



Ministry of Health & Family Welfare  
Government of India



**A REPORT ON**  
**MONITORING OF IMPORTANT COMPONENTS**  
**NATIONAL HEALTH MISSION PROGRAMME IMPLEMENTATION PLAN**  
**EAST-KHASI HILLS, MEGHALAYA**



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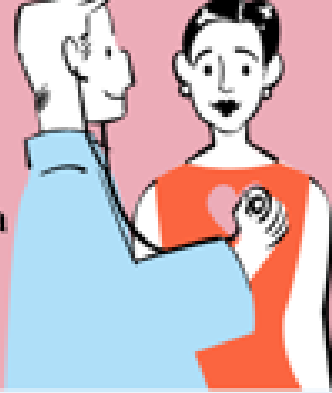


## ABBREVIATIONS

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



# Dose of Facts!

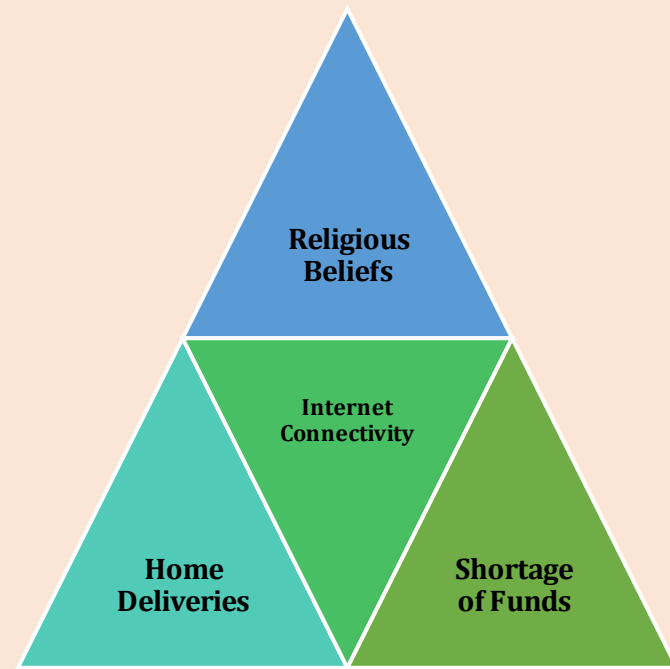


The main challenges of the district have been highlighted below:

## East-Khasi Hills, Meghalaya

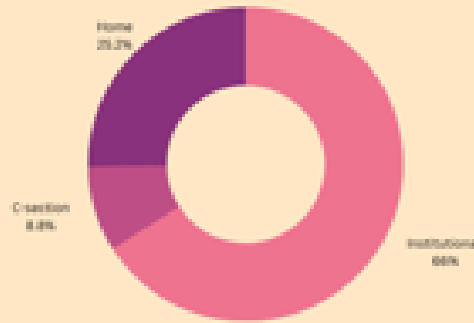
### Maternal Health:

- Women registered for 1st trimester-56.7%
- Women consumed IFA tablets-27.1%
- Average OOP-Rs.3258
- Anemic women(15-49 years)-48.2%



6857

Home Deliveries



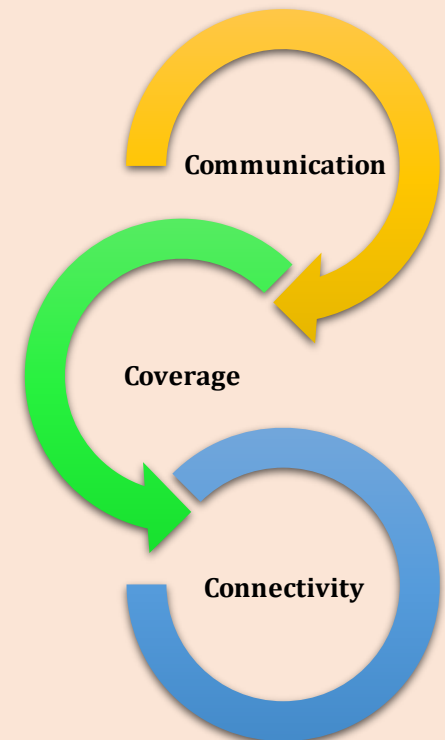
### Child Health:



- Stunted: 44.6%
- Wasted: 11.2%
- Underweight: 23.8%
- Severe Acute Malnourishment: 76 children
- Immunized child: 12159 children

### Tobacco and Alcohol Consumption:

- 29.8 percent of women consume any kind of tobacco.
- 51.9 percent of men consume any kind of tobacco.
- Consumption of alcohol is more by men than women





## EXECUTIVE SUMMARY

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

The report is prepared on the basis of visits to the following public health facilities in East-Khasi district, Meghalaya: Ganesh Das District Hospital East-Khasi, Mawphlang and Sohra Community Health Center, Pomlum and Jongksha Primary Health Center, and SC-HWC Thynroit. Meetings were held with the Chief District Medical Officer (CDMO) and the NHM Nodal Officials to understand the strengths and weakness of the facilities in service provisioning. Health Management Information System (HMIS) data was verified for the District Hospital Ranking data validation purposes.

### Key Findings:

- **High Number of Home Deliveries:** Home deliveries are relatively high and still prevalent in the district especially in the far-flung areas where there is no accessibility of roads, delay in reaching the facility as there is no proper route.
- **Issues regarding JSY payments:** Payment is often being delayed; one of the most common reasons is that the accountant has to wait till the beneficiary open a bank account. In addition to this, there is reluctance of opening the accounts by the beneficiary of remote areas as they are not willing to spend time in opening Bank account. As it involves high commuting cost and the monetary benefit is meagre for them to avail.
- **Incidence of Japanese Encephalitis:** One of the major key challenge, that was reported in the East-Khasi district is the prevalence of Japanese Encephalitis. Sporadic cases were cited in the district which is transmitted through culex mosquitoes and the transmission is maintained by egrets that are generally migratory and pigs which act as host.
- **Acceptance of Quacks and Traditional Healers:** The biggest concern for the officials w.r.t the population is its illiteracy as generating community awareness at times becomes problematic. The members still prefer traditional remedies and often visit quacks for treatment and seek remedies through religious and magical practices and hardly avail any modern system of medicine. The number of child deaths occurring in the district is one such example.





- **Asymmetric Access to Health-Care Services:** There are certain areas in the district where access to health-care services is bleak. Hence, access to health-care and services becomes a major concern for rural population and therefore, there is reliance on traditional healers and quacks for the same.
- **Internet Connectivity:** Due to extreme weather conditions and non-availability of networks in certain pockets there are issues with regards to internet connectivity. As there are some pockets of the district where internet speed and services are unavailable resulting to which, updating data in the portal becomes a hassle for the workers.
- **Status of Quality Assurance Programmes:** None of the facilities are LaQshya or NQAS certified as the facilities are lagging in terms of the performance and assessment criteria which is not met as per the guidelines under the scheme. Only few facilities are Kayakalp awarded as they don't meet certain parameters of the internal and external assessment. The district is still working on Quality Assurance Programmes.

### Recommendations:

- To reduce the number of home deliveries in the district it is suggested that more number of **Transit Homes** should be established where the incidence of home deliveries are high. This could improve the figures of overall institutional deliveries of the district and gain confidence and trust amongst the members.
- In case of non-availability of account number of the beneficiary for JSY payment; it is suggested that payment can be carried in cash by the District Hospital as adopted in Nazareth Hospital & NEIGRIHMS
- It is recommended that the district administration should collaborate with the urban local bodies so that there can be connectivity within the district for the local people and access the facilities without any hassles.
- All the public health facilities in East-Khasi Hills should take the initiative for quality care certification specifically under NQAS and LaQshya. While some of the activities are being undertaken in case of Kayakalp and are performed more regularly. However, facilities are still lagging in terms of their performance and assessment activities to meet the criteria specified under NQAS and LaQshya guidelines.
- As majority of the population widely accepts the remedies given by the quacks/traditional healers. One of the best strategies that the district can adopt is the strategy of "*friend instead of foe*" as a medium to channel the population.





## CHAPTER-1: INTRODUCTION

### 1.1 Background and Objectives

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

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

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

The specific objectives of the report are as follows:

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

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

Meetings were held with the Chief District Medical Officer (CDMO) and the NHM Nodal Officials. Interactions were also held with the Medical Officer-In-Charge (MOIC) of the selected facilities, health care providers (ANM, ASHAs etc.) and other supporting staff to understand the strengths and weakness of the facilities in service provisioning. Review of





relevant programmatic data and information available from the NHM nodal officials were also conducted. Besides this, Health Management Information System (HMIS) data was also verified for the District Hospital Ranking data validation purposes.

**Table 1:**List of Facilities Visited in East Khasi district, Meghalaya

Healthcare Facility	Name of the Facilities	Team Composition
District Hospital	Ganesh Das,DH	Prof.Suresh Sharma & Ms.Aashima Gupta
CHC	Mawphlang,CHC	
CHC	Sohra,CHC	Ms.Aashima Gupta
PHC	PHC-HWC,Jongksha	
PHC	PHC-HWC,Pomlum	
SC-HWC	SC-HWC,Thynroit	

## 1.2 Demographic Profile

The Khasi Hills district was divided into two districts, i.e., the East Khasi Hills District and the West Khasi Hills District on 28<sup>th</sup> October 1976. On 4<sup>th</sup> June,1992, East Khasi Hills District was further divided into two administrative districts of East Khasi Hills district and Ri-Bhoi district. Shillong is the district head-quarter of East Khasi Hills District. The district consists of Eight Community and Rural development blocks at present. The district administrative divisions comprise of 11(Eleven) Community & Rural development blocks.

**Table 2:**Socio-Demographic Indicators

Indicator	East-Khasi	Meghalaya
Population –Total (in lakhs)	8,25,922	29,64,007
Population –Rural (%)	57.98	80.4
Population density (persons/ km <sup>2</sup> )	301	132
Decennial Growth Rate (%) 2001-2011	24.96	27.82
Sex ratio (females/ 1000 males)	1011	986
Sex ratio 0-6 years	964	
Proportion of SC population	.35	0.5
Proportion of ST population	77.49	85.9
Average Family Size	5	5.5
Literacy Rate (Total)	84.15	75.48

Source: CMO Office, East-Khasi Hills

In 2011, East Khasi Hills had population of 825,922 of which male and female were 410,749 and 4,15,173. Whereas, in 2001, the population of East Khasi Hills was 6,60,923 of which males were 3,33,553 and remaining 3,27,370 were females. East Khasi Hills District population constituted 27.84 percent of total Maharashtra population.





### 1.3 HMIS Service Delivery Indicator

The following table-3, summarizes the health care service delivery indicators in East-Khasi district of Meghalaya and Meghalaya with respect to various domains such as Maternal Health, Child Health, Delivery care, Family Planning, etc. for the year 2021-22.

Antenatal Care (Pre-Natal care), is one of the most important components of the Maternal Health. ANC refers to the regular medical and nursing care suggested for women throughout their gestation period of pregnancy to ascertain the well-being of the mother and the foetus as well. Furthermore, with regular prenatal care, women can reduce the risk of pregnancy complications. According to the HMIS, around 39.8 per cent of women in East-Khasi have registered for ANC in the first trimester while women who registered for ANC up to 4 or more check-ups, have a lower share of percentage (53.5 per cent). According to the HMIS data source, IFA supplementation was given less which stands at 45.7 per cent of all women who registered for ANC. The total maternal deaths recorded in the district stands 54 deaths in the last financial year.

Delivery care is a vital factor for infant health. The total home deliveries in East-Khasi district is 6857 deliveries. Skilled Birth Attendant (SBA) as an individual is the one who can handle common obstetric and neonatal emergencies. Thus, the attendance of SBA in case of home delivery is necessary to combat maternal deaths. About 61.8 per cent of all deliveries were institutional deliveries in East-Khasi district. Around,9.4 per cent women were discharged in less than 48 hours of delivery at public institutions. Of all women who registered for ANC, just 34.8 per cent went for institutional delivery and around 4.3 per cent were C-section deliveries.

With regards to Post Natal Care, around 88.3 per cent of the new-borns were breast fed within 1 hour of delivery and 95.1 percent new-borns were weighed at birth in the district. Out of the total weighted new-born, less than 7.7 per cent new-born are having weight less than 2.5 kg to total weighted. The share percentage of women received the 1st post-partum check-up within 48 hours and 14 days of delivery is low i.e., the figure stands at 74.9 percent respectively. In the last financial year, 54 maternal deaths, 97 infant deaths and 10 child deaths was reported in East-Khasi district, Meghalaya.

The Reproductive and Child Health programme (RCH) II under the National Rural Health Mission (NRHM) systematically assimilates all possible interventions that improve child health and addresses factors contributing to Infant and under-five mortality. With regards to the service delivery for Child Health, around 12,159 children were fully immunized (9-11 months) in East-Khasi district. Female sterilization as a method of permanent family planning dominates the statistics with more than 100 per cent of all sterilization conducted in the year 2021-22 in the district. The percentage of IUCD insertions to total institutional





deliveries stand at 4.2 percent and 135 emergency contraceptive pills were distributed in the district in 2021-22.

**Table 3:** HMIS Service Delivery Indicator for Meghalaya and East-Khasi

Data Item Name	East Khasi Hills	Meghalaya
% 1st Trimester registration to Total ANC Registrations	39.8	40
% Pregnant women given 180 IFA to Total ANC Registrations	45.7	59.8
% Pregnant women given 360 Calcium tablets to Total ANC Registration	41.7	53.4
% Pregnant Women received 4 or more ANC check-ups to Total Registration	53.5	52.8
% SBA attended Home Deliveries to Total Reported Home Deliveries	1.6	7.5
Total Home Delivery	6857	35496
Total Reported Deliveries	17931	109598
% of Institutional Deliveries to Total Reported Deliveries	61.8	43.3
% of C Section Deliveries to Total Institutional Deliveries	4.3	7.6
% Institutional Deliveries to total ANC Registrations	34.8	43.5
% Women discharge in less than 48hours of delivery to Total Institutional Deliveries at Public Institutions	9.4	19.8
Total Live Birth	17357	81462
Still Birth	653	2322
% New-born weighed at Birth to Live Birth	95.1	97.3
% of new-born having weight less than 2.5 kg to total live birth	7.7	7.9
% New-born breast fed within 1 hour of birth to Total Live Birth	88.3	92.1
% Women getting 1st Post-Partum Check-up between 48 hours and 14 days to Total Reported Deliveries	74.9	38.8
% Male Sterilization (Vasectomies) to Total sterilization		0.2
% Female Sterilization	146.7	99.7
% of IUCD insertion to total institutional deliveries	4.2	1.5
Number of Emergency Contraceptive Pills (ECP) given	135	1126
Number of Fully Immunized children	12159	68535
% of children discharged with target weight gain from NRC	642.9	46.1
Infant Death	641	1012
Child Death	137	507
Maternal Death	54	232

Source: HMIS Standard Report, 2021-22





## CHAPTER-2: PUBLIC HEALTH FINANCING

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

### 2.1 Record of Proceedings, Meghalaya

For the financial year (FY) 2021-22, against a resource envelope of Rs. 234.48 Crores (calculated assuming state share of 40%), the state Meghalaya received administrative approval for an amount of Rs. 342.57 Crore. The total support from Government of India is Rs. 211.03 Crores whereas the state share of 10% works out to be Rs. 234.48 Crores.

**Table 4:** Record of Proceedings, Meghalaya

Particulars	Rs. In Crores
a.GoI Support(Flexible Pool allocation including cash and kind)	160.68
b.GoI Support for Incentive Pool based on last year’s performance (assuming no incentive/reduction on account of performance)	26.97
c. GoI Support(Under Infrastructure Maintenance)	23.38
<b>d.Total GoI Support(d=a+b+c)</b>	<b>211.03</b>
e.State Share(10%)	23.45
<b>f.Total Resource Envelope(f=d+e)</b>	<b>234.48</b>

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

The breakup of the total resource envelope shows that Rs. 36.87 Crores 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 Crores is allocated for Health System Strengthening (HSS) under NHM of which 91.78 crores have been allocated for other HSS under NHM,11.21 crores for Comprehensive primary healthcare under HSS and the remaining for ASHA additional benefit including support to ASHA facilitators (6.01 crores). Thus, the GOI contribution toward total NRHM-RCH Flexible Pool works out to be Rs. 159.10 Crores.

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 Crores, Rs. 19.98 Crores and Rs. 4.84 Crores respectively. Within NDCP Flexible Pool, bulk of the resources is allocated for RNTCP activities where the figure stands at 11.28 crores followed by NVBDCP with 5.79 crores. Whereas, the least share of amount is visible in NLEP with 0.35 crores.



**Table 5:** Flexi-pool wise share of resource Envelope, Meghalaya

Indicators	Amount* (GoI Share)	State Share
<b>1. RCH Flexible Pool</b>	50.11	
(a) RCH Flexible Pool (including RI, IPPI, NIDDCP)		
RCH Flexible Pool, Cash Grant Support	36.87	
RCH Flexi Pool (Kind grant support under immunization)	13.23	
(b) HSS under NRHM	108.99	
Other HSS covered under NRHM	91.78	
Comprehensive Primary Health-Care under HSS	11.21	
ASHA additional benefit including support to ASHA facilitators	6.01	
<b>Total NRHM-RCH Flexi-pool</b>	<b>159.10</b>	
<b>2. NUHM Flexible Pool</b>	3.73	
Other Health System Strengthening covered under NUHM	2.80	23.45
Comprehensive Primary Health-Care under NUHM	0.93	
<b>3. NDCP Flexible Pool</b>	19.98	
NVBDCP (Cash & Kind)	5.79	
RNTCP (Cash & Kind)	11.28	
NVHCP	1.44	
NLEP	0.35	
IDSP	0.60	
NRCP	0.52	
<b>4. NCD Flexible Pool (NPCB, NMHP, NPHCE, NTCP, NPCDCS, NPCCHH, PMNDP)</b>	4.84	
<b>5. Infrastructure Maintenance (Incl. Direction &amp; Administration)</b>	23.38	
<b>Total Resource Envelope (1+2+3+4+5)</b>	<b>211.03</b>	<b>23.45</b>
<b>Grand Total Resource Envelope (GOI Allocation + UT Share)</b>	<b>234.48</b>	

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

\*indicate amount in Crores

## 2.2 District Health Action Plans and District Allocations

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

It was mentioned that the biggest challenge in achieving the physical targets of the district is the delayed receipt of PIP approvals. For the year 2021-22, the district has submitted DHAP in January 2021 & received the approval in the month of October, 2021. Whereas, the submission date for the current year was in the month of March, 2022 the approval of DHAP has been received in the month of August, 2022.

