



**A REPORT ON
MONITORING OF IMPORTANT COMPONENTS
NATIONAL HEALTH MISSION PROGRAMME IMPLEMENTATION PLAN
DHALAI DISTRICT, TRIPURA**



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ACKNOWLEDGEMENTS

The monitoring and evaluation of the National Health Mission (NHM) of program implementation plan (PIP) in Dhalai district was successfully completed with the help and cooperation from the Department of Health & Family Welfare of Government of Tripura.

We are grateful to Smt. Anjali Rawat, Deputy Director General (DDG) Ministry of Health and Family Welfare, Government of India for entrusting the work of monitoring of the important components of NHM Programme Implementation Plan to Population Research Centre, Institute of Economic Growth. We wish to sincerely thank Mr. Kumar Sundaram, Director and Mrs. Preeti Tiwari Assistant Director, (Stats) for their constant support and guidance.

We would like to acknowledge the valuable inputs and feedback from Dr. Apollo Koi (CMO, Dhalai), Dr. Subhash Barua (DIO and DHO), Dr. Pritam Debbarma (DFWO, DLO & DPO NVHCP), Mr. Dipan Kar (DPM), Mr. Rana Saha (DAM), Mrs. Jayati Chakma (DME), Mr. Ashok das (ASHA Prog Manager) and Dr. Ashit Kumar Paul (DMO)

We also duly acknowledge the support provided by the health staff in the selected health facilities. In particular, we would like to thank all the ANMs and ASHAs who described their experiences of service delivery in the community. We are also thankful to the beneficiaries who gave their time for interaction and responded to our questions with enthusiasm.

This report is the result of team work. I would like to thank to Ms. Purva Bhalla for her invaluable support and coordination throughout the visit.

September, 2022

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**ABBREVIATIONS**

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



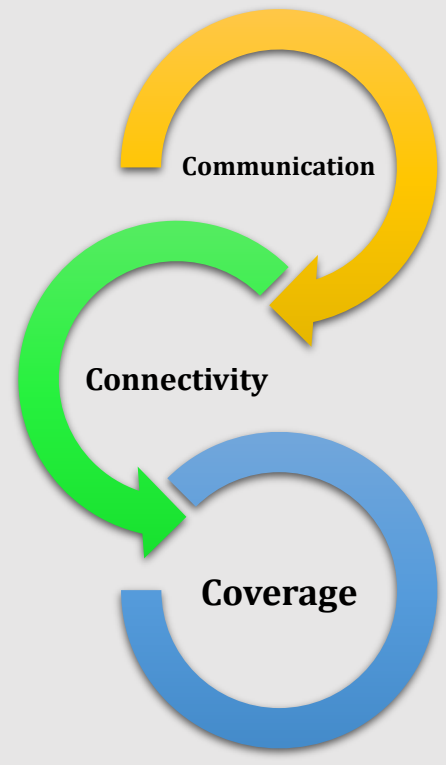
Dose of Facts!

Dhalai, Tripura



Maternal Health:

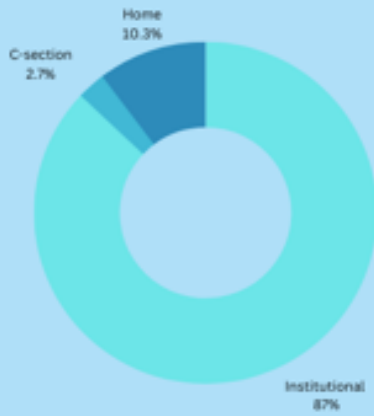
- Women registered for 1st trimester-66.4%
- Women consumed IFA tablets-2.6%
- Average OOP-Rs.3980
- Anemic women(15-49 years)-56.4%



The 3 main challenges that the district is currently facing has been highlighted in the form of "3 C's"

561

Home Deliveries



Malaria prone district

Child Health:



- Stunted: 45.7%
- Wasted: 15.9%
- Underweight: 27.6%
- Severe Acute Malnourishment: 42 children
- Immunized child: 5382 children

Influence of Quacks and Traditional Healers

Tobacco and Alcohol Consumption:

- 55.2 percent of women consume any kind of tobacco.
- 61.3 percent of men consume any kind of tobacco.
- Consumption of alcohol is more by men than women, 40.2% vs 7.5 %



Manpower Crunch

Issue of internet



EXECUTIVE SUMMARY

The National Health Mission is a flagship initiative of government of India in the public health sector. It enhances people's access to quality health care services in a colossal manner via umpteen initiatives. Since its inception, National Health Mission (NHM) has tailored itself to the needs of the society by identifying the existing lacunae and eliminating them. This report summarises the key findings from the concurrent monitoring of essential components of under NHM in Dhalai district Tripura. The report captures the information on coverage of services, constraints in service delivery and utilization of health services by the population in the catchment area.

The report is prepared on the basis of visits to the following public health facilities in Dhalai district, Tripura: District Hospital Dhalai, Chawmanu and Manughat Community Health Center, Salema and Ambassa Primary Health Center, and SC-HWC West Nalichara. Meetings were held with the Chief District Medical Officer (CDMO) and the NHM Nodal Officials to understand the strengths and weakness of the facilities in service provisioning. Health Management Information System (HMIS) data was verified for the District Hospital Ranking data validation purposes.

Key Findings:

- **Incidence of Home Deliveries:** Home deliveries are relatively high and still prevalent in the district especially in the far-flung areas where there is no accessibility of roads and delivery of services.
- **Prevalence of Vector Borne Disease:** One of the major key challenge, that was observed in the Dhalai district is the prevalence of Malaria. The mosquito-borne disease is amongst the biggest challenge in the entire district and has been declared this disease to be Endemic. Asymptomatic cases were seen in the district and it was reported that the community members of the districts have somehow been immune to this disease and are acting as a transmitter.
- **Acceptance of Quacks and Traditional Healers:** The biggest concern for the officials w.r.t the population is its illiteracy as generating community awareness at times becomes problematic as they still rely on traditional remedies and often visit quacks for treatment. These members seek remedies through religious and magical practices and hardly avail any modern system of medicine. Due to which the patient's life is in danger and at times the situation gets out of control.
- **Asymmetric access to health-care services:** Around 50 percent of the area in the district is asymmetric. Hence, access to health-care and services becomes a major concern for rural population.
- **Manpower Crunch:** There is shortage of human resources which thereby, affects the NHM in the district. Most of the facilities lack Human Resources specifically in case of Mother and Child health. Thereby, affecting the quality of work and putting





more burdens on the existing staff, resulting to which cases are being referred to higher facilities.

- **Internet Connectivity:** There are issues with regards to internet connectivity in the district as there are some pockets of the district where internet speed and services are slow. As a consequence, updating data in the portal becomes a hassle for the workers.
- **Prevalence of Anaemia:** The level of anaemia is high amongst the women in the district specifically observed in the tribal population. Despite various programmes have been initiated the underlying reason behind such a prevalence of anaemia is due to various socio-economic factors such as poverty and social neglect, diet and nutrition related factors.

Key Recommendations:

- To reduce the number of home deliveries in the district it is suggested that more number of Mayer Ghar (Mother's House) should be established where the incidence of home deliveries are high. This could improve the figures of overall institutional deliveries of the district.
- Tribal-dominated areas in the district, where villages are remote and inaccessible, and settlements are also divided into large areas. ASHA workers face many difficulties in carrying out their work. At the same time, their incentive amount is also meagre. In such a situation, there is a need to give additional incentives or salaries to the ASHAs working in these fields to work with more enthusiasm.
- It is recommended that the district administration should collaborate with the urban local bodies so that there can be connectivity within the district for the local people and access the facilities without any hassles.
- As majority of the population widely accepts the remedies given by the quacks/traditional healers. One of the best strategies that the district can adopt is the strategy of "*friend instead of foe*" as a medium to channel the population.
- To reduce the prevalence of anaemia in the district it is suggested that appropriate action should be devised to curtail the status of anemic women in the district. As they are at a high risk and are contracted to various other diseases.





CHAPTER-1: INTRODUCTION

1.1 Background and Objectives

Over the years, since the introduction of National Health Mission (NHM), to make the health-care system more accessible and affordable various strategies have been implemented. With this regard, timely monitoring and evaluation is being carried for the key components of the NHM State Program Implementation Plan which is essential for the overall key program changes, resource allocation and to further strengthen these plans.

The Ministry of Health and Family Welfare (MoHFW) has assigned the task to Population Research Centres (PRCs) for quality monitoring of important components of NHM Programmes for the year 2021-22. While engaging with the task, PRCs would observe critical concerns in the implementation of NHM activities and also evolve suitable quality parameters to monitor the various components. This PIP monitoring report would specifically focus on the performance of the Dhalai district of Tripura.

The report aims to capture the demographic indicators, health indicators, healthcare financing, and public health planning of the district and also discuss the healthcare programme such as RMNCHA+N, diseases control programmes and other health programs.

The specific objectives of the report are as follows:

- To examine the status of physical infrastructure of health facilities under NHM.
- To identify the gap between demand and supply of health service delivery under NHM.
- To highlight the performance and implementation of different scheme under NHM.
- To understand the availability and efficiency of human resource.
- To assesses functionality of equipment, supply & essential drugs etc at the visited health facilities.
- To assess availability of finance for the NHM activities in the district.

The report is prepared on the basis of field – based observations and visits to the following public health facilities in Dhalai district: District Hospital Dhalai,Chawmanu and Manughat Community Health Center,Salema and Ambassa Primary Health Center,and SC-HWC West Nalichara. Structured checklists were used to collect information on various parameters such as human resources, infrastructure, funds utilization, training, health care services including drugs and equipment's, disease control programmes and other programmes under the ambit of NHM activities.

Meetings were held with the Chief District Medical Officer (CDMO) and the NHM Nodal Officials. Interactions were also held with the Medical Officer-In-Charge (MOIC) of the





selected facilities, health care providers (ANM, ASHAs etc.) and other supporting staff to understand the strengths and weakness of the facilities in service provisioning. Review of relevant programmatic data and information available from the NHM nodal officials were also conducted. Besides this, Health Management Information System (HMIS) data was also verified for the District Hospital Ranking data validation purposes.

Table 1:List of Facilities Visited in Dhalai district, Tripura

Healthcare Facility	Name of the Facilities	Team Composition
District Hospital	DH,Dhalai	
CHC	Chawmanu CHC,	Miss.Aashima Gupta
CHC	Manughat CHC,	&
PHC	Salema Primary Health Center	Ms.Purva Bhalla
PHC	PHC-HWC,Ambassa	
SC-HWC	SC-HWC,West Nalichara	

1.2 Demographic Profile

Dhalai District was formed in the year 1995 and has been bifurcated North Tripura District & including the part of Amarpur Sub-Division of South Tripura District. It was created keeping in view the administrative exigency of providing development and good governance towards largely indigenous people and in accessible areas. The district is located in North Eastern Part of Tripura and covers an area of about 2426 sq. km. It is situated in between 2(two) hills namely Atharamura range and Shakhanrange, more than 70% area is forest covered inaccessible and difficult terrain.

As per Census 2011, the total population stands at 3, 77,988 and population density is 157 sq.km. The district is bordered by Bangladesh on the Northern and Southern side. Only connectivity with major market is through NH -8. There are various difficulties the district faces in terms of geography and backwardness of the district resulting to which it is included among 117 **Aspirational District** in the country in January 2018 aiming to quickly and effectively transform the district.

1.3 HMIS Service Delivery Indicator

The following table-2, summarises the health care service delivery indicators in Dhalai district of Tripura and Tripura with respect to various domains such as Maternal Health, Child Health, Delivery care, Family Planning, etc. for the year 2021-22.

Antenatal Care (Pre-Natal care), is one of the most important components of the Maternal Health. ANC refers to the regular medical and nursing care suggested for women throughout their gestation period of pregnancy to ascertain the well-being of the mother and the foetus as well. Furthermore, with regular prenatal care, women can reduce the risk of pregnancy complications. According to the HMIS, around 66.5 per cent of women in Dhalai have registered for ANC in the first trimester while women who registered for ANC up to 4 or more check-ups, have a lower share of percentage (59.7 per cent). According to the HMIS data source, IFA supplementation was given less which stands at





62.5 per cent of all women who registered for ANC. The total maternal deaths recorded in the district stands 6 deaths in the last financial year.

Delivery care is a vital factor for infant health. The total home deliveries in Dhalai district is 561 deliveries. Skilled Birth Attendant (SBA) as an individual is the one who can handle common obstetric and neonatal emergencies. Thus, the attendance of SBA in case of home delivery is necessary to combat maternal deaths. About 81.4 per cent of all deliveries were institutional deliveries and of all the institutional deliveries in Dhalai district. Around, 13.3 per cent women were discharged in less than 48 hours of delivery at public institutions. Of all women who registered for ANC, just 62.1 per cent went for institutional delivery and around 2.5 per cent were C-section deliveries.

With regards to Post Natal Care, around 97 per cent of the new-borns were breast fed within 1 hour of delivery and 98.5 percent new-borns were weighed at birth in the district. Out of the total weighted new-born, less than 9.5 per cent new-born are having weight less than 2.5 kg to total weighted. The share percentage of women received the 1st post-partum check-up within 48 hours and 14 days of delivery is low i.e., the figure stands at 30.2 percent respectively. In the last financial year, 6 maternal deaths, 97 infant deaths and 10 child deaths was reported in Dhalai district, Tripura.

The Reproductive and Child Health programme (RCH) II under the National Rural Health Mission (NRHM) systematically assimilates all possible interventions that improve child health and addresses factors contributing to Infant and under-five mortality. With regards to the service delivery for Child Health, around 5382 children were fully immunized (9-11 months) in Dhalai district.

Female sterilization as a method of permanent family planning dominates the statistics with 100 per cent of all sterilization conducted in the year 2021-22 in the district. The percentage of IUCD insertions to total institutional deliveries stand at 1 percent and only 609 emergency contraceptive pills were distributed in the district in 2021-22.



**Table 2:**HMIS Service Delivery Indicator for Tripura and Dhalai,2021-22

Data Item Name	Tripura	Dhalai
% 1st Trimester registration to Total ANC Registrations	75.2	66.5
% Pregnant women given 180 IFA to Total ANC Registrations	69.2	62.5
% Pregnant women given 360 Calcium tablets to Total ANC Registrations	21.2	18.6
% Pregnant Women received 4 or more ANC checkups to Total Registration	79.4	59.7
Total Home Delivery	2649	561
Total Reported Deliveries	52641	5834
% of Institutional Deliveries to Total Reported Deliveries	90.1	81.4
% of C Section Deliveries to Total Institutional Deliveries	25.9	2.5
% Institutional Deliveries to total ANC Registrations	78.9	62.1
% Women discharge in less than 48hours of delivery to Total Institutional Deliveries at Public Institutions	5.1	13.3
Total Live Birth	49585	5261
Still Birth	868	73.0
% Newborn weighed at Birth to Live Birth	99.3	98.3
% of new-borns having weight less than 2.5 kg to total live birth	11.2	9.5
% New-born breast fed within 1 hour of birth to Total Live Birth	97.2	97.0
% Women getting 1stPost-Partum Checkup between 48 hours and 14 days to Total Reported Deliveries	82.2	30.0
% Male Sterilization (Vasectomies) to Total sterilization	0.7	0.0
% Female Sterilization to total sterilization	99.2	100.0
% of IUCD insertion to total institutional deliveries	0.7	1.0
Number of Emergency Contraceptive Pills (ECP) given	5592	609
Number of Fully Immunized children	48752	5382
% of children discharged with target weight gain from NRC	34.04	32.6
Infant Death	261	97.0
Child Death	64	10.0
Maternal Death	88	6.0

Source: HMIS,2021-22





CHAPTER-2: PUBLIC HEALTH FINANCING

One of the most important initiatives of the NHM envisages achievement of universal access to equitable, affordable & quality health care services that are accountable and responsive to people's needs. This initiative is directed towards financing and supporting the states to strengthen public health systems and healthcare delivery in India. Allocation of State NHM budget is based on Program Implementation Plans (PIPs) submitted by State governments which are approved by the Union government. Both Central and State Governments contribute in implementation of programs under NHM in a ratio of 60:40 for all States and UTs with legislature.

2.1 Record of Proceedings, Tripura

For the financial year (FY) 2021-22, against a resource envelope of Rs. 264.69 Crores (calculated assuming state share of 40%), the state Tripura received administrative approval for an amount of Rs. 288.56 Crore. The total support from Government of India is Rs. 238.22 Crores whereas the state share of 10% works out to be Rs. 264.69 Crores.

Table 3: Record of Proceedings, Tripura

Particulars	Rs. In Crores
a. GoI Support(Flexible Pool allocation including cash and kind)	170.69
b. GoI Support for Incentive Pool based on last year's performance (assuming no incentive/reduction on account of performance)	28.92
c. GoI Support(Under Infrastructure Maintenance)	38.61
d.Total GoI Support(d=a+b+c)	238.22
e.State Share(10%)	26.47
f.Total Resource Envelope(f=d+e)	264.49

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

The resource envelope for FY 2021-22 consists of union government's support of Rs. 170.69 Crores for flexible pool allocation including cash and kind, Rs.28.92 Crores for incentive pool based on last year's performance and Rs. 38.61 Crores for infrastructure maintenance.

The breakup of the total resource envelope shows that Rs. 50.14 Crores is allocated for RCH Flexible Pool (including Routine Immunization (RI), Intensified Pulse Polio Immunization (IPPI), National Iodine Deficiency Disorders Control Programme (NIDDCP), Rs. 111.12 Crores is allocated for Health System Strengthening (HSS) under NHM of which 92.84 crores have been allocated for other HSS under NHM, 11.34 crores for Comprehensive primary healthcare under HSS and the remaining for ASHA additional benefit including support to ASHA facilitators (6.94 crores). Thus, the GOI contribution toward total NRHM-RCH Flexible Pool works out to be Rs. 161.26 Crores.

The GOI contribution toward NUHM Flexible Pool, National Disease Control Programme (NDCP) Flexible Pool and Non-Communicable Disease (NCD) Flexible Pool is Rs. 7.80 Crores, Rs. 25.70 Crores and Rs. 4.85 Crores respectively. Within NDCP Flexible Pool, bulk of the resources is allocated for NVBDCP activities where the figure stands at 12.23 crores





followed by RNTCP with 11.35 crores. Whereas, the least share of amount is visible in NLEP with 0.22 crores.

