



A Report on

MONITORING OF IMPORTANT COMPONENTS OF NHM PROGRAMME IN TONK DISTRICT, RAJASTHAN

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ACKNOWLEDGEMENTS

The Monitoring and Evaluation of NHM PIP in Tonk district Rajasthan was successfully completed due to the help and cooperation received from district NHM staff and support extended by officials from state medical, health and family welfare department. We wish to extend, first, our immense gratitude to D.K. Ojha, DDG, Mrs. Anjali Rawat, Director (Stats) and Ms. Pooja Verma, Assistant Director, (Stats) Ministry of Health and Family Welfare, Government of India for trusting Population Research Centre, Institute of Economic Growth, Delhi with the work of monitoring of the important components of NHM Programme Implementation Plan.

The monitoring and evaluation relies heavily on the cooperation and support from the health facilities. We thank the health facility staff for their active involvement, cooperation and enthusiasm during the monitoring visits in the districts. We are very grateful to the health facility staff particularly Dr. Ashok Kumar Yadav (CM & HO), Dr. Mehaboob Khan Mansoori (Deputy CM & HO), Mr. Devraj Gurjar (DPM), Dr. B.L. Meena (Deputy controller district hospital), Singharam (NUHM), Ramkalyan Sharma (DMO M& E), Manoj Gularia (DAM), Tinku Roy (IEC Co-ordinator) for sharing with us valuable information.

The Monitoring & Evaluation of National Health Mission Programme Implementation Plans would not have been possible without the active participation and insightful inputs by each and every Medical, Paramedical and Administrative staff, which form the public health system of Tonk. Last but not the least, I would like to extend my sincere thanks to all health care officials and worker participated and co-ordinated with the team during PIP field visit.

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September, 2021

Acronyms & Abbreviations

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

Executive Summary

National Health mission is government initiated programme which envisage equitable, accessible and affordable public health services for all. The programme mainly focuses on improving RMNCH+A, reduction in communicable and non-communicable diseases prevalence. The programme function in two parts 1. National Rural Health Mission 2. National Urban Health Mission. The PIP monitoring and evaluation aims at understanding progress made under these components of NHM and challenges faced by individual district in effective implementation of programme.

This PIP visit focuses on quality monitoring of important components of NHM. Here, Population Research Centre (PRC), Delhi was expected to observe and comment on the status of the key areas mentioned in the Records of Proceedings (RoPs). The PRC, Delhi team undertook desk review of PIP document and used semi-structured interview schedules and observations checklist for the field study.

The following public health care facilities were visited by the PRC-IEG Team:

District Maternal and Child Hospital, Tonk

U-CHC Newai,

R-CHC Peeplu,

U-PHC-HWC Housing Board Tonk ,

PHC Mundiya, and

SC-HWC Suhela.

The report therefore summarises the status of Public Health Care in Tonk, Rajasthan during the financial year 2020-21 with regards to NHM and its components namely Maternal Health, Child Health, Family Planning, etc. The key gaps observed during the PRC, Delhi's team discussed below with regards to service delivery, infrastructure, RMNCH+A, Child Health, Quality, etc are discussed below:

Gaps in Health Service Delivery

During PIP visit and CM&HO meeting following are the gaps identified in Health service delivery

- It was being observed that no deliveries are being conducted in the majority of PHCs and SCs. The entire load of delivery is at CHCs and District Hospital.
- The old buildings of CHCs in district require immediate renovations, as these facilities share huge burden of population from surrounding area.
- The untied fund for 3 PHCs have been sanctioned from the district but still it hasn't been received as a consequence various tasks are pending such as payment of electricity bills etc.
- While interacting with CM & HO it is reported that there are issues in salary as proper parity is not maintained across various staff levels and hierarchy. There is an immense

workload of programmes on certain manpower such CM & HO, DPM, nodal officers etc.

- There is no rationalization of HR across the hierarchy and district is facing problems in terms of manpower.
- It is recommended in CM & HO meeting that the recruitment of sweepers should be done through RMS and not through any placement agency or tender system as there is an immense political interference in this matter.
- With regards to NUHM, there is a shortage of manpower as there are no GNMs, LT or LA and Pharmacist. There are only 10-12 ANMs which are looking after the urban areas.
- There is lack of sonography facility in entire district. The sonography facility is only available at district hospital Tonk. There should be more sonography centres in the district to cover population of interior villages.
- There are many sub-centres in the district converted into health and wellness centres, however many of them are not functioning as same. During facility visit, it have been reported that CHOs are required at these facilities to organising activities under HWC guidelines.
- Most of para-medical staff is deployed in COVID-19 duty. It is affecting the delivery of routine health care services. It is reported that due to COVID-19, routine immunization target have not achieved by many facilities. However, later most facilities recovered the lag.

Facility-Wise Challenges

A summary of **challenges faced by** each facility visited are given below:

WCH-DH, Tonk

- As there are very less delivery points at PHCs and Sub-centres in the district, district hospital is over-burdened.
- The SNCU is very small seeing the burden of inborn and out born children. It is reported by the officials that during overload they shift two newborns on one bed, which is not a safe practice.
- Human resource shortage have been mentioned by officials while interaction. Further

U-CHC, Newai

- As per the IPHS norms, the facility should run at 30-bedded facility but currently the facility has 50 functional beds and recently the sanction has been done for 75 beds. The facility is running acute shortage of space as no space is left for extension.
- There is no trauma centre in the facility; however the land has been allotted 5-7 kms away from the facility which will be difficult to manage. If the centre would've been in the facility it would be easier to cater patients with much more ease with limited staff.
- There is shortage of paramedical staff in the facility. The service load at the facility is very high. During visit team has observed that facility is over-crowded as all the people

from the block and nearby block visit CHC for any sickness, instead of visiting concerned PHCs and SCs.

PHC-HWC, Mundiya

- Despite HR and infrastructure services majority of the staff are aged and at times it becomes difficult to carry the services TB cases are prevalent in the area and there is community spread of the disease resulting into extra cases.
- Despite a well-managed facility running in newly built building, the OPD load is not much, that is because the facility is located other side of highway. So, for seeking healthcare rather than coming across highway, community member to directly to DH Tonk or CHC Newai, this is under 8-9 km proximity from the facility.

UPHC-HWC, Housing Board

- The only challenge that the facility is observed is that there has been a dip in the OPD load due to vaccination drive of COVID.

R-CHC, Peeplu

- No support from local bodies was cited with regards to drainage/boundary wall and roads.
- As the building is old, leakage has been a major concern major wards had ceiling and chipped walls.
- The number of posts sanctioned is less as there is only one SN resulting to which she is over-burdened.
- Drinking water is a challenge as it is extreme salty and the amount of fluoride is extreme.

Recommendations

- There should be more designated delivery points at primary level to share delivery load of CHC and district hospital. During visit it has been observed that at PHCs and SC there is good infrastructure available for conducting deliveries. Furthermore, at sub-centre ANM reported that due to her engagement in covid-19 vaccination duty, the delivery of other services has affected, as many days facility remains close due to unavailability of staff.
- At CHC level, most of these facilities visited are running in old government buildings, where problem of seepage during monsoon, collapse of plaster wall are common issues being observed. These facilities require immediate renovations, as it is dangerous for both patients and health workers.
- CHC, Newai shares huge number of population, however the current available space at facility is inadequate to cater such huge population. During visit, despite having proper sitting space at OPD area, long queue and people standing every nook and corner of the facility were observed. Furthermore the facility is sanctioned for 75 hospitals, for functioning of same; it needs immediate extension in new building.

- There should be timely release of funds as there is gap between the sanction and release. The sanctioned is done on time whereas they receive it at much later date.
- During visit it been reported by officials that CHO at health facilities already recruited, however their joining is being delayed. During pandemic when sub-centre emerged as crucial primary care point, presence of CHOs needed at each sub-centre.
- It should be noted that during pandemic management, routine health services should not hampered. The facilities which already facing HR crunch, the staff diversion in COVID-19 duty leading to vacuum at primary health level.
- The guidelines concerning the filling up of vacant positions must be issued and the positions must be filled. Specifically, attempts must be made to appoint a gynaecologist in the district.
- There is huge shortage of data entry operators in the district. The available data entry operators are overburdened. Since now most of things are digitized, there is need for hike in salary of data entry operators. Further, more data entry operators should be appointed under NHM.
- It is advised that specific posts should be made for certain tasks to handle and not a single person should be made burdened as it would increase the efficiency and distribution of work would be better.
- As managing COVID-19 pandemic is need of hour, however this should not affect routine health care service delivery. The diversion of staff should be avoided as much as possible.
- It is suggested by the CM&HO that there should be a single form where in it captures all the programmes in a single form. This is to reduce the duplicity of data and misreporting as well.

1 Background and Objectives

1.1 About National Health Mission (NHM)

National Health Mission was first launched in April 12, 2005 as National Rural Health Mission to address the health needs of rural population. Under mission many unique practices were encouraged like innovations in healthcare delivery practices, flexible financing to the states with strengthened monitoring and evaluation component for better health outcomes and health indicators of the states.

The vision of the NHM is the “Attainment of Universal Access to Equitable, Affordable and Quality health care services, accountable and responsive to people’s needs, with effective inter-sectoral convergent action to address the wider social determinants of health”. NHM focuses on decentralized health planning, service delivery, creating knowledge hubs within district hospitals, strengthening secondary level care at district hospitals, expanding outreach services, improving community processes and behavior change communication, human resources development, public health management, and health management information systems.

A key outcome of NHM is to reduce Out of Pocket expenditures. Health outcomes, output and process indicators are monitored through large scale surveys conducted periodically with evaluations, use of HMIS data, and periodic reviews done. The main aim is to create a fully functional, decentralized and community owned system with greater inter-sectoral coordination so that wider social determinant factors affecting health of people like water, sanitation, nutrition, gender and education are also equally addressed.

1.2 PIP-NHM

A state PIP is a comprehensive document comprising of situation analysis, Goals and strategies and corresponding costs. States prepare Program Implementation Plans (PIPs) on an annual basis which goes through a formal process of appraisal each year by MoHFW and with subsequent approval, the states commence implementation. A holistic reporting of commitments made in the State PIP, forms an essential component of Monitoring and Evaluation of NHM progress.

The strength of the monitoring and evaluation systems for various national health programmes is integral to its strengthening. PRC, Delhi has time and again provided a continuous flow of good quality information on inputs, outputs and outcome indicators which are deemed essential for monitoring the progress of NHM at closer intervals.

This PIP monitoring report concerns the district of Tonk in Rajasthan. The report provides a review of key population, socio-economic, health and service delivery indicators of the Tonk District. The report also deals with health infrastructure and human resource of the district and provides insights on MCH service delivery including JSSK and JSY schemes, Family Planning, ARSH, bio-medical waste management, referral transport, ASHA scheme, communicable, non-communicable diseases and status of HMIS and MCTS. The finding in the report is based on the interaction with CM & HO, District Health Officials, ANM and beneficiaries.

1.3 Objectives

Below are the key objectives of this PIP monitoring and evaluation:

- To monitor the status of infrastructure of public health facilities under NHM Programme and to assesses functionality of equipment, supply and essential drugs, essential consumables etc.
- To understand the availability and efficiency of human resource and identify gaps between demand and supply of health service delivery under NHM programme.
- To analyse implementation and performance of different schemes (RMNCH+A) under NHM.
- To analyse other important components namely service delivery, record maintenance, biomedical waste management, referral transports system, IEC material, disease control programme etc.
- To assess availability of finance for the NHM activities in the district.

1.4 Methodology

The report is based on Primary data collected from health facility visits as well as secondary data collected from DPM and CMO office as well as information collected from HMIS Web Portal for Tonk district, 2020-21. Structure interview schedules were used for nodal officers and health facilities.

The assessment is based on observations made and information collected during:

a) Round table meeting with CMO, DPM and other Nodal officers and NHM staff

b) Visits to health facilities

c) Beneficiary interactions

Prior to the assessment of health facilities, a meeting with key personnel of NHM, Tonk was held. The interactions gave an enriching insight into the health situation of the district, key challenges that lay ahead, and a prospective way forward. The DPM further elaborated the plan of visit to the health facilities.

The report is based on both qualitative and quantitative survey. Before visiting the field, a structured questionnaire (Appendix) prepared on various important aspects of NHM activities, were sent to the respective facilities and nodal officers. Further on the visit the questionnaire was cross checked and discussed in detail. After a valuable discussion with the CM & HO and DPM few selected facilities were visited for monitoring purpose. The healthcare facilities visited are listed as below

Figure 1.1 List of facilities visited during PIP visit in Tonk, Rajasthan

District Women and Child Hospital, Tonk
Urban Community Health Centre, Newai
Primary Health Centre-Health and Wellness Centre, Mundiya
Community Health Centre, Peeplu
Urban Primary Health Centre, Housing Board Tonk
Sub-Centre- Health and Wellness Centre Suhela

2 District Overview, Tonk, Rajasthan

2.1 District Profile

The present chapter highlights the socio-demographic and health profile of Tonk district in context of Rajasthan.

2.1.1 Demographic Profile

Tonk is one of the well-renowned districts of Rajasthan. The city of Tonk is the administrative headquarters of the district. It is situated near the right bank of Banas river, just 60 miles by road south from Jaipur. Tonk was also the capital of the eponymous princely state of British India from 1817 to 1947. The city of Tonk is situated on National Highway No. 12 at the distance of 100 Km. from Jaipur. It is located between longitudes $75^{\circ}07^{\wedge}$ to $76^{\circ}19^{\wedge}$ and latitude $25^{\circ}41^{\wedge}$ to $26^{\circ}34^{\wedge}$. It is bounded on the north by Jaipur district, in the east by Sawai Madhopur district and in the west by Ajmer district¹. The district is divided into seven blocks namely Malpura, Peeplu, Niwai, Todaraisingh, Deoli, Uniara, Tonk.

Figure 2.1 Map- Tonk District, Rajasthan



Source: <https://www.rajasthandirect.com/districts/tonk>
Note: Map not to scale.

¹ Source: <https://tonk.rajasthan.gov.in/content/raj/tonk/en/about-us/abouttonk.html>

According to Census 2011, Rajasthan has population of 6.86 Crores out of which 68548437 of which male and female are 35550997. Tonk district ranks 23rd in terms of population, 18th in terms of area and 19th in terms of population density. The total population of Tonk is 1421326 out of which 728136 are male and 535558 are female. The district is located in north eastern part of Rajasthan, comes under Ajmer division. The district is divided into seven blocks namely Malpura, Peeplu, Niwai, Todaraisingh, Deoli, Uniara, Tonk. The sex ratio of Tonk district is 952, which is higher than the state sex ratio of Rajasthan (928). The initial provisional data released by census India 2011, shows that density of Tonk district for 2011 is 198 people per sq. km. Literacy rate of Tonk in 2011 were 52.74 and if things are looked out at gender wise, male and female literacy were 65.69 and 50.66 respectively in Tonk District.