However, with regards to fund release of the district it was mentioned that for the PY (2021-22) the release of funds was done in different installments commencing from May, 2021





followed by June, and September through SNA. Whereas, for the current year (2022-23), the funds have been carried forward from the last financial year

**Table 6:** Information about District Health Action Plan (DHAP)

Year	Prepared & Submitted DPIP/DHAP	Submission date of DPIP/DHAP	Approval date for DHAP from state	Date of fund release (1 <sup>st</sup> sanction against DHAP)
2021-22(PY)	Yes	January,2021	13/10/2021	May,2021
2022-23(CY)	Yes	January,2022	05/08/2022	C/f from last year funds

Source: District Checklist, East-Khasi (2021-22)

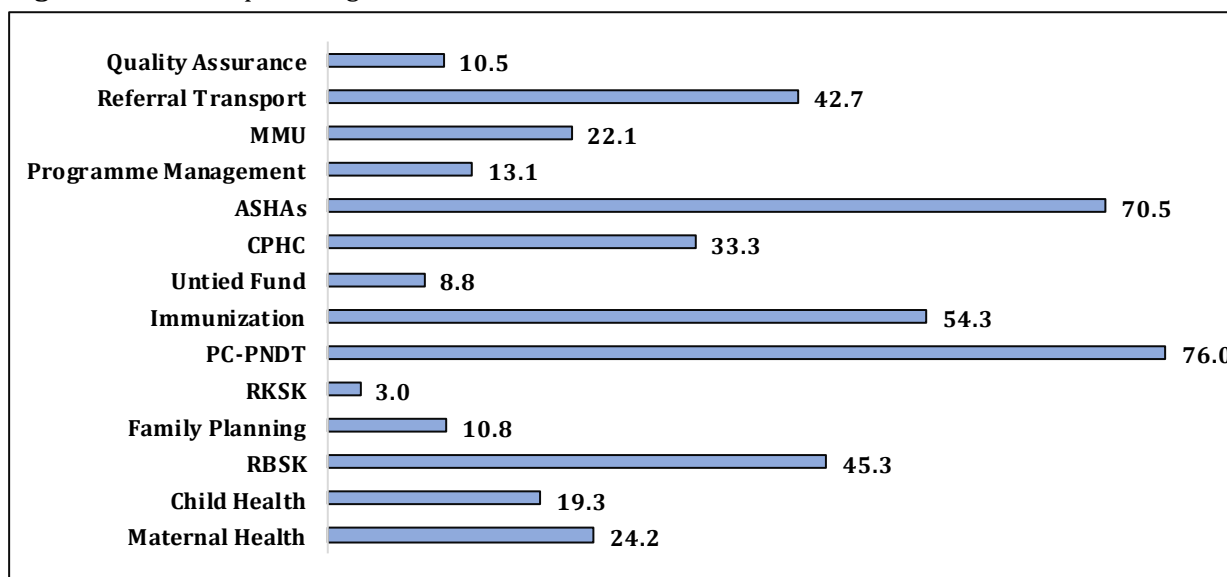
### 2.3 Programme-Wise Expenditure, East-Khasi District

Observing the programme-wise status expenditure in district East-Khasi for the financial year 2021-22. This section particularly, bifurcates the expenditure status programme-wise into 3 main heads i.e., the RCH and Health Systems Flexi-pool, Communicable Diseases Pool, and Non-Communicable Diseases Pool.

With regards to RCH and Health Systems Flexi-pool it can be ascertained from the figure that the total released budget stands at 1899.22 Lakhs of which 707.57 lakhs have been utilized in the last financial year. The maximum share of budget utilization has been incurred under ASHAs with 70.5 percent followed by Immunization (54.3 percent) and PC-PNDT activities.

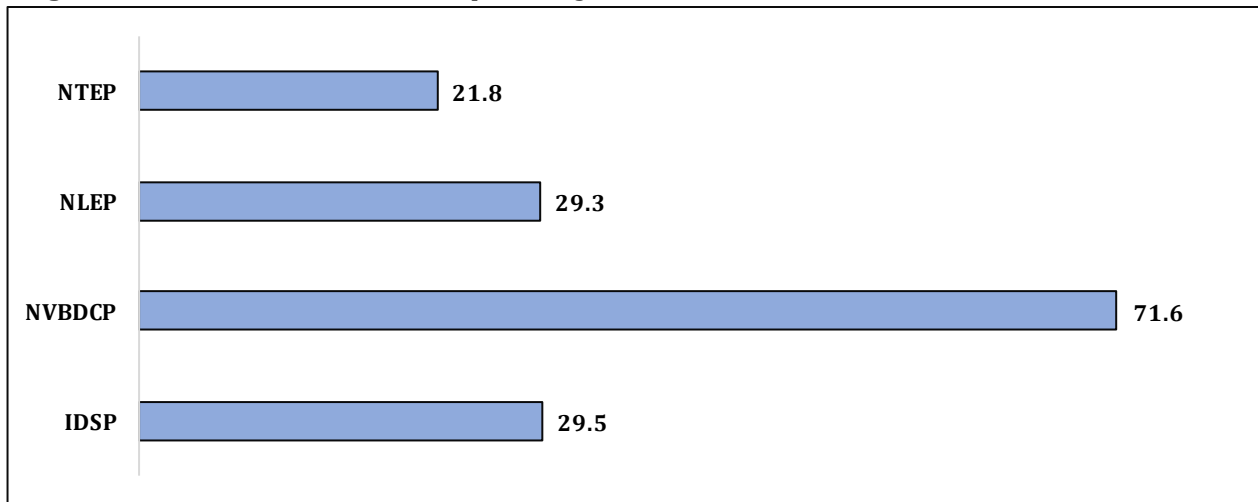
In addition to this, the fund has been utilized in RBSK outreach activities with 23.25 lakhs budget utilization. The district is giving more emphasis in Quality Assurance Programmes such as taking due initiatives in LaQshya and NQAS as well (10.5 percent).

**Figure 1:**RCH Flexi-pool Budget Utilization





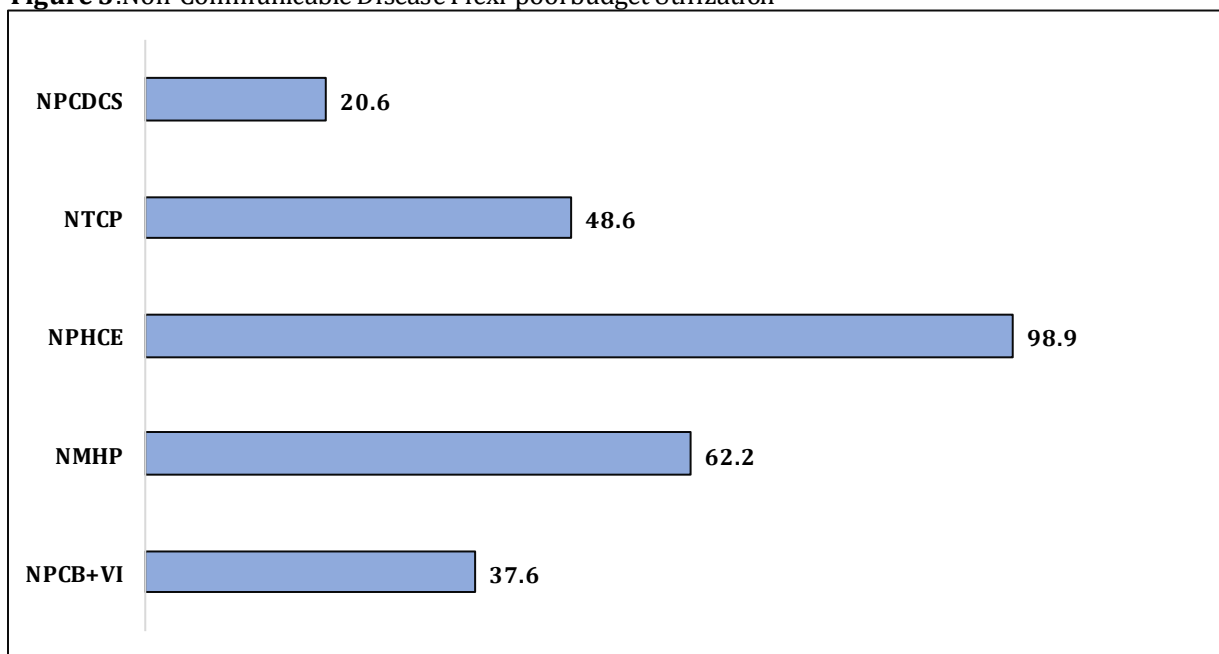
**Figure 2:** Communicable Disease Flexi-pool Budget Utilization



Whereas, with regards to communicable disease pool, the highest fund utilization has been made in National Vector Borne Disease Control Programme (NVBDCP) with an approximate of 71.6 percent. Followed by National Leprosy Eradication Programme (NLEP) and IDSP with 29.3 and 29.5 percent respectively from the figure shown above

However, in the case of Non-Communicable Diseases, the total fund utilization has been made with 26.69 lakhs as against 61.34 lakhs. The highest fund utilization has been reported under the head of NPHCE (98.9 percent) and National Mental Health Programme with 62.2 percent respectively. Only a handful of programmes have been implemented under the said head.

**Figure 3:** Non-Communicable Disease Flexi-pool budget Utilization





## CHAPTER-3: PUBLIC HEALTH PLANNING AND IMPLEMENTATION

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

### 3.1 Health Infrastructure and Facilities

The district East-Khasi of Meghalaya has made an overall progress in improving the health status of its people. The district has made significant progress in building reliable health infrastructure at various levels and across different tiers. Basic tertiary health care services are being provided by both public and private players.

The table-7 below summarizes the health-care delivery system of East-Khasi district, Meghalaya and its operational status. The capital has two district hospitals functional, and only one facility is conducting more than 50 deliveries per month including C-section. The district, has seven functional Community Health Centre of which only 3 CHCs are performing deliveries more than 20 deliveries. Furthermore, out of 26 PHCs only handful of PHCs are able to conduct PHCs. Whereas, the remaining PHCs provide services like: OPD, immunization, ANC check-up and family planning services at the designated centres. A total of 76 SCs are operational at the district and a smaller proportion of these centres are performing deliveries.

The district has 13 Urban Primary Health Centres operating and has proposed for Urban Community Health Centres. The district has 1 SNCU, 1NRC, and DEIC functioning at Ganesh Das District Hospital. Besides this, there is availability of blood bank and blood storage unit. For screening and testing of sputum regarding the tuberculosis, district has 17 designated Microscopy Centres and seven tuberculosis unit established in the district of which all are functional. Further, there are 4 CBNAAT and 13 TruNat sites is available for collection of sputum for testing. Only one drug resistant TB centre has been sanctioned and is operational at the district.

Moreover, the district has 3 NCDs Clinics, one functional at the District Hospital and two Community Health Centre. In district East-Khasi, Ultrasound facilities are more in private clinics as compared to public sector. A total of 33 ultrasound facilities are available at the private clinics followed by public facilities in 12 centres, and 1 in MMU.

For PC-PNDT, a total of 13 facilities in public health-care and 33 in private clinics have been registered in the East-Khasi hills.



**Table 7:** Details of health facilities available

Facility Details	Sanctioned	Operational
1. District Hospitals	02	02
No. of DH conducting > 50 deliveries /month	02	01
No. of DH conducting C-section	02	01
3. Community Health Centers (CHC)	07	07
No. of CHCs conducting > 20 deliveries /month	07	03
4. Primary Health Centers (PHC)	26	26
No. of 24X7 PHCs conducting > 10 deliveries /month	26	05
5. Sub Centers (SC)	76	76
No. of SCs conducting >3 deliveries/month	04	04
6. Urban Primary Health Centers (U-PHC)	13	13
7. Urban Community Health Centers (U-CHC)	-	-
8. Special Newborn Care Units (SNCU)	01	01
9. Nutritional Rehabilitation Centers (NRC)	01	01
10. District Early intervention Center (DEIC)	01	01
11. First Referral Units (FRU)	03	02
12. Blood Bank	01	01
13. Blood Storage Unit (BSU)	02	01
14. No. of PHC converted to HWC	26	26
15. No. of U-PHC converted to HWC	13	13
16. Number of Sub Centre converted to HWC	76	66
17. Designated Microscopy Center (DMC)	17	17
18. Tuberculosis Units (TUs)	07	07
19. CBNAAT/TruNat Sites	4/13	4/13
20. Drug Resistant TB Centres	01	01
21. Functional Non-Communicable Diseases (NCD) Clinic at DH	01	01
22. Functional NCD Clinic at CHCs	02	02
23. Number of institutes with ultrasound facilities (Public+Private)		Public-12 MMU-01 Private-33
24. Of these, how many are registered under PCPNDT act		Public-13 Private-33

Source: District Checklist, NHM PIP Monitoring, 2021-22

### 3.2 Human Resources for Health

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

The human resource profile of the East-Khasi district in Meghalaya is presented herewith. A total of 78 MOs have been in-place in the district followed by 10 Dental MOs and 07 OB&GY. With regards to ANMs a total of 244 workers are present in the district. With 248 staff





nurses, 63 Lab Technicians, and 65 Allopathic Pharmacists have been placed in the district presently.

The table-8 below shares a glimpse about the availability of human resource as per the last financial year 2021-22. The biggest challenge the district faces with regards to human resource is more specifically was reported for Pediatrician, Gynecologist, Anesthetist, and Radiologist which therefore, hampers the overall services specifically at the District Hospital.

**Table 8:** Availability of human resource

<b>Staff details at public facility (Regular+ NHM+ other sources)</b>	<b>Sanctioned</b>	<b>In-place</b>	<b>Short-fall(in %)</b>
MO (MBBS)	99	78	21.2
Dentists/ Dental Surgeon/ Dental MO	10	10	-
OBGY	07	07	-
Pediatrician	06	05	16.7
Anesthetist	06	05	16.7
Surgeon	03	03	-
Other Specialists	07	04	42.9
<b>Paramedical Staff</b>			
ANM	244	244	-
MPW (Male)	-	-	-
Staff Nurse	248	248	-
Lab technician	63	63	-
Pharmacist (Allopathic)	65	65	-
Radiologists	01	01	-
Dental technician	02	02	-
Dental Hygienist	02	02	-
Radiographer/ X-ray technician	-	-	-
CSSD Technician	-	-	-
OT technician	01	01	-
CHO/ MLHP	66	66	-
AYUSH MO	19	19	-
AYUSH Pharmacist	-	-	-

Source: District Checklist, NHM PIP Monitoring, 2021-22

### 3.2.1 Community Process

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

The district has a total of 1214 ASHAs working in the district as against the requirement of 1258 ASHAs as per the population norm. Social benefit schemes were implemented on October, 2018 for ASHAs and ASHA facilitators meeting the eligibility criteria to be covered under the Pradhan Mantri Jeevan Jyoti Bima Yojana (Accident Insurance), the age criteria is 18-50 years and annual premium of average Rs. 330 will be paid by the government. The





number of ASHAs enrolled under this scheme are 685 workers and 733 ASHA facilitators are covered under this scheme. Whereas, a total of 559 ASHAs and 24 ASHA facilitators have been enrolled for Pradhan Mantri Suraksha Bima Yojana. A total of 24 ASHAs have been covered under Pradhan Mantri Shram Yogi Maandhan Yojana respectively in the district.

With regards to the status of Village Health Sanitation and Nutrition Committee (VHSNC) 62 committees have been formed and have been trained for the same.

**Table 9:** Status of social benefit scheme for ASHAs and ASHA Facilitators

<b>Status of Schemes</b>		
<b>1 Status of ASHAs</b>		
1.1	Required as per population	1258
1.2	Selected ASHAs	1214
1.3	No. of ASHAs covering more than 1500 (rural)/ 3000 (urban) population	Rural-44 Urban-26
1.4	No. of villages/ slum areas with no ASHA	44
<b>2 Status of social benefit scheme for ASHAs and ASHA Facilitators</b>		
2.1	No. of ASHAs enrolled for Pradhan Mantri Jeevan Jyoti Bima Yojana	685
2.2	No. of ASHA Facilitator enrolled for Pradhan Mantri Jeevan Jyoti Bima Yojana	733
2.3	No. of ASHAs enrolled for Pradhan Mantri Suraksha Bima Yojana	559
2.4	No. of ASHA facilitator enrolled for Pradhan Mantri Suraksha Bima Yojana	24
2.5	No. of ASHAs enrolled for Pradhan Mantri Shram Yogi Maandhan Yojana	24
2.6	ASHA facilitator enrolled for Pradhan Mantri Shram Yogi Maandhan Yojana	22
<b>3 Status of Mahila Arogya Samitis (MAS)</b>		
3.1	Formed	62
3.2	Trained	62
3.3	MAS account opened	62

Source: District Checklist, NHM PIP Monitoring, 2021-22

### 3.3 Referral Transport

Health infrastructure also includes transport facilities at the district for the safe and timely movements of the patients. A total of 32 ambulances are Basic Life Support (BLS) have been stationed at District Hospital, Community Health Centre, and Primary Health Centres. In the last financial year 2021-22, no ambulances were purchased in the district (Refer Annexure-I).