Table 4: Flexi-pool wise share of resource Envelope, Tripura

Indicators	Amount* (GoI Share)	State Share
1. RCH Flexible Pool	50.14	
(a) RCH Flexible Pool (including RI, IPPI, NIDDCP)		
RCH Flexible Pool, Cash Grant Support	36.91	
RCH Flexi Pool (Kind grant support under immunization)	13.23	
(b) HSS under NRHM	111.12	
Other HSS covered under NRHM	92.84	
Comprehensive Primary Health-Care under HSS	11.34	
ASHA additional benefit including support to ASHA facilitators	6.94	
Total NRHM-RCH Flexi-pool	161.26	
2. NUHM Flexible Pool	7.80	
Other Health System Strengthening covered under NUHM	5.85	26.47
Comprehensive Primary Health-Care under NUHM	1.95	
3. NDCP Flexible Pool	25.70	
NVBDCP	12.23	
RNTCP	11.35	
NVHCP	0.93	
NLEP	0.22	
IDSP	0.50	
NRCP	0.47	
4. NCD Flexible Pool (NPCB, NMHP, NPHCE, NTCP, NPCDCS, NPCCHH, PMNDP)	4.85	
5. Infrastructure Maintenance (Incl. Direction & Administration)	38.61	
Total Resource Envelope (1+2+3+4+5)	238.22	26.47
Grand Total Resource Envelope (GOI Allocation + UT Share)	264.69	

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

*indicate amount in Crores

2.2 District Health Action Plans and District Allocations

District Health Action plan is a principal instrument for planning, implementation & monitoring, formulated through a participatory and bottom-up planning process. This section will attempt to discuss in details District Health Action Plan & National Health Mission fund utilization against the sanctioned amount for the last financial year. The following table shows the time process of preparation & approval of PIPs & DHAP.

It was mentioned that the biggest challenge in achieving the physical targets of the district is the delayed receipt of PIP approvals. For the year 2021-22, the district has submitted DHAP in January 2021 & received the approved ROP in the month of July, 2021. Whereas, the submission date for the current year was in the month of March, 2022 and still the approval of DHAP is not yet received till date.

However, with regards to fund release of the district it was mentioned that for the PY (2021-22) the release of funds was done by the State Health & Family Welfare Society (SH&FWS) on 4th May, 2021. Whereas, for the current year a new system has been adopted i.e., the SNA system so no funds have been released till the date of visit. However,





a smaller portion of funds still is retained which is carry forwarded for the next financial year in the PFMS.

Table 5:Information about District Health Action Plan (DHAP), 2021-22

Approving Authority	Year DPIP/ DHAP	Prepared and Submitted any DPIP/DHAP	Submission Date	DHAP Approval Date	Fund Release
State	2021-22(PY)	December,2020	January,2021	July,2021	Fund release from SH&FWS on 04/05/2021
State	2022-23(CY)	December,2021	January,2022	Not received till now	SNA system has been introduced so no fund release from SH&FWS.However,limit given in PFMS SNA A/C is there on 01/04/2022

Source: CMO Office, Dhalai, Tripura, 2021-22

2.3 District Financial Management Report, Dhalai district

Budget utilisation under NHM is to operationalise an effective and accountable financial management system for budgeting, monitoring and utilisation of funds at central, state, district and block level. The detail of the budget utilisation is given in **table(xx)** as per the Financial Management Report (FMR) below in the Annexure-I.

As per the figure illustrated below depicts the percentage share of utilization FMR wise it can be seen that the total amount of budget that was released in the last financial year stands at 1803.74 lakhs of which the expenditure incurred was 1368.3 lakhs amounting to be an approximate of 76 percent of the budget utilization (Refer Annexure-I).

The maximum number of utilizations has been incurred in the case of FMR-7 i.e., the Referral Transport (112 percent) and in FMR-13 Quality with an approximate of 103 percent respectively. The amount of budget released in the said indicators stands at 29.22 lakhs and 28.96 lakhs of which the expenditure incurred was 32.73 lakhs and 29.75 lakhs. Followed by Infrastructure (99.2 percent), Programme Management (94.7 percent), Human Resources (80.3 percent), and Community Interventions (76.9 percent)

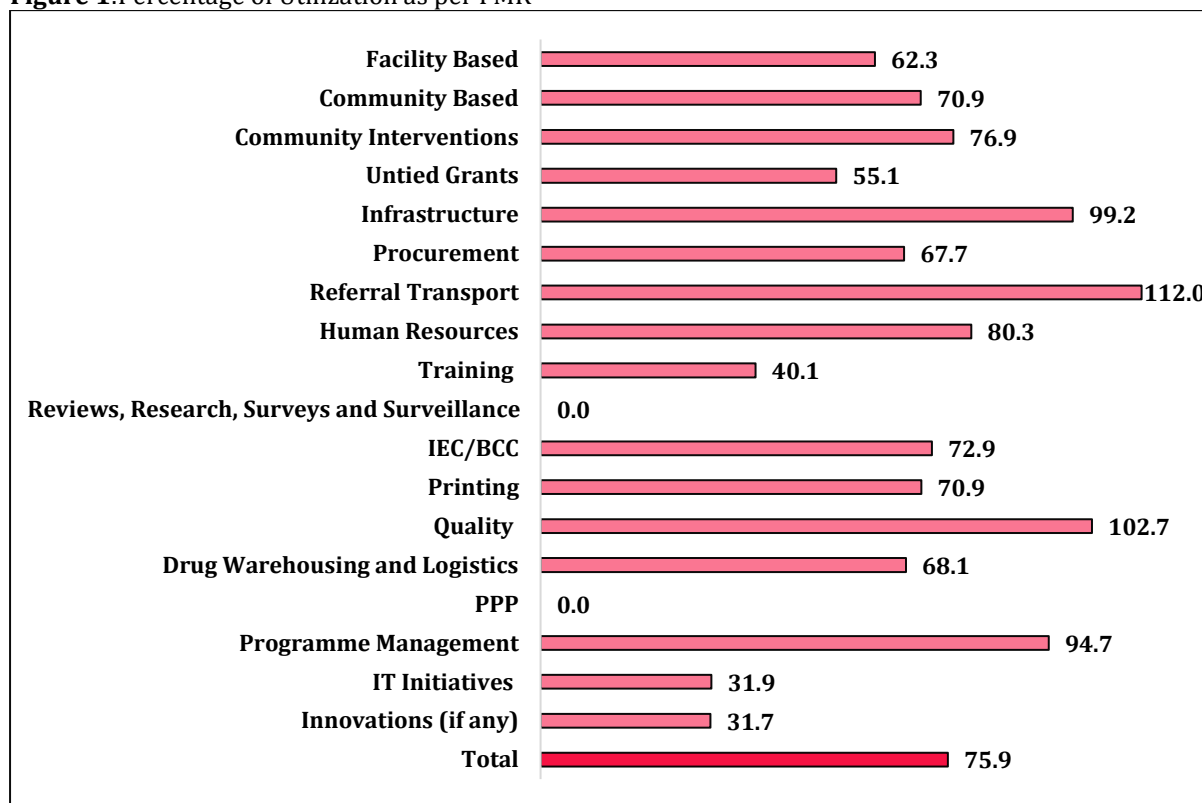
However, the least share of budget utilization with less than 60percent of utilization rate is observed in the indicators of Untied Grants (55.1 percent), Training (40.1 percent), IT initiatives for strengthening service delivery (31.9 percent), and Innovations (31.7 percent).

Moreover, no fund has been allocated for FMR-10 that indicates the Reviews, Research, Surveys and Surveillance and no amount of expenditure has been incurred in FMR-15 which is PPP as against 7.06 lakhs.





Figure 1:Percentage of Utilization as per FMR





CHAPTER-3: PUBLIC HEALTH PLANNING AND IMPLEMENTATION

This section captures the details with regards to Public Health Planning which includes the in-depth details of public healthcare infrastructure, human resources for the public health and capacity building of the HR in terms of training status.

3.1 Health Infrastructure and Facilities

Dhalai district of Tripura has made an overall progress in improving the health status of its people. The district has made significant progress in building reliable health infrastructure at various levels and across different tiers. Basic tertiary health care services are being provided by the public sector.

The table-6 below summarizes the health-care delivery system of the district and its operational status. The district has one district hospital functioning in the district, and it's the only facility conducting more than 50 deliveries per month including C-section. In addition to this, the district has three Sub-Divisional Hospital functioning at the district. Furthermore, there are two Community Health Centres in the district of which only one CHC is performing deliveries and the entire load has been diverted to District Hospital.

A total of 16 Primary Health Centres are operational and furnish general services like: OPD, immunization, ANC check-up and family planning services at the designated centres. However, out of the 16 centres, four of the PHCs render the delivery service facility available at the PHC. On the other hand, there are 121 Sub centres functioning in the district. For sick and low birth weight babies, SNCU is available in the district which is functional at the District Hospital. In addition to this, there is one NRC and DEIC functional in the district.

There are two Blood bank and Blood storage units available at the District Hospital and Community Health Centre. For screening and testing of sputum regarding the tuberculosis, district has 01 designated Microscopy Centres and one tuberculosis unit established in the district of which all are functional. Further, only one CBNAAT and TruNat sites is available for collection of sputum for testing.

Moreover, the district has 6 NCDs Clinics functional at the District Hospital, Sub-Divisional Hospital, and Community Health Centre. In district Dhalai, two ultrasound facilities are made accessible by the community when needed at the public health institutions. Out of the total facilities in the district, 2 of the facilities has been registered under the PCPNDT act. Only one facility is providing Comprehensive Abortion Care service in the facility at the District Hospital respectively.



**Table 6:**Details of Health Facilities Available,2021-22

Facility Details	Sanctioned/ Planned	Operational
1.District Hospitals	01	01
No. of DH conducting > 50 deliveries /month	01	01
No. of DH conducting C-section	01	01
3.Community Health Centers (CHC)	02	02
No. of CHCs conducting > 20 deliveries /month	02	01
4. Primary Health Centers (PHC)	16	16
No. of 24X7 PHCs conducting > 10 deliveries /month	16	04
5. Sub Centers (SC)	121	121
No. of SCs conducting >3 deliveries/month	121	00
6. Urban Primary Health Centers (U-PHC)	01	00
7. Urban Community Health Centers (U-CHC)	00	00
8. Special Newborn Care Units (SNCU)	01	01
9. Nutritional Rehabilitation Centers (NRC)	01	01
10. District Early intervention Center (DEIC)	01	01
11. First Referral Units (FRU)	02	02
12. Blood Bank	02	02
13. Blood Storage Unit (BSU)	02	02
14. No. of PHC converted to HWC	16	10
15. No. of U-PHC converted to HWC	01	01
16. Number of Sub Centre converted to HWC	121	98
17. Designated Microscopy Center (DMC)	01	01
18. Tuberculosis Units (TUs)	01	01
19. CBNAAT/TruNat Sites	01	01
20. Drug Resistant TB Centres	01	01
21.Functional Non-Communicable Diseases (NCD) Clinic at DH	01	01
22. Functional NCD Clinic at SDH	03	03
22. Functional NCD Clinic at CHCs	02	02
23. Number of institutes with ultrasound facilities (Public)	02	02
24. Of these, how many are registered under PCPNDT act	02	02
25.Institutions providing CAC Services	21	01

Source: District Checklist, Dhalai(2021-22)

3.2 Human Resources for Health

For ensuring smooth service delivery NHM has made provisions for a basic minimum Human Resource (HR) requirement along with health infrastructure. However, HR requirements should ideally depend upon the patient load and catchment population.

The human resource profile of the Dhalai district in Tripura is presented herewith. A total of 96 MOs have been in-place in the district followed by 05 Dental MOs and 3 OB&GY. With regards to ANMs a total of 69 workers are present in the district. With 188 staff nurses,25 Lab Technicians, and 19 Allopathic Pharmacists have been placed in the district presently.



**Table 7:** Availability of human resource, 2021-22

Staff details at public facility (Regular+ NHM+ other sources)	In-place
MO (MBBS)	96
Dentists/ Dental Surgeon/ Dental MO	05
OBGY	03
Pediatrician	03
Anesthetist	02
Surgeon	01
Other Specialists	07
ANM	69
MPW (Male)	141
Staff Nurse	188
Lab technician	25
Pharmacist (Allopathic)	19
Radiologists	01
Dental technician	00
Dental Hygienist	00
Radiographer/ X-ray technician	07
CSSD Technician	-
OT technician	01
CHO/ MLHP	119
AYUSH MO	10
AYUSH Pharmacist	08

Source: District Checklist, Dhalai(2021-22)

The table-7 above shares a glimpse about the availability of human resource as per the last financial year 2021-22. The biggest challenge the district faces with regards to human resource is more specifically was reported for Paediatrician, Gynaecologist, Anaesthetist, and Radiologist which therefore, hampers the overall services.

The district has only one ESAS trained doctor which has been posted in the FRU i.e., the district hospital. However, there is one EmOC trained doctor but the posting is yet to be done as shown below in table-8.

Table 8: Performance of ESAS and EmOC trained doctor

Performance of EmOC/LSAS trained doctor	Trained	Posted in FRU	Performing C-section
ESAS trained doctor	01	01	01
EmOC trained doctor	01	-	-

Source: District Checklist, Dhalai(2021-22)

3.2.1 Community Process

Accredited Social Health Workers or ASHA workers, are the frontline rural health workers where they play a predominant role in bridging the gap between community members and public health-care institutions.

The district Dhalai has a total of 1080 ASHAs working in the district. Social benefit schemes were implemented on October, 2018 for ASHAs and ASHA facilitators meeting the eligibility criteria to be covered under the Pradhan Mantri Jeevan Jyoti Bima Yojana





(Accident Insurance), the age criteria is 18-50 years and annual premium of average Rs. 330 will be paid by the government. The number of ASHAs enrolled under this scheme are 410 workers and 74 ASHA facilitators. Whereas, a total of 663 ASHAs and 74 ASHA facilitators have been enrolled for Pradhan Mantri Suraksha Bima Yojana.

Furthermore, a total of 356 ASHA workers and 27 ASHA facilitators have been enrolled for Pradhan Mantri Shram Yogi Maandhan Yojana. With regards to the status of Village Health Sanitation and Nutrition Committee (VHSNC) 151 committees have been formed and have been trained for the same.

Table 9:Status of social benefit scheme for ASHAs and ASHA Facilitators, 2021-22

Indicators	
1	Status of ASHAs
1.1	Required as per population- 1080
1.2	Selected ASHAs- 1080
2	Status of social benefit scheme for ASHAs and ASHA Facilitators
2.1	No. of ASHAs enrolled for Pradhan Mantri Jeevan Jyoti Bima Yojana- 410
2.2	No. of ASHA Facilitator enrolled for Pradhan Mantri Jeevan Jyoti Bima Yojana- 74
2.3	No. of ASHAs enrolled for Pradhan Mantri Suraksha Bima Yojana- 663
2.4	No. of ASHA facilitator enrolled for Pradhan Mantri Suraksha Bima Yojana- 74
2.5	No. of ASHAs enrolled for Pradhan Mantri Shram Yogi Maandhan Yojana- 356
2.6	ASHA facilitator enrolled for Pradhan Mantri Shram Yogi Maandhan Yojana- 27
3	Status of Village Health Sanitation and Nutrition Committee (VHSNC)
3.1	Formed- 151
3.2	Trained- 151
3.3	MAS account opened- Yes

Source: District Checklist, Dhalai(2021-22)

3.3 Referral Transport

Health infrastructure also includes transport facilities at the district for the safe and timely movements of the patients. A total of 29 ambulances are Basic Life Support (BLS) that have been stationed at District Hospital, Sub-Divisional Hospital, Community Health Centre and Primary Health Centres. In the last financial year 2021-22,3 ambulances were purchased in the district.

Table 10:Details of Referral Transport,Dhalai district

Stationed at:	BLS	Others
District Hospital (DH)	03	01
Sub-Divisional Hospital (SDH)	08	01
Community Health Centre (CHC)	02	-
Primary Health Centre (PHC)	16	-

Source: District Checklist, Dhalai(2021-22)

The number of cases were much higher in the last financial year (2021-22) with 3161 cases and in the year 2020-21 the cases were reported to be 2276. Similar is the case of Pregnant women were higher as compared to 2020-21 with 3076 PW as against 2169 PW.





Table 11:Details of Referral Transport-Performance Indicators

Year	Ambulances Purchased	Total Cases	Pregnant Women	Referral from one health facility to another
2020-21	00	2276	2169	699
2021-22	03	3161	3076	1065

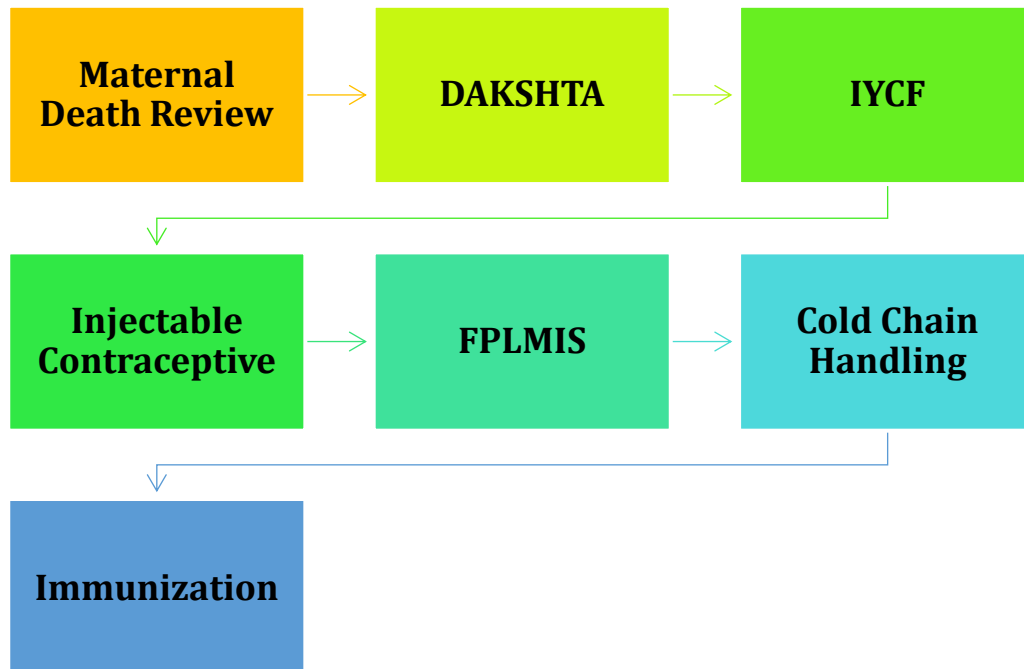
Source: District Checklist, Dhalai(2021-22)

3.4 Capacity Building-Training Status

The figure-3 below provides a brief snapshot of trainings received in the last financial year i.e., 2020-21 as per the ROP approval. Trainings were given on various fronts such as Maternal Death Review, DAKSHATA, IYCF, FPLMIS, Cold chain handling etc.

