



Ministry of Health & Family Welfare  
Government of India



## National Health Mission

A Report on  
Monitoring of Important Components of the Programme Implementation Plan  
under National Health Mission

East Garo Hills District of Meghalaya, India



Submitted by

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December, 2022

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## Acknowledgements

The monitoring and evaluation of the National Health Mission (NHM) of program implementation plan (PIP) in East Garo Hills district was successfully completed with the help and cooperation from the Ministry of Health and Family Welfare, Government of India. We are thankful to the Office of the District Medical & Health Officer (DM&HO) East Garo Hills, the NHM officials and staff in East Garo Hills and the support extended by Medical Officers and program officials from the Department of Health & Family Welfare, Government of Meghalaya.

In particular, we are grateful to Dr. I. A. Sangma, District Medical & Health Officer (DM&HO), East Garo Hills district for the support provided to conduct the meetings and monitoring visits to the selected health facilities. We are thankful to Dr. C. E. N. Sangma, Medical Superintendent, Civil Hospital Williamnagar, East Garo Hills district.

Dr. Mylieu Marak, Medical Officer-in-Charge (MOIC) of Community Health Centre, Rongjeng. We would like to thank Medical-Officer-in-Charge of Primary Health Centre, Songsak and Samanda for their support during visit the facilities. We are also thankful to Meghalaya Health Worker posted at Sub Centre-HWC of Koksi-Nengsat and Sampalgre for facilitating the visits and discussions regarding functioning of the health facilities.

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.

Finally, we are thankful to Mr. Karak Sangama, District Programme Manager, East Garo Hills, Mr. Sanstar G. Momin, District Account Manager and Mr. Rony M. Sangma, Quality Co-ordinator of Civil Hospital Williamnagar for the support provided during the monitoring visit.

Last but not the least; we would like to thank the research and administrative staff of the Population Research Centre (PRC Delhi, IEG) for extending all the necessary support and coordination for the completion of this report.

**- Dr. William Joe, Dr. Saroj Kumar & Mr. Amarjeet**

## Acronyms and Abbreviations

AFHS	Adolescent Friendly Health Clinic
ANC	Ante Natal Care
ANM	Auxiliary Nurse Midwife
ASHA	Accredited Social Health Activist
AYUSH	Ayurveda, Yoga & Naturopathy, Unani, Siddha and Homeopathy
BCC	Behaviour change communication
BCG	Bacillus Calmette Guerin
BEmOC	Basic Emergency Obstetric Care
BPL	Below Poverty Line
BSU	Blood Storage Unit
CHC	Community Health Centre
CMO	Chief Medical Officer
DEIC	District Early Intervention Centre
DH	District Hospital
DHQ	District Health Quarter
DOTS	Directly Treatment Strategy
DPMU	District Programme Management Unit
DPT	Diphtheria Pertussis Tetanus
DWH	District Women Hospital
EmOC	Emergency Obstetric Care
F-IMNCI	Facility based Integrated Management of Neonatal and Childhood Illness
FRU	First Referral Unit
HBNC	Home Based New Born Care
HIV	Human Immunodeficiency Virus
HMIS	Health Management Information System
HWC	Health & Wellness Centre
ICDS	Integrated Child Development Services
IEC	Information Education & Communication
IFA	Iron & Folic Acid
IMEP	Infection Management and Environment Plan
IPD	Indoor-Patients Department
IPHS	Indian Public Health Standards
IUCD	Intra Uterine Contraceptive Device
JSSK	Janani Shishu Suraksha Karyakaram
JSY	Janani Suraksha Yojana
KMC	Kangaroo Mother Care
LaQshya	Labour room Quality improvement initiative
LHV	Lady Health Visitor

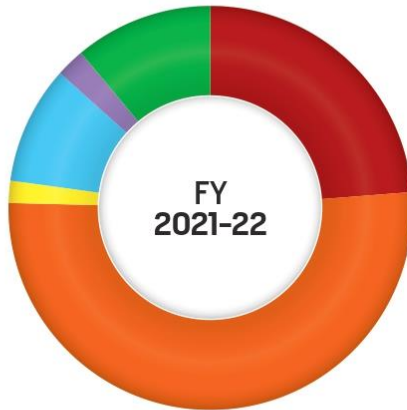
LSAS	Life Saving Anaesthesia Skill
MCH	Maternal and Child Health
MCTS	Mother and Child Tracking System
MOIC	Medical Officer In-Charge
NBCC	New Born Care Corner
NBSU	New Born Special Unit
NGO	Non-Government Organization
NHM	National Health Mission
NLEP	National Leprosy Eradication Programme
NPCB	National Programme for Control of Blindness
NPCC	National Program Coordination Committee
NRC	National Rehabilitation Centre
NRHM	National Rural Health Mission
NSSK	Navjat Shishu Surksha Karyakram
NSV	Non-Scalpel Vasectomy
NUHM	National Urban Health Mission
NVBDCP	National Vector Borne Disease Control Programme
NVHCP	National Viral Hepatitis Control Programme
OBG	Obstetrics Gynaecologist
OCP	Oral Contraceptive Pill
OPV	Oral Polio Vaccine
ORS	Oral Rehydration Solution
PFMS	Public Financial Management System
PHC	Primary Health Centre
PIP	Programme Implementation Plan
PPIUCD	Post-Partum Intra-utérine Contraceptive Devise
RKS	Rogi Kalyan Samiti
RNTCP	Revised National Tuberculosis Control Programme
RTI	Reproductive Tract Infection
SBA	Skilled Birth Attendant
SNCU	Special Newburn Care Unit
STI	Sexually Transmitted Infection
U5MR	Under 5 Mortality Rate
VHND	Village Health and Nutrition Day



# NHM-PIP MONITORING EAST GARO HILLS DISTRICT HIGHLIGHTS



## Break-up of Resource Envelope of NHM Program, Meghalaya



- RCH Flexible Pool (including RI, IPPI, NIDDCP) — 24%
- Health System Strengthening (HSS) under NRHM — 52%
- NUHM Flexible Pool — 2%
- NDCP Flexible Pool (NTEP, NVHCP, NVBDCP, NLEP, IDSP) — 9%
- NCD Flexible Pool (NPCB, NMHP, NPHCE, NTCP, NPCDCS, NPCCHH, PMNDP) — 2%
- Infrastructure Maintenance (including Direction and Administration) — 11%

INR **325.6 cr**  
PIP Budget (Proposed)

INR **306.0 cr**  
ROP Budget (Approvals)  
(94% of the PIP budget)  
excluding Infrastructure maintenance and  
Immunization kind grants

## Key MCH Indicators, East Garo Hills District, Meghalaya



**73.8%**  
Institutional Births



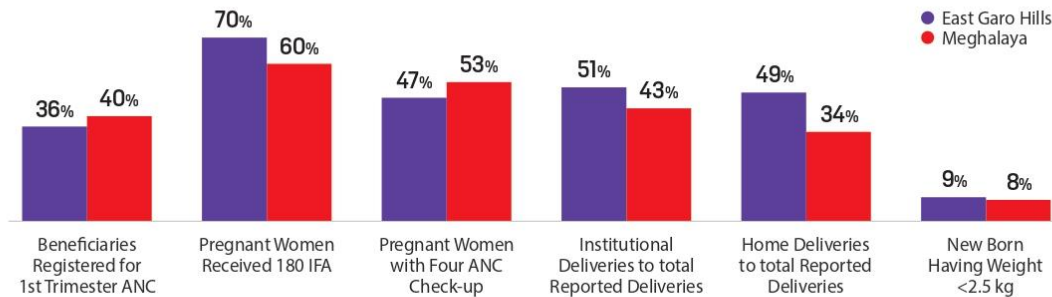
**72.4%**  
Full Immunization Coverage



**25.5%**  
Mother who had Four ANC Visits

Source: NFHS 2019-21

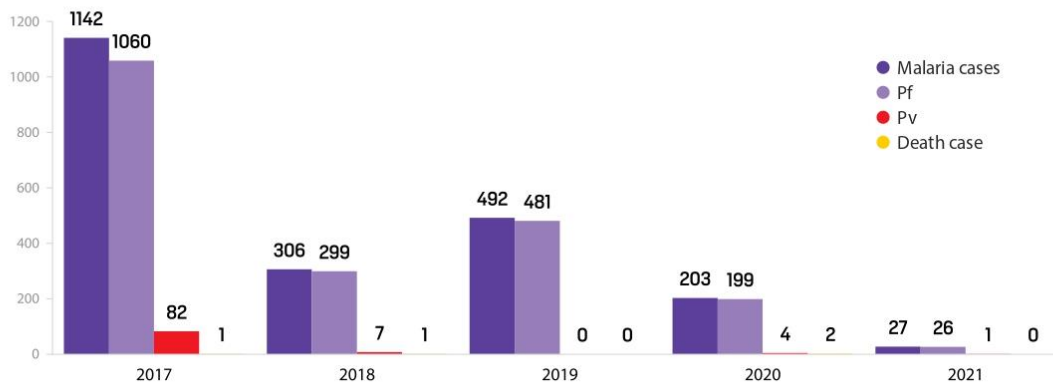
## Key HMIS Indicators, East Garo Hills District, Meghalaya



East Garo Hills district has improved in coverage of 1st trimester ANC registration, pregnant women received 180 IFA tablets and women received 4 ANC check-up as compared to the state of Meghalaya during 2021-22. However, district was reported about 49% home deliveries to total reported deliveries which is much higher than the state in 2021-22. New born having less than 2.5 kg. weight was 9% in the district.

Source: Estimate based on HMIS Data (East Garo Hills District) FY 2021-22

## Trends of Malaria Situation in East Garo Hills District During 2017-2021



Malaria cases has reduced drastically from 1142 in 2017 to 27 cases in 2021 in the district, also the number of death cases have reduced over time.

Source: Malaria Situation and Performance Report, East Garo Hills district 2022, DM&HO Office, Meghalaya

Note: Pf - Plasmodium falciparum and Pv - Plasmodium vivax

### 📍 Civil Hospital, Williamnagar

Civil hospital was established on 25th June in 2007. It is a 108 bedded government situated in the main town Williamnagar, East Garo Hills district. Civil hospital provides specialized services like; Medicine, Obstetrics and Gynecology, Pediatrics, General Surgery, Dental, ICU, USG and emergency services for the patients. The C-section services are provided by the hospital with one Gynecologist and Pediatrician. In September, 114 normal and 23 C-section deliveries were conducted in the hospital. CT scan services was not available in the hospital. Chief Minister's Safe Motherhood Scheme (CM-SMS) scheme is implemented in the district from this year which provides the transit home facility for stay of pregnant women with accompanied till birth.

### 📍 Community Health Centre, Rongjeng

CHC Rongjeng is 30 bedded hospital. CHC building is very old structure and need major repairing of whole hospital. The facility has insufficient quarter for the staff. The facility has not specialized services except the dental and NBSU services. The facility provides routine services such as; ANC & PNC, Immunization, IUCD, PPIUCD, NCD, OPD, IPD, adolescent service and family planning. Facility is not designated as FRU, normal delivery service is available. The facility was implemented the Kayakalp programme and scored about 70% in 2021-22 but not initiated LaQshya and NQAS activity.

### 📍 Primary Health Centre, Songsak

PHC Songsak is accessible from the road and the next referral point is Civil hospital Williamnagar which is at a distance from 29 km. Tele-medicine or consultation services is being provided at PHC Songsak and average of 20-25 patients per month received this facility.

### 📍 Primary Health Centre, Samanda

PHC Samanda is difficult to accessible from the road and the next referral point is Civil hospital Williamnagar which is 20 km. away from the PHC. There is no X-ray service available at the facility and minimal shortage of rapid diagnostic kits were reported during visit the facility. Shortage of several drugs like syrup Paracetamol, syrup Amoxicillin, Tablet Anticold and injection and Gilcid-gel syrup from EDL in last 30 days is noted. Tele-medicine or consultation services is being provided at PHC Samanda.

### 📍 Sub-Centre, Koksi-Nengsat

Sub-Centre Koksi-Nengsat is located near to road side and the referral point is PHC Dagal which is 6 km. away from the facility. The facility is functioning in three small room. The lack of basic facilities like; no drinking water facility, lack of separate toilet and space for waiting area for OPD, observed during visit. There is acute shortage of testing kits or rapid diagnostic kits at the facility. VHSND is being conducted on monthly basis in the village. A total of 54 sessions were held from May to October 2022 by SC.

### 📍 Sub-Centre, Sampalgre

The condition of building is good and surface areas is low lying. Space constraint is the major problem of the centre. SC is functioning with two ANMs, one MLHP and 15 ASHAs. The sub-centre has maintained the record of TB cases (both cases drug sensitive and drug resistant), malaria, dengue & chikungunya cases. Line listing of pregnant women is being carried out and ASHAs have micro plan for immunization.

## Executive Summary

The Ministry of Health and Family Welfare (MoHFW), Government of India has assigned Population Research Centre (PRC) the task of quality monitoring of essential components of National Health Mission (NHM) State Programme Implementation Plan (PIP 2022-23). This report of Population Research Centre, Institute of Economic Growth, Delhi (PRC-IEG) presents the key findings from the concurrent monitoring of essential components of under NHM in East Garo Hills district, Meghalaya. The report provides 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 East Garo Hills: Williamnagar Civil Hospital, Community Health Centre, Rongjeng, Primary Health Centre, Songsak and Samanda, Sub-Centre Koksi-Nengsat and Sampalgre and Anganwadi Centre in Rongkem village. Meetings were held with the District Medical & Health Officer (DM&HO) and the NHM Nodal Officials (RCH Nodal Officer). Interactions were also held with the Medical Officer in-Charge (MOIC) of the selected health facilities, health care providers (ANM, ASHAs etc.) to understand the strengths and weakness of the facilities in service provisioning. HMIS data was also verified for the District Hospital Ranking data validation purposes.

### Key Findings

- SNCU is functioning with 12 beds (including 6 in-born and out-born). The SNCU is managed by four doctors and seven staff nurses who have all received FBNC training. SNCU have four phototherapy machines.
- A total of 294 JSY beneficiaries were registered, out of these, 177 JSY payments are pending. Most of the payment gaps are because of account information related issues. Only 52 beneficiaries have received JSY incentives which is about 18% disbursement from the total.
- Under the RBSK, DEIC is unavailable in the district. The screened children and suspected cases are referred to the West Garo Hills district. Total six teams are available in three blocks with complete set of human resources in place for the services.
- ANC coverage is very low in the district. The main problems are as follows: women do not inform the ASHAs, poor road connectivity and mobile network and most of the villages falling under difficult to reach areas.
- IDSP programme was functioning and a total 31 sub-centres, eight PHCs and one CHC were reporting weekly data on IHIP portal.

- TB cases are very high in the district. The district also has high consumption of alcohol and tobacco products. Two TB units are functioning in the district, one in Resubelpara and another in Williamnagar.
- Civil hospital has a six-bedded well-equipped ICU unit with all instruments but currently it is not functional due to lack of HR.
- Geriatric ward was newly constructed in the civil hospital. The ward is proposed for 10 bedded facility but space is available only for three beds. Also, no store room is available. Currently, the ward is not functioning because of HR gaps.
- X-ray machine was available and functional in the hospital. It was not certified by Atomic Energy Regulatory Board (AERB) though it is reported that application for certification is under process. On the other hand, CBNAAT machine is not functioning since 2020 as the MoU with the maintenance firm is yet to be finalized.
- Chief Minister's Safe Motherhood Scheme (CM-SMS) scheme is implemented in the district from this year which provides the transit home facility for stay of pregnant women with those accompanying them till birth. A cash payment of Rs.1000 is also provided to the accompanying persons.
- Megha Health Insurance Scheme (MHIS) was functioning in the district. A total of 37832 beneficiaries are covered which is about 48% population of the target population.
- Single Nodal Agency (SNA) is implemented in the district which covers all the payments through a single window managed by a nodal officer.
- Performance of family planning programme is lower than the target set for the district. Utilization of spacing method is very low by male and female. Male participation in FP and other programme is not satisfactory and it also affects the service uptake of women for health care.
- Malaria cases in the district has reduced from 1142 cases in 2017 to 27 in 2021. Also, annual parasite incidence (API) has reduced from 6.8 in 2017 to <1 in 2021.
- There is low reporting of P, L and S form data on IHIP portal from every block in 2021. This is because IHIP was launched in 2021 and most of the data operators are yet to be trained to report in the new portal.

# Chapter-1 Introduction

## 1.1 Background

The Ministry of Health and Family Welfare (MoHFW), Government of India has assigned Population Research Centre (PRC) the task of quality monitoring of essential components of National Health Mission (NHM) State Programme Implementation Plan (PIP 2022-23). Considering PIP as a priority activity, Population Research Centre, Institute of Economic Growth, Delhi (PRC-IEG) would identify critical concerns in implementation of NHM activities and also evolve suitable quality parameters to monitor the listed components.

This report presents the key findings from the concurrent monitoring of essential components of under NHM in East Garo Hills district. The overall objective is to monitor the functioning of National Health Mission in the district. Especially, the report aims to provide information on coverage of services, constraints in service delivery and utilization of health services by the population.

The report also provides insights on the status of utilization of health care services under NHM by the population in facility catchment areas. The report is expected to help NHM programme officials and health policymakers to comprehend the status of service delivery in East Garo Hills and assess the gaps and challenges for further improvements in service delivery.

The specific objectives of the study are as follows.

- To monitor the status and adequacy of physical infrastructure of selected DH, CHC, PHC and SC equivalent facilities in East Garo Hills district.
- To assess the availability of human resources and specialists along with their training status.
- To review service delivery status of institutional deliveries, antenatal care, post-natal care, immunization, and family planning services in the district. To understand the performance of incentive schemes such as JSSK and JSY of NHM.
- To review bio-medical waste management and infection control practices; community processes and activities related to ASHAs; functioning of disease control programme etc.
- To understand the budgetary allocations and utilization on various components including untied funds at selected health facilities through Rogi Kalyan Samiti (RKS).

