



# **Executive Summary**

The Community Health Centers (CHCs), the secondary level of health care, were designed to provide referral as well as specialist health care to the rural population. These centers are however fulfilling the tasks entrusted to them only to a limited extent. The RHSDP made a concerted effort to strengthen these centers in Rajasthan and with the project coming to a close National Rural Health Mission (NRHM) will have to have a fresh look at their functioning in view of the persistent gaps with reference to IPHS to achieve and maintain an acceptable standard of quality of care with 24 x 7 operation.

The data was analyzed regarding status and gaps in existing Community Health Centers (CHCs) across the state. The report is based on the analysis of data provided by RHSDP but the interpretation carries a caveat as the data relates to only one CHC in each District.

### Service delivery, Human Resource and IPHS:

The IPHS prescribes that every CHC has to have a Physician, Surgeon, Ob.& Gy., Anesthetist, Pediatrician and a Public Health Specialist. With regards to the **service delivery** out of total 31 Community Health Centers (CHCs), Physicians (Medical specialist) are available at 54.8% (17) of CHCs. Only 64.5% of CHCs have a surgeon. Obstetricians/ Gynecologists are also not available at 51.6% CHCs. Pediatric services are not available at majority of CHCs (54.8%) and child population only in the catchment of 45.2% CHCs is lucky to have pediatrician.

As far as the **man power** is concerned at 48.4% of CHCs do not have physician, while 9.8% CHCs have the luxury of having 2 physicians. Majority (54.8%) of CHCs have 1 general surgeon while only (6.4%) CHCs at Dag (Jhalawar) and Sheoganj (Sirohi) have 2 general surgeons in place. For the provision of reproductive health, a gynecologist/ Obstetrician are essential but at majority (51.6%) of CHCs Obstetrician/ Gynecologist is not available. Pediatrician is a luxury for 54.8% of CHCs; only 45.2% CHCs have Pediatrician. Only 25.8% CHCs have Anesthetist (a must for every CHC to be functional as FRU), 22.6% CHCs having an Ophthalmologist and at 90.4 % CHCs Dresser is not available.

51.6% CHCs have one Pharmacist/Compounder. Availability of Ward Boys is not an issue with 77.5% CHCs but for 22.5% CHCs. Sweepers are available at majority of places (64.5% CHCs). Statistical Assistant/ Data Entry operator is available at 22.6% CHCs while in 77.4% CHCs this post is vacant.

## Assured services as per IPHS:

The standards adopted under IPHS ask for certain "assured services": Emergency medical and surgical services, services for LSCS, Blood banking, Essential diagnostics, referral, National Health program



delivery, Essential drugs, Diet, Laundry, IPD, OPD, OT, Labor room, X-ray, Pharmacy, citizen charters and ilk. Further, every CHC is expected to have SOP and standard protocols.

With reference to the said "Assured services", the analysis shows-

90.3% CHCs provide emergency services except CHCs Atru (Baran), Nagar (Bharatpur) and Tonk. 83.9% CHCs are providing Family Planning services. 24-Hour delivery Services are available at majority of CHCs (93.5%) except at Atru (Baran) and Tonk CHCs. Emergency Obstetric Care is available only at 45.2% CHCs.

**New Born Care** facility is being provided at 74.2% CHCs (only 45.2% have a pediatrician). Emergency Care of sick Children Facility is being provided by 64.5% CHCs, while this facility is not available at 35.5% CHCs. Essential Laboratory Services are available at majority (83.9%) of CHCs. Blood storage facility is available at 61.3% CHCs.

**Referral Transport** Services are available at 67.8% Specialist services related to safe Abortion are available at 67.7% CHCs. Treatment facility for RTI/STI is available at majority (93.5%) of CHCs. Facilities in Gynecology/ obstetric (96.8). Maternal and Child health Service availability (96.8).

As far as the **investigation facility** concern 87.1% CHCs has ECG facility while this facility is not available at 12.9% CHCs. 87.1% CHCs do not have Ultra Sound facility. Majorities (77.4%) of CHCs have sample collection and transportation facilities, while at 22.6% CHCs services are not available. Diagnostic facility is available at 22.6% CHCs while 77.4% CHCs outsource this to private lab/hospital.

**Infrastructure refers** to the basic support system in the form of a proper and regularly maintained building, and the basic facilities available within the building for the smooth functioning of the health care establishments. Fortunately 90.4% CHCs are located within the village itself, rest 9.6% CHCs are located at less than 2 hours of travel distance from the farthest village. 96.8% of CHCs have Govt. buildings, while CHC Kekri (Ajmer) is housed in rented building.

All the CHCs have **Operation Theatre** facility except CHC in Tonk. Out of these only 70.0% operation theatres are used for Obstetric/ Gynecological purpose, while 30.0% CHCs do not use their operation theatre for Obstetric/ Gynecological purpose.

Majority of OTs (55.3%) are functional for other surgeries too, while in 33.3% of OTs are not functional. 70.9% CHCs have Air conditioner in Operation Theater and out of these 67.7% CHCs have their Air conditioner in working condition.



77.4% CHCs have **Generator and Emergency Lights** availability in Operation Theater. Out of remaining 22.6% CHCs has neither Generator nor emergency light 38.7% CHCs have reported that they have walk-in coolers to store the vaccine. Blood storage unit as a must for an FRU is available at 58.1% CHCs, while this facility is not available at 41.9% CHCs.

At majority (90.3%) of CHCs **labor room** is available except from CHCs at Atru (Baran), Sardarshahar (Churu) and Tonk. all 31 CHCs are getting adequate water supply. 64.5% CHCs have vehicles at their centers while 35.05% CHCs do not have any vehicle. Majority of CHCs (90.3%) CHCs do not have waste disposal facility

As far as the **furnishing** is concerned examination table, delivery table, stool for patients, oxygen trolley, iron bed, bed side locker, instrument tray, chair, wooden table and mattress are available at all the 31 CHCs.CHC at Indergarh (Bundi), don't have basics like saline stand, wheel chair, stretcher on trolley.

54.9% CHCs doesn't have availability of **standard operating procedures**, while only 45.1% CHCs have this facility. Facility of External Monitoring is not available at 61.2% CHCs, while 38.8% CHCs have this facility.

**Internal Monitoring Facility** is not available at 38.8% CHCs, 54.9% CHCs have copies of constitution of RMRS (RKS), while 45.1% CHCs don't have this constitution. Majority (80.6%) CHCs **have citizen's charter**, while 19.4% don't citizen's charter.



#### Introduction:

Health care delivery in India has been envisaged at three levels namely primary, Secondary and tertiary. The secondary level of health care essentially includes Community Health Centers (CHCs), constituting the First Referral Units (FRUs) and the District hospitals. The CHCs were designed to own referrals from field units besides referring the screened cases to higher levels of health care services.

Normally, 4 PHCs are included under each CHC thus catering to approximately 80,000 populations in tribal/ hilly areas and 1, 20,000 populations in plain areas. CHC is a 30-bedded health facility providing specialist care in medicine, Obstetrics and Gynecology, Surgery and Pediatrics. The launch of the National Rural Health Mission (NRHM) and subsequent adoption of IPHS at National level offers an opportunity to have a fresh look at their functioning. Although there are already existing standards as prescribed by the Bureau of Indian Standards for 30-bedded hospital, these are at present not achievable as they are very resource-intensive. With awareness and increase in purchasing power parity, there is bound to be an increase in demand for health services and the system needs to be geared to face the challenge. Not only does the system require up gradation to handle higher patient load, but emphasis also needs to be given to quality aspects to increase the level of patient satisfaction. In order to ensure quality of services, the Indian Public Health Standards are being set up for CHCs so as to provide a yardstick to measure the services being provided there. This document provides the requirements for a Minimum Functional Grade of a Community Health Centre.

#### Objectives of Indian Public Health Standards (IPHS) for CHCs:

- To provide optimal specialist care to the community,
- To achieve and maintain an acceptable standard of quality of care, and
- To make the services more responsive and sensitive to the needs of the Community.

# Service delivery in CHCs:

The IPHS has laid down a set of services which every CHC has to provide as "**Assured Services**", these are:

- Care of routine and emergency cases in surgery:
  - ✓ This includes Incision and drainage, and surgery for Hernia, hydrocele, Appendicitis, hemorrhoids, fistula, etc.
  - ✓ Handling of emergencies like intestinal obstruction, hemorrhage, etc.
- Care of routine and emergency cases in medicine:
  - ✓ Specific mention is being made of handling of all emergencies in relation to The National Health Programs as per guidelines like Dengue Hemorrhagic fever, cerebral malaria, etc.



Appropriate guidelines are already available under each program, which should be compiled in a single manual.

- 24-hour delivery services including normal and assisted deliveries
- Essential and Emergency Obstetric Care including surgical interventions like Caesarean Sections and other medical interventions
- Full range of family planning services including Laparoscopic Services
- Safe Abortion Services
- New-born Care
- Routine and Emergency Care of sick children
- Other management including nasal packing, tracheotomy, foreign body removal etc.
- All the National Health Programs (NHP) should be delivered through the CHCs. Integration with
  the existing programs like blindness control, Integrated Disease Surveillance Project is vital to
  provide comprehensive services. The requirements for the important NHPs are being annexed as
  separate guidelines with the document.
- ✓ RNTCP: CHCs are expected to provide diagnostic services through the microscopy centers which are already established in the CHCs and treatment services as per the Technical Guidelines and Operational guidelines for Tuberculosis Control.
- ✓ HIV/AIDS Control Program: The expected services at the CHC level are being provided with this
  document which may be suitably implemented.
- ✓ National Vector –Borne Disease Control Program: The CHCs are to provide diagnostic and treatment facilities for routine and complicated cases of malaria, filarial, dengue, Japanese encephalitis and Kala-azar in the respective endemic zones.
- ✓ National Leprosy Eradication Program: The minimum services that are to be available at the CHCs are for diagnosis and treatment of cases and Reactions of leprosy along with advice to patient on Prevention of Deformity.
- ✓ National Program for Control of Blindness: The eye care services that should be available at the CHC are diagnosis and treatment of common eye diseases, refraction services and surgical services including cataract by IOL Implantation at selected CHCs optionally. 1 eye surgeon is being envisaged for every 5 lakh population.



✓ Under Integrated Disease Surveillance Project, the related services include services for diagnosis for malaria, Tuberculosis, typhoid and tests for detection of faecal contamination of water and chlorination level. CHC will function as peripheral surveillance unit and collate, analyzed and report

Information to District Surveillance Unit. In outbreak situations, appropriate action will be initiated.

- Others:
  - ✓ Blood Storage Facility
  - ✓ Essential Laboratory Services
  - ✓ Referral (transport) Services:

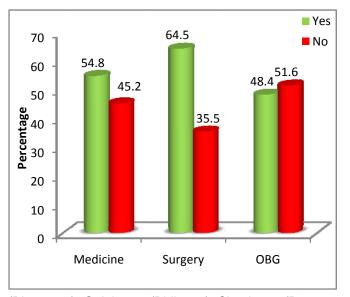
**Parameters:** The IPHS Performa which was used to conduct the analysis is based on following parameters:-

- 1. Services
- 2. Physical Infrastructure
- 3. Manpower
- 4. Investigative & Laboratory services
- 5. Capacity Building
- 6. Equipment, Furniture & Drugs
- 7. Quality Control and
- 8. Findings

The report is based on the analysis of data provided by RHSDP. The gap analysis has punctuation as the data relates to only one CHC in each District and for the limitation the generalization can't be made, nor a substantial inference can be drawn.



I. Services:Availability of Specialist Services:



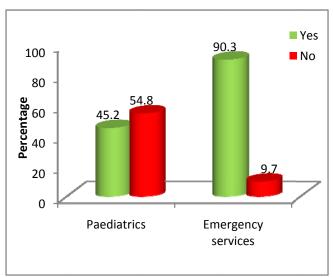
Physicians (Medical specialist) are available at 54.8% of CHCs but for Atru (Baran), Nagar (Bharatpur), Gulabpura (Bhilwara), Indergarh (Bundi), Simalwara (Dungarpur), Kisangarhbas (Alwar), Suratgarh (Ganganagar), Sanchore (Jalore), Dag (Jhalawar), Hindauncity (Karauli), Sultanpur (Kota), Bali (Pali), Sheoganj (Sirohi), Tonk and Kurabad (Udaipur) where patients still are managed without specialist and are referred to higher facilities.

**64.5% of CHCs have a surgeon but** 35.5% of **CHCs** (Atru (Baran), Chohtan (Barmer), Nagar

(Bharatpur), Gulabpura (Bhilwara), Simalwara (Dungarpur), Kisangarhbas (Alwar), Nohar (Hanumangarh), Sanchore (Jalore), Sultanpur (Kota), Sheoganj (Sirohi), Tonk and Udaipur (Kurabad), have no surgical facilities.

Obstetricians/ Gynecologists are also not available at 51.6% CHCs Chohtan (Barmer), Dungargarh (Bikaner), Indergarh (Bundi), Simalwara (Dungarpur), Kisangarhbas (Alwar), Suratgarh (Ganganagar), Jamwaramgarh (Jaipur), Sanchore (Jalore), Dag (Jhalawar), Phalodi (Jodhpur), Hindauncity (Karauli), Sultanpur (Kota), Makrana (Nagaur), Khamnore (Rajsamand) and Udaipur (Kurabad). Only 48.4% of

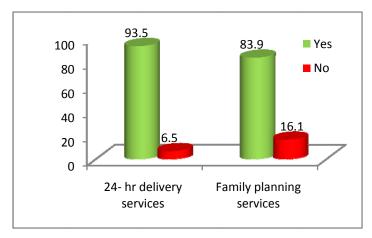
CHCs have the services of Ob. &Gy. Specialist.



Pediatric services are not available at majority of CHCs (54.8%) and child population only in the catchment of 45.2% CHCs is lucky to have pediatrician-Chohtan (Barmer), Nagar (Bharatpur), Dungargarh (Bikaner), Nimbahera (Chittor), Sardarshahar (Churu), Lalsot (Dausa), Suratgarh (Ganganagar), Nohar (Hanumangarh), Pokran (Jaisalmer), Chirawa (Jhunjhunu), Hindauncity (Karauli), Makrana (Nagaur), (SawaiMadhopur), Suratgarh Gangapur city (Ganganagar) and Neem ka thana (Sikar).



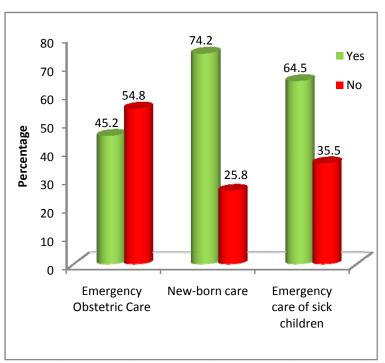
Emergency Services (? with manpower constraints) are available at majority of CHCs (90.3%) except CHCs of Atru (Baran), Nagar (Bharatpur) and Tonk.



Majority of CHCs (83.9%) are providing **Family Planning** services except CHCs at Atru (Baran), Chohtan (Barmer), Nagar (Bharatpur), and Khamnore (Rajsamand) and Tonk Districts.

**24-Hour delivery Services are available at majority of CHCs (93.5%)** except at Atru (Baran) and Tonk CHCs. This observation needs interpretation in view of

the fact that 51.6% of CHCs do not have services of Ob. & Gy. Specialist.



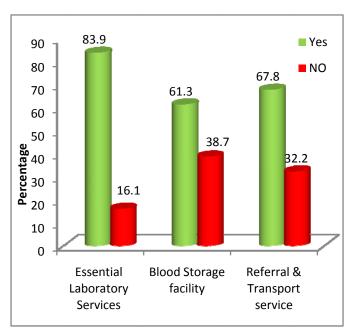
Emergency Obstetric Care is available only at 45.2% CHCs viz. Kisangarhbas (Alwar), Partapur (Banswara), Nagar (Bharatpur), Gulabpura (Bhilwara), Nimbahera (Chittor), Sardarshahar (Churu), Suratgarh (Ganganagar), Nohar (Hanumangarh), Pokran (Jaisalmer), Chirawa (Jhunjhunu), Bali (Pali), Neem ka thana (Sikar), Gangapur city (SawaiMadhopur) and Sheogani (Sirohi), while 54.8% CHCs refer the cases as this facility is not available.

New Born Care facility is being provided at 74.2% CHCs (? only

**45.2% have a pediatrician,** and this is questionable), while CHCs at Atru (Baran), Gulabpura (Bhilwara), Jamwaramgarh (Jaipur) Dag (Jhalawar), Phalodi (Jodhpur), Bali (Pali), Khamnore (Rajsamand) and Tonk do not have this facility.



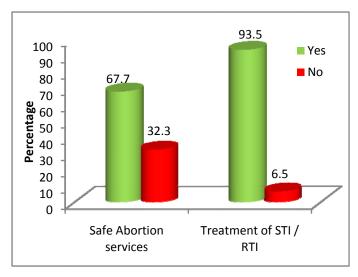
Emergency Care of sick Children Facility is being provided by 64.5% CHCs, while this facility is not available at 35.5% CHCs viz. Atru (Baran), Nagar (Bharatpur), Gulabpura (Bhilwara), Simalwara (Dungarpur) Kisangarhbas (Alwar), Jamwaramgarh (Jaipur), Sanchore (Jalore), Dag (Jhalawar), Phalodi (Jodhpur), Bali (Pali), Khamnore (Rajsamand) and Tonk.



Essential Laboratory Services are available at majority (83.9%) of CHCs except Atru (Baran), Nagar (Bharatpur), Nohar (Hanumangarh), Gangapur city (SawaiMadhopur) and Tonk CHCs.

Blood storage facility is available at 61.3% CHCs. 38.7% of CHCs (Atru (Baran), Chohtan (Barmer), Dungargarh (Bikaner), Lalsot (Dausa), Simalwara (Dungarpur), Kisangarhbas (Alwar), (Jhalawar), Dag Sultanpur (Kota), Khamnore (Rajsamand), Sheoganj (Sirohi), Tonk and Udaipur (Kurabad); somehow defy IPHS on this account.

Referral Transport Services are available at 67.8% CHCs, while at 32.2% CHCs (Atru (Baran), Chohtan (Barmer), Nagar (Bharatpur), Gulabpura (Bhilwara), Suratgarh (Ganganagar), Sanchore (Jalore), Sultanpur (Kota), Sheoganj (Sirohi), Tonk and Udaipur (Kurabad) patients manage of their own.

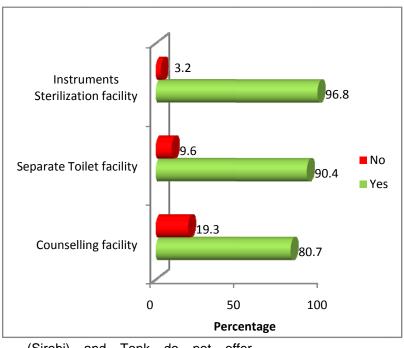


of CHCs.

Specialist services related to safe Abortion are available at 67.7% CHCs while at 32.3% CHCs (Atru (Baran), Nagar (Bharatpur), Indergarh (Bundi), Simalwara (Dungarpur), Kisangarhbas (Alwar), Sanchore (Jalore), Dag (Jhalawar), Phalodi (Jodhpur), Sultanpur (Kota), Khamnore (Rajsamand) and Tonk patients either must be going to private sector or unqualified practitioners. Except Atru (Baran) and Tonk CHCs, Treatment facility for RTI/STI is available at majority (93.5%)



# Facilities in Gynecology/ obstetric:



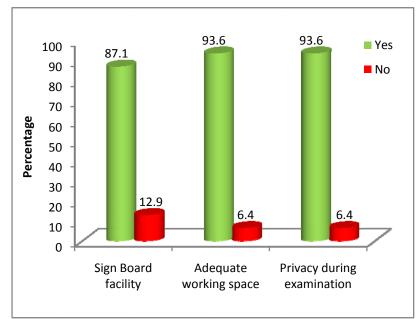
All the **Gynecology** sections at CHCs are equipped with the facility for sterilizing instruments except from Simalwara (Dungarpur), Kisangarhbas (Alwar).

90.4% CHCs have separate toilet facility for males and females with running water while Jamwaramgarh (Jaipur) and Pokran (Jaisalmer) CHCs don't have separate toilet facility. 80.7% CHCs provide counseling services to patients but 19.3% CHCs Nagar (Bharatpur), Dag (Jhalawar), Khamnore (Rajsamand), Sheoganj

(Sirohi) and Tonk do not offer counseling services.

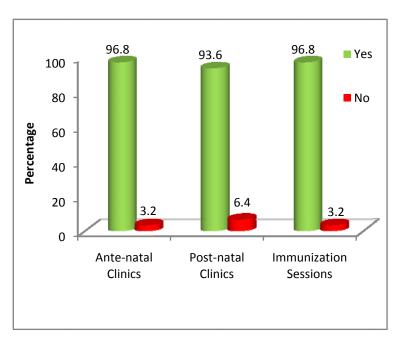
93.6% CHCs have adequate working space therefore can maintain privacy during examination of patient.

87.1% CHCs have sign boards /Name plates to guide the patients.





# Maternal and Child health Service availability:



From the available data, it appears that Tonk CHC doesn't have services related to mother and Child. Rest all the CHCs has ante-natal clinics and immunization facility. 93.6% CHCs have post natal clinics expect CHCs at Tonk and Khamnore (Rajsamand).