Two ambulances have been stationed at the DH,6 at the Community Health Centres,23 at Primary Health Centres.





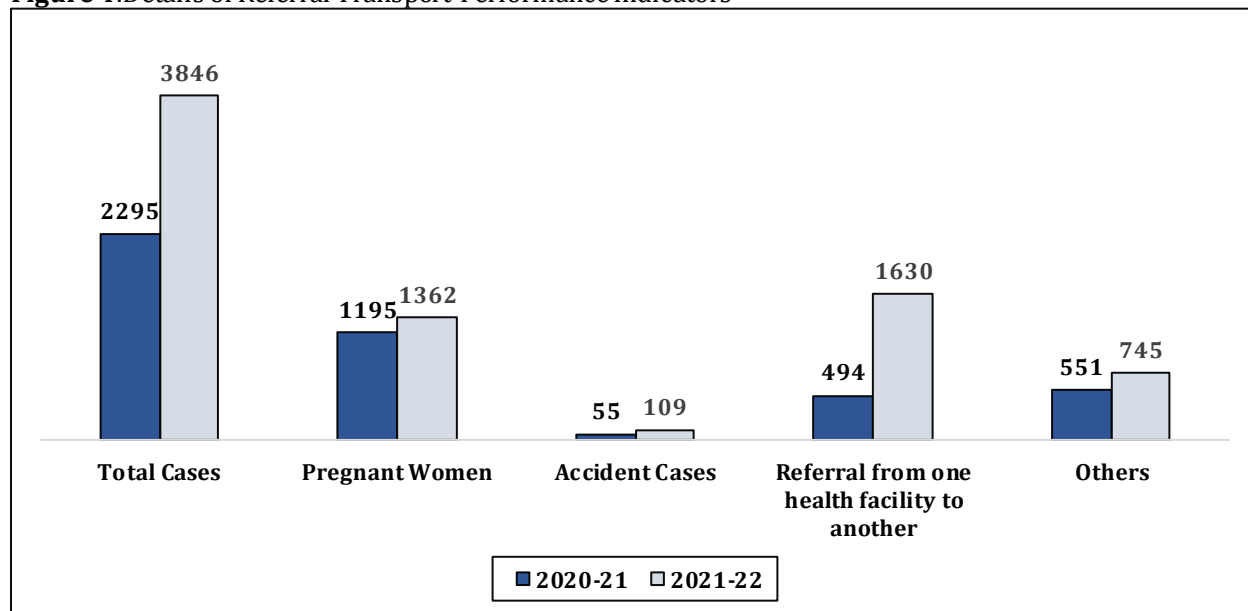
**Table 10:** Details of Vehicle for Referral Transport

Stationed at:	Number of Ambulances
DH	02
CHC	06
PHC	23
Others	01

Source: District Checklist, NHM PIP Monitoring, 2021-22

Observing the performance wise indicators, the total number of cases were higher in 2021-22 as compared to 2020-21 with 3846 cases. Similar is the case for Pregnant women, more than 1300 PW have availed the ambulance service in the last financial year as against 1195 cases in 2020-21.

**Figure 4:**Details of Referral Transport-Performance Indicators



Mobile Medical Unit (MMU) is one of the strategies to improve access to health facilities. There is 01 MMUs on road in the district. The team composition for MMUs is composed of 8 members which comprises of 1 Medical Officer, 2 staff nurses, 2 Lab technicians, and 3 drivers respectively. The list of services being rendered through MMUs is OPD, outreach health camps, immunization awareness programmes.

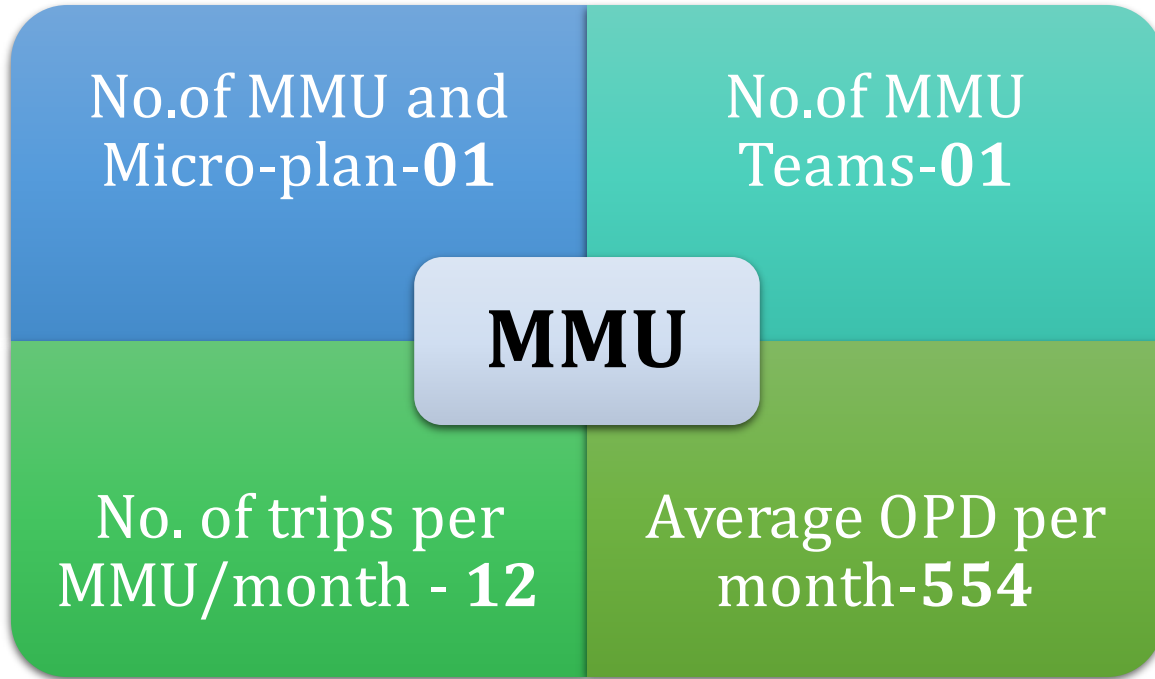
The number of MMU trips and camps conducted per month stands to be 12 and 4 camps are being organized in a month i.e., per week one camp is being conducted. The villages that are being covered through MMUs is 84 that are hard to reach areas. Whereas, the average number of OPD per MMU per month stands to be 554 **of which 13 patients** have been referred to higher facilities.





The payment is pending under MMU because the Lab-Technician was deployed in COVID-19 duty for sample collection and transportation. Since then, the payments haven't been released and the status is pending for the same.

Figure 5:Details of MMU in East-Khasi





### 3.4 Capacity Building-Training Status

The figure-6 below provides a brief snapshot of trainings received in the last financial year i.e., 2021-22 as per the ROP approval. Trainings were given on various fronts such as DAKSHATA, IMNCI, Injectable Contraceptive, IUCD, MVA, NRC, NSSK, SBA, Post-Abortion FP, PPIUCD, and DAKSH Skill Lab.

For training with regards to DAKSHATA one batch has been organized for this theme. The said training was given to 21 Medical Officers. Whereas, 7 ANMs were trained for IMNCI. In addition to this, 18 MO's were given training for IMNCI. Trainings were also imparted to 11 Mos, 12 SNs, and 1 ANM for IUCD. Whereas, other trainings were given to MVA, NRC Staff, NSSK, Post-Abortion FP, PPIUCD, and SBA to Medical officers, Staff Nurses, ANMs, and MLHPs accordingly. All the planned trainings were completed on time without any hassle.

**Figure 6:** List of Trainings as per ROP



Source: District Checklist, NHM PIP Monitoring, 2021-22





### MAWKYNREW BLOCK

MEETING WITH VEC MEMBERS ON RESCUE MISSION. MOTHERS MEETING & ORIENTATION ON VHC FOR SECTOR TEAM MEMBERS, GRAM SEVAK, A.F AND L.S



### RI REFRESHER TRAINING CUM REVIEW MEETING





## CHAPTER-4: NATIONAL HEALTH MISSION PROGRAMMES

National Health Mission initiated by Government of India, New Delhi in the year 2005 has been implemented in the district of East Khasi Hills also from April, 2006. The Government of Meghalaya through National Health Mission has committed of providing its people especially in the underserved and rural areas quality health care services by ensuring availability of services at all level of the health care delivery system. Over the last few years, efforts have been made to improve the district health services keeping in mind the following Goals set by NHM:

- To reduce maternal and infant deaths.
- To provide accessible, affordable, equitable and quality health care services.
- To improve the health status of the people.
- To reduce diseases burden.
- To ensure an accountable and responsive health care delivery system.
- Involvement of community and people participation in the planning process

### 4.1 Programme Management Unit under National Health Mission (NHM)

In order to provide managerial support to the existing health system for effective planning, implementation, tracking of funds and monitoring activities under the National Health Mission, a **District programme Management Unit at district level and 8 (eight) Block Programme Management Unit was set up and are fully functional.**

Health is one of the important aspects in the process of social and economic development; therefore the responsibility of the Government is to ensure a well-functioning and responsive health system in order to achieve goals of providing effective and quality health care to the people especially the poor and those living in rural and underserved areas.

Different Health programmes under the ambit of NHM have been initiated to improve and strengthen the health care delivery system. Reproductive, maternal, newborn, Child Health and Adolescent health (RMNCH+A) is the main component of NHM with the objective to reduce the maternal mortality ratio and infant mortality rate which is high and threatening. Besides RMNCH+A immense importance is given to new initiative under NHM like ASHA Programme, Community participation and integration of other National Disease Control Programmes under the umbrella of National Health Mission which aims to combat communicable and non-communicable disease.

With the implementation of NHM in the district, **various critical gaps** in the existing health system has been addressed effectively through various intervention and support in the form of Financial resources, Human resources, supplementation of infrastructural gaps, provision





of quality drugs & medical equipment's and ensuring availability of 24X7 service guarantee in the rural public health facility. Availability of health care services in the public health facilities has been able to generate demands of services by the public resulting in the increasing number of patient seen and treated over the years.

Strengthening and Operationalization of peripheral unit as delivery points, ensuring the availability of specialists services at Community Health Centres (FRUs), Strengthening and Up gradation of Health Facility through minor and major Civil Works, Provision of modern equipments, materials supplies, quality drugs and medicines are measures adopted under National Health Mission.

Decentralization and community participation are the integral part of bottom-up planning approach which envisage the development of a need based plan to ensure that needs and demands of the ultimate beneficiaries which is rural community and villagers that are addressed effectively. Institutional arrangements in the form of Village Health Sanitation & Nutrition Committee (VHS&NC) was constituted in 1033 villages under the district. These committees were provided with an annual untied grant of Rs. 10,000/- each. These committees was further strengthened to enable them undertake village level planning and monitoring of NHM activities in the villages.

Voluntary bodies with people's participation which is also known as s Rogi Kalyan Samiti (RKS) (Patient Welfare Committee) / Hospital Management Society (HMS) are in place. The purpose of which is to solve difficulties of health institution in order to provide a sustainable quality health care with accountability and people's participation along with total transparency.

Managing health care has always been a big challenge for the Department of Health & FW alone, therefore immense importance is given to intersectoral convergence and joint action between different Government departments and also different stakeholders at all level for achieving the desired goals of NHM. There has been a substantial achievement in many facets of the district health services after the launch of NHM.

There has been progress in the training of manpower, infrastructure building, equipment procurement and supply of drugs and consumables. The services are also becoming prominent and coverage is towards increasing trend.

There is also quality improvement in manpower and their skill and capacity to provide services, many PHCs earlier were not conducting deliveries are now conducting deliveries, even Sub centres started conducting deliveries. There is also quality change in district for effective planning and monitoring of services. Also mainstreaming of AYUSH has taken place and quality certification of the District hospital was done on which services has been upgraded in this institution.





## 4.2 Reproductive, Maternal, Neonatal, Child, and Adolescent Health Services

Maternal Health remains the cornerstone for every public policy. The well-being of mothers is important not only itself but also helps in breaking down the inter-generational poverty circle. The public policy being a combination of the rights-based approach and life cycle approach ensures that the well-being of the child starts at age zero along with the mother's



health. These programmes range from direct cash transfers to indirect transfer programmes and universal health coverage. The RMNCH+A component aims to reduce the maternal mortality and morbidity, and make motherhood a healthy and safe phase for all women.

With regards to the Janani Suraksha Yojana payment status the implementation status in the East-Khasi district fairs well. A total of 2022 beneficiaries were reported in the last financial year and no backlog has been cited for the same. However, there are certain reasons for reluctance of availing the JSY payments i.e., incomplete documents and unavailability of bank account number. They feel that opening the bank account for such meagre amount is of no use as the commuting cost is high. Hence, a trade-off occurs and don't prefer opening the account.

However, all the delivery points in the district have implemented the Janani Shishu Suraksha Karyakram (JSSK) and is availed by the beneficiaries without any charge. There is a 59 total of delivery points in the district and diet is made available at the district. Whereas, facilities where lab is functional for basic tests for Pregnant Women. The PMSMA activities are conducted at the DH, SDH, CHC, and PHC facilities on every 9th of every month where the HRP's are being identified. The district has cited that 3000 MCP cards and 4000 Birth Preparedness Plans have been issued in the 10 facilities **(1-DH,7-CHC,26-PHCs, and 13-UPHCs)**.

The district has one SNCU in Ganesh Das District Hospital with a capacity of 15 number of beds available with equal number of in-radiant warmer and one KMC unit. A total of 1308 inborn and 67 out-born admissions are reported in 2021-22 in the said district.





Presently, there are 1214 ASHAs in the district and have conducted a total of 11,274 HBNC visits till date. Out of 1214 ASHAs, the total number of HBNC kits available with the ASHAs are 1146 kits. Whereas, in case of Rashtriya Bal Swasthya Karyakram (RBSK), there are 16 Mobile Health teams placed i.e., 2 teams per block are functional. All the teams are well equipped with vehicles on road. The average number of children screened per day per team are 50-100 children. However, 3026 children that were born at the delivery points were screened for defects at birth.

**EMPANELMENT OF WOMEN LOCAL TAXIS UNDER JSSK FOR TRANSPORT OF PREGNANT WOMEN & SICK INFANTS TO THE HEALTH FACILITY.**



**CHILDREN ACCESS TREATMENT UNDER RBSK AT DEIC-EKH**

**DEIC Speech Therapist while giving a speech therapy to one of the child in DEIC.**



**DEIC Physiotherapist while giving Therapy to one of the Child in DEIC**





In 2021-22, a total of 35 maternal death were reviewed in the East-Khasi district. The district also reports a total 854 Neonatal and 172 child deaths in the last financial year 2021-22 and child death review have also been done.

**Table 11:** Details of RMNCHA+ programmes functional at the district level

<b>Janani Suraksha Yojana (JSY)</b>	<ul style="list-style-type: none"> <li>Total JSY Beneficiaries 2021-22: Public:2022</li> </ul>																		
<b>Janani Shishu Suraksha Yojana (JSSK)</b>	<ul style="list-style-type: none"> <li>Total Delivery Points:59</li> <li>No. of facilities where free diet is available for PW:59</li> <li>No. issued MCP card and Safe Motherhood Booklet: <b>24,300</b></li> </ul>																		
<b>Pradhan Mantri Surakshit Matritva Abhiyan (PMSMA)</b>	<ul style="list-style-type: none"> <li>Number of health facilities where current round of PMSMA was conducted:               <ol style="list-style-type: none"> <li>DH: <b>01</b></li> <li>CHC:<b>07</b></li> <li>PHC/UPHC:<b>26/13</b></li> </ol> </li> </ul>																		
<b>Special Newborn Care Units</b>	<ul style="list-style-type: none"> <li>Total number of beds:15</li> <li>In-radiant warmer:15</li> <li>Kangaroo Mother Care (KMC) unit:01</li> <li>Number of <b>non-functional radiant warmer</b> for more than a week: 03</li> <li>Number of <b>non-functional phototherapy unit</b> for more than a week:02</li> </ul>																		
	<table border="1"> <thead> <tr> <th></th> <th>Inborn</th> <th>Out born</th> </tr> </thead> <tbody> <tr> <td>Admissions</td> <td>1308</td> <td>67</td> </tr> <tr> <td>Discharged</td> <td>1067</td> <td>44</td> </tr> <tr> <td>Referral</td> <td>41</td> <td>01</td> </tr> <tr> <td>LAMA</td> <td>117</td> <td>14</td> </tr> <tr> <td>Died</td> <td>83</td> <td>08</td> </tr> </tbody> </table>		Inborn	Out born	Admissions	1308	67	Discharged	1067	44	Referral	41	01	LAMA	117	14	Died	83	08
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LAMA	117	14																	
Died	83	08																	
<b>Home Based Newborn Care (HBNC)</b>	<ul style="list-style-type: none"> <li>Total no. of ASHAs: 1214</li> <li>Total no. of ASHAs with HBNC Kits: <b>1146</b></li> <li>Total Newborns visited under HBNC: <b>11,274</b></li> </ul>																		
<b>Rashtriya Bal Swasthya Karyakram (RBSK)</b>	<ul style="list-style-type: none"> <li>Total No. of RBSK teams sanctioned: <b>16</b></li> <li>No. of teams with all HR in-place (full-team): <b>16</b></li> <li>No. of vehicles (on the road) for RBSK team: <b>16</b></li> <li>No. of teams per block: <b>2 teams per block</b></li> <li>No. of blocks without dedicated teams: <b>Nil</b></li> <li>Average no. of children screened per day per team: <b>50-100</b></li> <li>Number of Children born in delivery points screened for defects at birth: <b>3026</b></li> </ul>																		
<b>Maternal and Child Deaths</b>	<ul style="list-style-type: none"> <li>Number of maternal death review 2021-22: <b>35</b></li> <li>Number of maternal death review 2020-21: <b>42</b></li> <li>Number of Neonatal Deaths: <b>854</b></li> <li>Number of Total Child Deaths: <b>172</b></li> <li><b>Number of Child Death Review Conducted:</b> <ol style="list-style-type: none"> <li>2020-21: <b>157</b></li> <li>2021-22: <b>151</b></li> </ol> </li> </ul>																		

Source: District Checklist, NHM PIP Monitoring, 2021-22





### 4.3 Communicable Programmes

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

There are few programmes operational in the district such as NVBDCP, NTEP, IDSP, and NLEP. Under **National Vector Borne Disease Control Programme (NVBDCP)** there is no micro and macro plan available at the district level. There has been a fluctuating trend with regards to the Annual Blood Examination Rate with 2.36% in 2019-20, 1.03% in 2020-21, and 1.48% in 2021-22 respectively. 61,986 LLIN nets have been distributed by the district in the endemic blocks.