The report is prepared on the basis of field observations and visits to the following public health facilities: Civil hospital Williamnagar, CHC Rongjeng, PHC Songsak and Samanda, SC Koksi-Nengsat and Sampalgre. Structured checklist was used to collect information on human

resources, infrastructure, funds utilization, training, health care services including drugs and equipment family planning, disease control programmes and other programmes under the umbrella of NHM including the National Urban Health Mission (NUMH) activities. Meetings were held with the District Medical & Health Officer (DM&HO) 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. Health Management Information System (HMIS) data was verified for the District Hospital Ranking data validation purposes. Specific observations regarding the status of service provisioning are also monitoring and evaluation of field visit and the key components of NHM are included.

Table 1: List of institutions and facilities visited in East Garo Hills district

<b>Institution and facilities</b>	<b>Contact Person</b>
District Medical & Health Officer	Dr. I. A. Sangma
DMCHO and RCH Nodal Officer	Dr. L. M. Sangma
Medical Superintendent (Civil Hospital, Williamnagar)	Dr. C. E. N. Sangma
Medical Officer In-Charge, CHC Rongjeng	Dr. Mylieu Marak
Medical Officer In-Charge, PHC Samanda	Dr. Cherak M. Sangma
Medical Officer In-Charge, PHC Songsak	Dr. Jury D. Shira
District Programme Manager (DPM)	Mr. Karak Sangma
Block Programme Manager, Samanda	Ms. Winky M. Sangma
Block Programme Manager, Songsak	Mr. Salchuba R. Marak
District Accounts Manager	Mr. Sanstar G. Momin
Quality Coordinator, Civil Hospital	Mr. Rony M. Sangma

## 1.2 Demographic Profile

East Garo Hills district was upgraded from a sub-division to a full-fledged district in 1976, after the erstwhile Garo Hills district was reorganized with view to bring the administration closer to the people. In 2012, East Garo district was further reorganized to form a new district. The Garos belong to the Schedule Tribe within the state of Meghalaya. The ST population of the district constitutes the major part within the district. The district has three Community & Revenue Development Blocks namely; Dambo-Rongjeng, Songsak and Samanda and Williamnagar is the district headquarter of the East Garo Hills district. District has 492 revenue vilages and one town. As per the Census 2011, the total population of the East Garo Hills is 3.17 lakhs with a total male population of 1.61 lakh and female population of 1.56 lakh. The population density is lower at 122 persons per square km as compared to the state and national population density of 132 and 382 persons per square km, respectively. The literacy rate of the district is 73.9% which is

slightly lower than the state average (74.4%). The male literacy rate is higher than the female literacy rate in East Garo Hills district. Decadal population growth rate of the district is 25.7% which is lower than the state average of 27.9%.

Table 2: Key demographic indicators for East Garo Hills district, Meghalaya and India, 2011

Indicators	East Garo Hills	Meghalaya	India
Population (Census 2011)	3,17,917	29,66,889	1.21 crore
Male	1,61,223	14,91,832	62,37,24,248
Female	1,56,694	11,77,179	58,64,69,174
Decadal growth rate (%) (Census 2011)	25.7	27.9	17.6
Literacy rate (%)	73.9	74.4	73.0
Male literacy rate (%)	77.7	75.9	80.9
Female literacy rate (%)	70.1	72.9	64.6
Sex ratio per 1000 males	972	989	943
Child sex ratio (0-6 years)	980	970	914
Population density (persons sq. Km.)	122	132	382
Area (in Sq. Km.)	2603	22429	3,287,240

Source: Census of India, 2011

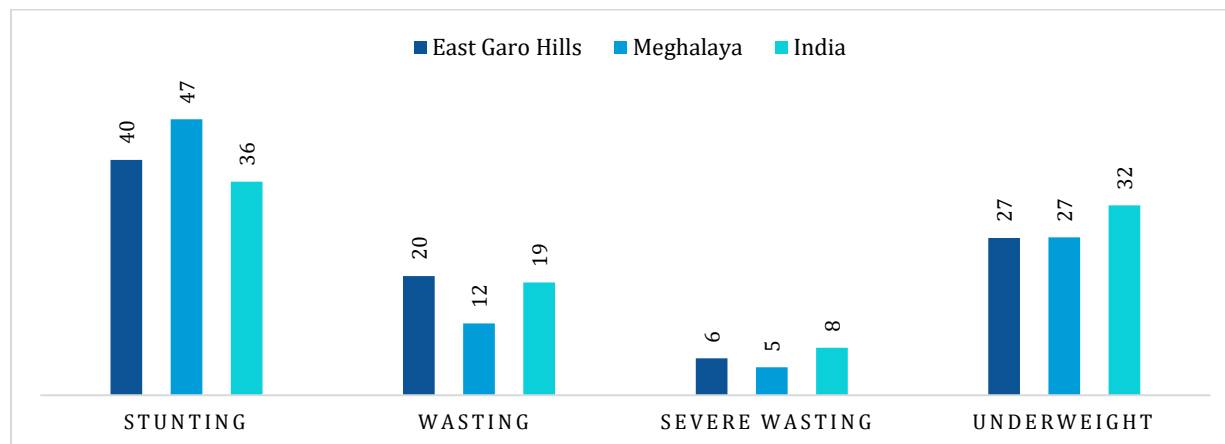
### 1.3 Maternal and Child Health

As per NFHS 2019-21, 59.2% mothers had antenatal check up in the first trimester and 25.5% have undertaken at least four ANC visits in East Garo Hills district. IFA consumption for 100 days or more was reported at 28.8% during pregnancy and only 7% mother consumed IFA 180 days or more during their pregnancy. A total of 73.8% births took place in institutional facilities with 73.5% births happening across public health facilities. Of the total births, 80.8% births were assisted by a skilled birth attendant whereas 4% births were through caesarean section (public sector 5%). About 60% mothers received postnatal care from doctor or other skilled health personnel. The average out of pocket expenditure per delivery in public health facility was Rs. 2473. About 72.4% children aged 12-23 months are fully immunized (BCG, measles, and 3 doses each of polio and DPT). The coverage of 3 doses of polio is 76.6% and the coverage of 3 doses of Hepatitis B vaccine is 74.8%. The district has low prevalence of diarrhoea (9.2%) among children. In 2019-21, about 79.1% of children receiving oral rehydration solution (ORS) and 63.3% were received Zinc.

In East Garo Hills district, 8.5% women in the age group 15-49 years have a low body mass index (BMI < 18.5 kg/m<sup>2</sup>). In addition, 7% women are overweight or obese (BMI > 25.0 kg/m<sup>2</sup>). In case of anemia, nearly 50.9% women age groups 15-49 years are anemic. The anemia prevalence among non-pregnant women is 52.1%. However, 29.1% pregnant women age groups 15-49 years are anaemic in the district. The prevalence of high blood sugar among women is 6.3% and

hypertension (slightly above normal with systolic 140-159 mm of Hg and/or diastolic 90-99 mm of Hg) is 8.5% among those 15 years and above.

Figure 1: Status of child undernutrition (0-5 years) in East Garo Hills district, NFHS-2019-21



#### 1.4 Status of Family services

As per NFHS-5 (2019-21), in East Garo Hills, 86.7% women are literate and 40.5% women have 10 or more years of schooling. Further, 13.7% of women aged 20-24 years were married before the age of 18 years. Nearly, 2.2% women age 15-19 years were already mother or pregnant at the time of the survey in the district. The use of any modern method of contraception was 37% with female sterilization having 4.4% coverage and only 4.9% reported using of condoms. Use of IUD/PPIUD (4.7%) and pills (18.5%) is also very low. Male sterilization is negligible. Overall, the total unmet need for family planning was 21% including a 12.4% unmet need for spacing.

#### 1.5 HMIS Health Services

In East Garo Hills district, 36% of the ANC registrations occurred in the first trimester which is lower than state average. Pregnant women receiving 4 or more ANC registration was 47% in East Garo Hills and 52% in the state. The coverage of 180 IFA tablets among pregnant women is 69.9% in the district which is higher than the state proportion (59.8%) of IFA covered by the district during 2021-22. About 57% pregnant women received 360 calcium tablets in district whereas it is 53.4% at the state level. In the district, about 51.3% births are institutional deliveries to total reported deliveries in the district. The C-section births were accounting for only 7.1% to the total institutional births conducted in the district as a whole which is slightly lower than state average (7.6). Also, 74% of women received 1st post-partum check-up after delivery in the district which is higher than state (38.8%) average. The HMIS data shows that 97.8% of the newborn are breastfed within the first hour of birth in East Garo Hills district. About 9% of the newborn were categorized as low birth weight baby (weight below 2.5 kg). A total of

4198 children (9-11 months) have been immunized in the district. 100% of children were discharged with target weight gain from the NRC in the district, whereas only 46.1% children were discharged with target gain from NRC in the state during 2021-22. No male sterilization is reported in the district during 2021-22. Female sterilization is dominant method of family planning in the district. Data shows that female sterilization was 71% in the district and 99% at the state level. Women used IUCD insertion to total institutional deliveries were 8% in the district. The mortality indicators were reported a total of 10 maternal deaths during 2021-22. While 51 infant and 11 child deaths were reported in the district during 2021-22 whereas the number of still births were 84 reported.

Table 3: HMIS health services indicators for East Garo Hills district, 2021-22

<b>HMIS indicators</b>	<b>East Garo Hills</b>	<b>Meghalaya</b>
<b>1. Maternal Health</b>		
% of beneficiaries registered for 1st trimester to total ANC registration	36.0	40.0
% of pregnant women with 4 or more ANC checkups	47.0	52.8
% of pregnant women given 180 IFA to total ANC registrations	69.9	59.8
% Pregnant women given 360 Calcium tablets	57.4	53.4
<b>a. Institutional and Home Deliveries</b>		
% of SBA attended home deliveries to total home deliveries	40.0	7.6
% of institutional deliveries to total reported deliveries	51.3	43.3
% of institutional deliveries to total ANC registrations	43.7	43.5
% of C-Section deliveries to total institutional deliveries	7.1	7.6
% of women received 1st post-partum checkup after delivery	74.0	38.8
<b>2. Newborn and Child Health</b>		
% of newborn weighted at birth to total live birth	9.0	97.3
% of newborn breast fed within 1 hour of birth to total live birth	97.8	92.1
% of newborns having weight less than 2.5 kg to total live birth	9.0	7.9
No of children admitted in NRC	22	242
% of children discharged with target weight gain from NRC	100	46.1
Number of children (9-11 months) fully immunized	4198	68535
<b>3. Family Planning</b>		
% of male sterilization to total sterilization	0.0	0.2
% of female sterilization to total sterilization	71.0	99.7
% of IUCD insertion to total institutional deliveries	8.0	1.5
Total Sterilization conducted	125	2232
<b>4. Mortality Indicators</b>		
Maternal death	10	232
Child (1-5 years) death	11	507
Infant (1-12 months) death	51	1012
Still Birth	84	2011

Source: HMIS, East Garo Hills district, Meghalaya, 2021-22

## Chapter-2 NHM Budget and Finance

### 2.1 State Resource Envelope and District Allocation

For the financial year 2021-22, against a resource envelope of Rs. 234.48 crore (calculated assuming state share of 10%) East Garo Hills district received administrative approval for an amount of Rs. 341.57 crore.

Table 4: Break-up of resource envelope (Rs. in crore) of NHM program for Meghalaya, 2021-22

S.No.	Particulars	Amount (GoI Share)	Percent (GOI Share)	State share
<b>1</b>	<b>RCH Flexible Pool (including RI, IPPI, NIDDCP)</b>	<b>50.11</b>	<b>23.75</b>	
1(i)	RCH Flexible Pool (including RI, IPPI, NIDDCP) Cash Grant Support	36.87	17.47	
1(ii)	RCH Flexible Pool (Kind Grant Support under Immunization) as per FY 2019-20	13.23	6.27	
<b>2</b>	<b>Health System Strengthening (HSS) under NRHM</b>	<b>108.99</b>	<b>51.65</b>	
2(i)	Other Health system Strengthening covered under NRHM	91.78	43.49	
2(ii)	Comprehensive Primary Health Care under HSS	11.21	5.31	
2(iii)	Additional ASHA Benefit Package including support to ASHA facilitators	6.01	2.85	
	<b>Total NRHM-RCH Flexible Pool</b>	<b>159.10</b>	<b>75.39</b>	
<b>3</b>	<b>NUHM Flexible Pool</b>	<b>3.73</b>	<b>1.77</b>	
3(i)	Other Health System Strengthening covered under NUHM	2.80	1.33	
3(ii)	Ayushman Bharat-Health & Wellness Centres under NUHM	0.93	0.44	<b>23.45</b>
<b>4</b>	<b>NDCP Flexible Pool (NTEP, NVHCP, NVBDCP, NLEP, IDSP)</b>	<b>19.98</b>	<b>9.47</b>	
4(i)	NVBDCP (Cash & Kind)	5.79	2.74	
4(ii)	NTEP (Cash & Kind)	11.28	5.35	
4(iii)	NVHCP (Cash & Kind)	1.44	0.68	
4(iv)	NLEP	0.35	0.17	
4(v)	IDSP	0.60	0.28	
4(vi)	National Rabies Control Programme (NRCP)	0.52	0.25	
4(vii)	Programme for Prevention and Control of Leptospirosis (PPCL)	-	0.0	
<b>5</b>	<b>NCD Flexible Pool (NPCB, NMHP, NPHCE, NTCP, NPCDCS, NPCCHH, PMNDP)</b>	<b>4.84</b>	<b>2.29</b>	
<b>6</b>	<b>Infrastructure Maintenance (including Direction and Administration)</b>	<b>23.38</b>	<b>11.08</b>	
	<b>Total Resource Envelope</b>	<b>211.03</b>	<b>100.0</b>	<b>23.45</b>
	Grand Total Resource Envelope (Central Allocation + State Share)		<b>234.48</b>	

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

The total support from Government of India is Rs. 211.03 crore whereas the state share of 10% works out to be Rs. 23.45 crore. The resource envelope for FY 2021-22 consists of union government's support of Rs. 160.68 Crore for flexible pool allocation including cash and kind, Rs. 26.97 crore for incentive pool based on last year's performance and Rs. 23.38 crore for infrastructure maintenance.

The breakup of the total resource envelope shows that Rs. 50.11 crore is allocated for RCH Flexible Pool (including Routine Immunization (RI), Intensified Pulse Polio Immunization (IPPI), National Iodine Deficiency Disorders Control Programme (NIDDCP), Rs. 108.99 crore is allocated for Health System Strengthening (HSS) under NHM. Thus, the GOI contribution toward total NRHM-RCH Flexible Pool works out to be Rs. 159.10 crore. The GOI contribution toward NUHM Flexible Pool, National Disease Control Programme (NDCP) Flexible Pool and Non-Communicable Disease (NCD) Flexible Pool is Rs. 3.73 crore, Rs. 19.98 crore and Rs. 4.84 crore, respectively. Within NDCP Flexible Pool, bulk of the resources is allocated for NTEP (cash & kind) activities.

Table 5: FMR wise expenditure (in lakhs) in 2021-22, East Garo Hills, 2021-22

<b>FMR Codes</b>	<b>Budget Head</b>	<b>Budget released</b>	<b>Budget utilized</b>	<b>% Utilization</b>
1	Service Delivery-Facility Based	0.0	0.0	0.0
2	Service Delivery-Community Based	0.0	0.0	0.0
3	Community Interventions	0.0	0.0	0.0
4	Untied Fund	77.6	48.5	62.4
5	Infrastructure	0.0	0.0	0.0
6	Procurement	0.0	0.0	0.0
7	Referral Transport	25.5	6.2	24.4
8	Human Resources	5.7	20.8	367.4
9	Training	22.4	13.6	60.8
10	Reviews, Research and Surveillance	0.0	0.0	0.0
11	IEC/BCC	36.2	16.3	44.9
12	Printing	0.0	0.0	0.0
13	Quality Assurance	0.0	0.0	0.0
14	Drug Warehousing and Logistics	0.0	0.0	0.0
15	PPP	0.0	0.0	0.0
16	Programme Management	4.5	18.8	419.9
17	IT Initiatives for Service Delivery	0.0	0.0	0.0
18	Innovations (if any)	0.0	0.0	0.0
<b>Total</b>		<b>171.83</b>	<b>124.08</b>	<b>72.2</b>

Source: District Level Checklist, DPMU Office, East Garo Hills, 2022-23

The FMR budget heads of NHM received Rs. 171.83 lakhs in FY 2021-22 and expenditure incurred was about Rs. 124.08 lakh which translates into 72.2% utilization rate against the total allotted budget. Most of FMR heads did not received budget for service delivery-facility and community based, community intervention, infrastructure, procurement, review, research and surveillance, printing, quality assurance, drug warehousing and logistics and IT initiative for service delivery in FY 2021-22. About 62.4% budget utilization show under the untied fund which is higher among the budget heads followed by IEC/BCC (44.9%).