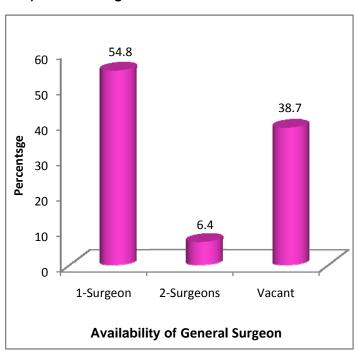
# II. Manpower: (IPHS norms for clinical man power at CHC)

# A) Clinical Manpower

S.N.	Clinical Manpower	IPHS Norms
4	Conord Curron	1
1.	General Surgeon	I
2.	Obstetrician / Gynecologist	1
3.	Physician	1
4.	Pediatrician	1
5.	Anesthetist	1
6.	Public Health Program Manager	1
7.	Ophthalmologist	1
8.	General duty officers (Medical Officer)	6(at least 2
		female
		doctors)



#### 1) General Surgeon:

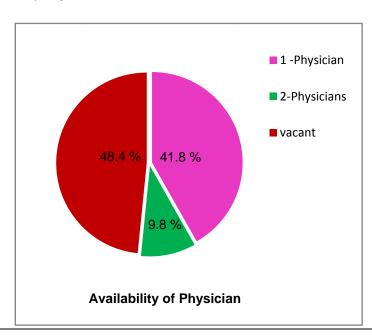


Majority (54.8%) of CHCs Kekri (Ajmer), Kisangarhbas (Alwar), Partapur (Banswara), Atru (Baran), Dungargarh (Bikaner), Indergarh (Bundi), Nimbahera (Chittor), Sardarshahar (Churu), Suratgarh (Ganganagar), Jamwaramgarh Chirawa (Jaipur), (Jhunjhunu), Phalodi (Jodhpur), Hindauncity (Karauli), Makrana (Nagaur), Bali (Pali), Gangapur city (Gangapur city (Sawai-Madhopur) ) and Neem ka thana (Sikar) have 1 general surgeon while CHCs (6.4%) at Dag (Jhalawar) and Sheoganj (Sirohi) have 2 general surgeons in place.

The available data show that **CHCs (38.7%)** at Chohtan (Barmer), Nagar (Bharatpur),

Gulabpura (Bhilwara), Lalsot (Dausa), Simalwara (Dungarpur), Kisangarhbas (Alwar), Nohar (Hanumangarh), Pokran (Jaisalmer), Sanchore (Jalore), Sultanpur (Kota), Khamnore (Rajsamand), Tonk, and Kurabad (Udaipur) **are without a surgeon.** 

# 2) Physician:

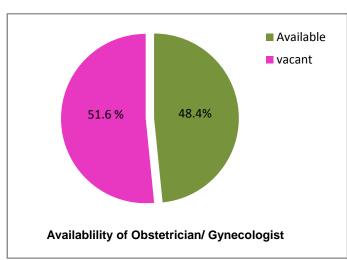


At **48.4%** of CHCs Kisangarhbas (Alwar), Atru (Baran), Nagar (Bharatpur), Indergarh (Bundi), Nimbahera (Chittor), Simalwara (Dungarpur), Kisangarhbas (Alwar), Sanchore (Jalore), Dag (Jhalawar), Hindauncity (Karauli), Sultanpur (Kota), Makrana (Nagaur), Bali (Pali), Khamnore (Rajsamand), Tonk and Udaipur (Kurabad) post of **physician is lying vacant**, while 9.8% CHCs have the luxury of having 2 physicians. About **41.8% CHCs have 1** 



**physician** i.e. Partapur (Banswara), Chohtan (Barmer), Gulabpura (Bhilwara), Dungargarh (Bikaner), Sardarshahar (Churu), Lalsot (Dausa), Nohar (Hanumangarh), Jamwaramgarh (Jaipur), Pokran (Jaisalmer), Chirawa (Jhunjhunu), Phalodi (Jodhpur), Gangapur city (Sawai-Madhopur)) and Neem ka thana (Sikar).

### 3) Obstetrician/ Gynecologist:



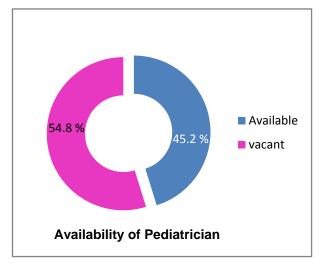
For the provision of reproductive health, a gynecologist/ Obstetrician is essential but at majority (51.6%) of CHCs (Atru (Baran), Chohtan (Barmer), Dungargarh (Bikaner), Indergarh (Bundi), Simalwara (Dungarpur), Kisangarhbas (Alwar), Suratgarh Jamwaramgarh (Ganganagar), (Jaipur), Sanchore (Jalore), Dag (Jhalawar), Phalodi (Jodhpur), Hindauncity (Karauli), Sultanpur (Kota), Makrana (Nagaur), **Khamnore** (Rajsamand), Tonk and Udaipur (Kurabad),

Obstetrician/ Gynecologist is not available. Only 48.4% CHCs have Obstetrician/ Gynecologist.

# 4) Pediatrician:

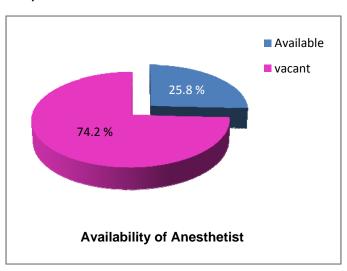
Pediatrician is a luxury for 54.8% of CHCs Kekri (Ajmer), Kisangarhbas (Alwar), Partapur (Banswara),

Atru (Baran), Gulabpura (Bhilwara), Indergarh (Bundi), Simalwara (Dungarpur), Kisangarhbas (Alwar), Jamwaramgarh (Jaipur), Sanchore (Jalore), Dag (Jhalawar), Phalodi (Jodhpur), Sultanpur (Kota), Bali (Pali), Khamnore (Rajsamand), Gangapur city (Sawai-Madhopur), Tonk and Udaipur (Kurabad). Only at 45.2% CHCs Pediatrician is available.





#### 5) Anesthetist:



Only 25.8% CHCs have Anesthetist (a must for every CHC to be functional as FRU), while at 74.2% CHCs Partapur (Banswara), Atru (Baran), Nagar (Bharatpur), Gulabpura (Bhilwara), Dungargarh (Bikaner), Indergarh (Bundi), Sardarshahar (Churu), Lalsot (Dausa), Simalwara (Dungarpur) ,Kisangarhbas (Alwar), Suratgarh (Ganganagar), Nohar (Hanumangarh), Jamwaramgarh (Jaipur), Pokran (Jaisalmer), Sanchore (Jalore), Dag (Jhalawar), Chirawa (Jhunjhunu), Hindauncity (Karauli), Sultanpur (Kota), Makrana (Nagaur), Khamnore

(Rajsamand), Gangapur city (Sawai-Madhopur), Tonk and Udaipur (Kurabad) post of Anesthetist is lying vacant. The availability of anesthetist will continue to torment the system making mockery of IPHS as the country through its 300 Medical Colleges produces only 698 of them for 4520 CHC (as on Dec 2009).

## 6) Public Health Program Manager:



Despite the IPHS norms and recognition of Public Health as essential component in Primary care, the Public Health Program Manager is available only at Makrana (Nagaur) CHC.

At majority (96.8%) of CHCs Kekri (Ajmer), Kisangarhbas (Alwar), Partapur (Banswara), Atru (Baran), Chohtan (Barmer), Nagar (Bharatpur), Gulabpura (Bhilwara), Dungargarh (Bikaner), Indergarh (Bundi), Nimbahera (Chittor), Sardarshahar (Churu),

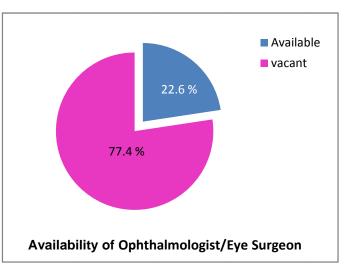
Lalsot (Dausa), Simalwara (Dungarpur), Kisangarhbas (Alwar), Suratgarh (Ganganagar), Nohar (Hanumangarh), Jamwaramgarh (Jaipur), Pokran (Jaisalmer), Sanchore (Jalore), Dag (Jhalawar), Chirawa (Jhunjhunu), Phalodi (Jodhpur), Hindauncity (Karauli), Sultanpur (Kota), Bali (Pali), Khamnore (Rajsamand) Gangapur city (Sawai-Madhopur), Neem ka thana (Sikar), Sheoganj (Sirohi), Tonk and



Udaipur (Kurabad), this post is lying vacant. This reflects on the priority that Public Health enjoys in the system.

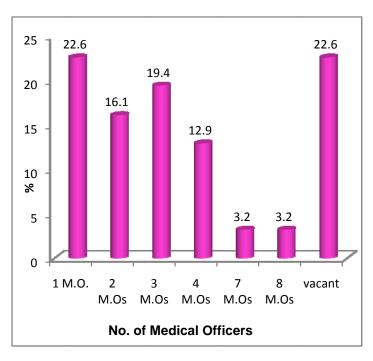
## 7) Ophthalmologist:

With just 22.6% **CHCs** having Ophthalmologist System will continue to depend on Camp approach in Cataract operations-the main stay of Blindness control program. 77.4% of CHCs are without **Ophthalmologist** managing (Kisangarhbas (Alwar), Partapur (Banswara), Atru (Baran), Chohtan (Barmer), (Bharatpur), Gulabpura (Bhilwara), Indergarh (Bundi), Nimbahera (Chittor), Lalsot (Dausa), Simalwara (Dungarpur), Kisangarhbas



(Alwar), Nohar (Hanumangarh), Jamwaramgarh (Jaipur), Pokran (Jaisalmer), Sanchore (Jalore), Dag (Jhalawar), Chirawa (Jhunjhunu), Sultanpur (Kota), Makrana (Nagaur), Khamnore (Rajsamand), Gangapur city (Sawai-Madhopur), Neem ka thana (Sikar), Sheoganj (Sirohi), Tonk and Udaipur (Kurabad).

# 8) General Duty Officers (Medical Officer):



Apart from Specialist, the General Duty Doctors are essential to health care delivery. 22.6% CHCs have 1 general duty officer (Medical Officer) is available; 16.1% CHCs have 2 Medical Officers, 19.4% CHCs have 3 and 12.9% CHCS have 4 Medical officer. Kekri (Ajmer) and Hindauncity (Karauli) CHCs have highest number of Medical Officers i.e. 8 and 7 respectively. Somehow, 22.6% CHCs do not have General Duty officers (Partapur (Banswara), Nagar (Bharatpur), Indergarh



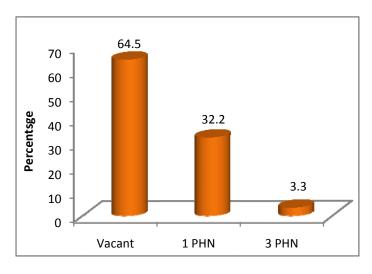
(Bundi), Sardarshahar (Churu), Khamnore (Rajsamand), Sheoganj (Sirohi) and Tonk.

S.N.		
	Personnel	IPHS Norm
1.	Nursing Staff	
	a. Public Health Nurse	1
	b. ANM	1
	c. Staff Nurse	15
	d. Nurse/Midwife	
2.	Dresser	2
3.	Pharmacist / compounder	3
4.	Lab. Technician	3
5.	Radiographer	2
6.	Ophthalmic Assistant	1
7.	OT Attendant	1

# B) Support Staff: (IPHS norms for support staff)

# 1. Nursing Staff:

# a.) Public Health Nurse:

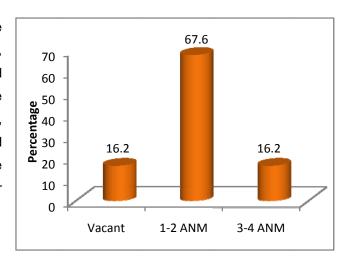


IPHS norms, ask for a PHN at every CHC. The post of PHN at most of the CHCs (64.5%) is vacant; however 32.2% CHCs Kisangarhbas (Alwar), Chohtan (Barmer), Nagar (Bharatpur), Nimbahera (Chittor), Lalsot (Dausa), Pokran (Jaisalmer), Phalodi (Jodhpur), Hindauncity (Karauli), Bali (Pali) and Gangapur city (Sawai-Madhopur) have 1 PHN, and CHC Neem ka thana (Sikar) has 3 PHNs.

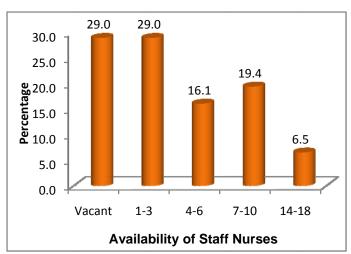


### b.) ANM

Majority of CHCs (67.6%) have 1-2 ANMs while 16.2% CHCs Kekri (Ajmer), Partapur (Banswara), Pokran (Jaisalmer), Chirawa (Jhunjhunu) and Neem ka thana (Sikar) have 3-4 ANMs and at the same time 16.2% CHCs (Gulabpura (Bhilwara), Sardarshahar (Churu), Sultanpur (Kota), Tonk and Udaipur (Kurabad) do not have a single ANM. The sanctioned posts is 1 ANM per CHC, extra number are from contractual staff.



#### c.) Staff Nurse:

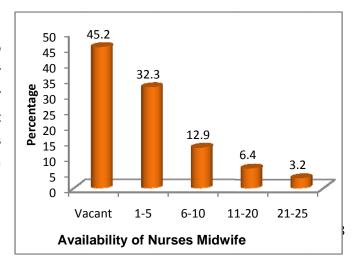


At 29.0% CHCs there is no Staff Nurse while 6.5% CHCs which have excess number of staff nurses i.e. 14-18 and another 19.4% CHCs with 7-10 Nurses. 29.0% CHCs Kisangarhbas (Alwar), Chohtan (Barmer), Indergarh (Bundi), Simalwara (Dungarpur), Hindauncity (Karauli), Sultanpur (Kota), Khamnore (Rajsamand) and Neem ka thana (Sikar) have 1-3 staff nurses (against the sanctioned post of 7 according to IPHS). At 16.1% CHCs Partapur (Banswara), Suratgarh

(Ganganagar), Sanchore (Jalore) and Chirawa (Jhunjhunu)) there are 4-6 staff nurses.

#### d.) Nurse Midwife:

In Majority of CHCs (45.2%) Nurse Midwife posts are vacant. At 32.3% CHCs their number lies between1-5. At 12.9% CHCs their number lies within the range of 6-10, while at 6.4% CHCs number of nurse midwife is between11-20. However, only Kekri (Ajmer)

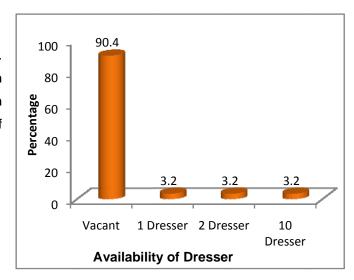


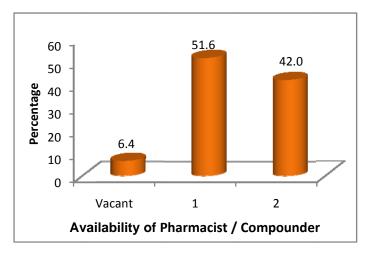


CHC has 25 nurse midwives and this number is questionable.

#### 2. Dresser

This post is lying vacant at 90.4 % CHCs. One at Kisangarhbas (Alwar) CHC, 2 in Nimbahera (Chittor) CHC and 10 in Suratgarh (Ganganagar) CHC, is the overall strength of dressers at CHCs across the State.



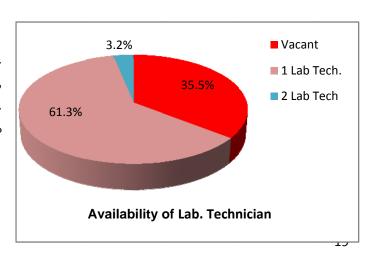


# 3. Pharmacist / Compounder

51.6% CHCs have one Pharmacist/Compounder, 42% CHCs have two (2) while 6.4% CHCs do not have any Pharmacist/Compounder.

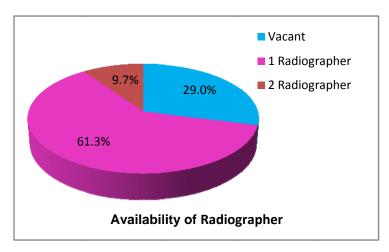
#### 4. Lab. Technician

Majority of CHCs (61.3%) have 1 Lab. Technician under the sanctioned strength, except Lalsot (Dausa) where 2 Lab. Technicians are available. However 35.5% CHCs do not have any Lab. Technician.





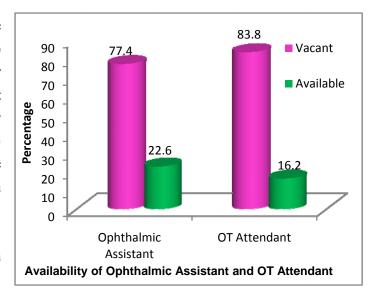
# 5. Radiographer:



61.3% CHCs have 1 Radiographer. 9.7% CHCs have 2 Radiographers but **29%** CHCs do not have any radiographer.

# 6. Ophthalmic Assistant and OT Attendant:

Majority of CHCs do not have Ophthalmic Assistant and OT Attendant (against the sanctioned post of 1). Only 22.6% CHCs Nagar (Bharatpur), Nimbahera (Chittor), Lalsot (Dausa), Pokran (Jaisalmer), Hindauncity (Karauli), Gangapur city (Sawai-Madhopur) and Neem ka thana (Sikar) have Ophthalmic Assistant and 16.2% CHCs (Nimbahera (Chittor), Simalwara (Dungarpur), Kisangarhbas (Alwar), Chirawa (Jhunjhunu), Hindauncity (Karauli) and Neem ka thana (Sikar) have OT Attendant.

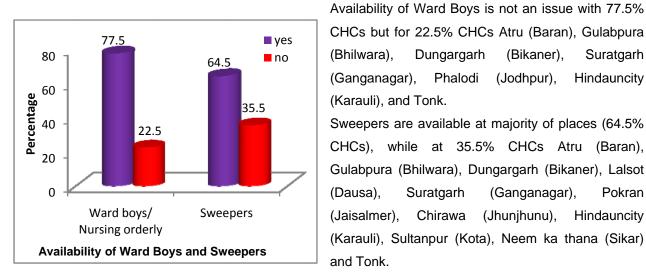




S.N.	Ancillary Staff	IPHS Norm
1.	Ward boys / nursing orderly	5
2.	Sweepers	5
3.	Chowkidar	5
4.	OPD Attendant	1
5.	Statistical Assistant / Data entry operator	2
6.	Registration Clerk	2

# C) Ancillary Staff: (IPHS norms for Ancillary Staff)

# 1. Ward Boys and Sweepers:



(Karauli), and Tonk. Sweepers are available at majority of places (64.5% CHCs), while at 35.5% CHCs Atru (Baran), Gulabpura (Bhilwara), Dungargarh (Bikaner), Lalsot (Dausa), Suratgarh (Ganganagar), Pokran (Jaisalmer), Chirawa (Jhunjhunu), Hindauncity

(Bikaner),

(Jodhpur),

Suratgarh

Hindauncity

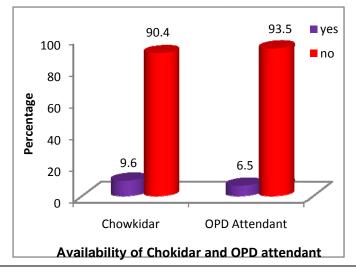
Dungargarh

Phalodi

and Tonk.

# 2. Chowkidar and OPD attendant

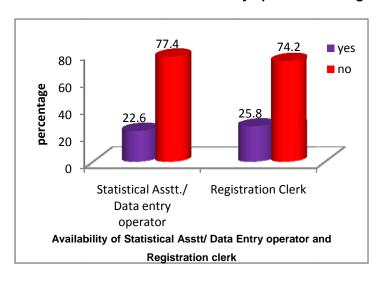
OPD attendant is available only at 6.5% CHCs only at two places viz. Nohar (Hanumangarh) and Pokran (Jaisalmer)), at majority of CHCs (93.5%) this post is lying vacant. Chowkidar is also not available majority of places (90.4% CHCs), while at Phalodi





(Jodhpur), Pokran (Jaisalmer) and Nohar (Hanumangarh) (9.6%CHCs) this post is filled.

### 3. Statistical Assistant/ Data Entry operator and Registration clerk:



Statistical Assistant/ Data Entry operator is available at 22.6% CHCs i.e. Kekri (Ajmer), Partapur (Banswara), Nagar (Bharatpur), Indergarh (Bundi), Simalwara (Dungarpur), Kisangarhbas (Alwar), Nohar (Hanumangarh) and Pokran (Jaiselmer) only, while in 77.4% CHCs this post is vacant.

Majority of CHCs (74.2%) don't have registration clerk (put their Nursing staff on this job which is a criminal waste of skilled and short manpower), this post is filled only at

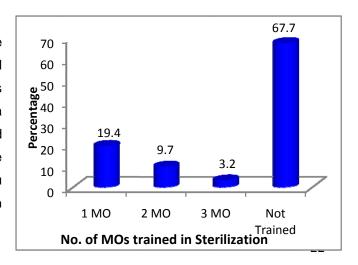
25.8% CHCs Indergarh (Bundi), Nimbahera (Chittor), Simalwara (Dungarpur), Kisangarhbas (Alwar), Phalodi (Jodhpur), Makrana (Nagaur), Nohar (Hanumangarh), Pokran (Jaiselmer) and Sanchore (Jalore).

#### D) Training of MOs during 2010:

Training refers to the percentage of CHCs where at least one doctor received in-service training during the previous year. The melancholic situation in all the districts with majority of MOs not exposed to trainings in key areas like BEmOC, sterilization, Comprehensive abortion care, Routine Immunization IUD Insertion, Emergency obstetric care, Emergency contraception, MTP, RTI/STI/ HIV and new born care; defies the efforts of NRHM. The capacity building is one of the key components for improving and / or strengthening delivery system; impassivity towards which has to be addressed, earlier the better.