Table 2.1.Socio-demographic profile of Tonk & Rajasthan

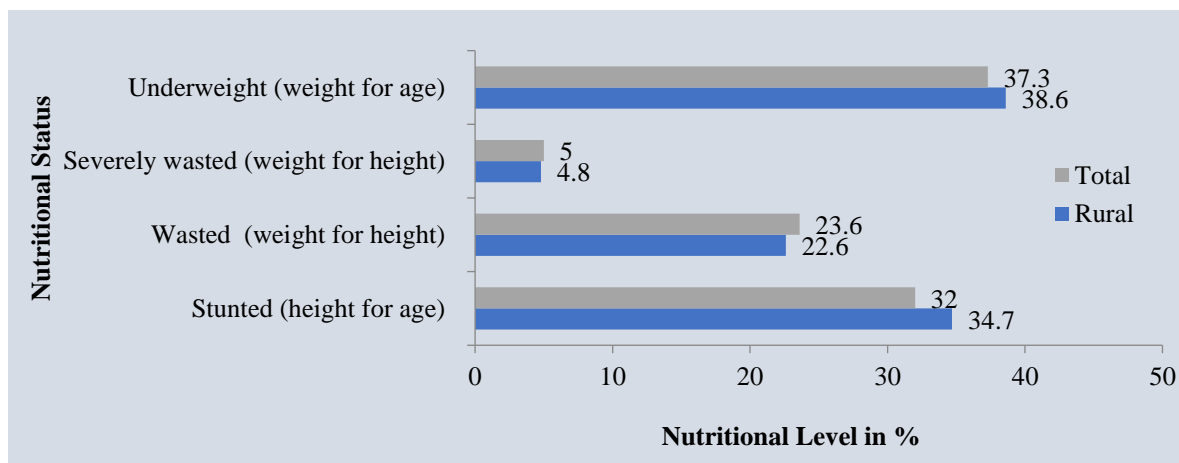
<i>Indicators</i>	<i>Rajasthan</i>	<i>Tonk</i>
Actual Population	68,548,437	1421326
Male	35,550,997	728136
Female	32,997,440	535558
Population Growth	21.31	17.3
Sex Ratio	928	952
Density/Km ²	200	198
Total Child Population (0-6 Age)	10,649,504	204038
Male Population (0-6 Age)	5,639,176	107868
Female Population (0-6 Age)	5,010,328	96170
Literacy (%)	66.11	52.74
Male Literacy (%)	79.19	65.69
Female Literacy (%)	52.12	50.66

Source: Census of India, 2011

2.1.2 Health Indicators

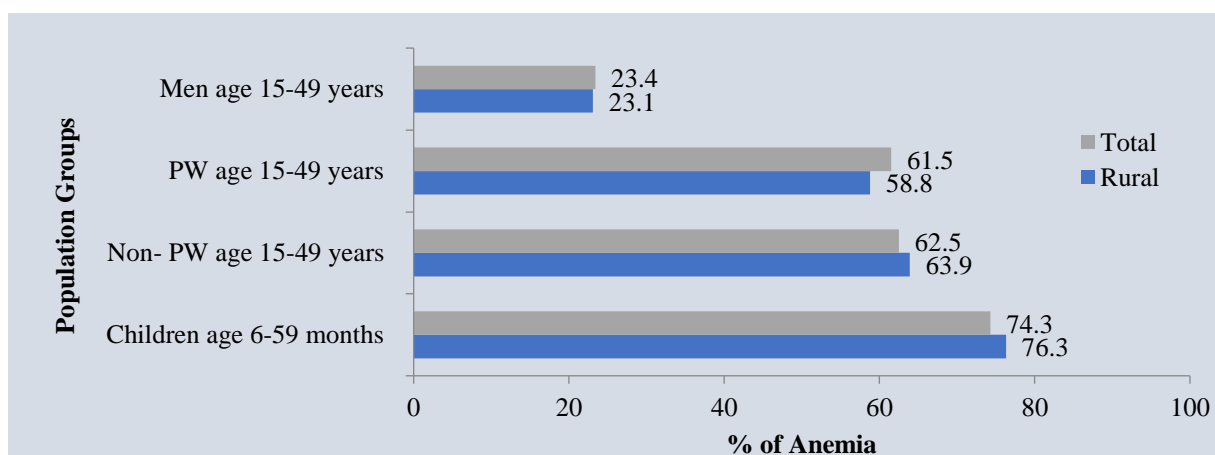
Moving towards the health indicators, it is evident from fig below that 61 percent pregnant women age 15-49 in Tonk are anaemic; however this percentage (23.4) is very low for male of same age group. Further, the anaemia among children is also very prevalent. 74.3 percent children of age group 6-59 months are anaemic. However, it is clear from both the figures that rural and total differential among health indicator is not very prominent.

Figure 2.2 Nutritional status of children under age 5 (%), Tonk, Rajasthan, NFHS-4



Source: Fact Sheet, Tonk, NFHS-4

Figure 2.3 Percent of anemia among population, Tonk, Rajasthan, NFHS -4



Source: Fact Sheet, Tonk, NFHS-4

2.1.3 HMIS Service Delivery Indicators

As reported by the portal about 67.03 per cent women who registered for ANC received 4 or more check-ups in district. The distribution of IFA tablets is at 100 per cent which is lower than the state average. Less than 1 per cent deliveries conducted at home in district. In the district 42.61 percent of SBA attended home deliveries which are higher than the state average which stands at 35.58 percent. Nearly 83.17 per cent of the deliveries took place in public institutions in Tonk district which is remarkably higher than the state percentage 73 per cent. As opposed to ANC registrations about 99.6 per cent women go for institutional deliveries. Percentage of C-section deliveries conducted in the district is 22.17 per cent, which is almost 11 per cent in the state. In the district all C-sections are conducted across private facilities than

public facilities. Percentage of women getting post-natal check-up after 48 hours and before 14 days is at 8.86 per cent which is also low in the state (8.79). New-borns breastfed within 1 hour of birth is 97.28 per cent, higher than the state average of 92.18 per cent. Almost all new-borns were weighed at birth in the district.

Table 2.2 Health Care Service Delivery Indicators in Tonk District, 2020-21

Health and Health Care Delivery Services Indicators	Rajasthan	Tonk
1. Maternal Health		
% 1st trimester registration to total ANC registrations	71.55	86.11
% Of Pregnant women who received 4 or more check-ups to total ANC registrations	64.6	67.032
a) Home Deliveries & Institutional Deliveries		
Number of Home Deliveries	28742	115
% SBA attended home deliveries to total reported Home Deliveries	35.58	42.61
% Institutional deliveries to total reported deliveries	100	99.6
% Deliveries conducted at public institutions to total institutional deliveries	73.52	83.17
% Deliveries conducted at Private institutions to total institutional deliveries	32.22	16.82
% Institutional deliveries to total ANC registrations	62.98	89.1
% Women discharged in less than 48 hours of delivery to Total Reported Deliveries at public institutions	15.53	30.23
b) C-section (Public and Private Facilities)		
% C-section deliveries (public + private) to reported institutional (public+ private) deliveries	11.71	22.17
% C-section deliveries conducted at private facilities to deliveries conducted at private facilities	5.89	100
C) Post-Natal Care		
% Women getting 1st post-partum check-up between 48 hours and 14 days to Total reported deliveries	8.79	8.86
% New-borns breast fed within 1 hour of birth to total live birth	92.18	97.28
2) Child Health		
Number of fully immunized children (9-11 months)	1307449	24303
Number of cases of Pneumonia (0-5 years)	35561	1262
Number of cases of Diarrhea (0-5 years)	263844	9002
% Infants received BCG to reported to full immunization	95.561	93.66
3) Family Planning		
% Male Sterilizations to total sterilizations	0.893	0.065
% Female Sterilizations to total sterilizations	99.11	99.94
% IUCD insertions to all family planning methods (IUCD plus permanent)	1.16	1.02
Number of beneficiaries given 4 or more than 4 doses of Injectable (Antara program)	45445	564
4) Facility Service Delivery		
IPD	5274300	156000
OPD (Allopathy +AYUSH)	98108327	2175245
% IPD to OPD	5.37599627	7.17

Source: HMIS Standard Report, 2020-21

As far as child health is concerned Diarrhoea is prevalent among children under the age of 5. There are total 9002 Diarrhoea cases reported in the district. Among all sterilization 99.94 percent share is female sterilization, whereas IUCD share 1.02 percent among all contraception's in district. It should be noted that the AYUSH OPD is about 2.94 per cent which means that the alternate systems of medicine are not gaining much popularity among the people.

2.2 State Resource Envelope and District Health Action Plan (DHAP)

Rajasthan has proposed a total of Rs.3967.38 Crore for NHM and the state has received an approval of Rs. 3019.2 Crore for NHM. Thus, 76.1 % of the proposed budget under NHM is approved by the National Program Coordination Committee (NPCC).

For the financial year (FY) 2020-21, against a resource envelope of 3019.2 crore, the state's share was noted of 1207.7 crore. The resource envelope for FY 2020-21 consists of government's support of Rs. 1294 Crore for NRHM-RCH flexible pool allocation including cash and kind, Rs. 35.5 crore under NUHM, and Rs. 357 crore for infrastructure maintenance. The total support from Government of India is Rs. 1811.5 crore whereas the share of the state is 40% that stands out to be Rs. 1207.7 crore.

Figure 2.4 Breakup of resource envelope, NHM FY 2020-21, Rajasthan

Indicators	Amount* (GoI Share)	Percent (GoI share)	State Share
1.Total NRHM-RCH Flexible Pool (a+b)	1294	71.4%	
(a) RCH Flexible Pool (including RI, IPPI, NIDDCP)	401.65	22.2%	
RCH Flexible Pool, Cash Grant Support	278.6	-	
RCH Flexi Pool (Kind grant support under immunization)	123.1	-	
(b) HSS under NRHM	892.4	49.3%	
Other HSS covered under NRHM	740.4	-	
Comprehensive Primary Health Care under HSS	105.2	-	
ASHA Benefit Package (incl. ASHA facilitators)	46.7	-	
2. NUHM Flexible Pool	35.5	2%	
Other Health System Strengthening covered under NUHM	25.8	-	
Comprehensive Primary Health Care under NUHM	9.7	-	
3. NDCP Flexible Pool	74.2	4.1%	
NVBDCP (Cash & Kind)	19.7	-	
RNTCP (Cash &Kind)	40.9	-	
NVHCP (Cash &Kind)	9	-	
NLEP	0.6	-	
IDSP	4	-	
4. NCD Flexible Pool (NPCB, NMHP, HCE, NTCP, NPCDCS)	50.8	2.8%	
5. Infrastructure Maintenance (Incl. Direction & Administration)	357	19.7%	
Total Resource Envelope (1+2+3+4+5)	1811.5	100%	1207.7
Grand Total Resource Envelope (GOI Allocation + UT Share)	3019.2		

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

The breakup of the total resource envelope shows that Rs. 401.65 crore is allocated for RCH Flexible Pool (including RI, IPPI, and NIDDCP); Rs. 892.4 is allocated for Health System

Strengthening (HSS) under NHM. Thus the GOI contribution towards total NRHM-RCH Flexible Pool stands out to be Rs. 1294.

NDCP Flexible Pool, NCD Flexible Pool & NUHM Flexible Pool is Rs. 74.2 crore, Rs. 50.8 Crore and Rs. 35.5 Crore respectively. Within NDCP Flexible Pool bulk of the resources are allocated for RNTCP activities. Finally, around 19.7 % of the GOI contribution under the total resource envelope is allocated toward infrastructure maintenance (including Direction and Administration)

3 Public Health Planning

3.1 Status of Service Delivery

This section will highlight the status of service delivery in the Tonk district based on field observations and data received from field visit. The important component of service delivery which have been taken into consideration are infrastructure, human resource and for capacity building various trainings are being provided to the health personnel and front line workers so that they are properly trained.

3.1.1 Health Infrastructure

According to Indian Public Health Standards (IPHS), healthcare infrastructure in India comprise of three main levels i.e. primary, secondary and tertiary healthcare. At primary level are *sub-centres* and *primary health centres (PHCs)*. A *sub-centre* is designed to serve rural area with population of 5000 people (or 3000 in a remote, dangerous location). *Sub-centres* also works as point to raise awareness among population and focus on preventive measures. Few *sub-centres* also function as designated delivery point.

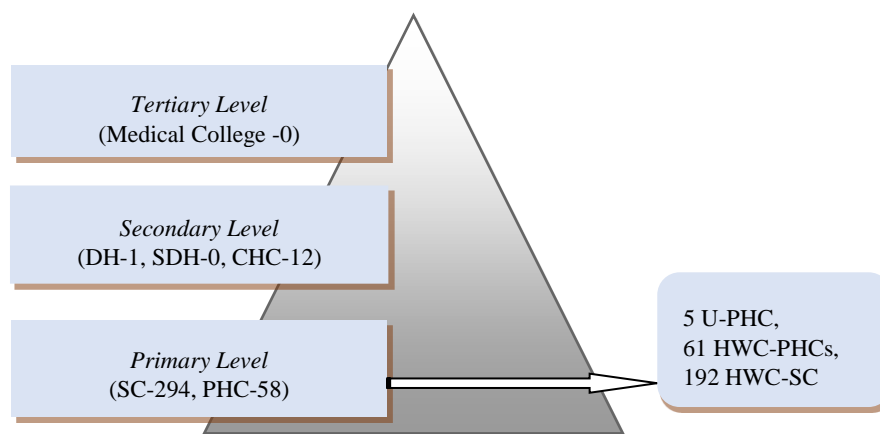
PHCs exist in more developed rural areas of 30,000 or more (20,000 in remote areas) and serve with larger health clinic staffed with doctors and paramedics. Patients can be referred from local *sub centres* to PHCs for more complex cases. A major difference from *Sub Centres* is that state governments fund PHCs, not the national government. PHCs also function to improve health education with a larger emphasis on preventative measures.

A *Community Health Centre* is also funded by state governments and accepts patients referred from Primary Health Centres. It serves 120,000 people in urban areas or 80,000 people in remote areas. Patients from these agencies can be transferred to general hospitals for further treatments. Thus, CHC's are also first referral units, or FRUs, which are required to have obstetric care, new born/childcare, and blood storage capacities at all hours every day of the week.

District Hospitals are the final referral centres for the primary and secondary levels of the public health system. It is expected that at least one hospital is in each district of India. There are normally anywhere between 75 and 500 beds, depending on population demand.

Looking at the distribution of all three levels of health facilities in Tonk, at tertiary level there is no medical college available (see fig). Further, at secondary level there is only 1 district hospital available in Tonk city and total 12 CHCs in all blocks. There is no sub-district hospital in the district. At primary level there is 58 PHCs, out of which % are Urban PHCs. Currently there are total 294 sub-centres are there, out of which 192 SCs are HWCs converted.

