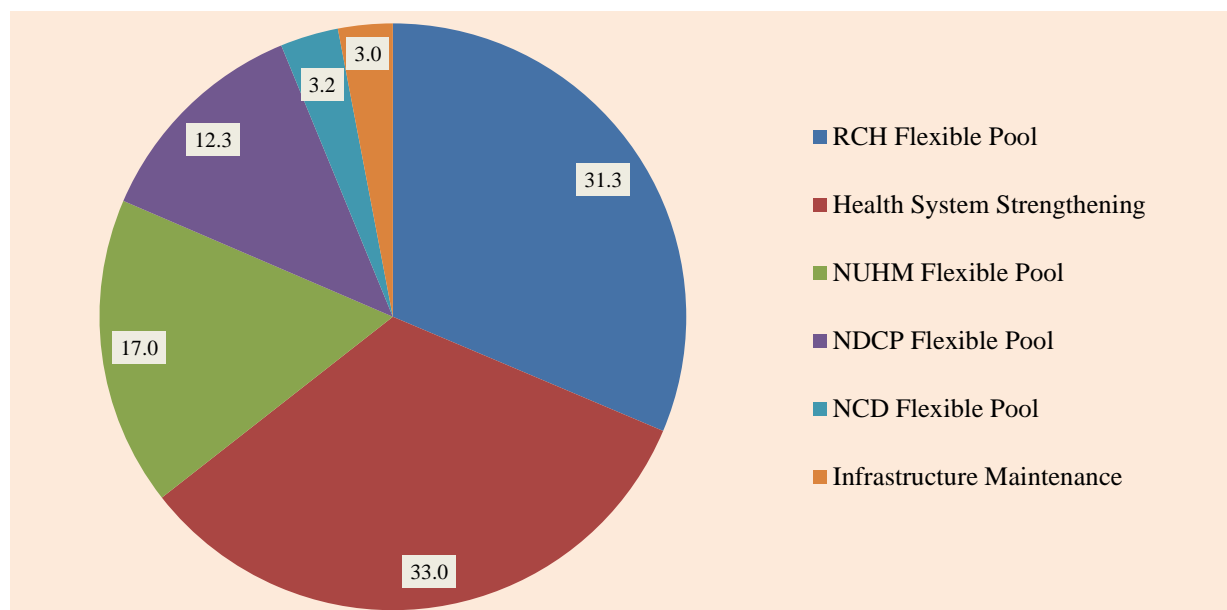
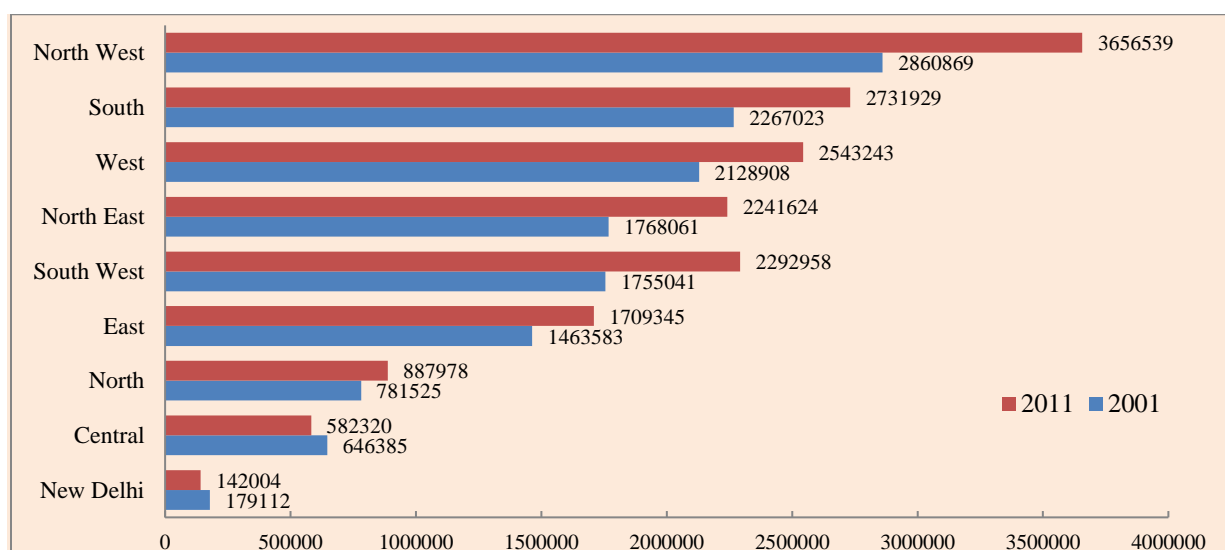


Figure 10: District wise population of Delhi state, Census 2001 to 2011



Source: Census of India, 2011

Table 18: Summary of budget approval, 2021-22, (Rs. in Lakhs) – State specific, Delhi

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 Community Interventions	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 Procurement	5842.85	4886.67	11.97	83.64
7	U.7 Referral Transport	2421.93	2421.93	35.93	100.00
8	U.8 Human Resources	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.10 Reviews, Research, Surveys and Surveillance	133.21	159.61	0.39	119.82
11	U.11 IEC/BCC	1464.61	1249.03	3.06	85.28
12	U.12 Printing	444.4	414.46	1.01	93.26
13	U.13 Quality Assurance	831.48	786.09	1.93	94.54
14	U.14 Drug Warehousing and Logistics	83.15	83.15	0.2	100.00

MONITORING OF IMPORTANT COMPONENTS OF THE PROGRAMME IMPLEMENTATION PLAN UNDER NATIONAL HEALTH MISSION

15	U.15	PPP	2069	2067	5.06	99.90
16	U.16	Programme Management	4121.87	3324.78	8.14	80.66
17	U.17	IT Initiatives for strengthening Service Delivery	19.2	19.2	0.05	100.00
18	U.18	Innovations (if any)	2332.44	813.34	1.99	34.87
Grand total			46364.16	40833.62	100	88.07
Total amount approved			40833.62			
Infrastructure maintenance			546			
Immunization kind grants			1681			
Grand total approved including MI and Immunization kind grants FY 2021-22			43060.62			

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

District Level Checklist

Key Correspondence: DPMU

1. District Profile

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

21. Functional Non-Communicable Diseases (NCD) clinic <ul style="list-style-type: none"> At DH At SDH At CHC 	_____	_____
22. Institutions providing Comprehensive Abortion Care (CAC) services <ul style="list-style-type: none"> Total no. of facilities Providing 1st trimester services Providing both 1st & 2nd trimester services 	_____	_____
A.3 Infrastructure Construction Status Details		
<ul style="list-style-type: none"> Details of Construction pending for more than 2 years 		
<ul style="list-style-type: none"> Details of Construction completed but not handed over 		

17. Overview: Submission & approval timelines of DHAP

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

18. Service Availability

Indicator	Remarks/ Observation
C.1. Drugs & Diagnostics	
1. Implementation of Free drugs services (if it is free for all)	
2. Implementation of diagnostic services (if it is free for all) <ul style="list-style-type: none"> Number of lab tests notified 	
C.2. Status Of Delivery Points	
<ul style="list-style-type: none"> No. of SCs conducting >3 deliveries/month 	
<ul style="list-style-type: none"> No. of 24x7 PHCs conducting > 10 deliveries /month 	
<ul style="list-style-type: none"> No. of CHCs conducting > 20 deliveries /month 	
<ul style="list-style-type: none"> No. of DH/ District Women and child hospital conducting > 50 deliveries /month 	
<ul style="list-style-type: none"> No. of DH/ District Women and child hospital conducting C-section 	
<ul style="list-style-type: none"> No. of Medical colleges conducting > 50 deliveries per month 	
<ul style="list-style-type: none"> No. of Medical colleges conducting C-section 	
<ul style="list-style-type: none"> Number of institutes with ultrasound facilities (Public+Private) 	Public: Private:
<ul style="list-style-type: none"> Of these, how many are registered under PCPNDT act 	Public: Private:
C.3. National Health Programmes	
3. Pradhan Mantri SurakshitMatritva Abhiyan (PMSMA)	1. No. issued MCP card and Safe Motherhood Booklet: _____ 2. Number of health facilities where current round of PMSMA was conducted: <ul style="list-style-type: none"> a. Medical College: _____ b. DH: _____ c. SDH: _____ d. CHC/UHC: _____ e. PHC/UPHC: _____ f. Private Clinics: _____