Table 6: Programme wise budget expenditure (in lakhs) in East Garo Hills district, 2021-22

<b>Indicator</b>	<b>Budget released</b>	<b>Budget utilized</b>	<b>% Utilization</b>
<b>1. RCH and Health Systems Flexi-pool</b>	<b>588.1</b>	<b>347.2</b>	<b>59.0</b>
Maternal health	135.6	35.7	26.3
Child Health	55.5	8.3	14.9
RBSK	18.1	17.3	95.7
Family Planning	11.5	3.3	28.6
RKSK/ Adolescent health	5.2	2.0	39.2
PC-PNDT	0.0	0.0	0.0
Immunization	49.1	24.6	50.1
Untied Fund	77.6	38.6	49.7
Comprehensive Primary Healthcare (CPHC)	74.3	0.1	0.1
Blood Services and Disorders	0.0	0.0	0.0
Infrastructure	0.0	0.0	0.0
ASHAs	148.3	120.7	81.4
HR	5.7	76.1	1347.1
Programme Management	4.7	18.8	396.0
MMU	0.0	0.0	0.0
Referral Transport	0.0	0.0	0.0
Procurement	0.0	1.3	0.0
Quality Assurance	2.3	0.1	4.7
PPP	0.0	0.0	0.0
NIDDCP	0.0	0.2	0.0
<b>2. NUHM</b>	<b>NA</b>	<b>NA</b>	<b>NA</b>
<b>3. Communicable Diseases Pool</b>	<b>117.2</b>	<b>72.1</b>	<b>61.5</b>
Integrated Disease Surveillance Programme (IDSP)	9.4	4.8	50.3
National Vector Borne Disease Control Programme (NVBDCP)	43.1	42.7	99.3
National Leprosy Eradication Programme (NLEP)	3.1	0.7	23.8
National TB Elimination Programme (NTEP)	61.7	23.9	38.8
<b>4. Non-Communicable Diseases Pool</b>	<b>23.4</b>	<b>9.5</b>	<b>40.4</b>
National Program for Control of Blindness and Vision Impairment	1.1	0.4	38.1
National Mental Health Program (NMHP)	10.1	3.4	33.2
National Programme for Health Care for the Elderly (NPHCE)	2.5	0.1	3.2
National Tobacco Control Programme (NTCP)	2.1	1.4	67.6
National Programme for Prevention and Control of Diabetes, CVD and Stroke	6.6	2.8	41.4
National Dialysis Programme	0.0	0.0	0.0
National Program for Climate Change and Human Health (NPCCHH)	0.0	0.0	0.0
National Oral health programme (NOHP)	1.0	1.5	145.0
National Programme on palliative care (NPPC)	0.0	0.0	0.0
National Programme for Prevention and Control of Fluorosis	0.0	0.0	0.0
National Rabies Control Programme (NRCP)	0.0	0.0	0.0
National Programme for Prevention and Control of Deafness	0.0	0.0	0.0
National programme for Prevention and Management of Burn & Injuries	0.0	0.0	0.0
Programme for Prevention and Control of Leptospirosis (PPCL)	0.0	0.0	0.0
<b>Total</b>	<b>728.6</b>	<b>428.7</b>	<b>58.8</b>

Source: District Level Checklist, DPMU Office, East Garo Hills, 2022-23

Table 6 shows programme wise fund utilization in the district for the FY 2021-22. A total budget of Rs. 728.6 lakhs were released for NHM programme and Rs. 428.7 lakhs were spent on these programmes in 2021-22, which is nearly 58.8% utilization of the total released budget for East Garo Hills district. Under RCH and Health Systems Flexi-pool, utilization was highest under RBSK programme (95.7%) followed by ASHA (81.4%), immunization (50.1%) and untied fund (47.7%).

The maternal health expenditure had a utilization level of 26.3% of the total given budget. Some of the budget heads had lower utilization than total allotments. For example; child health (14.9), family planning (28.6%), RKSK (39.2%) and quality assurance (4.7%) have very low utilization during 2021-22. East Garo Hills district did not receive the amount for referral transport and procurement activity during 2021-22. A total amount of Rs.5.2 lakh was received for RKSK programme and utilization was Rs. 2.0 lakh during the 2021-22. It was noted that less amount was spent for child health and CPHC activities which was about 14.9% and 0.1% of the funds utilized respectively. No fund is received for NUHM programme by East Garo Hills district during 2021-22.

Under the Communicable Diseases Pool, bulk of the funds are allotted for National TB Elimination Programme (NTEP) which is Rs. 61.7 lakh and utilization were Rs. 23.9 lakh during 2021-22 which is relatively very low utilization (38.8%) against the funds released. However, National Vector Borne Disease Control Programme (NVBDCP) has better utilization rate (99.3%) against the total fund received followed by Integrated Disease Surveillance Programme (50.3%) and National Leprosy Eradication Programme-NLEP (23.8%) during the 2021-22.

Under the Non-Communicable Disease pool, the district was allotted Rs. 23.4 lakh for six selected programmes that are operational in the district. Out of total fund, expenditure incurred less amount about Rs. 9.5 lakh under the Non-Communicable Disease which is about 40.4% utilization under the NCD. These programmes are; NPCB+VI, NMHP, NPHCE, NTCP, NPCDCS and NOHP. However, small expenditures are incurred under NPHCE (3.2% utilization rate). The highest budget was allocated to the National Mental Health Programme (10.1 lakh) and expenditure incurred only 3.4 lakh which is about 33% utilization of fund during 2021-22 followed by NPPCDCS (6.6 lakh released and only 2.8 lakh expenditure). It is apparent that the implementation of activities under various programmes including communicable and NCD programmes continue to be affected because of COVID-19 pandemic.

## Chapter-3 Public Health Planning and Implementation

### 3.1 Health Infrastructure and Service Delivery

District has three blocks namely; Dambo-Rongjeng, Samanda and Songsak, all the blocks has only one CHC in Rongjeng block. One civil hospital in Williamnagar headquarter. Rongjeng block has one PHC (Mangsang) and 13 sub-centres. Samanda block contains two PHCs (Samanda and Bansamgre) and eight sub-centres. Similarly, Songsak block have four PHCs (Songsak, Dobu, Dagal and Rongrong) with 10 sub-centres were functioning in the district.

Table 7: Operational health facilities in East Garo Hills district

Facility Details	Planned/Operational
1. District Hospitals	1
1a) No. of DH conducting > 50 deliveries /month	1
1b) No. of DH conducting C-section	1
2. Community Health Centres (CHC)	1
2a) No. of CHCs / MH conducting > 20 deliveries /month	1
3. Primary Health Centres (PHC)	8
3a) No. of 24X7 PHCs conducting > 10 deliveries /month	1 (Songsak)
4. Sub Centres (SC)	31
4a) No. of SCs conducting >3 deliveries/month	2
5. Special New-born Care Units (SNCU)	1
6. Nutritional Rehabilitation Centres (NRC)	1
7. District Early intervention Centre (DEIC)	NA
8. First Referral Units (FRU)	1
9. Blood Bank	1
10. Blood Storage Unit (BSU)	1
11. No. of PHC converted to HWC	7
12. No. of U-PHC converted to HWC	0
13. Number of Sub Centre converted in to HWC	15
14. Designated Microscopy Centre (DMC)	4
15. Tuberculosis Units (TUs)	1
16. CBNAAT/ TruNat Sites	2 (Williamnagar and Songsak)
17. Drug Resistant TB Centres	1
18. Functional NCD Clinic at DH	1
19. Functional NCD Clinic at CHCs / MH	1
20. Institutions with ultrasound facilities (Public + Private)	0
21. Of these, how many are registered under PCPNDT act	0

Source: District Checklist, NHM PIP Monitoring, 2022-23

Table 7 summarizes the operational status of health care service delivery in East Garo Hills district, Meghalaya. However, according to the district monitoring checklist, East Garo Hills district has one Civil Hospital Williamnagar, one Community Health Centre (CHC) in Rongjeng, eight Primary Health Centers (PHC) and 31 Sub-Centers. The Civil Hospital Williamnagar is the only facility conducting more than 50 deliveries per month. No Urban- Primary Health Centre were available in the district. District has no infrastructure for Early Intervention Centre (DEIC), children are referred to Tura in West Garo Hills district. One Nutritional Rehabilitation Centers and Special Newborn Care Unit (SNCU) was functioning at Civil Hospital for providing child health care services. A total of 31 sub-centers are planned as Health and Wellness Center but so far 15 sub-centers have been converted into HWCs in 2022. However, seven primary health centers have been converted into HWC-PHC in the district. One blood bank is functioning at Civil Hospital in East Garo Hills district and one blood storage unit is available. District was functioning with four Designated Microscopy Center (DMC) which was provided screening and medicine to the TB patient in the district including public and private facility. District was running with only one Tuberculosis Unit with two CBNAAT/TruNet sites functioning in the district. One drug resistant TB centre was functioning. One each of NCD clinic is functional at district hospital and CHCs. Comprehensive Abortion Care (CAC) services were available at one health facilities for 1st and 2nd trimester under the PC-PNDT act.

### **3.2 Human Resource for Health**

The status of human resources in East Garo Hills district suggests shortage of specialist doctors like MO (MBBS), Pediatrician, Anesthetist, Surgeon and Radiologist. Total 85 posts were sanctioned as regular basis against these 98 posts have been filled which is higher than the sanctioned posts. Some of the posts were directly appointed by Directorate of Health and Family Welfare under the state government of Meghalaya. On the other hand, 206 posts were sanctioned under NHM and other sources in the district and all the posts were filled. In some post, posts were filled more than the sanctioned posts. There are no regular posts were sanctioned for specialist doctors. Only some of the specialist posts (Pediatrician (1 post, Surgeon-2 posts, Radiologist-1 post and other specialist-3 posts) were sanctioned and posted under the NHM programme. No post was sanctioned and filled for Obstetrics & Gynecologist in the district.

In case of paramedical staffs, all the sanctioned posts for staff nurse were filled. All the 13 posts for lab technician were filled against sanctioned in the district under the NHM. However, 11 pharmacists were working under the NHM programme and six working as regular basis. Similarly, 51 staff nurses are working against the 44 posts that have been sanctioned in the district (15 posts sanctioned under NHM and 22 SNs filled). Most of the staff nurses are engaged

through NHM. A total of 15 Community Health Officer were posted at HWC centres in the district. Total five posts of AYUSH MO were occupied against nine sanctioned post (four posts vacant under NHM) in the district. One post of AYUSH pharmacist is vacant under the NHM.

Table 8: Availability of human resources in East Garo Hills district, 2022

Human Resources (Regular+ NHM+ other sources)	Sanctioned		In-place	
	Regular	NHM	Regular	NHM
MO (MBBS)	16	29	16	29
OB&GY	0	0	0	0
Pediatrician	0	1	0	1
Anesthetists	0	0	0	0
Surgeon	0	2	0	2
Radiologists	0	1	0	1
Another specialist	0	3	0	7
ANMs	44	73	50	71
MPW (Male)	0	17	0	21
Staff Nurse	15	29	22	29
Lab technician	0	13	0	10
Pharmacists (Allopathic)	6	11	6	11
Radiographer/ X-ray technician	0	2	0	4
Dental technician	0	0	0	0
CHO/ MLHP	0	15	0	15
Dental technician	0	0	0	0
Dental hygienist	0	2	0	2
CSSD technician	0	0	0	0
OT technician	0	2	0	2
AYUSH MO	4	5	4	1
AYUSH pharmacist	0	1	0	0
<b>Total</b>	<b>85</b>	<b>206</b>	<b>98</b>	<b>206</b>

Source: District Checklist, NHM PIP Monitoring, 2022

### 3.3 Ayushman Bharat Programme

The Ayushman Bharat-Health and Wellness Centres (AC-HWC) was launched in 2018 under the Ayushman Bharat Programme to develop a more comprehensive range of services for all age groups. AB-HWCs provide free essential medicines and diagnostic services. To ensure delivery of Comprehensive Primary Health Care (CPHC) services, existing sub-centres are being converted into Health and Wellness Centre. The Health and Wellness Centre provides expanded range of services such as pregnancy, childhood and adolescent services, family planning, care of ENT problems, oral health care, elderly services, emergency and mental health services. Apart from that major focus is on the screening, prevention, control and management of Non-Communicable Disease (NCD) in the community.

Table 9: Implementation of CPHC in East Garo Hills district, 2022

<b>Indicators</b>	<b>Planned</b>	<b>Completed</b>
1. Number of individuals enumerated	NA	NA
2. Number of CBAC forms filled	NA	12119
<b>3. Number of HWCs started NCD screening</b>		27
3.1 SHC- HWC	NA	15
3.2 PHC- HWC	NA	7
3.3 UPHC – HWC	NA	0
<b>4. Number of individuals screened for:</b>	<b>Screened</b>	<b>Diagnosed</b>
4.1 Hypertension	12331	542
4.2 Diabetes	12331	268
4.3 Oral Cancer	1262	1
4.4 Breast Cancer	1714	0
4.5 Cervical Cancer	100	1
5. Number of HWCs providing Tele-consultation services		13
6. HWCs organizing wellness activities		15
<b>7. Universal health screening conducted</b>		Yes
7.1. If conducted, what is the target population		52406
7.2. No. of CBAC form filled till date		12119
<b>8. If grievance redressal mechanism in place</b>		Yes
<b>9. If Mera-Aaspatal has been implemented</b>		Yes

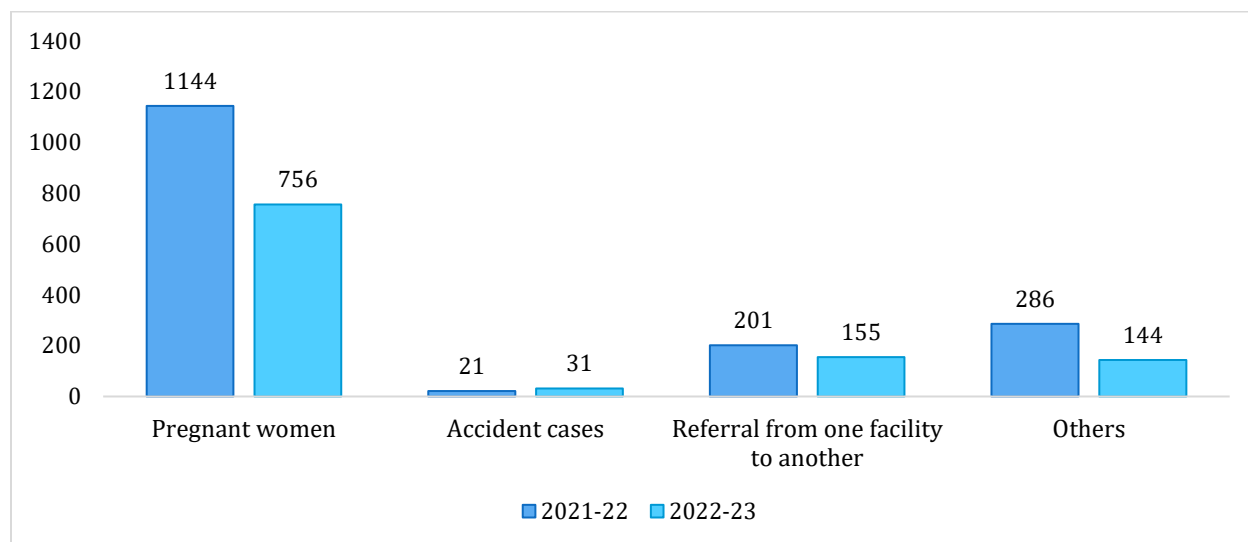
Source: District Checklist, NHM PIP Monitoring, 2022

The information regarding the comprehensive primary health centre in the district 2021-22 is ascertained. There was no information available for number of individuals are planned to be enumerated through survey but only 12119 CBAC forms are filled. In the district, 15 SHC-HWC started NCD screening whereas seven PHC-HWC provided NCD services. Under NCD screening, a total of 12331, 12331, 1262, 1714 and 100 cases are screened for hypertension, diabetes, oral cancer, breast cancer and cervical cancer respectively. A total of only 13 patients received tele-consultation services and 15 health wellness activities are conducted by HWC.

### 3.4 Emergency Services

Emergency services is the primary responsibility to access the health facility by the patients. Under the National Health Mission (NHM), technical and financial support is provided to States/UTs to strengthen their healthcare systems including support for ambulance services. A total of 10 ambulances are BLS have been stationed at civil hospital, CHC and PHCs. One ambulance was available at CHC and eight ambulances are available at PHCs. Figure 2 provides performance indicators of referral transport in East Garo Hills district. It was observed that the 1144 pregnant women have received the ambulance service in 2021-22 and 756 PW availed services in 2022-23. Whereas, the number of accident cases were more in 2022-23 with 31 cases and 21 cases in 2021-22. Total 201 cases were referred from one facility to another in 2021-22.

Figure 2: Performance indicators of referral transport, East Garo Hills



Source: District Checklist, NHM PIP Monitoring, 2022

### 3.5 Training and Capacity Building Activities

District has completed 10 training on various domains mostly given on PPIUCD and health workers regarding the HWC, ASHA module and HMIS during 2021-22. The newly recruited ASHAs got induction and module 6 & 7 training for 20 days. Family planning (PPIUCD insertion) was given to Medical Officers and SNs, LHV and ANM from sub-centres. District has also conducted the training under IDSP programme for health workers for online reporting of communicable disease on IHIP portal. The IHIP training was received by ANM, pharmacist, lab technician and staff nurses. Under the mental health programme, a total of 271 school teachers got training in every block.

Table 10: List of training conducted as per ROP 2021-22 in EGH district

Training (as per ROP approval)	Planned	Completed
State/District TOT of SAANS, skill stations under SAANS	1	1
Training of MO (PPIUCD insertion training)	1	1
Training of Nurses (SNs/LHV/ANM) for PPIUCD insertion	1	1
Training of post abortion family planning	1	1
Oral pills training	1	1
Induction training of new ASHAs for 8 days	1	1
Module 6 & 7 training of new ASHAs for 20 days (5 days each round for 4 round)	1	1
Training cum review meeting for HMIS & MCTS at district level	1	1
Training of HWC on immunization	0	1
Training of MLHPs on HWC	1	1
Total	9	10

Source: District Checklist, NHM PIP Monitoring, Meghalaya 2022

## Chapter-4 NHM Programmes and Interventions

### 4.1 RMNCH+A Services

The Reproductive, Maternal, Newborn, Child and Adolescent Health (RMNCH+A) strategy is built upon the continuum of care concept and aim to improve health infrastructure, referral transport and supply chain management.