The status implementation of **National Tuberculosis Elimination Programme (NTEP)**, the target notification for TB has been achieved. On the other hand, 1273 of the TB patients have been tested for HIV and 841 are Eligible TB patients with UDST testing. The drugs are very much available for both drug resistant and drug sensitive patients.

Around 1289 patients have been notified for TB under the public sector and the treatment success rate of the patients stand at 78.8 percent. The number of 156 patients are of MDR of which one patient is seeking treatment for the same. Various IEC activities have been initiated by the district such as TB patient provider meeting, community meeting, sensitization meeting, and school activities.

Whereas, under **National Leprosy Eradication Programme (NLEP)**, neither any cases were detected, nor Grade 2 Disabilities (G2D) cases were detected. The supply of Multi Drug therapy (MDT) was available without interruption throughout, reconstructive surgery for G2D cases being conducted and MCR footwear and self-care kit were available under the programme.

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





**Table 12:** Details of Communicable disease programmes implemented in East-Khasi

<b>1. National Vector Borne Disease Control Programme (NVBDCP)</b>	
• Micro plan and macro plan available at district level:	<b>No</b>
• Annual Blood Examination Rate:	
○ 2019-20:	<b>2.36</b>
○ 2020-21:	<b>1.03</b>
○ 2021-22:	<b>1.48</b>
• Total LLIN distributed:	<b>61,986 in Endemic blocks</b>
• Weekly epidemiological and entomological situations are monitored:	<b>Yes</b>
• No. of MDR rounds observed:	<b>N/A</b>
• No. of blocks achieved elimination status for Lymphatic Filariasis i.e. mfrate <1%:	<b>No</b>
<b>2. National Tuberculosis Elimination Programme (NTEP)</b>	
• Target TB notification achieved:	<b>Yes (2600)</b>
• Whether HIV Status of all TB patient is known:	
If No, no. of TB patients with known HIV status:	<b>1273</b>
• Eligible TB patients with UDST testing:	<b>841</b>
• Whether drugs for both drug sensitive and drug resistance TB available:	<b>Yes</b>
• Patients notification from public sector	
	• No of patients notified: <b>1289</b>
	• Treatment success rate: <b>1016</b>
	• No. of MDR TB Patients: <b>156</b>
	• Treatment initiation among MDR TB patients: <b>156</b>
• Patients notification from private sector	
	• No of patients notified: <b>05</b>
	• Treatment success rate: <b>277</b>
	• No. of MDR TB Patients: <b>06</b>
	• Treatment initiation among MDR TB patients: <b>06</b>
<b>3. Implementation of National Leprosy Eradication Programme (NLEP)</b>	
No. of new cases detected:	<b>Nil</b>
No. of G2D cases:	<b>Nil</b>
MDT available without interruption:	<b>Yes</b>
Reconstructive surgery for G2D cases being conducted:	<b>Yes</b>
MCR footwear & selfcare kit available:	<b>Yes</b>
<b>4. Integrated Disease Surveillance Programme (IDSP)</b>	
• Rapid Response Team (RRT) Constituted:	<b>Yes</b>
• Team Composition:	<b>As per norms</b>
• Outbreaks investigated:	
• 2021-22:	<b>01</b>
• 2022-23:	<b>06</b>

Source: District Checklist, NHM PIP Monitoring





#### 4.4 Non-Communicable Diseases

Various special initiatives have been implemented at the district with regards to non-communicable diseases. Patients who show signs of these diseases are diagnosed for it. The following NCD programmes under NHM were reported to be functional in the district as shown below in table-13. Several activities have been organized at the district level in the last financial year 2021-22 such as workshops were conducted at schools and colleges under the National Mental Health Programme. Whereas, besides awareness campaigns established at the schools and colleges for National Tobacco Control Programme (NTCP) district level training was also conducted. Similar activities were performed for National Oral Health Programme (NOHP).

**Table 13:** Non-Communicable Diseases Programme Implementation status

Non-Communicable Diseases Programme	Status of Implementation
<ol style="list-style-type: none"> <li>1. National Programme for prevention &amp; Control of Cancer, Diabetes, Cardiovascular Diseases &amp; stroke (NPCDCS)</li> <li>2. National Programme for Control of Blindness &amp; Visual Impairment (NPCBVI)</li> <li>3. National Mental Health Programme (NMHP)</li>   <li>4. National Programme for healthcare of Elderly (NPHCE)</li> <li>5. National Programme for the Prevention &amp; Control of Deafness (NPPCD)</li> <li>6. National Tobacco Control Programme (NTCP)</li>   <li>7. National Oral Health Programme (NOHP)</li> <li>8. National Programme for Palliative care (NPPC)</li>   <li>9. National Programme for Prevention &amp; Management of Burn Injuries (NPPMBI)</li> </ol>	<p><b>Implemented in the district</b></p>

Source: District Checklist, NHM PIP Monitoring





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

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

Till now, 190550 CBAC forms have been completed but some are still pending as majority of the CHOs have not been deployed in the HWCs and leading to the delay for the completion of the CBAC forms.

All 66 SC-HWCs have been upgraded to HWCs and have started their NCD screening followed by 27 PHC-HWCs. Out of the planned individuals who are screened through CBAC forms most of the cases were observed for hypertension and diabetes. A total of 106 HWCs are providing tele-consultation services and wellness activities are being performed such as yoga etc.

**Table 14:** Status of implementation of Comprehensive Primary Health Centre (CPHC)

Indicator	Planned	Completed
1. Number of individuals enumerated	767765	368010
2. Number of CBAC forms filled	284072	190550
<b>3. Number of HWCs started NCD screening</b>		
3.1 SHC- HWC	66	66
3.2 PHC- HWC	27	27
3.3 UPHC – HWC	13	13
4. Number of HWCs organizing wellness activities	106	106
5. If conducted, what is the target population		280798
6. No. of CBAC form filled till date		190550

Source: District Checklist, NHM PIP Monitoring

#### 4.5 Other National Programmes

##### 4.5.1 Quality Assurance Programmes

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



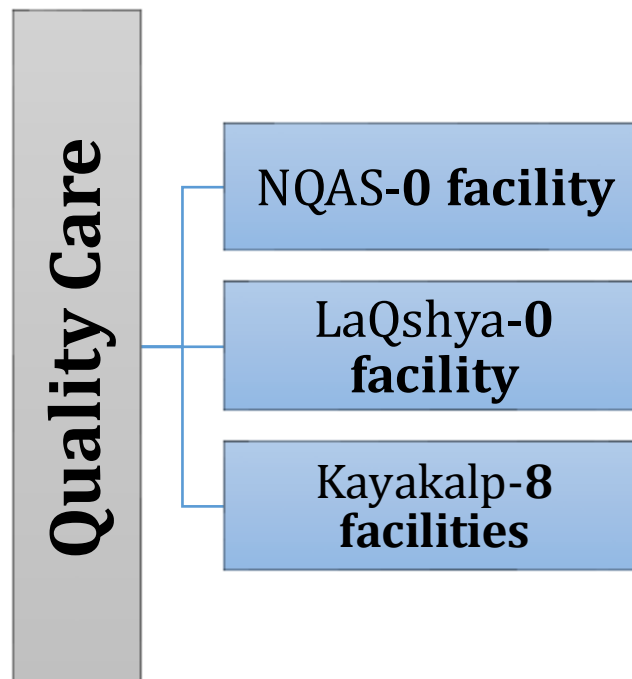


The Quality assurance programme of the Public Health System is two pronged: 'Infection Control' and 'Health Care Waste Management. The district East-Khasi, is rigorously working on the implementation of quality assurance programmes such as Kayakalp and LaQshya. As per the last financial year (2021-22), the certification status of NQAS and LaQshya is NIL in the district. However, with regards to Kayakalp programme, a total of 8 facilities have been awarded with Kayakalp award i.e., 1 DH,2-CHC,2-PHCs and 3 SC's have bagged the Kayakalp award.

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

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

**Figure 7:**Status of Quality Assurance Programmes





## CHAPTER-5: PUBLIC HEALTH FACILITY ASSESSMENT

### 5.1 Ganesh Das District Hospital

**Figure 8:** Ganesh Das District Hospital, East-Khasi



The District Hospital is situated in the main city area and is easily accessible by everyone. The district hospital is functioning in a government building and is a 400 bedded facility and 6 ICU beds available. The hospital is rendering all the basic services to its beneficiaries with the objective of preventing and curing diseases and promoting health care services especially for women. The following observations were made of the health facility as:

- The overall infrastructure of the district hospital is well kept and maintained by both administration and clinical staff. The main motive of them is to render and promote public health facilities as much as they can.
- The building had proper board depicting the centre name in the local language which was easy to read on the building so that the public of the district can access the facility. Interestingly, safety, hazard, and caution signs were also displayed prominently at relevant places in the hospital.
- The services available at the DH are OPD, family Planning services, lab tests, emergency treatment, paediatric, OPD, labour room, minor operation, SNCU, mental health, dialysis unit, blood bank, etc. availability of DEIC and NRC is also at the facility.
- The average OPD load per month at the facility was reported to be more than 400-600 cases and the average delivery load stands to be 20-30 deliveries per day. C-





sections are being performed conducted at the facility i.e., 10-15 C-section deliveries per month. During the high delivery load, it becomes difficult to handle the load.

- Presently, the facility is armed with 3 Medicine specialist, 6 Ob& Gy, 6 Paedtrician, 5 Anesthetist, 2 surgeons, 1 radiologist, 1 pathologist, 2 dentists, 2 Lab Technicians, 7 Pharmacists.
- Operation theatre is available at the facility with providing all the facilities such as Single general OT, Elective OT Major for both general and Ortho, ENT and emergency OT.
- There is availability of sharp pits and bio-medical treatment plant for bio-medical waste management. Besides, proper color-coded bins are also placed at the facility for waste disposal.
- In the year 2018-19, the facility had secured Kayakalp. Whereas, the internal assessment took place for NQAS and LaQshya status is in process.
- On every 9th of every month, PMSMA is being organized and during the ANC check-up identification is being done for Low HB, High blood pressure of the women. Proper line listing of HRP's is also being done. Last month, 508 deliveries and 188 C-sections were performed.
- The JSY payment is up-to date however, the average delay is for 2 months and the reasons for delay that has been cited is non-availability of branch name if payment has been done by PFMS followed by shortage of funds, internet connectivity and delayed details of bank passbook of beneficiaries.
- The facility has a record for entering the births and deaths and in the last 2 financial year 22 and 25 maternal deaths have been reported. Whereas, a total of 27 child deaths have been reported in the year 2020-21 and 21 deaths have occurred in the last financial year.
- The total number of new-borns who were immunized with birth dose at the facility in the last 3 months were reported to be 5459 respectively.
- There is functional adolescent friendly health clinic operational and an adolescent counsellor is also in-position. Though, there is only one adolescent counsellor no separate counsellor is available. In the last 6 months, a total of 632 adolescents have been counselled.
- With regards to family planning, temporary methods are widely accepted amongst the members and less preference is for permanent methods such as male sterilization. A total of 57 female sterilization have been performed at the facility.
- Record maintenance at the facility was efficient and all registers pertaining to OPD, IPD etc were well maintained and updated.
- There is a dire need of NICU and a renovation of OT is needed at the facility.





## 5.2 CHC, Mawphlang

**Figure 9:**CHC Mawphlang,East Khasi Hills



The facility CHC, Mawphlang caters to an approximate population of 45,207 with an average OPD of 100-150 cases per day and delivery load with 30-40 deliveries per month. Following are the key observations that were captured during the visit:

- The total number of beds available at the facility are 42 which is more than the IPHS norms
- Handful of specialized services are being delivered such as O&G, Dental, Medicine, X-ray, and NBSU. Apart from the routinely activities that are being availed. The health staff are available round the clock.
- With regards to bio-medical waste practices, there is availability of sharp and deep burial pit.
- The facility is armed with 5 MOs (MBBS),3 dentist,6 SNs,2 LTs,and 2 pharmacists
- The facility has been awarded with Kayakalp last year the facility scored with 94 percent respectively.
- A total of 150 drugs were available at the day of the visit and it has been implemented through SCMS mode. However, 3 priority drugs were listed as shortage for more than a month such as Paracetamol tab, Paracetamol Syrup, and Multi-vitamin syrup.
- In-house tests are being performed such as Widal,RBS,Hb,HbA1C,ABO,HIV,VDRL,Urine,CBC,AFB Sputum,Malaria and so on. There are 2 X-ray machines available at the facility i.e., 300 MA x-ray machine and the other is placed at the dental clinic. These diagnostic services are free for elderly and JSSK beneficiaries.
- There is shortage of major instruments such as BP instruments, Thermometer,OT table, focus lamp, delivery forceps set and dressing instrument set.
- With regards to JSY payments, the payments have been done till the month of March'2022.However, the delay for these payments is because of insufficient funds and late submission of documents given by the beneficiaries.
- The facility maintains proper records for birth and deaths. A total of 7 maternal deaths have been recorded in 2020-21 and 3 deaths in 2021-22. However, the number of child deaths are relatively higher than the maternal deaths with 34 deaths





in 2020-21 and 18 deaths in last financial year. The **reason of high child deaths** is due to prevalence and reliance on quacks by the community members.

- Functional AFHC is operational at the facility but the counselling is being done by Mos, SN, Supervisors, and ANMs. A total of 185 adolescents have been counselled at the facility and females come for more counselling than males.
- The **main challenges** that were reported and observed are as follows:
  1. The refusal rate of immunization is high in the areas this is because of religious beliefs amongst the members of the community. These leaders have influenced the members in such a way that there is misconception as well as misinterpretation. Resulting to which it becomes difficult to achieve the targets.
  2. Less number of institutional deliveries are being preferred and women prefer to get the delivery done at home as they feel more comfortable. Besides this, the road condition is also not up-to the mark of the Mawphlang area. Hence, there is a resistance amongst the pregnant women and their respective family members.

### 5.3 CHC, Sohra

Figure 10: CHC, Sohra, East-Khasi Hills



CHC Sohra is located almost 60 Kilometres from District Hospital, NEIGHRIHMS. The facility is running in a government building and covers 7 PHCs and 1 SC.

- The total number of beds available at the facility are 42 which is more than the IPHS norms. The services available at the facility are OPD, IPD, Labour services, JSSK, RNTCP, Routine immunization, COVID Vaccine, Transit homes etc.
- There is availability of tele-consultation, OT, and blood storage unit as well. The average case load for tele-consultation is 5 cases per day. Around 11 Units of blood were available and transfusions were done.





- Sharp pits and deep burial pits are available for bio-medical waste management. Moreover, an agency has been registered for collection of waste for the facility. It was observed proper color-coded bins were placed and were following the protocols as per the BMW Act.
- Currently, the facility is armed with 4 MOs, 1 Ob&GY, 2 dentists, 11 SNs, 2 lab technicians, and 2 pharmacists. There is availability of one trained EMOC and LSAS doctor.
- In the year 2019-20, the facility scored 90 percent and received the award as “**CHC Category Winner**”. Whereas, the status of LaQshya for Labour room and OT is under process.
- There is availability of EML/EDL with 150 drugs as per the list. However, 97 drugs were available on the day of the visit. A total of 5 priority drugs from the EDL were in shortage such as Oxytocin Injection, Mifeprestone, Mifepristal, Ceftriaxone injection, Tablet Paracetamol, and Injection Paracetamol.
- There is availability of diagnostic service at the facility and a total of 9352 tests have been performed in the facility itself. There are 3 X-ray machines available i.e., 130 mA portable X-ray machine with CR system and 2 dental X-ray machines.
- The number of deliveries performed in the facility stands at 77 normal deliveries and 13 C-section, there is no payment delay for JSY. Moreover, provision of JSSK is also being implemented at the facility.
- During the PMSMA day, the most common reasons for high-risk pregnancies have been identified such as women are anemic, cases for teenage pregnancy, and twin pregnancy as well.
- In the last 3 months 174 new-borns were immunized with birth dose at the facility and 173 new-borns were breast fed within one hour birth.
- Temporary methods are widely accepted such as Condoms, OCP, ANTARA, Copper-T and the counselling is being done by MOs, SN, ANM, Supervisor, and ASHA workers.
- The facility has a designated microscopy centre and in the last 6 months the average samples that were tested for TB stands at 5 percent. Proper anti-TB drugs are available at the facility and hence, the patients are availing the service for the same.





#### 5.4 PHC-HWC, Jongksha

**Figure 11:**PHC-HWC,Jongksha



The PHC-HWC, Jongksha caters to the population of 40,000 with an average OPD of 40 per day and is situated at 29 Kms to GDH East-Khasi. The main highlights of the facility have been captured as below:

- The number of SC's covered under the PHC is the maximum in the entire district with 8 SCs. The facility is 11 bedded facility and provides all the services such as OPD, NCD Screening, Family Planning, Routine

Immunization and so on.