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

6. Newborn Stabilization Unit (NBSU)	Inborn	Out born
• Admission (2021-22)		
• Discharged		
• Referral		
• LAMA		
• Died		
7. Nutrition Rehabilitation Centers (NRC)	<ul style="list-style-type: none"> Total Admissions(2021-22) Discharged Referral/ Medical transfer LAMA Died Admission <ul style="list-style-type: none"> Bilateral pitting oedema MUAC<115 mm <-3SD WFH with Diarrhea ARI/ Pneumonia TB HIV Fever Nutrition related disorder Others Admission to NRC Referred by <ul style="list-style-type: none"> Frontline worker 	

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

<ul style="list-style-type: none"> No. of patients screened, diagnosed, and treated for: <ul style="list-style-type: none"> Hypertension Diabetes Oral cancer Breast Cancer Cervical cancer 	<ul style="list-style-type: none"> Number of Community Based Assessment Checklist (CBAC) forms filled till date <table border="1" data-bbox="890 203 1372 409"> <thead> <tr> <th>Screened</th> <th>Diagnosed</th> <th>Treated</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table>	Screened	Diagnosed	Treated																		
Screened	Diagnosed	Treated																				
12. Integrated Disease Surveillance Programme (IDSP)	<ul style="list-style-type: none"> Rapid Response Team (RRT) Constituted: Y/N Team Composition: Outbreaks investigated: <ul style="list-style-type: none"> 2021-21: 2021-22: Proportion (% out of total) of Pvt health facilities reporting weekly data of IDSP How is IDSP data utilized? Elaborate. _____ 																					

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

15. Vehicle for Referral Transport																																																							
<ul style="list-style-type: none"> Details of Referral Transport – Number and Distribution: 																																																							
<table border="1"> <thead> <tr> <th>Stationed at:</th> <th>BLS</th> <th>ALS</th> <th>PTA</th> <th>Kilkari</th> <th>Neonatal</th> <th>Others</th> </tr> </thead> <tbody> <tr><td>Medical College</td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td>DH</td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td>SDH</td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td>CHC</td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td>PHC</td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td>Others</td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>	Stationed at:	BLS	ALS	PTA	Kilkari	Neonatal	Others	Medical College							DH							SDH							CHC							PHC							Others												
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				ALS	BLS																																																		
<ul style="list-style-type: none"> Operational agency (State/ NGO/ PPP) 																																																							
<ul style="list-style-type: none"> If the ambulances are GPS fitted and handled through centralized call centre 																																																							
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<ul style="list-style-type: none"> Average km travelled per ambulance per day 																																																							

<ul style="list-style-type: none"> ○ Key reasons for low utilization (if any) 		
<ul style="list-style-type: none"> • No. of transport vehicle/102 vehicle (on the road) 		
<ul style="list-style-type: none"> ○ If the vehicles are GPS fitted and handled through centralized call centre 		
<ul style="list-style-type: none"> ○ Average number of trips per ambulance per day 		
<ul style="list-style-type: none"> ○ Average km travelled per ambulance per day 		
<ul style="list-style-type: none"> ○ Key reasons for low utilization (if any) ○ 		
16. National Fluorosis Control Programme	<ul style="list-style-type: none"> • Key activities performed in 2021-22 as per ROP: 	
17. National Iron Deficiency Disorders Control Programme	<ul style="list-style-type: none"> • Key activities performed in 2021-22 as per ROP: 	
18. National Tobacco Control Programme	<ul style="list-style-type: none"> • Key activities performed in 2021-22 as per ROP: 	
19. National Vector Borne Disease Control Programme (NVBDCP)	<ul style="list-style-type: none"> • Micro plan and macro plan available at district level Y/N • Annual Blood Examination Rate: <ul style="list-style-type: none"> ○ 2019-20: ○ 2020-21: ○ 2021-22: ○ Reason for increase/ decrease (as per the trend of last 3years) • LLIN distribution status • IRS • Anti-larval methods • Contingency plan for epidemic preparedness • Weekly epidemiological and entomological situations are monitored • No. of MDR rounds observed • No. of blocks achieved elimination status for Lymphatic Filariasis i.e. mf rate <1% 	
20. National Tuberculosis Elimination Programme (NTEP)	<ul style="list-style-type: none"> • Target TB notification achieved Y/N • Whether HIV Status of all TB patient is known: <ul style="list-style-type: none"> <input type="checkbox"/> Yes/ <input type="checkbox"/> No If No, no. of TB patients with known HIV status_____ • Eligible TB patients with UDST testing • Whether drugs for both drug sensitive and drug resistance TB available 	
<ul style="list-style-type: none"> • Patients notification from public sector (2021-22) 	<ul style="list-style-type: none"> • No of patients notified: • Treatment success rate: • No. of MDR TB Patients: • Treatment initiation among MDR TB patients: 	
<ul style="list-style-type: none"> • Patients notification from private sector (2021-22) 	<ul style="list-style-type: none"> • No of patients notified: • Treatment success rate: • No. of MDR TB Patients: • Treatment initiation among MDR TB patients: 	
	<ul style="list-style-type: none"> • Beneficiaries paid under NikshayPoshan Yojana <input type="checkbox"/> Yes/ <input type="checkbox"/> No 	

	<ul style="list-style-type: none"> Active Case Finding conducted as per planned for the year <input type="checkbox"/> Yes/ <input type="checkbox"/> No
21. Implementation of National Leprosy Eradication Programme (NLEP)	No. of new cases detected No. of G2D cases MDT available without interruption Y/N Reconstructive surgery for G2D cases being conducted Y/N MCR footwear & selfcare kit avl Y/N

22. ASHAs	<p>Number of ASHAs</p> <ul style="list-style-type: none"> Required as per population Selected No. of ASHAs covering more than 1500 (rural) population No. of ASHAs covering more than 3000 (urban) population Villages with no ASHA Slum areas with no ASHA <p>Status of social benefit scheme for ASHAs and ASHA Facilitators (if available)</p> <ul style="list-style-type: none"> No. of ASHAs enrolled for Pradhan Mantri Jeevan Jyoti Bima Yojana (PMJJBY) No. of ASHA Facilitator enrolled for Pradhan Mantri Jeevan Jyoti Bima Yojana (PMJJBY) No. of ASHAs enrolled for Pradhan Mantri Suraksha Bima Yojana (PMSBY) No. of ASHA Facilitators enrolled for Pradhan Mantri Suraksha Bima Yojana (PMSBY) No. of ASHAs enrolled for Pradhan Mantri Shram Yogi Maandhan Yojana (PMSYMY) No. of ASHA Facilitators enrolled for Pradhan Mantri Shram Yogi Maandhan Yojana (PMSYMY) Any other state specific scheme _____
23. Mahila Arogya Samitis (MAS)-	<p>Status of Mahila Arogya Samitis (MAS)-</p> <ol style="list-style-type: none"> Formed Trained MAS account opened Samiti addresses issues related to.....
24. Village Health Sanitation and Nutrition Committee (VHSNC)	<p>Status of Village Health Sanitation and Nutrition Committee (VHSNC):</p> <ol style="list-style-type: none"> Formed: Trained: MAS account opened:
25. Kayakalp and Quality Assurance	<ul style="list-style-type: none"> No. of facilities quality certified NQAS..... LaQshya Status of Kayakalpprogramme- No. of awarded DH CHC PHC SC..... Activities performed by District Level Quality Assurance Committee (DQAC)