Figure 3.1 Number of facilities at primary, secondary and tertiary level in Tonk district



Source: CM & HO Office, Tonk, Rajasthan

As presented in table 3.1, in Tonk district, there is only 1 nutrition rehabilitation centre available at district hospital and no district early intervention centre is available in entire district. There is one blood bank at District hospital; however in entire district there are total 3 blood storage units are available. As reported during PIP visit, in district there are total 73 designated microscopy centres, 6 tuberculosis units and 3 CBNAAT/TruNaat sites are available. As far as concern about comprehensive abortion care services, there are total 11 facilities are providing first trimester and district hospital providing both 1st and 2nd trimester comprehensive abortion care services. In entire district there is only one *SNCU* at district hospital. It is reported during visit that *SNCU* is often overburdened with outborn and inborn children. Furthermore, there is only one *nutritional rehabilitation centre* at district hospital. The undernourished referred from all over the district get admission there. However, there is no *district early intervention centre* in entire district. There are total 192 *sub-centres* there in the district, which converted into *Health and Wellness Centres*. There are 56 *primary health centres* which converted into *health and wellness centres*.

Table 3.1 Facility Details, Tonk District

<i>Facility Details</i>	<i>Sanctioned/ Planned</i>	<i>Operational</i>
1. District Hospitals	1	1
2. Sub District Hospital	0	0
3. Community Health Centers (CHC)	12	12
4. Primary Health Centers (PHC)	58	58
5. Sub Centers (SC)	294	294
6. Urban Primary Health Centers (U-PHC)	5	5
7. Urban Community Health Centers (U-CHC)	0	0
8. Special Newborn Care Units (SNCU)	1	1
9. Nutritional Rehabilitation Centres (NRC)	1	1
10. District Early intervention Center (DEIC)	0	0
11. First Referral Units (FRU)	4	4
12. Blood Bank	1	1
13. Blood Storage Unit (BSU)	3	3
14. No. of PHC converted to HWC	56	56
15. No. of U-PHC converted to HWC	5	5
16. Number of Sub Centre converted to HWC	192	192
17. Designated Microscopy Center (DMC)	73	73
Tuberculosis Units (TUs)	6	6
CBNAAT/TruNat Sites	3	3
Drug Resistant TB Centres	0	0
Functional Non-Communicable Diseases (NCD) clinic		
· At DH		
· At SDH	1	1
· At CHC	-	-
Institutions providing Comprehensive Abortion Care (CAC) services		
· Total no. of facilities	11	11
· Providing 1st trimester services	11	11
· Providing both 1st & 2nd trimester services	1	1

Source: CM & HO Office, Tonk, Rajasthan

There are total 14 designated delivery points in entire Tonk districts (as shown in fig 3.2), out of which only 4 sub-centres and 4 PHCs are having deliveries at primary level. It is evident from the field reporting that there are very few delivery points at primary level, due to which most of delivery load catered by CHCs and DH Tonk.

At secondary level only 8 CHCs and district hospital Tonk are designated delivery points, which share delivery load from entire districts, particularly complicated and C-section deliveries at district WCH. During field visit it has been observed that if sub-centres and PHCs share delivery load (as most of PHCs visited have sufficient physical space), there will be fewer burdens at CHCs and DH.

3.1.2 Referral Transport Facility

As reported from CMO office, there are total 19 referral vehicles available in Tonk district, out of which 18 are equipped with basic life support (BLS) and one is equipped with advanced life

support only available at district hospital. There are two kinds of referral vehicle services available in district 102 and 104. 102 is dedicated for emergency referral vehicle, whereas 104 is dedicated for maternal health care. The details of referral transport in district are given below in the table:

Table 3.2 Details of referral transport in Tonk district

<i>Vehicle for Referral Transport</i>		
No. of Basic Life Support (BLS) (on the road) and their distribution	18	
No. of Advanced Life Support (ALS) (on the road) and their distribution	1 (DH)	
	ALS	BLS
Operational agency (State/ NGO/ PPP)	State	NGO
Ambulances are GPS fitted and handled through centralized call centre	No	Yes (18)
Average km travelled per ambulance per day	200 km/day	189km/day

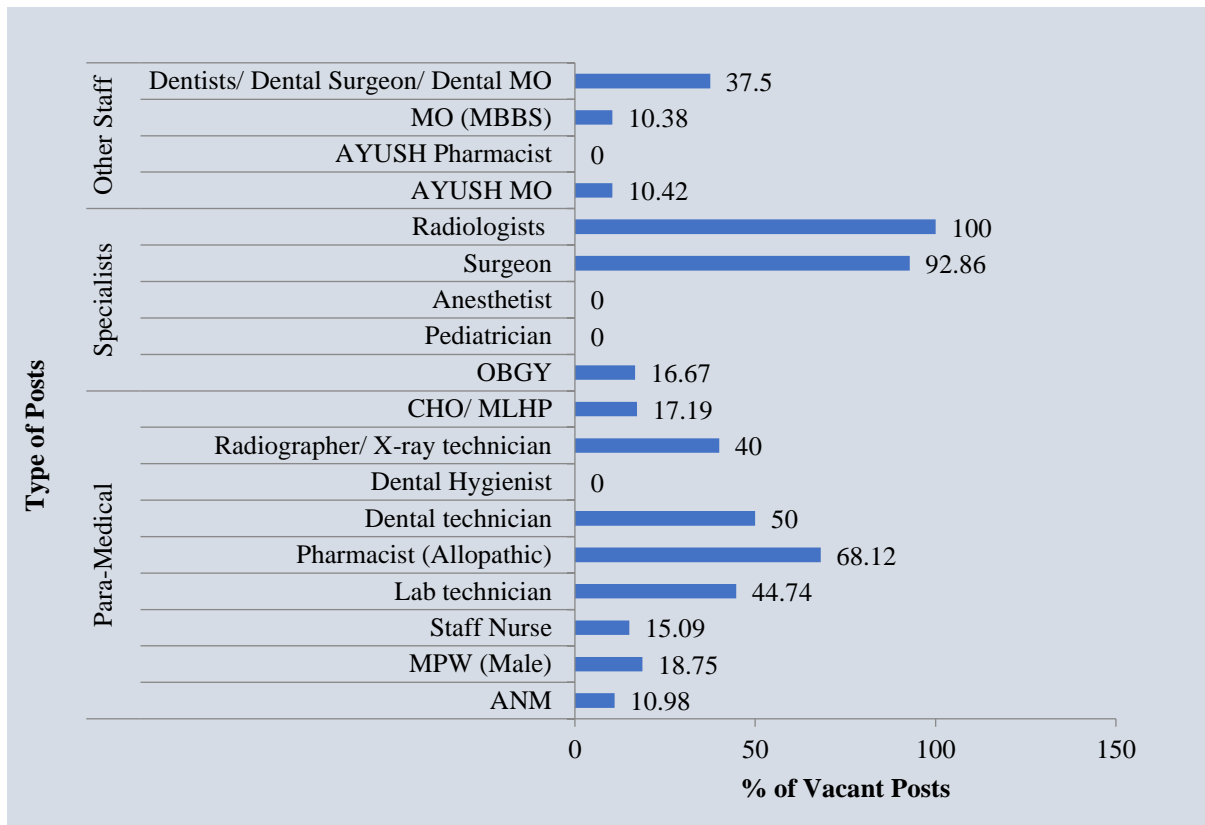
Source: CM & HO Office, Tonk, Rajasthan

3.1.3 Availability of Human Resource

CMO meeting and discussion with DPMs unanimously cited manpower crunch as a significant limiting factor affecting the effective implementation of NHM in the district. There is an acute shortage of para-medical staff at all facility level in Tonk district. Particularly, lab technicians, pharmacist, dental technician, and radiographer/x P ray technician more than 30 percents seats are vacant. Among Specialists, there is huge shortage of surgeon, as 90 percent sectioned posts for same are vacant (please see fig).

Overall a significant shortage of skilled human resource was observed across district. The scarce availability of specialists, para-medicals and administrative staff breeds inefficiency in the system. Non-availability of data entry operators was repeatedly reported by health personnel across the district. In today's time when the role of IT is of such significance in the efficient working of NHM, the need for DEOs must not be ignored. In the present situation, Staff Nurses/ANM/medical officer were seen to be collecting and preparing data. Thus, timely filling up the vacant positions, training and skill building, etc are urgent factors to consider while addressing the manpower shortfall in the district.

Figure 3.2 Vacant Positions of HR in the District (in percent)



Source: CM & HO Office, Tonk, Rajasthan

3.1.4 Budget Utilization

Budget utilisation under NHM is to operationalise an effective and accountable financial management system for budgeting, monitoring and utilisation of funds at central, state, district and block level. The percentage of the budget utilisation is shown as per the Financial Management Report (FMR).

As per the given records it can be observed that, the maximum number of utilizations as per the FMR is in programme management with more than 100 percent utilization being done. Followed by quality assurance, procurement and referral transport wherein 95 percent utilization is being done. The least utilization of budget as per the release can be observed in the case of training, review, research and surveillance, which is less than 50 percent.

Figure 3.3 Financial management report, Tonk district, 2020-21

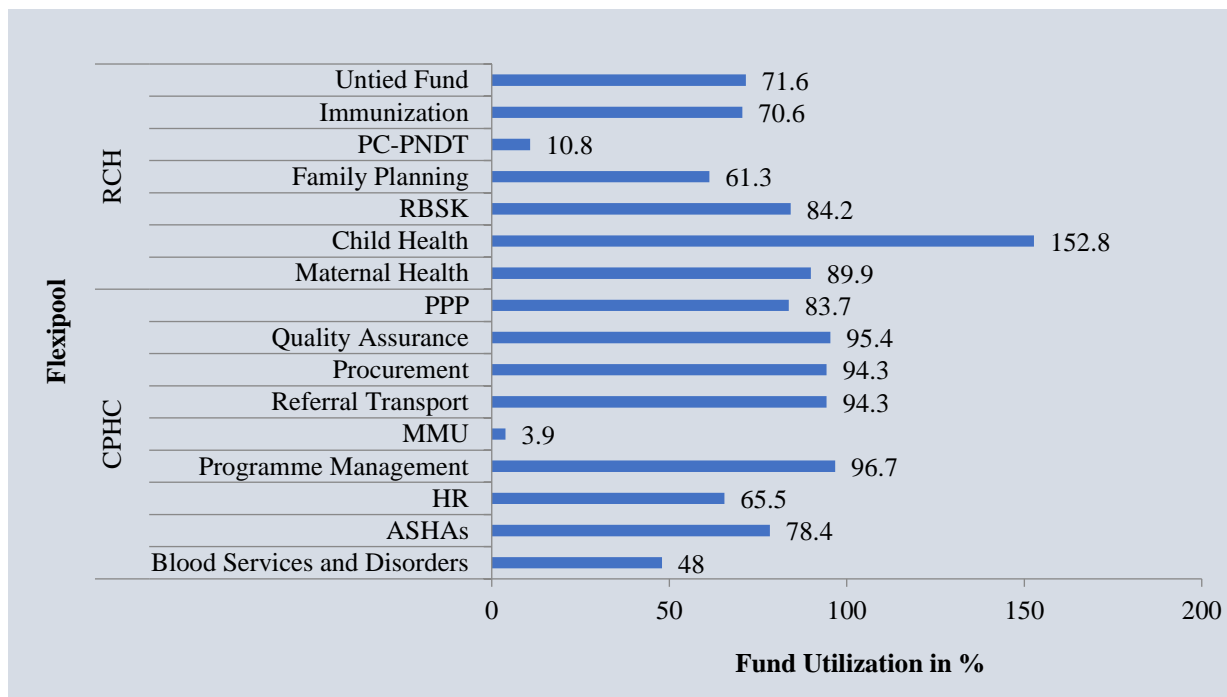
Indicator	Budget Released (in lakhs)	Budget utilized (in lakhs)	% of Utilization
1. FMR 1: Service Delivery: Facility Based	608.08	477.08	78.46
2. FMR 2: Service Delivery: Community Based	58.72	55.78	95.10
3. FMR 3: Community Intervention	508.46	406.23	79.89
4. FMR 4: Untied grants	203.58	145.77	73.60
5. FMR 5: Infrastructure			
6. FMR 6: Procurement	96.93	97.08	100.15
7. FMR 7: Referral Transport	288.7	305.55	105.84
8. FMR 8: Human Resource (Service Delivery)	466.23	306.94	65.83
9. FMR 9: Training	36.68	13.89	37.87
10. FMR 10: Review, Research and Surveillance	0.11	0.05	45.45
11. FMR 11: IEC-BCC	7.6	6.21	81.71
12. FMR 12: Printing	1.28	0.6	46.88
13. FMR 13: Quality	144.04	140.16	97.31
14. FMR 14: Drug Warehouse & Logistic	17.8	13.7	76.97
15. FMR 15: PPP	25	20.92	83.68
16. FMR 16: Programme Management	285.17	276.51	96.96
· FMR 16.1: PM Activities Sub Annexure			
17. FMR 17: IT Initiatives for Service Delivery	30.24	21.61	71.46
18. FMR 18: Innovations	22.5	19.7	87.56

Source: CM & HO Office, Tonk, Rajasthan

Looking at programme wise distribution of fund expenditure, it is evident from the fig that under RCH flexi-pool the least fund utilised in PC-PNDT and family planning. However, more than 100 percent funds were being used in child health during year 2020-21. Under other heads of RCH like maternal health (90%), RBSK (84.2%), immunization (70.6 %) more than 70 percent expenditure were being done. Under the head of CPHC least funds were utilized under MMU (3.9), MMU facility was not available in district, as reported during PIP visit. Further under blood services and disorders only 48 percent fund was being utilized (please see fig 3.5).