For training with regards to maternal death review one batch has been organized for this theme. The said training was given to 22 Medical Officers and 22 HMIS Assistant. Whereas, 25 Staff nurses were trained for DAKSHTA. In addition to this, 25 ANMs/LHVs were given training for IMNCIA. A four day training was conducted for IYCF for Medical Officers, Staff Nurses, and ANMs. Medical officers were also trained for Injectable Contraceptive. Whereas, 22 Pharmacists were coached for FPLMIS and 22 Cold chain handlers were trained at the district. A two-day immunization training was conducted for ANMs, MPW(Males), LHV, Health Assistant and other staff were also a part of this.

Figure 2:List of training as per ROP, Dhalai





CHAPTER-4: NATIONAL HEALTH MISSION PROGRAMMES

4.1 Reproductive, Maternal, Neonatal, Child, and Adolescent Health Services

Maternal Health remains the cornerstone for every public policy. The well-being of mothers is important not only itself but also helps in breaking down the inter-generational poverty circle. The public policy being a combination of the rights-based approach and life cycle approach ensures that the well-being of the child starts at age zero along with the mother's health. These programmes range from direct cash transfers to indirect transfer programmes and universal health coverage. The RMNCH+A component aims to reduce the maternal mortality and morbidity, and make motherhood a healthy and safe phase for all women.

With regards to the Janani Suraksha Yojana payment status the implementation status in the Dhalai district fairs well. A total of 2415 beneficiaries were reported in the last financial year and no backlog has been cited for the same.

There are 7 delivery points in the district that have implemented the Janani Shishu Suraksha Karyakram (JSSK) and is availed by the beneficiaries without any charge. Diet is also made available in these facilities at the district. Whereas, 16 facilities where lab is functional for basic tests for Pregnant Women (1-DH,1 SDH,3-CHC, and 10-PHC). The PMSMA activities are conducted at the DH, SDH, CHC, and PHC facilities on every 9th of every month where the HRP's are being identified. The district has cited that 5450 MCP cards and Birth Preparedness Plans have been issued in the 22 facilities **(1-DH,3-SDH,2-CHC, and 16-PHCs)**.

The district has SNCU with a capacity of 12 number of beds available with 10 in-radiant warmers and availability of KMC unit. A total of 139 inborn and 192 out-born admissions are reported in 2021-22 in the said district. Of which 26 in-borns have died last year in the SNCU.

Presently, there are 1088 ASHAs in the district and have conducted a total of 5420 HBNC visits. Out of 1088 ASHAs, a total of 1066 ASHAs have HBNC kits and the remaining 22 ASHAs were newly recruited resulting to which they haven't been provided with HBNC kits.

In 2021-22, there has been 3 maternal deaths in the Dhalai district of which 2 were reported at DH and 1 in SDH. The district also reports a total 11 Neonatal and 37 child deaths in the last financial year 2021-22 and only review of 10 child deaths have been done.



**Table 12:**Details of RMNCHA+ programmes functional at Dhalai district, 2021-22

Interventions	Indicator Status																												
Janani Suraksha Yojana (JSY)	Total JSY Beneficiaries 2021-22: Public: 2415																												
Janani Shishu Suraksha Yojana (JSSK)	<ul style="list-style-type: none"> Total Delivery Points: 07 No. of facilities where free diet is available for PW: 07 No. of facilities where lab is functional for basic tests for PW: 16 																												
Pradhan Mantri Surakshit Matritva Abhiyan (PMSMA)	<ul style="list-style-type: none"> No. issued MCP card and Safe Motherhood Booklet: 5450 Number of health facilities where current round of PMSMA was conducted: <ol style="list-style-type: none"> DH: 01 SDH: 03 CHC: 02 PHC: 16 																												
Special Newborn Care Units	<ul style="list-style-type: none"> Total number of beds: 12 In-radiant warmer: 10 Kangaroo Mother Care (KMC) unit: Yes Number of non-functional radiant warmer for more than a week: 02 Number of non-functional phototherapy unit for more than a week: 00 <table border="1"> <thead> <tr> <th></th> <th>Inborn</th> <th>Out born</th> </tr> </thead> <tbody> <tr> <td>Admissions</td> <td>139</td> <td>192</td> </tr> <tr> <td>Defects at birth</td> <td>0</td> <td>0</td> </tr> <tr> <td>Referral</td> <td>0</td> <td>0</td> </tr> <tr> <td>Discharged</td> <td>0</td> <td>0</td> </tr> <tr> <td>LAMA</td> <td>0</td> <td>0</td> </tr> <tr> <td>Died</td> <td>26</td> <td>0</td> </tr> </tbody> </table>		Inborn	Out born	Admissions	139	192	Defects at birth	0	0	Referral	0	0	Discharged	0	0	LAMA	0	0	Died	26	0							
	Inborn	Out born																											
Admissions	139	192																											
Defects at birth	0	0																											
Referral	0	0																											
Discharged	0	0																											
LAMA	0	0																											
Died	26	0																											
Newborn Stabilization Unit (NBSU)	<table border="1"> <thead> <tr> <th></th> <th>Inborn</th> <th>Out born</th> </tr> </thead> <tbody> <tr> <td>Admission</td> <td>12</td> <td>0</td> </tr> <tr> <td>Discharged</td> <td>0</td> <td>0</td> </tr> <tr> <td>Referral</td> <td>0</td> <td>0</td> </tr> <tr> <td>LAMA</td> <td>0</td> <td>0</td> </tr> <tr> <td>Died</td> <td>0</td> <td>0</td> </tr> </tbody> </table>		Inborn	Out born	Admission	12	0	Discharged	0	0	Referral	0	0	LAMA	0	0	Died	0	0										
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Discharged	0	0																											
Referral	0	0																											
LAMA	0	0																											
Died	0	0																											
Home Based Newborn Care (HBNC)	<ul style="list-style-type: none"> Total Number of ASHAs: 1088 Total no. of ASHAs with HBNC Kits: 1066 Total New-borns visited under HBNC: 5420 Reasons for Non-provision of HBNC kits: Newly Recruited 																												
Adolescent Health Programmes	<ul style="list-style-type: none"> No. of Blocks covered under Peer Education (PE) programme: 02 No. of villages covered under PE programme: 42 No. of Peer Educators: 446 No. of Adolescent Friendly Health Clinics (AFHCs) meetings held: 15 																												
Rashtriya Bal Swasthya Karyakram (RBSK)	<ul style="list-style-type: none"> Total No. of RBSK teams sanctioned: 06 No. of teams with all HR in-place (full-team): 02 No. of vehicles (on the road) for RBSK team: 06 No. of teams per block: 01 No. of blocks without dedicated teams: 02 Average no. of children screened per day per team: 25 																												
Maternal and Child Deaths	<ul style="list-style-type: none"> Number of maternal deaths 2021-22: <table border="1"> <thead> <tr> <th></th> <th>DH</th> <th>SDH</th> <th>CHC</th> <th>PHC</th> <th>SC</th> <th>Total</th> </tr> </thead> <tbody> <tr> <td>2021-22</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>1.Deaths</td> <td>02</td> <td>01</td> <td>--</td> <td>--</td> <td>--</td> <td>03</td> </tr> <tr> <td>2. MDR</td> <td>02</td> <td>01</td> <td>--</td> <td>--</td> <td>--</td> <td>03</td> </tr> </tbody> </table> Number of Neonatal Deaths: 10 Number of Total Child Deaths: 37 Number of Child Death Review conducted: <ul style="list-style-type: none"> 2020-21: 10 2021-22: 00 		DH	SDH	CHC	PHC	SC	Total	2021-22							1.Deaths	02	01	--	--	--	03	2. MDR	02	01	--	--	--	03
	DH	SDH	CHC	PHC	SC	Total																							
2021-22																													
1.Deaths	02	01	--	--	--	03																							
2. MDR	02	01	--	--	--	03																							

Source: District Checklist, Dhalai(2021-22)





A Nutrition Rehabilitation Center is functional at the District Hospital, Dhalai. Total of 4 staff position are placed to run the center i.e., 1 Dietician and 3 Cook. In the last financial year, 46 admissions took place. Of which 10 were referred by front-line workers, 20 from the RBSK team, and 16 from Paediatric ward. Hence, none were referred or died or were given Leave Against Medical Advice (LAMA). A snap shot of the findings can be seen from the table-13 below:

Table 13: Status of NRC, Dhalai

Nutrition Rehabilitation Centers (NRC)	
NRC Staff Position	04
Total admission	46
Bilateral pitting oedema	--
Mid-Upper Arm Circumference (MUAC) <115 mm	--
<-3SD WFH	--
With Diarrhea, ARI/Pneumonia, TB, HIV, Fever and Nutrition related disorder	--
Referred by Frontline worker	10
Self	--
Refer from VCDC / CTC	--
RBSK	20
Pediatric ward / emergency	16
Discharged	15
Referral / Medical transfer	0
Died	0
LAMA	0

Source: District Checklist, Dhalai (2021-22)

4.2 Communicable Disease Programme

The communicable disease programme is there to tackle the spread of highly communicable diseases and keep in check the public health needs. This programme also very stressed upon in District Health Society and preventive measures are taken to tackle the spread of seasonal communicable diseases such as Dengue and Malaria

There are various programmes that are operational in the district such as NVBDCP, NTEP, IDSP, and NLEP. Under **National Vector Borne Disease Control Programme (NVBDCP)** there is an availability of micro and macro plan at the district level. There has been a fluctuating figures with regards to the Annual Blood Examination Rate with 1,66,853 in 2019-20, (1,07,601) in 2020-21, and (1,70,971) in 2021-22 respectively. A total of 27410 LLIN have been distributed by the district and it was cited that these nets are not of good quality and one net is being distributed per family. Weekly epidemiological and entomological situations are being monitored and a total of 4 rounds of MDR were cited.

The status implementation of **National Tuberculosis Elimination Programme (NTEP)**, the target notification for TB has been and none of the TB patients have been tested for HIV. Whereas, the total Eligible TB patients with UDST testing stands at 95 percent





respectively. The drugs are very much available for both drug resistant and drug sensitive patients.

Around 157 patients have been notified for TB under the public sector and the treatment success rate of the patients stand at 94.12% percent. Only 2 patients are of MDR of which one patient is seeking treatment for the same.

Table 14:Status Implementation of Communicable Disease, Dhalai

1. National Vector Borne Disease Control Programme (NVBDCP)

- Micro plan and macro plan available at district level: **Yes, it is available**
- Annual Blood Examination Rate:
 - 2019-20: **166853**
 - 2020-21: **107601**
 - 2021-22: **170971**
- Total LLIN distributed: **27410**
- Weekly epidemiological and entomological situations are monitored: **Yes**
- No. of MDR rounds observed: **04**

2. National Tuberculosis Elimination Programme (NTEP)

- Target TB notification achieved: **Yes**
- Whether HIV Status of all TB patient is known: **Yes**
If No, no. of TB patients with known HIV status: **00**
- Eligible TB patients with UDST testing: **95%**
- Whether drugs for both drug sensitive and drug resistance TB available: **Yes**

- Patients notification from public sector
 - No of patients notified: **157**
 - Treatment success rate: **94.12%**
 - No. of MDR TB Patients: **02**
 - Treatment initiation among MDR TB patients: **02**

3. Implementation of National Leprosy Eradication Programme (NLEP)

No. of new cases detected: **08**
 No. of G2D cases: **03**
 MDT available without interruption: **Yes**
 Reconstructive surgery for G2D cases being conducted: **Yes**
 MCR footwear & selfcare kit available: **Yes**

4. Integrated Disease Surveillance Programme (IDSP)

- Rapid Response Team (RRT) Constituted: **Yes**
- Team Composition: **06**
- Outbreaks investigated:
 - 2020-21: **00**
 - 2021-22: **00**

Source: District Checklist, Dhalai(2021-22)

Whereas, under **National Leprosy Eradication Programme (NLEP)**, eight cases were detected, and three cases of Grade 2 Disabilities (G2D) cases were detected. The supply of Multi Drug therapy (MDT) was available without interruption throughout, reconstructive surgery for G2D cases being conducted and MCR footwear and self-care kit were available under the programme.





A total of 6 Rapid response teams have been constituted under the **Integrated Disease Surveillance Programme (IDSP)** and team has been formed as per the norms. With regards, to the data utilization of IDSP the data is so collected and reported in the IHIP portal through the respective S, P, and L form. The data is being analysed timely at the DSU level and thereby reported to the SSU level.

4.3 Non-Communicable Diseases

Various special initiatives have been implemented at the district with regards to Non-Communicable diseases. Patients who show signs of these diseases are diagnosed for it. The following NCD programmes under NHM were reported to be functional in the district as shown below in table-15. Several activities have been organized at the district level in the last financial year 2021-22 such as workshops were conducted at schools and colleges under the National Mental Health Programme. Whereas, besides awareness campaigns established at the schools and colleges for National Tobacco Control Programme (NTCP) district level training was also conducted. Similar activities were performed for National Oral Health Programme (NOHP).

Table 15: Non-Communicable Diseases Programme Implementation status in Dhalai, 2021

Non-Communicable Diseases Programme	Status of Implementation	Key activities performed as per RoP 2021-22
<ol style="list-style-type: none"> 1. National Programme for prevention & Control of Cancer, Diabetes, Cardiovascular Diseases & stroke (NPCDCS) 2. National Programme for Control of Blindness & Visual Impairment (NPCBVI) 3. National Mental Health Programme (NMHP) 4. National Programme for healthcare of Elderly (NPHCE) 5. National Programme for the Prevention & Control of Deafness (NPPCD) 6. National Tobacco Control Programme (NTCP) 7. National Oral Health Programme (NOHP) 8. National Programme for Palliative care (NPPC) 9. National Iron Deficiency Disorders Control Programme 	<p>Implemented at the district</p>	<p>District Workshops conducted at schools and colleges</p> <p>School and College Level Awareness and district level training</p> <p>Awareness and health programmes conducted at the district level</p> <p>MSSSKA(1,2,and 3) and AMB programme</p>

Source: District Checklist,Dhalai(2021-22)





Over the years, the emergence of Universal Health Coverage has arisen as a key objective for assuring accessible, affordable, and quality health care services. One such target is being achieved through the recently launched programme that is the Ayushman Bharat-Health and Wellness Centres (HWCs). The prime aim of HWCs is to provide all the health care services under one umbrella by covering majority of the population. The Ministry of Health and Family Welfare (MoHFW) has rolled-out the programme with a view to furnish wide and expanded range of services through **Comprehensive Primary Health Care (CPHC)** and cater the needs specifically at the peripheral level.

With the help of Ayushman Bharat-Health and Wellness Centres, it would play a key role in reducing the burden of Non-Communicable Diseases (NCDs) and would tackle the burden of the disease through primordial and primary prevention.

Till now, 12,450 CBAC forms have been completed but some are still pending as majority of the CHOs have not been deployed in the HWCs and leading to the delay for the completion of the CBAC forms.

All 121 SC-HWCs have been upgraded to HWCs and have started their NCD screening followed by 16 PHC-HWCs. Out of the planned individuals who are screened through CBAC forms most of the cases were observed for hypertension and diabetes. A total of 121 HWCs are providing tele-consultation services and wellness activities are being performed such as yoga etc.

Table 16: Status Implementation of CPHC

Indicator	
1. Number of CBAC forms filled	12450
2. Number of HWCs started NCD screening	
2.1 SHC- HWC	121
2.2 PHC- HWC	16
2.3 UPHC – HWC	--
3. Number of HWCs providing Tele-consultation services	121
4. Number of HWCs organizing wellness activities	121

Source: District Checklist, Dhalai(2021-22)

4.4 Other National Programmes

4.4.1 Quality Assurance Programmes

Mere health care service provisioning is not enough unless the quality of these services is kept in check at all times. This ensures smooth functioning and well-being of patients. Quality control is an important aspect of NHM and the Kayakalp award has been instituted to ensure this. The quality of health care services is pertinent as it builds up goodwill among patients and encourages healthy behaviour.

The Quality assurance programme of the Public Health System is two pronged: 'Infection Control' and 'Health Care Waste Management. The district Dhalai, is rigorously working on the implementation of quality assurance programmes such as Kayakalp and LaQshya.