26. Maternal and Child Health	<p>.....</p> <ul style="list-style-type: none"> • Number of maternal deaths reported at: DH: _____ SDH: _____ CHC: _____ PHC: _____ SC: _____ Prime reason for the maternal death..... • Number of Maternal Death Review conducted <ul style="list-style-type: none"> • 2020-21: _____ • 2021-22: _____ <hr/> <ul style="list-style-type: none"> • Number of Neonatal Deaths: _____ • Number of Total Child Deaths: _____ <ul style="list-style-type: none"> • Number of Child Death Review conducted <ul style="list-style-type: none"> • 2020-21: _____ • 2021-22: _____ 			
C.4. Healthcare Systems				
27. Payment status:	No. of beneficiaries	Backlog	DBT status	
<ul style="list-style-type: none"> • JSY beneficiaries 				
<ul style="list-style-type: none"> • ASHA payment: 				
<ul style="list-style-type: none"> ○ A- Routine and recurring at increased rate of Rs. 2000 pm 				
<ul style="list-style-type: none"> ○ B- Incentive under NTEP 				
<ul style="list-style-type: none"> ○ C- Incentives under NLEP 				
<ul style="list-style-type: none"> • Payment of ASHA facilitators as per revised norms (of a minimum of Rs. 300 per visit) 				
<ul style="list-style-type: none"> • Patients incentive under NTEP programme 				
<ul style="list-style-type: none"> • Provider's incentive under NTEP programme 				
<ul style="list-style-type: none"> • FP compensation/ incentive 				
28. Recruitment for any staff position/ cadre conducted at district level				
29. Details of recruitment	Previous year (2020-21)		Current Year (2021-22)	
	Regular cadre	NHM	Regular cadre	NHM
<ul style="list-style-type: none"> • Total no. of posts vacant at the beginning of FY 				
<ul style="list-style-type: none"> • Among these, no. of posts filled by state 				
<ul style="list-style-type: none"> • Among these, no. of posts filled at district level 				
30. If state has comprehensive (common for regular and contractual HR) Human Resource Information System (HRIS) in place				
31. If grievance redressal mechanism in place: Y/N	<ul style="list-style-type: none"> • Whether call center and toll-free number available..... • Percentage of complains resolved out of the total complains registered in current FY..... 			
32. Mera-Aaspatal (Attach MeraAspatal performance report)	<ul style="list-style-type: none"> • Implemented in how many facilities..... DH.....CHC.....PHC • Total Responses collected: • % reported Very Satisfied: • % reported Satisfied: 			

	<ul style="list-style-type: none"> • % reported not satisfied: • Total response for dis-satisfied: <ul style="list-style-type: none"> Dissatisfied with staff behaviors... Dissatisfied with cleanliness..... Dissatisfied with cost of treatment..... Dissatisfied with quality of treatments..... With other reason
--	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

19. Implementation of CPHC

Status as on: 31st March, 2022

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

20. Status of HRH

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

• EmOC trained doctors				
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21. State of Fund Utilization

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

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

Programme Wise

Status of Expenditure (Financial year 2021-22):

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

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

22. Status of trainings

Status as on: _____

List of training (to be filled as per ROP approval)	Planned	Completed
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		

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

Service Delivery:

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

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

Indicator	Remarks/ Observation																																																																					
3. Number of functional in-patient beds	Last major renovation done in (Year): _____ No of ICU Beds available: _____																																																																					
4. List of Services available																																																																						
<ul style="list-style-type: none"> • Specialized services available in addition to General OPD, ANC, Delivery, PNC, Immunization, FP, Laboratory services 	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 5%;">Sl.</th> <th style="width: 75%;">Service</th> <th style="width: 20%;">Y/N</th> </tr> </thead> <tbody> <tr><td>1</td><td>Medicine</td><td></td></tr> <tr><td>2</td><td>O&G</td><td></td></tr> <tr><td>3</td><td>Pediatric</td><td></td></tr> <tr><td>4</td><td>General Surgery</td><td></td></tr> <tr><td>5</td><td>Anesthesiology</td><td></td></tr> <tr><td>6</td><td>Ophthalmology</td><td></td></tr> <tr><td>7</td><td>Dental</td><td></td></tr> <tr><td>8</td><td>Imaging Services (X – ray)</td><td></td></tr> <tr><td>9</td><td>Imaging Services (USG)</td><td></td></tr> <tr><td>10</td><td>District Early Intervention Centre (DEIC)</td><td></td></tr> <tr><td>11</td><td>Nutritional Rehabilitation Centre (NRC)</td><td></td></tr> <tr><td>12</td><td>SNCU/ Mother and Newborn Care Unit (MNCU)</td><td></td></tr> <tr><td>13</td><td>Comprehensive Lactation Management Centre (CLMC) / Lactation Management Unit (LMU)</td><td></td></tr> <tr><td>14</td><td>Neonatal Intensive Care Unit (NICU)</td><td></td></tr> <tr><td>15</td><td>Pediatric Intensive Care Unit (PICU)</td><td></td></tr> <tr><td>16</td><td>Labour Room Complex</td><td></td></tr> <tr><td>17</td><td>ICU</td><td></td></tr> <tr><td>18</td><td>Dialysis Unit</td><td></td></tr> <tr><td>19</td><td>Emergency Care</td><td></td></tr> <tr><td>20</td><td>Burn Unit</td><td></td></tr> <tr><td>22</td><td>Teaching block (medical, nursing, paramedical)</td><td></td></tr> <tr><td>22</td><td>Skill Lab</td><td></td></tr> </tbody> </table>	Sl.	Service	Y/N	1	Medicine		2	O&G		3	Pediatric		4	General Surgery		5	Anesthesiology		6	Ophthalmology		7	Dental		8	Imaging Services (X – ray)		9	Imaging Services (USG)		10	District Early Intervention Centre (DEIC)		11	Nutritional Rehabilitation Centre (NRC)		12	SNCU/ Mother and Newborn Care Unit (MNCU)		13	Comprehensive Lactation Management Centre (CLMC) / Lactation Management Unit (LMU)		14	Neonatal Intensive Care Unit (NICU)		15	Pediatric Intensive Care Unit (PICU)		16	Labour Room Complex		17	ICU		18	Dialysis Unit		19	Emergency Care		20	Burn Unit		22	Teaching block (medical, nursing, paramedical)		22	Skill Lab	
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5. Emergency	General emergency: or facilities available for: 1. Triage 2. Resuscitation 3. Stabilization																																																																					
6. Tele-medicine/Consultation services available	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, average cases per day _____																																																																					
7. Operation Theatre available	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, Single general OT: Elective OT-Major (General): Elective OT-Major (Ortho): Obstetrics & Gynecology OT: Ophthalmology/ENT OT: Emergency OT: Others:																																																																					
8. Availability of functional Blood Bank	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, number of units of blood currently available: _____ No. of blood transfusions done in last month: _____ If No, availability of blood storage unit:-----																																																																					
9. Whether blood is issued free, or user-fee is being charged	<input type="checkbox"/> Free for BPL <input type="checkbox"/> Free for elderly <input type="checkbox"/> Free for JSSK beneficiaries <input type="checkbox"/> Free for all																																																																					
10. Biomedical waste management practices	1. Sharp pit 2. Deep Burial pit 3. Incinerator 4. Using Common Bio Medical Treatment plant 5. Other																																																																					

