SUMMER TRAINING

AT

VANI SANSTHA

FROM 10TH MAY TO 2ND JULY 2

"A Comparative study on selective indicators of primary health centre run by the Government and by VANI in PPP mode"

REPORT SUBMITTED TO

Institute of Health Management Research, Jaipur

Master of Business Administration (MBA)

In

Rural Management

By

VIKRAM SHARMA

Under the Guidance of

DR. GOUTAM SADHU

Professor

School of Development Studies

Batch (2020-2022

SUMMER TRAINING

AT

VANI SANSTHA

FROM 10TH MAY TO 2ND JULY 2

"A Comparative study on selective indicators of primary health centre run by the Government and by VANI in PPP mode"

REPORT SUBMITTED TO

Institute of Health Management Research, Jaipur

Master of Business Administration (MBA)

In

Rural Management

By

VIKRAM SHARMA

Under the Guidance of

DR. GOUTAM SADHU

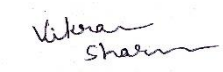
Professor

School of Development Studies

Batch (2020-2022

CANDIDATE DECLARATION

It is certifying that the work carried out in the internship entitled "**A Comparative study on selective indicators of primary health centre run by the Government and by VANI in PPP mode**" is an original research work carried out by me. No part of this internship report has been submitted in the part of full to any other University or Institute for the award of any other diploma or degree**.**



Vikram Sharma

TABLE OF CONTENTS

ACKNOWLEDGEMENT

It is pleasure a to thank the many people who make this Project work possible. I am very thankful to my mentor Dr Goutam Sadhu for his enthusiasm his inspiration and his great efforts to explain things clearly and simply. Throughout my Report writing period encouragement, sound advice good teaching, good company and lots of good ideas.

I express my sincere thanks to Profesor Rahul Ghai (Dean of school of development studies, IIHMR, Jaipur) for his guidance and support during the whole of the course work. I am deeply grateful to **VANI SANSTHA**, for allowing me to do a study on "PPP mode PHC" and I would special thanks to Mr SP. Batra (Deputy Director Vani Sanstha, Jaipur) for their Guidance and facilitation during the research work.

I am deeply grateful to Mr Anuj Parmar (District Project Coordinator Vani Sanstha) for providing the data which is the basis for this research work.

Specially thanks to all facility members who gave their valuable inputs and support during the research study. I would specially thanks Mr Siddhant Raj for their precious consideration and facilitation during my work and I also like to thank IIHMR friends for providing help and encouragement in times of need.

I also show my regards to my parents. To constant inspiration and guidance kept me focused and motivated. They here bore me, raised me, supported me, taught me and loved me.

I take this opportunity to express my profound gratitude to all for being a part of this journey.

ABBREVIATION

PPP : PUBLIC-PRIVATE PARTNERSHIP

PHC : PRIMARY HEALTH CARE CENTRE

CHC : COMMUNITY HEALTH CARE CENTRE

ANM : AUXILIARY NURSE-MIDWIVES

NPP : NATIONAL HEALTH POLICY

NHM : NATIONAL HEALTH MISSION

OPD : OUTPATIENT DEPARTMENT

IPD : INPATIENT DEPARTMENT

ANC : ANTENATAL CARE

CHAPTER 1

ORGANISATION PROFILE

Established:- 1989

Operational State:- Rajasthan

Head Office:- Jaipur

Chief Executive Officer: Dr Sunil Sharma.

VANI Sanstha is a non-profit organization established in the year 1989 and registered under the Rajasthan Societies Registration Act, 1958.

Vision: Socio-economic empowerment of the marginalized sections of the society

Vani is regarded as a ground-breaking organization devoted to concerns of children and women, especially of the weaker sections. Among its major objectives are women empowerment, social development and increasing awareness.

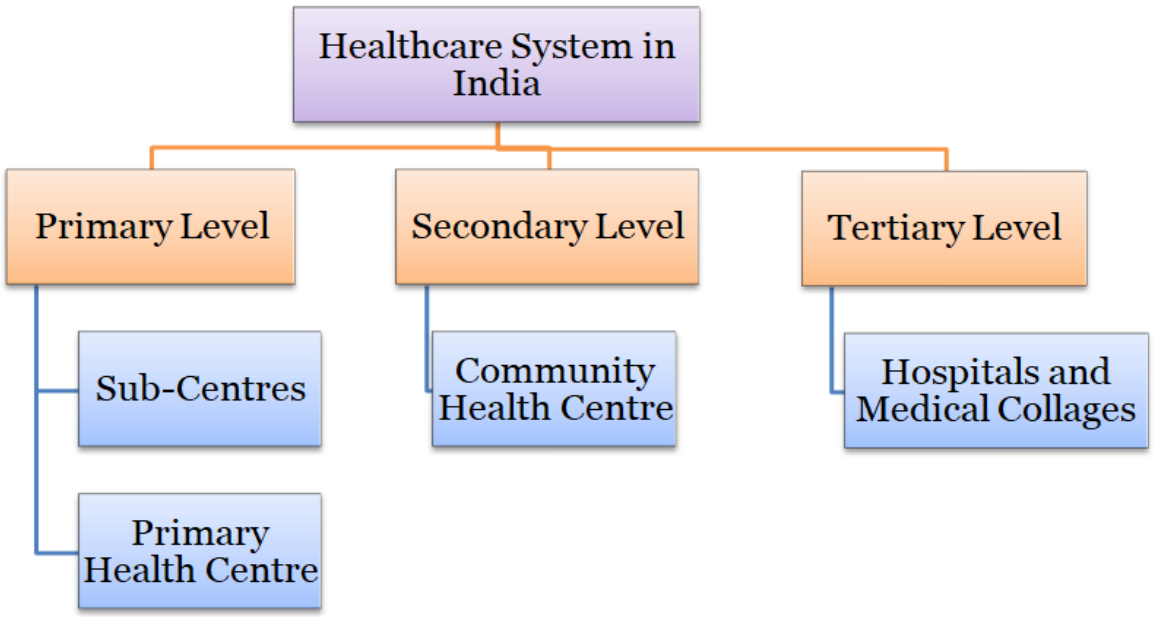
Operational Districts:- Bharatpur, Dholpur, Jaipur, Barmer, Jalore, Ajmer, Dungarpur, Banswara, Baran, Udaipur.

PRIMARY FOCUS Of VANI SANSTHA

- Water and Sanitation
- Providing training Good Governance, Leadership, Conflict resolution and peacebuilding.
- Health Camps - Food/medicine distribution
- Quality education
- Vocational skills training and create employment opportunities
- Protection/Human rights/child protection
- Health Services

CHAPTER 2

INTRODUCTION



The basic truth that human welfare is rotating around the backbone of health is growing acceptance within the global scenario. This fact can be recognized if one supervision to look into the allocations made in the annual budget of every country in the world wherein the highest priority is being given to the promotion of health. It is a most significant issue, so comprehensive and multi-dimensional that it should be tackled at different levels, starting from the small hamlet to the broad spectrum of the nation.

Indian Primary Health system is dependent on the Primary Health care Centre (PHC) which constitutes the basis of countryside health care and is focussed to cover a rural population of around 25,000 and each centre is equipped with provision for curative, preventive, promotional and reformation.