Table 11: Status of NRC, RBSK and SNCU programmes in East Garo Hills, 2021-22

Intervention / Activities	Indicator status	
<b>Nutrition Rehabilitation Centers (NRC)</b>	1 NRC at Civil hospital	
Total admission (2021-22)	15	
Discharged	15	
Referral / medical transfer	0	
LAMA / Died	0	
<b>Admission</b>		
Bilateral pitting oedema	2	
MUAC<115 mm	0	
<-3SD WFH	16	
Diarrhea	0	
Fever	5	
<b>Referred by</b>		
Referred by Frontline worker	0	
By OPD / Pediatric ward	0	
<b>RBSK</b>		
Self	1	
<b>Rashtriya Bal Swasthya Karyakram</b>	Implemented	
Total No. of RBSK teams sanctioned	6	
No. of team with all HR in-place	6	
No. of vehicles (on the road) for RBSK teams	3	
Average no. of children born in delivery points screened for defects at birth	1790 (2021-22) and 83 in 2022-23	
Average no. of children screened per day per team	21 (2021-22) and 54 in 2022-23	
<b>Special Newborn Care Unit (SNCU)</b>	Implemented	
Radiant warmer	12 (including 2 phototherapies)	
Stepdown care	2	
Kangaroo Mother Care (KMC) unit	2 units	
	<b>In-born</b>	<b>Out-born</b>
Admissions	175	81
Discharged	140	53
Defects at birth	-	-
Referral	5	0
LAMA	23	11
Died	12	6
<b>Home Based New-born Care (HBNC)</b>	Total number of ASHA: 511	
	Total no. of ASHAs with HBNC kits: 511	
	Total no. of newborn visited under HBNC: 603	

Source: District Performa, NHM PIP East Garo Hills, 2022

National Rehabilitation Centre is functioning at civil hospital Williamnagar in East Garo Hills district. Under NRC unit, a total of 15 malnourished children are admitted at the civil hospital. Out of total admission, all the children have been discharged from the hospital. The major cause of admission was severe wasting (SAM, 16 newborns) followed by fever and bilateral pitting oedema during 2021-22. RBSK programme was functioning and six teams in three blocks sanctioned in the district. Each team of RBSK has full members in every block. Only three vehicles on the road for six teams. RBSK team screened on an average 21 children per team in 2021-22 and 54 children in 2022-23. Average 1790 children born in delivery points have been screened for defects at birth in 2021-22 which is higher than current year (83 children in 2022-23). Special new born care units (SNCU) is functioning with 12 bedded unit in the district. Total 12 radiant warmer were working and one phototherapy was non-functional for more than a week. Under the HBNC, a total of 511 ASHAs are working in the district and all the ASHAs have received the HBNC and drug kits. About 603 newborns visited under HBNC by ASHAs.

#### **4.2 National Disease Control Programmes**

In the district, Integrated Disease Surveillance Programme (IDSP), National Vector Borne Disease Control Programme (NVBDCP), National Tuberculosis Elimination Programme (NTEP) and National Leprosy Elimination Programme (NLEP) programmes were operational. Rapid response team are being constituted under the Integrated Disease Surveillance Programme (IDSP). The team comprises of District Surveillance Officer, District Malaria Officer (DMO), Epidemiologist, Pharmacist, Lab Technician, SNs and ANM at facility level. Under the NVBDCP, micro plan is available at district level. Annual blood examination rate was decreased from 30% in 2019-20 to 35% in 2021-22 in the district.

Under National Tuberculosis Elimination Programme (NTEP), the target TB notification from public and private practitioners were reported in 2021-22. Under the programme, drugs for both drug sensitive and resistance TB were made available. Public sector notified a total number decreased from 74 in 2021 to 64 in 2022 by local health authorities while private sector, there was no notified TB patient reported in the district. Of the total notified cases, treatment success rate was decreased from 75% in 2021 to 18% in 2022 in public. Only one MDR-TB patients identified by public sector in 2022. Under National Leprosy Eradication Programme, no new cases were detected but none are diagnosed with Grade 2 Disabilities (G2D). The MCR footwear and self-care kits are not available but there is no facility for reconstructive surgery.

Table 12: IDSP, NVBDCP, NTEP and NLEP services, East Garo Hills district, 2022

<b>National Disease Control Programmes</b>		<b>Observations</b>
<b>1</b>	<b>Implementation of Integrated Disease Surveillance Programme</b>	Yes
1.1	Rapid response team constituted and composition of the team	Yes, 08 members
1.2	No. of outbreaks investigated in previous and current year	COVID-19
<b>2</b>	<b>Implementation of National Vector Borne Disease Control Programme (NVBDCP)</b>	Yes
2.1	Micro plan and macro plan available at district level	Yes
2.2	Annual Blood Examination Rate	
	2019-20	30%
	2020-21	29%
	2021-22	35%
2.3	Reason for increase/ decrease (trend of last 3 years to be seen)	Strengthening the lab in progress and training of frontline workers was not completed.
2.4	Long Lasting Impregnated Bed nets (LLIN) distribution	Yes
2.5	Indoor Residual Spray (IRS) for Malaria control	Yes
2.4	Anti-larval methods	Yes
2.5	Contingency plan for epidemic preparedness	Yes
2.6	No. of MDR rounds observed	0 in 2021-22
<b>3</b>	<b>Implementation of National Tuberculosis Elimination Programme</b>	Yes
3.1	Target TB notification achieved	Yes
3.2	Whether HIV Status of all TB patient is known	Yes
3.3	Whether drugs for both drug sensitive and drug resistance TB available	Yes
3.4	Eligible TB patients with UDST testing	Yes
<b>3A</b>	<b>Patients notification from public sector</b>	
	No of patients notified	74 (2021), 64 (2022)
	Treatment success rate	75% (2021), 18% (2022)
	No. of MDR TB Patients	8 in 2021 and 1 in 2022
	Treatment initiation among MDR TB patients	7 in 2021 and 1 in 2022
<b>3B</b>	<b>Patients notification from private sector</b>	
	No of patients notified	0
	Treatment success rate	0
	No. of MDR TB Patients	0
	Treatment initiation among MDR TB patients	0
<b>3C</b>	<b>Beneficiaries paid under Nikshay Poshan Yojana</b>	84 in 2021 and 27 in 2022
<b>4</b>	<b>Implementation of National Leprosy Eradication Programme (NLEP)</b>	Yes
	No. of new cases detected	0
	No. of G2D cases	0
	MDT available without interruption	No
	MCR footwear and self-care kit available	No

Source: District Performa, NHM PIP East Garo Hills, 2022

### 4.2.1 National Vector Borne Disease Control Programme

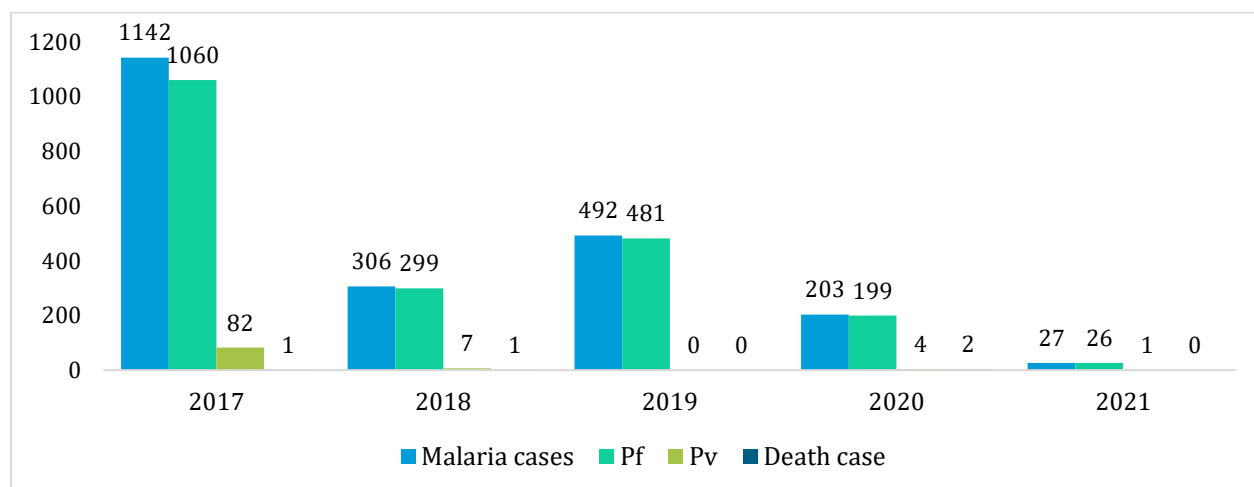
National Vector Borne Disease Control Programme is an umbrella programme for prevention and control of vector borne diseases like; Malaria, Japanese Encephalitis (JE), Dengue, Chikungunya, Kala-azar and Lymphatic Filariasis. Out of these six diseases, three diseases namely, Kala-azar, Lymphatic Filariasis and Malaria have been targeted for elimination. For example, achieving Malaria free status in India by 2030. Malaria elimination in India will be carried out in phased manner due to various parts of the country differ in their malaria endemicity due to differences in their eco-epidemiological setting, socioeconomic condition and health system. States will be subdivided into four categories with annual parasite incidence (API) as the primary criteria and the annual blood examination rate (ABER) and slide positivity rate (SPR) as secondary criteria. Malaria in India is mainly caused by two major parasites namely Plasmodium falciparum (P.f) and Plasmodium vivax (P.v) which are the most common species causing malaria in the country. However, P. vivax is more prevalent in the plains and P. falciparum is predominates in forested and peripheral areas. At the district level, the vector borne disease programme is managed by the District Malaria Officer (DMO).

Table 13: Epidemiological situation of East Garo Hills district from 2019-2022

Year	Fever cases diagnosed	Total malaria cases	P.f	P.v	API	ABER	TPR
2019	54986	492	481	11	2.6	30	0.9
2020	54178	203	199	4	1.1	29	0.4
2021	66701	27	26	1	0.1	35	0
2022 (Jan to October)	60640	21	21	0	0.1	31	0

Source: Malaria Situation and Performance Report, EGH, CD&MO Office, 2022, Note: P. f - Plasmodium falciparum, Pv - Plasmodium vivax, ABER – Annual Blood Examination Rate, TPR – Total positivity rate

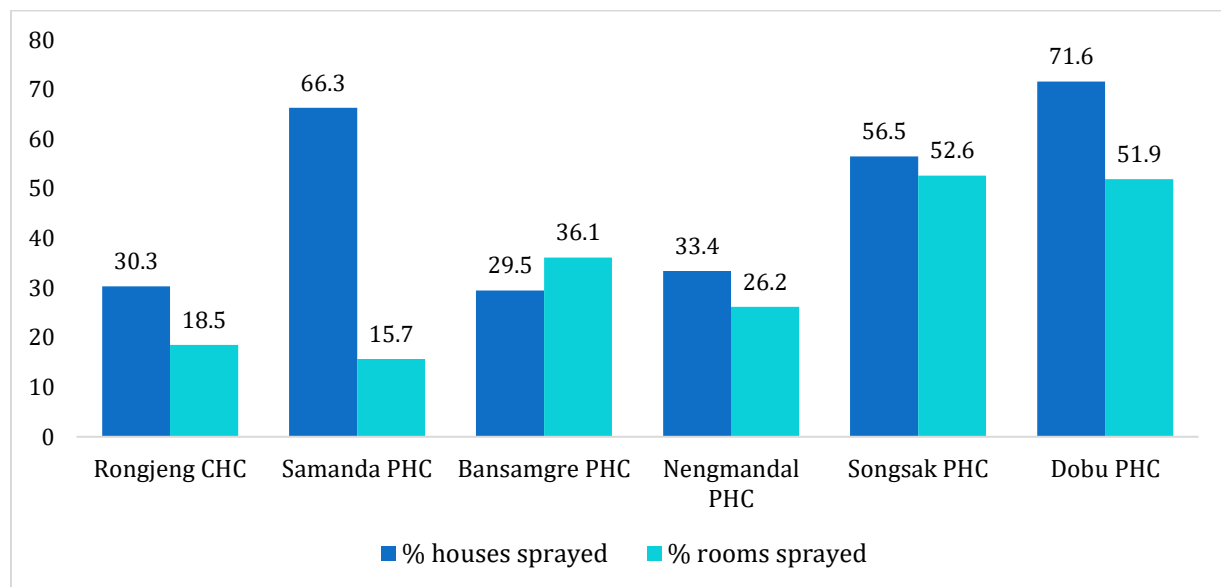
Figure 3: Trends of malaria situation in East Garo Hills (EGH) district, 2017-2021



Source: Malaria Situation and Performance Report, EGH, CD&MO Office, 2022

Malaria is the major public health problem in Meghalaya. But in recent years, the malaria cases have reduced in the state as well as in East Garo Hills district. In 2021, out of 483 malaria cases in the state, East Garo Hills district has only 27 cases which contributed about 6% of all malaria cases in the state. Malaria cases in East Garo Hills district has drastically reduced from 1142 cases in 2017 to 27 in 2021, about 97.6% reduction in malaria cases in 2021 compared to 2017. Also, the number of death cases has reduced. Annual parasite incidence (API) has reduced from 2.6 in 2019 to <1 in 2021 and annual blood examination rate was 30% in 2019 to 31% in 2021 in the district. All the CHCs/PHCs has achieved <1 API in 2021 and the district as whole falls now in category 1 as per national malaria elimination guideline.

Figure 4: Distribution of Indoor Residual Spray (IRS) in houses and rooms (%), 2022



Source: Malaria Situation and Performance Report, EGH, CD&MO Office, 2022

In India malaria is transmitted by nine vector species, six are primary importance to control the transmission. Vector control management done through LLIN distribution and indoor sprayed in the selected areas. In 2022, the district is conducting two round of IRS (DDT spray) on the basis of last year annual parasite incidence (API) and currently malaria cases in PHCs. The targeted areas where spray treated are all the interior walls and ceilings of the house. About 47% of houses were covered for IRS sprayed in the district in 2022. The higher proportion of 72% houses were sprayed in Dobu PHC followed by Samanda PHC areas. Another method is Long Lasting Insecticidal Treated Nets (LLIN) distributed in selected household. In 2021 and 2022, East Garo Hills district has not distributed any LLIN to the community. But in 2020, district has distributed 88161 LLIN to CHC/PHCs/SCs and villages.

## 4.2.2 Integrated Disease Surveillance Programme (IDSP)

Under this programme, there are three types of reporting conducted and daily online reporting on IHIP portal at different facilities level. P form reporting is done by pharmacist and L form reporting completed by lab technician at CHC and PHC level. However, S form reporting managed by the health workers (ASHA and ANM) at sub-centre level.

Table 14: Status of P and L form reporting (%) for the year 2021-2022, EGH

Blocks	Health facilities	L form reporting		P form reporting	
		2022	2021	2022	2021
Rongjeng block	Mangsang PHC	92.0	34.6	100.0	36.5
	Rongjeng CHC	12.0	5.8	71.0	5.8
Samanda block	Bansamgre PHC	97.0	5.8	100.0	34.6
	Nengmandalgre PHC	97.0	5.8	97.0	9.6
	Samanda PHC	94.0	7.7	97.0	3.9
	Rongrengiri State dispensary	NA	NA	43.0	11.5
	Civil hospital	89.0	5.8	97.0	55.8
Songsak block	Dagal PHC	82.0	1.9	76.0	7.7
	Dobu PHC	94.0	11.5	89.0	21.2
	Rongrong PHC	82.0	5.8	79.0	9.6
	Songsak PHC	100.0	19.2	97.0	17.3

Source: Malaria Situation and Performance Report, EGH, CD&MO Office, 2022

There is low reporting of IHIP from the year 2021 in every block. As compared to the year from 2021, there is a major improvement of reporting in L and P form from all the health facilities since January to September 2022. The main reason of poorly reported because IHIP was launched on the year 2021 and most of the pharmacist and lab technician are facing a problem in reporting in this new portal

## 4.2.3 National Programme for Health Care of the Elderly

Table 15: Care services provided to the elderly across facilities in EGH, 2021-2022

Services provided	DH	CHC	PHCs	SCs	Total
No. of elderly attended OPD	502	117	766	-	1385
No. of cases admitted in wards	154	6	67	-	227
No. of persons given rehabilitation services	47	3	0	-	50
Lab test performed on elderly	378	50	247	-	675
Elderly screened and provided health card	30	91	154	-	275
Elderly provided home based care	1915	0	30	-	1945
No. of cases referred	14	2	7	-	23
No. of cases died in hospital	7	1	7	-	15

Source: District Performa, NHM PIP East Garo Hills, 2022

A total of 1385 elderly were attended OPD, of these, 766 elderly at PHC and 502 at civil hospital during 2021-22. However, 227 cases of elderly were admitted in hospital and 675 received lab test services at the facilities. In 2021-22, total 15 elderly deaths were reported and 23 cases referred to other facility.

### 4.3 Community Process

The community processes involve the ASHAs and Village Health Sanitation and Nutrition Committees and related support structure. ASHAs play important role to create awareness and provide information to the community.