Indicator	Remarks/ Observation				
11. Details of HR available in the facility (Sanctioned and In-place)	HR		San.	Regular	Cont.
	MO (MBBS)				
	Specialist	Medicine			
		ObGy			
		Pediatrician			
		Anesthetist			
		Surgeon			
		Ophthalmologist			
		Orthopedic			
		Radiologist			
		Pathologist			
	Others				
	Dentist				
	Staff Nurses/ GNMs				
	LTs				
Pharmacist					
Dental Technician/ Hygienist					
Hospital/ Facility Manager					
EmOC trained doctor					
LSAS trained doctor					
Others					
12. IT Services	<ul style="list-style-type: none"> • Desktop/ Laptop available: <input type="checkbox"/>Yes/ <input type="checkbox"/>No • Internet connectivity: <input type="checkbox"/>Yes/ <input type="checkbox"/>No Quality/strength of internet connection: _____				
13. Kayakalp (for year 2021-22)	Initiated: Facility score: Award received:				
14. NQAS (for year 2021-22)	Assessment done: Internal/State Facility score: Certification Status:				
15. LaQshya	Labour Room: Operation Theatre:				
16. Availability of list of essential medicines (EML)/ drugs (EDL)	<input type="checkbox"/> Yes/ <input type="checkbox"/> No				
	If yes, total number of drugs in EDL _____ EDL displayed in OPD Area: <input type="checkbox"/> Yes/ <input type="checkbox"/> No				
17. Implementation of DVDMS(Drugs & Vaccine Management Distribution System) or similar supply chain management system	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If other, which one _____				
18. Shortage of 5 priority drugs from EDL in last 30 days, if any					
19. Availability of Essential Consumables:	<input type="checkbox"/> Sufficient Supply <input type="checkbox"/> Minimal Shortage <input type="checkbox"/> Acute shortage List the consumables for with there was shortage In last 6 months how many times there was shortage _____				
20. Availability of essential diagnostics	<input type="checkbox"/> In-house <input type="checkbox"/> Outsourced/ PPP <input type="checkbox"/> Both/ Mixed				
<ul style="list-style-type: none"> • In-house tests (For 2021-22) 	Number of Tests available:----- Total number of tests performed during Apr 2021- March 22: _____ Days & Timing on which tests are done:				

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

Indicator	Remarks/ Observation
	Average delay: Payment done till: Reasons for delay:
30. Availability of JSSK entitlements	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, whether all entitlements being provided <input type="checkbox"/> Free delivery services (Normal delivery/ C-section) <input type="checkbox"/> Free diet <input type="checkbox"/> Free drugs and consumables <input type="checkbox"/> Free diagnostics <input type="checkbox"/> Free blood services <input type="checkbox"/> Free referral transport (home to facility) <input type="checkbox"/> Free referral transport (drop back from facility to home) <input type="checkbox"/> No user charges
31. PMSMA services provided on 9 th of every month	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, how are high risks identified on 9 th ? If No, reasons thereof:
32. Line listing of high-risk pregnancies	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
33. Practice related to Respectful Maternity Care	
34. Whether facility have registers for entering births and deaths	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
35. Number of Maternal Death reported in the facility	Previous year: (2020-21) Current year: (2021-22)
36. Number of Child Death reported in the facility	Previous year: (2020-21) Current year: (2021-22)
37. If Comprehensive Abortion Care (CAC) services available	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
38. Availability of vaccines and hub cutter	<input type="checkbox"/> Yes/ <input type="checkbox"/> No Nurses/ ANM aware about open vial policy: <input type="checkbox"/> Yes/ <input type="checkbox"/> No
39. Number of newborns immunized with birth dose at the facility in last 3 months	
40. Newborns breastfed within one hour of birth (observe if practiced and women are being counselled)	
41. Status of functionality of DEIC	<input type="checkbox"/> Fully functional with all staff in place <input type="checkbox"/> Functional with few vacancies (approx. 20%-30%) <input type="checkbox"/> Functional with more than 50% vacancies <input type="checkbox"/> Not functional/ All posts vacant
42. Number of sterilizations performed in last one month	Male: Female:
43. Availability of trained provider for IUCD/ PPIUCD	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
44. Who counsels on FP services?	
45. Please comment on utilization of other FP services	
46. FPLMIS has been implemented	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
47. Availability of functional Adolescent Friendly Health Clinic	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, who provides counselling to adolescents: _____ Separate male and female counselors available: <input type="checkbox"/> Yes/ <input type="checkbox"/> No Total No of Adolescentscounseled in last 6 months _____

Indicator	Remarks/ Observation																		
48. Whether facility has fixed day NCD clinic	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If Yes, how many days in a week: _____ days																		
49. Are service providers trained in cancer services?	<input type="checkbox"/> Yes/ <input type="checkbox"/> No																		
50. Number of individuals screened for the following in 2021-2022:	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:60%;"></th> <th style="width:20%; text-align: center;">Screened</th> <th style="width:20%; text-align: center;">Confirmed</th> </tr> </thead> <tbody> <tr> <td>a. Hypertension</td> <td></td> <td></td> </tr> <tr> <td>b. Diabetes</td> <td></td> <td></td> </tr> <tr> <td>c. Oral Cancer</td> <td></td> <td></td> </tr> <tr> <td>d. Breast Cancer</td> <td></td> <td></td> </tr> <tr> <td>e. Cervical Cancer</td> <td></td> <td></td> </tr> </tbody> </table>		Screened	Confirmed	a. Hypertension			b. Diabetes			c. Oral Cancer			d. Breast Cancer			e. Cervical Cancer		
		Screened	Confirmed																
	a. Hypertension																		
	b. Diabetes																		
	c. Oral Cancer																		
d. Breast Cancer																			
e. Cervical Cancer																			
51. Whether reporting weekly data in P, S and L form under IDSP	<input type="checkbox"/> Yes/ <input type="checkbox"/> No																		
1. Status of TB elimination programme	Facility is designated as Designated Microscopy Centre (DMC): <input type="checkbox"/> Yes/ <input type="checkbox"/> No																		
	If yes, percent of OPD whose samples were tested for TB (microscopy) in last 6 month (average) _____																		
	If anti-TB drugs available at the facility: <input type="checkbox"/> Yes/ <input type="checkbox"/> No																		
	If yes, are there any patients currently taking anti-TB drugs from the facility: <input type="checkbox"/> Yes/ <input type="checkbox"/> No																		
	Availability of CBNAAT/ TruNat: <input type="checkbox"/> Yes/ <input type="checkbox"/> No Percent of patients tested through CBNAAT/TruNat for Drug resistance in the last 6 months _____																		
	Are all TB patients tested for HIV? <input type="checkbox"/> Yes/ <input type="checkbox"/> No																		
	Are all TB patients tested for Diabetes Mellitus: <input type="checkbox"/> Yes/ <input type="checkbox"/> No Percent of TB Patients for whom DBT installments have been initiated under Nikshay Poshan Yojana in the last 6 months:																		
52. Maintenance of records on	<ul style="list-style-type: none"> • TB Treatment Card cases (both for drug sensitive and drug resistant cases): <input type="checkbox"/>Yes/ <input type="checkbox"/>No • TB Notification Registers: <input type="checkbox"/>Yes/ <input type="checkbox"/>No • Malaria cases: <input type="checkbox"/>Yes/ <input type="checkbox"/>No • Palliative cases: <input type="checkbox"/>Yes/ <input type="checkbox"/>No • Cases related to Dengue and Chikungunya: <input type="checkbox"/>Yes/ <input type="checkbox"/>No • Leprosy cases: <input type="checkbox"/>Yes/ <input type="checkbox"/>No 																		
53. How much fund was received and utilized by the facility under NHM?	Fund Received last year (2021-22) Fund utilized last year: (2021-22)																		
	Items/ Activities whose expenditure is met out of the RKS/ Untied Fund regularly:																		
	Reasons for underutilization of fund (if any)																		
54. Status of data entry in (match with physical records)	HMIS: <input type="checkbox"/> Updated/ <input type="checkbox"/> Not updated MCTS: <input type="checkbox"/> Updated/ <input type="checkbox"/> Not updated IHIP: <input type="checkbox"/> Updated/ <input type="checkbox"/> Not updated HWC Portal: <input type="checkbox"/> Updated/ <input type="checkbox"/> Not updated Nikshay Portal: <input type="checkbox"/> Updated/ <input type="checkbox"/> Not updated																		
55. Frequency of RKS meeting Last meeting held on (date):																			
<ul style="list-style-type: none"> • Availability of ambulance services in the area 	<input type="checkbox"/> Own ambulance available (Number) _____ <input type="checkbox"/> DH/ SDH has contracted out ambulance services (Number) _____ <input type="checkbox"/> Ambulances services with Centralized call centre <input type="checkbox"/> Government ambulance services are not available																		
	Comment (if any):																		