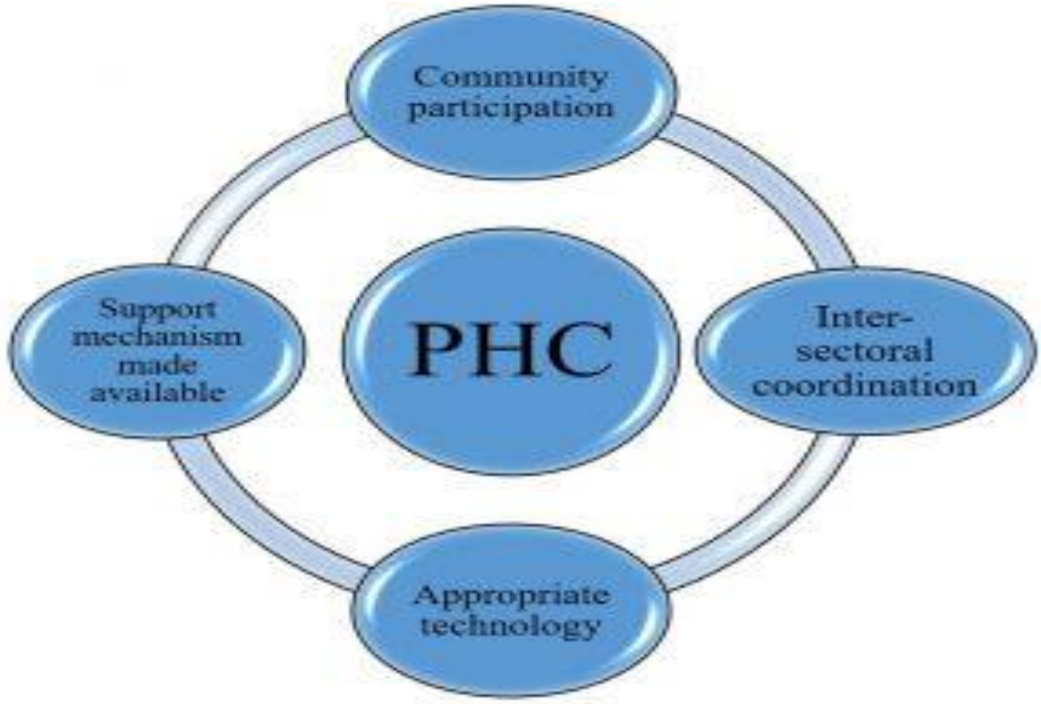
Aspects of public health and has an influential referral system. The centre forms a platform for the primary level of connection and association between separate and the national health system (NHM) for bringing health care delivery at the doorsteps of the community. Under each PHC 5-6 sub-centre function which cover 3-4 villages with an aggregate population of around 5000 and is run by the Auxiliary Nurse Midwife (ANM). These facilities are a neighbourhood of the

three-tier healthcare system. The PHCs act as referral centres for the Community Health Centres (CHCs) with 30-bedded hospitals and higher-order public hospitals at the taluk and district levels respectively.

PRINCIPLES OF PHC

Primary Health Centre (PHC) is the primary level of contact with the health system to upgrade health, prevent illness, supervise regular disease and control ongoing health issues.

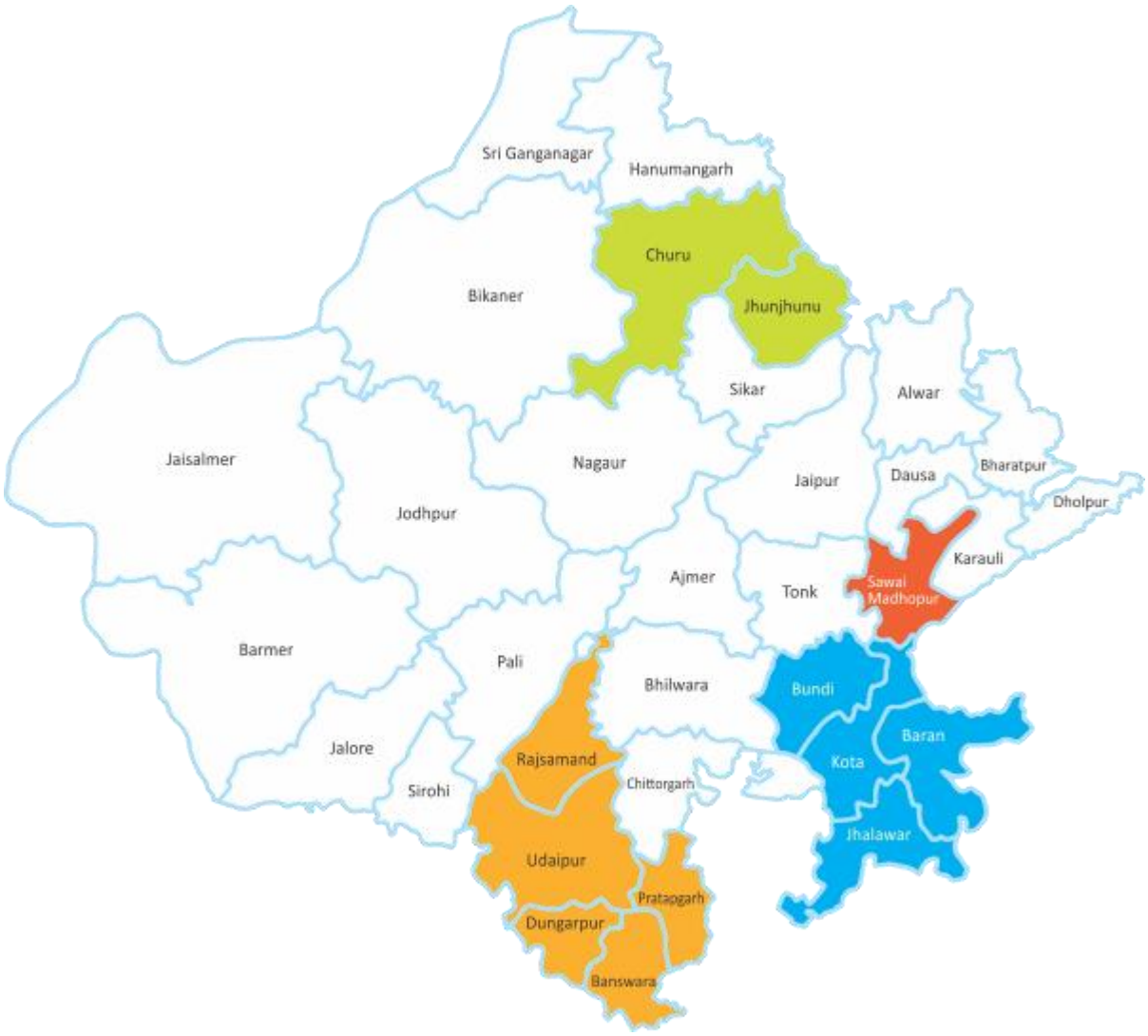
Primary health Centre occupies a key position in the national health care system. It supplies an integrated curative and preventive health care to the countryside population emphasis on preventive and increasing aspects of health care.