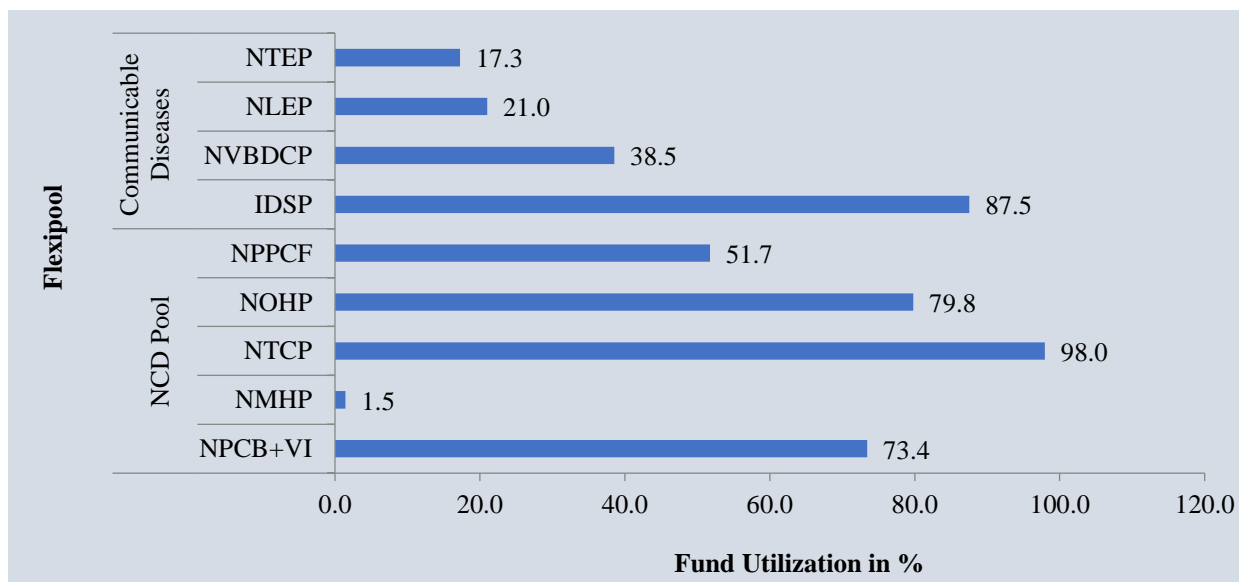
Under NCD and communicable disease pool, with total allocation 98 percent fund were utilised under NTCP followed by 79.78 percent under NOHP. Least fund was being used under NMHP. Further, under communicable disease pool only 17 percent fund was used under NTEP, it is worth mention here as the TB cases are very prevalent in district. Fig highlights that under communicable diseases pool least fund were utilised. Under communicable disease pool 87 percent funds were utilised under IDSP.

Figure 3.4 RCH and health system flexi pool, Tonk



Source: CM & HO Office, Tonk, Rajasthan

Figure 3.5 Communicable & non-communicable disease pool



Source: CM & HO Office, Tonk, Rajasthan

²For abbreviatio

² NTEP: National TB Elimination Programme, NLEP: National Leprosy Eradication Programme, NVBDCP: National Vector Borne Disease Control Programme, IDSP: Integrated Disease Surveillance Programme, NPPCF: National Programme for Prevention and Control of Fluorosis, NOHP: National Oral Health Programme, NTCP:

5 Status of National Programme Implementation

5.1 Reproductive Maternal New-born Child and Adolescent Programmes (RMNCH+A)

The reproductive, maternal, child and adolescent health programme is one of the vital component of National Health Mission. The aims of the programme is to protect the lives of and safeguard the health of women, adolescents and children and this has been the driving force for reaching out to the maximum numbers, in the remotest corners of the country through constant innovation and calibration of interventions.

The rigorous efforts made under the programme have yielded rich and quick dividends, evident in improved IMR and MMR. One of the most important steps that the Government of India has taken to fulfil its commitment to improving maternal health and child survival is the articulation of a comprehensive approach and linking together a set of initiatives and strategies that address each life stage.

5.1.1 Janani Suraksha Yojna (JSY)

JSY is safe motherhood initiative under national rural health mission, which aims reducing maternal and neo-natal mortality through promoting institutional delivery. The Yojana, launched on 12th April 2005, by the Hon'ble Prime Minister, is being implemented in all states and UTs with special focus on low performing states. JSY is a 100 % centrally sponsored scheme and it integrates cash assistance with delivery and post-delivery care.

ASHAs play a key role in linking beneficiaries to the health system for safe and institutional delivery by providing incentive for institutional deliveries to both ASHA and beneficiaries. The key features of the scheme are discussed below:

The scheme focuses on states which have poor performance of institutional deliveries and high maternal and neo-natal mortality. Under the scheme each beneficiary registered, and tracked for by ASHA/ AWW for ante-natal checkups, post-delivery checkups. Beneficiaries and ASHA workers also given cash assistance for each birth.

In Tonk, A total of 21355 beneficiaries were registered for JSY cash transfer, out of which 80 percent have received direct cash transfer through OJAS software. The discrepancies in

National Tobacco Control Programme, NMHP: National Mental Health Programme, NPCB+VI: National Programme for Control of Blindness and Vision Impairment.

documents and account details of beneficiaries have been cited as main reason for delay of payment. During community interaction it have been reported by beneficiaries that they are walk aware about the scheme and received full information about same from concern ASHA of the area.

5.1.2 Janani Shishu Suraksha Karyakaram (JSSK)

To complement JSY, Government of India launched Janani Shishu Suraksha Karyakram (JSSK) on 1st June, 2011 to eliminate out of pocket expenditure for pregnant women and sick new- borns and infants on drugs, diet, diagnostics, user charges, referral transport, etc. The scheme entitles all pregnant women delivering in public health institutions to absolutely free and no expense delivery including Caesarean section. Similar entitlements have been put in place for all sick newborns & infants accessing public health facilities.

In Tonk district, at facilities which were conducted deliveries, JSSK diet is being given under Kaleva Yojna through NGOs. Further, most of the facilities visited during PIP reported that before COVID-19 the full diet cooked in house kitchen were given to beneficiaries through Kaleva Yojana . However, during coved due to less delivery load at many facilities, it's not feasible to prepare food in house kitchen, hence, at most of these facilities diet were given with local NGOs partnership. Further, there is very less designated delivery point at sub-centres in Tonk and there is no provision of JSSK diet at sub-centre and PHCs. Most of the officials at PHCs reported that sometimes they arrange tea and biscuits for beneficiaries after delivery as part of JSSK diet. However, under the scheme, recommendations have been made to provide nutritious diet which should involve milk, fruits, daliya or dry fruit packages. The average cost per diet reported by CHCs officials is 95-100 rupees.

5.1.3 Maternal Death Review

Maternal Death Review (MDR) as a strategy has been spelt out clearly in the RCH –II National Programme Implementation Plan document. The importance of MDR lies in the fact that it provides detailed information on various factors at facility, district, community, regional and national level that are needed to be addressed to reduce maternal deaths. Analysis of these deaths can identify the delays that contribute to maternal deaths at various levels and the information used to adopt measures to fill the gaps in service.

In Tonk district, during 2019-20, total 16 maternal deaths were reported. In years 2020-21 total 8 maternal and 6 child deaths were reported. The primary reasons for maternal deaths were sepsis and severe anaemia, as reported by health officials in Tonk district.

5.1.4 Pradhan Mantri Surakshit Matritava Abhiyan (PMSMA)

The programme has been launched by the Ministry of Health & Family Welfare (MoHFW), Government of India with aim to provide assured, comprehensive and quality antenatal care, free of cost, universally to all pregnant women on the 9th of every month. PMSMA guarantees a minimum package of antenatal care services to women in their 2nd / 3rd trimesters of pregnancy at designated government health facilities.

During field visit it has been observed that programme is running smoothly in district at all facilities. ANC checkups are being given to pregnant women on every 9th of the month. Under the programmes health officials also do line listing of high risk pregnancies i.e. severely anaemic, diabetic. Following same the high risk pregnancies are being referred to next CHC or DH accordingly. During community interaction beneficiaries reported that they are being accompanied by concerned ASHA worker.

5.1.5 Home Based New Born Care (HBNC)

Under National Rural Health Mission, Home Based New Born Care is being implemented since 2011 for reduction of neonatal mortality in rural areas. The guidelines on Home Based Newborn Care were revised in 2014. Home Based Newborn Care scheme for reduction of neonatal mortality, has incentivized Accredited Social Health Activist (ASHA) for making visits to all newborns and their mothers according to specified schedule up to 42 days of life. The incentive amounts to a total of Rs. 250 for six visits in case of institutional delivery and seven visits in case of home delivery, subject to the following:

- a) Recording of weight of the newborn in Mother Child Protection (MCP) card
- b) Ensuring BCG, 1st dose of OPV and DPT vaccination
- c) Both the mother and the newborn are safe till 42 days of the delivery, and
- d) Registration of birth has been done

During Interaction with AHSA workers and beneficiaries, it has been noted that ASHA immediately visit to the any reported home delivery to provide HBNC services. Further, ASHA also received trainings to regarding guidelines for providing HBNC services and all the ASHAs are equipped with HBNC kits. In district total 868 ASHAs are equipped with HBNC kit and 1204 ASHAs have drug kit. During 2020-21, 2573 new borns were visited under HBNC in Tonk district.

5.1.6 Rashtriya Bal Swasthya Karyakarma (RBSK)

National Health Mission has ensured significant progress in reducing child mortality. However, a dire need prevails to improve survival outcome which would be reached by early detection and management of childhood conditions in a comprehensive manner.

Rashtriya Bal Swasthya Karyakram (RBSK) is an important initiative aiming at early identification and early intervention for children from birth to 18 years to cover 4 'D's viz. Defects at birth, Deficiencies, Diseases, Development delays including disability. Child Health Screening and Early Intervention Services under RBSK envisages to cover 30 selected health conditions for Screening, early detection and free management.

Table 5.1 Details of RBSK programme in Tonk

<i>RBSK</i>	<i>Numbers</i>
Total no. of RBSK teams sanctioned	12
No. of teams with all HR in-place (full-team)	12
No. of vehicles (on the road) for RBSK team	12
No. of Teams per Block	2
No. of block/s without dedicated teams	0
Average no of children screened per day per team	17
Number of children born in delivery points screened for defects at birth	1

Source: CM & HO Office, Tonk, Rajasthan

There are currently total 12 RBSK teams in Tonk district with 12 members in each team. All teams have one vehicle assigned to them. However, during COVID-19 pandemic, no child screening is being done due to shut down of schools. Further, officials reported that during pandemic RBSK team members are deployed in Covid-19 duty.

5.1.7 Family Planning

Family planning provides a choice & freedom to Women for deciding their Family size number of children and determines the spacing of pregnancies. A woman's freedom to choose "When to become pregnant" has a direct impact on her health and well-being as well as the neonate. This could be achieved only by providing basket of choices for contraceptive methods. By reducing rates of unintended pregnancies, family planning also reduces the need for unsafe abortions.

During PIP visit, it has been noticed that female sterilization is dominant family planning method in under permanent methods. Male sterilization is almost negligible in district. During

interaction health officials pointed out that most of their sterilization target achiever during January and February month every years. Due to being an agricultural dominant belt entire year people are busy in agricultural activities except January and February.

Among temporary family planning methods use condoms, Chhaya and Anantara injectables are most preferred among women. ASHAs have reported that due to side effects after first dose of Antara, there is drop out of beneficiaries. However, most of the beneficiaries receive counseling by ASHAs and convinced by them to continue further.

5.1.8 Information Education and Communication (IEC)

Information, Education and Communication (IEC) is a public health system approach aiming at changing or reinforcing health-related behaviors in a target audience, concerning a specific problem and within a pre-defined period of time, through communication methods and principles. Under IEC, posters, flyers, leaflets, brochures, booklets, messages for health education sessions, radio broadcast or TV spots, etc. are printed / produced and circulated / broadcasted as a means of promoting desired & positive behaviors in the community. IEC Materials play a crucial role in generating awareness and promoting healthy behaviour.

Figure 5.1 IEC material displayed at facilities in Tonk



Source: PIP visit, 2020-21

The visited facilities put in place the procured IEC material in place. Hoardings, posters and citizen charts were properly displayed. The procurement for IEC material was not reported to be a problem. Material was available with the facilities pertaining to all major schemes like

JSY, JSSK, Immunisation, Referral Transport, etc. Figure 5.1 shows few of the IEC materials cited by the team during visits to various health facilities.

5.1.9 Community Process

ASHAs have been established as the first port of call for all health related and allied activities at the community level. Community health workers like ASHAs play strategic role in the delivery of public health. The bottom up approach of NHM especially draws attention to the role of ASHAs all the more. They help in educating and mobilizing the masses to adopt healthy behaviours.

Table 5.2 Details of ASHAs in Tonk

<i>Number of ASHAs</i>	
Required as per population	1248
Selected	1205
No. of ASHAs covering more than 1500 (rural)/ 3000 (urban) population	102
No. of villages/ slum areas with no ASHA	1

Source: CM & HO Office, Tonk, Rajasthan

The broad working status of ASHAs is highlighted in Table X. At present, a total of 1205 ASHAs are working in the district. However, based on population 43 ASHAs more required in the district. Due to less number of ASHAs than required, 102 ASHAs are covering more than 1500(rural)/3000(urban) population. Further, it's also evident from data that there is one village in the district not covered by any ASHA. In district ASHA have received training up to seventh module. Fig 5.2 highlights that 1189 ASHAs are enrolled under PMJJBY scheme and 1122 ASHA worker enrolled under PMSBY.

5.2 Disease Control Programme

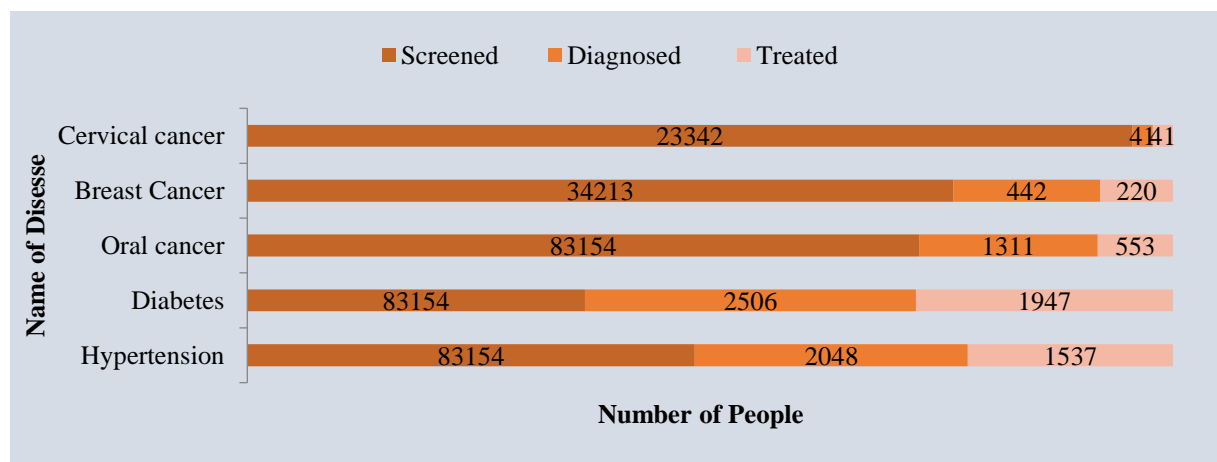
Several National Health Programmes such as the National Vector Borne Diseases Control, Leprosy Eradication, TB Control, Blindness Control and Iodine Deficiency Disorder Control Programmes, etc come under the umbrella of National Disease Control Programme (NDCP). The status of some communicable and non-communicable diseases in the district has been discussed below.

5.2.1 Universal Health Screening of NCD

Under universal health screening programme people screened for cervical cancer, breast cancer, oral cancer, diabetes, hypertension. It's evident from fig X that highest people

diagnosed with diabetes and hypertension in Tonk district. However, highest people have been screened for cervical cancer and breast cancer, although less people diagnosed with same.