Indicator	Remarks/ Observation
<ul style="list-style-type: none"> How many cases from CHC, PHC, SC, referred to in last month? 	Number: CHC PHC SC Types of cases referred in:
<ul style="list-style-type: none"> How many cases were referred out last month? 	Number: Types of cases referred out:
2. Key challenges in the facility and the root causes	
Challenge	Root causes
a)	
b)	
c)	

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

Service Delivery:

Name of facility visited		
Facility Type		<input type="checkbox"/> CHC/ <input type="checkbox"/> U-CHC
FRU		<input type="checkbox"/> Yes/ <input type="checkbox"/> No
Standalone/ Co-located		<input type="checkbox"/> Standalone/ <input type="checkbox"/> Co-located Co-located with (if applicable):
Accessible from nearest road head		<input type="checkbox"/> Yes/ <input type="checkbox"/> No
Date of Visit		
Next Referral Point		Facility: Distance:
Indicator	Remarks/ Observation	
3. OPD Timing		
4. Whether the facility is functioning in PPP mode	<input type="checkbox"/> Yes/ <input type="checkbox"/> No	
5. 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	
6. Number of functional in-patient beds		
7. List of Services available		

<ul style="list-style-type: none"> Specialized services available in addition to General OPD, ANC, Delivery, PNC, Immunization, FP, Laboratory services 	Sl.	Service	Y/N		
	1	Medicine			
	2	O&G			
	3	Pediatric			
	4	General Surgery			
	5	Anesthesiology			
	6	Ophthalmology			
	7	Dental			
	8	Imaging Services (X – ray)			
	9	Imaging Services (USG)			
10	Newborn Stabilization Unit				
<ul style="list-style-type: none"> If any of the specialists are available 24*7 	<input type="checkbox"/> Yes available <input type="checkbox"/> Yes, available only on-call <input type="checkbox"/> Not available				
<ul style="list-style-type: none"> Emergency 	General emergency: or facilities available for: 1. Triage 2. Resuscitation 3. Stabilization				
8. Tele-medicine/Consultation services available	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, average case per day _____				
9. Operation Theatre available	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, Major: Minor:				
10. Availability of functional Blood Storage Unit	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, number of units of blood currently available: _____ No. of blood transfusions done in last month: _____				
11. Whether blood is issued free, or user-fee is being charged	<input type="checkbox"/> Free for BPL <input type="checkbox"/> Free for elderly <input type="checkbox"/> Free for JSSK beneficiaries <input type="checkbox"/> Free for all				
12. Biomedical waste management practices	Sharp pit: Deep Burial pit: Other System, if any:				
13. Details of HR available in the facility (Sanctioned and In-place)	HR		San.	Reg.	Cont.
	MO (MBBS)				
	Specialists	Medicine			
		ObGy			
		Pediatrician			
		Anesthetist			
	Dentist				
	SNs/ GNMs				
	LTs				
	Pharmacist				
	Dental Assistant/ Hygienist				
	Hospital/ Facility Manager				
	EmOC trained doctor				
LSAS trained doctor					
Others					
14. IT Services	<ul style="list-style-type: none"> Desktop/ Laptop available: <input type="checkbox"/>Yes/ <input type="checkbox"/>No Internet connectivity: <input type="checkbox"/>Yes/ <input type="checkbox"/>No Quality/strength of internet connection: _____				
15. Kayakalp (2021-22)	Initiated: Facility score: Award received:				

16. NQAS (2021-22)	Assessment done: Internal/State Facility score: Certification Status:
17. LaQshya	Labour Room: Operation Theatre:
18. Availability of list of essential medicines (EML)/ drugs (EDL)	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, total number of drugs in EDL_____
	EDL displayed in OPD Area: <input type="checkbox"/> Yes/ <input type="checkbox"/> No No. of drugs available on the day of visit (out of the EDL) _____
19. Implementation of DVDMS or similar supply chain management system	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If other, which one_____
20. Shortage of 5 priority drugs from EDL in last 30 days, if any	
21. Availability of Essential Consumables:	<input type="checkbox"/> Sufficient Supply <input type="checkbox"/> Minimal Shortage <input type="checkbox"/> Acute shortage In last 6 months how many times there was shortage_____
	List the consumables for which there has been shortage_____
22. Availability of essential diagnostics	<input type="checkbox"/> In-house <input type="checkbox"/> Outsourced/ PPP <input type="checkbox"/> Both/ Mixed
• In-house tests (for 2021-22)	Timing: Total number of tests performed: _____ Details of tests performed:
• Outsourced/ PPP (for 2021-22)	Timing: Total number of tests performed: _____ Details of tests performed:
23. X-ray services is available	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If Yes, type & nos. of functional X-ray machine is available in the hospital: Is the X-ray machine AERB certified: <input type="checkbox"/> Yes/ <input type="checkbox"/> No
24. Whether diagnostic services (lab, X-ray, USG etc.) are free for all	<input type="checkbox"/> Free for BPL <input type="checkbox"/> Free for elderly <input type="checkbox"/> Free for JSSK beneficiaries <input type="checkbox"/> Free for all
25. Availability of Testing kits/ Rapid Diagnostic Kits	<input type="checkbox"/> Sufficient Supply <input type="checkbox"/> Minimal Shortage <input type="checkbox"/> Acute shortage (List the name of kits for which there is shortage)
26. If there is any shortage of major instruments/ equipment (List the Name of Equipment)	
27. Average downtime of equipment. Details of equipment are nonfunctional for more than 7 days	
28. Availability of delivery services	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
• If the facility is designated as FRU, whether C-sections are performed	<input type="checkbox"/> Yes/ <input type="checkbox"/> No Number of normal deliveries performed in last month: _____ No. of C-sections performed in last month: _____
• Comment on condition of:	Labour room: OT: Functional New-born care corner (functional radiant warmer with neo-natal ambu bag): <input type="checkbox"/> Yes/ <input type="checkbox"/> No