PRIMARY HEALTH CARE IN RAJASTHAN

Primary health centres in India are round-up with complications such as the scarcity of multi-disciplinary doctors this is the main reason in the primary health care system, shortage of laboratory facilities, shortage of manpower, fund allocation problems, no proper transportation facilities, shortage of other facilities and therefore the scarcity of life-saving drugs. The medical

personnel, as a rule, are disinclined to practice in backward areas or rural locations and like intercity areas for financial procurement and superior life comfort.



Worst Performing Districts

The current estimated doctor population ratio in Rajasthan is 1:1800. The state has 2082 primary health care centres, but the primary health centre has no proper medical facilities. State Government-run PHC's faced lots of problems because those centres do have not proper monitoring. The main cause beyond this is the less use of Primary Health Care in Rajasthan due to a shortage of necessary services. The state has failed to ensure such cardinal conditions as to availability, acceptability, accessibility and affordability of primary healthcare services to its entire population. So, the people are deprived of the benefits in the Primary Health Care Services in the public sector and go seeking medical care from the private hospital in Rajasthan.

The state faces epidemics all year round. This precarious accordingly, in many backwards rural villages qualified doctors are not available for health advice. According to Rural Health Statics, 2019-20 Report out of 2170 doctor's posts sanctioned, in position 1845, vacant 325 and shortfall 249 in Rajasthan PHC Centre. Because of this state of health, the state government implemented the PPP model in 2015. Rajasthan state govt. were run 2,082 PHC. The Government decides in the first phase 90 PHC handed over to be run in PPP mode. PPP mode decided by the open bidding system and private partners provides Manpower, financial help, free OPD and a 24-hour emergency scheme among other things. In return for the Government of India offered to pay up to 30 lakh every year for every Primary Health Centres. Public-private partnership Primary health care centres decided by the open bidding system and private partners provide Manpower, financial help, free OPD and a 24-hour emergency scheme among other things. In return for the Government give to pay up to 30 lakh per year for every PHC. Public-private partnership Primary health care centres are the best method for the big and hard demographic state. Some of the PPP mode PHCs do not work well because they work only for profits. According to Public health, specialists say that the PHCs now managed by the private organization may work well on curative healthcare, but do not implement preventive and promotive health measures. This means that these centres are smaller than clinics.

PUBLIC-PRIVATE PARTNERSHIP IN PHC

The program started in December 2015, when the Rajasthan government opened bids to private parties, both non-profit and for-profit organizations, to run all 213 of the state's PHCs. The terms of the public-private partnership agreement state that the government would pay the private party between Rs 22 lakh and 35 lakhs, depending on the bids received, to run a PHC for five years. After evaluating the private organization's performance, the contract could be extended beyond five years.

The private organization is expected to employ at least 11 staff members including a doctor, a pharmacist, laboratory technicians and cleaners. Even Auxiliary Nurse Midwives who manage health sub-centres and have so far been employed by the government are transferred to or hired by the private organization. The government's contribution to the partnership is infrastructure – the building, medicines, and equipment like surgical supplies and laboratory reagents.

CHAPTER 3

CONCEPTUAL FRAMEWORK

The main reason for the selection of the topic for my research work is “PHC WORST PERFORMANCE” because Primary health Care Centres is the main pillar of the rural health system. There are many PHC’s who are not able to follow the guideline of WHO and GOVERNMENT and are not able to provide quality of health to rural populations. Due to which the PHC’s are not able to provide quality health, the Government is converting them into Public-private Partnership Mode.

To pursue the Study a Public-private Partnership mode Primary Health Centre has been identified, which is the Samona PHC of the Rajakhera Block of Dholpur District. Samona PHC located in Samona Village. To measure the performance of PPP mode Primary health care centre a 2020-21 whole year data has been taken.

CASE STUDY

1. MOHAN PARKASH SHARMA (PHC STAFF)

VANI SANSTHA is changing lives by providing good health facilities for Rural people. PPP mode structure has been prepared to provide quality of health and basic health facilities. After converting PHC to PPP mode, there has been a lot of change in the health of the people of the area. In this journey we are going to talk about the MOHAN PARKASH SHARAM of PHC STAFF, SAMONA PHC. In the earlier time his wife has faced the critical problem of poor quality of bed in the Govt. PHC. For the batter facilities of the hospitality, he has shifted to his wife to the private hospital there he faced financial concert. In that particular locality the entry of Public private partnership PHC has changed the quality of health services. Mohan Parkash Sharma told that now people do not have face the trouble which he faced.

Now the people of that area do not have to go to any private or other hospital, due to which their financial situation is also not affected and good facilities are being provided, due to which the participation of the community has increased.

2. GIRDHARI LAL (PATIENT IN PPP PHC)

GIRDHARI LAL belongs to Samona village he was facing a critical situation in his eyes. So, he had to come to PPP PHC for treatment, then talked to him, he said that his financial situation is not good, so he talked to the staff there that he does not have money for treatment. PPP staff member told your treatment will be free and whoever medicine will be given free. He said that the behavior of the staff members is very good or cleanliness is also given a lot of attention due to which people do not feel that they are in hospital.

CHAPTER 4

REVIEW OF LITERATURE

Sananda Kumar (2012) A study on the title of "Public-Private Partnership in Primary Health an Analysis of PPP Model in Karnataka" According to the study proper monitoring is very important for PPP mode Primary Health Centre. The performance of PHCs depends on continuous monitoring from the Government side and community support is also an important component for the success of the sustainability of the PPP model.

Prof. V. Vijayalakshmi, Prof. S. Prabakar, Prof. B. Navin Kumar, Prof. Ajay Kumar Sharma (2020) "A study on the impact of Public-Private Partnership Among PHC'S in Pondicherry" According to the study PPP mode PHC is Important for rural India because 56% of the rural medical needs provided by the private sector. Public-private partnerships make a unique health sector. Public-private partnership is possibly unique because the privatized are easily reachable, provide better facilities very large rural population, are more efficient, and is better managed.

Leila Doshmangir, Vladimir Sergeevich Gordeev, Mahdi Mahdavi (2021) "A scoping review of Public-private partnership in primary health care" According to the study PPP could provide good health services especially in a remote area. Government should consider long-term plans and a better policy for partnership. PPP success depends on the better relationship between the public and private sectors because the private sector can provide a better quality of services.

Ranabir Pal, Shrayan Pal (2009) "Primary health care and public-private partnership: An Indian perspective" in India one of the principal reform strategies are collaborating with the private sector in the form of Public-Private Partnership. In the Indian context partnership with the private sector is very condemning. Public-private partnership is the best feature in the health sector because it has presented its accountability to the people of India.

T Sundararaman, Adithyan GS, Chandrakant Lahariya (2020) "What makes primary healthcare facilities functional, and increases the utilization." Study shows that A wide range

of capability to expand the supply of PHC services have increased in India, in the last one or two decades. Numerous initiatives main focus on underserved and poor populations in India. The popular initiatives, public and private sector have few ordinary features which can be used as guiding steps to scale up and distribute comprehensive primary health care service through HWCs in India. There is a requirement for more fulfilment in primary health services in India.

Nirupam Bajpai and RH Dholakiya (2006) "Scaling up primary health service in rural Rajasthan" According to the paper there are many problems in Government-run PHC. The first problem is 35 listed medicines in PHC but provided only 10-15 medicine twice a year. The second is the negative perception of people about PHC, no Proper monitoring. All these shortcomings can be reduced by Public-private partnership because PPP mode can change all the scarcity.

