



Ministry of Health & Family Welfare
Government of India



A REPORT ON
MONITORING OF IMPORTANT COMPONENTS OF NHM
PROGRAMME IMPLEMENTATION IN KANGPOKPI DISTRICT, MANIPUR



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LIST OF ABBREVIATIONS

ANC	Ante Natal Care	MCTS	Mother and Child Tracking System
ANM	Auxiliary Nurse Midwife	MDR	Maternal Death Review
AYUSH	Ayurveda, Yoga & Naturopathy, Unani, Siddha and Homoeopathy	MMU	Mobile Medical Unit
BEMOC	Basic Emergency Obstetric Care	MoHFW	Ministry of Health and Family Welfare
BMW	Biomedical waste	MOIC	Medical Officer In- Charge
BSU	Blood Storage Unit	NBCC	New Born Care Corner
CDMO	Chief District Medical Officer	NBSU	New Born Stabilization Unit
CHC	Community Health Centre	NSSK	Navjat Shishu Suraksha Karyakram
DH	District Hospital	NSV	No Scalpel Vasectomy
DMPA	Depot Medroxyprogesterone Acetate	OCP	Oral Contraceptive Pill
DPM	District Programme Manager	OPD	Out Patient Department
ECG	Electrocardiography	OPV	Oral Polio Vaccines
EMOC	Emergency Obstetric Care	PIP	Programme Implementation Plan
FRU	First Referral Unit	PNC	Post Natal Care
HMIS	Health Management Information System	PPP	Public Private Partnership
IEC	Information, Education and Communication	PRC	Population Research Centre
IMEP	Infection Management and Environment Plan	RBSK	Rashtriya Bal Suraksha Karyakram
IPD	In Patient Department	RCH	Reproductive Child Health
IUCD	Intra Uterine Contraceptive Device	RKS	Rogi Kalyan Samiti
IYCF	Infant and Young Child Feeding	RPR	Rapid Plasma Reagin
JSSK	Janani Shishu Suraksha Karyakram	SBA	Skilled Birth Attendant
JSY	Janani Suraksha Yojana	SKS	Swasthya Kalyan Samiti
LHV	Lady Health Visitor	SN	Staff Nurse
LSAS	Life Saving Anaesthetic Skill	SNCU	Special New Born Care Unit
LT	Laboratory Technician	TFR	Total Fertility Rate
M&E	Monitoring and Evaluation	TT	Tetanus Toxoid
		VHND	Village Health and Nutrition Day

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, NHM has tailored itself to the needs of the society by identifying the existing lacunae and eliminating them.

The report hence focuses on monitoring all the essential components of NHM in Kangpokpi district for the year 2020-21. The monitoring was carried out in the month of November to encapsulate and analyse the status of NHM activities in Kangpokpi district. The report puts forward the key observations made during the PRC, Delhi team's visit to various health facilities of the district.

The following public health care facilities were visited by the PRC-IEG Team: DH/CHC Kangpokpi, PHC-HWC Saikul, PHC-HWC Kalapahar, and SC-HWC Thangal Surung. Structured checklists were used to collect information on human resources, infrastructure, funds utilization, training, health care services including drugs and equipment, family planning, disease control programmes and other programmes under the umbrella of NHM.

Interactions with state, district and block level health administrators including the Mission Director (MD), Chief Medical Officer (CMHO) and the nodal programme officers, the Block Medical Officer-in Charge (MOIC), facility (MOs, CHOs, ANMs, etc) and community level health care providers (ASHAs) and other supporting staff were conducted to understand the strengths and weakness of the facilities in service provisioning.

The report therefore summarises the status of Public Health Care in Kangpokpi district, Manipur during the financial year 2020-21 with regards to NHM and its components. Listed below are the key challenge being faced by the district with respect to health service delivery.

Health

Maternal Health:

- The percentage of first trimester registration to total ANC registration displays a grim picture of the district. Similarly, pregnant women who received 4 or more ANC check-ups is also low.
- One of the major concerns of the district is that still home deliveries are being conducted by trained SBA and a smaller number of institutional deliveries are being performed at public health facilities. In addition, there is an inclination of deliveries being preferred at private institutions by the inhabitants of the district due to service availability and trust in the health personnel.
- Janani Suraksha Yojana (JSY) payment status of the beneficiaries is still pending due to lack of funds since 2018.
- Furthermore, no provision of diet is being rendered to the beneficiaries at the facilities because of fund crunch in the respective district. However, on interaction with the community members at the facility they prefer to have their diet from home.
- There are only 3 delivery points in the district i.e., one at Community Health Centre (CHC) and 2 at Primary Health Centre (PHC).