#### MOs trained in Sterilization

Medical officers in majority of CHCs (67.7%) are not trained in Sterilization technique, two medical officers are trained at 3 CHCs Kisangarhbas (Alwar), Nimbahera (Chittor), Chirawa (Jhunjhunu)), three medical officers are trained only at Partapur (Banswara) CHC and only one Medical officer is trained at 19.4% CHCs (Atru (Baran), Gulabpura (Bhilwara), Dungargarh





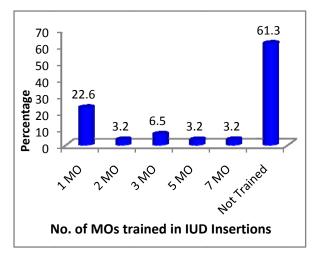
(Bikaner), Dag (Jhalawar), Hindauncity (Karauli), Makrana (Nagaur).

#### **MOs trained in IUD Insertions**

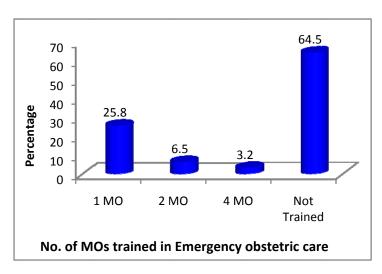
Majority of Medical officers in CHCs (61.3%) are not trained in IUD Insertions.

22.6% CHCs have 1 medical officer trained, and 6.5% CHCs have three (3) medical officers are trained in IUCD.

2 medical officers are trained only in Khamnore (Rajsamand) CHC has two MOs trained while, Kekri (Ajmer) has 5 and Chirawa (Jhunjhunu) CHC has 7 MOs trained in IUCD techniques.



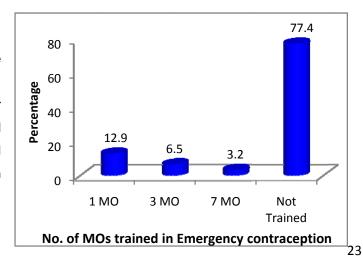
# MOs trained in Emergency obstetric care



Medical officers in majority of CHCs (64.5%) are not trained in Emergency obstetric care, 1 medical officer is trained in 25.8% CHCs, and 2 medical officers are trained in 6.5% CHCs (Nimbahera (Chittor) and Neem ka thana (Sikar). 4medical officers are trained only in Suratgarh (Ganganagar) CHC. This calls for immediate action for working on training load, nominating in sufficient numbers, for mandatory training without any excuse at the earliest.

# MOs trained in Emergency contraception

At 77.4% of CHCs medical officers are not trained in Emergency contraception. 12.9% CHCs have 1 trained medical officer and CHCs at Makrana (Nagaur) and Kurabad (Udaipur) have 3 trained medical officers. 7 medical officers had gone through

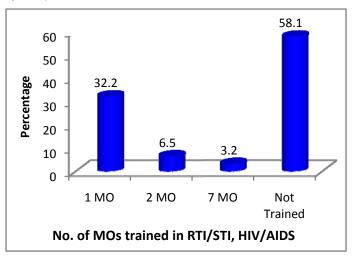




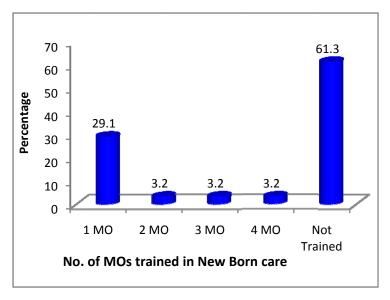
training for Emergency contraception at Chirawa (Jhunjhunu) CHC.

MOs trained in RTI / STI, HIV/ AIDS

58.1% CHCs do not have medical officers trained in RTI / STI, HIV/ AIDS. 32.2% CHCs have 1 trained medical officer and CHCs at Kekri (Ajmer) and Sanchore (Jalore) have 2 trained medical officers. 7 medical officers are trained only in Chirawa (Jhunjhunu) CHC. Will RSACS be able to pay heed to this?



#### MOs trained in Newborn care

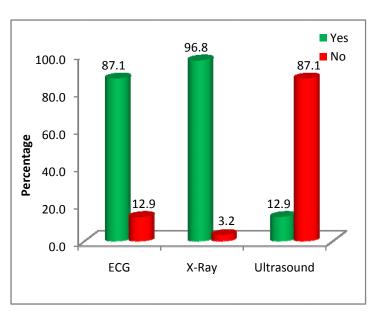


Medical officers in majority of CHCs (61.3%) are not trained in new born care, 29.1% CHCs have 1 medical officer trained.

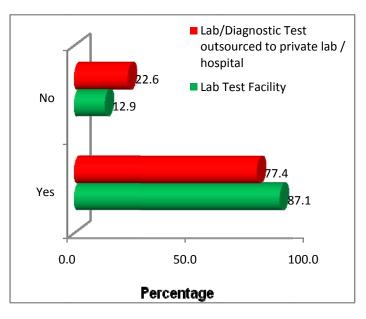


# III. Investigative Facilities:

87.1% CHCs have ECG facility while this facility is not available at 12.9% CHCs. 87.1% CHCs do not have Ultra Sound facility Kekri (Ajmer), Kisangarhbas (Alwar), Partapur (Banswara), Atru (Baran), Chohtan (Barmer), Nagar (Bharatpur), Gulabpura (Bhilwara), Dungargarh (Bikaner), Indergarh (Bundi), Sardarshahar (Churu), Lalsot Nohar (Dausa), (Hanumangarh), Jamwaramgarh (Jaipur), Pokran (Jaisalmer), Sanchore (Jalore), Dag (Jhalawar), Chirawa (Jhunjhunu), Hindauncity (Karauli), Sultanpur



(Kota), Makrana (Nagaur), Bali (Pali), Khamnore (Rajsamand), Gangapurcity (Sawai-Madhopur), Neem ka thana (Sikar), Sheoganj (Sirohi), Tonk and Udaipur (Kurabad). **Except CHC Indergarh (Bundi), all 30 CHCs have X-Ray facility at their centre.** 



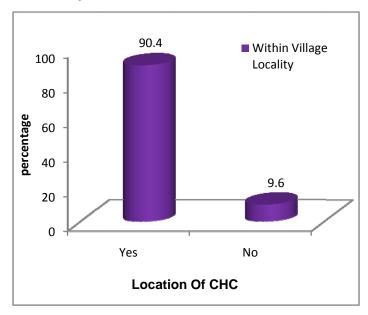
Majority (77.4%) of CHCs have sample collection and transportation facility, while at 22.6% CHCs Atru (Baran), Gulabpura (Bhilwara), Simalwara (Dungarpur), Kisangarhbas (Alwar), Jamwaramgarh (Jaipur), Khamnore (Rajsamand), Gangapur city (Sawai-Madhopur) services are not available.

As far as the **diagnostic facility** is concerned, it is available at 22.6% CHCs Lalsot (Dausa), Nohar (Hanumangarh), Chottorgarh, Phalodi (Jodhpur), Makrana

(Nagaur), Sheoganj (Sirohi) and Tonk, while 77.4% CHCs outsource this to private lab/hospital.



# IV. Physical Infrastructure:

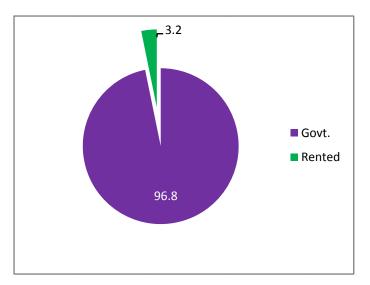


#### 1. Location of CHC

Fortunately 90.4% CHCs are located within the village itself, rest 9.6% CHCs Sardarshahar (Churu), Hindauncity (Karauli) and Makrana (Nagaur)) are located outside the village and these 3 CHCs Sardarshahar (Churu), Hindauncity (Karauli) and Makrana (Nagaur) are located at less than 2 hours of travel distance from the farthest village.

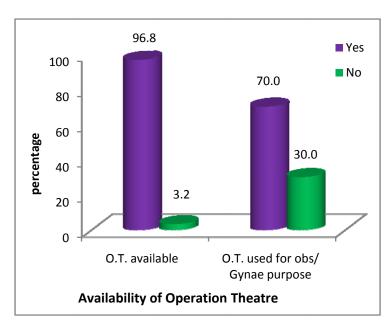
# 2. Building ownership: Govt. /Rented

**96.8% of CHCs have Govt. buildings,** while CHC Kekri (Ajmer) is housed in rented building.





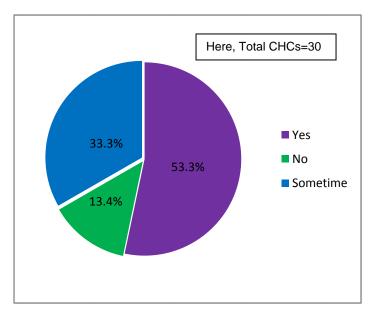
# 3. Availability of Facilities in Operation Theatre:



All the CHCs have Operation Theatre facility except CHC in Tonk. Out of these only 70.0% operation theatres are used for Obstetric/ Gynecological purpose, while 30.0% CHCs Atru (Baran), Chohtan Dungargarh (Barmer), (Bikaner), Sardarshahar (Churu), Dungarpur-SimKisangarhbas (Alwar), Jamwaramgarh (Jaipur), Sanchore (Jalore), (Jodhpur) and Sultanpur (Kota) do not use their operation theatre for Obstetric/ Gynecological purpose.

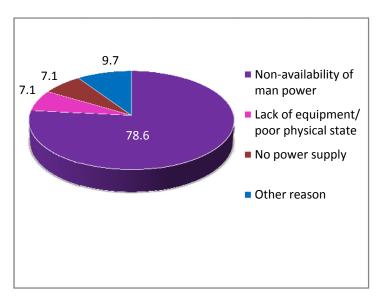
#### 4. Other surgeries carried out in available O.T.

Majority of OTs (55.3%) are functional for other surgeries too, while in 33.3% of OTs (Atru (Baran), Nagar (Bharatpur), Gulabpura (Bhilwara), Suratgarh (Ganganagar), Nohar (Hanumangarh), Jamwaramgarh (Jaipur), Sanchore (Jalore), Sultanpur (Kota), (Rajsamand)and Khamnore Sheoganj (Sirohi)) other surgeries are carried out sometimes only. Rest 13.4% OTs Chohtan Sardarshahar (Churu), Lalsot (Barmer), (Dausa) and Simalwara (Dungarpur), Kisangarhbas (Alwar)) are not functional.





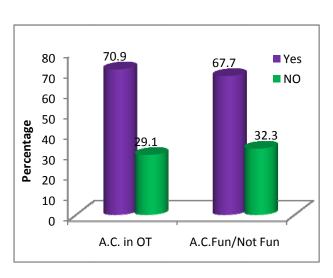
#### 5. Reasons for non-Functional OTs:

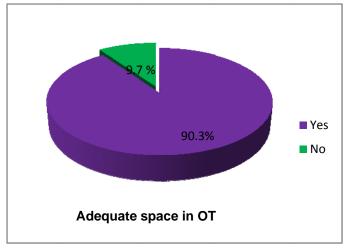


Major reason (78.6%) behind non functional OTs lies with non availability of man power (doctors/ anesthetist/ staff) followed by 21.4% CHCs where no specific reason could be singled out by respondents. Third cause is lack of equipments/ poor physical state of OT and no power supply in operation theatre. At Dag (Jhalawar), Chirawa (Jhunjhunu), Hindauncity (Karauli) and Kurabad (Udaipur) are CHCs where surgeries are performed in good number, still face problems for reasons cited above.

# 6. Availability of Enough space in OT

Majority of CHCs have enough space for Operation Theater. Only CHCs at Kekri (Ajmer), Jamwaramgarh (Jaipur) and Tonk do not have sufficient space for Operation Theater.



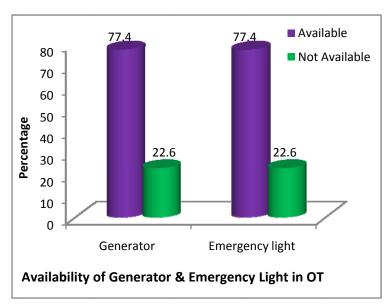


# 7. Availability and condition of A.C. fitted in OT.

70.9% CHCs have Air conditioner in Operation Theater and out of these 67.7% CHCs have their Air conditioner in working condition.



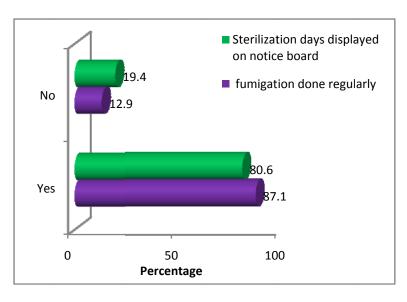
# 8. Availability of Generator & Emergency Light in OT

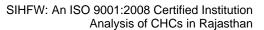


77.4% CHCs have Generator in Operation Theater. Same is the figure for Emergency Lights availability. Out of remaining 22.6% CHCs- Chohtan (Barmer), Indergarh (Bundi) and Sanchore (Jalore) do not have Generator, while Atru (Baran), Simalwara (Dungarpur), Kisangarhbas (Alwar) and Chirawa (Jhunjhunu) do not have Emergency light. However CHCs at Khamnore Jamwaramgarh (Jaipur), (Rajsamand) and and Tonk has neither Generator nor emergency light.

**Regular fumigation** is being done in about 87.1% CHCs, while in 12.9% it is not being done.

The **number of sterilization days** is being displayed on notice board in about 80.6% CHCs, while in 19.4% CHCs this facility is not available.



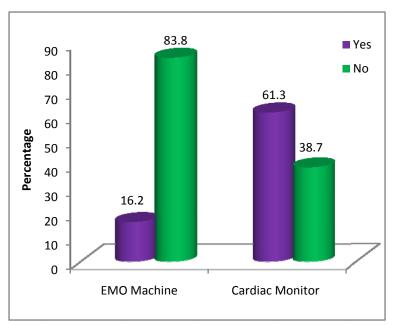




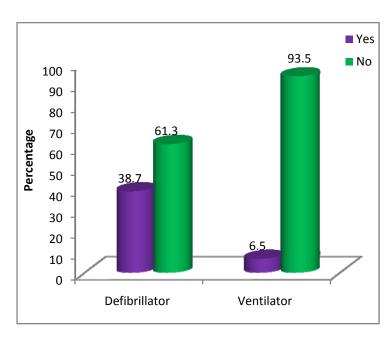
#### 9. Availability of Operation Theatre Equipment

**EMO Machine:** - Majority of CHCs (83.8%) doesn't have EMO machine, while at only 16.2% CHCs Gulabpura (Bhilwara), Nimbahera (Chittor), Lalsot (Dausa), Makrana (Nagaur), Neem ka thana (Sikar) it is available.

Cardiac Monitor: - Majority of CHCs (61.3%) have cardiac monitor, while 38.7% CHCs Chohtan (Barmer), Dungargarh (Bikaner), Indergarh (Bundi), Suratgarh (Ganganagar), Jamwaramgarh (Jaipur), Sanchore



(Jalore), Chirawa (Jhunjhunu), Sultanpur (Kota), Sheoganj (Sirohi), Tonk and Udaipur (Kurabad) do not have cardiac monitor.



**Defibrillator: -** Majority of CHCs (61.3%) doesn't have this equipment, while at 38.7% CHCs Nagar (Bharatpur), Gulabpura (Bhilwara), Nimbahera (Chittor), Lalsot (Dausa), Suratgarh (Ganganagar), Pokran Sanchore (Jaisalmer), (Jalore), (Jhalawar), Phalodi (Jodhpur), Hindauncity (Karauli), Bali (Pali) and Neem ka thana (Sikar) it is available.

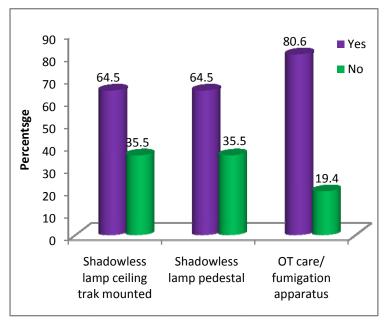
Ventilator: - 93.5% CHCs doesn't have ventilator in their OT, only 6.5% CHCs Lalsot (Dausa), Pokran (Jaisalmer) have this facility.



#### Shadow less lamp- ceiling track mounted:

64.5% CHCs have this lamp, while 35.5% Partapur (Banswara), Nagar (Bharatpur), Gulabpura (Bhilwara), Dungargarh (Bikaner), Indergarh (Bundi), Simalwara (Dungarpur), Nohar (Hanumangarh), Dag (Jhalawar), Khamnore (Rajsamand), Tonk and Udaipur (Kurabad) do not have this lamp.

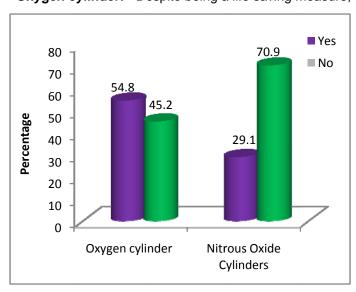
Shadow less lamp pedestal for minor OT: 64.5% CHCs have this lamp, while at 35.5% CHCs Kekri (Ajmer), Indergarh (Bundi), Sardarshahar (Churu), Simalwara (Dungarpur), Suratgarh (Ganganagar), Nohar (Hanumangarh), Jamwaramgarh



(Jaipur), Dag (Jhalawar), Sultanpur (Kota), Khamnore (Rajsamand) and Tonk doesn't have this lamp.

**OT care/ Fumigation apparatus: -** Majority of CHCs (80.6%) has this facility, while 19.4% Indergarh (Bundi), Nohar (Hanumangarh), Jamwaramgarh (Jaipur), Dag (Jhalawar), Tonk and Udaipur (Kurabad) do not have OT care/ Fumigation apparatus.

# Oxygen cylinder: - Despite being a life saving measure, Oxygen Cylinders are available only at 54.8%

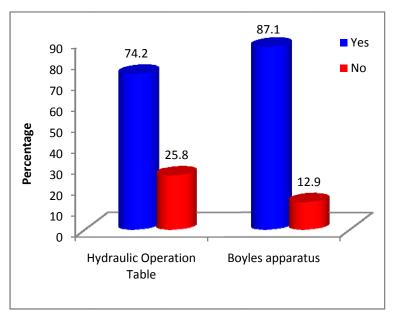


CHCs, while 45.2% CHCs Kekri (Ajmer), Partapur (Banswara), Nagar (Bharatpur), Gulabpura (Bhilwara), Dungargarh (Bikaner), Nimbahera (Chittor), Sardarshahar (Churu), Suratgarh (Ganganagar), Nohar (Hanumangarh), Makrana (Nagaur), Khamnore (Rajsamand), Gangapur city (SawaiMadhopur), Neem ka thana (Sikar) and Tonk do not have oxygen cylinder.

Nitrous oxide cylinder: - Majority (70.9%) of CHCs does not have these cylinders, while 29.1 % Atru (Baran), Chohtan (Barmer), Lalsot

(Dausa), Dungarpur, Hindauncity (Karauli), Bali (Pali), Gangapur city (SawaiMadhopur) and Sheoganj (Sirohi) CHCs are equipped with this type of cylinder.



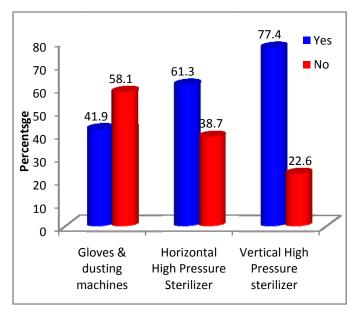


Hydraulic Operation table: - Majority (74.2%) of CHCs has this table, while 25.8% Chohtan (Barmer), Nohar (Hanumangarh), Dag (Jhalawar), Sultanpur (Kota), Makrana (Nagaur), Khamnore (Rajsamand), Sheoganj (Sirohi) and Tonk CHCs are not equipped with this type of OT table.

**Boyle's apparatus: -** 87.1% CHCs have, while 12.9% CHCs Chohtan (Barmer), Nohar (Hanumangarh), Makrana (Nagaur), and Tonk not equipped

Gloves & Dusting Machine: 41.9% CHCs Kekri (Ajmer), Kisangarhbas (Alwar), Indergarh (Bundi), Nimbahera (Chittor), (Churu), Simalwara Sardarshahar (Dungarpur), Jamwaramgarh (Jaipur), Pokran (Jaisalmer), Sanchore (Jalore), Hindauncity (Karauli), Makrana (Nagaur), Bali (Pali) and Gangapur city (SawaiMadhopur)) have Gloves & Dusting Machine, while majority (58.1%) doesn't have this facility.

Horizontal High Pressure Sterilizer: -Majority of CHCs (61.3%) has this sterilizer, while 38.7% CHCsKekri (Ajmer),

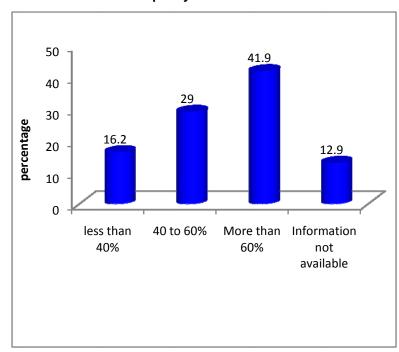


Kisangarhbas (Alwar), Nagar (Bharatpur), Gulabpura (Bhilwara), Dungargarh (Bikaner), Indergarh (Bundi), Nimbahera (Chittor), Simalwara (Dungarpur), Nohar (Hanumangarh), Jamwaramgarh (Jaipur), Pokran (Jaisalmer), Sanchore (Jalore), Dag (Jhalawar), Bali (Pali), Khamnore (Rajsamand), Neem ka thana (Sikar), Sheoganj (Sirohi), Tonk and Udaipur (Kurabad) do not have this.



**Vertical High Pressure Sterilizer: -** Majority of CHCs (77.4%) has this sterilizer, while 22.6% (Indergarh (Bundi), Suratgarh (Ganganagar), Nohar (Hanumangarh), Chirawa (Jhunjhunu), Phalodi (Jodhpur), Khamnore (Rajsamand) and Tonk CHCs do not have this facility.