Anitha C.V., Dr Navitha Thimmaiah "Accessibility of Primary Health Care Services Kadakola Primary Centre Mysore" According to the paper Utilization of health care services has become one of the best thoughts in the area of fair-minded distribution of health services. Gender, education, income, and distance is the important factor for the utilization of health services. The utilization of PHC is contradictorily associated with education level, income, distance, poor road and transport facilities.

Renna Nayak (2010) "Role of karuna trust. A Public-private partnership Venture in Delivering of Healthcare Services" The study gives a clear justification on the important role of PPP in delivering health care services to the poor or the rural people. Along with the Government sector, the private and non-private sectors are also very much accountable to the overall health system and services of the country. Only 20% of rural people have access to quality health care that is available 24 hours, accessible and affordable. PPP main goal is to provide better quality health care facilities- curative, preventive, promotive and rehabilitative aspects along with innovations in primary care.

Prof. M. Hanumantha Rao (2019) "Primary health care in India: Challenges and Way Forward" According to a research work-study Primary health care has been decreased to just primary level care. Because Low budgetary allocation for the health sector is not only for the low performance of the primary health care institution. Rising consciousness about health and also build up popular involvement should be increased. The multi-sector approach is important and it's needed to Close tracking of the unfairness in the delivery of health care at the primary

level should be addressed. The great human resource development in the health sector is the need of the hour.

The objective of the study:

The specific objective of the study is to understand the working of Primary Health Centre (PHC)

Objective 1: To do the comparison of the effectiveness of PHCs services based on selective health care indicators of the centre run by the Government and run by VANI Sansthan in PPP mode.

Objective 2: To understand that how PPP mode is different from Govt PHC and whose performance is better

Objective 3: To suggest the best possible solutions to provide better health care services based on learnings.

RESEARCH METHODOLOGY

Area of the study: - Rajakhera Block, District-Dholpur

Period: - 1st April to 31stMarch (2020-21)

Data Collection

- PHC Recorded Data
- Interaction with MOIC
- Observation
- Data was analyzed in the excel

DATA ANALYSIS

Microsoft Excel has been used for data analysis; the data that has been collected has been added to the tabulation form in Microsoft excel 365. The graph has also been used to show the result of the study.

CHAPTER 5

RESULTS

WATER FACILITIES

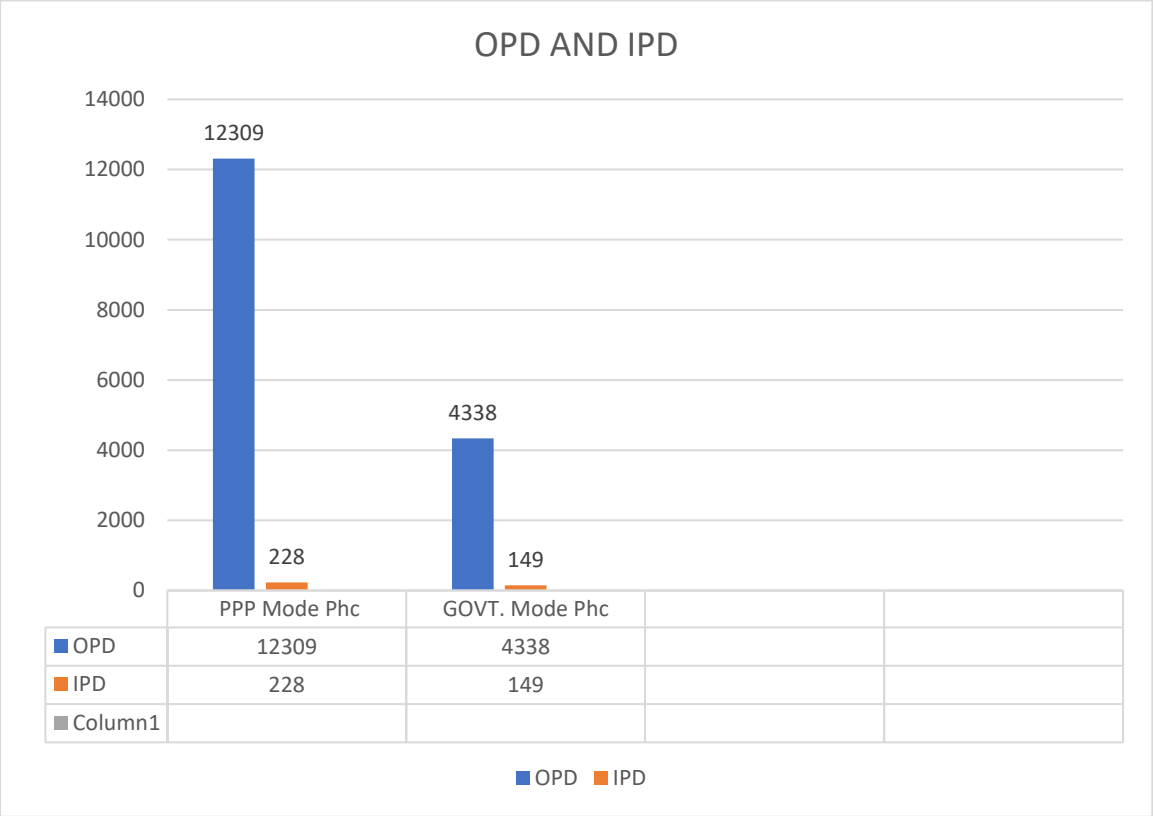
Both the PHC has safe drinking water facilities. Samona and Govt. PHC used an RO system for drinking water. Around the drinking water, cleaning is done two to three times a day, due to which the wastewater does not stop there which also avoids the risk of getting diseases. Due to being in both the villages, they do not have sewer facilities but a pond has been built near the Samona PHC, in which the wastewater is drained and that pond is cleaned once a month and once a week chemical is put in the pond so that the mosquito does not breed. There is no better drainage system in Govt. PHC, due to which they do drainage of wastewater outside the PHC and where water is collected, they put chemicals from time to time so that diseases do not arise.

SANITATION

Both the PHC have a sweeper for cleaning. Samona and Govt PHC have proper Sanitation Facilities. There are separate toilet facilities for staff and patients in Samona PHC, which are cleaned twice a day and the public toilet are cleaned once a day with liquid phenyl. In the Govt. PHC has common toilet facilities for staff and the public. Cleaning is done twice a day in both the PHC, the first time in the morning and the second time in the afternoon. Both the PHC does not follow the 3-bucket system for cleaning.