Figure 5.2 Number of people screened, diagnosed, treated under universal health screening, Tonk



Source: CM & HO Office, Tonk, Rajasthan

5.2.2 The National Tuberculosis Elimination Program (NTEP)

Tuberculosis (TB) is an infectious disease caused by Mycobacterium Tuberculosis bacteria. It spreads through air when a person suffering from tuberculosis cough, sneeze or spit. TB remains to be major public health problem in India. TB control efforts are initiated countrywide since 1962 with inception of National TB Control Programme.

Table 5.3 Details of NTEP in Tonk

Indicators	Number of Beneficiaries
Target TB notification achieved	2065
Number of TB patients with known HIV status	1670
Eligible TB patients with UDST testing	2065
Whether drugs for both drug sensitive and drug resistance TB available	Yes
<i>Patients notification from public sector</i>	
No of patients notified	1839
No. of MDR TB Patients	36
Treatment initiation among MDR TB patients	36
<i>Patients notification from private sector</i>	
No of patients notified	226
Beneficiaries paid under Nikshay Poshan Yojana	776
Active Case Finding conducted as per planned for the year	No

Source: CM & HO Office, Tonk, Rajasthan

Under TB elimination programme total 2065 beneficiaries target have been achieved. There are 1670 TB patients are there with known HIV status. There are 2065 eligible TB patients with UDST testing. Drugs for both, drug sensitive and drug resistance TB have been reported to be available. Total 776 beneficiaries paid under Nikshay Poshan Yojna.

5.2.3 The National Vector Borne Disease Control Programme (NVBDCP)

It is an umbrella programme for prevention and control of malaria and other vector borne diseases viz., Lymphatic Filariasis, Kala-azar, Japanese Encephalitis, Chikungunya and Dengue with special focus on the vulnerable groups of the society. Under the programme, it is ensured that the disadvantaged and marginalised sections benefit from the delivery of services so that the desired National Health Policy and Rural Health Mission goals are achieved.

Table 5.4 Details of NVBDCP in Tonk

<i>Implementation of National Vector Borne Disease Control Programme (NVBDCP)</i>		
Micro plan and macro plan available at district level		Yes
Annual Blood Examination Rate	8.71 (2020), 10.70 (2021)	
Reason for decrease (trend of last 3 years to be seen)	Community awareness towards hygiene and Sanitation, frequent spray of MLO in localities	
LLIN distribution status		NO
IRS		NO
Anti-larval methods	Biological- Gambusia, Chemical MLO, Temiphos	
Contingency plan for epidemic preparedness		Yes
Weekly epidemiological and entomological situations are monitored		Yes
No. of MDR rounds observed		-
No. of districts achieved elimination status for Lymphatic Filariasis i.e. mf rate <1%		Nil

Source: CM & HO Office, Tonk, Rajasthan

Table 5.4 highlights the implementation of NVBDCP in Tonk district as reported from CMO office. The micro and macro plan for NVBDCP have been reported to be available at the district level. The annual blood examination rate for the disease is 10.70 for the year 2020-21, which is 2 percent higher than the previous year. Health officials during interaction highlighted that the trend of vector borne diseases has gone down in last three years as a result of preventive methods opted by health authorities. The frequent spray of MLO in localities and raised community awareness contributed to reduction in vector borne diseases in the district Tonk.

5.3 Nutrition

Nutrition is acknowledged as one of the most effective entry points for human development, poverty reduction and economic development, with high economic returns. Nutrition is central to the achievement of other National and Global Sustainable Development Goals. It is critical to prevent under nutrition, as early as possible, across the life cycle, to avert irreversible cumulative growth and development deficits. Factors contributing to under nutrition during infancy and childhood are low birth weight and poor breast feeding.

In Tonk one nutrition rehabilitation centre was there at district hospital. There were total 87 admissions taken place in Tonk NRC in year 2020-21. In NRC 13 children admitted with bilateral pitting oedema, 29 MUAC<115mm, 25 with diarrhoea, 21 with nutritional related disorder. Among all admissions 68 referred by frontline worker and 15 by paediatric ward.

Table 5.5 Details of Nutritional rehabilitation centre in Tonk

<i>Indicators</i>	<i>Number of Beneficiaries</i>
<i>Admission</i>	87
Bilateral pitting oedema	13
MUAC<115 mm	29
<-3SD WFH	45
With Diarrhoea	29
ARI/ Pneumonia	10
Fever	12
Nutrition related disorder	21
Others	15
<i>Referred by</i>	
Frontline worker	68
Paediatric ward/ emergency	15
<i>Current Status</i>	
Discharged	70
Referral/ Medical transfer	13
LAMA	4

Source: CM & HO Office, Tonk, Rajasthan

6 Service Availability at Health Facilities

6.1 Facility Wise Observations

The observations made by the monitoring team during the visit to various health facilities are presented in this chapter. The points summarise the broad status of the health facilities with regards to infrastructure, service delivery, manpower, drugs and equipment, etc.

Table below presents key observations on infrastructure made during PIP visit

Table 6.1 Physical Infrastructure at facilities visited during PIP, 2020-21

S. No.:	Physical Infrastructure Indicators	WCH-DH, Tonk	U-CHC, Niwai	PHC-HWC, Mundiya	R-CHC, Peeplu	U-PHC, HB Tonk	SC-HWC, Suhela
1	Whether located at an easily accessible area?	Yes	Yes	Yes	Yes	Yes	No
2	Regular electric supply available?	Yes	Yes	Yes	Yes	Yes	Yes
3	Round the clock piped water supply?	Yes	Yes	Yes	Yes	Yes	Yes
4	Proper waste disposal system as per National Guidelines?	Yes	Yes	No	Yes	Yes	Yes
5	Is drugstore room with rack available?	Yes	Yes	Yes	Yes	Yes	No
7	Is there Power Back UP	Yes	Yes	Yes	Yes	Yes	No
8	Clean and functional toilets	Yes	Yes	Yes	Yes	Yes	Yes
9	Number of functional inpatient beds	275	75	6	30	2	-
10	Is tele-medicine available?	yes	NO	NO	NO	Yes	NO
11	Branding			Yes		Yes	Yes

Source: PIP visit, 2020-21

6.1.1 Women and Child Hospital, Tonk

During field visit to facility the following points have been noted:

Service Load

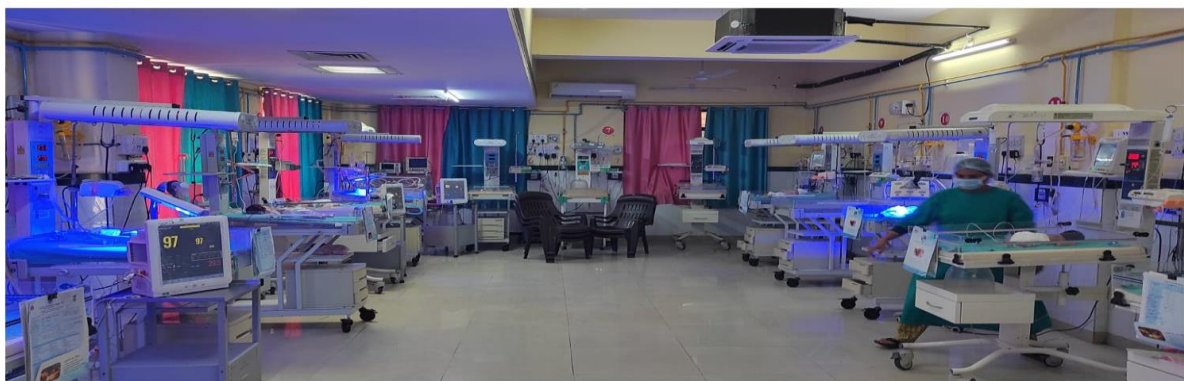
- The average OPD load at facility is 2000/day, which is generally higher during monsoon season.
- The average delivery load per day is 30 normal and 10 c-section deliveries. In last month 109 C-section deliveries and 598 normal deliveries were performed.

Physical Infrastructure

- The facility is running in government building divided in two parts MCH and district hospital.

- Facility is 275 bedded. The maternal and child hospital recently shifted to newly built government building near to main hospital. The new MCH hospital has ample of space for OPD, waiting area and registration counter is as per guidelines.
- The complicated cases are referred from district hospital to Jaipur.
- There are two oxygen plants already in working conditions and one in the process of installation under PM-Care fund.
- It is reported by officials that the hospital was COVID dedicated hospital during second wave of pandemic, therefore, all general OPD shifted to MCH.
- Timely bed sheets are being washed through outsourced laundry services and its is charged Rs.10 per bed sheet.
- Vertical autoclave is available in the facility,

Figure 6.1 District Women and Child Hospital (SNCU, Milk Bank), Tonk



Source: PIP visit, 2020-21

- The labour room of facility is well maintained, with all colour coded waste bins at place.
- The labour room is LaQshya certified with a score of 89 percent and it has even received NAQAS certification.

- There are currently two sonography machines available at facility (which is only available at MCH), x-rays and ECG also available in the facility.
- Officials reported that due to no hospital manager they could participate in Kayakalp award.
- There were rise in cases through tele-consultation mode and the spike was observed from COVID time. The overall rank for tele-consultation is under-10 at DH level.

Programme Related Observations

- There is 10 bedded nutrition rehabilitation centres available at MCH Tonk. Officials reported that in case of overload, sometime one bed is shared by two children.
- NCD clinic also available at facility, where NCD screening takes place on regular basis.
- The facility also providing mental health counselling and have two psychiatrists posted. The major mental health issues reported is depression. Further, counselling seeking ratio is more in favour of male than female.
- There is one blood bank functioning at facility. The blood collected routinely through organising blood donation camps.
- Only 20 percent JSY payment is delay. The main reason of delay is discrepancies in bank account details given by beneficiaries.
- JSSK diet is given through in-house kitchen and the overall cost per diet is Rs. 70 wherein the beneficiaries are being given Milk, Fruits, Daliya, and Biscuit.
- MTC staff is well trained and proper diet is being given to the children as per the plan.
- The CLMC unit ranks at 3rd position in the entire state and was well-maintained and the staff were aware of the entire procedure. They have received accolades and was quite visible.
- The preferred method for family planning is Laparoscopy and it was cited that IUCDs are less than the targets as only 1 ANM is looking after FP for which family planning is getting affected.
- No adolescent counselling is being done for teenagers. Rape cases too have been reported.
- It is reported that average 10 medico-legal cases comes everyday at facility.
- The data entry operators receive trainings for HMIS timely
- Every Saturday outreach camps are being organized at CHC level under mental health programs. Interestingly, efforts are too being made to cater and counsel at prison which is being organized on Wednesday and on every month of 29th. Counselling is being

done for Police personnel's too. It was even reported that due to upsurge in COVID cases many medical staff reported signs of depression.

- The score of Mera Aasptal before April was around 75-80
- On PPP mode CT scan is being managed.

Human Resource

- The health officials reported huge HR crunch at the facility.

6.1.2 Urban-Community Health Centre (U-CHC), Newai

During field visit to facility the following points have been noted:

Service Load

- The facility serves 2 lacks population under its area, the average OPD load is 600-700/day and average delivery load is 50/month
- The facility cover a huge population, as people from nearby blocks also visit CHC Newai for availing health services

Physical Infrastructure

- CHC is running in a government building, however the physical infrastructure is very old built. CCTV installed within the facility premises.
- Infrastructure needs timely renovation, despite the fact white washing has recently done, no changes are observed. Chip walls were observed in the various wards.
- As per the observation, it is not well maintained and cleanliness is also lacking, however there is huge burden of patients at facility, hence, despite having separate waiting space at OPD are it looked over-crowded.
- There are one 104 ambulance and one 108 ambulance in place for referral services.
- With regards to BMW proper colour coded bins have been places in the facility and C-TF also comes alternative days for waste collection.
- The facility has functional microscopy center, X-ray, ECG machines.
- Total 74 type of in-house tests are being performed in the facility as reported by officials.
- The facility also received Kayakalp award in 2016-17 for its quality management.
- The installation of oxygen plant from PM Care fund is going on.

Programme Related Observations

- Approx 80 percent of JSY payment have been made and the remaining 20 percent delay id reported due to incomplete documents and bank details of beneficiaries.
- There are 02 RBSK teams in the block and a daily plan has been made for screening, detection and timely treatment of children. Any defect/disability/serious diseases are being referred to district hospital Tonk.

Figure 6.2 Urban Community Health Centre, Newai, Tonk



Source: PIP visit, 2020-21

- In facilities no RSKS programme in place, instead health and nutrition counselling are done through outreach camps frequently. Further, adolescent and family planning counselling also done by ANM and staff nurses.
- Female sterilization is most preferred family planning method and male sterilization is almost negligible. ANTARA is not much accepted much as after 2nd dose there have been drop-out due to excessive bleeding. Condoms are most preferred temporary contraceptive method.
- Proper diet under JSSK is done through Kaleva Yojana at facility.
- The MOIC has reported that as of now no cases of leprosy have been reported till date.

Human Resource

- There are currently 6 medical officers, 3 medicine specialists, 10 gynaecologist, 4 paediatricians, 2 anaesthetists, 1 dentist and 1 pharmacist, 17 staff nurses are posted at the facility on regular posts.

6.1.3 Primary Health Centre-HWC, Mundiya

During field visit to facility the following points have been noted:

Service Load

- The facility is a 6-bedded facility which is as per the IPHS norms. The catchment population of the facility is 22,646.
- Before COVID the average OPD was around 50. However, after lockdown and pandemic there has been a dip in the OPD which is around 20-30.
- The PHC covers 6 SC's, 21 ASHAs, 8 ANMs and 1 Lady Health Visitor (LHV)

Figure 6.3 Primary Health Centre, Mundiya, Tonk



Source: PIP visit, 2020-21

Physical Infrastructure

- The facility is running in newly built government building. The facility has very good space and waiting area.
- The facility also received Kayakalp award in 2019-20 for its quality maintenance.
- Inverter is available at facility for electricity backup.
- Timely bed sheets are being washed through outsourced laundry services and its is charged Rs.10 per bed sheet.
- Rainwater harvesting is being done at the facility as one of the best practices.

Programme Related Observations

- JSY pendency was due to merger of banks; rejection from bank etc
- Ambulance service is available on call and as per the requirement 104 and 108 ambulances are readily available.
- Various tests such as Hb, Sputum collection, Malaria, HIV, Vial, Urine etc all are being carried.
- Due to monsoon season the diseases prevalent are Malaria and Dengue as cited by the MO of the facility.
- Before lockdown, wellness activities were conducted in the facility monthly. Till date 10 sessions have been conducted in the facility with the help of Yoga teacher.
- With regards to NCD, hypertension and diabetes are the prevalent diseases and complete stock of medicines is available at the facility.
- During COVID, sterilizations have been disrupted due to fear of getting infected.
- Only 33 percent of ANTARA have been accepted by the community members. Drop out after the second dose are also mentioned due to side effects such as excessive bleeding etc.
- ASHA incentives are done through ASHA software directly and no cheques have been given.