### 10. Bed Occupancy in the last 12 months



IPD load of CHCs is variable as 16.2% CHCs have bed occupancy less than 40%, 29% CHCs have bed occupancy between 40% to 60%, 41.9% CHCs have more than 60% bed occupancy and about 12.9% CHCs preferred to be silent on this issue. Information was received only from 26 CHCs. CHCs at Nohar (Hanumangarh), Pokran (Jaisalmer), Hindauncity (Karauli), Gangapur city (Gangapur city (Sawai-Madhopur) and Tonk did not provide information related to number of beds in their CHC.

### 11. No. of Beds (Male & Female)

**20-30 capacity: -** CHCs having 20-30 bed capacity of male & female both are 57.7%.

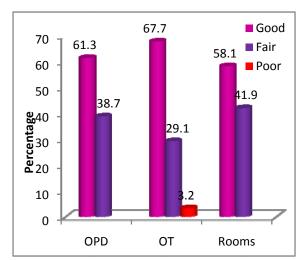
31-50Capacity: - 26.9% for males & females.

**60-70 Capacity: -** CHCs having 60-70 bed capacity of male & female both are 3.9%.

75-100 Capacity: - 11.5% for male and females.

No. of Beds	Total No. of Beds	
	(Male & Female)	
	(%)	
20-30	57.7	
31-50	26.9	
60-70	3.9	
75-100	11.5	





#### 12. Cleanliness:

**OPD:** - Majority of CHCs (61.3%) has rated their OPDs in good condition, while 38.7% CHCs have rated as Fair.

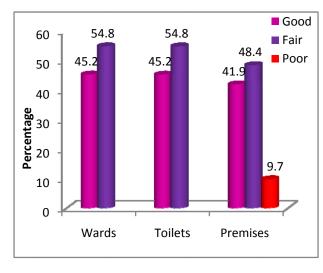
**Operation Theatre:** - In Operation Theatre cleanliness 67.7% CHCs have rated as good, while 29.1% CHCs have rated as fair condition. Only Tonk CHC has OT in poor condition.

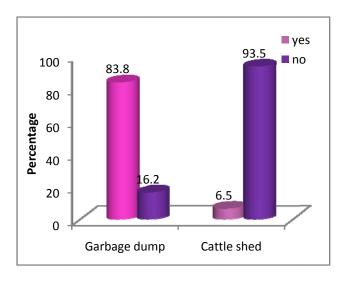
**Rooms:** - 58.1% CHCs have rated their room condition as good, while 41.9% CHCs have rated as fair.

**Wards:** - The condition of wards in majority of CHCs (54.8%) is rated as fair, while in 45.2% CHCs the ward condition is rated as Good.

**Toilet cleanliness: -** It is rated as Fair in 54.8% CHCs, while they are in good condition in 45.2% CHCs.

**CHC premises**: - The condition of CHC premises is fair in 48.4% CHCs, Good in 41.9% CHCs the condition is Good and only 9.7% CHCs have poor conditioned premises.





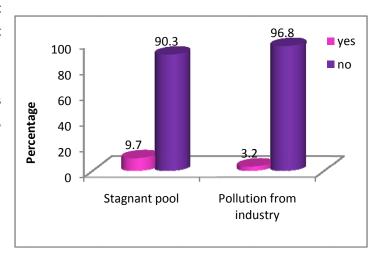
**Garbage dumping yard:** - 83.8% CHCs have facility for dumping Garbage before transport, while 16.2% CHCs do not have Garbage dump.

**Cattle shed: -** Majority (93.5%) of CHCs does not have cattle shed while 6.5% CHCs have.

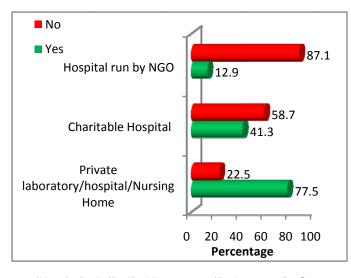


**Stagnant pool:** - 90.3% CHCs does not have this pool, while 9.7% have stagnant pool.

**Pollution from industry: -** 96.8% CHCs are free from industry pollution, while 3.2% CHC are facing this problem.



# 13. Availability of Private Sector Health Facility in the area:



Hospital run by NGO: - 87.1% Districts do not have a NGO run Hospital Kekri (Ajmer), Kisangarhbas (Alwar), Atru (Baran), Gulabpura (Bhilwara), Partapur (Banswara), Chohtan (Barmer), Nagar (Bharatpur), Dungargarh (Bikaner), Indergarh (Bundi), Nimbahera (Chittor), Sardarshahar (Churu), Lalsot (Dausa), Simalwara (Dungarpur), Nohar (Hanumangarh), Suratgarh (Ganganagar), Jamwaramgarh (Jaipur), Pokran (Jaiselmer), Dag (Jhalawar), Chirawa (Jhunjhunu), Phalodi (Jodhpur), Hindauncity (Karauli), Sultanpur

(Kota), Bali (Pali), Khamnore (Rajsamand), Gangapur city (Sawai-Madhopur), Sheoganj (Sirohi), Neem ka thana (Sikar), Tonk and Udaipur (Kurabad) but 12.9% (Makrana (Nagaur) and Sanchore (Jalore) districts have such hospitals.

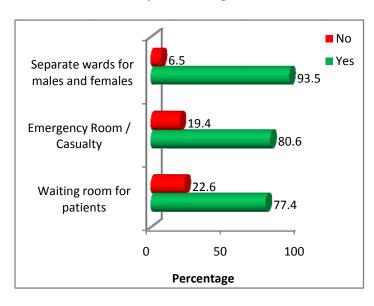
Charitable Hospital: - There are no such hospitals in 58.7% of districts Kekri (Ajmer), Gulabpura (Bhilwara), Dungargarh (Bikaner), Nohar (Hanumangarh) Sanchore (Jalore), Chirawa (Jhunjhunu), Phalodi (Jodhpur) Makrana (Nagaur), Bali (Pali), Sawai- Madhopur and Neem ka thana (Sikar), while 41.3% districts (Kisangarhbas (Alwar), Partapur (Banswara), Atru (Baran), Chohtan (Barmer), Nagar (Bharatpur), Indergarh (Bundi), Nimbahera (Chittor), Sardarshahar (Churu), Simalwara (Dungarpur), Kisangarhbas (Alwar), Suratgarh (Ganganagar), Sanchore (Jalore), Jaiselmer-Pokran, Dag (Jhalawar),



Hindauncity (Karauli), Sultanpur (Kota), Khamnore (Rajsamand) Sheoganj (Sirohi), Tonk and Udaipur (Kurabad) have one or the other charitable hospital.

14. Pvt. Laboratory/hospital/Nursing Home: - The presence of private sector in 77.5% districts in areas of Laboratory support, Nursing Home or Hospital can be exploited to Sytem's advantage by entering into a PPP mode for services which are not available in Public sector. These Districts are- Kekri (Ajmer), Kisangarhbas (Alwar), Partapur (Banswara), Nagar (Bharatpur),Dungargarh (Bikaner), Indergarh (Bundi), Gulabpura (Bhilwara), Nimbahera (Chittor), Lalsot (Dausa), Suratgarh (Ganganagar), Nohar (Hanumangarh), Jamwaramgarh (Jaipur), Jaiselmer-Pokran, Sanchore (Jalore), Dag (Jhalawar), Chirawa (Jhunjhunu), Phalodi (Jodhpur), Hindauncity (Karauli), Makrana (Nagaur), Bali (Pali), Khamnore (Rajsamand), Gangapur city (SawaiMadhopur), Neem ka thana (Sikar) and Sheoganj (Sirohi). 22.5% districts Atru (Baran), Chohtan (Barmer), Sardarshahar (Churu), Simalwara (Dungarpur) Kisangarhbas (Alwar), Tonk and Kurabad (Udaipur) and Sultanpur (Kota) do not have this facility.

# 15. Availability of Building:



In majority of CHCs (93.5%) male and female wards are separate except CHCs at Sardarshahar (Churu) & Tonk.

Emergency room/Casualty is available at 80.6% CHCs; while this facility is unavailable at 19.4% CHCs Nagar (Bharatpur), Dungargarh (Bikaner), Sardarshahar (Churu), Simalwara (Dungarpur), Kisangarhbas (Alwar), Suratgarh (Ganganagar) and Tonk.

Availability of waiting room for patients is present at 77.4% CHCs, while at 22.6% CHCs Kekri (Ajmer), Sardarshahar (Churu), Jamwaramgarh (Jaipur), Phalodi (Jodhpur),

Khamnore (Rajsamand), Sheoganj (Sirohi) and Tonk this facility is not available.



Family Welfare Clinic

Adequate no. of windows in the room for light and air in each room

OPD rooms / cubicles

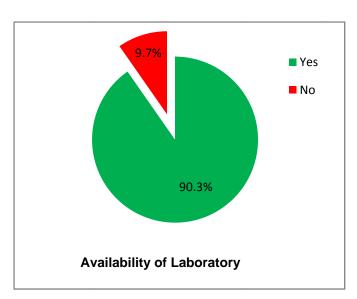
0 50 100

Percentage

Family welfare clinic is available at 77.4% CHCs. 22.6% of CHCs Nagar (Bharatpur), Sardarshahar (Churu), Suratgarh (Ganganagar), Nohar (Hanumangarh), Sanchore (Jalore), Sultanpur (Kota) and Tonk. Adequate number of windows for proper ventilation and sunlight is available at 87.1% CHCs, while it is lacking at 12.9% CHCs (Indergarh (Bundi), Sardarshahar (Churu), Phalodi (Jodhpur) and Tonk). OPD rooms/ Cubicles are available for various specialties at 93.5% CHCs, while only Sardarshahar (Churu) & Tonk CHCs don't

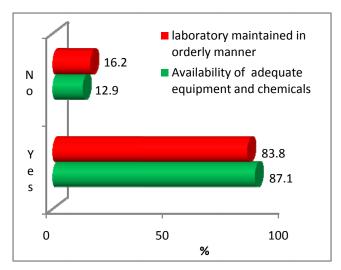
have this facility.

#### 16. Laboratory:



In the context of provision of laboratory except CHCs Atru (Baran), Sardarshahar (Churu) and Tonk, laboratory facility is available at majority of CHCs (90.3%).



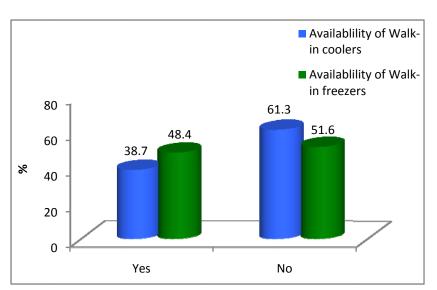


Adequate equipments are available at 87.1% CHCs, except at Atru (Baran), Indergarh (Bundi), Sardarshahar (Churu) and Tonk.

83.8% CHCs are able to maintain their laboratory in orderly manner except 16.2% CHCs Atru (Baran), Indergarh (Bundi), Sardarshahar (Churu), Khamnore (Rajsamand) and Tonk.

#### 17. Cold Chain:

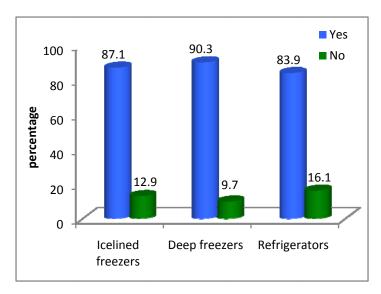
Cold chain is vital to effective Immunization, with little elbow room for complacency. 38.7% CHCs Kekri (Ajmer), Indergarh (Bundi), Nimbahera (Chittor), Lalsot (Dausa), Suratgarh (Ganganagar), Pokran (Jaisalmer), Chirawa (Jhunjhunu), Phalodi (Jodhpur), Hindauncity (Karauli), Bali (Pali),Gangapur city (Sawai-Madhopur) and Neem ka thana (Sikar) have reported that they have walk-in



coolers to store the vaccine (how come, fail to understand and calls for interrogation as CHCs are not supposed to have a Walk in cooler or Freezer) while 61.3% CHCs do not have walk-in coolers for cold chain facility.

Just 48.4% CHCs Kekri (Ajmer), Indergarh (Bundi), Nimbahera (Chittor), Lalsot (Dausa), Simalwara (Dungarpur), Suratgarh (Ganganagar), Pokran (Jaisalmer), Chirawa (Jhunjhunu), Phalodi (Jodhpur), Hindauncity (Karauli), Bali (Pali), Gangapur city (Sawai-Madhopur), Neem ka thana (Sikar), Sheoganj (Sirohi) and Udaipur (Kurabad) have walk-in freezers.

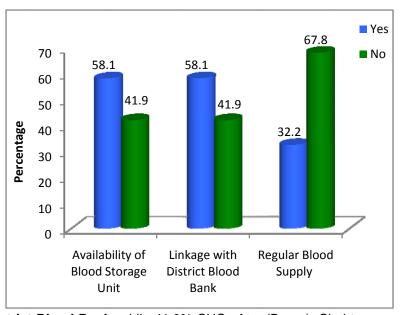




87.1 % CHCs have ice lined freezers, 12.9% **CHCs** Atru (Baran), Nagar (Bharatpur), Sardarshahar (Churu) and Makrana (Nagaur)) do not have ice lined freezers. Atru (Baran), Sardarshahar (Churu) and Tonk CHCs do not have deep freezer. Atru (Baran), Sardarshahar (Churu), Nohar (Hanumangarh), Khamnore (Rajsamand) and Sheoganj (Sirohi) CHCs do not have even functional refrigerators.

#### 18. Blood Storage Unit:

Blood storage unit as a must for an FRU is available at 58.1% CHCs, while this facility is not available at 41.9% CHCs Atru (Baran), Nagar (Bharatpur), Dungargarh (Bikaner), Indergarh (Bundi), Sardarshahar (Churu), Jamwaramgarh (Jaipur), Dag (Jhalawar), Sultanpur (Kota), Makrana (Nagaur), Khamnore (Rajsamand), Sheoganj (Sirohi), Tonk and Udaipur (Kurabad).



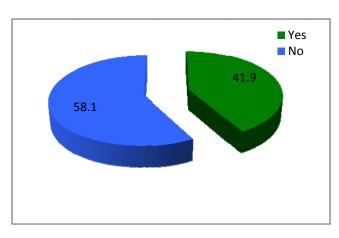
**58.1% CHCs have their linkages with District Blood Bank**, while 41.9% CHCs Atru (Baran), Chohtan (Barmer), Dungargarh (Bikaner), Indergarh (Bundi), Sardarshahar (Churu), Lalsot (Dausa), Dungarpur-SimKisangarhbas (Alwar), Sultanpur (Kota), Makrana (Nagaur), Khamnore (Rajsamand), Sheoganj (Sirohi), Tonk and Udaipur (Kurabad) do not have any linkages.

Blood storage facility is available only at 32.2% CHCs Kekri (Ajmer), Gulabpura (Bhilwara), Nimbahera (Chittor), Suratgarh (Ganganagar), Nohar (Hanumangarh), Pokran (Jaisalmer), Phalodi



(Jodhpur), Hindauncity (Karauli), Bali (Pali) and Neem ka thana (Sikar), while at majority of CHCs (67.8%) this facility is not available.

#### **Room for Ancillary Staff:**

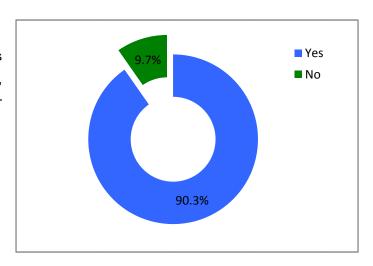


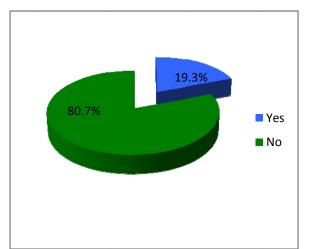
Majority of CHCs (58.1%)do not have facility of rooms for Ancillary staff, these CHCs are Kekri (Ajmer), Kisangarhbas (Alwar), Partapur (Banswara), Atru (Baran), Chohtan (Barmer), Nagar (Bharatpur), Gulabpura (Bhilwara), Dungargarh (Bikaner), Indergarh (Bundi), Nimbahera (Chittor), Sardarshahar (Churu), Simalwara (Dungarpur), Kisangarhbas (Alwar), Chirawa (Jhunjhunu), Karauli-Hindaun city, Khamnore (Rajsamand), Sheoganj (Sirohi), Tonk

and Udaipur-Kurabad. While 41.9% CHCs have rooms for Ancillary staff.

#### 19. Labor room:

At majority (90.3%) of CHCs labor room is available except from CHCs at Atru (Baran), Sardarshahar (Churu) and Tonk where labor room is not available.



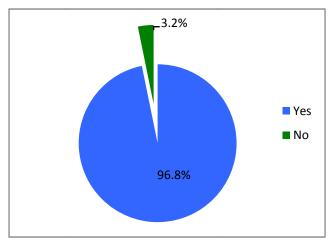


#### 20. Laundry facility

Only 19.3% CHCs Kekri (Ajmer), Chohtan (Barmer), Lalsot (Dausa), Pokran (Jaisalmer), Chirawa (Jhunjhunu) and Makrana (Nagaur)) CHCs have laundry facility available, while majorities (80.7%) of CHCs do not have.



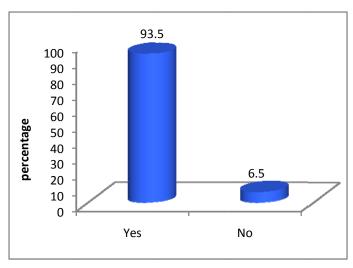
21. Water supply



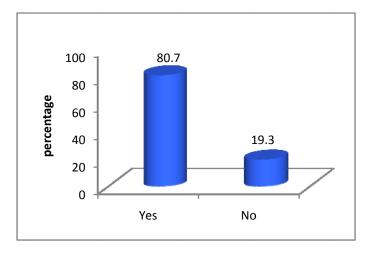
Except Tonk all 31 CHCs are getting adequate water supply.

22. Electricity supply: Electric line in all parts of the hospital

All CHCs have supply of electricity in all parts of the hospital except Gangapur city (Sawai-Madhopur) and Tonk which do not have electric supply in all parts of the hospital.



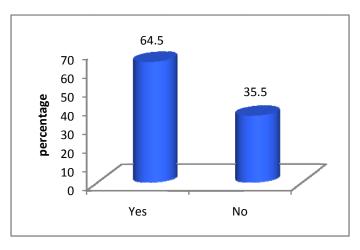
#### Standby facility (Generator):



Standby facility in the form of generator is available at majority (80.7%) of CHCs, while 19.3% CHCs Atru (Baran), Chohtan (Barmer), Indergarh (Bundi), Khamnore (Rajsamand), Gangapur city (Sawai-Madhopur) )and Tonk do not have generator at their centers.



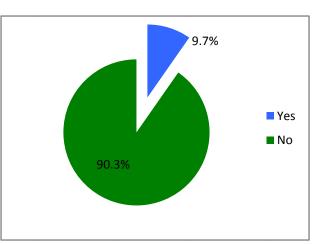
#### 23. Vehicle:



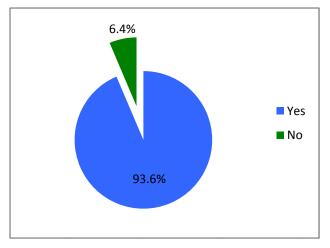
64.5% CHCs have vehicles at their centers while 35.05% CHCs (Kisangarhbas (Alwar), Chohtan (Barmer), Nagar (Bharatpur), Indergarh (Bundi), Sanchore (Jalore), Chirawa (Jhunjhunu), Makrana (Nagaur), Khamnore (Rajsamand) Gangapur city (Sawai-Madhopur) -Gangapur city, Tonk and Udaipur (Kurabad) do not have any vehicle.

#### 24. Waste disposal:

As far as the waste disposal facility is concerned figure presents a very bleak picture. **Majority of CHCs (90.3%) CHCs do not have waste disposal facility;** only CHCs at Kekri (Ajmer), Chohtan (Barmer), Pokran (Jaisalmer), Chirawa (Jhunjhunu) and Makrana (Nagaur) have waste disposal facility at their centers.



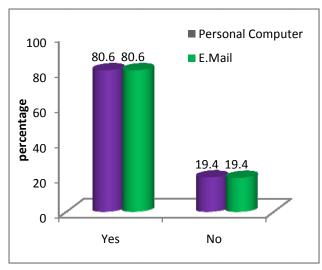
### 25. Communication facilities: Telephone



As far as the communication facilities are concerned all the CHCs have telephone at their hospital except from Chirawa (Jhunjhunu) and Tonk.



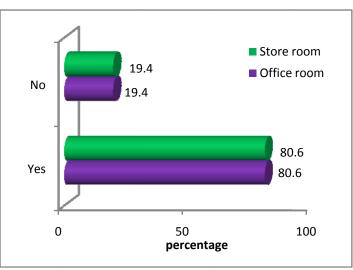
#### Office automation: PCs /E-mail



Except CHCs Atru (Baran), Suratgarh (Ganganagar), Chirawa (Jhunjhunu), Tonk and Kurabad (Udaipur) majority of CHCs (80.6%) have computer with internet facility. CHC Khamnore (Rajsamand) does not have personal computer but have e-mail facility. In contrary CHC Indergarh (Bundi) have personal computer but does not have E-Mail facility.

#### i. Other Room Office room/Store room

Majority of CHCs (80.6%) have separate room for office and storage facility at their center. CHCs at Partapur (Banswara), Chohtan (Barmer), Lalsot (Dausa), Jamwaramgarh (Jaipur), Khamnore (Rajsamand)and Tonk do not have office room and CHCs at Lalsot (Dausa), Simalwara (Dungarpur), Kisangarhbas (Alwar), Phalodi (Jodhpur), Sultanpur (Kota), Khamnore (Rajsamand)and Tonk do not have store room facility.