- The facility has ramps for disable people, toilet availability, drinking water facility, proper branding, OPD waiting area, ASHA restroom, and drug storeroom with racks. There is unavailability of 24\*7 running water facility and drinking water facility available.
- With the regards to bio-medical waste management, there is availability of sharp and deep burial pit along with color coded bins as observed at the facility.
- Telemedicine consultation is also available but the cases are bleak.
- Presently, there are 2 MOs,1 MO AYUSH (Contractual),4 Staff Nurses,1 ANMs, 1 Lab Technicians,1 Pharmacists.
- A total of 88 drugs are available at the facility and there is no shortage of drug from the EDL.
- Availability of diagnostic services were provided to each beneficiary and a total of 1133 tests have being performed in the facility and is free for all.
- A total of 16 normal deliveries have been performed in the last 3 months with 13 new-borns been immunized with birth dose at the facility.
- One maternal death has occurred in the year 2021-22. However, 1 child death have been reported in the year 2020-21 and 2 child death took place at the year 2021-22.
- In terms of family planning, temporary methods are being preferred among the community members such as OCPs,Condoms etc.
- In the last 6 months,4 cases of hypertension were confirmed after the screening.





- The facility is designated as DMC and 18 percent of OPD whose samples were tested for TB in the last 6 months. There is availability of anti-TB drugs at the facility. Whereas, 35 percent of patients were tested through CBNAAT/TruNat for drug resistance.
- A total of Rs.3,00,000 of funds have been received in the last year and all the funds have been utilized for the same.

## 5.5 PHC-HWC, Pomlum

Figure 12: PHC-HWC, Pomlum



The PHC-HWC is located in the prime location and is easily accessible amongst the community members and is equidistant to the next referral point i.e., Ganesh Das District Hospital. Following are the observations made during the visit are highlighted below:

- The catchment population that the facility caters to is 50,444 and covers 6 SCs with 49 ASHA workers. The average OPD load at the facility is 80 patients per day are being registered. Last month, 20 deliveries per month took place at the facility.
- The facility has 24\*7 running water facility, ramps for geriatric and disability friendly, functional toilets, water facility, OPD waiting area, drug storeroom, branding.
- The total number of functional beds available at the facility are 10 which is more than the IPHS norms. All the services are available such as OPD, immunization, COVID-19 vaccination, family planning services etc.
- With the regards to bio-medical waste management, there is availability of deep burial pits and sharp pit as well.
- Presently, the facility is armed with 1 MO, 3 ANMs, 5 Staff nurses, 1 Lab Technician, 4 LHV and 1 Pharmacist.
- There are ample amount of testing kits and sufficient supply of essential consumables at the facility.
- A total of 58 deliveries have been performed in the last 3 months and all the newborns have been immunized with birth dose at the facility in the said time period.
- There is no separate day fixed for NCD screening and hence, the screening is taking place in the regular OPD. The maximum number of cases highlighted with regards to





NCDs is Hypertension with 214 cases and a smaller figure stands with respect to diabetes i.e., 131 cases.

- There is preference for temporary methods amongst the community members for adopting family planning methods such as OCPs, and Condoms. The counselling is being done by health personnel at the facility.
- The overall challenge that has been reported at the facility has been highlighted below as:
  1. There is extreme high patient load at the facility as the PHC is covering 60 villages with 50,144 population.
  2. A total of 5 SCs are not functional 24\*7 as there is no electricity connection, no water availability, and proper staffs placed.
  3. The refusal rate of vaccination is high as sub-centres are not functional resulting to which the targets are not achieved.
  4. There is out-of-pocket expenditure for all the blood test. The facility of ultrasound should also be made available.

### 5.6 SC-HWC,Thynroit

The Sub-Centre Thynroit has been given the status of Health and Wellness Centres. The centre caters to the population of 7800 which is majorly tribal population and the average OPD load is 20-30 patients per day. Following are the key highlights of the facility visited:

- The facility is armed with 2 Female MPW, 1 CHO, 6 ASHAs, and 1 BHW.
- The services made available at the facility are basic testing, OPD, Family Planning, ANC check-ups, Immunizations, COVID-19 Vaccination etc. The facility has all the basic facilities as to render services such as water supply, drinking water, toilet, waiting area, drug storeroom etc.
- With regards to bio-medical waste management the facility has adopted the color-coded bins and provision of sharp pits and deep burial pits are available.
- Proper list of EDL, has been displayed at the facility with all the medicines being dispensed according to the treatment and requirement. Furthermore, drugs with regards to diabetes and hypertension, medicines are made available sufficiently.

**Figure 13:** SC-HWC, Thynroit





- There is sufficient supply of testing kits and availability of instruments such as thermometer, glucometer, and BP instrument. In addition to this, vaccines and hub-cutter were also available at the day of the visit.
- Line listing of pregnant women is being carried and high-risk pregnancies are identified timely with sufficient amount of MCP cards being issued. Proper follow-up is being done for SNCU discharge basis and LBW babies.
- 4 Child deaths and 5 Child deaths have occurred in the year 2020-21 and 2021-22 respectively.
- A total of 288 members fall in the above 30 years of age in the HWC population. In the last 6 months, 1150 CBAC forms have been filled with 85 individuals with score below 4 and only 12 individuals with score and above.
- The number of cases of NCDs in the last 6 months have been observed for Hypertension with 6 confirmed cases and 5 cases for diabetes.
- Majority of the population who are highly dependent on Quacks for getting the treatment done. At times it becomes extremely difficult for them to make them understand as they rely on remedies given by quacks.
- The main challenge for the workers at the facility was cited that population of the area are not cooperative. Hence, it becomes difficult for them to make them apprehend and generate awareness with regards to vaccination and immunization. Due to which their overall target hampers and are unable to achieve it.





## CHAPTER-6: PERCEPTIONS OF COMMUNITY MEMBERS

### 6.1 Background

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

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

### 6.2 Health Seeking Behaviour

On discussion with the community members of East-Khasi district, Meghalaya it was highlighted that the inclination for the preferred health facility amongst the members of the area was more towards public health-care facilities despite private health-care facilities are available in the district. On asked the reason, they cited that because of meagre incomes to survive on their dependency heavily relies on the government facilities as they provide with drugs and diagnostics free of cost. For basic check-ups and ready availability, the community members preferred to visit their nearby facility which is SC-HWC, Thynroit or Ganesh Das District Hospital. However, the preference for private health facilities is when they have sought treatment in case of emergency which was hardly cited by very few of the members and that too in Shillong once the screening has been done, if required. Diseases such as cough, cold, hypertension, diabetes and weakness were highlighted as the common health.

### 6.3 Lifestyle Practices

During the FGDs conducted at Thynroit, members of the locality have cited that, consumption of tobacco and alcohol is very much prevalent, and is consumed by females more. The consumption of such items is quite widespread amongst such community members of the district. Whereas, the consumption of Paan is consumed by females. On hygiene and sanitation front almost all households use shared toilets in the entire area.

In terms of drinking water, the community members highlighted that the main source of water is through piped water is not regular and community members boil water from the nearby streams. Furthermore, iodized salt was being used by the members of the area.





#### 6.4 Accessibility to Drugs, Diagnostics, and Referral Transport

It was reported that drugs were available either from SC-HWC, Thynroit or Ganesh Das DH, East-Khasi. There is adequate supply of drugs and meagre amount of Out-of-Pocket expenditure was cited for drugs by the members of the area when necessary.

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

#### 6.5 Behaviour of Health-Care Providers

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

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

#### 6.6 Initiatives w.r.t COVID-19

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





## CHAPTER-7: CONCLUSIONS & RECOMMENDATIONS

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

### 7.1 Key Findings

After the implementation of National Health Mission, the district has certainly improved a lot in service delivery. The maternal health programme is very much in the purview has improved a great deal. The institutional delivery rate stands at 61.8 approximately. The NHM programmes has also fuelled the behaviour change in the common public slowly and gradually but still a lot is yet to be improved. Child health schemes and immunization too are doing quite well in the district but still there are certain challenges in the district. Quality of care has eventually improved after proper infrastructure and are doing commendable efforts.

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

The district has 2 DH, 7 CHCs, 26 PHCs, and 76 SCs. All the health care facilities are running in government buildings. IECs were displayed in most facilities for timings, drug list, immunization, JSY, JSSK and many others. The district is equipped with only 32 Basic Live Support (BLS) vehicles (02-DH,06-CHC, 23-PHC,and 1 stationed at other). A total of 59 delivery points are conducting in the district i.e., 2-DH,7-CHC, 26-PHCs, and 24-SC's .

The implementation with regards to JSY is quite effective and there is no backlog of the beneficiaries. However, there is reluctance for availing the payment for JSY such as incomplete documents, non-availability of bank accounts, and shortage of funds respectively. There is a total of 59 delivery points in the district that has implemented JSSK by providing free diet, drugs, and diagnostic services. The East-Khasi district has 1 SNCU with a capacity of 15 beds with 15 in-radiant warmer. There are 1214 ASHAs of the district have conducted





a total of 11,274 HBNC visits in the last financial year. The district has both the availability of District Early Intervention Centre as well as Nutrition Rehabilitation Centre(NRC). Under NTEP, the target TB notification under public sector in 2021-22, has been achieved.

Whereas, under National Leprosy Eradication Programme, the district has neither detected any new cases nor Grade 2 Disabilities (G2D) cases. All the NCD programmes that fall under the NHM umbrella were functional in the district. The highest number of cases that were reported was for hypertension and for diabetes.

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

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

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

## 7.2 Recommendations:

- **Recruitment of Staff:** On interaction with various stakeholders during the visit it has been highlighted that there is shortage of medical personnel which thereby affects the overall service delivery in the district. Most of the facilities lack HR or are not available as per the IPHS norms. This therefore, affects the quality of work and putting more burdens on the existing staff. Hence, it is advocated that guidelines need to be issued regarding filling the vacancies, and the positions must be filled.
- **More establishments of Transit Homes(Mother Homes):** It is advised that to reduce the number of home deliveries, the district should map and prioritise in opening of more of transit homes as to eliminate the number of home deliveries that are being performed in the far-flung areas.
- **Timely Review of Japanese Encephalitis:** The district officials should **conduct aggressive** IEC awareness programmes, including the pro's and cons about the disease to the people and carry out fogging in the vulnerable localities where cases have been found and then extend to other localities of the district.





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





## ANNEXURE-I

Table 15: RCH Flexi-pool wise budget utilization

RCH and Health Systems Flexi-pool			
Indicator	Released	Utilized	% of utilization rate
Maternal Health	423.39	102.38	24.2
Child Health	101.67	19.64	19.3
RBSK	51.38	23.25	45.3
Family Planning	36.57	3.94	10.8
RKSK	8.12	0.24	3.0
PC-PNDT	1	0.76	76.0
Immunization	102.91	55.89	54.3
Untied Fund	226.87	20	8.8
CPHC	312.32	104.01	33.3
ASHAs	435.15	306.84	70.5
Programme Management	29.37	3.86	13.1
MMU	11.4	2.52	22.1
Referral Transport	147.82	63.06	42.7
Quality Assurance	11.25	1.18	10.5

Source: District Checklist, East-Khasi (2021-22)

Table 16: Communicable Flexi-pool budget Utilization

Communicable Diseases Pool			
Indicator	Released	Utilized	% of utilization rate
IDSP	5.97	1.76	29.5
NVBDCP	17.14	12.27	71.6
NLEP	4.91	1.44	29.3
NTEP	192.33	41.93	21.8

Source: District Checklist, East-Khasi (2021-22)

Table 17: Non-Communicable Flexi-pool Budget Utilization

Non-Communicable Diseases Pool			
Indicator	Released	Utilized	% of utilization rate
NPCB+VI	14.4	5.41	37.6
NMHP	16.2	10.07	62.2
NPHCE	5.48	5.42	98.9
NTCP	2.1	1.02	48.6
NPCDCS	23.16	4.77	20.6

Source: District Checklist, East-Khasi (2021-22)

Table 18: Details of Referral Transport-Performance Indicators

Year	Ambulances Purchased	Total Cases	Pregnant Women	Accident Cases	Referral from one health facility to another	Others
2020-21	-	2003	1029	55	468	451
2021-22	-	3727	1323	108	1605	691

Source: District Checklist, East-Khasi (2021-22)



**Table 19:** Details of Mobile Medical Unit (MMU)

<b>Particulars</b>	
1.No. of Mobile Medical Unit (MMU) (on the road) and micro-plan	01
2.MMU team Composition	MO-01, SN-02, Technician-02, Driver-03
3.List of Services provided by MMU	OPD, Outreach Health Camps, Immunization, Awareness Programmes
4.No. of <b>trips</b> per MMU/month	12
5.No. of <b>camp</b> s per MMU/month	12
6.No. of <b>villages</b> covered	84
7.Average number of <b>OPD</b> per MMU per month	554
8.Average Number of <b>patients referred</b> to higher facilities	13
9.Payment pending (if any)	Yes
10.If yes, since when and reasons thereof	Technician under MMU was utilized for COVID-19 duty during the pandemic for sample collection and transport.

Source: District Checklist, NHM PIP Monitoring

**Table 20:** Details of HR training as per RoP approval, 2021-22

<b>List of training (to be filled as per ROP approval)</b>	<b>Planned</b>	<b>Completed</b>
1.DAKSHATA	MO-21 no's	MO-21 no's
2.IMNCI	ANMs-7 no's	ANMs-7 no's
3.Injectable Contraceptive	MO-18 no's	MO-18 no's
4.IUCD	MO-11 no's SNs-12 no's ANM-1 no	MO-11 no's SNs-12 no's ANM-1 no
5.MVA	MO-05 no's	MO-05 no's
6.NRC	MO-02 no's SNs-04 no's	MO-02 no's SNs-04 no's
7.NSSK	MO-07 no's SNs-20 no's MLHP-11 no's ANM-1 no	MO-07 no's SNs-20 no's MLHP-11 no's ANM-1 no
8.Post Abortion FP	MO-10 no's SNs-14 no's	MO-10 no's SNs-14 no's
9.PPIUCD	MO-05 no's SNs-05 no's	MO-05 no's SNs-05 no's
10.SBA	SNs-10 no's MLHP-1 no ANM-05 nos	SNs-10 no's MLHP-1 no ANM-05 nos
11. DAKSH Skill Lab	SNs-46 no's	SNs-46 no's

Source: District Checklist, NHM PIP Monitoring, 2021-22



**Table 21:** Status of health infrastructure, District Hospital

Infrastructure	Yes/No
Accessible from nearest road head	Yes
24*7 running water facility	Yes
Clean functional toilets available (separate for Male and female)	Yes
Drinking water facility available	Yes
OPD waiting area has sufficient sitting arrangement	Yes
Facility is geriatric and disability friendly (ramps etc.)	Yes
ASHA rest room is available	Yes
Drug storeroom with rack is available	Yes
Power backup	Yes
Availability of delivery services	Yes
If facility is designated as FRU, whether C-section are performed	Yes
Functional new-born care corner (radiant warmer neo-natal ambu bag)	Yes
PMSMA services provided on 9 <sup>th</sup> of every month	Yes
Number of functional in-patient beds	401 beds

Source: District Hospital Checklist, NHM PIP Monitoring, 2021-22

**Table 22:** Availability of specialized services at District Hospital

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





Tele-medicine/Consultation services available Yes

Source: District Hospital Checklist, NHM PIP Monitoring,2021-22

**Table 23:** Availability of emergency and OT services in District Hospital

Emergency services	Yes/No
General emergency	Yes
Facility available for-Triage	Yes
Facility available for-Resuscitation	Yes
Facility available for-Stabilization	Yes
OT services available	
If Yes, types of OT services available	Yes
Single general OT	Yes
Elective OT-Major (general)	Yes
Elective OT-Major (Ortho)	No
Obstetrics & Gynecology OT	No
Ophthalmology / ENT OT	Yes
Emergency OT	Yes
Other services	
Availability of functional blood bank	No
Whether blood is issued free or user fee charged	Yes
Biomedical waste management practices	Sharp pit
Line listing of high-risk pregnancies	Yes
Whether facility have register for entering births and deaths	Yes
Comprehensive abortion care (CAC) available	Yes
Availability of vaccine and hub cutter	Yes

Source: District Hospital Checklist, NHM PIP Monitoring,2021-22

**Table 24:** Status of health infrastructure at Community Health Centre (CHC)

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

Source: Community Health Centre Checklist, NHM PIP Monitoring,2021-22



**Table 25:** Availability of specialized services at CHC

List of services	CHC-Mawphlang	CHC-Sohra
Medicine	N	N
O&G	N	Y
Pediatrician	N	N
General Surgery	Y	N
Anesthesiology	N	N
Ophthalmology	N	N
Dental	Y	Y
Imaging Services (X – ray)	Y	Y
Imaging Services (USG)	Y	Y
Newborn Stabilization Unit	Y	N
Tele-medicine/Consultation	Y	Y
Operation theatre	N	Y
Availability of functional blood storage unit	N	Y

Source: Community Health Checklist, NHM PIP Monitoring

**Table 26:** Human resources availability at Community Health Centre

HR Positions	CHC-Mawphlang			CHC-Sohra		
	Sanction	Regular	Contractual	Sanction	Regular	Contractual
MO (MBBS)	05	05	-	05	04	-
Medicine (Specialist)	-	-	-	-	-	-
OB & Gy (Specialist)	-	-	-	01	01	-
Paediatrician (Specialist)	-	-	-	-	-	-
Anesthetist (Specialist)	-	-	-	-	-	-
Dentist	03	03	-	02	02	-
Staff Nurses/ GNMs	06	-	06	11	09	02
LTs	02	02	-	04	02	02
Pharmacist	02	01	01	02	02	-
Dental Technician/ Hygienist	-	-	-	-	-	-
Hospital/ Facility Manager	-	-	-	-	-	-
EmOC trained doctor	-	-	-	01	01	-
LSAS trained doctor	-	-	-	01	01	-
Others	-	-	-	55	45	10