29. Status of JSY payments	Payment is up to date: <input type="checkbox"/> Yes/ <input type="checkbox"/> No Average delay: Payment done till: Reasons for delay:
30. Availability of JSSK entitlements	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, whether all entitlements being provided <input type="checkbox"/> Free delivery services (Normal delivery/ C-section) <input type="checkbox"/> Free diet <input type="checkbox"/> Free drugs and consumables <input type="checkbox"/> Free diagnostics <input type="checkbox"/> Free blood services <input type="checkbox"/> Free referral transport (home to facility) <input type="checkbox"/> Free referral transport (drop back from facility to home) <input type="checkbox"/> No user charges
31. PMSMA services provided on 9 th of every month	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, how are high risks identified on 9 th ? If No, reasons thereof:
32. Line listing of high-risk pregnancies	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
33. Practice related to Respectful Maternity Care	
34. Whether facility have registers for entering births and deaths	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
35. Number of Maternal Death reported in the facility	Previous year: 2020-21 ____ Current year: 2021-22 ____
36. Number of Child Death reported in the facility	2020-21: ____ 2021-22: ____
37. If Comprehensive Abortion Care (CAC) services available	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
38. Availability of vaccines and hub cutter	<input type="checkbox"/> Yes/ <input type="checkbox"/> No Nurses/ ANM aware about open vial policy: <input type="checkbox"/> Yes/ <input type="checkbox"/> No
39. Number of newborns immunized with birth dose at the facility in last 3 months	
40. Newborns breastfed within one hour of birth (observe if practiced and women are being counselled)	
41. Number of sterilizations performed in last one month	Male ____ Female ____
42. Availability of trained provider for IUCD/ PPIUCD	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
43. Who counsels on FP services?	
44. Please comment on utilization of other FP services	
45. FPLMIS has been implemented	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
46. Availability of functional Adolescent Friendly Health Clinic	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, who provides counselling to adolescents: _____ Separate male and female counselors available: <input type="checkbox"/> Yes/ <input type="checkbox"/> No Number of Adolescents counseled in last 6 months _____
47. Whether facility has fixed day NCD clinic	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If Yes, how many days in a week: _____ days

48. Are service providers trained in cancer services?	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
49. Number of individuals screened for the following in last 6 months:		Screened	Confirmed
	a. Hypertension		
	b. Diabetes		
	c. Oral Cancer		
	d. Breast Cancer		
e. Cervical Cancer			
50. Are service providers trained in cancer services?	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
51. Whether reporting weekly data in P, S and L form under IDSP	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
52. Status of TB elimination programme	Facility is designated as Designated Microscopy Centre (DMC): <input type="checkbox"/> Yes/ <input type="checkbox"/> No		
	If yes, percent of OPD whose samples were tested for TB (microscopy) in last 6 month (average) _____		
	If anti-TB drugs available at the facility: <input type="checkbox"/> Yes/ <input type="checkbox"/> No		
	If yes, are there any patients currently taking anti-TB drugs from the facility: <input type="checkbox"/> Yes/ <input type="checkbox"/> No		
	Percent of patients tested through CBNAAT/TruNat for Drug resistance in the last 6 months _____		
	Is there a sample transport mechanism in place for:		
	<ul style="list-style-type: none"> • investigations within public sector for TB testing? <input type="checkbox"/>Yes/ <input type="checkbox"/>No • investigations within public sector for other tests? <input type="checkbox"/>Yes/ <input type="checkbox"/>No • outsourced testing? <input type="checkbox"/>Yes/ <input type="checkbox"/>No 		
	Are all TB patients tested for HIV? <input type="checkbox"/> Yes/ <input type="checkbox"/> No		
	Are all TB patients tested for Diabetes Mellitus: <input type="checkbox"/> Yes/ <input type="checkbox"/> No		
Percent of TB Patients for whom DBT installments have been initiated under Nikshay Poshan Yojana in the last 6 months: _____			
53. Status on Leprosy eradication programme	Nos. of new case detected by Field Worker in last 12 months: Out of those, how many are having Gr. II deformity: Frequency of Community Surveillance:		
54. Maintenance of records on	<ul style="list-style-type: none"> • TB Treatment Card cases (both for drug sensitive and drug resistant cases): <input type="checkbox"/>Yes/ <input type="checkbox"/>No • TB Notification Registers: <input type="checkbox"/>Yes/ <input type="checkbox"/>No • Malaria cases: <input type="checkbox"/>Yes/ <input type="checkbox"/>No • Palliative cases: <input type="checkbox"/>Yes/ <input type="checkbox"/>No • Cases related to Dengue and Chikungunya: <input type="checkbox"/>Yes/ <input type="checkbox"/>No • Leprosy cases: <input type="checkbox"/>Yes/ <input type="checkbox"/>No 		
55. How much fund was received and utilized by the facility 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)		
56. Status of data entry in (match with physical records)	HMIS: <input type="checkbox"/> Updated/ <input type="checkbox"/> Not updated MCTS: <input type="checkbox"/> Updated/ <input type="checkbox"/> Not updated IHIP: <input type="checkbox"/> Updated/ <input type="checkbox"/> Not updated HWC Portal: <input type="checkbox"/> Updated/ <input type="checkbox"/> Not updated Nikshay Portal: <input type="checkbox"/> Updated/ <input type="checkbox"/> Not updated		
57. Frequency of RKS meeting (check and obtain minutes of last meeting held)			
58. Availability of ambulance services in the area	<input type="checkbox"/> CHC own ambulance available Number_____ <input type="checkbox"/> CHC has contracted out ambulance services Number_____		

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

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

- Service Delivery:**

Name of facility visited	
Facility Type	<input type="checkbox"/> PHC/ <input type="checkbox"/> U-PHC
Whether the facility has been converted to HWC	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
Standalone/ Co-located	<input type="checkbox"/> Standalone/ <input type="checkbox"/> Co-located Co-located with (if applicable):
Accessible from nearest road head	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
Date of Visit	
Next Referral Point	Facility: Distance:
Indicator	Remarks/ Observation
1. OPD Timing For U-PHC, check if evening/morning OPD/Clinics being conducted	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
2. Whether the facility is functioning in PPP mode	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
3. Condition of infrastructure/ building Please comment on the condition and tick the appropriate box	Comments: <input type="checkbox"/> 24*7 running water facility <input type="checkbox"/> Facility is geriatric and disability friendly (Ramps etc.) <input type="checkbox"/> Clean functional toilets available (separate for Male and female) <input type="checkbox"/> Drinking water facility available <input type="checkbox"/> OPD waiting area has sufficient sitting arrangement <input type="checkbox"/> ASHA rest room is available

	<input type="checkbox"/> Drug storeroom with rack is available <input type="checkbox"/> Power backup <input type="checkbox"/> Branding																																								
4. Number of functional in-patient beds																																									
5. List of Services available																																									
6. If 24*7 delivery services available	<input type="checkbox"/> Yes/ <input type="checkbox"/> No																																								
7. Tele-medicine/Consultation services available	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, average case per day _____																																								
8. Biomedical waste management practices	Sharp pit: Deep Burial pit: Other System, if any:																																								
9. Details of HR available in the facility (Sanctioned and In-place)	<table border="1"> <thead> <tr> <th>HR</th> <th>San.</th> <th>Reg.</th> <th>Cont.</th> </tr> </thead> <tbody> <tr> <td>MO (MBBS)</td> <td></td> <td></td> <td></td> </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> </tbody> </table>	HR	San.	Reg.	Cont.	MO (MBBS)				MO (AYUSH)				SNs/ GNMs				ANM				LTs				Pharmacist				Public Health Manager (NUHM)				LHV/PHN				Others			
	HR	San.	Reg.	Cont.																																					
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LHV/PHN																																									
Others																																									
10. IT Services	<ul style="list-style-type: none"> • Desktop/ Laptop available: <input type="checkbox"/> Yes/ <input type="checkbox"/> No • All ANMs have functional Tablets: <input type="checkbox"/> Yes/ <input type="checkbox"/> No • Smart phones given to all ASHAs: <input type="checkbox"/> Yes/ <input type="checkbox"/> No • Internet connectivity: <input type="checkbox"/> Yes/ <input type="checkbox"/> No Quality/strength of internet connection: _____																																								
11. Kayakalp (2021-22)	Initiated: Facility score: Award received:																																								
12. NQAS(2021-22)	Assessment done: Internal/State Facility score: Certification Status:																																								
13. Availability of list of essential medicines (EML)/ drugs (EDL)	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, total number of drugs in EDL _____																																								
	EDL displayed in OPD Area: <input type="checkbox"/> Yes/ <input type="checkbox"/> No No. of drugs available on the day of visit (out of the EDL) _____																																								
14. Implementation of DVDMS or similar supply chain management system	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If other, which one _____																																								
15. Shortage of 5 priority drugs from EDL in last 30 days, if any																																									
16. Drugs Available for Hypertension & Diabetic patients:																																									
17. Shortage of sufficient number of Hypertension & Diabetic in last 7 days																																									
18. Availability of Essential Consumables:	<input type="checkbox"/> Sufficient Supply <input type="checkbox"/> Minimal Shortage <input type="checkbox"/> Acute shortage In last 6 months how many times there was shortage _____ (Also list the consumables for which there was shortage)																																								
19. Availability of essential diagnostics	<input type="checkbox"/> In-house <input type="checkbox"/> Outsourced/ PPP <input type="checkbox"/> Both/ Mixed																																								