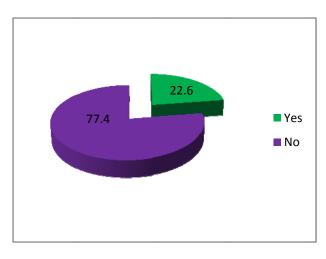
# 3.2 • No

#### Kitchen

None of the CHCs have kitchen at their centers but for Sanchore (Jalore) CHC.



#### 26. Accommodation facility for families of admitted patients.



Majority of CHCs (77.4%) do not have accommodation facility for admitted patients. CHCs at Kekri (Ajmer), Indergarh (Bundi), Nimbahera (Chittor), Sardarshahar (Churu), and Bali (Pali) have accommodation facility with attached toilet for admitted patients. CHCs at Chohtan (Barmer) and Suratgarh (Ganganagar) have staying facility without attached toilet. Sheoganj (Sirohi) CHC does not have accommodation facility but mentioned attached toilet facility.

## Cooking facility for families of admitted patients:

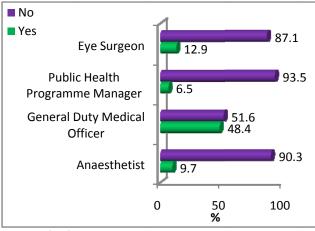
93.6% CHCs do not provide cooking facilities for families of admitted patients except CHCs at Nimbahera (Chittor) and Bali (Pali).

# 6.4% • Yes • No

#### ii. Staff quarters

The Lodging facility is a big constraint in motivating the specialist to stay at HQ and the observations on record vouch for it.

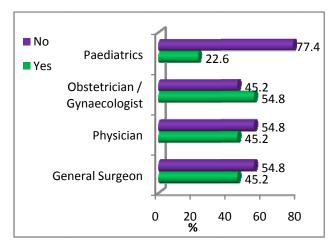
#### a) Clinical Manpower



anesthetist.

Majority of CHCs are not providing accommodation facilities for clinical staff. CHCs at Kekri (Ajmer), Dungargarh (Bikaner), Suratgarh (Ganganagar) and Bali (Pali) have staff quarters for eye surgeons. CHCs at Phalodi (Jodhpur) and Gangapur city (Sawai-Madhopur) have lodging facility for public CHCs at Nohar health program manager. (Hanumangarh), Neem ka thana (Sikar) Kurabad (Udaipur) have staff quarters for





77.4% CHCs do not have accommodation facilities for pediatricians, while 22.6% CHCs do have accommodation facility.

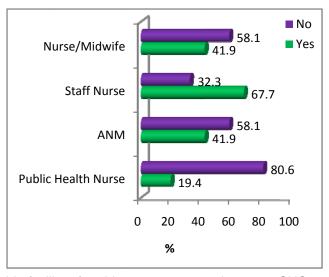
Similarly 54.8% CHCs provide accommodation facility to their **obstetrician/gynecologists**, while 45.2% do not have this facility. Vice-versa is the case for **Physicians & General Surgeons** i.e. 54.8% CHCs do not have staff quarters, while 45.2% CHCs have residential facility.

#### b) Support Manpower:

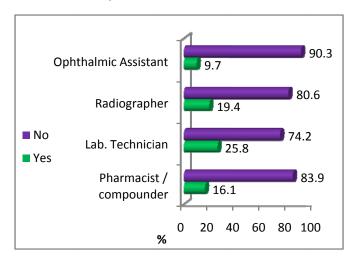
Majority of CHCs (58.1%) do not have residential facility for **Nurse/Midwife**, while 41.9% CHCs have this facility.

Staff Nurses of 67.7% CHCs have residential facility, while 32.3% CHCs do not have this facility for Staff Nurses.

**ANMs** of 58.1% CHCs do not have this facility of residence quarters; only 41.9% CHCs have this facility.



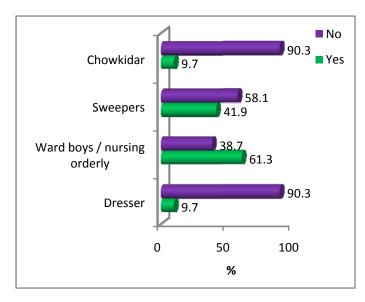
**Public Health Nurse** Of 80.6% CHCs do not have this facility of residence quarters; only 19.4% CHCs have this facility.



Majority of CHCs 90.3% do not have residential facility for **Ophthalmic Assistant**, while 9.7% CHCs have this facility. **Radiographer** of 19.4% CHCs has residential facility, while 80.6 CHCs do not have this facility for Radiographer. **Lab Technician** of 74.2 % CHCs do not have this facility of residence quarters, only 25.8% CHCs have this facility. **Pharmacist/Compounder** of 83.9% CHCs does not have residential facility.

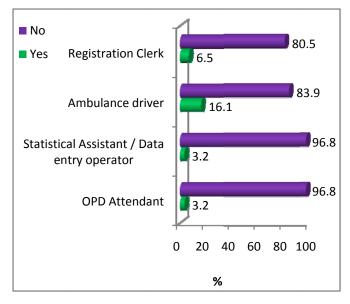


c) **Ancillary Staff:** (Ward boys / nursing orderly, Sweepers, Chowkidar, OPD Attendant, Statistical, Assistant / Data entry operator and Registration Clerk.



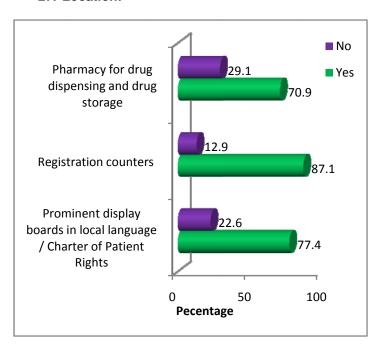
Majority of CHCs 90.3% do not have residential facility for **Chowkidar**, while 9.7% CHCs have this facility. **Sweepers** of 41.9% CHCs have residential facility, while 58.1 % CHCs do not have this facility for Sweepers. **Ward boys/Nursing** orderly of 61.3 % CHCs have this facility of residence quarters, only 38.7 % CHCs do not have this facility. **Dressers** of 90.3 % do not have residential facility.

Majority of CHCs 80.5 %do not have residential facility for **Registration Clerk**, while 6.5% CHCs have this facility. **Ambulance Driver** of 16.1% CHCs has residential facility, while 83.9 % CHCs do not have this facility. **Statistical Assistant/Data entry operator** of 96.8 % CHCs do not have this facility of residence quarters, only 3.2 CHCs have this facility.**OPD Attendant** of 96.8% do not have residential facility.





#### 27. Location:



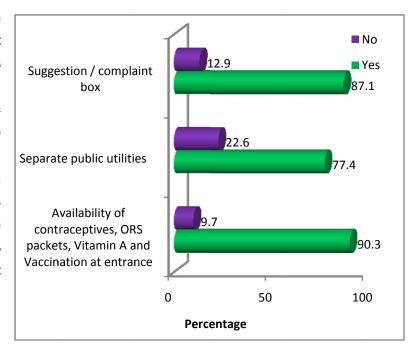
Pharmacy for drug dispensing and storage is available at 70.9% CHCs, while 29.1% CHCs do not have this facility.

**Registration counter** is available at majority (87.1%) CHCs, while 12.9% CHCs do not provide this facility.

Display Boards/ charter of patient's rights are present in 77.4% CHCs, rest 22.6% do not provide this facility.

Facility of Suggestion
Box/Complaint Box is available at
87.1% CHCs; remaining 12.9% CHCs
do not have these boxes.

77.4% CHCs have separate public utilities for male and female, while 22.6% CHCs do not have this facility. Contraceptives, ORS packets, vitamin A and vaccination facility is available at the entrance of CHCs in majority (90.3%) CHCs, while 9.7% CHCs do not provide these facilities at the entrance of their CHCs.





#### 28. Behavior of the CHC staff with the patient:

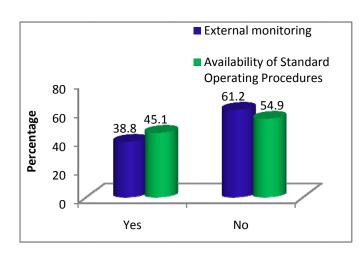
All the head of CHCs reported that their staffs' behavior is courteous with the patient and there wasn't any incidence of any sexual advances, oral or physical abuse, sexual harassment by the doctors or any other paramedical. As far as the dishonesty is concerned they respond that there is no corruption in terms of charging extra money for any of the service provided, receipt always given for the money charged at the CHC. Examinations on woman patients are conducted in presence of a woman attendant, and procedures conducted under conditions that ensure privacy, Except CHCs at Chohtan (Barmer), Jamwaramgarh (Jaipur) and Sanchore (Jalore) woman patients are interviewed in an environment that ensures privacy and dignity. All the patients with chronic illnesses receive adequate care and drugs for the entire duration and if the health centre is unequipped to provide the services needed, there is provision to transfer the patient immediately without delay, with all the relevant papers, to a site where the desired service is available.

#### VI. Furniture:

As far as the furniture facility is concerned examination table, delivery table, stool for patients, oxygen trolley, iron bed, bed side locker, instrument tray, chair, wooden table and mattress are available at all the 31 CHCs.

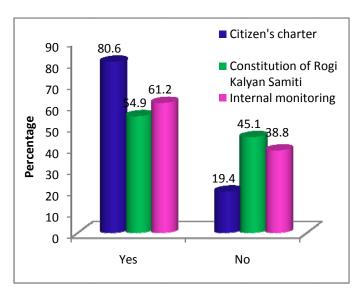
CHC at Indergarh (Bundi), don't have basics like saline stand, wheel chair, stretcher on trolley. CHC at Lalsot (Dausa), Chirawa (Jhunjhunu), Khamnore (Rajsamand) and Sawai-.Madhopur don't have height measuring stand. CHCs at Nimbahera (Chittor), Lalsot (Dausa), Suratgarh (Ganganagar), Pokran (Jaisalmer), Sanchore (Jalore), Dag (Jhalawar), Makrana (Nagaur), Bali (Pali), and Tonk have Side rail facility and CHCS at Partapur (Banswara), Lalsot (Dausa), Pokran (Jaisalmer), Sanchore (Jalore), Hindauncity (Karauli), Makrana (Nagaur), Bali (Pali) and Sheoganj (Sirohi) have bed side attendant chair. All the CHCs have waiting bench for patients/ attendants except CHC Kisangarhbas (Alwar).

#### VII. Quality Control:



54.9% CHCs doesn't have availability of standard operating procedures, while only 45.1% CHCs have this facility. Facility of External Monitoring is not available at 61.2% CHCs, while 38.8% CHCs have this facility.





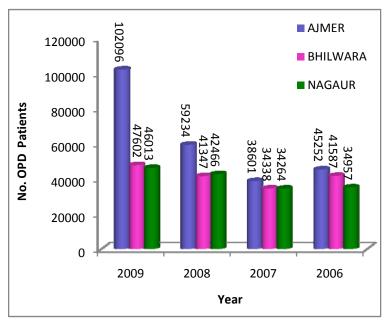
Internal Monitoring Facility is not available at 38.8% CHCs, 54.9% CHCs have copies of constitution of RMRS (RKS), while 45.1% CHCs don't have this constitution. **Majority (80.6%) CHCs have citizen's charter,** while 19.4% don't citizen's charter.



#### **Key Performance Indicators:**

All the districts from where information was available are divided on the basis of Zones and the data were analyzed in relation to OPD, IPD, Surgeries, Bed occupancy, Normal Delivery, and Family Planning interventions.

A) Load in OPD:Ajmer Zone: Kekri (Ajmer) Gulabpura (Bhilwara), Makrana (Nagaur), and Tonk



#### No of OPD patients

From the information available for Kekri (Ajmer), Gulabpura (Bhilwara) and Makrana (Nagaur); it appears that CHC kekri had maximum load in all the reference years. In 2009 year, 102096 patients were attended in OPD at Kekri CHC at Gulabpura (Bhilwara) & Makrana (Nagaur) had 47602 and 46013 patients in OPD, respectively.

In the year 2008 also, patient Load was maximum at Kekri (Ajmer) CHC (59234), while at Gulabpura (Bhilwara) and Makrana (Nagaur) the load was 41347 &

42466 respectively.

In 2007 Year, all three CHC were at par with 38601, 34338 and 34264 patients in Kekri (Ajmer), Gulabpura (Bhilwara) & Makrana (Nagaur) CHCs respectively.

For 2006, the ambulatory care was offered to 45252, 41585 and 34957 at Kekri (Ajmer), Gulabpura (Bhilwara) and Makrana (Nagaur) respectively.

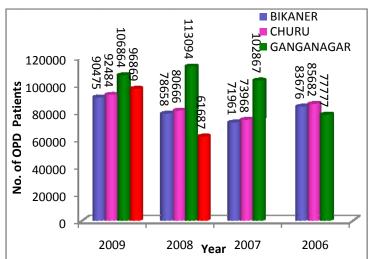


**Bikaner Zone:** (Dungargarh (Bikaner), Sardarshahar (Churu), Suratgarh (Ganganagar), and Nohar (Hanumangarh)).

#### No of OPD patients

As evident from the bar graph, maximum case load was in Suratgarh (Ganganagar) CHC from 2007 to 2009. For 2009, Dungargarh (Bikaner), Sardarshahar (Churu) and Nohar (Hanumangarh) CHC had 90475, 92484 and 96869 patients respectively in their OPD.

In 2008 year, Suratgarh (Ganganagar) CHC had foot fall of 113094, while at Dungargarh (Bikaner) no of OPD patients

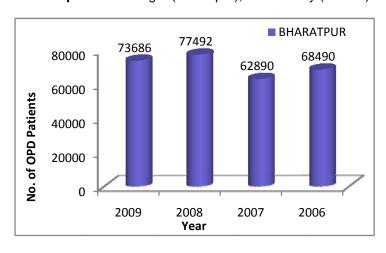


were 78658, at Sardarshahar (Churu) load was 80666 and at Nohar (Hanumangarh) 61687 patients dropped in the OPD.

**In 2007** Year, the load was almost the same for Dungargarh (Bikaner) and Sardarshahar (Churu) i.e. 71961, 73968 respectively, and for Suratgarh (Ganganagar) load were 102867.

**In 2006**, Sardarshahar (Churu) CHC has maximum load of 85682 patients while for Suratgarh (Ganganagar) and Nohar (Hanumangarh) CHCs the load was 77777 and 83676 respectively.

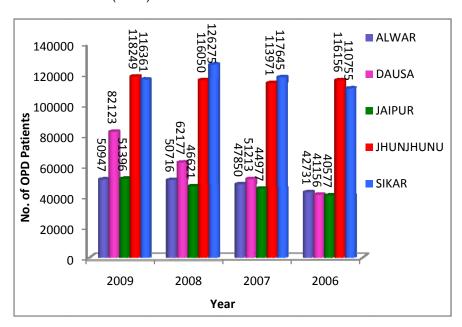
Bharatpur Zone: Nagar (Bharatpur), Hindauncity (Karauli) and Gangapur city (Sawai-Madhopur).



The information was received only from Nagar (Bharatpur). In 2009 load were 73686 patients, in year 2008 the load was 77492 patients, in year 2007 the load was 62890 and in the year 2006 the load was of 68490 patients in OPD.



**Jaipur Zone:** (Kisangarhbas (Alwar), Lalsot (Dausa), Jamwaramgarh (Jaipur), Chirawa (Jhunjhunu) and Neem ka Thana (Sikar)



In year 2009, load for Chirawa (Jhunjhunu) CHC was 118249 patients, Neem ka Thana (Sikar) CHC catered to 116361 patients, for Lalsot (Dausa) CHC load was 82123 patients, and 50947 patients came to Kisangarhbas (Alwar) CHC and at Jamwaramgarh (Jaipur) CHC there were 51395 patients.

For 2008 year, Neem ka thana (Sikar) CHC had

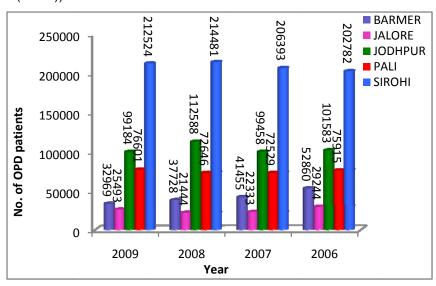
maximum (126275) OPD load, Chirawa (Jhunjhunu) CHC had 116050 patients, Lalsot (Dausa) CHC catered to 62177 patients, Alwar-Kishangarhbas CHC had 50716 patients and Jamwaramgarh CHC (Jaipur) had 46621 patients.

Neem ka Thana (Sikar) CHC serviced 117645 patients in 2007, while for the same year out patient load at Chirawa (Jhunjhunu) CHC was 113971 patients, at Lalsot (Dausa) CHC it was 51213 patients, at Jamwaramgarh (Jaipur) CHC managed 44977 patients and Kisangarhbas (Alwar) CHC treated 47850 patients in OPD.

In year 2006, Chirawa (Jhunjhunu) CHC with 116156 patients subscribed to rank one, Neem ka Thana (Sikar) CHC followed with 110755 patients, Lalsot (Dausa) CHC had 41156 patients, Kisangarhbas (Alwar) CHC catered to 42731 patients and at Jaipur CHC Jamwaramgarh OPD case load was 40577 only.



Jodhpur Zone: Chohtan (Barmer), Sanchore (Jalore), Phalodi (Jodhpur), Bali (Pali) and Sheoganj (Sirohi))

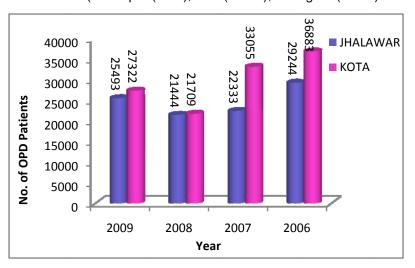


Year 2009 witnessed maximum OPD load at Sheoganj (Sirohi) with. 212524 patients while Phalodi (Jodhpur) CHC had 99184 patients, Bali (Pali) CHC load catered to 76601 patients, Sanchore (Jalore) managed 25493 OPD cases, and at Chohtan (Barmer) CHC patient load was 32969.

In 2008 year, load was again maximum at Sheoganj (Sirohi)

CHC i.e. 214481 patients, at Phalodi (Jodhpur) CHC load was 112588 patients, at Bali (Pali) CHC there were 72646 patients, at Chohtan (Barmer) CHC load was 37728 patients and at Sanchore (Jalore) CHC load was 21444 patients only. In 2007 year, maximum load was again at Sheoganj (Sirohi) CHC 206363 patients, Phalodi (Jodhpur) CHC had a load of 99458 patients, Bali (Pali) CHC had a load of 72529 Patients, Chohtan (Barmer) CHC had a load of 41455 Patients and Sanchore (Jalore) CHC had minimum of 22333 patients only. In year 2006, Sheoganj (Sirohi) CHC had a load of 202782 patients, Phalodi (Jodhpur) CHC had 101583 patients, Chohtan (Barmer) CHC had 52860 Patients, Bali (Pali) CHC had 75915 patients and Sanchore (Jalore) CHC had only 29244 patients only. Sanchore CHC in Jalore District appears to be constantly least utilized CHC.

Kota Zone: (Sultanpur (Kota), Atru (Baran), Indergarh (Bundi) and Dag (Jhalawar)



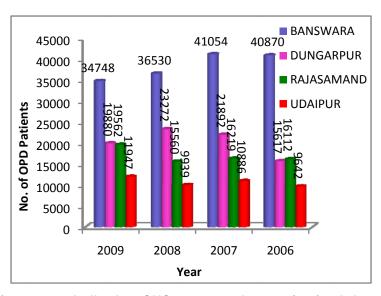
The information is available only from Sultanpur (Kota) and Dag (Jhalawar) CHCs.

CHC Sultanpur in Kota District outsmarts the Jhalawar's Dag CHC in attending the OPD patients all throughout the reference years as is reflected in the graph here.



#### **Udaipur Zone:**

Partapur (Banswara), Nimbahera (Chittor), Simalwara (Dungarpur) and Khamnore (Rajsamand) The tribal population in Partapur (Banswara) CHC trusted Public Health care delivery for ambulatory care with 34748 patients in 2009 (though the number had been regularly declining from 2006 onwards), followed by Simalwara (Dungarpur), CHC (19880 patients), Khamnore (Rajsamand) (19562 patients) and Kurabad (Udaipur) (11947 patients). Over a period of 4 years Khamnore CHC in Rajsamand observed

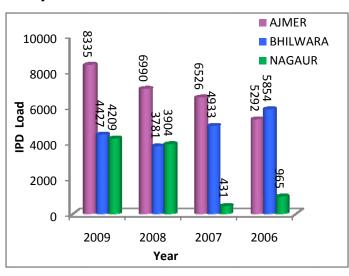


a marginal increase in patient number in 2009 and all other CHCs more or less maintained the number. Incidentally, none of these CHCs were under RHSDP as in the entire Udaipur Zone only CHC Nimahera (Chittorgarh) was included under project.

#### b) Inpatient Admissions:

Information regarding number of patients admitted at various CHCs is as follows -

#### Ajmer Zone:



In the zone, information was made available only from three CHCs viz. Kekri (Ajmer), Gulabpura (Bhilwara) and Makrana (Nagaur). The same has been compiled and presented in the bar diagram here.

CHC Kekri in Ajmer District (which was a project supported institution) had a constant increase in IPD cases over a period of 4 yrs from 2006 to 2009. The same was observed in Makrana (Nagaur) CHC (again a project supported institution) where the number jumped from 965 in 2006 to 4209 in 2009.