Source: Community Health Checklist, NHM PIP Monitoring

**Table 27:** Status of infrastructure, Primary Health Centre (PHC)

Condition of infrastructure	PHC-Jongksha	PHC-Pomlum
Accessible from nearest road head	Yes	Yes
24*7 running water facility	No	Yes
Facility is geriatric and disability friendly (ramps etc.)	Yes	No
Clean functional toilets available (separate for Male and female)	Yes	Yes
Drinking water facility available	No	Yes
OPD waiting area has sufficient sitting arrangement	Yes	Yes
ASHA rest room is available	No	No
Drug storeroom with rack is available	Yes	Yes
Branding of the health facility	Yes	Yes





Power backup Yes No

Source: Primary Health Checklist, NHM PIP Monitoring

**Table 28:** Human resources availability at Primary Health Centre

HR Positions	PHC-Jongksha			PHC-Pomlum		
	San.	Reg.	Cont.	San.	Reg.	Cont.
MO (MBBS)	02	01	01	02	01	-
MO (AYUSH)	01	-	01	01	-	01
SNs/ GNMs	02	01	01	05	03	02
ANM	02	01	01	03	03	-
LTs	01	01	-	01	01	-
Pharmacist	01	01	-	01	01	-
LHV/PHN	02	02	-	04	04	-
Others	08	04	04	29	18	08

Source: Primary Health Checklist, NHM PIP Monitoring

**Table 29:** Status of health services at Primary Health Centre

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

Source: Primary Health Checklist, NHM PIP Monitoring



**Table 30:** Status of health services, Sub-Centre

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

Source: Sub-Centre Checklist, NHM PIP Monitoring





## ANNEXURE-II



Ministry of Health & Family Welfare  
Government of India



Schedule for PIP Monitoring  
Key Correspondence: DPMU

## A. District Profile

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





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

**Overview: Submission & approval timelines of DHAP**

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





**A. Service Availability**

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





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

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

<b>7. Nutrition Rehabilitation Centers (NRC)</b>	<ul style="list-style-type: none"> <li>Total Admissions (2021-22) .....</li> <li>Discharged .....</li> <li>Referral/ Medical transfer .....</li> <li>LAMA .....</li> <li>Died .....</li> <li><b>Admission</b> <ul style="list-style-type: none"> <li>Bilateral pitting oedema .....</li> <li>MUAC&lt;115 mm .....</li> <li>&lt;' -3SD WFH .....</li> <li>with Diarrhea .....</li> <li>ARI/ Pneumonia .....</li> <li>TB .....</li> <li>HIV .....</li> <li>Fever .....</li> <li>Nutrition related disorder .....</li> <li>Others .....</li> </ul> </li> <li><b>Admission to NRC Referred by</b> <ul style="list-style-type: none"> <li>Frontline worker .....</li> <li>Self .....</li> <li>Ref from VCDC/ CTC .....</li> <li>RBSK .....</li> <li>Pediatric ward/ emergency .....</li> </ul> </li> </ul>
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<p><b>8. Home Based Newborn Care (HBNC)</b></p>	<ul style="list-style-type: none"> <li>• <b>Status of availability of HBNC kit with ASHAs</b> <ul style="list-style-type: none"> <li>&gt; Total No. of ASHAs: _____</li> <li>&gt; No. of ASHAs with HBNC kits: _____</li> <li>&gt; Reasons of Non-provision: _____</li> </ul> </li> <li>• Total Newborns visited under HBNC: _____</li> <li>• <b>Status of availability of drug kit with ASHAs:</b> <ul style="list-style-type: none"> <li>&gt; Total No. of ASHAs: _____</li> <li>&gt; No. of ASHAs with drug kits: _____</li> <li>&gt; Reasons of Non-provision: _____</li> </ul> </li> </ul>
<p><b>9. Peer Education (PE) programme (Adolescent Health) &amp; Weekly Iron Folic Acid Supplementation (WIFS)</b></p>	<ul style="list-style-type: none"> <li>• No. of Blocks covered under Peer Education (PE) programme: .....</li> <li>• No. of villages covered under PE programme: .....</li> <li>• No. of Peer Educators: .....</li> <li>• No. of Adolescent Friendly Clinic (AFC) meetings held: .....</li> <li>• WIFS stockout: .....</li> </ul>
<p><b>10. Mobile Medical Unit (MMU) (on the road) and micro-plan</b></p>	<ul style="list-style-type: none"> <li>• No. of Mobile Medical Unit (MMU) (on the road) and micro-plan _____</li> <li>• MMU team Composition _____</li> <li>• List of Services provided by MMU _____</li> <li>• No. of <b>trips</b> per MMU/month .....</li> <li>• No. of <b>camps</b> per MMU/month .....</li> <li>• No. of <b>villages</b> covered .....</li> <li>• Average number of <b>OPD</b> per MMU per month .....</li> <li>• Average no. of <b>lab investigations</b> per MMU per month .....</li> <li>• Avg. no. of <b>X-ray</b> per MMU per month .....</li> <li>• Avg. no. of <b>blood smears collected / Rapid Diagnostic Tests (RDT) done for Malaria</b>, per MMU/month .....</li> <li>• Avg. no. of <b>sputum collected</b> for TB detection per MMU per month .....</li> <li>• Average Number of <b>patients referred</b> to higher facilities .....</li> <li>• Payment pending (if any) .....</li> </ul> <p>If yes, since when and reasons thereof</p>





<p><b>11. Universal health screening</b></p>	<ul style="list-style-type: none"> <li>If conducted, what is the target population .....</li> <li>Number of Community Based Assessment Checklist (CBAC) forms filled till date .....</li> </ul>																		
<ul style="list-style-type: none"> <li>No. of patients screened, diagnosed, and treated for:             <ul style="list-style-type: none"> <li>Hypertension</li> <li>Diabetes</li> <li>Oral cancer</li> <li>Breast Cancer</li> <li>Cervical cancer</li> </ul> </li> </ul>	<table border="1"> <thead> <tr> <th>Screened</th> <th>Diagnosed</th> <th>Treated</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table>	Screened	Diagnosed	Treated															
Screened	Diagnosed	Treated																	
<p><b>12. Integrated Disease Surveillance Programme (IDSP)</b></p>	<ul style="list-style-type: none"> <li>Rapid Response Team (RRT) Constituted: Y/N</li> <li>Team Composition: .....</li> <li>Outbreaks investigated:             <ul style="list-style-type: none"> <li>2021-21: .....</li> <li>2021-22: .....</li> </ul> </li> <li>Proportion (% out of total) of Pvt health facilities reporting weekly data of IDSP .....</li> <li>How is IDSP data utilized? Elaborate.              _____              _____              _____</li> </ul>																		

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

**15. Vehicle for Referral Transport**

- Details of Referral Transport – Number and Distribution:**

Stationed at:	BLS	ALS	PTA	Kilkari	Neonatal	Others
Medical College						
DH						
SDH						
CHC						
PHC						
Others						





• Details of Referral Transport – Performance Indicators:						
Year	Ambulances Purchased	Total Cases	Pregnant Women	Accident Cases	Referral from one health facility to another	Others
2020-21						
2021-22						
				<b>ALS</b>		<b>BLS</b>
<ul style="list-style-type: none"> <li>○ Operational agency (State/ NGO/ PPP)</li> <li>○ If the ambulances are GPS fitted and handled through centralized call centre</li> <li>○ Average number of calls received per day</li> <li>○ Average number of trips per ambulance per day</li> <li>○ Average km travelled per ambulance per day</li> <li>○ Key reasons for low utilization (if any)</li> </ul>						
<ul style="list-style-type: none"> <li>• No. of transport vehicle/102 vehicle (on the road)</li> <li>○ If the vehicles are GPS fitted and handled through centralized call centre</li> <li>○ Average number of trips per ambulance per day</li> <li>○ Average km travelled per ambulance per day</li> <li>○ Key reasons for low utilization (if any)</li> <li>○</li> </ul>						
<b>16. National Fluorosis Control Programme</b>				<ul style="list-style-type: none"> <li>• Key activities performed in 2021-22 as per ROP:</li> </ul>		
<b>17. National Iron Deficiency Disorders Control Programme</b>				<ul style="list-style-type: none"> <li>• Key activities performed in 2021-22 as per ROP:</li> </ul>		
<b>18. National Tobacco Control Programme</b>				<ul style="list-style-type: none"> <li>• Key activities performed in 2021-22 as per ROP:</li> </ul>		
<b>19. National Vector Borne Disease Control Programme (NVBDCP)</b>				<ul style="list-style-type: none"> <li>• Micro plan and macro plan available at district level <span style="float: right;">Y/N</span></li> <li>• Annual Blood Examination Rate:                             <ul style="list-style-type: none"> <li>○ 2019-20: .....</li> <li>○ 2020-21: .....</li> <li>○ 2021-22: .....</li> <li>○ Reason for increase/ decrease (as per the trend of last 3 years) .....</li> </ul> </li> <li>• LLIN distribution status .....</li> <li>• IRS .....</li> <li>• Anti-larval methods .....</li> <li>• Contingency plan for epidemic preparedness .....</li> <li>• Weekly epidemiological and entomological situations are monitored .....</li> <li>• No. of MDR rounds observed .....</li> </ul>		





	<ul style="list-style-type: none"> <li>No. of blocks achieved elimination status for Lymphatic Filariasis i.e. mf rate &lt;1% .....</li> </ul>
<b>20. National Tuberculosis Elimination Programme (NTEP)</b>	<ul style="list-style-type: none"> <li>Target TB notification achieved Y/N</li> <li>Whether HIV Status of all TB patient is known: <input type="checkbox"/> Yes/ <input type="checkbox"/> No If No, no. of TB patients with known HIV status _____</li> <li>Eligible TB patients with UDST testing .....</li> <li>Whether drugs for both drug sensitive and drug resistance TB available .....</li> </ul>
<ul style="list-style-type: none"> <li>Patients notification from public sector (2021-22)</li> </ul>	<ul style="list-style-type: none"> <li>No of patients notified: .....</li> <li>Treatment success rate: .....</li> <li>No. of MDR TB Patients: .....</li> <li>Treatment initiation among MDR TB patients: .....</li> </ul>
<ul style="list-style-type: none"> <li>Patients notification from private sector (2021-22)</li> </ul>	<ul style="list-style-type: none"> <li>No of patients notified: .....</li> <li>Treatment success rate: .....</li> <li>No. of MDR TB Patients: .....</li> <li>Treatment initiation among MDR TB patients: .....</li> <li>Beneficiaries paid under Nikshay Poshan Yojana <input type="checkbox"/> Yes/ <input type="checkbox"/> No</li> <li>Active Case Finding conducted as per planned for the year <input type="checkbox"/> Yes/ <input type="checkbox"/> No</li> </ul>
<b>21. Implementation of National Leprosy Eradication Programme (NLEP)</b>	No. of new cases detected .....           No. of G2D cases .....           MDT available without interruption Y/N Reconstructive surgery for G2D cases being conducted Y/N MCR footwear & selfcare kit avl Y/N

<b>22. ASHAs</b>	Number of ASHAs <ul style="list-style-type: none"> <li>Required as per population .....</li> <li>Selected .....</li> <li>No. of ASHAs covering more than 1500 (rural) population .....</li> <li>No. of ASHAs covering more than 3000 (urban) population .....</li> <li>Villages with no ASHA .....</li> <li>Slum areas with no ASHA .....</li> </ul>
	<b>Status of social benefit scheme for ASHAs and ASHA Facilitators (if available)</b>





	<ul style="list-style-type: none"> <li>• No. of <b>ASHAs</b> enrolled for Pradhan Mantri Jeevan Jyoti Bima Yojana (<b>PMJJBY</b>) .....</li> <li>• No. of <b>ASHA Facilitator</b> enrolled for Pradhan Mantri Jeevan Jyoti Bima Yojana (<b>PMJJBY</b>) .....</li> <li>• No. of <b>ASHAs</b> enrolled for Pradhan Mantri Suraksha Bima Yojana (<b>PMSBY</b>) .....</li> <li>• No. of <b>ASHA Facilitators</b> enrolled for Pradhan Mantri Suraksha Bima Yojana (<b>PMSBY</b>) .....</li> <li>• No. of <b>ASHAs</b> enrolled for Pradhan Mantri Shram Yogi Maandhan Yojana (<b>PMSYMY</b>) .....</li> <li>• No. of <b>ASHA Facilitators</b> enrolled for Pradhan Mantri Shram Yogi Maandhan Yojana (<b>PMSYMY</b>) .....</li> <li>• Any other state specific scheme _____</li> </ul>
<p><b>23. Mahila Arogya Samitis (MAS)-</b></p>	<p><b>Status of Mahila Arogya Samitis (MAS)-</b></p> <ol style="list-style-type: none"> <li>Formed</li> <li>Trained</li> <li>MAS account opened</li> <li>Samiti addresses issues related to.....</li> </ol>
<p><b>24. Village Health Sanitation and Nutrition Committee (VHSNC)</b></p>	<p><b>Status of Village Health Sanitation and Nutrition Committee (VHSNC):</b></p> <ol style="list-style-type: none"> <li>Formed:</li> <li>Trained:</li> <li>MAS account opened:</li> </ol>
<p><b>25. Kayakalp and Quality Assurance</b></p>	<ul style="list-style-type: none"> <li>• No. of facilities quality certified NQAS .....</li> <li>LaQshya .....</li> <li>• Status of Kayakalp programme- No. of awarded DH CHC PHC SC.....</li> <li>• Activities performed by District Level Quality Assurance Committee (DQAC) ..... ..... ..... .....</li> </ul>
<p><b>26. Maternal and Child Health</b></p>	<ul style="list-style-type: none"> <li>• <b>Number of maternal deaths reported at:</b>  DH: _____ SDH: _____ CHC: _____</li> </ul>





	PHC: _____ SC: _____ Prime reason for the maternal death..... <ul style="list-style-type: none"> <li>• Number of <b>Maternal Death Review</b> conducted                         <ul style="list-style-type: none"> <li>• 2020-21: _____</li> <li>• 2021-22: _____</li> </ul> </li> </ul>
	<ul style="list-style-type: none"> <li>• Number of Neonatal Deaths: _____</li> <li>• Number of Total Child Deaths: _____</li> <li>• <b>Number of Child Death Review conducted</b> <ul style="list-style-type: none"> <li>• 2020-21: _____</li> <li>• 2021-22: _____</li> </ul> </li> </ul>

**C.4. Healthcare Systems**

<b>27. Payment status:</b>	<b>No. of beneficiaries</b>	<b>Backlog</b>	<b>DBT status</b>	
<ul style="list-style-type: none"> <li>• JSY beneficiaries</li> <li>• ASHA payment:                             <ul style="list-style-type: none"> <li>○ A- <b>Routine and recurring</b> at increased rate of Rs. 2000 pm</li> <li>○ B- <b>Incentive</b> under NTEP</li> <li>○ C- <b>Incentives</b> under NLEP</li> </ul> </li> <li>• Payment of <b>ASHA facilitators</b> as per revised norms (of a minimum of Rs. 300 per visit)</li> <li>• <b>Patients incentive</b> under NTEP programme</li> <li>• <b>Provider's incentive</b> under NTEP programme</li> <li>• FP compensation/ incentive</li> </ul>				
<b>28. Recruitment for any staff position/ cadre conducted at district level</b>				
<b>29. Details of recruitment</b>	<b>Previous year (2020-21)</b>		<b>Current Year (2021-22)</b>	
	<b>Regular cadre</b>	<b>NHM</b>	<b>Regular cadre</b>	<b>NHM</b>
<ul style="list-style-type: none"> <li>• Total no. of posts vacant at the beginning of FY</li> <li>• Among these, no. of posts filled by state</li> <li>• Among these, no. of posts filled at district level</li> </ul>				
<b>30. If state has comprehensive (common for regular and contractual HR) Human Resource Information System (HRIS) in place</b>				
<b>31. If grievance redressal mechanism in place: Y/N</b>	<ul style="list-style-type: none"> <li>• Whether call center and toll-free number available.....</li> <li>• Percentage of complains resolved out of the total complains registered in current FY.....</li> </ul>			
<b>32. Mera-Aaspatal (Attach Mera Aspataal performance report)</b>	<ul style="list-style-type: none"> <li>• Implemented in how many facilities..... DH.....CHC.....PHC</li> <li>• Total Responses collected:</li> </ul>			





	<ul style="list-style-type: none"> <li>• % reported Very Satisfied:</li> <li>• % reported Satisfied:</li> <li>• % reported not satisfied:</li> <li>• Total response for dis-satisfied:             <ul style="list-style-type: none"> <li>Dissatisfied with staff behaviors ...</li> <li>Dissatisfied with cleanliness.....</li> <li>Dissatisfied with cost of treatment.....</li> <li>Dissatisfied with quality of treatments.....</li> <li>With other reason .....</li> </ul> </li> </ul>
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**A. Implementation of CPHC**

Status as on: **31<sup>st</sup> March, 2022**

Indicator	Planned	Completed
1. Number of individuals enumerated		
2. Number of CBAC forms filled		
3. Number of HWCs started NCD screening: <ul style="list-style-type: none"> <li>a. SHC- HWC</li> <li>b. PHC- HWC</li> <li>c. UPHC – HWC</li> </ul>		
4. Number of individuals screened for: <ul style="list-style-type: none"> <li>a. Hypertension</li> <li>b. Diabetes</li> <li>c. Oral Cancer</li> <li>d. Breast Cancer</li> <li>e. Cervical Cancer</li> </ul>		
5. Number of HWCs providing Teleconsultation services		
6. Number of HWCs organizing wellness activities		

**A. Status of HRH**

Status as on: \_\_\_\_\_

1. Staff details at public facility (Regular+ NHM+ other sources)	Sanctioned	In-place	Vacancy (%)
• ANM			
• MPW (Male)			
• Staff Nurse			
• Lab technician			
• Pharmacist (Allopathic)			
• MO (MBBS)			
• OBGY			
• Pediatrician			
• Anesthetist			
• Surgeon			
• Radiologists			
• Other Specialists			