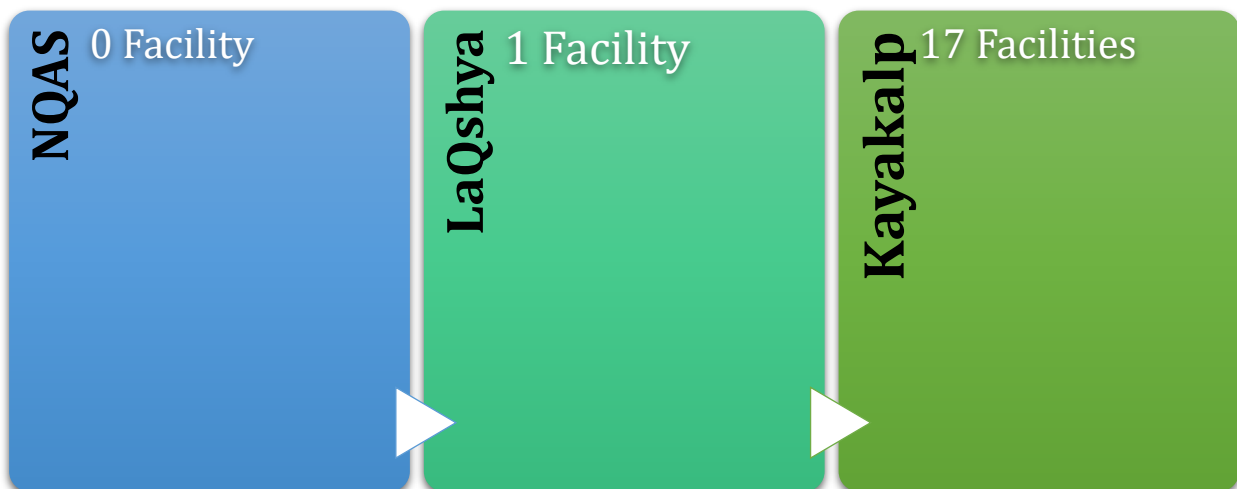


As per the last financial year (2021-22), the certification status of NQAS is under-process and one facility is LaQshya certified in the district. However, with regards to Kayakalp programme, a total of 17 facilities have been awarded with Kayakalp award i.e., 1 DH,1-CHC,4 PHCs and 11 SC's have bagged the Kayakalp award.

Various activities have been performed by the District Level Quality Assurance Committee (DQAC) such as:

- Dissemination of QA Policy and guidelines
- Ensuring standards for Quality of Care
- Reviews,report,and process compensation claims for onward submission to the SQAC under the National Family Planning Indemnity Scheme for cass of deaths,complications,and failures following male and female sterilization procedures
- Capacity Building of facility for QA team
- Monitoring QA efforts in the district
- Periodic review of the progress of QA activities
- Supporting Quality improvement process
- Coordination and timely reporting with the state for improvement

Figure 3:Status of Quality Assurance Programmes,Dhalai





CHAPTER-5: PUBLIC HEALTH FACILITY ASSESSMENT

5.1 Dhalai District Hospital

The District Hospital is situated in the main city area and is easily accessible by everyone. The district hospital is functioning in a government building and is a 150 bedded facility and 4 ICU beds available. The hospital is rendering all the basic services to its beneficiaries with the objective of preventing and curing diseases and promoting health care services especially for women.

Figure 4:Dhalai,District Hospital



The following observations were made of the health facility as:

- The overall infrastructure of the district hospital is well kept and maintained by both administration and clinical staff. The main motive of them is to render and promote public health facilities as much as they can.
- The building had proper board depicting the centre name in the local language which was easy to read on the building so that the public of the district can access the facility. Interestingly, safety, hazard, and caution signs were also displayed prominently at relevant places in the hospital.
- The services available at the DH are OPD, family Planning services, lab tests, emergency treatment, paediatric, OPD, labour room, minor operation, SNCU, mental health, dialysis unit, blood bank, etc. availability of DEIC and NRC is also at the facility.
- The average OPD load per month at the facility was reported to be more than 100 cases per day and the average delivery load stands to be 100 deliveries per month. Less number of, C-sections are being performed conducted at the facility i.e., 10-12 C-section deliveries per month. During the high delivery load, it becomes





difficult to handle with one gynaecologist. Therefore, there is a dire need of a gynaecologist at the facility.

- Presently, the facility is armed with 2 MOs, 2 Medicine specialist, 1 Ob& Gy, 1 Paedtrician, 1 Anesthetist, 2 surgeons, 1 Ophthalmologist, 2 Orthopedicians, 1 radiologist, 1 pathologist, 2 dentists, 47 Staff nurses, 4 Lab Technicians, 2 Pharmacists, 1 hospital manager, and 2 EmOC trained doctor.
- Operation theatre is available at the facility with providing all the facilities such as Single general OT, Elective OT Major for both general and Ortho, ENT etc. Emergency OT is under process.
- There is availability of sharp pits and deep burial pit for bio-medical waste management. Besides, proper color coded bins are also placed at the facility for waste disposal.
- Last year (2021-22), the facility had scored 83 percent in Kayakalp and secured the highest score in the district. Whereas, the internal assessment took place for NQAS and scored 70 percent. The certification status is in process. Furthermore, for LaQshya the labour room score is 88 percent and for OT is 90 percent respectively.
- On every 9th of every month, PMSMA is being organized and during the ANC check-up identification is being done for Low HB, High blood pressure of the women. Proper line listing of HRP is also being done.
- The facility has a record for entering the births and deaths and in the last 2 financial year three and two maternal deaths have been reported. A total of 8 child deaths have been reported in the year 2020-21 and 6 deaths have occurred in 2021-22.
- The total number of new-borns who were immunized with birth dose at the facility in the last 3 months were reported to be 263 respectively.
- The maximum number of cases for NCD was observed in hypertension with 638 cases followed by 316 for diabetes and 2 each cases for oral, breast, and cervical cancer respectively.
- With regards to family planning, temporary methods are widely accepted amongst the members and less preference is for permanent methods such as male sterilization.
- Record maintenance at the facility was efficient and all registers pertaining to OPD, IPD etc were well maintained and updated.





5.2 Community Health Centre, Manughat

The facility CHC, Manughat caters to an approximate population of 25,000 with an average OPD of 55-60 cases per day and delivery load with 30-35 deliveries per month.

Figure 5:CHC,Manughat



Following are the key observations that were captured during the visit:

- The total number of beds available at the facility are 30 which is as per the IPHS norms
- Handful of specialized services are being delivered such as O&G, Dental, Medicine, X-ray, and NBSU. Apart from the routinely activities that are being availed. These specialists are not available round

the clock.

- There is unavailability of Tele-medicine service, Operation theatre, and blood storage unit.
- With regards to bio-medical waste practices, there is availability of sharp and deep burial pit.
- The facility is armed with 3 MOs(MBBS), 1 dentist, 7 SNs, 2 LTs, and 2 pharmacists
- The facility has been awarded with Kayakalp twice and last year the facility scored with 81.3 percent respectively. Whereas, the score of NQAS stands at 61 percent.
- A total of 333 drugs were available at the day of the visit and it has been implemented through SCMS mode. However, 5 priority drugs were listed as shortage for more than a month such as PCM, Amoxicillin, ceftriaxone, telmisartan, salbutamol. Furthermore, twice there has been shortage of essential consumables at the facility.
- The number of deliveries performed at the facility were 42 with no lag in the JSY payment status.
- No maternal deaths have occurred in the last 2 years. However, 1 and 3 deaths took place in the year 2020-21 and 2021-22
- In the last 3 months, 86 new-borns were immunized with birth dose at the facility and all the new-borns were breast fed within one-hour of birth.
- With regards to family planning methods, members rely on temporary methods and are constantly being counselled by ASHA workers, MPWs etc
- All days NCD screening is being done with maximum number of cases of hypertension with 422 cases, 131 with diabetes, and 1 case of oral cancer





- The facility is equipped with 2 ambulances of its own and one 102 ambulance stationed.
- The main challenges that were reported and observed are as follows:
 1. There is shortage of MOs and frequent transfers as well as deputation is being done.
 2. Only 7 staff nurses are present since the establishment. Hence, no new staff nurse has been placed at the centre
 3. There are theft cases taking place at the centre. There is a requirement of proper security at the facility
 4. Due to unavailability of specialists at the centre, services have not been commenced
 5. There is immense iron content in the water which was observed in the entire district. Therefore, removal of iron content should be done at immediate basis.

5.3 Community Health Centre, Chawmanu

CHC Chawmanu is located almost 55 kilometres from District Hospital, Dhalai. The facility is running in a government building and caters to a population of 17,968 with 54 ASHAs, 2 PHC, 6 SC's, 93 AWCs, and 53 Schools.

Figure 6: CHC, Chawmanu



- The total number of beds available at the facility are 30 which is as per the IPHS norms. The services available at the facility are OPD, IPD, Labour services, JSSK, RNTCP, Routine immunization, COVID Vaccine etc.
- There is unavailability of tele-consultation and blood storage unit as well. Operation theatre is available only for minor operations.
- Sharp pits and deep burial pits are under construction for bio-medical waste management. Hence all the waste is being sent to the Dhalai district hospital.
- Currently, the facility is armed with 4 MOs, 4 Medicine specialist, 6 SNs, 2 lab technicians, and 1 pharmacist. There is no availability of facility manager and trained EMOC and LSAS doctor.
- There were 64 drugs available at the facility and the implementation of SCMS has been implemented. Shortage of PCM and Amoxycilin has been reported for more than 30 days.





- There is availability of diagnostic service at the facility and a total of 12 tests are being performed in the facility itself. X-ray service is available which is digital. Hence, due to renovation the equipment is kept idle.
- The number of deliveries performed in the facility stands at 28 deliveries and there is no payment delay for JSY. Moreover, provision of JSSK is also being implemented at the facility.
- During the PMSMA day, the most common reasons for high risk pregnancies have been identified such as women are anemic, cases for teenage pregnancy, and twin pregnancy as well.
- The facility has a designated microscopy centre and in the last 6 months the average samples that were tested for TB stands at 12 percent. Proper anti-TB drugs are available at the facility and hence, the patients are availing the service for the same.
- Majority of the challenges that were highlighted is the interaction amongst the community members due to language barriers. Due to which the services are not being delivered as it should be done.
- Furthermore, there is shortage of water and the quality of water is not good and many cases of diarrhoea are rising in the area.

5.4 Primary Health Centre, Ambassa

The PHC-HWC, Ambassa caters to the population of 61,000 with an average OPD of 60 per day and is situated in a close proximity near to DH Dhalai.

Figure 7:PHC-Ambassa





The main highlights of the facility have been captured as below:

- The number of SC's covered under the PHC is the maximum in the entire district with 21 SCs. The facility is 10 bedded facility and provides all the services such as OPD, NCD Screening, Family Planning, Routine Immunization and so on.
- The facility has 24*7 running water facility, ramps for disable people, toilet availability, drinking water facility, proper branding, OPD waiting area, ASHA restroom, and drug storeroom with racks.
- With the regards to bio-medical waste management, there is availability of sharp and deep burial pit along with color coded bins as observed at the facility.
- Telemedicine consultation is also available and the average OPD is 1-2 cases per day.
- Presently, there are 5 MOs,1 MO AYUSH (Contractual),8 Staff Nurses,19 ANMs, 2 Lab Technicians,2 Pharmacists,and 1 Contractual sweeper.
- A total of 105 drugs are available at the facility and the shortage of drug from the EDL is PCM for the past 30 days.
- Availability of diagnostic services were provided to each beneficiary and a total of 12 tests are performed in the facility and is free for all.
- A total of 45 normal deliveries have been performed in the last 3 months with all the new-borns been immunized with birth dose at the facility.
- No maternal deaths were cited at the facility for the past 2 years. However, 2 child deaths have been reported in the year 2020-21 and 1 child death took place at the year 2021-22.
- In terms of family planning, temporary methods are being preferred among the community members such as OCP,MALA-N,Condoms etc. ANTARA is also widely accepted by the members of the area.
- As such no NCD day has been fixed at the facility and is carried on all 6 days. Therefore, the highest number of cases were observed for Hypertension with 67 cases and 29 cases for diabetes.
- As the facility is a health and wellness centre, yoga sessions are being performed and more than 3 sessions are being conducted per month. A yoga instructor has been appointed for the same
- LLIN nets are also being distributed through the ASHA workers and 1 net is being distributed per family.
- In the last 12 months,1 leprosy has been detected and had Grade-II deformity.
- The main challenge at the facility that has been reported are as below:
 1. There is a dire need of ASHA workers as the population is extremely high and the burden is more on the existing workers. Due to which the overall delivery of service hampers.
 2. Connectivity is the major issue in some pockets of the area as a consequence during rainy season it becomes a hassle.





3. Traditional healers play a significant role in the area and majority of the population prefer to get their treatment done from them.

5.5 Primary Health Centre, Salema

The PHC-HWC is located in the prime location and is easily accessible amongst the community members and is equidistant of about 15 kms to the next referral point i.e., Dhalai District Hospital.

Figure 8: PHC, Salema



Following are the observations made during the visit are highlighted below:

- The catchment population that the facility caters to is 24,866 and covers 8 SCs with 60 ASHA workers. The average OPD load at the facility is 40 patients per day are being registered. Last month, 14 deliveries took place at the facility.
- The facility has 24*7 running water facility, ramps for geriatric and disability friendly, functional toilets, water facility, OPD waiting area, drug storeroom, branding, and power backup.
- The total number of functional beds available at the facility are 10 which is more than the IPHS norms. All the services are available such as OPD, immunization, COVID-19 vaccination, family

planning services etc.

- With the regards to bio-medical waste management, there is availability of sharp pit as well.
- Presently, the facility is armed with 2 MOs, 7 Staff nurses, 1 Lab Technician, and 1 Pharmacist.
- Last year, internal assessment took place for Kayakalp at the facility and had scored 85.8 percent. Whereas, for NQAS the score stood at 76 percent respectively.
- The total number of drugs available in the EDL are 79 and all the drugs were available at the day of the visit. However, it has been reported shortage of 3 priority drugs last month i.e., Inj. Hydrocortisone, Inj. Adrenaline Liguocaine, and Inj. Ceftriaxone. However, there is shortage of Tab Telmisartan is cited for hypertension and diabetes.
- There are ample amount of testing kits and sufficient supply of essential consumables at the facility.
- A total of 8 deliveries have been performed in the last 3 months and all the newborns have been immunized with birth dose at the facility in the said time period.





- There is no separate day fixed for NCD screening and hence, the screening is taking place in the regular OPD. The maximum number of cases highlighted with regards to NCDs is Hypertension with 170 cases and a smaller figure stands with respect to diabetes i.e., 58 cases.
- There is preference for temporary methods amongst the community members for adopting family planning methods such as OCPs, and Condoms. The counselling is being done by health personnel at the facility.
- The overall challenge that has been reported at the facility has been highlighted below as:
 1. Less number of deliveries are being performed at the facility. This is because of community members are unaware and prefer that women get the delivery performed at their home.
 2. The acceptance of PPIUCD is very bleak resulting to which the target can't be achieved.
 3. Acceptance of quacks is very prevalent amongst the community members and prefer get their treatment done from them. Due to which the situation gets serious.
 4. Excessive consumption of Paan and tobacco is being done by the members of the area. Hence, the cases of dental care is immense and there is an urgent requirement of a dentist at the facility.

5.6 Sub-Centre, West Nalichara

The Sub-Centre West Nalichara has been given the status of Health and Wellness Centres. The centre caters to the population of 1677 which is majorly tribal population and the average OPD load is 150 patients per month.

Figure 9:SC-HWC,West Nalichara



Following are the key highlights of the facility visited:

- The facility is armed with 1 Female MPW, 1 CHO, 6 ASHAs, and no ANM.
- The services made available at the facility are basic testing, OPD, Family Planning, ANC check-ups, Immunizations, COVID-19 Vaccination etc. The facility has all the basic facilities as to render





services such as water supply, drinking water, toilet, waiting area, drug storeroom etc.

- With regards to bio-medical waste management the facility has adopted the color-coded bins and provision of sharp pits and deep burial pits are available.
- Proper list of EDL, has been displayed at the facility with all the medicines being dispensed according to the treatment and requirement. No anti-TB drugs are available at the facility and it was reported that there is shortage of PCM tablet from the last 30 days. Furthermore, drugs with regards to diabetes and hypertension, medicines are made available sufficiently.
- There is sufficient supply of testing kits and availability of instruments such as thermometer, glucometer, and BP instrument. In addition to this, vaccines and hub-cutter were also available at the day of the visit.
- Line listing of pregnant women is being carried and high-risk pregnancies are identified timely with sufficient amount of MCP cards being issued. Proper follow-up is being done for SNCU discharge basis and LBW babies.
- One maternal death and 2 child deaths have been reported at the facility.
- A total of 547 members fall in the above 30 years of age in the HWC population. In the last 6 months, 15 CBAC forms have been filled with 13 individuals with score below 4 and only 2 individuals with score and above.
- The number of cases of NCDs in the last 6 months have been observed for Hypertension with 7 confirmed cases, 1 case for diabetes, and 1 case of oral cancer and breast cancer.
- Majority of the population who are highly dependent on Quacks for getting the treatment done. At times it becomes extremely difficult for them to make them understand as they rely on remedies given by quacks.
- The main challenge for the workers at the facility was cited that population of the area are not cooperative. Hence, it becomes difficult for them to make them apprehend and generate awareness with regards to vaccination and immunization. Due to which their overall target hampers and are unable to achieve it.





CHAPTER-6: PERCEPTIONS OF COMMUNITY MEMBERS

6.1 Background

A “Focused Group Discussion” was conducted to know the overall community perception regarding the accessibility of health facilities available in their district and their lifestyle choices with ASHA workers, ANMs, and local community members. Questions related to knowledge training and incentive were asked from ASHAs and AWWs.

The main purpose of interacting with the community was to get valuable insights from the members and to capture the challenges faced by them while availing the public health facilities and how better the services can be provided. The health care services are provided in district merely focusses on the public institutions. The Public health-care services are responsible equally by centre and state health department and is offered through various levels i.e., at the Primary level, Secondary and Tertiary Level.

6.2 Health Seeking Behaviour

On discussion with the community members of Dhalai district, Tripura it was highlighted that the inclination for the preferred health facility amongst the members of the area was more towards public health-care facilities as no private health-care facilities are available in the district. On asked the reason, they cited that because of meagre incomes to survive on their dependency heavily relies on the government facilities as they provide with drugs and diagnostics free of cost. For basic check-ups and ready availability, the community members preferred to visit their nearby facility which is the CHC Manughat or District Hospital Dhalai. However, the preference for private health facilities is when they have sought treatment in case of emergency which was hardly cited by very few of the members and that too in Agartala at the DH/SDH level, if required. Diseases such as cough, cold, hypertension, diabetes and weakness were highlighted as the common health.

6.3 Lifestyle Practices

During the FGDs conducted at the Sub-Centre, members of the locality have cited that, consumption of tobacco and alcohol is very much prevalent, and is consumed by males and adolescent boys specifically. The consumption of such items is quite widespread amongst such community members of the district. Whereas, the consumption of Paan is consumed by females. On hygiene and sanitation front almost all households have in-home toilets in the entire area, so usage of sharing of common toilets is extremely bleak.