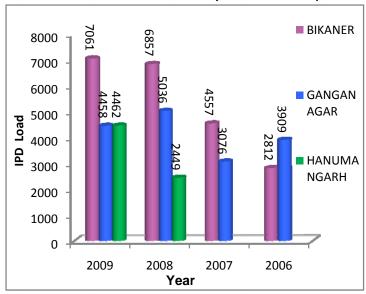
Somehow, CHC Gulabpura (Bhilwara) could not capitalize on project inputs and the number of IPD cases gradually declined with a marginal increase in 2009.



#### **Bikaner Zone:**

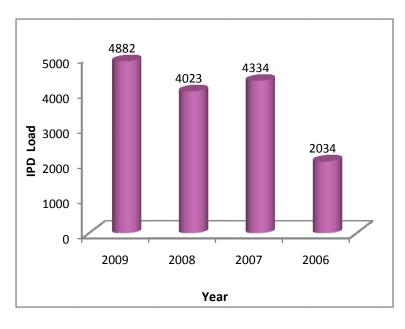
The data from Churu district were not made available and for Hanumangargh the data referred to only 2008 and 2009.

CHC Dungargarh (Bikaner) though not supported under project had the maximum IPD load in all the years. CHC Nohar (Hanumangarh) supported under project, picked up a little late and the IPD numbers doubled between 2008 and 2009.CHC Suratgarh (Ganganagar) was observed to have ups and downs over 4



years starting 2006 in terms of IPD attendance, despite having the project inputs.

#### **Bharatpur Zone:**

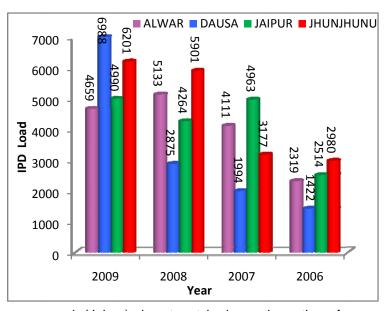


For Bharatpur zone which has 4 Districts (Bharatpur, Dholpur, Karauli & Sawaimadhopur) only information available is for CHC Nagar where though the number of IPD has more than doubled over 4 years, no comparison can be made.



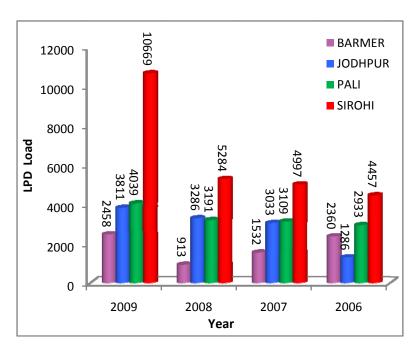
#### Jaipur Zone:

With 5 Districts in the Zone, information is not available for Sikar. **Project** supported CHC Lalsot (Dausa) had gradually picked up and admitted 6988 patients in 2009 from a small number of 1422 in 2006. Somehow CHC Chirawa (Jhunjhunu) though not supported under project also established its credibility amongst IPD patients with 6201 admitted in 2009( the number was a meager 2980 in 2006). The performance in IPD admissions CHC for Project supported



Kisangarhbas (Alwar) and non-project Jamwaramgarh (Jaipur) almost matched over the entire reference period.

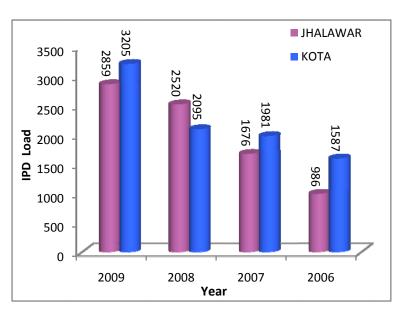
#### Jodhpur Zone:



Covering 6 administrative units, Jodhpur zone has 2 project supported CHCs-one in District Pali (Bali) and other in District Sirohi (Sheoganj) The IPD admissions in CHC Sheoganj (Sirohi) outsmarted every institution in 2009( 10669 patients against 4457 in 2006). The other project supported CHC-Bali maintained its momentum of IPD inflow with marginal improvements 4039 in 2009 from 2933 in 2006.

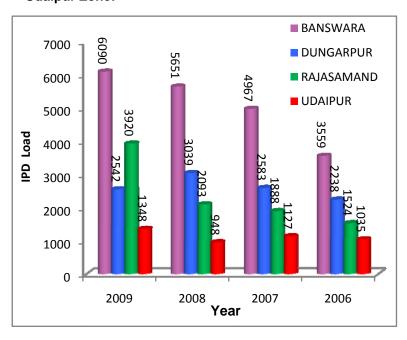


#### **Kota Zone:**



With 4 districts in the zone, the information availability constraint defies any attempt for comparison. Moreover, there was no project supported facility in the zone. Both the facility CHC Dag (Jhalawar and CHC Sultanpur (Kota) have improved in IPD numbers over period of time as reflected in the bar diagram.

#### **Udaipur Zone:**



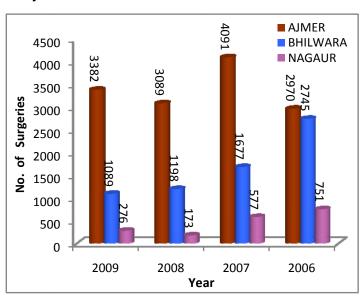
The information from only project supported CHC at Kurabad (Udaipur) in Udaipur Zone shows that despite project inputs, the CHC enjoys the lowest rank in number of IPD admissions in the entire zone. The tribal CHC Partapur (Banswara) has constantly performed better in terms of IPD admissions from 2006 to 2009 with a maximum of 6090 patients in 2009. Though small yet IPD case load has CHC improved in all the other (Simalwara & Khamnore) for which data was gathered.



#### c)Surgical Interventions at CHC:

The comments on surgical performance of these institutions, comes with a caveat in view of non availability of information as to since when the specialist is available at the facility.

#### Ajmer Zone:

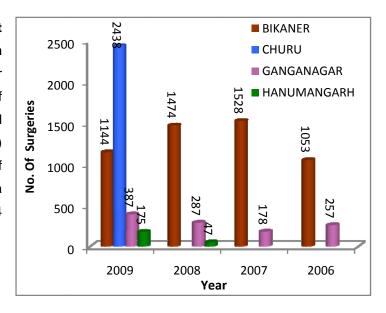


At CHC Kekri (a project supported institution) regular surgeries are performed as evident from numbers over the period, 2006 to 2009 and there must be some other factor besides the availability of a surgeon and project support as the other project supported facility at Makrana (Nagaur), a mining area, has a poor record of surgeries with maximum of 751 in 2006 which dropped to just 173 in 2008, while surgeries at another project supported facility -CHC Gulabpura (Bhilwara) had

gradually declined from 2745 in 2006 to 1089 in 2009. This could be attributed to non-availability of anesthetist at both these places.

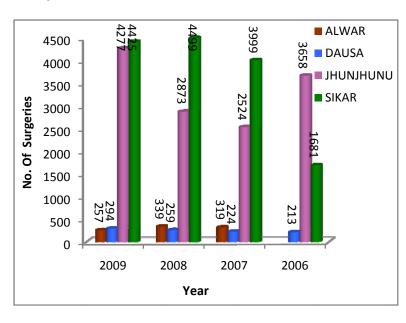
#### **Bikaner Zone:**

CHC Sardarshahar (Churu) though not supported under project did the maximum Surgeries in the year of 2009. CHC Nohar (Hanumangarh) supported under project, no of surgeries were very low in the year of 2009 and 2008. Projected CHC Suratgarh (Ganganagar) was observed to have very little variation in no of surgeries over 4 years. Dungargarh (Bikaner) a non projected CHC have ups and downs over 4 years starting 2006 in terms of no of surgeries.





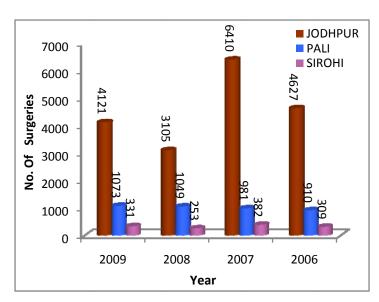
#### Jaipur Zone:



Projected CHC- Neem ka thana (Sikar) had maximum number of surgeries from year 2007-2009.

Because of non-availability of surgeon/ anesthetist at CHC Lalsot (Dausa) surgeries are not being conducted and CHC Kisangarhbas (Alwar) had comparatively very low load of surgeries over the years, despite CHC is project listed and has functional Operation Theater, sufficient man power, power supply and equipment.

#### Jodhpur Zone:



CHC Phalodi (Jodhpur) though not supported under project, with surgeon and anesthetist available, had maximum number of surgeries (as OT is functional) from 2006-2009.

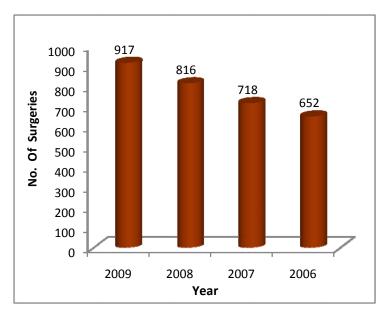
The Surgeons at **projected supported CHC**Sheoganj (Sirohi) on the contrary had **minimal scalpel handling** even though it has 2 surgeons, an anesthetist and Operation Theater. Same is true for **CHC Bali**, again a **project supported** CHC, where number of surgeries is little higher than Sheoganj yet **no** 

change over last 4 yrs, despite surgeon and anesthetist available.

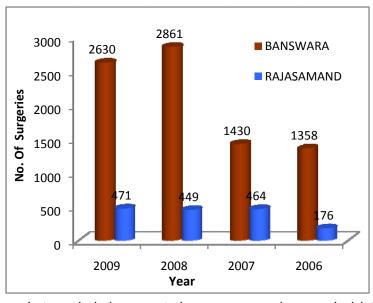


#### **Kota Zone:**

Kota zone includes 4 Districts (Baran, Bundi, Jhalawar and Kota). Only information available is for CHC Sultanpur (Kota), which though slow, has been gradually picking up in surgical performance as surgeon and anesthetist are not available for the OT to be utilized.



#### **Udaipur Zone:**



For the information related to surgeries available from only from Partapur (Banswara) and Khamnore (Rajsamand)CHCs, it is difficult generalize and comment for the entire Zone. CHC Partapur even without an anesthetist has put its OT to use with number of surgeries regularly going up from 2006-2009. On the other hand at CHC Khamnore with a functional OT but without surgeon, anesthetist and electricity supply, surgeries are not being conducted and

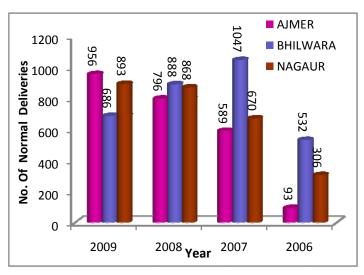
whatever is being reported appears are minor surgical interventions, the number of which apparently stands stagnant.



#### d) Total Number of Normal Deliveries: Ajmer Zone:

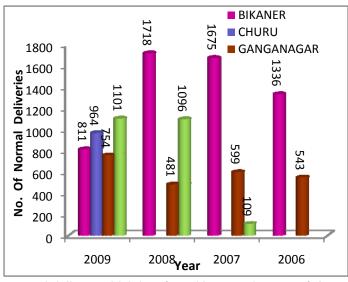
At the project supported CHC Kekri (Ajmer) with labor room and obstetrician available, the number of deliveries has substantially improved from 93 to 956 between 2006-2009.

With no obstetrician in place, the number of deliveries have gradually increased over the years at project supported CHC Makrana (Nagaur), and that is where probably the role of cash subsidy under



JSY needs appreciation. At CHC Gulabpura- Bhilwara delivery load increased remarkably in 2006 & 2007 and gradually decreased in 2008 & 2009; but that can't be explained as the information does not reflect as to since when a regular Ob & Gy. Specialist was available and when the post was vacant which makes it difficult to comment whether the availability of specialist boosted the number or it is the popularity of JSY which lured pregnant women to come to facility.

#### **Bikaner Zone:**



Despite being a non project facility with no obstetrician in place CHC Dungargarh-Bikaner has performed well in terms of institutional deliveries from 2006-2008. Somehow, a substantial drop in number in 2009 defies logic for non availability of information on other determinants.

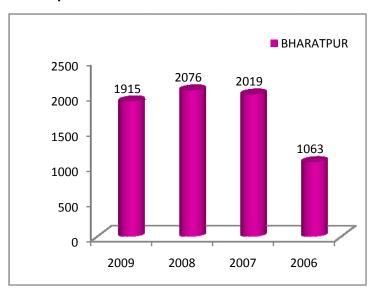
For project supported **CHC Suratgarh** (Ganganagar) **virtual plateau** between 2006-2009 can be explained probably for the absence of obstetrician, but then this alone cannot be the deciding factor as it is the

normal delivery which is referred here and some of the non project facilities with no obstetrician have constantly performed well in other zones. Another project supported facility Nohar (Hanumangarh) had a quantum jump between 2007 & 2008 and maintain the momentum in 2009 with regard to normal institutional deliveries.



**With** obstetrician available but no labor room, the only available information for 2009 indicates that the CHC performs just 3 deliveries per day.

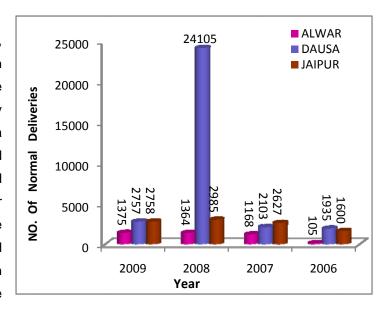
#### **Bharatpur Zone:**



Comprising four administrative unit (Bharatpur, Karauli, Sawaimadhopur and Dholpur) and the only project support facility (Hindaun); the information is available only for CHC Nagar-Bharatpur. Consequently, no comparison can be done with regard to normal delivery load.

#### Jaipur Zone:

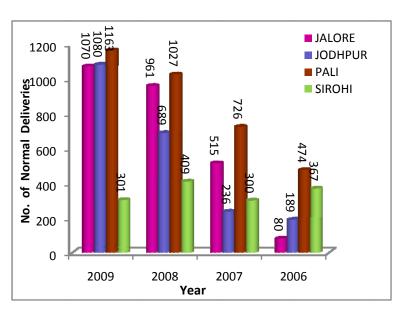
Covering 4 districts Kisangarhbas (Alwar), Lalsot (Dausa) and Jamwaramgarh (Jaipur) Neem ka thana (Sikar); the zone had three project facilities namely Kisangarhbas, Lalsot and Neem Ka Thana; the performance at all the reported institutions have been quite low and stagnant over the reference year but for Lalsot (dausa), which in view of the reported numbers cannot be justified and the figure reported is a matter of plain conjecture. Though the labor rooms are



available at all the three Jamvaramgarh does not have an obstetrician. The information for Neem ka Thana (Sikar) is not available.



#### Jodhpur Zone:

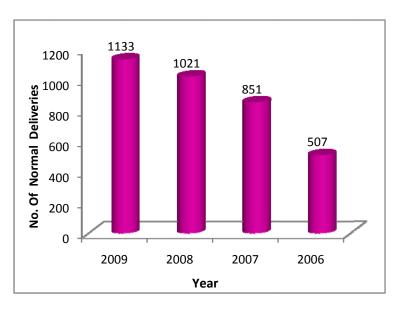


Jodhpur zone (Jalore, Jodhpur, Pali and Sirohi) has two project supported facilities Bali (Pali) and Sheoganj (Sirohi). Only Bali had shown considerable improvement in normal institutional delivery with support from an obstetrician and availability of labor room, on the contrary Sheoganj sharing the same status with Bali does not match the performance. CHC Sanchore (Jalore) on the other hand, amazingly without the even

availability of an obstetrician has performed exceedingly well over the reference period with number of normal deliveries going up from just eighty to 1070.

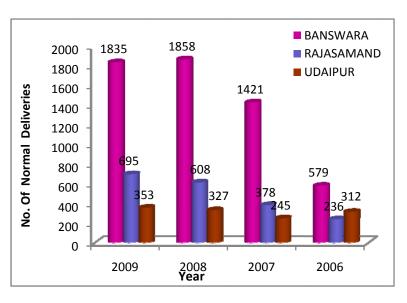
#### **Kota Zone:**

In Sultanpur (Kota) there is a significant increase in normal deliveries from 2006-2009 even without the Obstetrician available but then for want of information from other districts, the comparison can't be made.





#### **Udaipur Zone:**



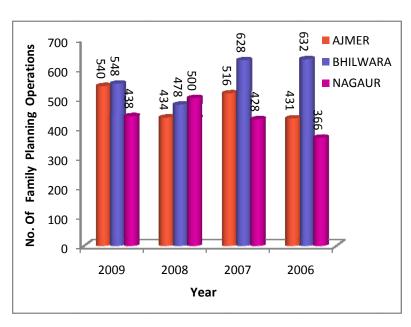
Udaipur zone with Banswara, Rajsamand, Dungarpur, chittor and Udaipur has no information for CHC Nimbaheda (Chittor), incidentally the project supported CHC The trends shows that from 2006-2009, Partapur (Banswara), which is a non project facility complimented by a presence of obstetrician and labor room, had a significant increase in maximum number of normal deliveries. CHC Khamnore (Rajsamand) had a small

but steady increase in deliveries between 2006-2009; despite obstetrician being not available

#### e) Number of Family Planning Operations:

Information regarding number of surgical intervention for Family Planning at various CHCs was gathered and analyzed.

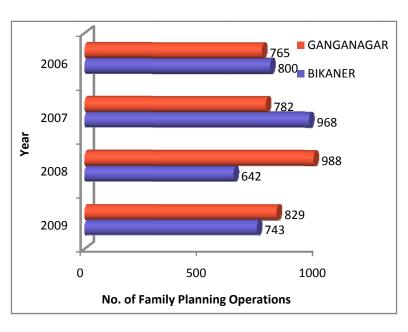
Ajmer Zone:
For the Ajmer zone, Tonk did not report.



All the CHCs irrespective of their status (project supported or non supported) maintained the same momentum with reference to terminal family planning.

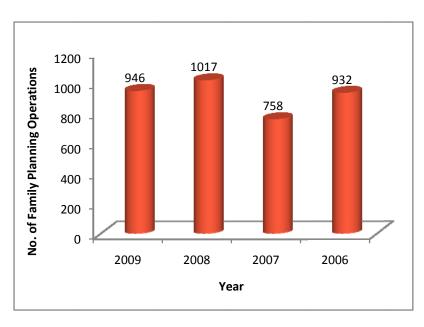


#### **Bikaner Zone:**



For Bikaner Zone also the information is available only for Ganganagar and data Bikaner. The compiled for Dungargarh (Bikaner) and for Suratgarh (Ganganagar) CHCs reflect on the contribution of terminal methods towards couple protection rate which maintained its rhythm for 2006 & 2007, but with distorted notes for 2008 & 2009.

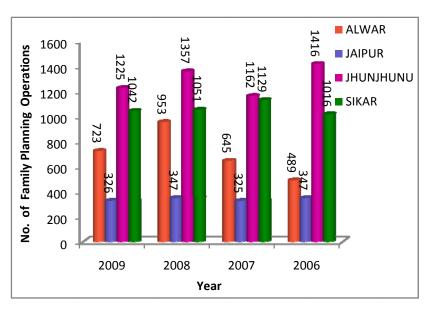
#### **Bharatpur Zone:**



Of the four districts in the zone (Bharatpur, Karauli, Dholpur and Sawaimadhopur), there was only one project supported facility-CHC Hindaun. The information, somehow, is available for only one CHC-Nagar (Bharatpur) which was not supported under RHSDP. As such the performance of Zone can't be commented on faor want information

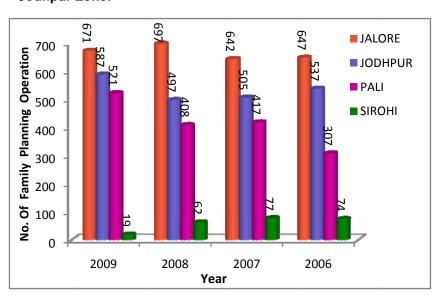


#### Jaipur Zone:



The zone has five districts viz. Alwar, Dausa, Jaipur, Jhunjhunu and Sikar; but information from CHC Lalsot (Dausa) is not available. CHC Chirawa (Jhunjhunu) tops the list over all these years followed by CHC Neem ka Thana (Sikar). CHC Jamvaramgarh (Jaipur) bottom betrays the system, and the project supported CHC Kishangarhbas (Alwar) could not maintain.

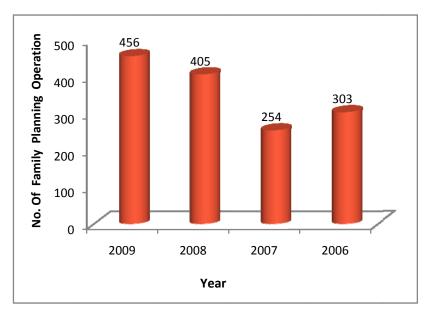
#### Jodhpur Zone:



CHC Sheoganj (Sirohi) never picked up despite the project inputs, while CHC Sanchore (Jalore) with no extra inputs steadily performed and stays at the top out of the four throughout the reference period. The project supported CHC Bali (Pali) has constantly improved in performance related terminal family planning methods.

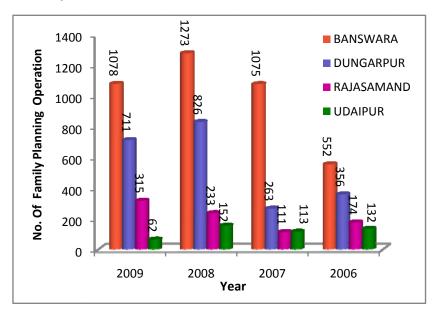


#### **Kota Zone**



Of the four districts Baran, Bundi-Jhalawar and Kota, only information available refers to CHC Sultanpur (Kota) which has improved its performance slowly over period of time but for the solitary centre this cannot be inferred by any standards

#### **Udaipur Zone**



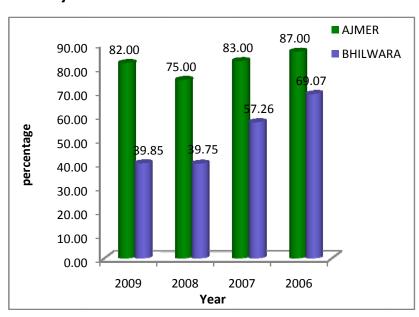
No information is available for CHC project supported Nimbahera (Chittorgarh). Amazingly the non project facility-CHC Partapur (Banswara) shows maximum number of family planning operations and CHC Simalwara (Dungarpur) constantly improved with almost 12% decline in 2009 as 2008. compare to **CHCs** at Rajsamand and Udaipur failed to make a dent here.