Table 16: Key indicators for ASHA and ASHA facilitators, East Garo Hills district, 2022

Sl.no.	Key indicators	Number
<b>1</b>	<b>Status of ASHAs</b>	
1.1	ASHAs required as per population	0
1.2	Selected ASHAs	511
1.3	No. of ASHAs covering more than 1500 (rural) population	3
1.4	Villages with no ASHA	11
<b>2</b>	<b>Status of social benefit scheme for ASHAs and ASHA Facilitators</b>	
2.1	ASHAs enrolled for Pradhan Mantri Jeevan Jyoti Bima Yojana (PMJJBY)	0
2.2	ASHA Facilitator enrolled for PMJJBY	0
2.3	ASHAs enrolled for Pradhan Mantri Suraksha Bima Yojana (PMSBY)	0
2.4	ASHA facilitator enrolled for PMSBY	391
2.5	ASHAs enrolled for Pradhan Mantri Shram Yogi Maandhan Yojana (PMSYMY)	0
2.6	ASHA facilitator enrolled for PMSYMY	22
<b>3</b>	<b>Status of Mahila Arogya Samitis (MAS)</b>	
3.1	MAS Formed	NA
3.2	MAS Trained	NA
3.3	MAS account opened	NA
<b>4</b>	<b>Status of Village Health Sanitation and Nutrition Committee (VHSNC)</b>	
4.1	VHSNC Formed	501
4.2	VHSNC Trained	444

Source: District Performa, NHM PIP East Garo Hills, 2022

A total of 511 ASHAs are working in the district as per the population norm whereby each ASHA can serve a population of 1000 in rural areas. Total 11 villages are without ASHAs in the district. On the other hand, no ASHAs were covered under the Pradhan Mantri Jeevan Jyoti Bima Yojana (PMJJBY) and Pradhan Mantri Suraksha Bima Yojana (PMSBY) in the district. But 391 ASHA Facilitator were covered under PMSBY and 22 facilitators under the PMJJBY scheme. No Mahila Arogya Samiti (MAS) was formed and basic training to the members was provided. Total 501 VHSNC have formed and 444 were trained in 2022.

## Chapter-5 Public Health Facilities Monitoring Assessment

### 5.1 Williamnagar Civil Hospital, Meghalaya

Civil hospital was established on 25<sup>th</sup> June in 2007. It is a 100 bedded government situated in the main town Williamnagar, East Garo Hills district. It worked as a secondary care centre for all public health facilities in the district. The key observations are as follows:

- ✓ Civil hospital is functioning with 108 bedded facility. The approach road towards the DCH is very narrow due to which two ambulances cannot cross each other. The Civil hospital located at main centre of the city.
- ✓ RBSK programme was functioning in the district. Six teams were working in three blocks (two teams per blocks; Samanda, Rongjeng and Songsak) with all HR in-placed. About 1790 children were screened for defect at birth born in delivery points during 2021-22.
- ✓ Civil hospital provides specialized services like; Medicine, Obstetrics and Gynecology, Pediatrics, General surgery, Dental, ICU, USG and emergency services for the patients.
- ✓ The C-section services are provided by the hospital with one Gynecologist and Pediatrician. In September, 114 normal and 23 C-section deliveries were conducted in the hospital. However, a total of 912 deliveries were conducted by civil hospital including C-section (160) in 2021-22.
- ✓ SNCU is functioning with 12 bedded including radiant warmer and phototherapies. SNCU have two FBNC trained doctors and five SNs for SNCU, however, one doctor was received the NSSK training for functioning of NBCC and NBSU in 2022.
- ✓ Two radiant warmer and oxygen concentration machines was not working in SNCU reported by doctor during visit. Maintenance work is under the process.
- ✓ Kayakalp and LaQshaya programme was implemented at Civil hospital and received 96.6% score under Kayakalp but did not received the money award three times. An internal level assessment for labour room and OT under LaQshya has been completed in 2022.
- ✓ Major diagnostic and laboratory services like X-ray and USG etc. are available in Civil hospital. CT scan services was not available in hospital. Total 23 in-house tests were performed and about 60,287 tests conducted during 2021-22.
- ✓ There is shortage of major equipment like; OT table, cautery machine, LED OT force light, IFT machine for physiotherapy, Cardiotocography (CTG) machine and suction machine were listed by civil hospital in charge during visit.

- ✓ Adolescent Friendly Health Clinic unit is functioning at Civil hospital and counsellor provide counselling services to the adult female. Total 670 adolescent female have been received the counselling services in last six months.
- ✓ Chief Minister's Safe Motherhood Scheme (CM-SMS) scheme is implemented in the district from this year which provides the transit home facility for stay of pregnant women with accompanied till birth. The cash payment has made to accompanied Rs. 1000 stayed with pregnant women.
- ✓ The facility is designated as microscopy centre for treatment of TB patients and about 18721 OPD patients whose samples were tested for TB in last six months and 35 patients were tested positive for TB.
- ✓ A total of 60 cases were referred from CHC (10 cases), PHC (46) and SC (4) to Tura civil hospital and Baghmara civil hospital with related to maternity, SNCU, NRC, Malaria and Dengue in month of October 2022.
- ✓ Civil hospital has received Rs. 10 lakhs under RKS and 21.60 lakh under the LaQshya scheme to improve the labour and OT room.
- ✓ The facility registers the births and deaths data in every month. Three maternal deaths have been reported in 2021-22. However, 44 child deaths (0-1 years) in 2020-21 to 21 deaths in 2021-22 is reported by hospital during the two years.
- ✓ A total of 236 TB patients notified and 141 have UDST notified. The treatment success rate was 170 (83%) against this 208 patients received the NPY incentives which is about 88% of the total notified cases.
- ✓ Malaria cases has drastically reduced from 1142 in 2017 to 27 cases in 2021 which was about 97.6% reduction in malaria cases between 2017 to 2021, also the number of death cases have been reduced in the district.
- ✓ A total of 31 Psychiatric OPD and 47 IPD cases were reported under the mental health programme from April 2021 to September 2022. Two suicide cases were found in the district. Also, district has organized community mental health awareness programme and mental awareness programme for school children.
- ✓ Under the National Viral Hepatitis Control programme, 3004 persons were screened for Hepatitis B and 41 cases were positive. Also, 2626 persons were screened for Hepatitis C, of these, 29 were positive with two patients found eligible for treatment in 2021-22.

- ✓ Total 13 maternal deaths were reported and 38 neonatal and 63 child deaths found in 2020-21, against this 101 child death review conducted in the district.

Table 17: Services available at civil hospital, East Garo Hills (EGH) district, 2022-23

List of services	Yes/No
Medicine	Y
O&G	Y
Paediatrician	Y
General Surgery	Y
Anaesthesiology	N
Ophthalmology	N
Dental	Y
Imaging Services (X – ray)	Y
Imaging Services (USG)	Y
District Early Intervention Centre (DEIC)	Y
Nutritional Rehabilitation Centre (NRC)	Y
SNCU/ Mother and New-born Care Unit (MNCU)	Y
Comprehensive Lactation Management Centre / Lactation Management Unit (LMU)	N
Neonatal Intensive Care Unit (NICU)	N
Paediatric Intensive Care Unit (PICU)	N
Labour Room Complex	Y
Incentive Care Unit (ICU)	Y (but not functional)
Dialysis Unit	N
Emergency Care	Y
Burn Unit	N
Teaching block (medical, nursing, paramedical)	Y
Skill Lab	N

Source: District Checklist, NHM PIP Monitoring, 2022

Table 18: Status of infrastructure at civil hospital, EGH, 2022

Infrastructure indicators	Yes/No
24*7 running water facility	Y
Clean functional toilets available (separate for Male and female)	Y
Drinking water facility available	Y
OPD waiting area has sufficient sitting arrangement	Y
Facility is geriatric and disability friendly (ramps etc.)	Y
ASHA rest room is available	N
Drug storeroom with rack is available	Y
Power backup (Complete Hospital / Part of the hospital)	Y
Availability of delivery services	Y
If facility is designated as FRU, whether C-section are performed	Y
PMSMA services provided on 9 <sup>th</sup> of every month	Y

Source: District Checklist, NHM PIP Monitoring, 2022

Table 19: Emergency services available at civil hospital, EGH, 2022

<b>Emergency services</b>	<b>Yes/No</b>	<b>Key information</b>
General emergency	Y	
Facility available for-Triage	Y	
Facility available for-Resuscitation	N	
Facility available for-Stabilization	N	
<b>OT services available</b>		
If Yes, types of OT services available	Y	
If yes, Single general OT	Y	
Elective OT-Major (General)	N	
Elective OT-Major (Ortho)	N	
Obstetrics & Gynaecology OT	Y	
Ophthalmology / ENT OT	N	
Emergency OT	N	
<b>Other services</b>		
Availability of functional blood bank	Y	Available at civil Hospital
Whether blood is issued free or user fee charged	Y	Free for BPL, Elderly and JSSK
Biomedical waste management practices	Y	Sharp and deep burial pits
Line listing of high-risk pregnancies	Y	
Whether facility have register for entering births and deaths	Y	
Comprehensive abortion care (CAC) available	Y	
Availability of vaccine and hub cutter	Y	

Source: District Checklist, NHM PIP Monitoring, 2022-23

## 5.2 Community Health Centre, Rongjeng

- ✓ CHC Rongjeng provides only Dental and NBSU services. No other specialized services were available at the CHC. The facility provides routine services such as; ANC & PNC, Immunization, IUCD, PPIUCD, NCD, OPD, IPD, adolescent service and family planning. The facility is functioning with 30 bedded hospital.
- ✓ Normal delivery services were conducted in limited numbers by the facility. In last month (October 2022) none of the delivery was reported. CHC is not designated as FRU and C-section service is not provided due to unavailability of Gynecologist, Pediatrician and Anesthetist.
- ✓ CHC Rongjeng has facility of Designated Microscopy Centre (DMC) for screening of TB patients through CBNAAT/TruNat machine.
- ✓ PMSMA services is being provided to pregnant women on 9th of every month at the facility. A total of 74 women were identified as high-risk pregnancies in October 2022.

- ✓ In the last six months, a total of 948 individuals screened for hypertension, diabetes and oral cancer. Of these, one each case of hypertension, diabetes and oral cancer was confirmed positive.
- ✓ The facility has implemented the Kayakalp programme and scored 70% in 2021-22. CHC has not initiated LaQshya and NQAS activities.
- ✓ JSY payment was disbursed till September 2022 with an average delay of 32 days. The main JSY payment challenges are as follows: beneficiaries have no Aadhar card, no account number and enrollment of digital signature certificate on PFMS portal.
- ✓ Adolescent Friendly Health Clinic (AFHC) was functioning with provide the counselling services to male and female separately.
- ✓ A total of 8 cases of maternity (6), sick infant (1) and accident (1) from the CHC were referred to the civil hospital Williamnagar in September 2022 which is 56 km. away from the CHC.
- ✓ CHC has operational leprosy eradication programme and two old cases were detected having Grade II deformity under treatment.
- ✓ CHC maintains proper record on TB treatment cases (both for drug sensitive and resistant), TB notification register, Malaria, Palliative, Dengue & Chikungunya and Leprosy cases.
- ✓ CHC Rongjeng was received NHM fund Rs. 1,70,13,636 and utilized Rs. 1,70,11,075 during FY 2021-22. Facility has also received of Rs. 500000 under the RKS fund of which all the fund has been utilized.
- ✓ CHC building is very old structure and major renovations are required. The facility has insufficient quarter for the staff. There is a need for erecting boundary wall for safety of staff who are staying in the quarters.
- ✓ The facility has power back-up stalled on the rooftop with solar system and serves the whole hospital. There is a requirement of new ambulance at the CHC. Tele-medicine/consultation services were not available.
- ✓ Essential drug list was available but not displayed on OPD area. Total 17 drugs were available on day of visit and it has been implemented through DVDMS system.
- ✓ CHC is being performed in-house tests like; Malaria, TB, HB, RBS, Hepatitis, HIV and so on. X-ray service was not rendered due to non-functional of machine.
- ✓ RBSK programme was functional with full HR capacity at CHC. A target of 17928 children (6-18 years) to be screened against this only 7634 children has been screened which show 42% achievement in 2021-22.

Table 20: Availability of specialized services at CHC Rongjeng, EGH

<b>Services</b>	<b>CHC-Rongjeng</b>
Medicine	No
Obstetrics & Gynaecologist	No
Paediatrician	No
General Surgery	No
Anaesthesiology	No
Ophthalmology	No
Dental	Yes
Imaging Services (X – ray)	No
Imaging Services (USG)	No
New-born Stabilization Unit	Yes
Tele-medicine/Consultation services available	No
Operation theatre	No
Availability of functional blood storage unit	No

Source: District Checklist, NHM PIP Monitoring, 2022-23

Table 21: Emergency, OT, TB programme and other services at CHC Rongjeng

<b>Emergency and OT services</b>	<b>CHC-Rongjeng</b>
General emergency	No
Facility available for-Triage	No
Facility available for-Resuscitation	No
Facility available for-Stabilization	No
OT services available	No
If Yes, major OT available	NA
Minor OT available	NA
<b>Drugs and Diagnostic</b>	
Availability of list of essential medicines (EML)/ drugs	Yes
DVDMS or similar supply chain management system	Yes
Availability of essential diagnostics	Yes
X-ray services is available	No
Is the X-ray machine AERB certified	No
<b>Maintenance of records</b>	
Maintenance of records on TB cases	Yes
TB notification registers	Yes
Maintenance of records on Malaria cases	Yes
Maintenance of records on Palliative cases	Yes
Maintenance of records on Dengue and Chikungunya	Yes
Maintenance of records on Leprosy cases	Yes
<b>Other services</b>	
Line listing of high-risk pregnancies	Yes
Facility have register for entering births and deaths	Yes
Comprehensive abortion care (CAC) service available	No
Availability of trained provider for IUCD / PPIUCD	Yes
FP-LMIS has been implemented	Yes
Availability of Adolescent Friendly Health Clinic (AFHC)	No
Whether facility has fixed day for NCD clinic	Yes (Wednesday)
Reporting of weekly data in P, S and L form under IDSP	No (LT post vacant)
Are service provider trained in cancer services?	No

Source: District Checklist, NHM PIP Monitoring, 2022-23

Figure 5: Pictures of visited civil hospital, Williamnagar and CHC Rongjeng, EGH 2022



Team of Civil hospital, Williamnagar



CHC Rongjeng



Operation theatre, Civil hospital



Dental chair in Civil hospital



General ward, CHC Rongjeng



Labour room at Civil hospital

### 5.3 Primary Health Centre, Songsak

- ✓ PHC Songsak is accessible from the road and the next referral point is Civil hospital Williamnagar which is at a distance of 29 km. The facility is furnished with all the basic amenities such as water facility, OPD waiting area, drug store room with rack, power backup and branding.
- ✓ The facility is functional with 10 bedded and the services available are OPD, ANC, PNC, Immunization, family planning and routine, screening of sputum of suspected cases and delivery care services.
- ✓ A total of two MO, five AYUSH MO worked on contractual basis (1 in OPD and 4 Ayush MO in RBSK team) six ANM (five regular basis and one contractual) and one Pharmacist has been employed and running the facility.
- ✓ Essential Drug List (EDL) is available and proper displayed in OPD areas at the facility. A total of 12 drugs are available on the day of visit. DVDMS system is implemented by the facility for supply chain management.
- ✓ Tele-medicine or consultation services is being provided at PHC Songsak and average of 20-25 patients per month receive this facility. IT facilities like desktop and functional tablets has been given to the ANMs and some ASHAs.
- ✓ To maintain the hygiene and cleanliness, facility has sharp pits and deep burial pits for bio-medical waste management. It was observed that proper color-coded bins were placed at the facility.
- ✓ Male participation is very low in health programmes like; VHND, special awareness activities and lack of support to the ASHAs which results in low ANC check-up and higher home deliveries in remote areas.
- ✓ Some villages do not seek health care under the PHC Songsak because of superstitious beliefs around health services. The communities from such villages have also not received the COVID-19 vaccination.
- ✓ Total target was 684 for immunization of which 645 children received full immunization during 2021-22 across the five sub-centres under the PHC Songsak.
- ✓ During 2021-22, a total of 638 deliveries were reported by facility. Out of these, only 185 were institutional deliveries, 171 SBA attended birth and 282 Non-SBA birth in area under this PHC which show the 44.2% of deliveries were home based.

- ✓ Eight malaria cases were reported by PHC Songsak which is higher amongst all the health facilities in 2022 (up to October).

#### 5.4 Primary Health Centre, Samanda

- ✓ PHC Samanda is difficult to access from the road and the next referral point is Civil hospital Williamnagar which is at a distance from 20 km. The facility is furnished with all the basic amenities such as water facility, OPD waiting area, drug store room with rack, power backup (solar system) and branding.
- ✓ The facility is functional with 10 bedded and the services available are OPD, ANC, PNC, Immunization, family planning, sputum collection, leprosy programme, emergency and JSY/JSSK services.
- ✓ A total of one MO, two ANM and one Pharmacist has been employed and running the facility. No staff nurse and lab technician were posted against two posts were vacant for SNs and one for LT.
- ✓ Diagnostic services were provided to the beneficiary and a total of 11 tests are performed in 2021-22, which is free of charge for all. The major tests available are; Malaria, TB, HCV, HbAg, HCG, Widal test, VDRL and HB at the facility.
- ✓ There is no X-ray service available at the facility and minimal shortage of rapid diagnostic kits were reported during visit the facility. Line-listing of high-risk pregnancy is maintained by the ASHAs. Availability of vaccine and hub cutter at the PHC and SC level to the ANM.
- ✓ Availability of Essential Drug List (EDL) and proper displayed in OPD areas at the facility. A total of 42 drugs are available on the day of visit. DVDMS system is implemented by the facility for supply chain management.
- ✓ Shortage of several drugs like syrup Paracetamol, syrup Amoxicillin, Tablet Anticold and injection and Gilcid-gel syrup from EDL in last 30 days is noted. Shortage of some equipment like; RBS strip and Hemoglobinometer from last two months.
- ✓ Tele-medicine or consultation services is being provided at PHC Samanda. No fixed day for NCD clinic was available. IT facilities like desktop and functional tablets has been given to the ANMs and some ASHAs.
- ✓ During 2021-22, a total five facilities (3 PHC, 1 Civil hospital and 1 State dispensary) reported P form on IHIP portal, four facilities (3 PHCs and onfor L form and eight sub-centres reporting for S form under the Samanda block. The reporting is very low in 2021 as compared to the year 2022.