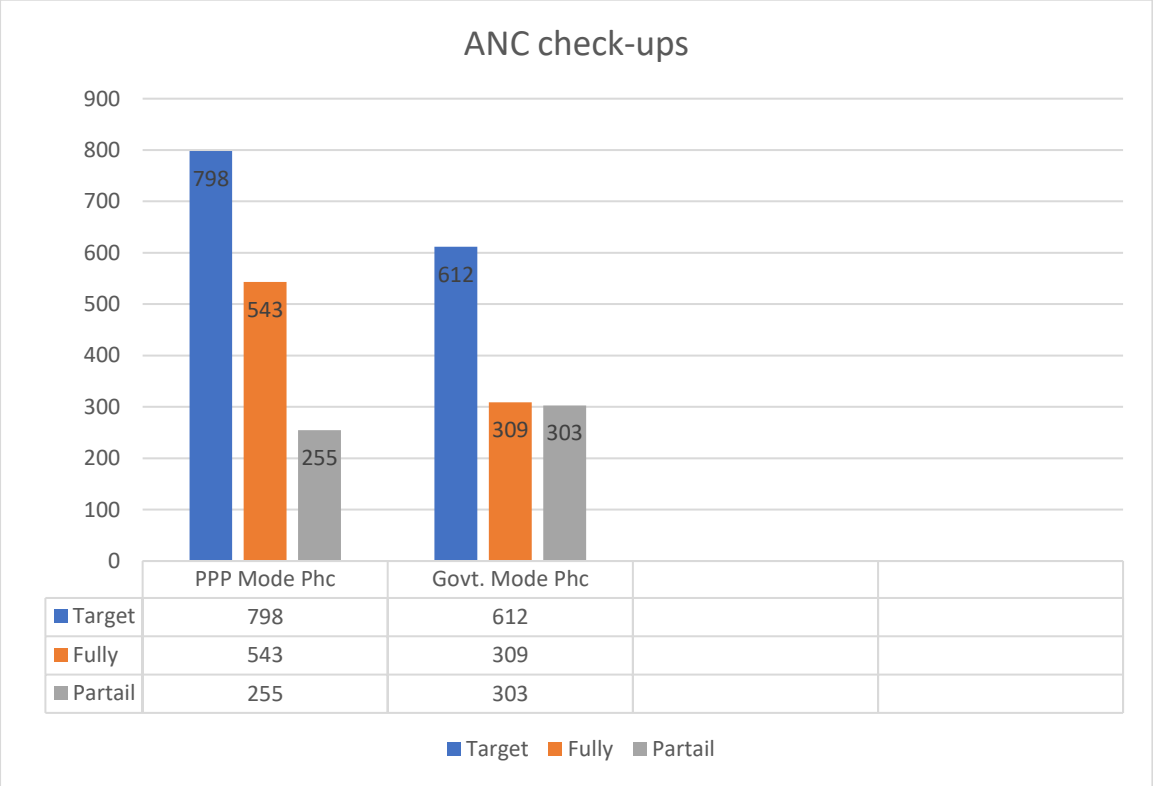
OPD AND IPD

Table 1: - OPD and IPD detail PPP mode and GOVT. mode PHC



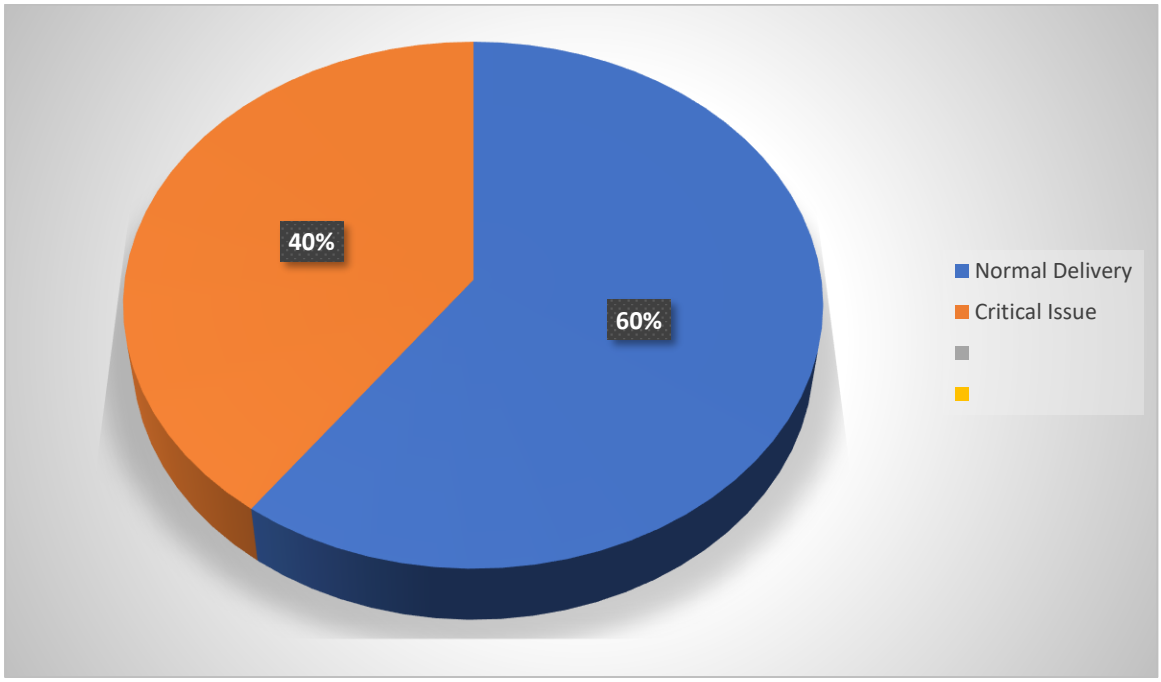
The graph shows that Public-private partnership primary health care and Government primary health centres 2020-21 0PD and IPD data. In both PHC, a difference of 65% was recorded in IPD and a difference of 34.64% recorded in IPD.