• Dentists/ Dental Surgeon/ Dental MO			
• Dental technician			
• Dental Hygienist			
• Radiographer/ X-ray technician			
• CSSD Technician			
• OT technician			
• CHO/ MLHP			
• AYUSH MO			
• AYUSH Pharmacist			
<b>2. Performance of EMOC/ LSAS trained doctors</b>	<b>Trained</b>	<b>Posted in FRU</b>	<b>Performing C-section</b>
• LSAS trained doctors			
• EmOC trained doctors			

**A. State of Fund Utilization**

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

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

Indicator	Budget Released (in lakhs)	Budget utilized (in lakhs)	Reason for low utilization (if less than 60%)
1. FMR 1: Service Delivery: Facility Based			
2. FMR 2: Service Delivery: Community Based			
3. FMR 3: Community Intervention			
4. FMR 4: Untied grants			
5. FMR 5: Infrastructure			
6. FMR 6: Procurement			
7. FMR 7: Referral Transport			
8. FMR 8: Human Resource (Service Delivery)			
9. FMR 9: Training			
10. FMR 10: Review, Research and Surveillance			
11. FMR 11: IEC-BCC			
12. FMR 12: Printing			
13. FMR 13: Quality			
14. FMR 14: Drug Warehouse & Logistic			
15. FMR 15: PPP			
16. FMR 16: Programme Management			
17. FMR 17: IT Initiatives for Service Delivery			
18. FMR 18: Innovations			





**Programme Wise**

Status of Expenditure (Financial year 2021-22):

Indicator	Budget Released (in lakhs)	Budget utilized (in lakhs)	Reason for low utilization (if less than 60%)
<b>1. RCH and Health Systems Flexipool</b>			
• Maternal Health			
• Child Health			
• RBSK			
• Family Planning			
• RKSK/ Adolescent health			
• PC-PNDT			
• Immunization			
• Untied Fund			
• Comprehensive Primary Healthcare (CPHC)			
• Blood Services and Disorders			
• Infrastructure			
• ASHAs			
• HR			
• Programme Management			
• MMU			
• Referral Transport			
• Procurement			
• Quality Assurance			
• PPP			
• NIDDCP			
<b>2. NUHM</b>			
<b>3. Communicable Diseases Pool</b>			
• Integrated Disease Surveillance Programme (IDSP)			
• National Vector Borne Disease Control Programme (NVBDCP)			
• National Leprosy Eradication Programme (NLEP)			
• National TB Elimination Programme (NTEP)			
<b>4. Non-Communicable Diseases Pool</b>			
• National Program for Control of Blindness and Vision Impairment (NPCB+VI)			
• National Mental Health Program (NMHP)			





Indicator	Budget Released (in lakhs)	Budget utilized (in lakhs)	Reason for low utilization (if less than 60%)
<ul style="list-style-type: none"><li>National Programme for Health Care for the Elderly (NPHCE)</li></ul>			
<ul style="list-style-type: none"><li>National Tobacco Control Programme (NTCP)</li></ul>			
<ul style="list-style-type: none"><li>National Programme for Prevention and Control of Diabetes, Cardiovascular Disease and Stroke (NPCDCS)</li></ul>			
<ul style="list-style-type: none"><li>National Dialysis Programme</li></ul>			
<ul style="list-style-type: none"><li>National Program for Climate Change and Human Health (NPCCHH)</li></ul>			
<ul style="list-style-type: none"><li>National Oral health programme (NOHP)</li></ul>			
<ul style="list-style-type: none"><li>National Programme on palliative care (NPPC)</li></ul>			
<ul style="list-style-type: none"><li>National Programme for Prevention and Control of Fluorosis (NPPCF)</li></ul>			
<ul style="list-style-type: none"><li>National Rabies Control Programme (NRCP)</li></ul>			
<ul style="list-style-type: none"><li>National Programme for Prevention and Control of Deafness (NPPCD)</li></ul>			
<ul style="list-style-type: none"><li>National programme for Prevention and Management of Burn &amp; Injuries</li></ul>			
<ul style="list-style-type: none"><li>Programme for Prevention and Control of Leptospirosis (PPCL)</li></ul>			





**A. Status of trainings**

Status as on: \_\_\_\_\_

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

**Date:**

**Name:**

**Signature:**

**Designation:**





Ministry of Health & Family Welfare  
Government of India



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

Service Delivery:

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

Indicator	Remarks/ Observation
OPD Timing	
Condition of infrastructure/ building  Please comment on the condition and tick the appropriate box	<p><b>Comments:</b></p> <p><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</p> <p>Power backup: <input type="checkbox"/> Complete Hospital/ <input type="checkbox"/> Part of the hospital</p> <p>Last major renovation done in (Year): _____</p>
Number of functional in-patient beds	_____  No of ICU Beds available:
List of Services available	





Indicator	Remarks/ Observation		
Specialized services available in addition to General OPD, ANC, Delivery, PNC, Immunization, FP, Laboratory services	Sl.	Service	Y/N
	1	Medicine	
	2	O&G	
	3	Pediatric	
	4	General Surgery	
	5	Anesthesiology	
	6	Ophthalmology	
	7	Dental	
	8	Imaging Services (X - ray)	
	9	Imaging Services (USG)	
	10	District Early Intervention Centre (DEIC)	
	11	Nutritional Rehabilitation Centre (NRC)	
	12	SNCU/ Mother and Newborn Care Unit (MNCU)	
	13	Comprehensive Lactation Management Centre (CLMC) / Lactation Management Unit (LMU)	
	14	Neonatal Intensive Care Unit (NICU)	
	15	Pediatric Intensive Care Unit (PICU)	
	16	Labour Room Complex	
	17	ICU	
	18	Dialysis Unit	
	19	Emergency Care	
	20	Burn Unit	
	22	Teaching block (medical, nursing, paramedical)	
22	Skill Lab		
Emergency	General emergency: or facilities available for: 1. Triage 2. Resuscitation 3. Stabilization		
Tele-medicine/Consultation services available	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, average cases per day _____		
Operation Theatre available	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, Single general OT: Elective OT-Major (General): Elective OT-Major (Ortho): Obstetrics & Gynecology OT: Ophthalmology/ENT OT: Emergency OT: Others:		





Indicator	Remarks/ Observation																																																																												
Availability of functional Blood Bank	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, number of units of blood currently available: _____ No. of blood transfusions done in last month: _____  If No, availability of blood storage unit:-----																																																																												
Whether blood is issued free, or user-fee is being charged	<input type="checkbox"/> Free for BPL <input type="checkbox"/> Free for elderly <input type="checkbox"/> Free for JSSK beneficiaries <input type="checkbox"/> Free for all																																																																												
Biomedical waste management practices	1. Sharp pit 2. Deep Burial pit 3. Incinerator 4. Using Common Bio Medical Treatment plant 5. Other																																																																												
Details of HR available in the facility (Sanctioned and In-place)	<table border="1"> <thead> <tr> <th>HR</th> <th>San.</th> <th>Regular</th> <th>Cont.</th> </tr> </thead> <tbody> <tr> <td>MO (MBBS)</td> <td></td> <td></td> <td></td> </tr> <tr> <td rowspan="8">Specialist</td> <td>Medicine</td> <td></td> <td></td> </tr> <tr> <td>ObGy</td> <td></td> <td></td> </tr> <tr> <td>Pediatrician</td> <td></td> <td></td> </tr> <tr> <td>Anesthetist</td> <td></td> <td></td> </tr> <tr> <td>Surgeon</td> <td></td> <td></td> </tr> <tr> <td>Ophthalmologist</td> <td></td> <td></td> </tr> <tr> <td>Orthopedic</td> <td></td> <td></td> </tr> <tr> <td>Radiologist</td> <td></td> <td></td> </tr> <tr> <td>Pathologist</td> <td></td> <td></td> </tr> <tr> <td>Others</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Dentist</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Staff Nurses/ GNMs</td> <td></td> <td></td> <td></td> </tr> <tr> <td>LTs</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Pharmacist</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Dental Technician/ Hygienist</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Hospital/ Facility Manager</td> <td></td> <td></td> <td></td> </tr> <tr> <td>EmOC trained doctor</td> <td></td> <td></td> <td></td> </tr> <tr> <td>LSAS trained doctor</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Others</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	HR	San.	Regular	Cont.	MO (MBBS)				Specialist	Medicine			ObGy			Pediatrician			Anesthetist			Surgeon			Ophthalmologist			Orthopedic			Radiologist			Pathologist			Others				Dentist				Staff Nurses/ GNMs				LTs				Pharmacist				Dental Technician/ Hygienist				Hospital/ Facility Manager				EmOC trained doctor				LSAS trained doctor				Others			
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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																																																																												





Indicator	Remarks/ Observation										
Implementation of DVDMS(Drugs & Vaccine Management Distribution System) or similar supply chain management system	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If other, which one _____										
Shortage of 5 priority drugs from EDL in last 30 days, if any	<table border="1"> <tr><td>1</td><td></td></tr> <tr><td>2</td><td></td></tr> <tr><td>3</td><td></td></tr> <tr><td>4</td><td></td></tr> <tr><td>5</td><td></td></tr> </table>	1		2		3		4		5	
1											
2											
3											
4											
5											
Availability of Essential Consumables:	<input type="checkbox"/> Sufficient Supply <input type="checkbox"/> Minimal Shortage <input type="checkbox"/> Acute shortage List the consumables for with there was shortage In last 6 months how many times there was shortage _____										
Availability of essential diagnostics	<input type="checkbox"/> In-house <input type="checkbox"/> Outsourced/ PPP <input type="checkbox"/> Both/ Mixed										
In-house tests (For 2021-22)	Number of Tests available:----- Total number of tests performed during Apr 2021- March 22: _____  Days & Timing on which tests are done:										
Outsourced/ PPP (For 2021-22)	Number of Tests available:----- Total number of tests performed during Apr 2021- March 22: _____  Days & Timing on which tests are done:										
X-ray services is available	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If Yes, type & nos. of functional X-ray machine is available in the hospital:  Is the X-ray machine AERB certified: <input type="checkbox"/> Yes/ <input type="checkbox"/> No										
CT scan services available	<input type="checkbox"/> Yes/ <input type="checkbox"/> No  If yes: <input type="checkbox"/> In-house/ <input type="checkbox"/> PPP  Out of Pocket expenditures associated with CT Scan services (if any, approx. amount per scan): _____										
Whether diagnostic services (lab, X-ray, USG etc.) are free for all	<input type="checkbox"/> Free for BPL <input type="checkbox"/> Free for elderly <input type="checkbox"/> Free for JSSK beneficiaries <input type="checkbox"/> Free for all If not, charges for lab tests, X-Ray, USG, CT, etc										





Indicator	Remarks/ Observation
Availability of Testing kits/ Rapid Diagnostic Kits	<input type="checkbox"/> Sufficient Supply <input type="checkbox"/> Minimal Shortage <input type="checkbox"/> Acute shortage
Implementation of PM-National Dialysis programme	<input type="checkbox"/> Yes/ <input type="checkbox"/> No <input type="checkbox"/> In-house <input type="checkbox"/> Outsourced/ PPP Total number of tests performed: _____
	<input type="checkbox"/> Free for BPL <input type="checkbox"/> Free for elderly <input type="checkbox"/> Free for JSSK beneficiaries <input type="checkbox"/> Free for all If not, charges for lab tests, X-Ray, USG, CT, etc
Whether the services are free for all	<input type="checkbox"/> Free for BPL <input type="checkbox"/> Free for elderly <input type="checkbox"/> Free for JSSK beneficiaries <input type="checkbox"/> Free for all If not, charges for lab tests, X-Ray, USG, CT, etc
Number of patients provided dialysis service	Previous year (2020-21) _____ Current FY (2021-22) _____
If there is any shortage of major instruments/ equipment (List the Equipments)	
Average downtime of equipment Details of equipment are nonfunctional for more than 7 days	
Availability of delivery services	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
If the facility is designated as FRU, whether C-sections are performed	<input type="checkbox"/> Yes/ <input type="checkbox"/> No Number of normal deliveries performed in last month: _____ No. of C-sections performed in last month: _____
Comment on the condition of:	Labour room: OT: Functional New-born care corner (functional radiant warmer with neo-natal ambu bag): <input type="checkbox"/> Yes/ <input type="checkbox"/> No
Status of JSY payments	Payment is up to date: <input type="checkbox"/> Yes/ <input type="checkbox"/> No Average delay: Payment done till: Reasons for delay:
Availability of JSSK entitlements	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, whether all entitlements being provided <input type="checkbox"/> Free delivery services (Normal delivery/ C-section) <input type="checkbox"/> Free diet <input type="checkbox"/> Free drugs and consumables <input type="checkbox"/> Free diagnostics <input type="checkbox"/> Free blood services <input type="checkbox"/> Free referral transport (home to facility) <input type="checkbox"/> Free referral transport (drop back from facility to home)





Indicator	Remarks/ Observation
	<input type="checkbox"/> No user charges
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:
Line listing of high-risk pregnancies	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
Practice related to Respectful Maternity Care	
Whether facility have registers for entering births and deaths	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
Number of Maternal Death reported in the facility	Previous year: (2020-21) Current year: (2021-22)
Number of Child Death reported in the facility	Previous year: (2020-21) Current year: (2021-22)
If Comprehensive Abortion Care (CAC) services available	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
Availability of vaccines and hub cutter	<input type="checkbox"/> Yes/ <input type="checkbox"/> No Nurses/ ANM aware about open vial policy: <input type="checkbox"/> Yes/ <input type="checkbox"/> No
Number of newborns immunized with birth dose at the facility in last 3 months	
Newborns breastfed within one hour of birth (observe if practiced and women are being counselled)	
Status of functionality of DEIC	<input type="checkbox"/> Fully functional with all staff in place <input type="checkbox"/> Functional with few vacancies (approx. 20%-30%) <input type="checkbox"/> Functional with more than 50% vacancies <input type="checkbox"/> Not functional/ All posts vacant
Number of sterilizations performed in last one month	Male: Female:
Availability of trained provider for IUCD/ PPIUCD	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
Who counsels on FP services?	
Please comment on utilization of other FP services	
FPLMIS has been implemented	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
Availability of functional Adolescent Friendly Health Clinic	<input type="checkbox"/> Yes/ <input type="checkbox"/> No  If yes, who provides counselling to adolescents: _____ Separate male and female counselors available: <input type="checkbox"/> Yes/ <input type="checkbox"/> No Total No of Adolescents counseled in last 6 months _____
Whether facility has fixed day NCD clinic	<input type="checkbox"/> Yes/ <input type="checkbox"/> No  If Yes, how many days in a week: _____ days
Are service providers trained in cancer services?	<input type="checkbox"/> Yes/ <input type="checkbox"/> No





Indicator	Remarks/ Observation		
		Screened	Confirmed
Number of individuals screened for the following in 2021-2022:	Hypertension		
	Diabetes		
	Oral Cancer		
	Breast Cancer		
	Cervical Cancer		
	Whether reporting weekly data in P, S and L form under IDSP	<input type="checkbox"/> Yes/ <input type="checkbox"/> No	
Status of TB elimination programme	Facility is designated as Designated Microscopy Centre (DMC): <input type="checkbox"/> Yes/ <input type="checkbox"/> No		
	If yes, percent of OPD whose samples were tested for TB (microscopy) in last 6 month (average) _____		
	If anti-TB drugs available at the facility: <input type="checkbox"/> Yes/ <input type="checkbox"/> No		
	If yes, are there any patients currently taking anti-TB drugs from the facility: <input type="checkbox"/> Yes/ <input type="checkbox"/> No		
	Availability of CBNAAT/ TruNat: <input type="checkbox"/> Yes/ <input type="checkbox"/> No Percent of patients tested through CBNAAT/TruNat for Drug resistance in the last 6 months _____		
	Are all TB patients tested for HIV? <input type="checkbox"/> Yes/ <input type="checkbox"/> No		
	Are all TB patients tested for Diabetes Mellitus: <input type="checkbox"/> Yes/ <input type="checkbox"/> No		
	Percent of TB Patients for whom DBT installments have been initiated under Nikshay Poshan Yojana in the last 6 months: _____		
Maintenance of records on	TB Treatment Card cases (both for drug sensitive and drug resistant cases): <input type="checkbox"/> Yes/ <input type="checkbox"/> No		
	TB Notification Registers: <input type="checkbox"/> Yes/ <input type="checkbox"/> No		
	Malaria cases: <input type="checkbox"/> Yes/ <input type="checkbox"/> No		
	Palliative cases: <input type="checkbox"/> Yes/ <input type="checkbox"/> No		
	Cases related to Dengue and Chikungunya: <input type="checkbox"/> Yes/ <input type="checkbox"/> No		
	Leprosy cases: <input type="checkbox"/> Yes/ <input type="checkbox"/> No		
How much fund was received and utilized by the facility under NHM?	Fund Received last year (2021-22)		
	Fund utilized last year: (2021-22)		
	Items/ Activities whose expenditure is met out of the RKS/ Untied Fund regularly:		
	Reasons for underutilization of fund (if any)		
Status of data entry in (match with physical records)	HMIS: <input type="checkbox"/> Updated/ <input type="checkbox"/> Not updated MCTS: <input type="checkbox"/> Updated/ <input type="checkbox"/> Not updated IHIP: <input type="checkbox"/> Updated/ <input type="checkbox"/> Not updated HWC Portal: <input type="checkbox"/> Updated/ <input type="checkbox"/> Not updated Nikshay Portal: <input type="checkbox"/> Updated/ <input type="checkbox"/> Not updated		
Frequency of RKS meeting Last meeting held on (date):			
Availability of ambulance services in the area	<input type="checkbox"/> Own ambulance available (Number) _____ <input type="checkbox"/> DH/ SDH has contracted out ambulance services		





Indicator	Remarks/ Observation
	(Number) _____ <input type="checkbox"/> Ambulances services with Centralized call centre <input type="checkbox"/> Government ambulance services are not available Comment (if any):
How many cases from CHC, PHC, SC, referred to in last month?	Number: CHC PHC SC  Types of cases referred in:
How many cases were referred out last month?	Number:  Types of cases referred out:
<b>Key challenges in the facility and the root causes</b>	
<b>Challenge</b>	<b>Root causes</b>