<ul style="list-style-type: none"> In-house tests For 2021-22 	Timing: Total number of tests performed: _____ Details of tests performed:
<ul style="list-style-type: none"> Outsourced/ PPP For 2021-22 	Timing: Total number of tests performed: _____ Details of tests performed:
20. X-ray services is available	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If Yes, type & nos. of functional X-ray machine is available in the hospital: Is the X-ray machine AERB certified: <input type="checkbox"/> Yes/ <input type="checkbox"/> No
21. Whether diagnostic services (lab, X-ray etc.) are free for all	<input type="checkbox"/> Free for BPL <input type="checkbox"/> Free for elderly <input type="checkbox"/> Free for JSSK beneficiaries <input type="checkbox"/> Free for all
22. Availability of Testing kits/ Rapid Diagnostic Kits	<input type="checkbox"/> Sufficient Supply <input type="checkbox"/> Minimal Shortage <input type="checkbox"/> Acute shortage
23. If there is any shortage of major instruments/ equipment	List of Equipment
24. Average downtime of equipment. Details of equipment are nonfunctional for more than 7 days	
25. Availability of delivery services	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
<ul style="list-style-type: none"> If yes, details 	Comment on condition of labour room: Functional New-born care corner (functional radiant warmer with neo-natal ambu bag): <input type="checkbox"/> Yes/ <input type="checkbox"/> No
26. Status of JSY payments	Payment is up to date: <input type="checkbox"/> Yes/ <input type="checkbox"/> No Average delay: Payment done till: Reasons for delay:
27. Availability of JSSK entitlements	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, whether all entitlements being provided <input type="checkbox"/> Free delivery services (Normal delivery/ C-section) <input type="checkbox"/> Free diet <input type="checkbox"/> Free drugs and consumables <input type="checkbox"/> Free diagnostics <input type="checkbox"/> Free blood services <input type="checkbox"/> Free referral transport (home to facility) <input type="checkbox"/> Free referral transport (drop back from facility to home) <input type="checkbox"/> No user charges
28. Line listing of high-risk pregnancies	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
29. Number of normal deliveries in last three month	
30. Availability of Daksh/ Dakshta trained/SBA trained MO/SN/ANM in Labour Room	<input type="checkbox"/> Yes <input type="checkbox"/> No
31. Practice related to Respectful Maternity Care	
32. Number of Maternal Death reported in the facility	Previous year:2020-2021 Current FY:2021-2022

33. Number of Child Death reported in the facility	Previous year: Current year:		
34. Availability of vaccines and hub cutter	<input type="checkbox"/> Yes/ <input type="checkbox"/> No Nurses/ ANM aware about open vial policy: <input type="checkbox"/> Yes/ <input type="checkbox"/> No		
35. Number of newborns immunized with birth dose at the facility in last 3 months			
36. Newborns breastfed within one hour of birth (observe if practiced and women are being counselled)			
37. Number of sterilizations performed in last one month	Male Female		
38. Availability of trained provider for IUCD/ PPIUCD	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
39. Who counsels on FP services?			
40. Please comment on utilization of other FP services			
41. FPLMIS has been implemented	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
42. Availability of functional Adolescent Friendly Health Clinic	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, who provides counselling to adolescents: _____ Separate male and female counselors available: <input type="checkbox"/> Yes/ <input type="checkbox"/> No		
43. Whether facility has fixed day NCD clinic	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If Yes, how many days in a week: _____ days		
44. Are service providers trained in cancer services?	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
45. Number of individuals screened for the following in last 6 months:		Screened	Confirmed
	a. Hypertension		
	b. Diabetes		
	c. Oral Cancer		
	d. Breast Cancer		
e. Cervical Cancer			
46. Whether wellness activities are performed	<input type="checkbox"/> Yes/ <input type="checkbox"/> No Frequency:		
47. Whether reporting weekly data in P and L form under IDSP	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
48. Distribution of Long lasting Insecticidal nets (LLIN) in high-risk areas	No. of LLIN distributed per household: <input type="checkbox"/> 1 per family/ <input type="checkbox"/> Others (Specify): _____		
49. Status of TB elimination programme	Facility is designated as Designated Microscopy Centre (DMC): <input type="checkbox"/> Yes/ <input type="checkbox"/> No		
	If yes, percent of OPD whose samples were tested for TB (microscopy) in last 6 month (average) _____		
	If anti-TB drugs available at the facility: <input type="checkbox"/> Yes/ <input type="checkbox"/> No		
	If yes, are there any patients currently taking anti-TB drugs from the facility: <input type="checkbox"/> Yes/ <input type="checkbox"/> No		
	Percent of patients tested through CBNAAT/TruNat for Drug resistance in the last 6 months _____		
Is there a sample transport mechanism in place for:			
<ul style="list-style-type: none"> • investigations within public sector for TB testing? <input type="checkbox"/>Yes/ <input type="checkbox"/>No • investigations within public sector for other tests? <input type="checkbox"/>Yes/ <input type="checkbox"/>No 			

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

	<p>Schedule: <input type="checkbox"/>Fixed/ <input type="checkbox"/>Rotational</p> <p>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_____</p>
60. UHNDs Conducted:	<p><input type="checkbox"/>Yes/ <input type="checkbox"/>No</p> <p>If yes, no. of UHND conducted per month_____</p>
61. Special Outreach camps conducted:	<p><input type="checkbox"/>Yes/ <input type="checkbox"/>No</p> <p>If yes, no. of UHND conducted during last quarter_____</p> <p>Type of specialties provided during special outreach camps: _____</p>