- ✓ In 2021 (Jan to December), out of 27 malaria cases in the district, the major cases from PHC Samanda which reported eight cases and annual blood examination rate was 36% in same period.
- ✓ PHC received an amount of Rs. 1,75,000 and this fund was fully utilized during 2021-22. It was observed that the PHC has low OPD visits per month.
- ✓ Under the Malaria programme, total 5287 patients were tested against this only one Pf case found positive in 2022. Facility conducted major IEC activities like miking, awareness activity, ASHAs monthly meeting at SC level and mass collection from detected village.

Figure 6: Pictures of visited RBSK team at AWC Rongkem, PHC-Samanda and Songsak, EGH 2022



### 5.5 Sub-Centre, Sampalgre

- ✓ A total of 2265 individuals above 30 years of age in the HWC population. In the last 6 months, 1328 CBAC forms have been filled and not reported any score for individuals.

- ✓ The condition of building is good and surface areas is low lying. Space constraint is the major problem of the centre. No RO is available for clean drinking water facility. Power back-up facility was available through solar system.
- ✓ Family planning services is very low as the community has not accepted the method provided by health facility. For awareness, regular family planning camp was organised in the village for promote to use the methods.
- ✓ Tele-medicine service was not available at the facility. Two hypertension cases were confirmed positive against 170 patients who were screened in the last six months.
- ✓ SC is functioning with two ANMs, one MLHP and 15 ASHAs. Facility is providing only OPD, ANC check-up, immunization, family planning and COVID-19 vaccination and complicated cases were referred to Civil hospital which is 3 km and PHC about 25 km.
- ✓ No Essential Drug List (EDL) is available and displayed in OPD areas at the facility. No anti-TB drugs are available on the day of visit.
- ✓ Wellness activities were conducting at SC-HWC but observed the lack of space. Line-listing of all pregnant women is available along with high risk women identified by ASHAs.
- ✓ The sub-centre has maintained the record of TB cases (both cases drug sensitive and drug resistant), malaria, dengue & chikungunya cases.
- ✓ SC Sampalgre has sufficient instruments like digital BP instruments, Thermometer, contraceptives (Condom, Mala-N and so on) and Glucometer available at the facility.
- ✓ Line listing of pregnant women is being carried out and ASHAs have micro plan for immunization. Proper follow-up is being done for SNCU discharge basis and LBW babies by ASHAs.

## **5.6 Sub-Centre, Koksi-Nengsat**

- ✓ Sub-Centre Koksi-Nengsat is located on the road side and the nearest referral point is PHC Dagal which is 6 km away from the facility.
- ✓ Building infrastructure is very poor. The facility was functioning in three small rooms which are congested to any activities. There was no drinking water facility as well as lack of separate toilet and waiting area for OPD or ANC check-up.
- ✓ SC is functioning with two ANMs, one MLHP, one MPW-Male and 10 ASHAs. Facility is providing only OPD, delivery service, ANC check-up, immunization, family planning and pregnancy test.

- ✓ There is acute shortage of testing kits or rapid diagnostic kits and sufficient supply of essential consumables at the facility.
- ✓ No shortage of drug for hypertension & diabetes was reported by the facility and MLHP has dispensed this medicine at SC.
- ✓ Tele-medicine service was not available at the facility. IT service like tablet received by MLHP is not being functional.
- ✓ Universal screening of NCD has started in SC areas. A total of 89 patients were screened for hypertension, diabetes, oral and breast cancer but only 10 patients of hypertension and four for diabetes were positive during last six months.
- ✓ None of the maternal and child death was reported in 2021-22. Line listing of pregnant women is being carried out and ASHAs have micro plan for immunization.
- ✓ Village Health, Sanitation & Nutrition Day (VHSND) is being conducted on monthly basis in the village. A total of 54 sessions were held from May to October 2022 by SC.
- ✓ A total of two cases identified for presumptive TB, 14 cases referred for testing to the higher hospital and only two TB patients were taking treatment under the SC in 2021-22.
- ✓ Wellness activities were conducting at SC-HWC with limited space. ASHAs were reporting weekly data in S form under IDSP programme.
- ✓ The sub-centre has maintained the record of TB cases (both cases drug sensitive and drug resistant), malaria, dengue & chikungunya cases. Ambulance services provided from the PHC on call basis. No Essential Drug List (EDL) is available and displayed in OPD areas at the facility.

Figure 7: Visited PHC, Sampalgre and Koksi-Nengsat in East Garo Hills district



Table 22: Status of SC-HWC health services and records, EGH district, 2022

<b>Indicators</b>	<b>Sampalgre</b>	<b>Koksi-Nengsat</b>
<b>Infrastructure</b>		
Condition of building	Good	Good
Clean drinking water facility available	No	No
Specified or separate space for yoga / welfare activities	No	No
Power backup with inverter	Yes	Yes
<b>Key services at SC</b>		
Availability of list of essential medicines (EML)/ drugs	No	Yes
EDL/EML display in OPD area	No	No
Availability of anti-TB drugs at facility	No	No
Shortage of 5 priority drugs from EDL in last 30 days, if any	No	No
Availability of Testing kits/ Rapid Diagnostic Kits	No	No (acute shortage)
Availability of delivery services	No	No
Tele-medicine / Consultation services available	No	No
Availability of vaccines and hub cutter	Yes	Yes
Availability of trained provider for IUCD / PPIUCD	Yes	Yes
Availability of Vaccine and hub cutter	Yes	Yes
Whether Universal screening of NCD has started	Yes	Yes
Whether reporting weekly data in S form under IDSP	Yes	Yes
Whether wellness activities are performed	Yes	
Line listing of all pregnant women in the areas	Yes	Yes
Line listing of all eligible couple in the areas	Yes	No
<b>Availability of Equipment</b>		
BP instrument	Yes	Yes
Thermometer	Yes	Yes
Contraceptive	Yes	Yes
Glucometer	Yes	No
<b>Maintenance of Records</b>		
Maintenance of records on TB cases (drug sensitive/resistant cases)	Yes	No
Maintenance of records on Malaria cases	Yes	Yes
Maintenance of records on Palliative cases	No	No
Maintenance of records on Dengue and Chikungunya	No	No
Maintenance of records on Leprosy cases	No	Yes

Source: Sub-Centre Checklist, NHM PIP 2022, EGH district

## Chapter-6 Conclusion and Recommendations

### 6.1 Conclusion

The report is based on monitoring visits to Civil Hospital Williamnagar, Community Health Centre Rongjeng, Primary Health Centre, Songsak and Samanda, Sub-Centre-HWC, Koksi-Nengsat and Sampalgre and visited RBSK team at Anganwadi Centre, Rongkem Village in East Garo Hills district, Meghalaya. Meetings were held with the District Medical & Health Officer (DMHO) and the NHM Nodal Officials (RCH Nodal Officer, National Programmes level Nodal Officer). Interactions were also held with the Medical Officer-In-Charge (MOIC) of the selected health facilities, health care providers (ANM, ASHAs etc.), visited Anganwadi Centre.

As per NFHS 2019-21, 59.2% mothers had antenatal check up in the first trimester and 25.5% had undertaken at least four ANC visits in East Garo Hills district. IFA consumption for 100 days or more was reported at 28.8% during pregnancy and only 7% mother consumed IFA 180 days or more during their pregnancy. A total of 73.8% births took place in institutional facilities with 73.5% births happening across public health facilities. Of the total births, 80.8% births were assisted by a skilled birth attendant whereas 4% births were through caesarean section (only public sector 5%). The average out of pocket expenditure per delivery in public health facility was Rs. 2473. The district has low prevalence of diarrhoea (9.2%) among children.

In case of health infrastructure, district has one civil hospital in Williamnagar, it is the headquarter of the district. District has only one Community Health Centres in Rongjeng block. There are three blocks in the district namely; Rongjeng, Samanda and Songsak. CHC provides only normal delivery and no facility for C-section. Civil hospital is the only referral points for C-section in the district. The higher referral centre of the district is Tura Civil hospital in West Garo Hills district and North Eastern Indira Gandhi Regional Institute of Health & Medical Sciences, Shillong which is about 90 km and 250 km, respectively. There are eight PHCs and 31 SCs functioning, no urban health centre is available in the district. Civil hospital has SNCU, NRC and emergency services for the patients. Most of the services were not available in the district, and several patients visit Guwahati for health care.

All the Primary Health Centre (8 PHC) are operational and provide general services like: OPD, immunization, ANC check-up, family planning services, screening of sputum, limited delivery care services and malaria testing at the respective area by ASHAs. Total 31 sub-centres are functional in the district. No blood storage facility is available at CHC Rongjeng and blood bank facility is available in civil hospital. The implementation of JSY and JSSK services to provide free diet, medicine and ambulance facility is available for pregnant women. SNCU have 12 radiant

warmer and two doctors and five SNs were received FBNC training for SNCU. RBSK have six teams with two teams were working in each three blocks and all the teams have full HR capacity. Teams have managed to screen 53 children on an average per day per team in 2022-23. Only PHC Songsak was conducted more than 10 deliveries per month among PHCs in the district. Out of 31 SCs, only two SCs (Rongbinggre and Chiading) conducted more than three deliveries in a month. These two SCs are located in Samanda block which near from the district headquarter Williamnagar.

Under communicable diseases control programme, the NTEP have target for TB notification from all medical practitioners (public private and NGOs) in 2021-22 but district did not achieve target for TB notification. The district has achieved 74% treatment success rate in 2021 but the progress is reduced in 2022. There is no private sector service for TB notification. No new case was detected of leprosy in 2021-22. IEC activities were conducted for awareness of leprosy programme in community. For that, 21 activities were conducted regarding inter personal communication with ASHAs and village health sanitation committee, conducted five health melas, distributed the pamphlets, poster, wall painting and awareness drive and school health programme in 2021-22.

For NVBDCP programme, malaria is the major public health problem in Meghalaya. In recent year, malaria cases have reduced in the state as well as in East Garo Hills district. For example, malaria cases under East Garo Hills district has drastically reduced from 1142 in 2017 to 27 in 2021 which contribute about 97% reduction in malaria cases during this period. All the CHCs / PHCs has achieved <1 annual parasite incidence (API) and district as a whole fall now in category 1 as per the National Malaria Elimination guideline. For reduce the malaria cases, district has used two methods like; Indoor Residual Spray (IRS) and Long-Lasting Insecticidal Nets (LLIN) distribution. Like every year, in 2022, district has covered about 47% houses and 30% rooms for IRS (DDT spray) sprayed. Under the IDSP programme, P form is reported by Pharmacist and L form by lab technician at Civil hospital, CHC and PHCs level. There is low reporting of data on IHIP portal in 2021 but since January 2022, there are major increase of reporting from all the health facilities in the district. However, S form was reported by health worker (ASHAs and ANM) at sub-centres level.

Under the Non-communicable disease, total six NCD programmes are functional in the district as follow; National Programme for Health Care for the Elderly (NPHCE), National Program for Control of Blindness and Vision Impairment (NPCB+VI), National Mental Health Program (NMHP), National Tobacco Control Programme (NTCP), National Programme for Prevention and Control of Diabetes, Cardiovascular Disease and Stroke (NPCDCS) and National Oral Health Programme. Total eight posts were posted under mental health programme. Only IEC activities

were conducted in the district. In the district, a total of 511 ASHAs are working as per population norm. Total three ASHAs were covered more than 1500 population. 820 ASHAs in the district have been conducted a total of 603 HBNC visits in 2021-22.

## 6.2 Recommendations

**Strengthening of C-section services at CHC Rongjeng:** C-section services are conducted only at Civil hospital Williamnagar where they have limited resources and space crunch to handle high delivery load. In this regard, there should be availability of C-section facility at the CHC Rongjeng to reduce the burden of high out of pocket expenditure as it is more difficult to commute in hilly areas to reach the civil hospital which is far from the facility. Besides, specialised services should also be initiated as well as expanded (Medicine, Surgery, Anaesthesiology, ultrasound imaging services) at the public health facilities.

**Shortage of Major Equipment / Instruments at Public Health Facilities:** It has been reported by the medical staff that there is a dire need of certain consumables and instruments in various tiers of public health facilities. Hence, to ensure the functionality at all the times of service delivery and smooth delivery of services it is advised that there should be regular supply of RBS strips, Hemoglobinometer and RDT (Rapid Diagnostic Test kits) for the health facilities.

**Reduce home deliveries in the district:** In order to decrease the number of home deliveries it is recommended that transit home should be established in the district. This would increase the institutional deliveries and focus can be on proper monitoring of PNC-Check-ups of all the pregnant women.

**Requirement of Permanent Hatcheries of Larvivores Fishes for Malaria Control:** District should construct permanent hatcheries for rearing of Larvivores fishes that is required to control of malaria cases under biological method in rural areas.

**Raising Health Awareness among Community Members:** As the districts is surrounded with some pockets of tribal population. Majority of the population are illiterate due to which it becomes difficult in communicating with them. Hence, it is suggested that with the efforts of front-line workers more awareness and innovative strategies should be planned so that awareness can be generated among the community members. This will also improve the health status of the district.

## Annexure-I: DH Checklist



**Ministry of Health & Family Welfare  
Government of India**



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

**Service Delivery:**

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

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

Indicator	Remarks/ Observation												
1. OPD Timing													
2. Condition of infrastructure/ building  Please comment on the condition and tick the appropriate box	Comments:  <input type="checkbox"/> 24*7 running water facility <input type="checkbox"/> Facility is geriatric and disability friendly (ramps etc.) <input type="checkbox"/> Clean functional toilets available (separate for Male and female) <input type="checkbox"/> Drinking water facility available <input type="checkbox"/> OPD waiting area has sufficient sitting arrangement <input type="checkbox"/> ASHA rest room is available <input type="checkbox"/> Drug storeroom with rack is available  Power backup: <input type="checkbox"/> Complete Hospital/ <input type="checkbox"/> Part of the hospital  Last major renovation done in (Year): _____												
3. Number of functional in-patient beds	_____  No of ICU Beds available:												
4. List of Services available													
<ul style="list-style-type: none"> <li>• Specialized services available in addition to General OPD, ANC, Delivery, PNC, Immunization, FP, Laboratory services</li> </ul>	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;">Sl.</th> <th style="width: 70%;">Service</th> <th style="width: 20%;">Y/N</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>Medicine</td> <td></td> </tr> <tr> <td>2</td> <td>O&amp;G</td> <td></td> </tr> <tr> <td>3</td> <td>Pediatric</td> <td></td> </tr> </tbody> </table>	Sl.	Service	Y/N	1	Medicine		2	O&G		3	Pediatric	
Sl.	Service	Y/N											
1	Medicine												
2	O&G												
3	Pediatric												

Indicator	Remarks/ Observation
	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 21 Teaching block (medical, nursing, paramedical) 22 Skill Lab
5. Emergency	General emergency: or facilities available for: 1. Triage 2. Resuscitation 3. Stabilization
6. Tele-medicine/Consultation services available	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, average case per day _____
7. Operation Theatre available	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, Single general OT: Elective OT-Major (General): Elective OT-Major (Ortho): Obstetrics & Gynecology OT: Ophthalmology/ENT OT: Emergency OT:
8. Availability of functional Blood Bank	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, number of units of blood currently available: _____ No. of blood transfusions done in last month: _____
9. Whether blood is issued free, or user-fee is being charged	<input type="checkbox"/> Free for BPL <input type="checkbox"/> Free for elderly <input type="checkbox"/> Free for JSSK beneficiaries <input type="checkbox"/> Free for all
10. Biomedical waste management practices	1. Sharp pit 2. Deep Burial pit 3. Incinerator

Indicator	Remarks/ Observation																																																																																																									
	4. Using Common Bio Medical Treatment plant 5.																																																																																																									
11. Details of HR available in the facility (Sanctioned and In-place)	<table border="0" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 35%;"></td> <td style="width: 15%; text-align: center;">HR</td> <td style="width: 15%; text-align: center;">San.</td> <td style="width: 15%; text-align: center;">Reg.</td> <td style="width: 15%; text-align: center;">Cont.</td> </tr> <tr> <td>MO (MBBS)</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Specialists</td> <td>Medicine</td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>ObGy</td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>Pediatrician</td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>Anesthetist</td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>Surgeon</td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>Ophthalmologist</td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>Orthopedic</td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>Radiologist</td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>Pathologist</td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>Others</td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>Dentist</td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>Staff Nurses/ GNMs</td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>LTs</td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>Pharmacist</td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>Dental Technician/ Hygienist</td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>Hospital/ Facility Manager</td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>EmOC trained doctor</td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>LSAS trained doctor</td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>Others</td> <td></td> <td></td> <td></td> </tr> </table>		HR	San.	Reg.	Cont.	MO (MBBS)					Specialists	Medicine					ObGy					Pediatrician					Anesthetist					Surgeon					Ophthalmologist					Orthopedic					Radiologist					Pathologist					Others					Dentist					Staff Nurses/ GNMs					LTs					Pharmacist					Dental Technician/ Hygienist					Hospital/ Facility Manager					EmOC trained doctor					LSAS trained doctor					Others			
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	LSAS trained doctor																																																																																																									
	Others																																																																																																									
12. IT Services	<ul style="list-style-type: none"> <li>• Desktop/ Laptop available: <input type="checkbox"/>Yes/ <input type="checkbox"/>No</li> <li>• Internet connectivity: <input type="checkbox"/>Yes/ <input type="checkbox"/>No</li> </ul> Quality/strength of internet connection: _____																																																																																																									
13. Kayakalp	Initiated: Facility score: Award received:																																																																																																									
14. NQAS	Assessment done: Internal/State Facility score: Certification Status:																																																																																																									
15. LaQshya	Labour Room: Operation Theatre:																																																																																																									
16. Availability of list of essential medicines (EML)/ drugs (EDL)	<input type="checkbox"/> Yes/ <input type="checkbox"/> No																																																																																																									
	If yes, total number of drugs in EDL _____																																																																																																									
	EDL displayed in OPD Area: <input type="checkbox"/> Yes/ <input type="checkbox"/> No																																																																																																									
17. Implementation of DVDMS or similar supply chain management system	<input type="checkbox"/> Yes/ <input type="checkbox"/> No																																																																																																									
	If other, which one _____																																																																																																									
18. Shortage of 5 priority drugs from EDL in last 30 days, if any	1 2 3 4																																																																																																									
19. Availability of Essential Consumables:	<input type="checkbox"/> Sufficient Supply <input type="checkbox"/> Minimal Shortage <input type="checkbox"/> Acute shortage																																																																																																									