Table 2: - ANC check-ups

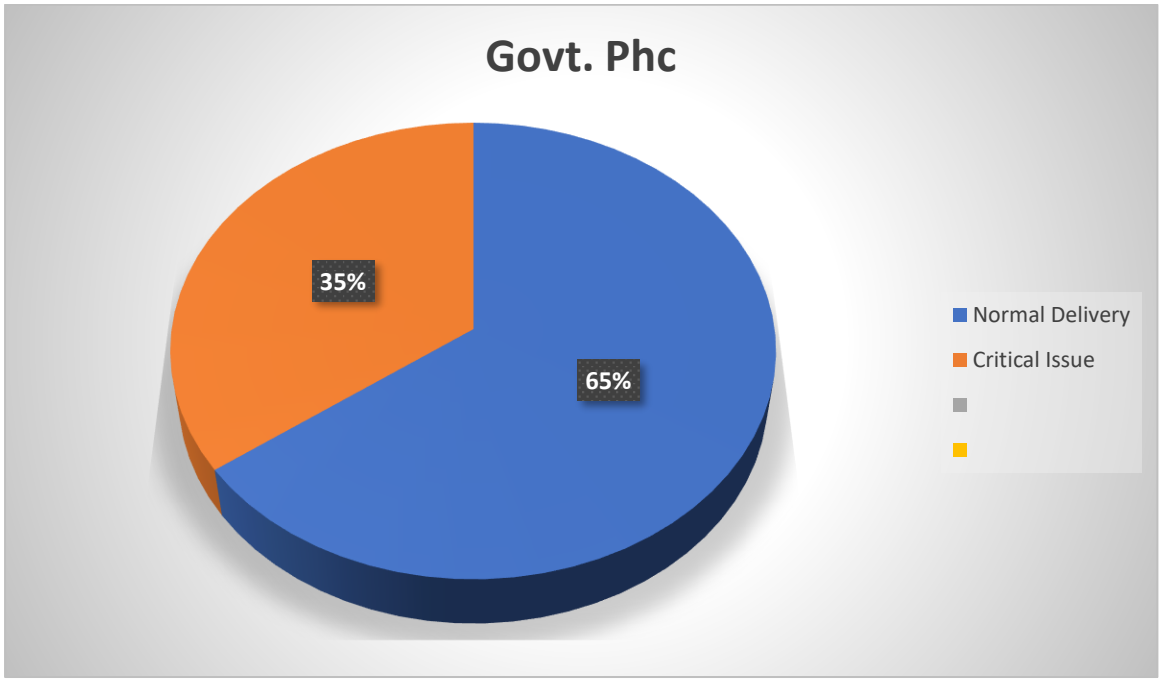


The chart shows that Antenatal care in PPP mode PHC and Government mode PHC 2020-21. 68.04% of gone for Fully ANC in PPP mode Primary health centres and 32% have followed partially check-up. Whereas 50.50% people came for fully Anc in Government PHC and remaining 49.50% followed partially check-up

Table 3: - Mode of Delivery

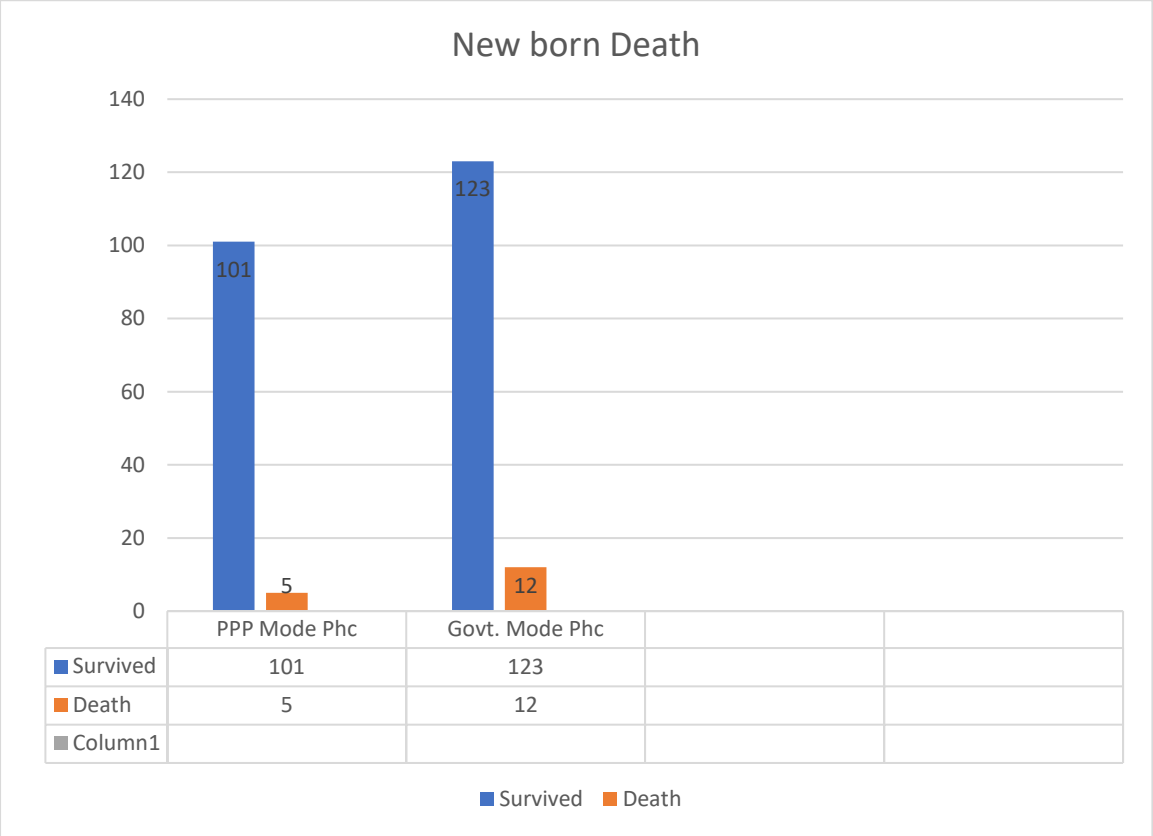


The above column graph shows that the mode of delivery. About 60% of normal delivery was done in PPP mode PHC and the remaining 40% of women were referred to upper hospital due to acritical issues.



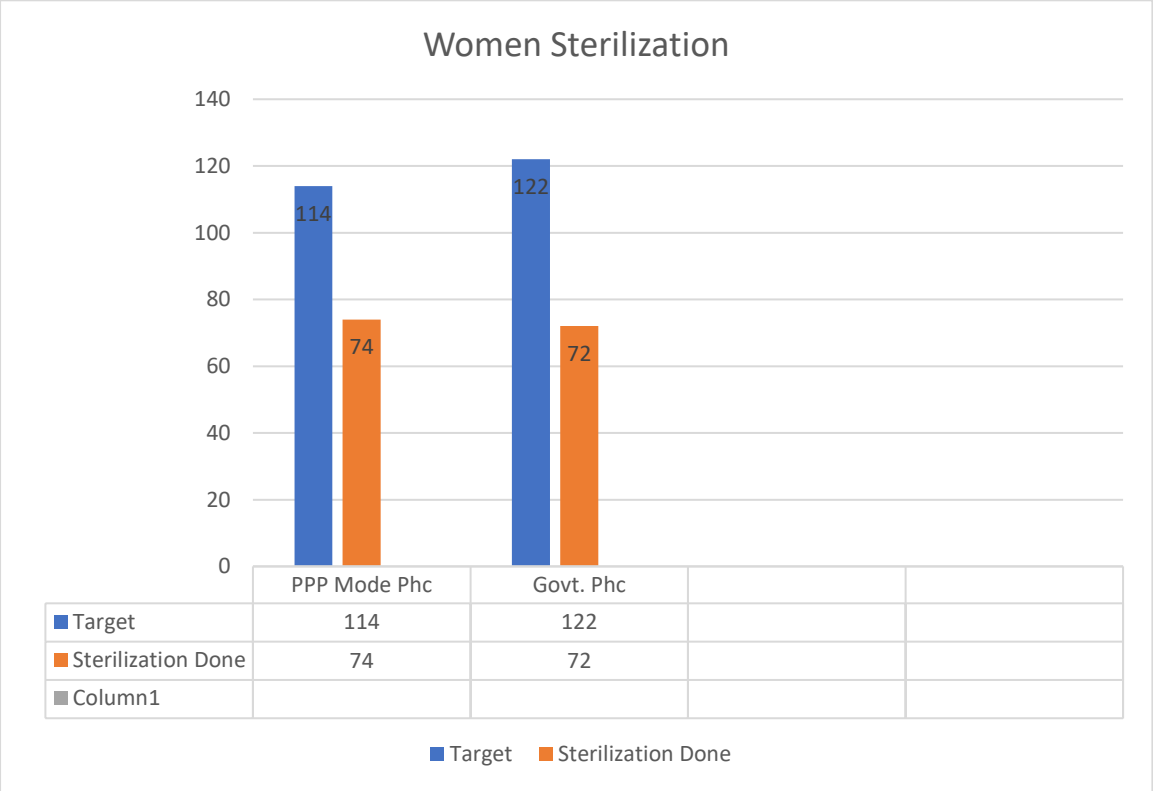
In the Government PHC about 65% of normal delivery and the remaining 35% pregnant women were shifted to next level hospital.