In terms of drinking water, the community members highlighted that the main source of drinking water is through supply system or Submersible installed. However, only few of the members had RO or filtered water installed and readily available in their homes. Furthermore, iodized salt was being used by the members of the area.





6.4 Accessibility to Drugs, Diagnostics, and Referral Transport

It was reported that drugs were available either from CHC Manughat, PHC or DH, Dhalai. There is adequate supply of drugs and meagre amount of Out-of-Pocket expenditure was cited for drugs by the members of the area when necessary.

If we understand the composition of the population of Dhalai, it was quite evident that people belonged to low-economic strata resulting to which there is a considerable reliance on public health facilities for basic health care needs. On discussion, it was brought to our notice that the members were not aware of the service with regards to referral transport as most of the beneficiaries manage transport through their own vehicles or via public transport / rickshaws.

6.5 Behaviour of Health-Care Providers

Participants have highlighted that the AWWs and ANMs were extremely satisfied with the behaviour of the front-line workers and timely check-ups are being carried properly. In addition, they were satisfied with the services that are being provided at the primary level.

The workers are easily approachable by community members in the area. Participants have even reported that the ASHAs come for regular visit and also help in referral of pregnant women. ASHAs have reported that they go door to door for delivery of family planning services, take suspected case for TB screening at the nearest facility if needed and pregnant women for ANC check-ups. ASHAs reported that they visit door to door for counselling of adolescent girls related to sexual and reproductive wellness.

6.6 Initiatives w.r.t COVID-19

With regards to the on-going pandemic, the AWWs and ANMs have timely updated the members with regards to hand-washing practices as per the training received by them. The locality had reported high level of COVID-19 infections during the peak waves. The district had conducted several rounds of surveillance in the area. The current status of COVID-19 precautions is low as the case load is low in the region. ASHAs and AWWs were also engaged in COVID-19 survey as well as vaccination services. However, initially it was difficult to get local cooperation on these activities due to potential threat of COVID-19 infection. Furthermore, the district is facing reluctance amongst the members for the precautionary dose resulting to which the target is yet to be achieved. The reason of reluctancy amongst the community members is because of fear of adverse effects and members were equally complacent about the disease.





CHAPTER-7: CONCLUSIONS & RECOMMENDATIONS

The Population Research Centre, Delhi undertook the monitoring of NHM Programme Implementation Plan in Dhalai District of Tripura. The report is prepared on the basis of field – based observations and visits to the following public health facilities in Dhalai district: District Hospital Dhalai, Community Health Centre (Manughat and Chawmanu), Primary Health Centres (Salema and Ambassa) and Sub-Centre (West-Nalichara). Meetings were held with the Chief Medical Officer (CMO) and the NHM Nodal Officials. Interactions were also held with the Medical Officer-In-Charge (MOIC) of the selected facilities, health care providers (ANM, ASHAs etc.) and other supporting staff to understand the strengths and weakness of the facilities in service provisioning. Health Management Information System (HMIS) data was verified for the District Hospital Ranking data validation purposes.

7.1 Key Findings

After the implementation of National Health Mission, the district has certainly improved a lot in service delivery. The maternal health programme is very much in the purview has improved a great deal. The institutional delivery rate stands at 81.4 approximately. The NHM programmes has also fuelled the behaviour change in the common public slowly and gradually but still a lot is yet to be improved. Child health schemes and immunisation too are doing quite well in the district. Quality of care has eventually improved after proper infrastructure and are doing commendable efforts despite being an aspirational district.

However, there are certain blocks in the district where home deliveries are still being performed this is because of lack of accessibility to health-care services and connectivity issue. Though Mayer Ghar(Mother Homes) have been established at the district but the numbers are still low as it has been recently implemented by the state and still it is under the implementation mode.

The district has one DH, three SDH, two CHCs, 16 PHCs, and 121 SCs. All the health care facilities are running in government buildings. IECs were displayed in most facilities for timings, drug list, immunization, JSY, JSSK and many others. The district is equipped with only 29 Basic Live Support (BLS) vehicles (03-DH,08-SDH,02-CHC, and 16-PHC). A total of 7 delivery points are conducting in the district i.e., 1-DH,1-SDH,1-CHC,and 4-PHCs.

The implementation with regards to JSY is quite effective and there is no backlog of the beneficiaries. There are seven delivery points in the district that has implemented JSSK by providing free diet, drugs, and diagnostic services. The Dhalai district has SNCU with a capacity of 12 beds with 10 in-radiant warmer. There are 1080 ASHAs of the district have conducted a total of 1088 HBNC visits in the last financial year. The district has both the availability of District Early Intervention Centre as well as Nutrition Rehabilitation Centre(NRC). Under NTEP, the target TB notification under public sector in 2021-22, was achieved to be at 94.12 percent respectively.





Whereas, under National Leprosy Eradication Programme, the district has recorded 8 new cases were detected, out of which three were Grade 2 Disabilities (G2D) cases. All the NCD programmes that fall under the NHM umbrella were functional in the district. The highest number of cases that were reported was for hypertension with 12289 cases and 5940 for diabetes.

Despite the implementation of programmes like ICDS,AMB,MSSSKA,the prevalence of anaemia is extremely high in the district. This is specifically reported in the tribal women. The plausible reasons for women having low status of anaemia is low literacy levels, lack of nutritious and food, and lifestyle are reported to be the leading cause behind it.

During the visit, the team had interacted with the beneficiaries and conducted group discussions at SC is to understand their perspectives of public health services, lifestyle, out-of-pocket expenditure, etc. A meeting was conducted with CMO, DPM and other district health officials to understand the efforts, achievements and challenges in implementing the NHM programmes.

Therefore, health services have improved in the district over the time and since the initiation of NHM. The impact is most visible on various fronts such as maternal and child health services, with a considerable increase in institutional deliveries. In addition, the spread of facilities related to nutrition, family planning programmes, non-communicable and vector-borne diseases has however gained momentum.

Based on the monitoring, discussions with health officials and community members, several relevant insights were gained which could help improve service delivery in the district.

7.2 Recommendations:

- **Recruitment of Staff:** On interaction with various stakeholders during the visit it has been highlighted that there is shortage of medical personnel which thereby affects the overall service delivery in the district. Most of the facilities lack HR or are not available as per the IPHS norms. This therefore, affects the quality of work and putting more burdens on the existing staff. Hence, it is advocated that guidelines need to be issued regarding filling the vacancies, and the positions must be filled.
- **More establishments of Mayer Ghar(Mother Homes):** It is advised that to reduce the number of home deliveries, the district should map and prioritise in opening of more of Mayer Ghar.
- **Frequent Monitoring of Vector Borne Disease:**With the increase in number of cases of Malaria and API still high it is recommended that the post of Vector Borne Disease Counsellor/Inspector should be sanctioned so that proper surveillance can be done.





- **Collaboration with Urban Local Bodies:** To improve the overall connectivity within the district it can be advised that the district administration can properly coordinate with the urban local bodies and resolve the connectivity issue. With this, the local people may access the services with utmost ease and resolve the overall purpose.
- **Strategize with Quacks/Traditional Healers:** As majority of the population widely accepts the remedies given by the quacks/traditional healers. One of the best strategies that the district can adopt is the strategy of *“friend instead of foe”* as a medium to channel the population.
- **Public Health Awareness:** As the districts is surrounded with some pockets of tribal population. Majority of the population are illiterates due to which it becomes difficult in communicating with them. Hence, it is suggested that with the efforts of front line workers of more awareness and innovative strategies should be planned so that awareness can be generated among the community members with regards to implementation of programmes and services that have been initiated. As this would overall improve both the health status and indicators of the district.
- **Refresher Trainings of Front-Line Workers:** Multiple training programmes are not helpful as the retention among ASHAs and ANMs is less. The focus should be more on capacity building than just simple training. As this would improve the overall community service delivery practices



**ANNEXURES-I****Table 17:**FMR Status, Dhalai

Indicator	Released*	Utilized*
Service Delivery - Facility Based	73.64	45.89
Service Delivery - Community Based	62.75	44.47
Community Interventions	563.76	433.51
Untied Grants	138.6	76.35
Infrastructure	30.6	30.35
Procurement	75.95	51.45
Referral Transport	29.22	32.73
Human Resources	518.64	416.3
Training	56.93	22.81
Reviews, Research, Surveys and Surveillance	0	0
IEC/BCC	13.4	9.77
Printing	5.61	3.98
Quality	28.96	29.75
Drug Warehousing and Logistics	10.43	7.1
PPP	7.06	0
Programme Management	165.33	156.59
IT Initiatives for strengthening Service Delivery	16.86	5.37
Innovations (if any)	6	1.9
Total	1803.74	1368.3

Source: CMO Office, Dhalai (2021-22)

* indicates figures in lakhs

Table 18:Status of health infrastructure, District Hospital, 2021-22

Infrastructure	Yes/No
Accessible from nearest road head	Yes
24*7 running water facility	Yes
Clean functional toilets available (separate for Male and female)	Yes
Drinking water facility available	Yes
OPD waiting area has sufficient sitting arrangement	Yes
Facility is geriatric and disability friendly (ramps etc.)	Yes
ASHA rest room is available	Yes
Drug storeroom with rack is available	Yes
Power backup (Complete Hospital / Part of the hospital)	Yes
Availability of delivery services	Yes
If facility is designated as FRU, whether C-section are performed	Yes
Functional newborn care corner (radiant warmer neo-natal ambu bag)	Yes
PMSMA services provided on 9 th of every month	Yes
Number of functional in-patient beds	150

Source: District Checklist, NHM PIP Monitoring



**Table 19:** Availability of specialized services at District Hospital, 2021-22

List of services	Yes/No
Medicine	Yes
O&G	Yes
Pediatrician	Yes
General Surgery	Yes
Anesthesiology	Yes
Ophthalmology	Yes
Dental	Yes
Imaging Services (X - ray)	Yes
Imaging Services (USG)	Yes
District Early Intervention Centre (DEIC)	Yes
Nutritional Rehabilitation Centre (NRC)	Yes
Special New-Born Care Unit(SNCU)	Yes
Comprehensive Lactation Management Centre / Lactation Management Unit (LMU)	No
Neonatal Intensive Care Unit (NICU)	No
Paediatric Intensive Care Unit (PICU)	No
Labour Room Complex	Yes
ICU	No
Dialysis Unit	Yes
Emergency Care	Yes
Burn Unit	No
Teaching block (medical, nursing, paramedical)	No
Skill Lab	No
Tele-medicine/Consultation services available	No

Source: District Checklist, NHM PIP Monitoring

Table 20: Status of health infrastructure at Community Health Centre (CHC), 2021-22

Condition of infrastructure	CHC-Manughat	CHC-Chawmanu
24*7 running water facility	Yes	Yes
Facility is geriatric and disability friendly (ramps etc.)	Yes	Yes
Clean functional toilets (separate for Male and female)	Yes	Yes
Drinking water facility available	Yes	Yes
OPD waiting area has sufficient sitting arrangement	Yes	Yes
ASHA rest room is available	Yes	Yes
Drug storeroom with rack is available	Yes	Yes

Source: CHC Checklist, Dhalai(2021-22)



**Table 21:** Availability of specialized services at CHC, 2021-22

List of services	CHC-Manughat	CHC-Chawmanu
Medicine	Yes	Yes
O&G	Yes	No
Pediatrician	No	No
General Surgery	No	Yes
Anesthesiology	No	No
Ophthalmology	No	No
Dental	Yes	No
Imaging Services (X - ray)	Yes	Yes
Imaging Services (USG)	No	No
Newborn Stabilization Unit	Yes	No
Tele-medicine/Consultation	No	No
Operation theatre	Yes, only minor	Yes, only minor
Availability of functional blood storage unit	No	No

Source: CHC Checklist, Dhalai(2021-22)

Table 22: Human resources availability at Community Health Centre, 2021-22

HR Positions	CHC-Manughat	CHC-Chawmanu
	Regular	Regular
MO (MBBS)	03	04
Medicine (Specialist)	-	04
OB & Gy (Specialist)	-	-
Pediatrician (Specialist)	-	-
Anesthetist (Specialist)	-	-
Dentist	01	-
Staff Nurses/ GNMs	07	06
LTs	02	02
Pharmacist	02	01
Dental Technician/ Hygienist	-	-
Hospital/ Facility Manager	-	-
EmOC trained doctor	-	-
LSAS trained doctor	-	-
Others	-	-

Source: CHC Checklist, Dhalai(2021-22)

Table 23:Status of infrastructure, Primary Health Centre (PHC) , 2021-22

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

Source: PHC Checklist,Dhalai(2021-22)



**Table 24:** Human resources availability at Primary Health Centre

	PHC-Ambassa		PHC-Salema	
	Reg.	Cont.	Reg.	Cont.
MO (MBBS)	04	01	02	-
MO (AYUSH)	-	01	-	-
SNs/ GNMs	08	-	07	-
ANM	19	-		
LTs	01	01	01	01
Pharmacist	01	01	01	-
Others		01, Sweeper	-	01

Source: PHC Checklist, Dhalai(2021-22)

Table 25: Status of health services at Primary Health Centre, 2021-22

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

Source: PHC Checklist, Dhalai(2021-22)



**Table 26:** Availability of Services at Sub-Centre, Dhalai

Drugs and diagnostics services	SC-West Nalichara
Availability of list of essential medicines (EML)/ drugs (EDL)	Yes
EDL/EML display in OPD area	Yes
Availability of anti-TB drugs at SC	No
Shortage of 5 priority drugs from EDL in last 30 days, if any	Yes
Availability of Testing kits/ Rapid Diagnostic Kits	Sufficient Supply
Availability of BP instrument	Yes
Availability of Thermometer	Yes
Availability of Contraceptives	Yes
Availability of Glucometer	Yes
Availability of vaccines and hub cutter	Yes
Availability of micro-plan for immunization	Yes
Follow up of SNCU discharge babies by ASHA	Yes
Follow up of LBW babies by ASHA	Yes
Line listing of all eligible couple in the area	Yes
Availability of trained provider for IUCD / PPIUCD	No
Whether universal screening of NCD has started	No
Whether reporting weekly data in S form under IDSP	Yes
Whether CHOs and HWC staffs are involved in VHSNC / MAS meeting	Yes
Maintenance of Records	
Maintenance of records on TB cases (drug sensitive/resistant cases)	No
Maintenance of records on Malaria cases	Yes
Maintenance of records on Palliative cases	Yes
Maintenance of records on Dengue and Chikungunia	No
Maintenance of records on Leprosy cases	No
Performance based incentives is disbursed to CHOs on monthly basis	Yes
Team-based incentives is disbursed for all HWC staffs	No

Source: SC Checklist, Dhalai(2021-22)





ANNEXURE-II



Ministry of Health & Family Welfare
Government of India



Schedule for PIP Monitoring Key Correspondence: DPMU

A. District Profile

A.1. Healthcare				
Indicator	Values		Source	
1. Name of the District				
2. Total number of Blocks				
3. Total number of Villages				
4. Total Population				
• Rural population				
• Urban population				
5. Literacy rate				
6. Sex Ratio				
7. Sex ratio at birth				
8. Population Density				
9. Estimated number of deliveries				
10. Estimated number of C-section				
11. Estimated numbers of live births				
12. Estimated number of eligible couples				
13. Estimated number of leprosy cases				
14. Target for public and private sector TB notification for the current year	Public:			
	Private:			
15. Estimated number of cataract surgeries to be conducted				
*Estimated numbers (Sl. No 9-15) to be filled for the financial year 2021-22				
Mortality Indicators:	Financial year (2021-21)		Financial Year (2021-22)	
	Estimated	Reported	Estimated	Reported
• Maternal Death				
• Child Death				
• Infant Death				
• Still birth				
• Deaths due to Malaria				
• Deaths due to sterilization procedure				
A.2. Healthcare Infrastructure				
Facility Details	Sanctioned/ Planned		Operational	
1. District Hospitals				
2. Sub District Hospital				
3. Community Health Centers (CHC)				
4. Primary Health Centers (PHC)				
5. Sub Centers (SC)				
6. Urban Primary Health Centers (U-PHC)				





7. Urban Community Health Centers (U-CHC)		
8. Special Newborn Care Units (SNCU)		
9. Nutritional Rehabilitation Centres (NRC)		
10. District Early intervention Center (DEIC)		
11. First Referral Units (FRU)		
12. Blood Bank		
13. Blood Storage Unit (BSU)		
14. No. of PHC converted to HWC		
15. No. of U-PHC converted to HWC		
16. Number of Sub Centre converted to HWC		
17. Designated Microscopy Center (DMC)		
18. Tuberculosis Units (TUs)		
19. CBNAAT/TruNat Sites		
20. Drug Resistant TB Centres		
21. Functional Non-Communicable Diseases (NCD) clinic		
• At DH	_____	_____
• At SDH	_____	_____
• At CHC	_____	_____
22. Institutions providing Comprehensive Abortion Care (CAC) services		
• Total no. of facilities	_____	_____
• Providing 1st trimester services	_____	_____
• Providing both 1st & 2nd trimester services	_____	_____
A.3 Infrastructure Construction Status Details		
• Details of Construction pending for more than 2 years		
• Details of Construction completed but not handed over		

Overview: Submission & approval timelines of DHAP

Year	Prepared & submitted any District Programme Implementation Plan (DPIP/ DHAP)	Submission date of DPIP/ DHAP	When you have received the approved DHAP from the State?	Date of Fund Release (1 st sanctioned against DHAP)
2021-22 (Previous FY)				
2022-23 (Current FY)				