Indicator	Remarks/ Observation
	In last 6 months how, many times there was shortage_____
20. Availability of essential diagnostics	<input type="checkbox"/> In-house <input type="checkbox"/> Outsourced/ PPP <input type="checkbox"/> Both/ Mixed
<ul style="list-style-type: none"> <li>In-house tests</li> </ul>	Timing: Total number of tests performed: _____ Details of tests performed:
<ul style="list-style-type: none"> <li>Outsourced/ PPP</li> </ul>	Timing: Total number of tests performed: _____ Details of tests performed:
21. X-ray services is available	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If Yes, type & nos. of functional X-ray machine is available in the hospital:  Is the X-ray machine AERB certified: <input type="checkbox"/> Yes/ <input type="checkbox"/> No
22. CT scan services available	<input type="checkbox"/> Yes/ <input type="checkbox"/> No  If yes: <input type="checkbox"/> In-house/ <input type="checkbox"/> PPP  Out of Pocket expenditures associated with CT Scan services (if any, approx. amount per scan): _____
23. Whether diagnostic services (lab, X-ray, USG etc.) are free for all	<input type="checkbox"/> Free for BPL <input type="checkbox"/> Free for elderly <input type="checkbox"/> Free for JSSK beneficiaries <input type="checkbox"/> Free for all
24. Availability of Testing kits/ Rapid Diagnostic Kits	<input type="checkbox"/> Sufficient Supply <input type="checkbox"/> Minimal Shortage <input type="checkbox"/> Acute shortage
25. Implementation of PM-National Dialysis programme	<input type="checkbox"/> Yes/ <input type="checkbox"/> No <input type="checkbox"/> In-house <input type="checkbox"/> Outsourced/ PPP Total number of tests performed: _____
<ul style="list-style-type: none"> <li>Whether the services are free for all</li> </ul>	<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
<ul style="list-style-type: none"> <li>Number of patients provided dialysis service</li> </ul>	<ul style="list-style-type: none"> <li>○ Previous year_____</li> <li>○ Current FY_____</li> </ul> <i>*Calculate the approximate no. of patients provided dialysis per day</i>
26. If there is any shortage of major instruments/ equipment	
27. Average downtime of equipment. Details of	

Indicator	Remarks/ Observation
equipment are nonfunctional for more than 7 days	
28. Availability of delivery services	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
<ul style="list-style-type: none"> <li>If the facility is designated as FRU, whether C-sections are performed</li> </ul>	<input type="checkbox"/> Yes/ <input type="checkbox"/> No Number of normal deliveries performed in last month: _____ No. of C-sections performed in last month: _____
<ul style="list-style-type: none"> <li>Comment on the condition of:</li> </ul>	Labour room: OT:  Functional New-born care corner (functional radiant warmer with neo-natal ambu bag): <input type="checkbox"/> Yes/ <input type="checkbox"/> No
29. Status of JSY payments	Payment is up to date: <input type="checkbox"/> Yes/ <input type="checkbox"/> No Average delay: Payment done till: Reasons for delay:
30. Availability of JSSK entitlements	<input type="checkbox"/> Yes/ <input type="checkbox"/> No  If yes, whether all entitlements being provided <input type="checkbox"/> Free delivery services (Normal delivery/ C-section) <input type="checkbox"/> Free diet <input type="checkbox"/> Free drugs and consumables <input type="checkbox"/> Free diagnostics <input type="checkbox"/> Free blood services <input type="checkbox"/> Free referral transport (home to facility) <input type="checkbox"/> Free referral transport (drop back from facility to home) <input type="checkbox"/> No user charges
31. PMSMA services provided on 9 <sup>th</sup> of every month	<input type="checkbox"/> Yes/ <input type="checkbox"/> No  If yes, how are high risks identified on 9 <sup>th</sup> ?  If No, reasons thereof:
32. Line listing of high-risk pregnancies	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
33. Practice related to Respectful Maternity Care	
34. Whether facility have registers for entering births and deaths	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
35. Number of Maternal Death reported in the facility	Previous year: Current year:
36. Number of Child Death reported in the facility	Previous year: Current year:
37. If Comprehensive Abortion Care (CAC) services available	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
38. Availability of vaccines and hub cutter	<input type="checkbox"/> Yes/ <input type="checkbox"/> No Nurses/ ANM aware about open vial policy: <input type="checkbox"/> Yes/ <input type="checkbox"/> No

Indicator	Remarks/ Observation																		
39. Number of newborns immunized with birth dose at the facility in last 3 months																			
40. Newborns breastfed within one hour of birth (observe if practiced and women are being counselled)																			
41. Status of functionality of DEIC	<input type="checkbox"/> Fully functional with all staff in place <input type="checkbox"/> Functional with few vacancies (approx. 20%-30%) <input type="checkbox"/> Functional with more than 50% vacancies <input type="checkbox"/> Not functional/ All posts vacant																		
42. Number of sterilizations performed in last one month																			
43. Availability of trained provider for IUCD/ PPIUCD	<input type="checkbox"/> Yes/ <input type="checkbox"/> No																		
44. Who counsels on FP services?																			
45. Please comment on utilization of other FP services																			
46. FPLMIS has been implemented	<input type="checkbox"/> Yes/ <input type="checkbox"/> No																		
47. Availability of functional Adolescent Friendly Health Clinic	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, who provides counselling to adolescents: _____ Separate male and female counselors available: <input type="checkbox"/> Yes/ <input type="checkbox"/> No																		
48. Whether facility has fixed day NCD clinic	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If Yes, how many days in a week: _____ days																		
49. Are service providers trained in cancer services?	<input type="checkbox"/> Yes/ <input type="checkbox"/> No																		
50. Number of individuals screened for the following in last 6 months:	<table border="1"> <thead> <tr> <th></th> <th>Screened</th> <th>Confirmed</th> </tr> </thead> <tbody> <tr> <td>a. Hypertension</td> <td></td> <td></td> </tr> <tr> <td>b. Diabetes</td> <td></td> <td></td> </tr> <tr> <td>c. Oral Cancer</td> <td></td> <td></td> </tr> <tr> <td>d. Breast Cancer</td> <td></td> <td></td> </tr> <tr> <td>e. Cervical Cancer</td> <td></td> <td></td> </tr> </tbody> </table>		Screened	Confirmed	a. Hypertension			b. Diabetes			c. Oral Cancer			d. Breast Cancer			e. Cervical Cancer		
	Screened	Confirmed																	
a. Hypertension																			
b. Diabetes																			
c. Oral Cancer																			
d. Breast Cancer																			
e. Cervical Cancer																			
51. Reporting weekly data in P, S and L form under IDSP	<input type="checkbox"/> Yes/ <input type="checkbox"/> No																		
1. Status of TB elimination programme	Facility is designated as Designated Microscopy Centre (DMC): <input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, percent of OPD whose samples were tested for TB (microscopy) in last 6 month (average) _____ If anti-TB drugs available at the facility: <input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, are there any patients currently taking anti-TB drugs from the facility: <input type="checkbox"/> Yes/ <input type="checkbox"/> No Availability of CBNAAT/ TruNat: <input type="checkbox"/> Yes/ <input type="checkbox"/> No Percent of patients tested through CBNAAT/TruNat for Drug resistance in the last 6 months _____ Are all TB patients tested for HIV? <input type="checkbox"/> Yes/ <input type="checkbox"/> No Are all TB patients tested for Diabetes Mellitus: <input type="checkbox"/> Yes/ <input type="checkbox"/> No Percent of TB Patients for whom DBT installments have been initiated under Nikshay Poshan Yojana in the last 6 months:																		
52. Maintenance of records on	<ul style="list-style-type: none"> <li>TB Treatment Card cases (both for drug sensitive and drug resistant cases): <input type="checkbox"/> Yes/ <input type="checkbox"/> No</li> </ul>																		

Indicator	Remarks/ Observation
	<ul style="list-style-type: none"> <li>• TB Notification Registers: <input type="checkbox"/>Yes/ <input type="checkbox"/>No</li> <li>• Malaria cases: <input type="checkbox"/>Yes/ <input type="checkbox"/>No</li> <li>• Palliative cases: <input type="checkbox"/>Yes/ <input type="checkbox"/>No</li> <li>• Cases related to Dengue and Chikungunya: <input type="checkbox"/>Yes/ <input type="checkbox"/>No</li> <li>• Leprosy cases: <input type="checkbox"/>Yes/ <input type="checkbox"/>No</li> </ul>
53. How much fund was received and utilized by the facility under NHM?	<p>Fund Received last year: Fund utilized last year:</p> <hr/> <p>Items/ Activities whose expenditure is met out of the RKS/ Untied Fund regularly:</p> <hr/> <p>Reasons for underutilization of fund (if any)</p> <hr/>
54. 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>
55. Frequency of RKS meeting (check and obtain minutes of last meeting held)	
2. Availability of ambulance services in the area	<p><input type="checkbox"/>Own ambulance available  <input type="checkbox"/>DH/ SDH has contracted out ambulance services  <input type="checkbox"/>Ambulances services with Centralized call centre  <input type="checkbox"/>Government ambulance services are not available</p> <p>Comment (if any):</p> <hr/>
<ul style="list-style-type: none"> <li>• How many cases from referred to in last month?</li> </ul>	<p>Number:</p> <p>Types of cases referred in:</p> <hr/>
<ul style="list-style-type: none"> <li>• How many cases were referred out last month?</li> </ul>	<p>Number:</p> <p>Types of cases referred out:</p> <hr/>
<b>3. Key challenges observed in the facility and the root causes</b>	
Challenge	Root causes
a)	
b)	
c)	
d)	

## Annexure-II: CHC Checklist



Ministry of Health & Family Welfare  
Government of India



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

**Service Delivery:**

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

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

Indicator	Remarks/ Observation									
4. OPD Timing										
5. Whether the facility is functioning in PPP mode	<input type="checkbox"/> Yes/ <input type="checkbox"/> No									
6. 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									
7. Number of functional in-patient beds										
8. List of Services available										
<ul style="list-style-type: none"> <li>• Specialized services available in addition to General OPD, ANC,</li> </ul>	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 5%;">Sl.</th> <th style="width: 40%;">Service</th> <th style="width: 55%;">Y/N</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>Medicine</td> <td></td> </tr> <tr> <td>2</td> <td>O&amp;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																																																																											
Delivery, PNC, Immunization, FP, Laboratory services	3 Pediatric 4 General Surgery 5 Anesthesiology 6 Ophthalmology 7 Dental 8 Imaging Services (X – ray) 9 Imaging Services (USG) 10 Newborn Stabilization Unit																																																																											
<ul style="list-style-type: none"> <li>If any of the specialists are available 24*7</li> </ul>	<input type="checkbox"/> Yes available <input type="checkbox"/> Yes, available only on-call <input type="checkbox"/> Not available																																																																											
<ul style="list-style-type: none"> <li>Emergency</li> </ul>	General emergency: or facilities available for: 1. Triage 2. Resuscitation 3. Stabilization																																																																											
9. Tele-medicine/Consultation services available	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, average case per day _____																																																																											
10. Operation Theatre available	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, Major: Minor:																																																																											
11. 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: _____																																																																											
12. 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																																																																											
13. Biomedical waste management practices	Sharp pit: Deep Burial pit: Other System, if any:																																																																											
14. Details of HR available in the facility (Sanctioned and In-place)	<table border="0" style="width: 100%;"> <tr> <td style="width: 30%;"></td> <td style="width: 15%;">HR</td> <td style="width: 15%;">San.</td> <td style="width: 15%;">Reg.</td> <td style="width: 25%;">Cont.</td> </tr> <tr> <td>MO (MBBS)</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Specialists</td> <td>Medicine</td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>ObGy</td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>Pediatrician</td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>Anesthetist</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Dentist</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>SNs/ GNMs</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>LTs</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Pharmacist</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Dental Assistant/ Hygienist</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Hospital/ Facility Manager</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>EmOC trained doctor</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>LSAS trained doctor</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Others</td> <td></td> <td></td> <td></td> <td></td> </tr> </table>		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				
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EmOC trained doctor																																																																												
LSAS trained doctor																																																																												
Others																																																																												
15. IT Services	<ul style="list-style-type: none"> <li>Desktop/ Laptop available: <input type="checkbox"/> Yes/ <input type="checkbox"/> No</li> <li>Internet connectivity: <input type="checkbox"/> Yes/ <input type="checkbox"/> No</li> </ul> Quality/strength of internet connection: _____																																																																											

Indicator	Remarks/ Observation
16. Kayakalp	Initiated: Facility score: Award received:
17. NQAS	Assessment done: Internal/State Facility score: Certification Status:
18. LaQshya	Labour Room: Operation Theatre:
19. 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) _____
20. Implementation of DVDMS or similar supply chain management system	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If other, which one_____
21. Shortage of 5 priority drugs from EDL in last 30 days, if any	1 2 3 4 5
22. 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_____
23. Availability of essential diagnostics	<input type="checkbox"/> In-house <input type="checkbox"/> Outsourced/ PPP <input type="checkbox"/> Both/ Mixed
• In-house tests	Timing: Total number of tests performed: _____ Details of tests performed:
• Outsourced/ PPP	Timing: Total number of tests performed: _____ Details of tests performed:
24. 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
25. 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
26. Availability of Testing kits/ Rapid Diagnostic Kits	<input type="checkbox"/> Sufficient Supply <input type="checkbox"/> Minimal Shortage <input type="checkbox"/> Acute shortage

Indicator	Remarks/ Observation
27. If there is any shortage of major instruments/ equipment	
28. Average downtime of equipment. Details of equipment are nonfunctional for more than 7 days	
29. Availability of delivery services	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
<ul style="list-style-type: none"> <li>If the facility is designated as FRU, whether C-sections are performed</li> </ul>	<input type="checkbox"/> Yes/ <input type="checkbox"/> No Number of normal deliveries performed in last month: ____ No. of C-sections performed in last month: _____
<ul style="list-style-type: none"> <li>Comment on condition of:</li> </ul>	Labour room: OT: Functional New-born care corner (functional radiant warmer with neo-natal ambu bag): <input type="checkbox"/> Yes/ <input type="checkbox"/> No
30. 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:
31. 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
32. PMSMA services provided on 9 <sup>th</sup> of every month	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, how are high risks identified on 9 <sup>th</sup> ? If No, reasons thereof:
33. Line listing of high-risk pregnancies	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
34. Practice related to Respectful Maternity Care	
35. Whether facility have registers for entering births and deaths	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
36. Number of Maternal Death reported in the facility	Previous year: Current year:
37. Number of Child Death reported in the facility	Previous year: Current year:
38. If Comprehensive Abortion Care (CAC) services available	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
39. 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
40. Number of newborns immunized with birth dose at the facility in last 3 months	

Indicator	Remarks/ Observation		
41. Newborns breastfed within one hour of birth (observe if practiced and women are being counselled)			
42. Number of sterilizations performed in last one month			
43. Availability of trained provider for IUCD/ PPIUCD	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
44. Who counsels on FP services?			
45. Please comment on utilization of other FP services			
46. FPLMIS has been implemented	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
47. Availability of functional Adolescent Friendly Health Clinic	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, who provides counselling to adolescents: _____ Separate male and female counselors available: <input type="checkbox"/> Yes/ <input type="checkbox"/> No		
48. Whether facility has fixed day NCD clinic	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If Yes, how many days in a week: _____ days		
49. Are service providers trained in cancer services?	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
50. Number of individuals screened for the following in last 6 months:		Screened	Confirmed
	a. Hypertension		
	b. Diabetes		
	c. Oral Cancer		
	d. Breast Cancer		
e. Cervical Cancer			
51. Are service providers trained in cancer services?	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
52. Whether reporting weekly data in P, S and L form under IDSP	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
53. 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"> <li>• investigations within public sector for TB testing? <input type="checkbox"/>Yes/ <input type="checkbox"/>No</li> <li>• investigations within public sector for other tests? <input type="checkbox"/>Yes/ <input type="checkbox"/>No</li> <li>• outsourced testing? <input type="checkbox"/>Yes/ <input type="checkbox"/>No</li> </ul>		
	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		
54. 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:		