Table 4: - Neonatal Death



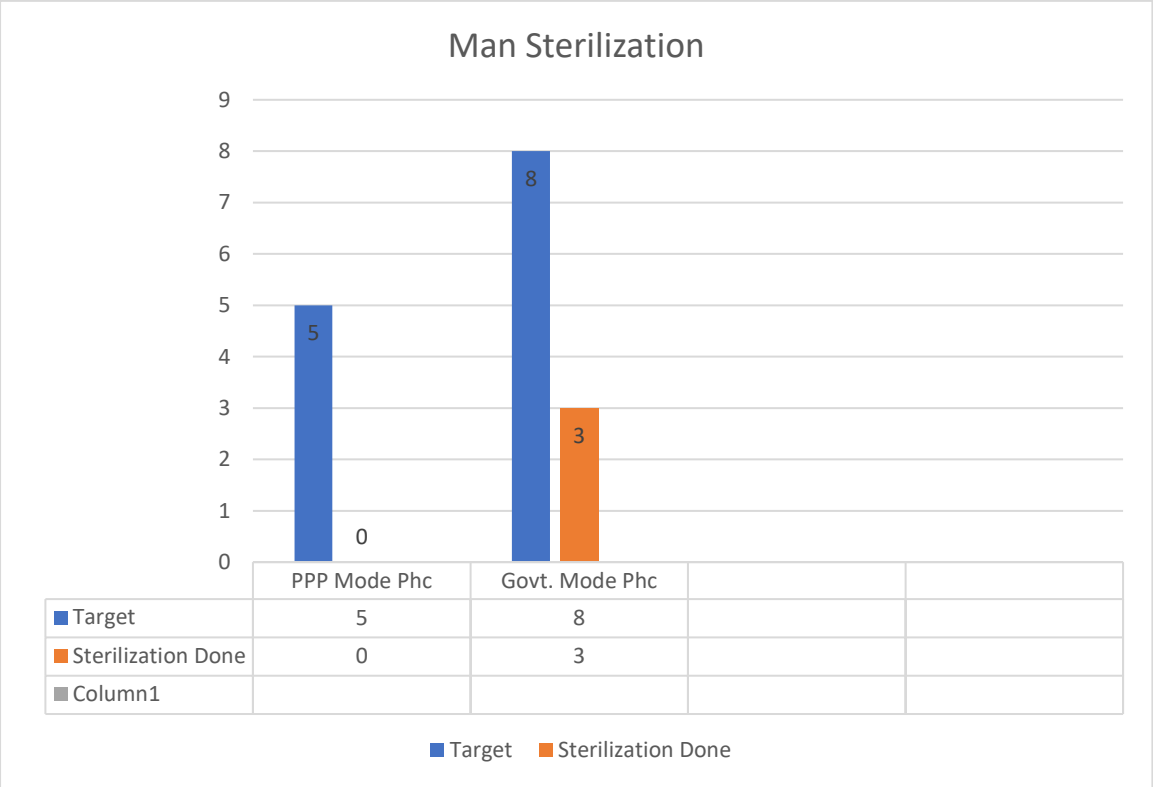
The upper graph showing that the newborn babies died during the pregnancy. About 95% of newborn children in PPP mode Primary health centre survived but 5% of children could not survive due to a critical situation. In the Government PHC, about 90% of newborn children survive and 10 % of children died within 48 hours of birth.

Table 5: - Women Sterilization



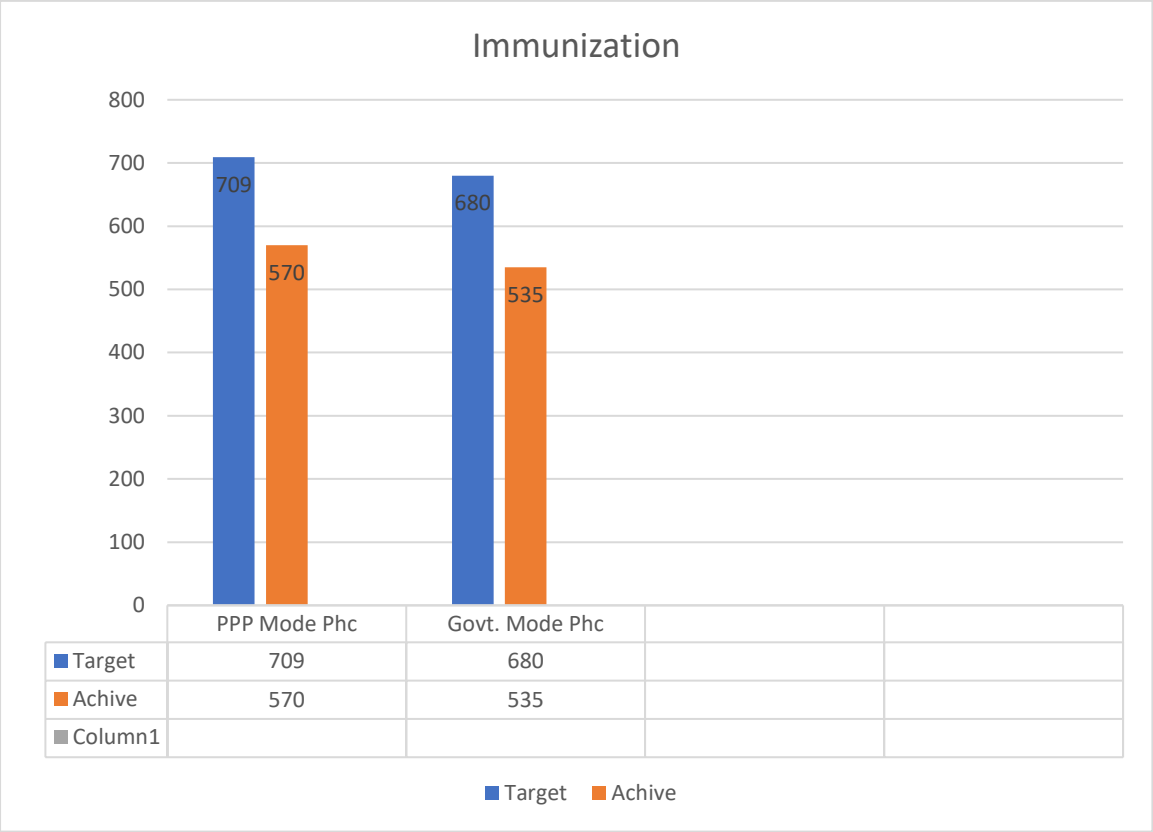
Public-private partnership Primary health centre achieves 64.91 % of the women sterilization target which is 35.09% less than the target. Government PHC was able to achieve about 59.01% of its target which is almost 6 % less than the PPP mode PHC.

Table 6: - Man Sterilization



PPP mode PHC could not do a single man sterilization. Government PHC achieved 37.5% of the man sterilization target.