A. Service Availability

Indicator	Remarks/ Observation
C.1. Drugs & Diagnostics	
1. Implementation of Free drugs services (if it is free for all)	
2. Implementation of diagnostic services (if it is free for all)	
<ul style="list-style-type: none"> Number of lab tests notified 	
C.2. Status Of Delivery Points	
<ul style="list-style-type: none"> No. of SCs conducting >3 deliveries/month 	
<ul style="list-style-type: none"> No. of 24x7 PHCs conducting > 10 deliveries /month 	
<ul style="list-style-type: none"> No. of CHCs conducting > 20 deliveries /month 	
<ul style="list-style-type: none"> No. of DH/ District Women and child hospital conducting > 50 deliveries /month 	
<ul style="list-style-type: none"> No. of DH/ District Women and child hospital conducting C-section 	
<ul style="list-style-type: none"> No. of Medical colleges conducting > 50 deliveries per month 	
<ul style="list-style-type: none"> No. of Medical colleges conducting C-section 	
<ul style="list-style-type: none"> Number of institutes with ultrasound facilities (Public+Private) 	Public: Private:
<ul style="list-style-type: none"> Of these, how many are registered under PCPNDT act 	Public: Private:
C.3. National Health Programmes	
3. Pradhan Mantri Surakshit Matritva Abhiyan (PMSMA)	<ul style="list-style-type: none"> No. issued MCP card and Safe Motherhood Booklet: _____ Number of health facilities where current round of PMSMA was conducted: <ul style="list-style-type: none"> a. Medical College: _____ b. DH: _____ c. SDH: _____ d. CHC/UHC: _____ e. PHC/UPHC: _____ f. Private Clinics: _____
4. Rashtriya Bal Suraksha Karyakram (RBSK)	Total no. of RBSK teams sanctioned
	No. of teams with all HR in-place (full-team)
	No. of vehicles (on the road) for RBSK team
	No. of Teams per Block
	No. of block/s without dedicated teams
	Average no of children screened per day per team
	Number of children born in delivery points screened for defects at birth
5. Special Newborn Care Units (SNCU)	<ul style="list-style-type: none"> Total number of beds <ul style="list-style-type: none"> In radiant warmer _____ Stepdown care _____





Indicator	Remarks/ Observation	
	<ul style="list-style-type: none"> • Kangaroo Mother Care (KMC) unit _____ • Number of non-functional radiant warmer for more than a week _____ • Number of non-functional phototherapy unit for more than a week _____ 	
	Inborn	Out born
• Admissions (2021-22)		
• Defects at birth		
• Discharged		
• Referral		
• LAMA		
• Died		

6. Newborn Stabilization Unit (NBSU)	Inborn	Out born
• Admission (2021-22)		
• Discharged		
• Referral		
• LAMA		
• Died		

7. Nutrition Rehabilitation Centers (NRC)	<ul style="list-style-type: none"> • Total Admissions (2021-22) • Discharged • Referral/ Medical transfer • LAMA • Died • Admission <ul style="list-style-type: none"> • Bilateral pitting oedema • MUAC<115 mm • <' -3SD WFH • with Diarrhea • ARI/ Pneumonia • TB • HIV • Fever • Nutrition related disorder • Others • Admission to NRC Referred by <ul style="list-style-type: none"> • Frontline worker • Self • Ref from VCDC/ CTC • RBSK • Pediatric ward/ emergency
--	---

8. Home Based Newborn Care (HBNC)	<ul style="list-style-type: none"> • Status of availability of HBNC kit with ASHAs > Total No. of ASHAs: _____ > No. of ASHAs with HBNC kits: _____ > Reasons of Non-provision: _____ _____ _____
--	---





	<ul style="list-style-type: none"> Total Newborns visited under HBNC: _____ Status of availability of drug kit with ASHAs: <ul style="list-style-type: none"> > Total No. of ASHAs: _____ > No. of ASHAs with drug kits: _____ > Reasons of Non-provision: _____ 						
<p>9. Peer Education (PE) programme (Adolescent Health) & Weekly Iron Folic Acid Supplementation (WIFS)</p>	<ul style="list-style-type: none"> No. of Blocks covered under Peer Education (PE) programme: No. of villages covered under PE programme: No. of Peer Educators: No. of Adolescent Friendly Clinic (AFC) meetings held: WIFS stockout: 						
<p>10. Mobile Medical Unit (MMU) (on the road) and micro-plan</p>	<ul style="list-style-type: none"> No. of Mobile Medical Unit (MMU) (on the road) and micro-plan _____ MMU team Composition _____ List of Services provided by MMU _____ No. of trips per MMU/month No. of camps per MMU/month No. of villages covered Average number of OPD per MMU per month Average no. of lab investigations per MMU per month Avg. no. of X-ray per MMU per month Avg. no. of blood smears collected / Rapid Diagnostic Tests (RDT) done for Malaria, per MMU/month Avg. no. of sputum collected for TB detection per MMU per month Average Number of patients referred to higher facilities Payment pending (if any) <p>If yes, since when and reasons thereof</p>						
<p>11. Universal health screening</p>	<ul style="list-style-type: none"> If conducted, what is the target population Number of Community Based Assessment Checklist (CBAC) forms filled till date 						
<ul style="list-style-type: none"> No. of patients screened, diagnosed, and treated for: <ul style="list-style-type: none"> ○ Hypertension 	<table border="1"> <thead> <tr> <th>Screened</th> <th>Diagnosed</th> <th>Treated</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>	Screened	Diagnosed	Treated			
Screened	Diagnosed	Treated					





<ul style="list-style-type: none"> ○ Diabetes ○ Oral cancer ○ Breast Cancer ○ Cervical cancer 			
12. Integrated Disease Surveillance Programme (IDSP)	<ul style="list-style-type: none"> • Rapid Response Team (RRT) Constituted: Y/N • Team Composition: • Outbreaks investigated: <ul style="list-style-type: none"> • 2021-21: • 2021-22: • Proportion (% out of total) of Pvt health facilities reporting weekly data of IDSP • How is IDSP data utilized? Elaborate. _____ _____ _____ 		

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

15. Vehicle for Referral Transport						
<ul style="list-style-type: none"> • Details of Referral Transport – Number and Distribution: 						
Stationed at:	BLS	ALS	PTA	Kilkari	Neonatal	Others
Medical College						
DH						
SDH						
CHC						
PHC						
Others						
<ul style="list-style-type: none"> • Details of Referral Transport – Performance Indicators: 						
Year	Ambulances Purchased	Total Cases	Pregnant Women	Accident Cases	Referral from one health facility to another	Others
2020-21						
2021-22						
				ALS	BLS	
<ul style="list-style-type: none"> ○ Operational agency (State/ NGO/ PPP) 						
<ul style="list-style-type: none"> ○ If the ambulances are GPS fitted and handled through centralized call centre 						
<ul style="list-style-type: none"> ○ Average number of calls received per day 						





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





<ul style="list-style-type: none"> Patients notification from public sector (2021-22) 	<ul style="list-style-type: none"> No of patients notified: Treatment success rate: No. of MDR TB Patients: Treatment initiation among MDR TB patients:
<ul style="list-style-type: none"> Patients notification from private sector (2021-22) 	<ul style="list-style-type: none"> No of patients notified: Treatment success rate: No. of MDR TB Patients: Treatment initiation among MDR TB patients: Beneficiaries paid under Nikshay Poshan Yojana <input type="checkbox"/> Yes/ <input type="checkbox"/> No Active Case Finding conducted as per planned for the year <input type="checkbox"/> Yes/ <input type="checkbox"/> No
<p>21. Implementation of National Leprosy Eradication Programme (NLEP)</p>	<p>No. of new cases detected</p> <p>No. of G2D cases</p> <p>MDT available without interruption Y/N</p> <p>Reconstructive surgery for G2D cases being conducted Y/N</p> <p>MCR footwear & selfcare kit avl Y/N</p>

<p>22. ASHAs</p>	<p>Number of ASHAs</p> <ul style="list-style-type: none"> Required as per population Selected No. of ASHAs covering more than 1500 (rural) population No. of ASHAs covering more than 3000 (urban) population Villages with no ASHA Slum areas with no ASHA <p>Status of social benefit scheme for ASHAs and ASHA Facilitators (if available)</p> <ul style="list-style-type: none"> No. of ASHAs enrolled for Pradhan Mantri Jeevan Jyoti Bima Yojana (PMJJBY) No. of ASHA Facilitator enrolled for Pradhan Mantri Jeevan Jyoti Bima Yojana (PMJJBY) No. of ASHAs enrolled for Pradhan Mantri Suraksha Bima Yojana (PMSBY) No. of ASHA Facilitators enrolled for Pradhan Mantri Suraksha Bima Yojana (PMSBY) No. of ASHAs enrolled for Pradhan Mantri Shram Yogi Maandhan Yojana (PMSYMY) No. of ASHA Facilitators enrolled for Pradhan Mantri Shram Yogi Maandhan Yojana (PMSYMY) Any other state specific scheme _____
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23. Mahila Arogya Samitis (MAS)-	Status of Mahila Arogya Samitis (MAS)- a. Formed b. Trained c. MAS account opened d. Samiti addresses issues related to.....		
24. Village Health Sanitation and Nutrition Committee (VHSNC)	Status of Village Health Sanitation and Nutrition Committee (VHSNC): a. Formed: b. Trained: c. MAS account opened:		
25. Kayakalp and Quality Assurance	<ul style="list-style-type: none"> No. of facilities quality certified NQAS LaQshya Status of Kayakalp programme- No. of awarded DH CHC PHC SC..... Activities performed by District Level Quality Assurance Committee (DQAC) 		
26. Maternal and Child Health	<ul style="list-style-type: none"> Number of maternal deaths reported at: DH: _____ SDH: _____ CHC: _____ PHC: _____ SC: _____ Prime reason for the maternal death..... Number of Maternal Death Review conducted <ul style="list-style-type: none"> 2020-21: _____ 2021-22: _____ <hr/> <ul style="list-style-type: none"> Number of Neonatal Deaths: _____ Number of Total Child Deaths: _____ Number of Child Death Review conducted <ul style="list-style-type: none"> 2020-21: _____ 2021-22: _____ 		
C.4. Healthcare Systems			
27. Payment status:	No. of beneficiaries	Backlog	DBT status
<ul style="list-style-type: none"> JSY beneficiaries 			
<ul style="list-style-type: none"> ASHA payment: 			





○ A- Routine and recurring at increased rate of Rs. 2000 pm				
○ B- Incentive under NTEP				
○ C- Incentives under NLEP				
• Payment of ASHA facilitators as per revised norms (of a minimum of Rs. 300 per visit)				
• Patients incentive under NTEP programme				
• Provider's incentive under NTEP programme				
• FP compensation/ incentive				
28. Recruitment for any staff position/ cadre conducted at district level				
29. Details of recruitment	Previous year (2020-21)		Current Year (2021-22)	
	Regular cadre	NHM	Regular cadre	NHM
• Total no. of posts vacant at the beginning of FY				
• Among these, no. of posts filled by state				
• Among these, no. of posts filled at district level				
30. If state has comprehensive (common for regular and contractual HR) Human Resource Information System (HRIS) in place				
31. If grievance redressal mechanism in place: Y/N	<ul style="list-style-type: none"> • Whether call center and toll-free number available..... • Percentage of complains resolved out of the total complains registered in current FY..... 			
32. Mera-Aaspatal (Attach Mera Aspataal performance report)	<ul style="list-style-type: none"> • Implemented in how many facilities..... DH.....CHC.....PHC • Total Responses collected: • % reported Very Satisfied: • % reported Satisfied: • % reported not satisfied: • Total response for dis-satisfied: Dissatisfied with staff behaviors... Dissatisfied with cleanliness..... Dissatisfied with cost of treatment..... Dissatisfied with quality of treatments..... With other reason 			

A. Implementation of CPHC

Status as on: **31st March, 2022**

Indicator	Planned	Completed
1. Number of individuals enumerated		
2. Number of CBAC forms filled		
3. Number of HWCs started NCD screening:		
a. SHC- HWC		
b. PHC- HWC		
c. UPHC – HWC		
4. Number of individuals screened for:		
a. Hypertension		





b. Diabetes c. Oral Cancer d. Breast Cancer e. Cervical Cancer		
5. Number of HWCs providing Teleconsultation services		
6. Number of HWCs organizing wellness activities		

A. Status of HRH

Status as on: _____

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

A. State of Fund Utilization

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

Status of Expenditure year (Financial year 2021-22):

Indicator	Budget Released (in lakhs)	Budget utilized (in lakhs)	Reason for low utilization (if less than 60%)
1. FMR 1: Service Delivery: Facility Based			
2. FMR 2: Service Delivery: Community Based			
3. FMR 3: Community Intervention			





4. FMR 4: Untied grants			
5. FMR 5: Infrastructure			
6. FMR 6: Procurement			
7. FMR 7: Referral Transport			
8. FMR 8: Human Resource (Service Delivery)			
9. FMR 9: Training			
10. FMR 10: Review, Research and Surveillance			
11. FMR 11: IEC-BCC			
12. FMR 12: Printing			
13. FMR 13: Quality			
14. FMR 14: Drug Warehouse & Logistic			
15. FMR 15: PPP			
16. FMR 16: Programme Management			
17. FMR 17: IT Initiatives for Service Delivery			
18. FMR 18: Innovations			

Programme Wise

Status of Expenditure (Financial year 2021-22):

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





Indicator	Budget Released (in lakhs)	Budget utilized (in lakhs)	Reason for low utilization (if less than 60%)
3. Communicable Diseases Pool			
<ul style="list-style-type: none"> Integrated Disease Surveillance Programme (IDSP) 			
<ul style="list-style-type: none"> National Vector Borne Disease Control Programme (NVBDCP) 			
<ul style="list-style-type: none"> National Leprosy Eradication Programme (NLEP) 			
<ul style="list-style-type: none"> National TB Elimination Programme (NTEP) 			
4. Non-Communicable Diseases Pool			
<ul style="list-style-type: none"> National Program for Control of Blindness and Vision Impairment (NPCB+VI) 			
<ul style="list-style-type: none"> National Mental Health Program (NMHP) 			
<ul style="list-style-type: none"> National Programme for Health Care for the Elderly (NPHCE) 			
<ul style="list-style-type: none"> National Tobacco Control Programme (NTCP) 			
<ul style="list-style-type: none"> National Programme for Prevention and Control of Diabetes, Cardiovascular Disease and Stroke (NPCDCS) 			
<ul style="list-style-type: none"> National Dialysis Programme 			
<ul style="list-style-type: none"> National Program for Climate Change and Human Health (NPCCHH) 			
<ul style="list-style-type: none"> National Oral health programme (NOHP) 			
<ul style="list-style-type: none"> National Programme on palliative care (NPPC) 			
<ul style="list-style-type: none"> National Programme for Prevention and Control of Fluorosis (NPPCF) 			
<ul style="list-style-type: none"> National Rabies Control Programme (NRCP) 			
<ul style="list-style-type: none"> National Programme for Prevention and Control of Deafness (NPPCD) 			
<ul style="list-style-type: none"> National programme for Prevention and Management of Burn & Injuries 			
<ul style="list-style-type: none"> Programme for Prevention and Control of Leptospirosis (PPCL) 			





A. Status of trainings

Status as on: _____

List of training (to be filled as per ROP approval)	Planned	Completed
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		
13.		
14.		
15.		

Date:

Name:

Signature:

Designation:





Ministry of Health & Family Welfare
Government of India



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

Service Delivery:

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

Indicator	Remarks/ Observation									
OPD Timing										
Condition of infrastructure/ building	Comments:									
Please comment on the condition and tick the appropriate box	<input type="checkbox"/> 24*7 running water facility <input type="checkbox"/> Facility is geriatric and disability friendly (ramps etc.) <input type="checkbox"/> Clean functional toilets available (separate for Male and female) <input type="checkbox"/> Drinking water facility available <input type="checkbox"/> OPD waiting area has sufficient sitting arrangement <input type="checkbox"/> ASHA rest room is available <input type="checkbox"/> Drug storeroom with rack is available Power backup: <input type="checkbox"/> Complete Hospital/ <input type="checkbox"/> Part of the hospital Last major renovation done in (Year): _____									
Number of functional in-patient beds	_____ No of ICU Beds available:									
List of Services available										
Specialized services available in addition to General OPD, ANC, Delivery, PNC, Immunization, FP, Laboratory services	<table border="1"> <thead> <tr> <th>Sl.</th> <th>Service</th> <th>Y/N</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>Medicine</td> <td></td> </tr> <tr> <td>2</td> <td>O&G</td> <td></td> </tr> </tbody> </table>	Sl.	Service	Y/N	1	Medicine		2	O&G	
Sl.	Service	Y/N								
1	Medicine									
2	O&G									





Indicator	Remarks/ Observation
	3 Pediatric
	4 General Surgery
	5 Anesthesiology
	6 Ophthalmology
	7 Dental
	8 Imaging Services (X - ray)
	9 Imaging Services (USG)
	10 District Early Intervention Centre (DEIC)
	11 Nutritional Rehabilitation Centre (NRC)
	12 SNCU/ Mother and Newborn Care Unit (MNCU)
	13 Comprehensive Lactation Management Centre (CLMC) / Lactation Management Unit (LMU)
	14 Neonatal Intensive Care Unit (NICU)
	15 Pediatric Intensive Care Unit (PICU)
	16 Labour Room Complex
	17 ICU
	18 Dialysis Unit
	19 Emergency Care
	20 Burn Unit
	22 Teaching block (medical, nursing, paramedical)
	22 Skill Lab
Emergency	General emergency: or facilities available for: 1. Triage 2. Resuscitation 3. Stabilization
Tele-medicine/Consultation services available	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, average cases per day _____
Operation Theatre available	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, Single general OT: Elective OT-Major (General): Elective OT-Major (Ortho): Obstetrics & Gynecology OT: Ophthalmology/ENT OT: Emergency OT: Others:
Availability of functional Blood Bank	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, number of units of blood currently available: _____ No. of blood transfusions done in last month: _____ If No, availability of blood storage unit:-----
Whether blood is issued free, or user-fee is being charged	<input type="checkbox"/> Free for BPL <input type="checkbox"/> Free for elderly <input type="checkbox"/> Free for JSSK beneficiaries