#### f) Bed Occupancy:

As one of the indicators of quality the Average Length Of Stay (ALOS) and bed occupancy rates are critical for assessment of service utilization by client thereby reflecting on the efficiency, efficacy and effectiveness of care.

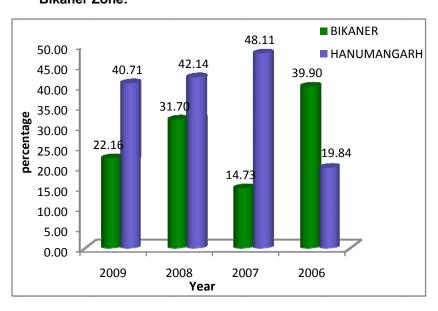
#### Ajmer- Zone:



CHC Kekri (Ajmer) during 2006-2009 had a bed occupancy rate maintained well 80%, above speaking volumes about the performance of CHC which had project support besides the availability of human resource.

CHC Gulabpura (Bhilwara) honored the project for 2006 & 07 but slipped into complacent slumber thereafter. The other project support facility- CHC Makrana (Nagaur) did not even bother to report.

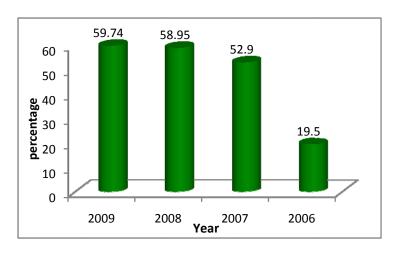
#### Bikaner Zone:



With four districts, two not reporting and just two facilities supported under project namely Suratgarh and Nohar; it is astonishing to note that none of those reporting (Dunargarh, Suratgarh) have ever crossed 50% mark in bed occupancy which is fair reflection of poor utilization.



#### **Bharatpur Zone:**



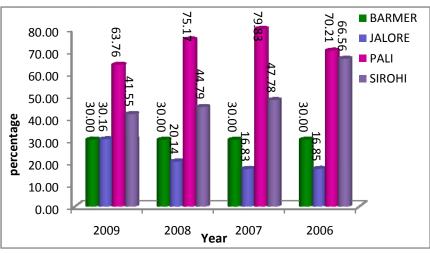
One again the availability of information punctuates the analysis and inference for the Zone as the only CHC reporting its fiasco is **Nagar (Bharatpur)** where the bed occupancy is shown to have **increased** over period from 2006 to 2009 with a maximum of 59.74% in 2009.

#### Jaipur Zone:

CHC Neem ka Thana (Sikar) which improved its bed occupancy from 2006 to 2007(98.85%), could not maintain its credibility for 2008 and 2009. CHC at Chirawa (Jhunjhunu) improved and maintained its bed occupancy rate between 2006-2009. At Jamwaramgarh (Jaipur) the performance had been slow yet steady, increasing from 30% to 50%.

#### 90.00 98 92 **■** JAIPUR 100.00 ■ JHUNJHUNU **ÿ** SIKAR 8 80.00 50.00 50.00 percentage 60.00 30.00 30.00 40.00 20.00 0.00 2008 **Year** 2009 2007 2006

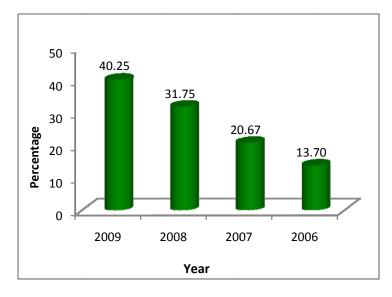
#### Jodhpur Zone:



The project supported CHC Bali (Pali) has utilized bed compliment relatively better (more than 70%), though has marginally slipped in 2009. Another such facility- CHC Sheoganj (Sirohi) failed to capitalize while CHC Chohttan (Barmer) somehow could maintain the status quo.



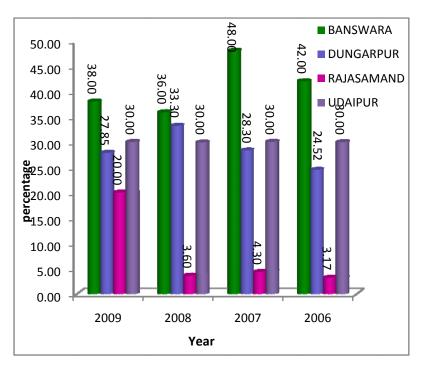
#### **Kota Zone:**



The only CHC reporting for Kota zone i.e. Sultanpur has graduated from 13.070 to 40.25% over a period of four years in terms of bed compliment utilization.

#### **Udaipur Zone:**

CHC Khurabad (Udaipur) surprisingly continued with 30% bed occupancy overall these years. Whereas Partapur (Banswara) had the "best" bed occupancy in the Zone. Rest of the facilities also either had a marginal improvement or slip over the reference period. Unfortunately the only project supported facility CHC Nimbahera (Chittor) did not believe projecting its performance.



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S.No	Personnel	IPHS Nor m	Availability (%)		Ajmer (Kekri)	Alwar (Kishang arhbas)	Banswa ra (Garhi)	Baran (Atru)	Barmer (Chohta n)	Bharatp ur (Nagar)	Bhilwara (Gulabpu ra)	Bikaner (Dungar garh)	Bundi (Inderg arh)	Chittorg arh(Nim bahera)	Churu( Sardar shahar)	Dausa (Lalsot )	Dung arpur( Simal wara)	Ganga nagar( Suratg arh)	Hanu mang arh(N ohar)	Jaipur( Jamwa Ramgar h)
I. Serv ices			Yes	No																
1.1.	Specialist services available																			
a.	Medicine		54.84 %	45.16 %	Yes	Yes	Yes	No	Yes	No	No	Yes	No	Yes	Yes	yes	No	No	Yes	Yes
b.	Surgery		64.50 %	35.50 %	Yes	Yes	Yes	No	No	No	No	Yes	Yes	Yes	Yes	yes	No	Yes	No	Yes
C.	OBG		48.40 %	51.60 %	Yes	Yes	Yes	No	No	Yes	Yes	No	No	Yes	Yes	Yes	No	No	Yes	No
d.	Paediatrics		45.20 %	54.80 %	No	No	No	No	Yes	Yes	No	Yes	No	Yes	Yes	yes	No	Yes	Yes	No
e.	Emergency services (24 Hours)		90.33	9.67 %	Yes	No	Yes	No	Yes	No	Yes	Yes	Yes	Yes	Yes	yes	Yes	Yes	Yes	Yes
f.	24 - hour delivery services including normal and assisted deliveries		93.50 %	6.50 %	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes	yes	Yes	Yes	Yes	Yes
g.	Emergency Obstetric Care including surgical interventions like Caesarean Sections and other medical interventions		45.20 %	54.80 %	No	Yes	Yes	No	No	Yes	Yes	No	No	Yes	Yes	No	No	Yes	Yes	No
h.	New-born care		74.20 %	25.80 %	Yes	Yes	Yes	No	Yes	Yes	No	Yes	Yes	Yes	Yes	yes	Yes	Yes	Yes	No
i.	Emergency care of sick children		64.50 %	35.50 %	Yes	Yes	Yes	No	Yes	No	No	Yes	Yes	Yes	Yes	yes	No	Yes	Yes	No



																Allalysis	01 011031	n Kajasin	an
j.	Full range of family planning services including Laproscopic Services	83.90 %	16.10 %	Yes	Yes	Yes	No	No	No	Yes	Yes	Yes	yes						
k.	Safe abortion services	67.70 %	32.30 %	Yes	Yes	Yes	No	No	Yes	Yes	Yes	No	Yes	Yes	yes	No	Yes	Yes	Yes
I.	Treatment of STI / RTI	93.50 %	6.50 %	Yes	Yes	Yes	No	Yes	Yes	Yes	yes								
m.	Essential Laboratory Services (Specify the type of lab tests conducted)	83.90 %	16.10 %	Yes	Yes	Yes	No	Yes	No	Yes	Yes		yes						
n.	Blood storage facility	61.30 %	38.70 %	Yes	Yes	Yes	No	Yes	No	Yes	No	No	Yes	Yes	No	No	Yes	Yes	No
0.	Referral transport service	67.80 %	32.20 %	Yes	Yes	Yes	No	No	No	No	Yes	No	Yes	Yes	yes	Yes	No	Yes	Yes
1.2.	Maternal and Child health Service availability																		
a.	Ante-natal Clinics	96.80 %	3.20 %	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
b.	Post-natal Clinics	93.60 %	6.40 %	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
c.	Immunization Sessions	96.80 %	3.20 %	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
1.3.	Availability of facilities for outpatient department in Gynecology/obstetric		7-2			7.55													
a.	Sign Board /Name plates to guide the clients	87.10 %	12.90 %	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes
b.	Adequate working space	93.60 %	6.40 %	Yes	Yes	No	Yes	No	Yes	Yes	Yes								



																	Allalysis	01 011031	ii itajasii	iaii
C.	Privacy during examination		93.60 %	6.40 %	Yes	No	Yes	Yes	Yes											
d.	Facility for counselling		80.70 %	19.30 %	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes
e.	Separate toilet with running water		90.40 %	9.60 %	Yes	No	Yes	Yes	No											
f.	Facility for Starilizing instruments		96.80 %	3.20 %	Yes	No	Yes	Yes	Yes											
II. Ma	npower																			
A.	Clinical Manpower		Yes	No																
2.1.	General Surgeon	1	61.30 %	38.70 %	1	1	1	1	0	0	0	1	1	1	1	0	0	1	0	1
2.2.	Physician	1	51.60 %	48.40 %	2	0	1	0	1	0	1	1	0	0	1	1	0	2	1	1
2.3.	Obstetrician / Gynaecologist	1	48.40 %	51.60 %	1	1	1	0	0	1	1	0	0	1	1	1	0	0	1	0
2.4.	Paediatrics	1	45.20 %	54.80 %	0	0	0	0	1	1	0	1	0	1	1	1	0	1	1	0
2.5.	Anaesthetist	1	25.80 %	74.20 %	1	1	0	0	1	0	0	0	0	1	0	0	0	0	0	0
2.6.	Public Health Programme Manager	1	3.20 %	96.80 %	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
2.7.	Eye Surgeon	1(1 for every five CHC s)	22.60 %	77.40 %	1	0	0	0	0	0	0	1	0	0	1	0	0	1	0	0
2.8.	General duty officers (Medical Officer)	6(at least 2 femal e docto rs)	77.40 %	22.60 %	8	4	0	1	1	0	3	1	0	2	0	2	2	4	1	3
В.	Support Manpower																			



																	Anaiysi	s of CHCs	n Kajastr	nan
2.9.	Nursing Staff																			
a.	Public Health Nurse	1	35.30 %	64.70 %	0	1	0	0	1	1	0	0	0	1	0	1	0	0	0	0
b.	ANM	1	67.70 %	32.30 %	4	1	4	Yes	1	1	0	1	1	1	0	1	1	2	2	1
C.	Staff Nurse	15	70.90 %	29.10 %	0	2	5	0	1	0	14	9	1	0	7	0	3	4	0	10
d.	Nurse/Midwife	15	54.80 %	45.20 %	25	2	7	Yes	1	2+4	0	0	1	0	/	1	4	10	11	0
2.10.	Dresser	2	9.60 %	90.40 %	0	1	0	0	0	0	0	0	0	2	0	0	0	10	0	0
2.11.	Pharmacist / compounder	3	93.54 %	6.46 %	1	1	0	Yes	0	0	1	1	1	0	0	2	1	0	1	1
2.12	Lab. Technician	3	64.50 %	35.50 %	2	2	2	0	2	1	2	2	1	2	1	2	1	1	1	1
2.13.	Radiographer	2	70.90 %	29.10 %	1	1	1	0	0	0	1	1	0	2	1	1	0	1	0	0
2.14.	Ophthalmic Assistant	1	22.60 %	77.40 %	0	0	0	0	0	1	0	0	0	1	0	1	0	0	0	0
2.15.	Ward boys / nursing orderly	5	77.50 %	22.50 %	13	8	6	0	Yes	2	0	0	2	Yes	6	Yes	2	0	2	3
2.16.	Sweepers	5	64.50 %	35.50 %	2	2	2	0	Yes	1	0	0	2	Yes	4	0	3	0	3	Yes
2.17.	Chowkidar	5	9.60 %	90.40 %	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0
2.18.	OPD Attendant	1	6.50 %	93.50 %	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0
2.19.	Statistical Assistant / Data entry operator	2	22.60 %	77.40 %	1	0	2	0	0	1	0	0	1	0	0	0	1	0	1	0
2.20.	Registration Clerk	2	25.80 %	74.20 %	0	0	0	0	0	0	0	0	1	Yes	0	0	1	0	Yes	0
III. Inve stig ative Facil ities																				
S.No	IPHS Norm		Yes	No																



	Availability of ECG	87.10	12.90															, j	
3.1.	facilities	%	%	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes	No	Yes						
3.2.	X-Ray facility	96.80 %	3.20 %	Yes	No	Yes													
3.3.	Ultrasound facility	12.90 %	87.10 %	No	Yes	No	Yes	No	Yes	No	No								
3.4.	Lab test facilities	77.40 %	22.60 %	Yes	No	Yes	No												
IV. Ph	ysical																		
Infras	tructure (As per																		
	fications)																		
4.1.	CHC location																		
	Within Village Locality	90.40	9.60 %	Yes	No	Yes	Yes	Yes	Yes	Yes									
4.2.	Prominent display boards in local	77.40	22.60	Yes	Yes	Yes	No	Yes	No	Yes	Yes	Yes							
	language / Charter of Patient Rights	%	, ,																
4.3.	Registration counters	87.10 %	12.90 %	Yes	Yes	Yes	No	Yes											
a.	Pharmacy for drug dispensing and drug storage	70.90 %	29.10 %	Yes	Yes	No	Yes	Yes	No	Yes	Yes	Yes	Yes	No	Yes	No	No	Yes	Yes
b.	Counter near entrance of hospital to obtain contraceptives, ORS packets, Vitamin A and Vaccination	90.40	9.60 %	Yes															
4.4.	Separate public utilities for males and females	77.40 %	22.60 %	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes
4.5.	Suggestion / complaint box	87.10 %	12.90 %	Yes															
4.6.	OPD rooms / cubicles	93.50 %	6.50 %	Yes	No	Yes	Yes	Yes	Yes	Yes									
4.7.	Adequate no. of windows in the room for light and	87.10 %	12.90 %	Yes	No	Yes	No	yes	Yes	Yes	Yes	Yes							



	air in each room																		
4.8.	Family Welfare Clinic	77.40 %	22.60 %	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes	No	Yes	Yes	No	No	Yes
4.9.	Waiting room for patients	77.40 %	22.60 %	No	Yes	No	Yes	Yes	Yes	Yes	No								
4.10.	Emergency Room / Casualty	80.60 %	19.40 %	Yes	Yes	Yes	Yes	Yes	No	Yes	No	Yes	Yes	No	Yes	No	No	Yes	Yes
4.11.	Separate wards for males and females	93.50	6.50 %	Yes	No	Yes	Yes	Yes	Yes	Yes									
4.12.	Operation Theatre	96.80 %	3.20 %	Yes															
4.13.	Operaion Theatre Equipment																		
	Boyles apparatus	87.10 %	12.90 %	Yes	No	Yes	Yes	Yes	Yes	Yes	No	Yes							
	EMO Machine	16.20 %	83.80 %	No	No	No	No	No	No	Yes	No	No	Yes	No	Yes	No	No	No	No
	Cardiac Monitor for OT	61.30 %	38.70 %	No	Yes	Yes	Yes	No	Yes	Yes	No	No	Yes	Yes	Yes	Yes	No	Yes	No
	Defibrillator for OT	38.70 %	61.30 %	No	No	No	No	No	yes	Yes	No	No	Yes	No	Yes	No	Yes	No	No
	Ventilator for OT	6.50 %	93.50 %	No	Yes	No	No	No	No										
	Horizontal High Pressure Sterilizer	61.30 %	38.70 %	No	No	Yes	Yes	Yes	No	No	No	No	No	Yes	Yes	No	Yes	No	No
	Vertical High Pressure sterilizer 2/3 drum capacity	77.40 %	22.60 %	Yes	No	Yes	Yes	Yes	Yes	No	No	yes							
	Shadowless lamp ceiling trak mounted	64.50 %	35.50 %	Yes	Yes	No	Yes	Yes	No	No	No	No	Yes	Yes	Yes	No	Yes	No	Yes
	Shadowless lamp pedestal for minor OT	64.50 %	35.50 %	No	Yes	No	Yes	No	Yes	No	No	No	No						
	OT care / fumigation apparatus	80.60 %	19.40 %	Yes	No	Yes	Yes	Yes	Yes	Yes	No	No							



																,a., o.e	01 01 100 1	tajaeti	
	Gloves & dusting machines	41.90 %	58.10 %	Yes	Yes	No	No	No	No	No	No	Yes	Yes	Yes	NO	Yes	No	No	yes
	Oxygen cylinder 660 Ltrs 10 cylinders for 1 Boyles Apparatus	54.80 %	45.20 %	No	220 Lt	No	Yes	Yes	No	No	No	Yes	No	No	yes	Yes	No	No	Yes 9
	Nitrous Oxide Cylinder 1780 Ltr. 8 for one Boyles Apparatus	29.10 %	70.90 %	No	No	No	Yes	Yes	No	No	No	No	No	No	yes	Yes	No	No	No
	Hydraulic Operation Table	74.20 %	25.80 %	Yes	Yes	Yes	Yes	No	Yes	Yes	No	Yes							
4.14.	Labour room	90.30 %	9.70 %	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes	Yes	Yes	no	yes	Yes	Yes	Yes	Yes
4.15.	Laboratory:																		
a.	Laboratory	90.30	9.70 %	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes	Yes
b.	adequate equipment and chemicals available	87.10 %	12.90 %	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes	No	Yes	No	Yes	Yes	Yes	Yes	Yes
C.	laboratory maintained in orderly manner	83.80 %	16.20 %	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes	No	Yes	No	Yes	Yes	Yes	Yes	Yes
4.16.	Cold Chain																		
a.	Walk-in coolers	38.70 %	61.30 %	Yes	No	No	No	No	No	No	No	Yes	Yes	No	Yes	No	Yes	No	No
b.	Walk-in freezers available	48.40 %	51.60 %	Yes	No	No	No	No	No	No	No	Yes	Yes	No	Yes	Yes	Yes	No	No
C.	Icelined freezers	87.10 %	12.90 %	Yes	Yes	Yes	No	Yes	No	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes	Yes
d.	Deep freezers	90.30 %	9.70 %	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes	Yes
e.	Refrigerators	83.90 %	16.10 %	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes	No	Yes
4.17.	Blood Storage Unit	58.10 %	41.90 %	Yes	Yes	Yes	No	Yes	No	Yes	No	No	Yes	No	Yes	Yes	Yes	Yes	No



4.18.	Water supply	96.80 %	3.20 %	Yes															
4.19.	Waste disposal	9.70 %	90.30 %	No	No	No	Yes	No	No	No	No	No	No	Yes	No	No	No	No	No
4.20.	Electricity	93.50 %	6.50 %	yes															
	Standby facility (generator)	77.40 %	22.60 %	Yes	Yes	Yes	No	No	Yes	Yes	Yes	No	Yes						
4.21.	Telephone	93.60 %	6.40 %	Yes															
4.22.	Vehicles	64.50 %	35.50 %	yes	No	Yes	Yes	No	No	yes	Yes	No	Yes						
4.23.	Office room	80.60 %	19.40 %	Yes	Yes	No	Yes	No	Yes	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes	No
4.24.	Store room	80.60 %	19.40 %	Yes	No	No	Yes	Yes	Yes										
4.25.	Kitchen	22.60 %	77.40 %	No															
4.26.	Residential facility for the staff with living condition																		
	General Surgeon	45.20 %	54.80 %	Yes	Yes	No	Yes	Yes	No	No	No	No	No	Yes	Yes	No	Yes	No	No
	Physician	45.20 %	54.80 %	Yes	Yes	Yes	Yes	Yes	No	No	Yes	No	No	Yes	Yes	No	Yes	Yes	No
	Obstetrician / Gynaecologist	54.80 %	45.20 %	Yes	Yes	Yes	No	Yes	Yes	Yes	No	No	Yes	No	Yes	No	No	Yes	No
	Paediatrics	22.60 %	77.40 %	No	No	No	No	Yes	Yes	No	yes	No	No	Yes	No	No	No	No	No
	Anaesthetist	9.70 %	90.30 %	No	Yes	No													
	General Duty Medical Officer	48.40 %	51.60 %	No	No	Yes	Yes	Yes	No	No	Yes	Yes	No	No	No	Yes	Yes	Yes	No
	Public Health Programme Manager	6.50 %	93.50 %	No															