Human Resource

- Interestingly there is no HR shortage reported at the facility.
- Currently there are 1 MO, 3 GNM/SNs, 1ANM, 1pharmacist, 1LHV, 1LT posted at the facility on regular posts.

Overall, the facility is well managed and the MO was extremely proactive

6.1.4 Rural Community Health Centre (R-CHC), Peeplu

During field visit to facility the following points have been noted:

Service Load

- The catchment population is 30,000 that are being catered by the facility and it is 30 bedded facilities.
- The average OPD is 200 and the average delivery is 1 delivery per day.

Figure 6.4 Community Health Centre, Peeplu, Tonk



Source: PIP visit, 2020-21

Physical Infrastructure

- The facility is running in government building. However, building is bit old and require renovation.
- The labour room is well maintained and clean with all the equipment's needed in the room. Colour coded bins for waste disposal are also at place.
- During interaction MOIC reported problem of water logging in health facility premises.
- Herbal garden is there in the premises of facility.
- For BMW management C-TF comes for waste collection every alternate day.
- 51 oxygen concentrators are there in the facility.
- During the visit, it was observed that Dharmshala facility was in the vicinity of the facility so that relatives can stay.

Programme Related Observations

- JSY payment status is almost done and pendency is meagre.

- JSSK diet is being given through outsourced mode and the cost of diet per day is Rs.70 which is less than the guidelines.
- There is no NCD clinic in the facility as no approval has been given. The most common NCDs are diabetes and hypertension. Whereas, seasonal diseases (cold, fever, malaria, dengue) are most prevalent in the block.
- Routine immunizations have been hampered from the past 2 years due to the pandemic and the current achievement stands at 75 percent.
- RKSK counselling is being done in collaboration with NGOs. The ratio of seeking adolescent counselling favours males than. The most common adolescent issues reported by health officials are night fall, white discharge and menstruation.
- Minilap and female sterilization are more preferred family planning methods. With regards to the stock of FP, it is being done through FPLMIS.
- Around 11,000 medicines are available for AYUSH.

Human Resource

- There are currently 2 medical officers, 3 medicine specialists, 1 gynaecologist, 1 paediatrician, 1 anaesthetist, 1 dentist and 1 pharmacist, 6 staff nurses are posted at the facility on regular posts.

6.1.5 Urban Primary Health Centre (UPHC-HWC), Housing Board, Tonk

During field visit to facility the following points have been noted:

- The facility was handed over on October, 2020 and the number of beds available in the facility are 2.
- Average OPD of the facility is 45 per day.
- The facility has bagged 1st position for COVID vaccination. The nearest referral point is DH, Tonk as it is at a distance of 1 km.
- The MO is newly posted but no training has been received for HWC that is mandate as per the guidelines.
- No deliveries are being conducted at the facility as DH and MCH are near to the facility. Hence, no provision of labour room is available.
- The cold chain point is available and is running extremely well.
- Influenza patients are there in the block.
- Monthly outreach camps are organized twice a month.
- BMW is being managed by C-TF connectivity.

- During MCHND various counselling are being done for PW and adolescents. The stock of WIFS also adequate in the facility.
- Monthly 10 yoga sessions are being organized at the centre as a teacher has been appointed for the same.
- With regards to tele-consultation, it is being managed through “E-Sanjevani” portal in the entire district.
- Moving forward to family planning, condom usage is the most preferred method and there is reluctance for sterilization of both male and female.

Figure 6.5 Urban Primary Health Centre, Housing Board, Tonk



Source: PIP visit, 2020-21

6.1.6 Sub-Centre-HWC, Suhela, Tonk

During field visit to facility the following points have been noted:

- The everyday OPD load is 15-20. The facility cover total 5264 population, currently there is 5 ASHAs, 1ANM and 1MPHW are posted. 1 CHO also appointed, however not joined yet.
- There is no shortage of drugs at reported at facility.
- Currently COVID-19 vaccine drive is going on at facility. Along with COVID-19 vaccination, facility also carrying routine immunization sessions.
- NCD screening is done by ASHAs in the community and susceptible cases are being referred to CHC and DH.
- In 2020-21 financial year 10,000 fund have been received, which was used in paying electricity bills and buying chairs.

- Among family planning methods condoms are most preferred among beneficiaries. There is no supply of sanitary napkins at facility since last one year.
- Facility is not a delivery point; however there is space available for same. Therefore, converting facility into a delivery point would reduce burden on CHC, Newai.

Figure 6.6 Sub-centre-HWC, Suhela, Tonk



Source: PIP visit, 2020-21

- Facility is well maintained and drugs availability card also displayed at the facility.
- It is observed that roads are not properly constructed and the drainage system is also not proper as water gets flooded during monsoon resulting to which the beneficiaries can't avail the services.

6.1.7 Community Interaction

During PIP visit the team interacted with local community members to understand their perspectives of public health services, their preference, out of pocket expenditure, lifestyle etc. This section presents summary of community interaction done at Suhela village at MCHND. The background profile of all the community member participated in discussion is given below:

Table 6.2 Background Profile of Participants of community interaction in Tonk

Sr. No.	ID	Age	Sex	Marital Status	Caste	Health Services Currently Available	Frontline Worker /Beneficiary	Catchment Area
1	ID1	27	female	Married	General	ANC Services	Beneficiary	-
2	ID2	27	female	Married	OBC	-	Beneficiary	-
3	ID3	24	female	Married	SC	Seasonal Sickness	Beneficiary	Suhela Village
4	ID4	30	female	Married	General	-	Beneficiary	
5	ID5	38	female	Married	OBC	Seasonal Sickness	ASHA	-
6	ID6	32	female	Married	SC	-	Beneficiary	
7	ID7	37	female	Married	SC	Seasonal Sickness	Beneficiary	-
8	ID8	30	female	Married	General	-	Beneficiary	-
9	ID9	60	female	Married	SC	-	Beneficiary	-
10	ID10	36	female	Married	OBC	-	Beneficiary	-
11	ID11	26	female	Married	OBC	-	Beneficiary	-
12	ID12	70	female	Widow	SC	-	Beneficiary	-

Source: PIP visit, 2020-21

6.1.7.1 Summary of beneficiary interaction

- The community members visit the SC and there have been mix responses with regards to the service delivery. Both public and private facilities are opted by the members as some of the tests are carried out in private facilities only. Minor ailments are availed from the respective SC visited such as headache, fever, cold etc. Majority of the respondents said that there has always been a preference of public facility than private facility until and unless there is urgency.
- With regards to ambulance services, the minimum time for ambulance to reach is approx. 15-20 minutes. No delay of ambulance service has been reported and it is available on call. If at all they have to visit district hospital, out of pocket expenditure is at times being made an approx. Rs.40 is being charged through autos.
- Talking in terms of water availability, there is an issue as hand pumps and water points are available in the Mohallas which is far away and at times it becomes difficult to fetch water. Community members store water in buckets and at times the supply is also not sufficient.
- Every house in the village has toilet facility that has been constructed as per the government scheme or from their own pockets.
- Iodine deficiency is not seen anywhere as TATA salt is being consumed by the members of the community.

- Community members are satisfied with the services that are being rendered at the facility as timely medicines are available and are satisfied with ANM and ASHAs as well. Timely referrals are also being made, whenever required to avoid complications.
- ASHA incentives have been received timely through ASHA software and various trainings have been received such as 7th module, NCD training, Family Planning etc.

Figure 6.7 Community interaction in Tonk district during PIP visit, 2020-21



Source: PIP visit, 2020-21

- Awareness related to hygiene, nutrition, ANC, PNC, etc are made timely and is being given to each and every member and all of them adhere to the what is being explained by the workers.
- It was reported that boys consume ghutka in excessive amounts which can have serious impact on their health in the future.
- As roads are not properly constructed and the surroundings are also not neat water clogs during monsoon session. Dengue and Malaria cases are quite prevalent.

- ASHAs and ANM are well versed and make an effort to generate community awareness as much as possible with proper counselling with regards to ANC check-ups, PNC and Child care, lactating mothers, counselling of adolescents, menstrual hygiene, family planning, consuming balanced diet, COVID vaccination etc.
- THR facility is not available at the AWC for a quite a long time and it was even reported that pulses was also not distributed from the past 2 months.

6.2 Best Practices Adopted at Visited Facilities in Tonk

UPHC-HWC, Housing Board

- For COVID vaccination drive the staff has adopted the token system which is distributed in two colour formats i.e., yellow and pink slips are being distributed among the public as to avoid crowd and long waiting time at facilities.
- Solar water is also installed in the facility.
- Awareness regarding vaccination was done through articles/mobile vans/videos resulting to which there has been an active participation from the community.

CHC, Peeplu

- Herbal gardens are well managed in the facility as per the kayakalp guidelines.
- Token system is also adopted for COVID vaccination as to avoid hassles
- Washing machine has been bought and a washerman has been hired for cleaning the bed sheets. As water has been a major issue, the facility provides water and soap for laundry services. The practice is absent in entire district.

Appendix



सत्यमेव जयते
Ministry of Health & Family Welfare
Government of India



Schedule for PIP Monitoring

District Profile

The profile is to be filled based on secondary data and sent to state/ district for validation prior to the visit

Indicator	Remarks/ Observation			
Name of District				
Total number of Blocks				
Total number of Villages				
Total Population				
Rural population				
Urban population				
Literacy rate				
Sex Ratio				
Sex ratio at birth				
Population Density				
Estimated number of deliveries				
Estimated number of C-section				
Estimated numbers of live births				
Estimated number of eligible couples				
Estimated number of leprosy cases				
Target for public and private sector TB notification for the current year				
Estimated number of cataract surgeries to be conducted				
Mortality Indicators:	Previous year		Current FY	
	Estimated	Reported	Estimated	Reported

Maternal Death				
Child Death				
Infant Death				
Still birth				
Deaths due to Malaria				
Deaths due to sterilization procedure				
Facility Details	Sanctioned/ Planned		Operational	
District Hospitals			3	
Sub District Hospital				
Community Health Centers (CHC)			11	
Primary Health Centers (PHC)			35	
Sub Centers (SC)			189	
Urban Primary Health Centers (U-PHC)				
Urban Community Health Centers (U-CHC)				
Special Newborn Care Units (SNCU)				
Nutritional Rehabilitation Centres (NRC)				
District Early intervention Center (DEIC)				
First Referral Units (FRU)				
Blood Bank				
Blood Storage Unit (BSU)				
No. of PHC converted to HWC				
No. of U-PHC converted to HWC				
Number of Sub Centre converted to HWC				
Designated Microscopy Center (DMC)				
Tuberculosis Units (TUs)				
CBNAAT/TruNat Sites				
Drug Resistant TB Centres				
Functional Non-Communicable Diseases (NCD) clinic				
At DH				
At SDH				
At CHC				
Institutions providing Comprehensive Abortion Care (CAC) services				

Total no. of facilities		
Providing 1st trimester services		
Providing both 1st & 2nd trimester services		

Overview: DHAP

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

Service Availability

Indicator	Remarks/ Observation
Implementation of Free drugs services (if it is free for all)	
Implementation of diagnostic services (if it is free for all)	
Number of lab tests notified	
Status of delivery points	
No. of SCs conducting >3 deliveries/month	
No. of 24X7 PHCs conducting > 10 deliveries /month	
No. of CHCs conducting > 20 deliveries /month	
No. of DH/ District Women and child hospital conducting > 50 deliveries /month	
No. of DH/ District Women and child hospital conducting C-section	

Indicator	Remarks/ Observation	
No. of Medical colleges conducting > 50 deliveries per month		
No. of Medical colleges conducting C-section		
Number of institutes with ultrasound facilities (Public+Private)		
Of these, how many are registered under PCPNDT act		
Details of Pradhan Mantri Surakshit Matritva Abhiyan PMSMA activities performed		
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		
Special Newborn Care Units (SNCU)		
Total number of beds 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
Admission		
Defects at birth		
Discharged		
Referral		
LAMA		

Indicator	Remarks/ Observation	
Died		
Newborn Stabilization Unit (NBSU)		
	Inborn	Out born
Admission		
Discharged		
Referral		
LAMA		
Died		
Nutrition Rehabilitation Centers (NRC)		
Admission		
Bilateral pitting oedema		
MUAC<115 mm		
<' -3SD WFH		
with Diarrhea		
ARI/ Pneumonia		
TB		
HIV		
Fever		
Nutrition related disorder		
Others		
Referred by		
Frontline worker		
Self		
Ref from VCDC/ CTC		
RBSK		
Pediatric ward/ emergency		
Discharged		
Referral/ Medical transfer		
LAMA		
Died		
Home Based Newborn Care (HBNC)		
Status of availability of HBNC kit with ASHAs		
Newborns visited under HBNC		

Indicator	Remarks/ Observation
Status of availability of drug kit with ASHAs	
Number of Maternal Death Review conducted Previous year Current FY	
Number of Child Death Review conducted Previous year Current FY	
Number of blocks covered under Peer Education (PE) programme	
No. of villages covered under PE programme	
No. of PE selected	
No. of Adolescent Friendly Clinic (AFC) meetings held	
Weekly Iron Folic Acid Supplementation (WIFS) stockout	
No. of Mobile Medical Unit (MMU) (on the road) and micro-plan	
No. of trips per MMU per month	
No. of camps per MMU per month	
No. of villages covered	
Average number of OPD per MMU per month	
Average no. of lab investigations per MMU per month	
Avg. no. of X-ray investigations per MMU per month	
Avg. no. of blood smears collected / Rapid Diagnostic Tests (RDT) done for Malaria, per MMU per month	
Avg. no. of sputum collected for TB detection per MMU per month	
Average Number of patients referred to higher facilities	
Payment pending (if any) If yes, since when and reasons thereof	
Vehicle for Referral Transport	

Indicator	Remarks/ Observation	
No. of Basic Life Support (BLS) (on the road) and their distribution		
No. of Advanced Life Support (ALS) (on the road) and their distribution		
	ALS	BLS
Operational agency (State/ NGO/ PPP)		
If the ambulances are GPS fitted and handled through centralized call centre		
Average number of calls received per day		
Average number of trips per ambulance per day		
Average km travelled per ambulance per day		
Key reasons for low utilization (if any)		
No. of transport vehicle/102 vehicle (on the road)		
If the vehicles are GPS fitted and handled through centralized call centre		
Average number of trips per ambulance per day		
Average km travelled per ambulance per day		
Key reasons for low utilization (if any)		
Universal health screening		
If conducted, what is the target population		
Number of Community Based Assessment Checklist (CBAC) forms filled till date		
No. of patients screened, diagnosed, and treated for: Hypertension Diabetes Oral cancer Breast Cancer Cervical cancer		
If State notified a State Mental Health Authority		
If grievance redressal mechanism in place		