Sub-Centre (SC)Level Checklist

Service Delivery

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

Indicator	Remarks/ Observation																								
1. List of Services available																									
2. Condition of infrastructure/ building Please comment on the condition and tick the appropriate box	Comments: <input type="checkbox"/> 24*7 running water facility <input type="checkbox"/> Facility is geriatric and disability friendly <input type="checkbox"/> Clean functional toilets available (separate for Male and female) <input type="checkbox"/> Drinking water facility available <input type="checkbox"/> OPD waiting area has sufficient sitting arrangement <input type="checkbox"/> ASHA rest room is available <input type="checkbox"/> Drug storeroom with rack is available <input type="checkbox"/> Branding <input type="checkbox"/> Specified area for Yoga / welfare activities <input type="checkbox"/> Power backup																								
3. Biomedical waste management practices																									
4. Details of HR available in the facility (Sanctioned and In-place)	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">HR</th> <th style="text-align: center;">San.</th> <th style="text-align: center;">Reg.</th> <th style="text-align: center;">Cont.</th> </tr> </thead> <tbody> <tr> <td>ANM/ MPW Female</td> <td></td> <td></td> <td></td> </tr> <tr> <td>MPW Male</td> <td></td> <td></td> <td></td> </tr> <tr> <td>MLHP/ CHO</td> <td></td> <td></td> <td></td> </tr> <tr> <td>ASHA</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Others</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	HR	San.	Reg.	Cont.	ANM/ MPW Female				MPW Male				MLHP/ CHO				ASHA				Others			
HR	San.	Reg.	Cont.																						
ANM/ MPW Female																									
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ASHA																									
Others																									
5. IT Services	<ul style="list-style-type: none"> • Functional Tablet/ laptop with CHO: <input type="checkbox"/> Yes/ <input type="checkbox"/> No • Electronic Tablets with MPWs (ANM): <input type="checkbox"/> Yes/ <input type="checkbox"/> No • Smart phones given to all ASHAs: <input type="checkbox"/> Yes/ <input type="checkbox"/> No • Internet connectivity: <input type="checkbox"/> Yes/ <input type="checkbox"/> No Quality/strength of internet connection: _____																								
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																									
9. Drugs Available for Hypertension & Diabetic patients:																									

Indicator	Remarks/ Observation		
10. Shortage of sufficient number of Hypertension & Diabetic in last 7 days			
11. Are CHOs dispensing medicines for hypertension and diabetes at SHC-HWC	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
12. Availability of Testing kits/ Rapid Diagnostic Kits	<input type="checkbox"/> Sufficient Supply <input type="checkbox"/> Minimal Shortage <input type="checkbox"/> Acute shortage List of Kits (Shortage)_____		
13. Availability of:	<ul style="list-style-type: none"> • BP instrument: <input type="checkbox"/>Yes/ <input type="checkbox"/>No. If yes, Type: _____ • Thermometer: <input type="checkbox"/>Yes/ <input type="checkbox"/>No • Contraceptives: <input type="checkbox"/>Yes/ <input type="checkbox"/>No. If yes, Type: _____ • Glucometer: <input type="checkbox"/>Yes/ <input type="checkbox"/>No 		
14. Line listing of all Pregnant women in the area	<input type="checkbox"/> Yes/ <input type="checkbox"/> No <ul style="list-style-type: none"> • High risk women identified: <input type="checkbox"/>Yes/ <input type="checkbox"/>No • MCP cards duly filled: <input type="checkbox"/>Yes/ <input type="checkbox"/>No 		
15. Number of Maternal Death Review conducted	Previous year:2020-21 Current year:2021-22		
16. Number of Child Death Review conducted	Previous year: Current year:		
17. Availability of vaccines and hub cutter	<input type="checkbox"/> Yes/ <input type="checkbox"/> No <ul style="list-style-type: none"> • Awareness of ANM on vaccine schedule: <input type="checkbox"/>Yes/ <input type="checkbox"/>No • Awareness about open vial policy: <input type="checkbox"/>Yes/ <input type="checkbox"/>No 		
18. Availability of micro-plan for immunization	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
19. Follow up of:	SNCU discharge babies: <input type="checkbox"/> Yes/ <input type="checkbox"/> No LBW babies: <input type="checkbox"/> Yes/ <input type="checkbox"/> No		
20. Line listing of all eligible couple in the area	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
21. Availability of trained provider for IUCD/ PPIUCD	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
22. Please comment on utilization of other FP services			
23. Number of individuals above 30 years of age in the HWC population			
24. Number of CBAC forms filled in last 6 months			
25. Report for number of individuals for whom CBAC form has been filled in last six months.	Score with below 4: 4 and above score:		
26. Whether universal screening of NCD has started	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
27. Number of individuals screened for the following in last 6 months:	Screened		Confirmed
	a. Hypertension		
	b. Diabetes		
	c. Oral Cancer		
	d. Breast Cancer		
e. Cervical Cancer			
28. Number of individuals who had initiated treatment for HTN, DM and others during last six months	Advised for Lifestyle management: Medicines for Hypertension: Medicines for Diabetes: Medicines for Others:		
29. Source of getting drugs/ medications for individual.	From SC-HWC: From Linked PHC: From other govt. facilities: (Specify) From pvt. Chemist shop:		

Indicator	Remarks/ Observation																	
Number of individuals taking medication for HTN and DM during last six months from which source Taking medication for HTN/DM	(Average OOP/month)																	
30. Status of use of:	<ul style="list-style-type: none"> • Tele-consultation services • HWC App Details:																	
31. Whether wellness activities are performed	<input type="checkbox"/> Yes/ <input type="checkbox"/> No Frequency:																	
32. Whether reporting weekly data in S form under IDSP	<input type="checkbox"/> Yes/ <input type="checkbox"/> No																	
33. Status of Tuberculosis in the area:	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 60%;">Indicators</th> <th style="width: 20%;">2020-21</th> <th style="width: 20%;">2021-22</th> </tr> </thead> <tbody> <tr> <td>Number of presumptive TB patients identified:</td> <td></td> <td></td> </tr> <tr> <td>Number of presumptive TB patients referred for testing</td> <td></td> <td></td> </tr> <tr> <td>Number of TB patients diagnosed out of the presumptive patients referred</td> <td></td> <td></td> </tr> <tr> <td>Number of TB patients taking treatment under the Sub centre area</td> <td></td> <td></td> </tr> </tbody> </table>			Indicators	2020-21	2021-22	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		
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Number of TB patients diagnosed out of the presumptive patients referred																		
Number of TB patients taking treatment under the Sub centre area																		
34. ASHA Interaction																		
<ul style="list-style-type: none"> • Status of availability of Functional HBNC Kits (weighing scale/ digital thermometer/ blanket or warm bag) 																		
<ul style="list-style-type: none"> • Status of availability of Drug Kits (Check for PCM/ Amoxicillin/ IFA/ ORS/ Zinc/ IFA Syrup/ Cotrimoxazole) 																		
<ul style="list-style-type: none"> • ASHA Incentives: Any Time lag /Delay in Payment after submission of voucher. <ul style="list-style-type: none"> ○ Average delay 																		
<ul style="list-style-type: none"> • ASHA is aware about provision of incentives under NTEP (Informant Incentives, Treatment Supporter Incentives) and Nikshay Poshan Yojana (₹500 per month incentive to the TB patient for the duration of treatment) 																		
35. Number of Village Health & Sanitation days conducted in last 6 months																		
36. Incentives:	<ul style="list-style-type: none"> • Performance Incentives is disbursed to CHOs on monthly basis: <input type="checkbox"/>Yes/ <input type="checkbox"/>No • Team-based incentive being disbursed for all HWC staffs: <input type="checkbox"/>Yes/ <input type="checkbox"/>No 																	
37. Frequency of VHSNC/ MAS meeting (check and obtain minutes of last meeting held)																		
38. Whether CHOs and HWC staffs are involved in VHSNC/ MAS meeting	<input type="checkbox"/> Yes/ <input type="checkbox"/> No																	
39. Maintenance of records on	<ul style="list-style-type: none"> • TB cases: <input type="checkbox"/>drug sensitive/ <input type="checkbox"/>drug resistant cases/ <input type="checkbox"/>both • Malaria cases: <input type="checkbox"/>Yes/ <input type="checkbox"/>No • Palliative cases: <input type="checkbox"/>Yes/ <input type="checkbox"/>No • Cases related to Dengue and Chikungunya: <input type="checkbox"/>Yes/ <input type="checkbox"/>No • Leprosy cases: <input type="checkbox"/>Yes/ <input type="checkbox"/>No 																	
	Fund Received last year:																	

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