Table 7: - Full Immunization



Public-private mode primary health centre has achieved 80.40% target out of deciding target for full immunization. Government Primary health centre achieved 78.67% of its target.

CHAPTER 6

DISCUSSION

Rajasthan is a big and different geographical state in India. There are many burning issues in the state of Rajasthan. One of these issues is rural population health. Due to large and different geographical state is very difficult to provide quality of health to the entire population. Rural people had to face difficulties due to many diseases. The primary health care system is a cornerstone of the countryside health system. The primary health care system provides all the basic health facilities and education about health which is more important for rural people. Many primary health care centres build in rural Rajasthan for providing health facilities to rural people. PHC was made for the rural population but after some time many problems started coming into the PHC like; shortage of doctors, staff, medicine, not proper maintenance and other issues. Community participation is also necessary for the proper running of PHC but due to lack of proper facilities, the participation of people decreases. Due to the worst performance of PHC, the Government implemented a Public-private partnership model. All the worst performance Primary health centres converted in Public-private partnership mode. The responsibility of the provide quality health facilities would be to private partners. Public-private partnerships in the health care system worked perfectly in rural areas.

The current study assumes that the Public-private partnership mode for the health care system is a successful model. After reading the study we can see the difference between PPP mode and Government mode PHC.

We can see the big difference in OPD and IPD data. The average OPD of PPP mode primary health centre is 1000 per month in the same Government PHC recorded only 360 OPD in a month. There is a big difference of about 65% inside OPD and in IPD also a difference of about 34.64% has been recorded. In the ANC both PHC differences around 16%. PPP PHC Achieved

16% more targets in comparison to Government PHC. 60% normal delivery recorded in PPP mode PHC while 65% normal delivery recorded in Government PHC but newborn children death in Government is 5% more than PPP PHC because of some critical issue.

PPP Primary health centre achieves 64.91 % of the women sterilization target. Govt. PHC was able to achieve about 59.01% of its target. It is 6% less than PPP PHC. Govt. PHC achieved 37.5% of the man sterilization target. PPP mode could not do man sterilization.

Both the PHC performing well in Full immunization because PPP mode PHC achieve almost 80% target of immunization Which is only 2% greater than Government mode PHC. Government mode PHC achieve almost 78% of their target.

CHAPTER 7

CONCLUSION

After completing the study all the data shows the better condition of Public-private partnership primary health care centres. The study gives a clear justification on the importance of PPP mode health care services to the Rural people because Rural people want that they should get good quality of health facilities near their area. Samona PHC is the best example of the Public-Private Partnership mode Health care Centre. Those PHC who do not have good condition, they should be given to the private sector by the Government so that it can change its transformation. It is suggested that Government should ensure regular monitoring of PPP mode run PHCs so that the quality of services get improves over time and is maintained. Many Public-private partnership modes Primary health centres doing well in the health sector but some of the PPP modes only work for their benefits. Some ghost PHC centres exists only on paper and not physically.

CHAPTER 8

MAJOR FINDINGS

- There is a difference between OPD and IPD in PPP PHC and Government PHC,
- The participation of people in Government PHC is very less in compression of PPP mode.
- Participation in ANC is less in both PHC but in Government, PHC is less than PPP.
- The Participation of women is less in sterilization but the performance of Government PHC in man sterilization is better than PPP.
- Normal delivery of pregnant women is more in Government PHC, but mortality of newborn babies is also more in Government PHC.

CHAPTER 9

SUGGESTIONS (Based on the learnings)

- To increase the participation of people in Government PHC will have to improve the quality of services like; cleanliness, staff behavior, infrastructure and others.

- User-fee should be exempted to all vulnerable women for ANC and immunization.

- Improved tracking system and reporting system and facilitating links between records for mother and child is necessary.

- To reduce neonatal death, vaccination to mother as well as the new-born child should be promoted

- To supply the highest possible quality of medical and nursing care for the patients

- To provide necessary equipment's, essentials drugs and all other required for patients in an organised manner and as per the Standard Operating Procedure (SOP)

- To provide facilities to meet the needs of the visitors and attendees.

- To furnish the most desirable environmental substituting at a temporary home for the patients.

CHAPTER 10

REFERENCES

Rajras/Rajasthan/economy/public-private-partnership

Ghost Centres, Profit-Making Aims Mar Rajasthan's Privatisation of Primary Healthcare (the wire. in)

Timesofindia/city/jaipur/govt-will-take-over-PHCs-operating-on-ppp-mode-health-minister

https://www.thehindubusinessline.com/blink/know/private-concerns-and-primary-woes/article9951293.ece

India’s healthcare sector: Rajasthan’s experiment to privatise public hospitals is sputtering (scroll. in)

https://cxotv.techplusmedia.com/2021/02/24/rajasthans-primary-health-centres-to-run-in-ppp-model/

Public-Private Partnership in Primary Healthcare | Sananda Kumar - Academia.edu

https://www.ibef.org/download/PolicyPaper.pdf

https://www.who.int/news-room/fact-sheets/detail/primary-health-care

https://www.who.int/global_health_histories/seminars/Raman_presentation.pdf

CHAPTER 11

APPENDICES

A Comparative study on selective indicators of primary health centres run by the Government and by VANI in PPP mode

QUESTIONNAIRE

MOIC

NAME

Position

PHC Name

1. **Whether the PHC functioning the 24 hours**

YES	
NO	

2. **Whether PHC run by the NGO**

YES	
NO	

3. **Where is PHC located**

Rented building	
Rent-free/panchayat	
Society building	
Others	

4. **What is the present condition of the existing building?**

Good	
Needs Repair	

5. Cleanliness of the PHC

Good	
Fair	
Poor	

a. Use the three-bucket system for cleaning

YES ☐

NO ☐

b. How many times corridor clean in a day?

Single	
Twice	
Not Daily cleaning	

c. Ward cleaning in a day

Single	
Twice	
Thrice	
Not daily cleaning	

6. Housekeeping monitoring

MOIC	
ANM	
Other staff	
No monitoring	

7. Water supply 24 Hours

YES	NO

a. Source of water supply

Piped	
Borewell	
Hand pump	
Other	

b. Drainage system

Sewage system	
Septic tank	
No availability	

8. Electricity

Regular power supply	
Power cut in summer	
Regular power cut	

a) Are standby facilities of generator/inventor in working condition

YES	NO

9. Toilet facilities available

Common	
Separate	

a. Using different dustbins for biomedical waste

YES	NO

b. Storage of biomedical waste

Special room	
Thrown compound	
No storage room available	

10. Cold chain equipment

Deep freezer	
Cold box	
Vaccine carrier	
Ice lined refrigerator	

11. Laboratory test

Blood	
TLC/DLC	
Sputum testing for TB	
Rapid test for pregnancy	
Others	

12. All laboratory tests are free for the patient

Yes	no

13. Personal protective equipment

Gloves	
Mask	
Lab coat	
Head cap	

14. Essential service provided

OPD Patient	
Inpatient admission	
Number of deliveries performed	

15. Number of Death

16. How many OPD in a month

17. Is there any separate area for the patient in the OPD of PHC?

YES	NO

Registration for ANC services?

Dropouts of ANC services

The number of deaths of newborn babies?

Women sterilization

Man sterilization