Indicator	Remarks/ Observation				
	<input type="checkbox"/> Free for all				
Biomedical waste management practices	1. Sharp pit 2. Deep Burial pit 3. Incinerator 4. Using Common Bio Medical Treatment plant 5.Other				
Details of HR available in the facility (Sanctioned and In-place)	HR	San.	Regular	Cont.	
	MO (MBBS)				
	Specialist	Medicine			
		ObGy			
		Pediatrician			
		Anesthetist			
		Surgeon			
		Ophthalmologist			
		Orthopedic			
		Radiologist			
		Pathologist			
	Others				
	Dentist				
	Staff Nurses/ GNMs				
	LTs				
	Pharmacist				
Dental Technician/ Hygienist					
Hospital/ Facility Manager					
EmOC trained doctor					
LSAS trained doctor					
Others					
IT Services	Desktop/ Laptop available: <input type="checkbox"/> Yes/ <input type="checkbox"/> No Internet connectivity: <input type="checkbox"/> Yes/ <input type="checkbox"/> No Quality/strength of internet connection: _____				
Kayakalp (for year 2021-22)	Initiated: Facility score: Award received:				
NQAS (for year 2021-22)	Assessment done: Internal/State Facility score: Certification Status:				
LaQshya	Labour Room: Operation Theatre:				
Availability of list of essential medicines (EML)/ drugs (EDL)	<input type="checkbox"/> Yes/ <input type="checkbox"/> No				
	If yes, total number of drugs in EDL_____				
	EDL displayed in OPD Area: <input type="checkbox"/> Yes/ <input type="checkbox"/> No				
Implementation of DVDMS(Drugs & Vaccine Management Distribution System) or similar supply chain management system	<input type="checkbox"/> Yes/ <input type="checkbox"/> No				
	If other, which one_____				
Shortage of 5 priority drugs from EDL in last 30 days, if any	1				
	2				
	3				
	4				
	5				





Indicator	Remarks/ Observation
Availability of Essential Consumables:	<input type="checkbox"/> Sufficient Supply <input type="checkbox"/> Minimal Shortage <input type="checkbox"/> Acute shortage List the consumables for with there was shortage In last 6 months how many times there was shortage_____
Availability of essential diagnostics	<input type="checkbox"/> In-house <input type="checkbox"/> Outsourced/ PPP <input type="checkbox"/> Both/ Mixed
In-house tests (For 2021-22)	Number of Tests available:----- Total number of tests performed during Apr 2021- March 22: _____ Days & Timing on which tests are done:
Outsourced/ PPP (For 2021-22)	Number of Tests available:----- Total number of tests performed during Apr 2021- March 22: _____ Days & Timing on which tests are done:
X-ray services is available	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If Yes, type & nos. of functional X-ray machine is available in the hospital: Is the X-ray machine AERB certified: <input type="checkbox"/> Yes/ <input type="checkbox"/> No
CT scan services available	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes: <input type="checkbox"/> In-house/ <input type="checkbox"/> PPP Out of Pocket expenditures associated with CT Scan services (if any, approx. amount per scan): _____
Whether diagnostic services (lab, X-ray, USG etc.) are free for all	<input type="checkbox"/> Free for BPL <input type="checkbox"/> Free for elderly <input type="checkbox"/> Free for JSSK beneficiaries <input type="checkbox"/> Free for all If not, charges for lab tests, X-Ray, USG, CT, etc
Availability of Testing kits/ Rapid Diagnostic Kits	<input type="checkbox"/> Sufficient Supply <input type="checkbox"/> Minimal Shortage <input type="checkbox"/> Acute shortage
Implementation of PM-National Dialysis programme	<input type="checkbox"/> Yes/ <input type="checkbox"/> No <input type="checkbox"/> In-house <input type="checkbox"/> Outsourced/ PPP Total number of tests performed: _____
Whether the services are free for all	<input type="checkbox"/> Free for BPL <input type="checkbox"/> Free for elderly <input type="checkbox"/> Free for JSSK beneficiaries <input type="checkbox"/> Free for all If not, charges for lab tests, X-Ray, USG, CT, etc





Indicator	Remarks/ Observation
Number of patients provided dialysis service	Previous year (2020-21) _____ Current FY (2021-22) _____
If there is any shortage of major instruments/ equipment (List the Equipments)	
Average downtime of equipment. Details of equipment are nonfunctional for more than 7 days	
Availability of delivery services	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
If the facility is designated as FRU, whether C-sections are performed	<input type="checkbox"/> Yes/ <input type="checkbox"/> No Number of normal deliveries performed in last month: _____ No. of C-sections performed in last month: _____
Comment on the condition of:	Labour room: OT: Functional New-born care corner (functional radiant warmer with neo-natal ambu bag): <input type="checkbox"/> Yes/ <input type="checkbox"/> No
Status of JSY payments	Payment is up to date: <input type="checkbox"/> Yes/ <input type="checkbox"/> No Average delay: Payment done till: Reasons for delay:
Availability of JSSK entitlements	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, whether all entitlements being provided <input type="checkbox"/> Free delivery services (Normal delivery/ C-section) <input type="checkbox"/> Free diet <input type="checkbox"/> Free drugs and consumables <input type="checkbox"/> Free diagnostics <input type="checkbox"/> Free blood services <input type="checkbox"/> Free referral transport (home to facility) <input type="checkbox"/> Free referral transport (drop back from facility to home) <input type="checkbox"/> No user charges
PMSMA services provided on 9 th of every month	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, how are high risks identified on 9 th ? If No, reasons thereof:
Line listing of high-risk pregnancies	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
Practice related to Respectful Maternity Care	
Whether facility have registers for entering births and deaths	<input type="checkbox"/> Yes/ <input type="checkbox"/> No





Indicator	Remarks/ Observation																		
Number of Maternal Death reported in the facility	Previous year: (2020-21) Current year: (2021-22)																		
Number of Child Death reported in the facility	Previous year: (2020-21) Current year: (2021-22)																		
If Comprehensive Abortion Care (CAC) services available	<input type="checkbox"/> Yes/ <input type="checkbox"/> No																		
Availability of vaccines and hub cutter	<input type="checkbox"/> Yes/ <input type="checkbox"/> No Nurses/ ANM aware about open vial policy: <input type="checkbox"/> Yes/ <input type="checkbox"/> No																		
Number of newborns immunized with birth dose at the facility in last 3 months																			
Newborns breastfed within one hour of birth (observe if practiced and women are being counselled)																			
Status of functionality of DEIC	<input type="checkbox"/> Fully functional with all staff in place <input type="checkbox"/> Functional with few vacancies (approx. 20%-30%) <input type="checkbox"/> Functional with more than 50% vacancies <input type="checkbox"/> Not functional/ All posts vacant																		
Number of sterilizations performed in last one month	Male: Female:																		
Availability of trained provider for IUCD/ PPIUCD	<input type="checkbox"/> Yes/ <input type="checkbox"/> No																		
Who counsels on FP services?																			
Please comment on utilization of other FP services																			
FPLMIS has been implemented	<input type="checkbox"/> Yes/ <input type="checkbox"/> No																		
Availability of functional Adolescent Friendly Health Clinic	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, who provides counselling to adolescents: _____ Separate male and female counselors available: <input type="checkbox"/> Yes/ <input type="checkbox"/> No Total No of Adolescents counseled in last 6 months _____																		
Whether facility has fixed day NCD clinic	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If Yes, how many days in a week: _____ days																		
Are service providers trained in cancer services?	<input type="checkbox"/> Yes/ <input type="checkbox"/> No																		
Number of individuals screened for the following in 2021-2022:	<table border="1"> <thead> <tr> <th></th> <th>Screened</th> <th>Confirmed</th> </tr> </thead> <tbody> <tr> <td>Hypertension</td> <td></td> <td></td> </tr> <tr> <td>Diabetes</td> <td></td> <td></td> </tr> <tr> <td>Oral Cancer</td> <td></td> <td></td> </tr> <tr> <td>Breast Cancer</td> <td></td> <td></td> </tr> <tr> <td>Cervical Cancer</td> <td></td> <td></td> </tr> </tbody> </table>		Screened	Confirmed	Hypertension			Diabetes			Oral Cancer			Breast Cancer			Cervical Cancer		
	Screened	Confirmed																	
Hypertension																			
Diabetes																			
Oral Cancer																			
Breast Cancer																			
Cervical Cancer																			
Whether reporting weekly data in P, S and L form under IDSP	<input type="checkbox"/> Yes/ <input type="checkbox"/> No																		
Status of TB elimination programme	Facility is designated as Designated Microscopy Centre (DMC): <input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, percent of OPD whose samples were tested for TB (microscopy) in last 6 month (average) _____ If anti-TB drugs available at the facility: <input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, are there any patients currently taking anti-TB drugs from the facility: <input type="checkbox"/> Yes/ <input type="checkbox"/> No Availability of CBNAAT/ TruNat: <input type="checkbox"/> Yes/ <input type="checkbox"/> No																		





Indicator	Remarks/ Observation
	Percent of patients tested through CBNAAT/TruNat for Drug resistance in the last 6 months _____ Are all TB patients tested for HIV? <input type="checkbox"/> Yes/ <input type="checkbox"/> No Are all TB patients tested for Diabetes Mellitus: <input type="checkbox"/> Yes/ <input type="checkbox"/> No Percent of TB Patients for whom DBT installments have been initiated under Nikshay Poshan Yojana in the last 6 months:
Maintenance of records on	TB Treatment Card cases (both for drug sensitive and drug resistant cases): <input type="checkbox"/> Yes/ <input type="checkbox"/> No TB Notification Registers: <input type="checkbox"/> Yes/ <input type="checkbox"/> No Malaria cases: <input type="checkbox"/> Yes/ <input type="checkbox"/> No Palliative cases: <input type="checkbox"/> Yes/ <input type="checkbox"/> No Cases related to Dengue and Chikungunya: <input type="checkbox"/> Yes/ <input type="checkbox"/> No Leprosy cases: <input type="checkbox"/> Yes/ <input type="checkbox"/> No
How much fund was received and utilized by the facility under NHM?	Fund Received last year (2021-22) Fund utilized last year: (2021-22) Items/ Activities whose expenditure is met out of the RKS/ Untied Fund regularly: Reasons for underutilization of fund (if any)
Status of data entry in (match with physical records)	HMIS: <input type="checkbox"/> Updated/ <input type="checkbox"/> Not updated MCTS: <input type="checkbox"/> Updated/ <input type="checkbox"/> Not updated IHIP: <input type="checkbox"/> Updated/ <input type="checkbox"/> Not updated HWC Portal: <input type="checkbox"/> Updated/ <input type="checkbox"/> Not updated Nikshay Portal: <input type="checkbox"/> Updated/ <input type="checkbox"/> Not updated
Frequency of RKS meeting Last meeting held on (date):	
Availability of ambulance services in the area	<input type="checkbox"/> Own ambulance available (Number)_____ <input type="checkbox"/> DH/ SDH has contracted out ambulance services (Number)_____ <input type="checkbox"/> Ambulances services with Centralized call centre <input type="checkbox"/> Government ambulance services are not available Comment (if any):
How many cases from CHC, PHC, SC, referred to in last month?	Number: CHC PHC SC Types of cases referred in:
How many cases were referred out last month?	Number: Types of cases referred out:
Key challenges in the facility and the root causes	
Challenge	Root causes





Indicator	Remarks/ Observation





Ministry of Health & Family Welfare
Government of India



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

Service Delivery:

Name of facility visited																			
Facility Type	<input type="checkbox"/> CHC/ <input type="checkbox"/> U-CHC																		
FRU	<input type="checkbox"/> Yes/ <input type="checkbox"/> No																		
Standalone/ Co-located	<input type="checkbox"/> Standalone/ <input type="checkbox"/> Co-located Co-located with (if applicable):																		
Accessible from nearest road head	<input type="checkbox"/> Yes/ <input type="checkbox"/> No																		
Date of Visit																			
Next Referral Point	Facility: Distance:																		
Indicator	Remarks/ Observation																		
OPD Timing																			
Whether the facility is functioning in PPP mode	<input type="checkbox"/> Yes/ <input type="checkbox"/> No																		
Condition of infrastructure/ building	Comments:																		
Please comment on the condition and tick the appropriate box	<input type="checkbox"/> 24*7 running water facility <input type="checkbox"/> Facility is geriatric and disability friendly (ramps etc.) <input type="checkbox"/> Clean functional toilets available (separate for Male and female) <input type="checkbox"/> Drinking water facility available <input type="checkbox"/> OPD waiting area has sufficient sitting arrangement <input type="checkbox"/> ASHA rest room is available <input type="checkbox"/> Drug storeroom with rack is available Power backup: <input type="checkbox"/> Complete Hospital/ <input type="checkbox"/> Part of the hospital																		
Number of functional in-patient beds																			
List of Services available																			
Specialized services available in addition to General OPD, ANC, Delivery, PNC, Immunization, FP, Laboratory services	<table border="1"> <thead> <tr> <th>Sl.</th> <th>Service</th> <th>Y/N</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>Medicine</td> <td></td> </tr> <tr> <td>2</td> <td>O&G</td> <td></td> </tr> <tr> <td>3</td> <td>Pediatric</td> <td></td> </tr> <tr> <td>4</td> <td>General Surgery</td> <td></td> </tr> <tr> <td>5</td> <td>Anesthesiology</td> <td></td> </tr> </tbody> </table>	Sl.	Service	Y/N	1	Medicine		2	O&G		3	Pediatric		4	General Surgery		5	Anesthesiology	
Sl.	Service	Y/N																	
1	Medicine																		
2	O&G																		
3	Pediatric																		
4	General Surgery																		
5	Anesthesiology																		





	6	Ophthalmology				
	7	Dental				
	8	Imaging Services (X – ray)				
	9	Imaging Services (USG)				
	10	Newborn Stabilization Unit				
If any of the specialists are available 24*7		<input type="checkbox"/> Yes available <input type="checkbox"/> Yes, available only on-call <input type="checkbox"/> Not available				
Emergency		General emergency: or facilities available for: 1. Triage 2. Resuscitation 3. Stabilization				
Tele-medicine/Consultation services available		<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, average case per day _____				
Operation Theatre available		<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, Major: Minor:				
Availability of functional Blood Storage Unit		<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, number of units of blood currently available: _____ No. of blood transfusions done in last month: _____				
Whether blood is issued free, or user-fee is being charged		<input type="checkbox"/> Free for BPL <input type="checkbox"/> Free for elderly <input type="checkbox"/> Free for JSSK beneficiaries <input type="checkbox"/> Free for all				
Biomedical waste management practices		Sharp pit: Deep Burial pit: Other System, if any:				
Details of HR available in the facility (Sanctioned and In-place)		HR	San.	Reg.	Cont.	
		MO (MBBS)				
		Specialists	Medicine			
			ObGy			
			Pediatrician			
			Anesthetist			
		Dentist				
		SNs/ GNMs				
		LTs				
		Pharmacist				
		Dental Assistant/ Hygienist				
		Hospital/ Facility Manager				
		EmOC trained doctor				
LSAS trained doctor						
Others						
IT Services		Desktop/ Laptop available: <input type="checkbox"/> Yes/ <input type="checkbox"/> No Internet connectivity: <input type="checkbox"/> Yes/ <input type="checkbox"/> No Quality/strength of internet connection: _____				





Kayakalp (2021-22)	Initiated: Facility score: Award received:
NQAS (2021-22)	Assessment done: Internal/State Facility score: Certification Status:
LaQshya	Labour Room: Operation Theatre:
Availability of list of essential medicines (EML)/ drugs (EDL)	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
	If yes, total number of drugs in EDL _____ EDL displayed in OPD Area: <input type="checkbox"/> Yes/ <input type="checkbox"/> No No. of drugs available on the day of visit (out of the EDL) _____
Implementation of DVDMS or similar supply chain management system	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If other, which one _____
Shortage of 5 priority drugs from EDL in last 30 days, if any	1
	2
	3
	4
	5
Availability of Essential Consumables:	<input type="checkbox"/> Sufficient Supply <input type="checkbox"/> Minimal Shortage <input type="checkbox"/> Acute shortage In last 6 months how many times there was shortage _____ List the consumables for which there has been shortage _____
Availability of essential diagnostics	<input type="checkbox"/> In-house <input type="checkbox"/> Outsourced/ PPP <input type="checkbox"/> Both/ Mixed
In-house tests (for 2021-22)	Timing: Total number of tests performed: _____ Details of tests performed:
Outsourced/ PPP (for 2021-22)	Timing: Total number of tests performed: _____ Details of tests performed:
X-ray services is available	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If Yes, type & nos. of functional X-ray machine is available in the hospital: Is the X-ray machine AERB certified: <input type="checkbox"/> Yes/ <input type="checkbox"/> No





Whether diagnostic services (lab, X-ray, USG etc.) are free for all	<input type="checkbox"/> Free for BPL <input type="checkbox"/> Free for elderly <input type="checkbox"/> Free for JSSK beneficiaries <input type="checkbox"/> Free for all
Availability of Testing kits/ Rapid Diagnostic Kits	<input type="checkbox"/> Sufficient Supply <input type="checkbox"/> Minimal Shortage <input type="checkbox"/> Acute shortage (List the name of kits for which there is shortage)
If there is any shortage of major instruments/ equipment (List the Name of Equipment)	
Average downtime of equipment. Details of equipment are nonfunctional for more than 7 days	
Availability of delivery services	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
If the facility is designated as FRU, whether C-sections are performed	<input type="checkbox"/> Yes/ <input type="checkbox"/> No Number of normal deliveries performed in last month: ____ No. of C-sections performed in last month: _____
Comment on condition of:	Labour room: OT: Functional New-born care corner (functional radiant warmer with neo-natal ambu bag): <input type="checkbox"/> Yes/ <input type="checkbox"/> No
Status of JSY payments	Payment is up to date: <input type="checkbox"/> Yes/ <input type="checkbox"/> No Average delay: Payment done till: Reasons for delay:
Availability of JSSK entitlements	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, whether all entitlements being provided <input type="checkbox"/> Free delivery services (Normal delivery/ C-section) <input type="checkbox"/> Free diet <input type="checkbox"/> Free drugs and consumables <input type="checkbox"/> Free diagnostics <input type="checkbox"/> Free blood services <input type="checkbox"/> Free referral transport (home to facility) <input type="checkbox"/> Free referral transport (drop back from facility to home) <input type="checkbox"/> No user charges
PMSMA services provided on 9 th of every month	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, how are high risks identified on 9 th ? If No, reasons thereof:





Line listing of high-risk pregnancies	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
Practice related to Respectful Maternity Care			
Whether facility have registers for entering births and deaths	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
Number of Maternal Death reported in the facility	Previous year: 2020-21___ Current year:2021-22__		
Number of Child Death reported in the facility	2020-21: 2021-22:		
If Comprehensive Abortion Care (CAC) services available	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
Availability of vaccines and hub cutter	<input type="checkbox"/> Yes/ <input type="checkbox"/> No Nurses/ ANM aware about open vial policy: <input type="checkbox"/> Yes/ <input type="checkbox"/> No		
Number of newborns immunized with birth dose at the facility in last 3 months			
Newborns breastfed within one hour of birth (observe if practiced and women are being counselled)			
Number of sterilizations performed in last one month	Male__ Female__		
Availability of trained provider for IUCD/ PPIUCD	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
Who counsels on FP services?			
Please comment on utilization of other FP services			
FPLMIS has been implemented	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
Availability of functional Adolescent Friendly Health Clinic	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, who provides counselling to adolescents: _____ Separate male and female counselors available: <input type="checkbox"/> Yes/ <input type="checkbox"/> No Number of Adolescents counseled in last 6 months_____		
Whether facility has fixed day NCD clinic	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If Yes, how many days in a week: _____ days		
Are service providers trained in cancer services?	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
Number of individuals screened for the following in last 6 months:	Screened	Confirmed	
	Hypertension		
	Diabetes		
	Oral Cancer		
	Breast Cancer		
Cervical Cancer			
Are service providers trained in cancer services?	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
Whether reporting weekly data in P, S and L form under IDSP	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
Status of TB elimination programme	Facility is designated as Designated Microscopy Centre (DMC): <input type="checkbox"/> Yes/ <input type="checkbox"/> No		





	<p>If yes, percent of OPD whose samples were tested for TB (microscopy) in last 6 month (average) _____</p> <p>If anti-TB drugs available at the facility: <input type="checkbox"/>Yes/ <input type="checkbox"/>No</p> <p>If yes, are there any patients currently taking anti-TB drugs from the facility: <input type="checkbox"/>Yes/ <input type="checkbox"/>No</p> <p>Percent of patients tested through CBNAAT/TruNat for Drug resistance in the last 6 months _____</p> <p>Is there a sample transport mechanism in place for: investigations within public sector for TB testing? <input type="checkbox"/>Yes/ <input type="checkbox"/>No investigations within public sector for other tests? <input type="checkbox"/>Yes/ <input type="checkbox"/>No outsourced testing? <input type="checkbox"/>Yes/ <input type="checkbox"/>No</p> <p>Are all TB patients tested for HIV? <input type="checkbox"/>Yes/ <input type="checkbox"/>No Are all TB patients tested for Diabetes Mellitus: <input type="checkbox"/>Yes/ <input type="checkbox"/>No</p> <p>Percent of TB Patients for whom DBT installments have been initiated under Nikshay Poshan Yojana in the last 6 months: _____</p>
Status on Leprosy eradication programme	<p>Nos. of new case detected by Field Worker in last 12 months: Out of those, how many are having Gr. II deformity: Frequency of Community Surveillance: _____</p>
Maintenance of records on	<p>TB Treatment Card cases (both for drug sensitive and drug resistant cases): <input type="checkbox"/>Yes/ <input type="checkbox"/>No TB Notification Registers: <input type="checkbox"/>Yes/ <input type="checkbox"/>No Malaria cases: <input type="checkbox"/>Yes/ <input type="checkbox"/>No Palliative cases: <input type="checkbox"/>Yes/ <input type="checkbox"/>No Cases related to Dengue and Chikungunya: <input type="checkbox"/>Yes/ <input type="checkbox"/>No Leprosy cases: <input type="checkbox"/>Yes/ <input type="checkbox"/>No</p>
How much fund was received and utilized by the facility under NHM?	<p>Fund Received last year: Fund utilized last year: _____</p>
	<p>Items/ Activities whose expenditure is met out of the RKS/ Untied Fund regularly:</p>
	<p>Reasons for underutilization of fund (if any)</p>
Status of data entry in (match with physical records)	<p>HMIS: <input type="checkbox"/>Updated/ <input type="checkbox"/>Not updated MCTS: <input type="checkbox"/>Updated/ <input type="checkbox"/>Not updated IHIP: <input type="checkbox"/>Updated/ <input type="checkbox"/>Not updated HWC Portal: <input type="checkbox"/>Updated/ <input type="checkbox"/>Not updated Nikshay Portal: <input type="checkbox"/>Updated/ <input type="checkbox"/>Not updated</p>
Frequency of RKS meeting (check and obtain minutes of last meeting held)	
Availability of ambulance services in the area	<input type="checkbox"/> CHC own ambulance available





	Number____ <input type="checkbox"/> CHC has contracted out ambulance services Number_____ <input type="checkbox"/> Ambulances services with Centralized call centre <input type="checkbox"/> Government ambulance services are not available Comment (if any):
How many cases from sub centre/ PHC were referred to this CHC last month?	Number: Sub centre PHC Types of cases referred in:
How many cases from the CHC were referred to the DH last month?	Number: Types of cases referred out:
Key challenges in the facility and the root causes	
Challenge	Root causes





Ministry of Health & Family Welfare
Government of India



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

Service Delivery:

Name of facility visited		
Facility Type		<input type="checkbox"/> PHC/ <input type="checkbox"/> U-PHC
Whether the facility has been converted to HWC		<input type="checkbox"/> Yes/ <input type="checkbox"/> No
Standalone/ Co-located		<input type="checkbox"/> Standalone/ <input type="checkbox"/> Co-located Co-located with (if applicable):
Accessible from nearest road head		<input type="checkbox"/> Yes/ <input type="checkbox"/> No
Date of Visit		
Next Referral Point		Facility: Distance:
Indicator	Remarks/ Observation	
1. OPD Timing		
<ul style="list-style-type: none"> For U-PHC, check if evening/morning OPD/Clinics being conducted 	<input type="checkbox"/> Yes/ <input type="checkbox"/> No	
2. Whether the facility is functioning in PPP mode	<input type="checkbox"/> Yes/ <input type="checkbox"/> No	
3. Condition of infrastructure/ building	Comments:	
Please comment on the condition and tick the appropriate box	<input type="checkbox"/> 24*7 running water facility <input type="checkbox"/> Facility is geriatric and disability friendly (Ramps etc.) <input type="checkbox"/> Clean functional toilets available (separate for Male and female) <input type="checkbox"/> Drinking water facility available <input type="checkbox"/> OPD waiting area has sufficient sitting arrangement <input type="checkbox"/> ASHA rest room is available <input type="checkbox"/> Drug storeroom with rack is available <input type="checkbox"/> Power backup <input type="checkbox"/> Branding	
4. Number of functional in-patient beds		
5. List of Services available		
6. If 24*7 delivery services available	<input type="checkbox"/> Yes/ <input type="checkbox"/> No	
7. Tele-medicine/Consultation services available	<input type="checkbox"/> Yes/ <input type="checkbox"/> No	
	If yes, average case per day _____	
8. Biomedical waste management practices	Sharp pit: Deep Burial pit: Other System, if any:	





9. Details of HR available in the facility (Sanctioned and In-place)	HR	San.	Reg.	Cont.	
	MO (MBBS)				
	MO (AYUSH)				
	SNs/ GNMs				
	ANM				
	LTs				
	Pharmacist				
	Public Health Manager (NUHM)				
	LHV/PHN				
	Others				
10. IT Services	<ul style="list-style-type: none"> Desktop/ Laptop available: <input type="checkbox"/>Yes/ <input type="checkbox"/>No All ANMs have functional Tablets: <input type="checkbox"/>Yes/ <input type="checkbox"/>No Smart phones given to all ASHAs: <input type="checkbox"/>Yes/ <input type="checkbox"/>No Internet connectivity: <input type="checkbox"/>Yes/ <input type="checkbox"/>No Quality/strength of internet connection: _____ 				
11. Kayakalp (2021-22)	Initiated: Facility score: Award received:				
12. NQAS (2021-22)	Assessment done: Internal/State Facility score: Certification Status:				
13. Availability of list of essential medicines (EML)/ drugs (EDL)	<input type="checkbox"/> Yes/ <input type="checkbox"/> No				
	If yes, total number of drugs in EDL_____				
	EDL displayed in OPD Area: <input type="checkbox"/> Yes/ <input type="checkbox"/> No				
14. Implementation of DVDMS or similar supply chain management system	<input type="checkbox"/> Yes/ <input type="checkbox"/> No				
	If other, which one_____				
15. Shortage of 5 priority drugs from EDL in last 30 days, if any	1				
	2				
	3				
	4				
	5				
16. Drugs Available for Hypertension & Diabetic patients:	1				
	2				
	3				
17. Shortage of sufficient number of Hypertension & Diabetic in last 7 days	1				
	2				
	3				
18. Availability of Essential Consumables:	<input type="checkbox"/> Sufficient Supply <input type="checkbox"/> Minimal Shortage <input type="checkbox"/> Acute shortage In last 6 months how many times there was shortage_____ (Also list the consumables for which there was shortage)				





19. Availability of essential diagnostics	<input type="checkbox"/> In-house <input type="checkbox"/> Outsourced/ PPP <input type="checkbox"/> Both/ Mixed
<ul style="list-style-type: none"> In-house tests For 2021-22 	Timing: Total number of tests performed: _____ Details of tests performed:
<ul style="list-style-type: none"> Outsourced/ PPP For 2021-22 	Timing: Total number of tests performed: _____ Details of tests performed:
20. X-ray services is available	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If Yes, type & nos. of functional X-ray machine is available in the hospital: Is the X-ray machine AERB certified: <input type="checkbox"/> Yes/ <input type="checkbox"/> No
21. Whether diagnostic services (lab, X-ray etc.) are free for all	<input type="checkbox"/> Free for BPL <input type="checkbox"/> Free for elderly <input type="checkbox"/> Free for JSSK beneficiaries <input type="checkbox"/> Free for all
22. Availability of Testing kits/ Rapid Diagnostic Kits	<input type="checkbox"/> Sufficient Supply <input type="checkbox"/> Minimal Shortage <input type="checkbox"/> Acute shortage
23. If there is any shortage of major instruments/ equipment	List of Equipment
24. Average downtime of equipment. Details of equipment are nonfunctional for more than 7 days	
25. Availability of delivery services	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
<ul style="list-style-type: none"> If yes, details 	Comment on condition of labour room: Functional New-born care corner (functional radiant warmer with neo-natal ambu bag): <input type="checkbox"/> Yes/ <input type="checkbox"/> No
26. Status of JSY payments	Payment is up to date: <input type="checkbox"/> Yes/ <input type="checkbox"/> No Average delay: Payment done till: Reasons for delay:
27. Availability of JSSK entitlements	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, whether all entitlements being provided <input type="checkbox"/> Free delivery services (Normal delivery/ C-section) <input type="checkbox"/> Free diet <input type="checkbox"/> Free drugs and consumables





	<input type="checkbox"/> Free diagnostics <input type="checkbox"/> Free blood services <input type="checkbox"/> Free referral transport (home to facility) <input type="checkbox"/> Free referral transport (drop back from facility to home) <input type="checkbox"/> No user charges		
28. Line listing of high-risk pregnancies	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
29. Number of normal deliveries in last three month			
30. Availability of Daksh/ Dakshta trained/SBA trained MO/SN/ANM in Labour Room	<input type="checkbox"/> Yes <input type="checkbox"/> No		
31. Practice related to Respectful Maternity Care			
32. Number of Maternal Death reported in the facility	Previous year:2020-2021 Current FY:2021-2022		
33. Number of Child Death reported in the facility	Previous year: Current year:		
34. Availability of vaccines and hub cutter	<input type="checkbox"/> Yes/ <input type="checkbox"/> No Nurses/ ANM aware about open vial policy: <input type="checkbox"/> Yes/ <input type="checkbox"/> No		
35. Number of newborns immunized with birth dose at the facility in last 3 months			
36. Newborns breastfed within one hour of birth (observe if practiced and women are being counselled)			
37. Number of sterilizations performed in last one month	Male Female		
38. Availability of trained provider for IUCD/ PPIUCD	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
39. Who counsels on FP services?			
40. Please comment on utilization of other FP services			
41. FPLMIS has been implemented	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
42. Availability of functional Adolescent Friendly Health Clinic	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, who provides counselling to adolescents: _____ Separate male and female counselors available: <input type="checkbox"/> Yes/ <input type="checkbox"/> No		
43. Whether facility has fixed day NCD clinic	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If Yes, how many days in a week: _____ days		
44. Are service providers trained in cancer services?	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
45. Number of individuals screened for the following in last 6 months:		Screened	Confirmed
	a. Hypertension		
	b. Diabetes		
	c. Oral Cancer		
	d. Breast Cancer		





	e. Cervical Cancer		
46. Whether wellness activities are performed	<input type="checkbox"/> Yes/ <input type="checkbox"/> No Frequency:		
47. Whether reporting weekly data in P and L form under IDSP	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
48. Distribution of Long lasting Insecticidal nets (LLIN) in high-risk areas	No. of LLIN distributed per household: <input type="checkbox"/> 1 per family/ <input type="checkbox"/> Others (Specify): _____		
49. Status of TB elimination programme	Facility is designated as Designated Microscopy Centre (DMC): <input type="checkbox"/> Yes/ <input type="checkbox"/> No		
	If yes, percent of OPD whose samples were tested for TB (microscopy) in last 6 month (average) _____		
	If anti-TB drugs available at the facility: <input type="checkbox"/> Yes/ <input type="checkbox"/> No		
	If yes, are there any patients currently taking anti-TB drugs from the facility: <input type="checkbox"/> Yes/ <input type="checkbox"/> No		
	Percent of patients tested through CBNAAT/TruNat for Drug resistance in the last 6 months _____		
	Is there a sample transport mechanism in place for: <ul style="list-style-type: none"> • investigations within public sector for TB testing? <input type="checkbox"/>Yes/ <input type="checkbox"/>No • investigations within public sector for other tests? <input type="checkbox"/>Yes/ <input type="checkbox"/>No • outsourced testing? <input type="checkbox"/>Yes/ <input type="checkbox"/>No 		
	Are all TB patients tested for HIV? <input type="checkbox"/> Yes/ <input type="checkbox"/> No		
	Are all TB patients tested for Diabetes Mellitus: <input type="checkbox"/> Yes/ <input type="checkbox"/> No		
50. Status on Leprosy eradication programme	Nos. of new case detected by Field Worker in last 12 months: Out of those, how many are having Gr. II deformity: Frequency of Community Surveillance:		
	51. Maintenance of records on <ul style="list-style-type: none"> • TB Treatment Card cases (both for drug sensitive and drug resistant cases): <input type="checkbox"/>Yes/ <input type="checkbox"/>No • TB Notification Registers: <input type="checkbox"/>Yes/ <input type="checkbox"/>No • Malaria cases: <input type="checkbox"/>Yes/ <input type="checkbox"/>No • Palliative cases: <input type="checkbox"/>Yes/ <input type="checkbox"/>No • Cases related to Dengue and Chikungunya: <input type="checkbox"/>Yes/ <input type="checkbox"/>No • Leprosy cases: <input type="checkbox"/>Yes/ <input type="checkbox"/>No 		
52. How much fund was received and utilized by the facility under NHM?	Fund Received last year: Fund utilized last year:		
	Items/ Activities whose expenditure is met out of the RKS/ Untied Fund regularly:		
	Reasons for underutilization of fund (if any)		
53. Status of data entry in (match with physical records)	HMIS: <input type="checkbox"/> Updated/ <input type="checkbox"/> Not updated MCTS: <input type="checkbox"/> Updated/ <input type="checkbox"/> Not updated IHIP: <input type="checkbox"/> Updated/ <input type="checkbox"/> Not updated HWC Portal: <input type="checkbox"/> Updated/ <input type="checkbox"/> Not updated Nikshay Portal: <input type="checkbox"/> Updated/ <input type="checkbox"/> Not updated		
54. Frequency of RKS meeting (check and obtain minutes of last meeting held)			





<p>55. Availability of ambulance services in the area</p>	<p><input type="checkbox"/>PHC own ambulance available Number _____</p> <p><input type="checkbox"/>PHC has contracted out ambulance services Number _____</p> <p><input type="checkbox"/>Ambulances services with Centralized call centre</p> <p><input type="checkbox"/>Government ambulance services are not available</p> <p>Comment (if any):</p>
<ul style="list-style-type: none"> How many cases from sub centre were referred to this PHC last month? 	<p>Number:</p> <p>Types of cases referred in:</p>
<ul style="list-style-type: none"> How many cases from the PHC were referred to the CHC last month? 	<p>Number:</p> <p>Types of cases referred out:</p>
<p>56. Key challenges in the facility and the root causes</p>	
<p>Challenge</p>	<p>Root causes</p>
<p>a)</p>	
<p>b)</p>	
<p>c)</p>	
<p>d)</p>	
<p>e)</p>	
<p>Only for U-PHC</p>	
<p>57. Population enumeration initiated for slum population</p>	<p><input type="checkbox"/>Not yet initiated</p> <p><input type="checkbox"/>Initiated</p> <p><input type="checkbox"/>Completed</p>
<p>58. Number of CBAC forms filled (NUHM)</p>	
<p>59. Is Specialist services provided at U-PHC?</p>	<p><input type="checkbox"/>Yes/ <input type="checkbox"/>No</p> <p>If yes, specialist services are provided through: <input type="checkbox"/>Teleconsultation/ <input type="checkbox"/>Clinic</p> <p>Schedule: <input type="checkbox"/>Fixed/ <input type="checkbox"/>Rotational</p> <p>Type of specialist services available: <input type="checkbox"/>OBGY, <input type="checkbox"/>Pediatrics, <input type="checkbox"/>Medicine, <input type="checkbox"/>Dermatology, <input type="checkbox"/>Ophthalmology, Others _____</p>
<p>60. UHNDs Conducted:</p>	<p><input type="checkbox"/>Yes/ <input type="checkbox"/>No</p> <p>If yes, no. of UHND conducted per month _____</p>
<p>61. Special Outreach camps conducted:</p>	<p><input type="checkbox"/>Yes/ <input type="checkbox"/>No</p> <p>If yes, no. of UHND conducted during last quarter _____</p> <p>Type of specialties provided during special outreach camps: _____</p>