	Eye Surgeon	12.90 %	87.10 %	Yes	No	No	No	No	No	No	yes	No	No	No	No	No	Yes	No	No
	Public Health Nurse	19.40	80.60	No															
	ANM	41.90 %	58.10 %	No	No	No	Yes	Yes	Yes	No	No	Yes	No	No	No	No	No	No	Yes
	Staff Nurse	67.70 %	32.30 %	No	Yes	Yes	No	Yes	No	Yes	No	Yes	No						
	Nurse/Midwife	41.90 %	58.10 %	Yes	Yes	No	No	Yes	yes	No	Yes	No	No						
	Dresser	9.70 %	90.30 %	No	Yes	No													
	Pharmacist / compounder	16.10 %	83.90 %	No	No	No	Yes	No	No	No	No	Yes	No						
	Lab. Technician	25.80 %	74.20 %	No	No	No	No	No	Yes	No	No	Yes	No						
	Radiographer	19.40 %	80.60 %	No	Yes	No	No	No	No	No	No								
	Ophthalmic Assistant	9.70 %	90.30 %	No	No	No	Yes	No	No	No	No	No	Yes	No	No	No	No	No	No
	Ward boys / nursing orderly	61.30 %	38.70 %	Yes	Yes	No	Yes	Yes	Yes	No	No	Yes	Yes	No	Yes	Yes	No	No	No
	Sweepers	41.90 %	58.10 %	No	No	No	No	Yes	No	No	No	Yes	Yes	Yes	No	Yes	No	Yes	No
	Chowkidar	9.70 %	90.30	No															
	OPD Attendant	3.20 %	96.80 %	No															
	Statistical Assistant / Data entry operator	3.20 %	96.80 %	No	No	No	Yes	No	No	No	No	Yes	No						
	Ambulance driver	16.10 %	83.90 %	No	No	No	Yes	No	No	No	No	Yes	Yes	No	No	No	No	No	No
	Registration Clerk	19.40 %	80.60 %	No	Yes	No													
V. Qual ity Cont rol												Yes							



5.1.	Citizen's charter	80.60 %	19.40 %	Yes	Yes	Yes	No	Yes	Yes	No	Yes	No	No	Yes	Yes	Yes	Yes	Yes	Yes
5.2.	Internal monitoring	61.20 %	38.80	Yes	Yes	No	No	Yes	No	No	Yes	No	Yes	No	No	No	Yes	No	Yes
5.3.	External monitoring	38.80 %	61.20 %	No	No	No	No	No	No	No	Yes	No	Yes	No	No	No	No	Yes	Yes
5.4.	Availability of Standard Operating Procedures (SOP)	45.10 %	54.90 %	No	No	Yes	No	No	Yes	No	Yes	No	No	No	Yes	No	No	No	Yes



SIHEW: An ISO 9001:2008 Certified Institution S.Mad Jaisal Jalor Jhunj Jodh Karaul Naga Rajsam Sikar( Jhala Sirohi( Udaip Kota(S hopur **IPHS** mer(P (San pur(P i(Hind and(Kh S.N hunu( ur(Ma Pali( Neem Availability (%) Tonk **Personnel** war(D ultanp (Gang Sheog ur(Kur Norm okara chor Chira halod auncit karan Bali) amnore ka abad) ag) ur) apur anj) wa) y) thana) city) I. Services Yes No Specialist services available Medicine 45.16% Yes Yes a. 54.84% No No Yes Yes No No Yes No Yes Yes No No No Surgery 35.50% 64.50% Yes No Yes Yes Yes Yes No Yes Yes Yes Yes Yes No No No OBG 51.60% Yes No Yes Yes No No No No Yes No Yes Yes Yes No No C. 48.40% 54.80% **Paediatrics** 45.20% Yes No Yes Yes No Yes No Yes No No Yes Yes No No No Emergency services (24 Hours) 90.33% 9.67% Yes No Yes 24 - hour delivery services including 93.50% 6.50% Yes No Yes ves normal and assisted deliveries **Emergency Obstetric Care including** surgical interventions like Caesarean 45.20% 54.80% Yes No No Yes No No No No Yes No No No Yes Yes Yes Sections and other medical interventions New-born care 74.20% 25.80% Yes Yes No Yes No Yes Yes Yes No No Yes Yes Yes No Yes Emergency care of sick children 64.50% 35.50% Yes No No Yes No Yes Yes Yes No No Yes Yes Yes No Yes Full range of family planning services 83.90% 16.10% Yes No Yes Yes Yes Yes Yes Yes Yes No Yes Yes Yes No yes including Laproscopic Services Safe abortion services 67.70% 32.30% Yes No Yes Yes Yes No Yes Yes No Yes Yes Yes No Yes Treatment of STI / RTI 93.50% 6.50% Yes No Yes Yes Yes Essential Laboratory Services (Specify the 83.90% 16.10% Yes No Yes Yes No Yes type of lab tests conducted) Blood storage facility 61.30% 38.70% Yes Yes No Yes Yes Yes No Yes Yes No Yes Yes No No No Referral transport service 67.80% 32.20% Yes No Yes No No Nο 0. **Maternal and Child health Service** Yes availability 1.2. 3.20% 96.80% Yes No Yes Ante-natal Clinics



b.	Post-natal Clinics		93.60%	6.40%	Yes	No	Yes	Yes	Yes	No	Yes								
C.	Immunization Sessions		96.80%	3.20%	Yes	No	Yes												
1.3.	Availability of facilities for out-patient department in Gynecology/ obstetric																		
a.	Sign Board /Name plates to guide the clients		87.10%	12.90%	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes	No
b.	Adequate working space		93.60%	6.40%	Yes														
C.	Privacy during examination		93.60%	6.40%	Yes	Yes	Yes	No	Yes										
d.	Facility for counselling		80.70%	19.30%	Yes	Yes	No	Yes	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes	No	No	Yes
e.	Separate toilet with running water		90.40%	9.60%	No	Yes													
f.	Facility for Starilizing instruments		96.80%	3.20%	Yes														
II. Ma	npower																		
A.	Clinical Manpower		Yes	No															
2.1.	General Surgeon	1	61.30%	38.70%	0	0	2	1	1	1	0	1	1	0	1	1	2	0	0
2.2.	Physician	1	51.60%	48.40%	1	0	0	1	1	0	0	0	0	0	1	1	2	0	0
2.3.	Obstetrician / Gynaecologist	1	48.40%	51.60%	1	0	0	1	0	0	0	0	1	0	1	1	1	0	0
2.4.	Paediatrics	1	45.20%	54.80%	1	0	0	1	0	1	0	1	0	0	0	1	1	0	0
2.5.	Anaesthetist	1	25.80%	74.20%	0	0	0	0	1	0	0	0	1	0	0	1	1	0	0
2.6.	Public Health Programme Manager	1	3.20%	96.80%	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0
2.7.	Eye Surgeon	1(1 for every five CHCs )	22.60%	77.40%	0	0	0	0	1	1	0	0	1	0	0	0	0	0	0
2.8.	General duty officers (Medical Officer)	6(at least 2 femal e doctor s)	77.40%	22.60%	2	2	1	3	1	7	1	3	3	0	4	4	0	0	3 M.O.
B.	Support Manpower																		
2.9.	Nursing Staff																		
a.	Public Health Nurse	1	35.30%	64.70%	1	0	0	0	1	1	0	0	1	0	Yes	3	0	0	0



																	Ol los III I	tajaotria	
b.	ANM	1	67.70%	32.30%	3	2	1	3	1	2	0	1	2	1	Yes	4	1	0	0
c.	Staff Nurse	15	70.90%	29.10%	0	6	0	4	7	1	3	7	18	3	Yes	3	7	0	6
d.	Nurse/Midwife	15	54.80%	45.20%	0	0	1	0	0	0	1	0	10	2	Yes	18	0	0	7
2.10.	Dresser	2	9.60%	90.40%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
2.11.	Pharmacist / compounder	3	93.54%	6.46%	1	1	0	1	1	1	0	1	1	0	Yes	1	0	0	1
2.12	Lab. Technician	3	64.50%	35.50%	2	1+1	1	2	1	1	2	1	2	1	Yes	1	1	0	1
2.13.	Radiographer	2	70.90%	29.10%	1	1	1	2	0	1	1	1	1	1	Yes	2	1	0	1
2.14.	Ophthalmic Assistant	1	22.60%	77.40%	1	0	0	0	0	1	0	0	0	0	Yes	1	0	0	0
2.15.	Ward boys / nursing orderly	5	77.50%	22.50%	2	4	2	1	0	0	Yes	3	Yes	3	Yes	2	3	0	Yes
2.16.	Sweepers	5	64.50%	35.50%	0	3	1	0	Yes	0	0	1	Yes	1	Yes	No	1	0	Yes
2.17.	Chowkidar	5	9.60%	90.40%	Yes	0	0	0	Yes	0	0	0	0	0	0	0	0	0	0
2.18.	OPD Attendant	1	6.50%	93.50%	Yes	0	0	0	0	0	0	0	0	0	0	0	0	0	0
2.19.	Statistical Assistant / Data entry operator	2	22.60%	77.40%	Yes	0	0	0	0	0	0	0	0	0	0	0	0	0	0
2.20.	Registration Clerk	2	25.80%	74.20%	Yes	1	0	0	yes	0	0	1	0	0	0	0	0	0	0
III. Inv	estigative Facilities																		
S.N o.	IPHS Norm		Yes	No															
S.N			Yes 87.10%	No 12.90%	Yes	Yes	Yes	No	Yes	Yes	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
S.N o.	IPHS Norm				Yes Yes	Yes Yes	Yes Yes	No Yes	Yes Yes	Yes Yes	No Yes	Yes Yes	Yes Yes	Yes Yes	Yes Yes	Yes Yes	Yes Yes	Yes Yes	Yes Yes
S.N o. 3.1.	IPHS Norm  Availability of ECG facilities		87.10%	12.90%															
S.N o. 3.1. 3.2.	IPHS Norm  Availability of ECG facilities  X-Ray facility		87.10% 96.80%	12.90% 3.20%	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
S.N o. 3.1. 3.2. 3.3. 3.4. IV. Ph	IPHS Norm  Availability of ECG facilities  X-Ray facility  Ultrasound facility  Lab test facilities  ysical Infrastructure (As per		87.10% 96.80% 12.90%	12.90% 3.20% 87.10%	Yes No	Yes No	Yes No	Yes No	Yes Yes	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No
S.N o. 3.1. 3.2. 3.3. 3.4. IV. Ph specif	IPHS Norm  Availability of ECG facilities  X-Ray facility  Ultrasound facility  Lab test facilities  ysical Infrastructure (As per ications)		87.10% 96.80% 12.90%	12.90% 3.20% 87.10%	Yes No	Yes No	Yes No	Yes No	Yes Yes	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No
S.N o. 3.1. 3.2. 3.3. 3.4. IV. Ph	IPHS Norm  Availability of ECG facilities  X-Ray facility  Ultrasound facility  Lab test facilities  ysical Infrastructure (As perications)  CHC location		87.10% 96.80% 12.90% 77.40%	12.90% 3.20% 87.10% 22.60%	Yes No Yes	Yes No Yes	Yes No Yes	Yes No No	Yes Yes Yes	Yes No	Yes No Yes	Yes No	Yes No Yes	Yes No Yes	Yes No No	Yes No Yes	Yes No Yes	Yes No Yes	Yes No Yes
S.N o. 3.1. 3.2. 3.3. 3.4. IV. Ph specif	IPHS Norm  Availability of ECG facilities  X-Ray facility  Ultrasound facility  Lab test facilities  ysical Infrastructure (As per ications)		87.10% 96.80% 12.90%	12.90% 3.20% 87.10%	Yes No	Yes No	Yes No	Yes No	Yes Yes	Yes No Yes	Yes No	Yes No Yes	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No
S.N o. 3.1. 3.2. 3.3. 3.4. IV. Ph specif 4.1.	IPHS Norm  Availability of ECG facilities  X-Ray facility  Ultrasound facility  Lab test facilities  ysical Infrastructure (As perications)  CHC location  Within Village Locality  Prominent display boards in local		87.10% 96.80% 12.90% 77.40%	12.90% 3.20% 87.10% 22.60%	Yes No Yes Yes	Yes No Yes Yes	Yes No Yes Yes	Yes No No yes	Yes Yes Yes Yes	Yes No Yes	Yes No Yes Yes	Yes No Yes	Yes No Yes Yes	Yes No Yes	Yes No No Yes	Yes No Yes Yes	Yes No Yes Yes	Yes No Yes	Yes No Yes Yes



b.	Counter near entrance of hospital to obtain contraceptives, ORS packets, Vitamin A and Vaccination	90.40%	9.60%	Yes	No	Yes	Yes	Yes	No	No								
4.4.	Separate public utilities for males and females	77.40%	22.60%	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes	No	Yes	No	Yes	No	No
4.5.	Suggestion / complaint box	87.10%	12.90%	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes	Yes	Yes	No	No	No
4.6.	OPD rooms / cubicles	93.50%	6.50%	Yes	No	Yes												
4.7.	Adequate no. of windows in the room for light and air in each room	87.10%	12.90%	Yes	Yes	Yes	Yes	No	Yes	No	Yes							
4.8.	Family Welfare Clinic	77.40%	22.60%	Yes	No	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes	Yes	Yes	No	Yes
4.9.	Waiting room for patients	77.40%	22.60%	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes	No	Yes	Yes	No	No	Yes
4.10.	Emergency Room / Casualty	80.60%	19.40%	Yes	No	Yes												
4.11.	Separate wards for males and females	93.50%	6.50%	Yes	No	Yes												
4.12.	Operation Theatre	96.80%	3.20%	Yes	No	Yes												
4.13.	Operaion Theatre Equipment																	
	Boyles apparatus	87.10%	12.90%	Yes	No	Yes	Yes	Yes	Yes	Yes	No	Yes						
	EMO Machine	16.20%	83.80%	No	yes	No	No	No	Yes	No	No	No						
	Cardiac Monitor for OT	61.30%	38.70%	Yes	No	Yes	No	Yes	Yes	No	yes	Yes	Yes	Yes	Yes	No	No	No
	Defibrillator for OT	38.70%	61.30%	Yes	Yes	Yes	No	Yes	Yes	No	No	Yes	No	No	yes	No	No	No
	Ventilator for OT	6.50%	93.50%	Yes	No	No	No											
	Horizontal High Pressure Sterilizer	61.30%	38.70%	No	No	No	Yes	Yes	Yes	Yes	Yes	No	No	Yes	No	No	No	No
	Vertical High Pressure sterilizer 2/3 drum capacity	77.40%	22.60%	Yes	Yes	Yes	No	No	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes	No	Yes
	Shadowless lamp ceiling trak mounted	64.50%	35.50%	Yes	Yes	No	Yes	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes	No	No
	Shadowless lamp pedestal for minor OT	64.50%	35.50%	Yes	Yes	No	Yes	Yes	Yes	No	Yes	Yes	No	Yes	Yes	Yes	No	Yes
	OT care / fumigation apparatus	80.60%	19.40%	Yes	Yes	No	Yes	No	No									
	Gloves & dusting machines	41.90%	58.10%	Yes	Yes	No	No	No	Yes	No	Yes	Yes	No	Yes	No	No	No	No
	Oxygen cylinder 660 Ltrs 10 cylinders for 1 Boyles Apparatus	54.80%	45.20%	Yes	Yes	Yes	1	Yes	Yes	Yes	No	Yes	No	No	No	Yes	No	Yes
	Nitrous Oxide Cylinder 1780 Ltr. 8 for one Boyles Apparatus	29.10%	70.90%	No	No	Yes	No	No	Yes	No	No	Yes	No	Yes	No	Yes	No	No



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	Hydraulic Operation Table	74.20	% 25.80%	Ye	Yes	No	2	Yes	Yes	No	No	Yes	No	Yes	yes	No	No	Yes
4.14.	Labour room	90.30	% 9.70%	Ye	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	Yes
4.15.	Laboratory:																	
a.	Laboratory	90.30	% 9.70%	Ye	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	Yes
b.	adequate equipment and chemicals available	87.10	% 12.90%	Ye	s Yes	Yes	Yes	No	Yes									
C.	laboratory maintained in orderly manner	83.80	% 16.20%	Ye	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes	No	Yes
4.16.	Cold Chain																	
a.	Walk-in coolers	38.70	% 61.30%	Ye	No No	No	Yes	Yes	yes	No	No	Yes	No	Yes	Yes	No	No	No
b.	Walk-in freezers available	48.40	% 51.60%	Ye	No No	No	Yes	Yes	yes	No	No	Yes	No	Yes	Yes	Yes	No	Yes
C.	Icelined freezers	87.10	% 12.90%	Ye	Yes	Yes	Yes	Yes	yes	Yes	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes
d.	Deep freezers	90.30	% 9.70%	Ye	Yes	Yes	Yes	Yes	yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	Yes
e.	Refrigerators	83.90	% 16.10%	Ye	Yes	Yes	Yes	Yes	yes	Yes	Yes	Yes	No	Yes	Yes	No	yes	Yes
4.17.	Blood Storage Unit	58.10	% 41.90%	Ye	Yes	No	Yes	yes	yes	No	No	Yes	No	Yes	Yes	No	No	No
4.18.	Water supply	96.80	% 3.20%	Ye	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
4.19.	Waste disposal	9.709	6 90.30%	No	No	No	No	No	Yes	No	No	No	No	No	No	No	No	No
4.20.	Electricity	93.50	% 6.50%	Ye	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes	No	Yes
	Standby facility (generator )	77.40	% 22.60%	Ye	s Yes	No	No	Yes	Yes	No	Yes							
4.21.	Telephone	93.60	% 6.40%	Ye	Yes	Yes	No	Yes	Yes	No	Yes							
4.22.	Vehicles	64.50	% 35.50%	Ye	No No	Yes	No	Yes	Yes	Yes	No	Yes	No	No	Yes	Yes	No	No
4.23.	Office room	80.60	% 19.40%	Ye	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes	No	Yes
4.24.	Store room	80.60	% 19.40%	Ye	Yes	Yes	Yes	No	Yes	No	Yes	Yes	No	Yes	Yes	Yes	No	Yes
4.25.	Kitchen	22.60	% 77.40%	No	Yes	No	No	No	No	Yes	Yes	No	No	No	No	No	No	No
4.26.	Residential facility for the staff with living condition																	
	General Surgeon	45.20	% 54.80%	No	Yes	Yes	Yes	Yes	Yes	No	No	Yes	No	No	Yes	No	No	No
	Physician	45.20	% 54.80%	No	Yes	No	Yes	Yes	No	No	No	No	No	No	Yes	No	No	No
	Obstetrician / Gynaecologist	54.80		Ye		Yes	Yes	No	Yes	No	yes	Yes	No	Yes	Yes	No	No	No
	Paediatrics	22.60		Ye	1	No	Yes	No	Yes	No	No	No	No	No	No	No	No	No
		·						·	·					·				



															triary old of		10.,010.11.10.1	
	Anaesthetist	9.70%	90.30%	No	No	No	No	No	No	No	No	No	No	No	Yes	No	No	Yes
	General Duty Medical Officer	48.40%	51.60%	Yes	Yes	Yes	No	Yes	No	Yes	Yes	No	Yes	No	No	No	No	No
	Public Health Programme Manager	6.50%	93.50%	No	No	No	No	Yes	No	No	No	No	No	Yes	No	No	No	No
	Eye Surgeon	12.90%	87.10%	No	No	No	No	No	No	No	No	Yes	No	No	No	No	No	No
	Public Health Nurse	19.40%	80.60%	Yes	Yes	No	No	Yes	No	No	No	Yes	No	Yes	No	No	No	Yes
	ANM	41.90%	58.10%	Yes	No	Yes	No	Yes	Yes	No	No	Yes	Yes	Yes	No	No	No	Yes
	Staff Nurse	67.70%	32.30%	Yes	Yes	No	Yes	Yes	Yes	No	Yes	Yes	No	Yes	Yes	No	No	Yes
	Nurse/Midwife	41.90%	58.10%	No	Yes	Yes	No	Yes	No	Yes	Yes	Yes	No	Yes	No	Yes	No	No
	Dresser	9.70%	90.30%	No	No	No	No	Yes	No	No	No	No	No	No	No	No	No	Yes
	Pharmacist / compounder	16.10%	83.90%	Yes	No	No	No	No	No	No	No	No	No	Yes	No	No	No	Yes
	Lab. Technician	25.80%	74.20%	Yes	No	Yes	No	Yes	No	No	No	Yes	No	Yes	No	No	No	Yes
	Radiographer	19.40%	80.60%	Yes	No	Yes	No	Yes	No	No	No	Yes	No	Yes	No	No	No	No
	Ophthalmic Assistant	9.70%	90.30%	Yes	No	No	No	No	No	No	No	No	No	No	No	No	No	No
	Ward boys / nursing orderly	61.30%	38.70%	Yes	Yes	Yes	Yes	No	No	No	No	Yes	Yes	Yes	Yes	Yes	No	Yes
	Sweepers	41.90%	58.10%	yes	Yes	Yes	No	No	No	No	No	Yes	No	Yes	No	Yes	No	Yes
	Chowkidar	9.70%	90.30%	No	Yes	No	No	Yes	No	No	Yes	No	No	No	No	No	No	No
	OPD Attendant	3.20%	96.80%	No	No	No	No	Yes	No	No	No	No	No	No	No	No	No	No
	Statistical Assistant / Data entry operator	3.20%	96.80%	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No
	Ambulance driver	16.10%	83.90%	Yes	No	Yes	No	No	No	No	No	No	Yes	No	No	No	No	No
	Registration Clerk	19.40%	80.60%	Yes	No	No	No	No	No	No	No	No	No	No	No	No	No	No
V. Qua	ality Control		00.0076					. 10			. 10		. 10	. 10	. 10	. 10		
5.1.	Citizen's charter	80.60%	19.40%	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes	No	Yes
5.2.	Internal monitoring	61.20%	38.80%	Yes	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes	No	Yes	Yes	No	No
5.3.	External monitoring	38.80%	61.20%	Yes	Yes	Yes	No	Yes	No	Yes	Yes	Yes	Yes	No	No	No	No	No
5.4.	Availability of Standard Operating Procedures (SOP)	45.10%	54.90%	Yes	Yes	Yes	No	No	Yes	Yes	Yes	Yes	No	No	No	No	No	No

\*Total no of CHC =31