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

Indicator	Remarks/ Observation
Contingency plan for epidemic preparedness	
Weekly epidemiological and entomological situations are monitored	
No. of MDR rounds observed	
No. of districts achieved elimination status for Lymphatic Filariasis i.e. mf rate <1%	
Implementation of National Tuberculosis Elimination Programme (NTEP)	
Target TB notification achieved	
Whether HIV Status of all TB patient is known	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If No, no. of TB patients with known HIV status_____
Eligible TB patients with UDST testing	
Whether drugs for both drug sensitive and drug resistance TB available	
Patients notification from public sector	No of patients notified: Treatment success rate: No. of MDR TB Patients: Treatment initiation among MDR TB patients:
Patients notification from private sector	No of patients notified: Treatment success rate: No. of MDR TB Patients: Treatment initiation among MDR TB patients:
Beneficiaries paid under Nikshay Poshan Yojana	
Active Case Finding conducted as per planned for the year	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
Implementation of National Leprosy Eradication Programme (NLEP)	
No. of new cases detected	
No. of G2D cases	
MDT available without interruption	
Reconstructive surgery for G2D cases being conducted	
MCR footwear and self-care kit available	

Indicator	Remarks/ Observation
Number of treatment sites and Model Treatment Center (MTC) for viral hepatitis	
Percent of health workers immunized against Hep B	
Key activities performed in current FY as per ROP under National Fluorosis Control Programme	
Key activities performed in current FY as per ROP under National Iron Deficiency Disorders Control Programme	
Key activities performed in current FY as per ROP under National Tobacco Control Programme	
Number of ASHAs Required as per population Selected No. of ASHAs covering more than 1500 (rural)/ 3000 (urban) population No. of villages/ slum areas with no ASHA	
Status of social benefit scheme for ASHAs and ASHA Facilitators (if available) 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 _____ _____	
Status of Mahila Arogya Samitis (MAS)-	

Indicator	Remarks/ Observation			
Formed Trained MAS account opened				
Status of Village Health Sanitation and Nutrition Committee (VHSNC) Formed Trained MAS account opened				
Number of facilities quality certified				
Status of Kayakalp and Swachh Swasth Sarvatra (SSS)				
Activities performed by District Level Quality Assurance Committee (DQAC)				
Recruitment for any staff position/ cadre conducted at district level				
Details of recruitment	Previous year		Current FY	
	Regular cadre	NHM	Regular cadre	NHM
Total no. of posts vacant at the beginning of FY				
Among these, no. of posts filled by state				
Among these, no. of posts filled at district level				
If state has comprehensive (common for regular and contractual HR) Human Resource Information System (HRIS) in place				

Implementation of CPHC

Status as on: _____

Indicator	Planned	Completed
Number of individuals enumerated		
Number of CBAC forms filled		
Number of HWCs started NCD screening: SHC- HWC PHC- HWC UPHC – HWC		

Number of individuals screened for: Hypertension Diabetes Oral Cancer Breast Cancer Cervical Cancer		
Number of HWCs providing Teleconsultation services		
Number of HWCs organizing wellness activities		

Status of HRH

Status as on: _____

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				
Performance of EMOC/ LSAS trained doctors	Trained	Posted in FRU	Performing C-section	
LSAS trained doctors				
EmOC trained doctors				

State of Fund Utilization

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

Status of Expenditure as on: _____ to _____

Indicator	Budget Released (in lakhs)	Budget utilized (in lakhs)	Reason for low utilization (if less than 60%)
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 16.1: PM Activities Sub Annexure			
FMR 17: IT Initiatives for Service Delivery			
FMR 18: Innovations			

Programme Wise

Status of Expenditure as on: _____ to _____

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

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



Ministry of Health & Family Welfare
Government of India



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

Service Delivery:

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

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

Indicator	Remarks/ Observation
OPD Timing	
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

Indicator	Remarks/ Observation		
	<input type="checkbox"/> ASHA rest room is available <input type="checkbox"/> Drug storeroom with rack is available Power backup: <input type="checkbox"/> Complete Hospital/ <input type="checkbox"/> Part of the hospital Last major renovation done in (Year): _____		
Number of functional in-patient beds	_____ No of ICU Beds available:		
List of Services available			
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	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)		

Indicator	Remarks/ Observation		
	14	Neonatal Intensive Care Unit (NICU)	
	15	Pediatric Intensive Care Unit (PICU)	
	16	Labour Room Complex	
	17	ICU	
	18	Dialysis Unit	
	19	Emergency Care	
	20	Burn Unit	
	21	Teaching block (medical, nursing, paramedical)	
	22	Skill Lab	
Emergency	General emergency: or facilities available for: 1. Triage 2. Resuscitation 3. Stabilization		
Tele-medicine/Consultation services available	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, average case per day _____		
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:		
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: _____		
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		

Indicator	Remarks/ Observation																																																																												
	<input type="checkbox"/> Free for all																																																																												
Biomedical waste management practices	1. Sharp pit 2. Deep Burial pit 3. Incinerator 4. Using Common Bio Medical Treatment plant 5.																																																																												
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 rowspan="9">Specialists</td> <td>Medicine</td> <td></td> <td></td> </tr> <tr> <td>ObGy</td> <td></td> <td></td> </tr> <tr> <td>Pediatrician</td> <td></td> <td></td> </tr> <tr> <td>Anesthetist</td> <td></td> <td></td> </tr> <tr> <td>Surgeon</td> <td></td> <td></td> </tr> <tr> <td>Ophthalmologist</td> <td></td> <td></td> </tr> <tr> <td>Orthopedic</td> <td></td> <td></td> </tr> <tr> <td>Radiologist</td> <td></td> <td></td> </tr> <tr> <td>Pathologist</td> <td></td> <td></td> </tr> <tr> <td>Others</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Dentist</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Staff Nurses/ GNMs</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>Dental Technician/ Hygienist</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Hospital/ Facility Manager</td> <td></td> <td></td> <td></td> </tr> <tr> <td>EmOC trained doctor</td> <td></td> <td></td> <td></td> </tr> <tr> <td>LSAS trained doctor</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)				Specialists	Medicine			ObGy			Pediatrician			Anesthetist			Surgeon			Ophthalmologist			Orthopedic			Radiologist			Pathologist			Others				Dentist				Staff Nurses/ GNMs				LTs				Pharmacist				Dental Technician/ Hygienist				Hospital/ Facility Manager				EmOC trained doctor				LSAS trained doctor				Others			
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Indicator	Remarks/ Observation															
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LaQshya	Labour Room: Operation Theatre:															
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) _____															
Implementation of DVDMS or similar supply chain management system	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If other, which one_____															
Shortage of 5 priority drugs from EDL in last 30 days, if any	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 5%; text-align: center;">1</td> <td style="width: 80%;"></td> <td style="width: 15%;"></td> </tr> <tr> <td style="text-align: center;">2</td> <td></td> <td></td> </tr> <tr> <td style="text-align: center;">3</td> <td></td> <td></td> </tr> <tr> <td style="text-align: center;">4</td> <td></td> <td></td> </tr> <tr> <td style="text-align: center;">5</td> <td></td> <td></td> </tr> </table>	1			2			3			4			5		
1																
2																
3																
4																
5																
Availability of Essential Consumables:	<input type="checkbox"/> Sufficient <input type="checkbox"/> Minimal <input type="checkbox"/> Acute shortage Supply Shortage In last 6 months how many times there was shortage_____															
Availability of essential diagnostics	<input type="checkbox"/> In-house <input type="checkbox"/> Outsourced/ <input type="checkbox"/> Both/ Mixed PPP															
In-house tests	Timing: Total number of tests performed: _____ Details of tests performed:															

Indicator	Remarks/ Observation
Outsourced/ PPP	Timing: Total number of tests performed: _____ Details of tests performed:
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
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): _____
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
Availability of Testing kits/ Rapid Diagnostic Kits	<input type="checkbox"/> Sufficient <input type="checkbox"/> Minimal <input type="checkbox"/> Acute shortage Supply Shortage
Implementation of PM-National Dialysis programme	<input type="checkbox"/> Yes/ <input type="checkbox"/> No <input type="checkbox"/> In-house <input type="checkbox"/> Outsourced/ PPP Total number of tests performed: _____
Whether the services are free for all	<input type="checkbox"/> Free for BPL <input type="checkbox"/> Free for elderly

Indicator	Remarks/ Observation
	<input type="checkbox"/> Free for JSSK beneficiaries <input type="checkbox"/> Free for all
Number of patients provided dialysis service	Previous year _____ Current FY _____ <i>*Calculate the approximate no. of patients provided dialysis per day</i>
If there is any shortage of major instruments/ equipment	
Average downtime of equipment. Details of equipment are nonfunctional for more than 7 days	
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 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
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:
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)

Indicator	Remarks/ Observation
	<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
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:
Line listing of high-risk pregnancies	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
Practice related to Respectful Maternity Care	
Whether facility have registers for entering births and deaths	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
Number of Maternal Death reported in the facility	Previous year: Current year:
Number of Child Death reported in the facility	Previous year: Current year:
If Comprehensive Abortion Care (CAC) services available	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
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
Number of newborns immunized with birth dose at the facility in last 3 months	

Indicator	Remarks/ Observation		
Newborns breastfed within one hour of birth (observe if practiced and women are being counselled)			
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		
Number of sterilizations performed in last one month			
Availability of trained provider for IUCD/ PPIUCD	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
Who counsels on FP services?			
Please comment on utilization of other FP services			
FPLMIS has been implemented	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
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		
Whether facility has fixed day NCD clinic	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If Yes, how many days in a week: _____ days		
Are service providers trained in cancer services?	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
Number of individuals screened for the following in last 6 months:		Screened	Confirmed
	Hypertension		
	Diabetes		
	Oral Cancer		
	Breast Cancer		
	Cervical Cancer		

Indicator	Remarks/ Observation
Whether reporting weekly data in P, S and L form under IDSP	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
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:
Maintenance of records on	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
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)

Indicator	Remarks/ Observation
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
Frequency of RKS meeting (check and obtain minutes of last meeting held)	
Availability of ambulance services in the area	<input type="checkbox"/> Own ambulance available <input type="checkbox"/> DH/ SDH has contracted out ambulance services <input type="checkbox"/> Ambulances services with Centralized call centre <input type="checkbox"/> Government ambulance services are not available Comment (if any):
How many cases from referred to in last month?	Number: Types of cases referred in:
How many cases were referred out last month?	Number: Types of cases referred out:
Key challenges observed in the facility and the root causes	
Challenge	Root causes

Indicator	Remarks/ Observation



Ministry of Health & Family Welfare
Government of India



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

Service Delivery:

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

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

Indicator	Remarks/ Observation		
OPD Timing			
Whether the facility is functioning in PPP mode	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
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		
Number of functional in-patient beds			
List of Services available			
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	

Indicator	Remarks/ Observation			
	7	Dental		
	8	Imaging Services (X – ray)		
	9	Imaging Services (USG)		
	10	Newborn Stabilization Unit		
If any of the specialists are available 24*7	<input type="checkbox"/> Yes available <input type="checkbox"/> Yes, available only on-call <input type="checkbox"/> Not available			
Emergency	General emergency: or facilities available for: 1. Triage 2. Resuscitation 3. Stabilization			
Tele-medicine/Consultation services available	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, average case per day _____			
Operation Theatre available	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, Major: Minor:			
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: _____			
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			
Biomedical waste management practices	Sharp pit: Deep Burial pit: Other System, if any:			
Details of HR available in the facility (Sanctioned and In-place)	HR		San.	Reg.
	MO (MBBS)			
	Specialists	Medicine		

Indicator	Remarks/ Observation			
		ObGy		
		Pediatrician		
		Anesthetist		
	Dentist			
	SNs/ GNMs			
	LTs			
	Pharmacist			
	Dental Assistant/ Hygienist			
	Hospital/ Facility Manager			
	EmOC trained doctor			
	LSAS trained doctor			
	Others			
IT Services	Desktop/ Laptop available: <input type="checkbox"/> Yes/ <input type="checkbox"/> No Internet connectivity: <input type="checkbox"/> Yes/ <input type="checkbox"/> No Quality/strength of internet connection: _____			
Kayakalp	Initiated: _____ Facility score: _____ Award received: _____			
NQAS	Assessment done: _____ Internal/State Facility score: _____ Certification Status: _____			
LaQshya	Labour Room: Operation Theatre:			
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) _____			
Implementation of DVDMS or similar supply chain management system	<input type="checkbox"/> Yes/ <input type="checkbox"/> No			

Indicator	Remarks/ Observation															
	If other, which one_____															
Shortage of 5 priority drugs from EDL in last 30 days, if any	<table border="1"> <tr> <td data-bbox="603 365 699 409">1</td> <td data-bbox="707 365 1257 409"></td> <td data-bbox="1265 365 1399 409"></td> </tr> <tr> <td data-bbox="603 409 699 454">2</td> <td data-bbox="707 409 1257 454"></td> <td data-bbox="1265 409 1399 454"></td> </tr> <tr> <td data-bbox="603 454 699 499">3</td> <td data-bbox="707 454 1257 499"></td> <td data-bbox="1265 454 1399 499"></td> </tr> <tr> <td data-bbox="603 499 699 544">4</td> <td data-bbox="707 499 1257 544"></td> <td data-bbox="1265 499 1399 544"></td> </tr> <tr> <td data-bbox="603 544 699 589">5</td> <td data-bbox="707 544 1257 589"></td> <td data-bbox="1265 544 1399 589"></td> </tr> </table>	1			2			3			4			5		
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Availability of Essential Consumables:	<input type="checkbox"/> Sufficient <input type="checkbox"/> Minimal <input type="checkbox"/> Acute shortage In last 6 months how many times there was shortage_____ <p style="text-align: right;">Supply Shortage</p>															
Availability of essential diagnostics	<input type="checkbox"/> In-house <input type="checkbox"/> Outsourced/ <input type="checkbox"/> Both/ Mixed <p style="text-align: right;">PPP</p>															
In-house tests	Timing: Total number of tests performed: _____ Details of tests performed:															
Outsourced/ PPP	Timing: Total number of tests performed: _____ Details of tests performed:															
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															

Indicator	Remarks/ Observation
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
Availability of Testing kits/ Rapid Diagnostic Kits	<input type="checkbox"/> Sufficient <input type="checkbox"/> Minimal <input type="checkbox"/> Acute shortage Supply Shortage
If there is any shortage of major instruments/ equipment	
Average downtime of equipment. Details of equipment are nonfunctional for more than 7 days	
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
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:
Availability of JSSK entitlements	<input type="checkbox"/> Yes/ <input type="checkbox"/> No