Ministry of Health & Family Welfare  
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### Community Health Centre (CHC)/ U-CHC Level Checklist

#### Service Delivery:

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





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





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





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





	<input type="checkbox"/> Free referral transport (home to facility) <input type="checkbox"/> Free referral transport (drop back from facility to home) <input type="checkbox"/> No user charges	
PMSMA services provided on 9 <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:	
Line listing of high-risk pregnancies	<input type="checkbox"/> Yes/ <input type="checkbox"/> No	
Practice related to Respectful Maternity Care		
Whether facility have registers for entering births and deaths	<input type="checkbox"/> Yes/ <input type="checkbox"/> No	
Number of Maternal Death reported in the facility	Previous year: 2020-21___ Current year:2021-22__	
Number of Child Death reported in the facility	2020-21: 2021-22:	
If Comprehensive Abortion Care (CAC) services available	<input type="checkbox"/> Yes/ <input type="checkbox"/> No	
Availability of vaccines and hub cutter	<input type="checkbox"/> Yes/ <input type="checkbox"/> No Nurses/ ANM aware about open vial policy: <input type="checkbox"/> Yes/ <input type="checkbox"/> No	
Number of newborns immunized with birth dose at the facility in last 3 months		
Newborns breastfed within one hour of birth (observe if practiced and women are being counselled)		
Number of sterilizations performed in last one month	Male__ Female___	
Availability of trained provider for IUCD/ PPIUCD	<input type="checkbox"/> Yes/ <input type="checkbox"/> No	
Who counsels on FP services?		
Please comment on utilization of other FP services		
FPLMIS has been implemented	<input type="checkbox"/> Yes/ <input type="checkbox"/> No	
Availability of functional Adolescent Friendly Health Clinic	<input type="checkbox"/> Yes/ <input type="checkbox"/> No  If yes, who provides counselling to adolescents: _____ Separate male and female counselors available: <input type="checkbox"/> Yes/ <input type="checkbox"/> No Number of Adolescents counseled in last 6 months_____	
Whether facility has fixed day NCD clinic	<input type="checkbox"/> Yes/ <input type="checkbox"/> No  If Yes, how many days in a week: _____ days	
Are service providers trained in cancer services?	<input type="checkbox"/> Yes/ <input type="checkbox"/> No	
Number of individuals screened for the following in last 6 months:	Screened	Confirmed
	Hypertension	





	Diabetes		
	Oral Cancer		
	Breast Cancer		
	Cervical Cancer		
Are service providers trained in cancer services?	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
Whether reporting weekly data in P, S and L form under IDSP	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
Status of TB elimination programme	Facility is designated as Designated Microscopy Centre (DMC): <input type="checkbox"/> Yes/ <input type="checkbox"/> No		
	If yes, percent of OPD whose samples were tested for TB (microscopy) in last 6 month (average) _____		
	If anti-TB drugs available at the facility: <input type="checkbox"/> Yes/ <input type="checkbox"/> No		
	If yes, are there any patients currently taking anti-TB drugs from the facility: <input type="checkbox"/> Yes/ <input type="checkbox"/> No		
	Percent of patients tested through CBNAAT/TruNat for Drug resistance in the last 6 months _____		
	Is there a sample transport mechanism in place for investigations within public sector for TB testing? <input type="checkbox"/> Yes/ <input type="checkbox"/> No		
	investigations within public sector for other tests? <input type="checkbox"/> Yes/ <input type="checkbox"/> No		
	outsourced testing? <input type="checkbox"/> Yes/ <input type="checkbox"/> No		
Are all TB patients tested for HIV? <input type="checkbox"/> Yes/ <input type="checkbox"/> No			
Are all TB patients tested for Diabetes Mellitus: <input type="checkbox"/> Yes/ <input type="checkbox"/> No			
Percent of TB Patients for whom DBT installments have been initiated under Nikshay Poshan Yojana in the last 6 months:			
Status on Leprosy eradication programme	Nos. of new case detected by Field Worker in last 12 months: Out of those, how many are having Gr. II deformity: Frequency of Community Surveillance:		
Maintenance of records on	TB Treatment Card cases (both for drug sensitive and drug resistant cases): <input type="checkbox"/> Yes/ <input type="checkbox"/> No TB Notification Registers: <input type="checkbox"/> Yes/ <input type="checkbox"/> No Malaria cases: <input type="checkbox"/> Yes/ <input type="checkbox"/> No Palliative cases: <input type="checkbox"/> Yes/ <input type="checkbox"/> No Cases related to Dengue and Chikungunya: <input type="checkbox"/> Yes/ <input type="checkbox"/> No Leprosy cases: <input type="checkbox"/> Yes/ <input type="checkbox"/> No		
How much fund was received and utilized by the facility under NHM?	Fund Received last year:		
	Fund utilized last year: Items/ Activities whose expenditure is met out of the RKS/ Untied Fund regularly:		





	Reasons for underutilization of fund (if any)
Status of data entry in (match with physical records)	HMIS: <input type="checkbox"/> Updated/ <input type="checkbox"/> Not updated MCTS: <input type="checkbox"/> Updated/ <input type="checkbox"/> Not updated IHIP: <input type="checkbox"/> Updated/ <input type="checkbox"/> Not updated HWC Portal: <input type="checkbox"/> Updated/ <input type="checkbox"/> Not updated Nikshay Portal: <input type="checkbox"/> Updated/ <input type="checkbox"/> Not updated
Frequency of RKS meeting (check and obtain minutes of last meeting held)	
Availability of ambulance services in the area	<input type="checkbox"/> CHC own ambulance available Number____
	<input type="checkbox"/> CHC has contracted out ambulance services Number_____ <input type="checkbox"/> Ambulances services with Centralized call centre <input type="checkbox"/> Government ambulance services are not available Comment (if any):
How many cases from sub centre/ PHC were referred to this CHC last month?	Number: Sub centre PHC  Types of cases referred in:
How many cases from the CHC were referred to the DH last month?	Number:  Types of cases referred out:
<b>Key challenges in the facility and the root causes</b>	
Challenge	Root causes





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

Service Delivery:

Name of facility visited		
<b>Facility Type</b>		<input type="checkbox"/> PHC/ <input type="checkbox"/> U-PHC
<b>Whether the facility has been converted to HWC</b>		<input type="checkbox"/> Yes/ <input type="checkbox"/> No
<b>Standalone/ Co-located</b>		<input type="checkbox"/> Standalone/ <input type="checkbox"/> Co-located Co-located with (if applicable):
<b>Accessible from nearest road head</b>		<input type="checkbox"/> Yes/ <input type="checkbox"/> No
<b>Date of Visit</b>		
<b>Next Referral Point</b>		Facility: Distance:
Indicator	Remarks/Observation	
1. OPD Timing		
<ul style="list-style-type: none"> <li>For U-PHC, check if evening/morning OPD/Clinics being conducted</li> </ul>	<input type="checkbox"/> Yes/ <input type="checkbox"/> No	





2. Whether the facility is functioning in PPP mode	<input type="checkbox"/> Yes/ <input type="checkbox"/> No				
3. Condition of infrastructure/ building	Comments:				
Please comment on the condition and tick the appropriate box	<input type="checkbox"/> 24*7 running water facility <input type="checkbox"/> Facility is geriatric and disability friendly (Ramps etc.) <input type="checkbox"/> Clean functional toilets available (separate for Male and female) <input type="checkbox"/> Drinking water facility available <input type="checkbox"/> OPD waiting area has sufficient sitting arrangement <input type="checkbox"/> ASHA restroom is available <input type="checkbox"/> Drug storeroom with rack is available <input type="checkbox"/> Power backup <input type="checkbox"/> Branding				
4. Number of functional in-patient beds					
5. List of Services available					
6. If 24*7 delivery services available	<input type="checkbox"/> Yes/ <input type="checkbox"/> No				
7. Tele-medicine/Consultation services available	<input type="checkbox"/> Yes/ <input type="checkbox"/> No				
	If yes, average case per day _____				
8. Biomedical waste management practices	Sharp pit: Deep Burial pit: Other System, if any:				
9. Details of HR available in the facility (Sanctioned and In-place)	HR	San.	Reg.	Cont.	
	MO (MBBS)				
	MO (AYUSH)				
	SNs/ GNMs				
	ANM				
	LTs				
	Pharmacist				
	Public Health Manager (NUHM)				
	LHV/PHN				
	Others				
10. IT Services	<ul style="list-style-type: none"> <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: _____				
11. Kayakalp (2021-22)	Initiated: Facility score: Award received:				
12. NQAS (2021-22)	Assessment done: Internal/State Facility score: Certification Status:				





<p>13. Availability of list of essential medicines (EML)/ drugs (EDL)</p>	<p><input type="checkbox"/>Yes/ <input type="checkbox"/>No</p> <p>If yes, total number of drugs in EDL_____</p> <p>EDL displayed in OPD Area: <input type="checkbox"/>Yes/ <input type="checkbox"/>No</p> <p>No. of drugs available on the day of visit (out of the EDL) _____</p>	
<p>14. Implementation of DVDMS or similar supply chain management system</p>	<p><input type="checkbox"/>Yes/ <input type="checkbox"/>No</p> <p>If other, which one _____</p>	
<p>15. Shortage of 5 priority drugs from EDL in last 30 days, if any</p>	<p>1</p> <p>2</p> <p>3</p> <p>4</p> <p>5</p>	
<p>16. Drugs Available for Hypertension &amp; Diabetic patients:</p>	<p>1</p> <p>2</p> <p>3</p>	
<p>17. Shortage of sufficient number of Hypertension &amp; Diabetic in last 7 days</p>	<p>1</p> <p>2</p> <p>3</p>	
<p>18. Availability of Essential Consumables:</p>	<p><input type="checkbox"/>Sufficient Supply</p> <p><input type="checkbox"/>Minimal Shortage</p> <p><input type="checkbox"/>Acute shortage</p> <p>In last 6 months how many times there was shortage_____</p> <p>(Also list the consumables for which there was shortage)</p>	
<p>19. Availability of essential diagnostics</p>	<p><input type="checkbox"/>In-house</p> <p><input type="checkbox"/>Outsourced/ PPP</p> <p><input type="checkbox"/>Both/ Mixed</p>	
<p>• In-house tests <b>For 2021-22</b></p>	<p>Timing:</p> <p>Total number of tests performed: _____</p> <p>Details of tests performed:</p>	
<p>• Outsourced/ PPP <b>For 2021-22</b></p>	<p>Timing:</p> <p>Total number of tests performed: _____</p> <p>Details of tests performed:</p>	
<p>20. X-ray services is available</p>	<p><input type="checkbox"/>Yes/ <input type="checkbox"/>No</p> <p>If Yes, type &amp; nos. of functional X-ray machine is available in the hospital:</p> <p>Is the X-ray machine AERB certified: <input type="checkbox"/>Yes/ <input type="checkbox"/>No</p>	





21. Whether diagnostic services (lab, X-ray etc.) are free for all	<input type="checkbox"/> Free for BPL <input type="checkbox"/> Free for elderly <input type="checkbox"/> Free for JSSK beneficiaries <input type="checkbox"/> Free for all
22. Availability of Testing kits/ Rapid Diagnostic Kits	<input type="checkbox"/> Sufficient Supply <input type="checkbox"/> Minimal Shortage <input type="checkbox"/> Acute shortage
23. If there is any shortage of major instruments/ equipment	List of Equipment
24. Average downtime of equipment. Details of equipment are nonfunctional for more than 7 days	
25. Availability of delivery services	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
• If yes, details	Comment on condition of labour room:  Functional New-born care corner (functional radiant warmer with neo-natal ambu bag): <input type="checkbox"/> Yes/ <input type="checkbox"/> No
26. Status of JSY payments	Payment is up to date: <input type="checkbox"/> Yes/ <input type="checkbox"/> No Average delay: Payment done till: Reasons for delay:
27. Availability of JSSK entitlements	<input type="checkbox"/> Yes/ <input type="checkbox"/> No  If yes, whether all entitlements being provided <input type="checkbox"/> Free delivery services (Normal delivery/ C-section) <input type="checkbox"/> Free diet <input type="checkbox"/> Free drugs and consumables <input type="checkbox"/> Free diagnostics <input type="checkbox"/> Free blood services <input type="checkbox"/> Free referral transport (home to facility) <input type="checkbox"/> Free referral transport (drop back from facility to home) <input type="checkbox"/> No user charges
28. Line listing of high-risk pregnancies	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
29. Number of normal deliveries in last three month	
30. Availability of Daksh/ Dakshta trained/SBA trained MO/SN/ANM in Labour Room	<input type="checkbox"/> Yes <input type="checkbox"/> No
31. Practice related to Respectful Maternity Care	
32. Number of Maternal Death reported in the facility	Previous year:2020-2021 Current FY:2021-2022
33. Number of Child Death reported in the facility	Previous year: Current year:





34. Availability of vaccines and hub cutter	<input type="checkbox"/> Yes/ <input type="checkbox"/> No Nurses/ ANM aware about open vial policy: <input type="checkbox"/> Yes/ <input type="checkbox"/> No		
35. Number of newborns immunized with birth dose at the facility in last 3 months			
36. Newborns breastfed within one hour of birth (observe if practiced and women are being counselled)			
37. Number of sterilizations performed in last one month	Male Female		
38. Availability of trained provider for IUCD/ PPIUCD	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
39. Who counsels on FP services?			
40. Please comment on utilization of other FP services			
41. FPLMIS has been implemented	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
42. Availability of functional Adolescent Friendly Health Clinic	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, who provides counselling to adolescents: _____ Separate male and female counselors available: <input type="checkbox"/> Yes/ <input type="checkbox"/> No		
43. Whether facility has fixed day NCD clinic	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If Yes, how many days in a week: _____ days		
44. Are service providers trained in cancer services?	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
45. Number of individuals screened for the following in last 6 months:		<b>Screened</b>	<b>Confirmed</b>
	a. Hypertension		
	b. Diabetes		
	c. Oral Cancer		
	d. Breast Cancer		
	e. Cervical Cancer		
46. Whether wellness activities are performed	<input type="checkbox"/> Yes/ <input type="checkbox"/> No Frequency:		
47. Whether reporting weekly data in P and L form under IDSP	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
48. Distribution of Long lasting Insecticidal nets (LLIN) in high-risk areas	No. of LLIN distributed per household: <input type="checkbox"/> 1 per family/ <input type="checkbox"/> Others (Specify): _____		
49. Status of TB elimination programme	Facility is designated as Designated Microscopy Centre (DMC): <input type="checkbox"/> Yes/ <input type="checkbox"/> No		
	If yes, percent of OPD whose samples were tested for TB (microscopy) in last 6 month (average) _____		
	If anti-TB drugs available at the facility: <input type="checkbox"/> Yes/ <input type="checkbox"/> No		
	If yes, are there any patients currently taking anti-TB drugs from the facility: <input type="checkbox"/> Yes/ <input type="checkbox"/> No		
	Percent of patients tested through CBNAAT/TruNat for Drug resistance in the last 6 months _____		





	<p>Is there a sample transport mechanism in place for:</p> <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> <p>Are all TB patients tested for HIV? <input type="checkbox"/>Yes/ <input type="checkbox"/>No</p> <p>Are all TB patients tested for Diabetes Mellitus: <input type="checkbox"/>Yes/ <input type="checkbox"/>No</p> <p>Percent of TB Patients for whom DBT installments have been initiated under Nikshay Poshan Yojana in the last 6 months:</p>
50. Status on Leprosy eradication programme	<p>Nos. of new case detected by Field Worker in last 12 months:</p> <p>Out of those, how many are having Gr. II deformity:</p> <p>Frequency of Community Surveillance:</p>
51. 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>
52. How much fund was received and utilized by the facility under NHM?	<p>Fund Received last year:</p> <p>Fund utilized last year:</p>
	<p>Items/ Activities whose expenditure is met out of the RKS/ Untied Fund regularly:</p>
	<p>Reasons for underutilization of fund (if any)</p>
53. Status of data entry in (match with physical records)	<p>HMIS: <input type="checkbox"/>Updated/ <input type="checkbox"/>Not updated</p> <p>MCTS: <input type="checkbox"/>Updated/ <input type="checkbox"/>Not updated</p> <p>IHIP: <input type="checkbox"/>Updated/ <input type="checkbox"/>Not updated</p> <p>HWC Portal: <input type="checkbox"/>Updated/ <input type="checkbox"/>Not updated</p> <p>Nikshay Portal: <input type="checkbox"/>Updated/ <input type="checkbox"/>Not updated</p>
54. Frequency of RKS meeting (check and obtain minutes of last meeting held)	
55. Availability of ambulance services in the area	<p><input type="checkbox"/>PHC own ambulance available Number_____</p> <p><input type="checkbox"/>PHC has contracted out ambulance services Number_____</p> <p><input type="checkbox"/>Ambulances services with Centralized call centre</p> <p><input type="checkbox"/>Government ambulance services are not available</p>
	<p>Comment (if any):</p>
<ul style="list-style-type: none"> <li>• How many cases from sub centre were referred to this PHC last month?</li> </ul>	<p>Number:</p> <p>Types of cases referred in:</p>





<ul style="list-style-type: none"> <li>How many cases from the PHC were referred to the CHC last month?</li> </ul>	Number: Types of cases referred out:
<b>56. Key challenges in the facility and the root causes</b>	
<b>Challenge</b>	<b>Root causes</b>
a)	
b)	
c)	
d)	
e)	
<b>Only for U-PHC</b>	
57. Population enumeration initiated for slum population	<input type="checkbox"/> Not yet initiated <input type="checkbox"/> Initiated <input type="checkbox"/> Completed
58. Number of CBAC forms filled (NUHM)	
59. 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_____
60. UHNDs Conducted:	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, no. of UHND conducted per month_____
61. 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: _____