Indicator	Remarks/ Observation
	Frequency of Community Surveillance:
55. Maintenance of records on	<ul style="list-style-type: none"> <li>• TB Treatment Card cases (both for drug sensitive and drug resistant cases): <input type="checkbox"/>Yes/ <input type="checkbox"/>No</li> <li>• TB Notification Registers: <input type="checkbox"/>Yes/ <input type="checkbox"/>No</li> <li>• Malaria cases: <input type="checkbox"/>Yes/ <input type="checkbox"/>No</li> <li>• Palliative cases: <input type="checkbox"/>Yes/ <input type="checkbox"/>No</li> <li>• Cases related to Dengue and Chikungunya: <input type="checkbox"/>Yes/ <input type="checkbox"/>No</li> <li>• Leprosy cases: <input type="checkbox"/>Yes/ <input type="checkbox"/>No</li> </ul>
56. 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)
57. 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
58. Frequency of RKS meeting (check and obtain minutes of last meeting held)	
59. Availability of ambulance services in the area	<input type="checkbox"/> CHC own ambulance available <input type="checkbox"/> CHC has contracted out ambulance services <input type="checkbox"/> Ambulances services with Centralized call centre <input type="checkbox"/> Government ambulance services are not available
	Comment (if any):
<ul style="list-style-type: none"> <li>• How many cases from sub centre/ PHC were referred to this CHC last month?</li> </ul>	Number:  Types of cases referred in:
<ul style="list-style-type: none"> <li>• How many cases from the CHC were referred to the DH last month?</li> </ul>	Number:  Types of cases referred out:
<b>60. Key challenges observed in the facility and the root causes</b>	
Challenge	Root causes
a)	
b)	
c)	
d)	

## Annexure-III: PHC Checklist



**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:

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

Indicator	Remarks/ Observation
A. OPD Timing	
a. For U-PHC, check if evening/morning OPD/Clinics being conducted	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
B. Whether the facility is functioning in PPP mode	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
C. 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
D. Number of functional in-patient beds	
E. List of Services available	
F. If 24*7 delivery services available	<input type="checkbox"/> Yes/ <input type="checkbox"/> No

Indicator	Remarks/ Observation
G. Tele-medicine/Consultation services available	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, average case per day_____
H. Biomedical waste management practices	Sharp pit: Deep Burial pit: Other System, if any:
I. Details of HR available in the facility (Sanctioned and In-place)	HR MO (MBBS) MO (AYUSH) SNs/ GNMs ANM LTs Pharmacist Public Health Manager (NUHM) LHV/PHN Others
J. IT Services	<ul style="list-style-type: none"> <li>• Desktop/ Laptop available: <input type="checkbox"/>Yes/ <input type="checkbox"/>No</li> <li>• All ANMs have functional Tablets: <input type="checkbox"/>Yes/ <input type="checkbox"/>No</li> <li>• Smart phones given to all ASHAs: <input type="checkbox"/>Yes/ <input type="checkbox"/>No</li> <li>• Internet connectivity: <input type="checkbox"/>Yes/ <input type="checkbox"/>No</li> </ul> Quality/strength of internet connection: _____
K. Kayakalp	Initiated: Facility score: Award received:
L. NQAS	Assessment done: Internal/State Facility score: Certification Status:
M. 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) _____
N. Implementation of DVDMS or similar supply chain management system	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If other, which one_____
O. Shortage of 5 priority drugs from EDL in last 30 days, if any	1 2 3 4 5
P. Drugs Available for Hypertension & Diabetic patients:	1 2 3
Q. Shortage of sufficient number of Hypertension & Diabetic in last 7 days	1 2 3

Indicator	Remarks/ Observation
R. 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_____
S. 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"> <li>In-house tests</li> </ul>	Timing: Total number of tests performed: _____ Details of tests performed:
<ul style="list-style-type: none"> <li>Outsourced/ PPP</li> </ul>	Timing: Total number of tests performed: _____ Details of tests performed:
T. 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
U. 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
V. Availability of Testing kits/ Rapid Diagnostic Kits	<input type="checkbox"/> Sufficient Supply <input type="checkbox"/> Minimal Shortage <input type="checkbox"/> Acute shortage
W. If there is any shortage of major instruments/ equipment	
X. Average downtime of equipment. Details of equipment are nonfunctional for more than 7 days	
Y. Availability of delivery services	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
<ul style="list-style-type: none"> <li>If yes, details</li> </ul>	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
Z. 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:
AA. 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

Indicator	Remarks/ Observation		
BB. Line listing of high-risk pregnancies	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
CC. Number of normal deliveries in last three month			
DD. Availability of Daksh/ Dakshta trained/SBA trained MO/SN/ANM in Labour Room	<input type="checkbox"/> Yes <input type="checkbox"/> No		
EE. Practice related to Respectful Maternity Care			
FF. Number of Maternal Death reported in the facility	Previous year: Current FY:		
GG. Number of Child Death reported in the facility	Previous year: Current year:		
HH. 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		
II. Number of newborns immunized with birth dose at the facility in last 3 months			
JJ. Newborns breastfed within one hour of birth (observe if practiced and women are being counselled)			
KK. Number of sterilizations performed in last one month			
LL. Availability of trained provider for IUCD/ PPIUCD	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
MM. Who counsels on FP services?			
NN. Please comment on utilization of other FP services			
OO. FPLMIS has been implemented	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
PP. 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		
QQ. Whether facility has fixed day NCD clinic	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If Yes, how many days in a week: _____ days		
RR. Are service providers trained in cancer services?	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
SS. 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		
TT. Whether wellness activities are performed	<input type="checkbox"/> Yes/ <input type="checkbox"/> No Frequency:		
UU. Whether reporting weekly data in P and L form under IDSP	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
VV. 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): _____		

Indicator	Remarks/ Observation
WW. 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"> <li>• investigations within public sector for TB testing? <input type="checkbox"/>Yes/ <input type="checkbox"/>No</li> <li>• investigations within public sector for other tests? <input type="checkbox"/>Yes/ <input type="checkbox"/>No</li> <li>• outsourced testing? <input type="checkbox"/>Yes/ <input type="checkbox"/>No</li> </ul> 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:
XX. 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:
YY. Maintenance of records on	<ul style="list-style-type: none"> <li>• TB Treatment Card cases (both for drug sensitive and drug resistant cases): <input type="checkbox"/>Yes/ <input type="checkbox"/>No</li> <li>• TB Notification Registers: <input type="checkbox"/>Yes/ <input type="checkbox"/>No</li> <li>• Malaria cases: <input type="checkbox"/>Yes/ <input type="checkbox"/>No</li> <li>• Palliative cases: <input type="checkbox"/>Yes/ <input type="checkbox"/>No</li> <li>• Cases related to Dengue and Chikungunya: <input type="checkbox"/>Yes/ <input type="checkbox"/>No</li> <li>• Leprosy cases: <input type="checkbox"/>Yes/ <input type="checkbox"/>No</li> </ul>
ZZ. 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)
AAA. 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
BBB. Frequency of RKS meeting (check and obtain minutes of last meeting held)	
CCC. Availability of ambulance services in the area	<input type="checkbox"/> PHC own ambulance available <input type="checkbox"/> PHC has contracted out ambulance services <input type="checkbox"/> Ambulances services with Centralized call centre <input type="checkbox"/> Government ambulance services are not available Comment (if any):

Indicator	Remarks/ Observation
• How many cases from sub centre were referred to this PHC last month?	Number: Types of cases referred in:
• How many cases from the PHC were referred to the CHC last month?	Number: Types of cases referred out:
<b>DDD. Key challenges observed in the facility and the root causes</b>	
Challenge	Root causes
a)	
b)	
c)	
d)	
e)	
<b>Only for U-PHC</b>	
EEE. Population enumeration initiated for slum population	<input type="checkbox"/> Not yet initiated <input type="checkbox"/> Initiated <input type="checkbox"/> Completed
FFF. Number of CBAC forms filled (NUHM)	
GGG. Is Specialist services provided at U-PHC?	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, specialist services are provided through: <input type="checkbox"/> Teleconsultation/ <input type="checkbox"/> Clinic  Schedule: <input type="checkbox"/> Fixed/ <input type="checkbox"/> Rotational  Type of specialist services available: <input type="checkbox"/> OBGY, <input type="checkbox"/> Pediatrics, <input type="checkbox"/> Medicine, <input type="checkbox"/> Dermatology, <input type="checkbox"/> Ophthalmology, Others:
HHH. UHNDs Conducted:	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, no. of UHND conducted per month:
III. Special Outreach camps conducted:	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, no. of UHND conducted during last quarter: Type of specialties provided during special outreach camps:

## Annexure-VI: HSC Checklist



**Ministry of Health & Family Welfare  
Government of India**



### Sub-Centre (SC) Level Checklist

Service Delivery: Sub Centre

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

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

Indicator	Remarks/ Observation																												
1. List of Services available																													
2. Condition of infrastructure/ building  Please comment on the condition and tick the appropriate box	Comments: <input type="checkbox"/> 24*7 running water facility <input type="checkbox"/> Facility is geriatric and disability friendly <input type="checkbox"/> Clean functional toilets available (separate for Male and female) <input type="checkbox"/> Drinking water facility available <input type="checkbox"/> OPD waiting area has sufficient sitting arrangement <input type="checkbox"/> ASHA rest room is available <input type="checkbox"/> Drug storeroom with rack is available <input type="checkbox"/> Branding <input type="checkbox"/> Specified area for Yoga / welfare activities <input type="checkbox"/> Power backup																												
3. Biomedical waste management practices																													
4. Details of HR available in the facility (Sanctioned and In-place)	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;"></td> <td style="width: 10%; text-align: center;">San.</td> <td style="width: 10%; text-align: center;">Reg.</td> <td style="width: 10%; text-align: center;">Cont.</td> </tr> <tr> <td>HR</td> <td></td> <td></td> <td></td> </tr> <tr> <td>ANM/ MPW Female</td> <td></td> <td></td> <td></td> </tr> <tr> <td>MPW Male</td> <td></td> <td></td> <td></td> </tr> <tr> <td>MLHP/ CHO</td> <td></td> <td></td> <td></td> </tr> <tr> <td>ASHA</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Others</td> <td></td> <td></td> <td></td> </tr> </table>		San.	Reg.	Cont.	HR				ANM/ MPW Female				MPW Male				MLHP/ CHO				ASHA				Others			
	San.	Reg.	Cont.																										
HR																													
ANM/ MPW Female																													
MPW Male																													
MLHP/ CHO																													
ASHA																													
Others																													
5. IT Services	<ul style="list-style-type: none"> <li>Functional Tablet/ laptop with CHO: <input type="checkbox"/> Yes/ <input type="checkbox"/> No</li> <li>Electronic Tablets with MPWs (ANM): <input type="checkbox"/> Yes/ <input type="checkbox"/> No</li> <li>Smart phones given to all ASHAs: <input type="checkbox"/> Yes/ <input type="checkbox"/> No</li> </ul>																												

Indicator	Remarks/ Observation
	<ul style="list-style-type: none"> <li>Internet connectivity: <input type="checkbox"/>Yes/ <input type="checkbox"/>No</li> </ul> Quality/strength of internet connection:
6. Availability of list of essential medicines (EML)/ drugs (EDL)	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, total number of drugs in EDL: EDL displayed in OPD Area: <input type="checkbox"/> Yes/ <input type="checkbox"/> No No. of drugs available on the day of visit (out of the EDL)
7. Are anti-TB drugs available at the SHC?	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, are there any patients currently taking anti-TB drugs from the SHC? <input type="checkbox"/> Yes/ <input type="checkbox"/> No
8. Shortage of 5 priority drugs from EDL in last 30 days, if any	1 2 3 4 5
9. Drugs Available for Hypertension & Diabetic patients:	1 2 3
10. Shortage of sufficient number of Hypertension & Diabetic in last 7 days	1 2 3
11. Are CHOs dispensing medicines for hypertension and diabetes at SHC-HWC	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
12. Availability of Testing kits/ Rapid Diagnostic Kits	<input type="checkbox"/> Sufficient Supply <input type="checkbox"/> Minimal Shortage <input type="checkbox"/> Acute shortage
13. Availability of:	<ul style="list-style-type: none"> <li>BP instrument: <input type="checkbox"/>Yes/ <input type="checkbox"/>No. If yes, Type: _____</li> <li>Thermometer: <input type="checkbox"/>Yes/ <input type="checkbox"/>No</li> <li>Contraceptives: <input type="checkbox"/>Yes/ <input type="checkbox"/>No. If yes, Type: _____</li> <li>Glucometer: <input type="checkbox"/>Yes/ <input type="checkbox"/>No</li> </ul>
14. Line listing of all Pregnant women in the area	<input type="checkbox"/> Yes/ <input type="checkbox"/> No <ul style="list-style-type: none"> <li>High risk women identified: <input type="checkbox"/>Yes/ <input type="checkbox"/>No</li> <li>MCP cards duly filled: <input type="checkbox"/>Yes/ <input type="checkbox"/>No</li> </ul>
15. Number of Maternal Death Review conducted	Previous year: Current year:
16. Number of Child Death Review conducted	Previous year: Current year:
17. Availability of vaccines and hub cutter	<input type="checkbox"/> Yes/ <input type="checkbox"/> No <ul style="list-style-type: none"> <li>Awareness of ANM on vaccine schedule: <input type="checkbox"/>Yes/ <input type="checkbox"/>No</li> <li>Awareness about open vial policy: <input type="checkbox"/>Yes/ <input type="checkbox"/>No</li> </ul>
18. Availability of micro-plan for immunization	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
19. Follow up of:	SNCU discharge babies: <input type="checkbox"/> Yes/ <input type="checkbox"/> No LBW babies: <input type="checkbox"/> Yes/ <input type="checkbox"/> No
20. Line listing of all eligible couple in the area	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
21. Availability of trained provider for IUCD/ PPIUCD	<input type="checkbox"/> Yes/ <input type="checkbox"/> No

Indicator	Remarks/ Observation		
22. Please comment on utilization of other FP services			
23. Number of individuals above 30 years of age in the HWC population			
24. Number of CBAC forms filled in last 6 months			
25. Report for number of individuals for whom CBAC form has been filled in last six months.	Score with below 4: 4 and above score:		
26. Whether universal screening of NCD has started	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
27. Number of individuals screened for the following in last 6 months:		Screened	Confirmed
	a. Hypertension		
	b. Diabetes		
	c. Oral Cancer		
	d. Breast Cancer		
28. Number of individuals who had initiated treatment for HTN, DM and others during last six months	Advised for Lifestyle management:		
	Medicines for Hypertension:		
	Medicines for Diabetes:		
	Medicines for Others:		
29. Source of getting drugs/ medications for individual.  Number of individuals taking medication for HTN and DM during last six months from which source  Taking medication for HTN/DM	From SC-HWC: From Linked PHC: From other govt. facilities: (Specify) From pvt. Chemist shop:		
	(Average OOP/month)		
30. Status of use of:	<ul style="list-style-type: none"> <li>• Tele-consultation services</li> <li>• HWC App</li> </ul> Details:		
31. Whether wellness activities are performed	<input type="checkbox"/> Yes/ <input type="checkbox"/> No Frequency:		
32. Whether reporting weekly data in S form under IDSP	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
33. Status of Tuberculosis in the area:	Indicators	Last year	Current year
	Number of presumptive TB patients identified:		
	Number of presumptive TB patients referred for testing		
	Number of TB patients diagnosed out of the presumptive patients referred		
	Number of TB patients taking treatment under the Sub centre area		
34. ASHA Interaction			
<ul style="list-style-type: none"> <li>• Status of availability of Functional HBNC Kits (weighing scale/ digital thermometer/ blanket or warm bag)</li> </ul>			

Indicator	Remarks/ Observation
<ul style="list-style-type: none"> <li>Status of availability of Drug Kits (Check for PCM/ Amoxicillin/ IFA/ ORS/ Zinc/ IFA Syrup/ Cotrimoxazole)</li> </ul>	
<ul style="list-style-type: none"> <li>ASHA Incentives: Any Time lag /Delay in Payment after submission of voucher. <ul style="list-style-type: none"> <li>Average delay</li> </ul> </li> </ul>	
<ul style="list-style-type: none"> <li>ASHA is aware about provision of incentives under NTEP (Informant Incentives, Treatment Supporter Incentives) and Nikshay Poshan Yojana (₹500 per month incentive to the TB patient for the duration of treatment)</li> </ul>	
35. Number of Village Health & Sanitation days conducted in last 6 months	
36. Incentives:	<ul style="list-style-type: none"> <li>Performance Incentives is disbursed to CHOs on monthly basis: <input type="checkbox"/>Yes/ <input type="checkbox"/>No</li> <li>Team-based incentive being disbursed for all HWC staffs: <input type="checkbox"/>Yes/ <input type="checkbox"/>No</li> </ul>
37. Frequency of VHSNC/ MAS meeting (check minutes of last meeting held)	
38. Whether CHOs and HWC staffs are involved in VHSNC/ MAS meeting	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
39. Maintenance of records on	<ul style="list-style-type: none"> <li>TB cases: <input type="checkbox"/>drug sensitive/ <input type="checkbox"/>drug resistant cases/ <input type="checkbox"/>both</li> <li>Malaria cases: <input type="checkbox"/>Yes/ <input type="checkbox"/>No</li> <li>Palliative cases: <input type="checkbox"/>Yes/ <input type="checkbox"/>No</li> <li>Cases related to Dengue and Chikungunya: <input type="checkbox"/>Yes/ <input type="checkbox"/>No</li> <li>Leprosy cases: <input type="checkbox"/>Yes/ <input type="checkbox"/>No</li> </ul>
40. 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)
41. Availability of ambulance services in the area	
<ul style="list-style-type: none"> <li>How many cases from the Sub Centre were referred to PHC in last month?</li> </ul>	Number: Types of cases referred out:
<b>42. Key challenges observed in the facility and the root causes</b>	
Challenge	Root causes
a)	
b)	
c)	
d)	