Indicator	Remarks/ Observation
	<p>If yes, whether all entitlements being provided</p> <p><input type="checkbox"/>Free delivery services (Normal delivery/ C-section)</p> <p><input type="checkbox"/>Free diet</p> <p><input type="checkbox"/>Free drugs and consumables</p> <p><input type="checkbox"/>Free diagnostics</p> <p><input type="checkbox"/>Free blood services</p> <p><input type="checkbox"/>Free referral transport (home to facility)</p> <p><input type="checkbox"/> Free referral transport (drop back from facility to home)</p> <p><input type="checkbox"/>No user charges</p>
<p>PMSMA services provided on 9th of every month</p>	<p><input type="checkbox"/>Yes/ <input type="checkbox"/>No</p> <p>If yes, how are high risks identified on 9th?</p> <p>If No, reasons thereof:</p>
<p>Line listing of high-risk pregnancies</p>	<p><input type="checkbox"/>Yes/ <input type="checkbox"/>No</p>
<p>Practice related to Respectful Maternity Care</p>	
<p>Whether facility have registers for entering births and deaths</p>	<p><input type="checkbox"/>Yes/ <input type="checkbox"/>No</p>
<p>Number of Maternal Death reported in the facility</p>	<p>Previous year:</p> <p>Current year:</p>
<p>Number of Child Death reported in the facility</p>	<p>Previous year:</p> <p>Current year:</p>
<p>If Comprehensive Abortion Care (CAC) services available</p>	<p><input type="checkbox"/>Yes/ <input type="checkbox"/>No</p>
<p>Availability of vaccines and hub cutter</p>	<p><input type="checkbox"/>Yes/ <input type="checkbox"/>No</p> <p>Nurses/ ANM aware about open vial policy: <input type="checkbox"/>Yes/ <input type="checkbox"/>No</p>

Indicator	Remarks/ Observation		
Number of newborns immunized with birth dose at the facility in last 3 months			
Newborns breastfed within one hour of birth (observe if practiced and women are being counselled)			
Number of sterilizations performed in last one month			
Availability of trained provider for IUCD/ PPIUCD	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
Who counsels on FP services?			
Please comment on utilization of other FP services			
FPLMIS has been implemented	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
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		
Whether facility has fixed day NCD clinic	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If Yes, how many days in a week: _____ days		
Are service providers trained in cancer services?	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
Number of individuals screened for the following in last 6 months:		Screened	Confirmed
	Hypertension		
	Diabetes		
	Oral Cancer		
	Breast Cancer		
	Cervical Cancer		
Are service providers trained in cancer services?	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		

Indicator	Remarks/ Observation
Whether reporting weekly data in P, S and L form under IDSP	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
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: 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:
1. 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:
2. 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
3. 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)

Indicator	Remarks/ Observation
4. 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
5. Frequency of RKS meeting (check and obtain minutes of last meeting held)	
6. Availability of ambulance services in the area	<input type="checkbox"/> CHC own ambulance available <input type="checkbox"/> CHC has contracted out ambulance services <input type="checkbox"/> Ambulances services with Centralized call centre <input type="checkbox"/> Government ambulance services are not available
	Comment (if any):
• How many cases from sub centre/ PHC were referred to this CHC last month?	Number: Types of cases referred in:
• How many cases from the CHC were referred to the DH last month?	Number: Types of cases referred out:
7. Key challenges observed in the facility and the root causes	
Challenge	Root causes
a)	
b)	
c)	
d)	
e)	

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

Service Delivery:

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

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

Indicator	Remarks/ Observation
OPD Timing	
For U-PHC, check if evening/morning OPD/Clinics being conducted	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
Whether the facility is functioning in PPP mode	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
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

Indicator	Remarks/ Observation			
	<input type="checkbox"/> Drug storeroom with rack is available <input type="checkbox"/> Power backup <input type="checkbox"/> Branding			
Number of functional in-patient beds				
List of Services available				
If 24*7 delivery services available	<input type="checkbox"/> Yes/ <input type="checkbox"/> No			
Tele-medicine/Consultation services available	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, average case per day _____			
Biomedical waste management practices	Sharp pit: Deep Burial pit: Other System, if any:			
Details of HR available in the facility (Sanctioned and In-place)	HR	San.	Reg.	Cont.
	MO (MBBS)			
	MO (AYUSH)			
	SNs/ GNMs			
	ANM			
	LTs			
	Pharmacist			
	Public Health Manager (NUHM)			
	LHV/PHN			
	Others			
IT Services	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: _____			
Kayakalp	Initiated: Facility score: Award received:			
NQAS	Assessment done: Internal/State score: Facility score: Certification Status:			

Indicator	Remarks/ Observation	
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) _____	
Implementation of DVDMS or similar supply chain management system	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If other, which one_____	
Shortage of 5 priority drugs from EDL in last 30 days, if any	1	
	2	
	3	
	4	
	5	
Drugs Available for Hypertension & Diabetic patients:	1	
	2	
	3	
Shortage of sufficient number of Hypertension & Diabetic in last 7 days	1	
	2	
	3	
Availability of Essential Consumables:	<input type="checkbox"/> Sufficient <input type="checkbox"/> Minimal <input type="checkbox"/> Acute shortage Supply Shortage In last 6 months how many times there was shortage_____	
Availability of essential diagnostics	<input type="checkbox"/> In-house <input type="checkbox"/> Outsourced/ <input type="checkbox"/> Both/ Mixed PPP	
In-house tests	Timing: Total number of tests performed: _____ Details of tests performed:	
Outsourced/ PPP	Timing: Total number of tests performed: _____ Details of tests performed:	

Indicator	Remarks/ Observation
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
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
Availability of Testing kits/ Rapid Diagnostic Kits	<input type="checkbox"/> Sufficient <input type="checkbox"/> Minimal <input type="checkbox"/> Acute shortage Supply Shortage
If there is any shortage of major instruments/ equipment	
Average downtime of equipment. Details of equipment are nonfunctional for more than 7 days	
Availability of delivery services	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
If yes, details	Comment on condition of labour room: Functional New-born care corner (functional radiant warmer with neo-natal ambu bag): <input type="checkbox"/> Yes/ <input type="checkbox"/> No
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:
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

Indicator	Remarks/ Observation
	<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
Line listing of high-risk pregnancies	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
Number of normal deliveries in last three month	
Availability of Daksh/ Dakshta trained/SBA trained MO/SN/ANM in Labour Room	<input type="checkbox"/> Yes <input type="checkbox"/> No
Practice related to Respectful Maternity Care	
Number of Maternal Death reported in the facility	Previous year: Current FY:
Number of Child Death reported in the facility	Previous year: Current year:
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
Number of newborns immunized with birth dose at the facility in last 3 months	
Newborns breastfed within one hour of birth (observe if practiced and women are being counselled)	
Number of sterilizations performed in last one month	
Availability of trained provider for IUCD/ PPIUCD	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
Who counsels on FP services?	
Please comment on utilization of other FP services	
FPLMIS has been implemented	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
Availability of functional Adolescent Friendly Health Clinic	<input type="checkbox"/> Yes/ <input type="checkbox"/> No

Indicator	Remarks/ Observation		
	If yes, who provides counselling to adolescents: _____ Separate male and female counselors available: <input type="checkbox"/> Yes/ <input type="checkbox"/> No		
Whether facility has fixed day NCD clinic	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If Yes, how many days in a week: _____ days		
Are service providers trained in cancer services?	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
Number of individuals screened for the following in last 6 months:		Screened	Confirmed
	Hypertension		
	Diabetes		
	Oral Cancer		
	Breast Cancer		
	Cervical Cancer		
Whether wellness activities are performed	<input type="checkbox"/> Yes/ <input type="checkbox"/> No Frequency:		
Whether reporting weekly data in P and L form under IDSP	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
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): _____		
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: 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:		

Indicator	Remarks/ Observation
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:
Maintenance of records on	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
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)
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
Frequency of RKS meeting (check and obtain minutes of last meeting held)	
Availability of ambulance services in the area	<input type="checkbox"/> PHC own ambulance available <input type="checkbox"/> PHC has contracted out ambulance services <input type="checkbox"/> Ambulances services with Centralized call centre <input type="checkbox"/> Government ambulance services are not available
	Comment (if any):
How many cases from sub centre were referred to this PHC last month?	Number: Types of cases referred in:

Indicator	Remarks/ Observation
How many cases from the PHC were referred to the CHC last month?	Number: Types of cases referred out:
Key challenges observed in the facility and the root causes	
Challenge	Root causes
Only for U-PHC	
Population enumeration initiated for slum population	<input type="checkbox"/> Not yet initiated <input type="checkbox"/> Initiated <input type="checkbox"/> Completed
Number of CBAC forms filled (NUHM)	
Is Specialist services provided at U-PHC?	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, specialist services are provided through: <input type="checkbox"/> Teleconsultation/ <input type="checkbox"/> Clinic Schedule: <input type="checkbox"/> Fixed/ <input type="checkbox"/> Rotational Type of specialist services available: <input type="checkbox"/> OBGY, <input type="checkbox"/> Pediatrics, <input type="checkbox"/> Medicine, <input type="checkbox"/> Dermatology, <input type="checkbox"/> Ophthalmology, Others_____
UHNDs Conducted:	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, no. of UHND conducted per month_____

Indicator	Remarks/ Observation
Special Outreach camps conducted:	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, no. of UHND conducted during last quarter_____ Type of specialties provided during special outreach camps: _____



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Sub-Centre (SC) Level Checklist

Service Delivery: Sub Centre

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

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

Indicator	Remarks/ Observation
List of Services available	
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 <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

Indicator	Remarks/ Observation			
	<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			
Biomedical waste management practices				
Details of HR available in the facility (Sanctioned and In-place)	HR	San.	Reg.	Cont.
	ANM/ MPW Female			
	MPW Male			
	MLHP/ CHO			
	ASHA			
	Others			
IT Services	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: _____			
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) _____			
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			
Shortage of 5 priority drugs from EDL in last 30 days, if any	1			
	2			
	3			
	4			
	5			
Drugs Available for Hypertension & Diabetic patients:	1			
	2			

Indicator	Remarks/ Observation
	3
Shortage of sufficient number of Hypertension & Diabetic in last 7 days	1
	2
	3
Are CHOs dispensing medicines for hypertension and diabetes at SHC-HWC	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
Availability of Testing kits/ Rapid Diagnostic Kits	<input type="checkbox"/> Sufficient Supply <input type="checkbox"/> Minimal Shortage <input type="checkbox"/> Acute shortage
Availability of:	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
Line listing of all Pregnant women in the area	<input type="checkbox"/> Yes/ <input type="checkbox"/> No High risk women identified: <input type="checkbox"/> Yes/ <input type="checkbox"/> No MCP cards duly filled: <input type="checkbox"/> Yes/ <input type="checkbox"/> No
Number of Maternal Death Review conducted	Previous year: Current year:
Number of Child Death Review conducted	Previous year: Current year:
Availability of vaccines and hub cutter	<input type="checkbox"/> Yes/ <input type="checkbox"/> No 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
Availability of micro-plan for immunization	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
Follow up of:	SNCU discharge babies: <input type="checkbox"/> Yes/ <input type="checkbox"/> No LBW babies: <input type="checkbox"/> Yes/ <input type="checkbox"/> No
Line listing of all eligible couple in the area	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
Availability of trained provider for IUCD/ PPIUCD	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
Please comment on utilization of other FP services	
Number of individuals above 30 years of age in the HWC population	

Indicator	Remarks/ Observation		
Number of CBAC forms filled in last 6 months			
Report for number of individuals for whom CBAC form has been filled in last six months.	Score with below 4: 4 and above score:		
Whether universal screening of NCD has started	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
Number of individuals screened for the following in last 6 months:		Screened	Confirmed
	Hypertension		
	Diabetes		
	Oral Cancer		
	Breast Cancer		
	Cervical Cancer		
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:		
Source of getting drugs/ medications for individual. Number of individuals taking medication for HTN and DM during last six months from which source Taking medication for HTN/DM	From From From other govt. facilities: From pvt. Chemist shop: (Average OOP/month)	Linked PHC: (Specify)	SC-HWC: PHC: (Specify)
Status of use of:	Tele-consultation services HWC App Details:		
Whether wellness activities are performed	<input type="checkbox"/> Yes/ <input type="checkbox"/> No Frequency:		
Whether reporting weekly data in S form under IDSP	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
Status of Tuberculosis in the area:	Indicators	Last year	Current year
	Number of presumptive TB patients identified:		
	Number of presumptive TB patients referred for testing		

Indicator	Remarks/ Observation		
	Number of TB patients diagnosed out of the presumptive patients referred		
	Number of TB patients taking treatment under the Sub centre area		
ASHA Interaction			
Status of availability of Functional HBNC Kits (weighing scale/ digital thermometer/ blanket or warm bag)			
Status of availability of Drug Kits (Check for PCM/ Amoxicillin/ IFA/ ORS/ Zinc/ IFA Syrup/ Cotrimoxazole)			
ASHA Incentives: Any Time lag /Delay in Payment after submission of voucher. Average delay			
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)			
Number of Village Health & Sanitation days conducted in last 6 months			
Incentives:	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		
Frequency of VHSNC/ MAS meeting (check and obtain minutes of last meeting held)			
Whether CHOs and HWC staffs are involved in VHSNC/ MAS meeting	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
Maintenance of records on	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		
How much fund was received and utilized by the facility under NHM?	Fund Received last year: Fund utilized last year:		
	Items/ Activities whose expenditure is met out of the RKS/ Untied Fund regularly:		

Indicator	Remarks/ Observation
	Reasons for underutilization of fund (if any)
Availability of ambulance services in the area	
How many cases from the Sub Centre were referred to PHC in last month?	Number: Types of cases referred out:
Key challenges observed in the facility and the root causes	
Challenge	Root causes



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Community Level Checklist

Community Level

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

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

Indicator	Please comment
Health seeking behavior Preferred health facility for primary, secondary and tertiary healthcare services Public or Private? If private, reason for not preferring public facilities	
Lifestyles (tobacco, alcohol, substance abuse and physical activity level) and living conditions (Indoor air pollution, use of solid fuel, use of iodized salt, drinking water, hygiene and sanitation, ODF Status)	

Indicator	Please comment
Access to health: drugs, diagnostics, referral transport	
Behaviour of health service providers	
Out of Pocket expenditure in public health facilities	
Coverage, Knowledge and skills of ASHA as perceived by the community	
Support, supervision, training and payment of incentives of ASHA (as per discussion with ASHAs)	
Availability of services for Immunization, ANC, PNC, AH counselling, Contraceptive services, Nutrition counselling and preferred facilities for each	
Screening for common NCDs (HT, DM) and preferred facilities for seeking treatment	

Indicator	Please comment
Screening for Leprosy, TB and preferred facilities for seeking treatment	
Availability of services for treatment of Malaria, Dengue, Kala-azar, Chikungunya, JE, Filaria, Fluorosis, rabies etc.	
Preferred facilities for emergency services (Burn, Accidents etc.)	
Preferred facilities for: Eye ailments (eg. Cataract) Dental ailments (e.g. for toothache, denture, RCT etc.)	
Screening for 4Ds (by RBSK Team) at schools and Anganwadi centre	
Key challenges observed in the community and the root causes	
Challenge	Root causes

Indicator	Please comment