Child Health:

- The most common childhood disease which are prevalent in the district is Diarrhoea followed by pneumonia. The district has reported cases of child death, infant death, and still birth in the last financial year.
- Only two beds are functional at the Special New-born Care Unit (SNCU) in the district with functional radiant warmer. However, there is no paediatrician at the Community Health Centre Kangpokpi.
- Total number of Rastriya Bal Swasthya Karyakaram(RBSK) teams in the district are 3 teams i.e., one team per block. Only 13 new-borns have been screened for defects at birth by the RBSK team.

Adolescent Friendly Health Clinic (AFHC):

- The Adolescent Friendly Health Clinic unit is functional in at the CHC level with a dedicated counsellor providing the counselling services to adolescent.
- The counsellors are present to create awareness among adolescents on the delay of marriages, prevention of teenage pregnancies, safe abortions, etc. Counselling was also being provided to young girls for their menstrual issues. More number of boys have registered and been counselled for various reasons such as in case of drop-out from school because of economic issue.

Family Planning:

- With regards to family planning, temporary methods have been preferred amongst the populace of Kangpokpi district. Permanent methods such as sterilization is almost negligible in the district i.e., both male and female sterilization respectively.
- There is less acceptance of ANTARA as well in the district as women are not aware about it. Hence, awareness about the same needs to be generated and a positive approach must be instilled among women with regards to the adoption of new methods.

Universal Health Screening:

- It was cited that the number of hypertension and diabetes is more prevalent in the district. The reason of high cases of these diseases is because of dietary habits that are adopted by the members of the district. As rice is the staple food of the entire state one is exposed in risk of developing type-2 diabetes which thereby increases the risk of heart disease.
- Furthermore, the district has population from Nepal as well they consume more of mustard oil and eat spicy food resulting to which the risk of hypertension is more common in the entire district.

Health System Strengthening

Human Resource:

- The district is armed with only 2 main officials at the unit after Chief Medical Officer i.e., District Programme Manager and District Finance Manager. The medical officers are acting as nodal officers who are assigned for National Health Mission Programmes and each person is loaded with multiple programmes.

- More focus must be given to improve the shortage of human resource crunch at all levels of the facility so that proper functioning at all levels is done efficiently. The district is facing a huge human resource crunch at all the facilities respectively.
- Overall, a significant shortage of skilled human resources was observed across the district. The scarce availability of specialists, paramedical and administrative staff strains the efficiency in the system.
- There is a dire need of data managers both at the district and block level as under-reporting is being observed in the Health Management Information System(HMIS) portal due to which the actual picture is not visible.
- The major issue which was observed regarding the HR was the transfer policy amongst the staff in the entire state. There should be proper “Rationalization” regarding this.
- Despite good infrastructure, availability of medicines, equipment’s at times the demands can’t be fulfilled due to non-availability of specialists at the facility. A lot can be achieved provided HR issue is resolved.

Infrastructure:

- Community Health Centre, Kangpokpi is an old building and needs timely renovation. However, due to lack of funds and no timely release of funds the renovation can’t be done. In addition, Sub-Centre (HWC) Thangal Surung is too an ancient building needs an expansion and renovation as well.

Transport:

- A total of 2 ambulances are available at the district of which 1 Advance Life Support is functional and 102 is non-functional. At times it becomes really difficult to cater the needs of the people.
- It was even reported that there are less number of vehicles for monitoring purpose in the district. Hence, the number of vehicles should be increased so that monitoring can be done effectively.

Community Process:

- ASHAs play a prominent role in improving maternal, child health and Adolescent but there was lack of motivation amongst the front-line workers because of delay in their salaries and incentives resulting to which inefficiency can be observed in the coming future if this situation persists.
- The module training of ASHAs has been completed till 7th module. Hence, the state and district should upgrade the level of training at the earliest.

Recommendation:

- One of the key concerning issues with regards to budget in the state and district is with the “*Release of Funds*”. It was reported that at the initial stage the fund is being released from the central government and it thereby passes to the treasury of the Manipur state. However, there is a gap in the disbursement of funds from the treasury to the account of State Mission Director which eventually leads to an issue in the delay of funds from the state to the district and finally to the respective block health facilities. Due to which timely payments such as salaries of the health personnel, ASHA incentives, JSY payment status etc is still lagging and is thereby affecting majority of the National Health Mission activities.

- There is under-reporting in the HMIS portal because of shortage of data managers in the district due to which the actual picture is not visible. Hence, district and block data managers should be deployed so that timely data can be updated without any errors and outliers.
- In order to reduce the numbers of home deliveries, more awareness should be made by the ASHA workers for institutional deliveries and timely incentives should be given as there is lack of motivation amongst the frontline workers resulting to which the deliveries are either being done at home or are being done at private hospitals.
- For far-flung areas, Medical Mobile Units should be initiated so that basic services can be availed by the inhabitants of Kangpokpi district and Out-Of-Pocket(OOP) can also be reduced who travel to Imphal for availing basic service.
- On interaction with community members which was conducted through focussed group discussion it was highlighted that there is lack of Non-Communicable Disease drugs in the district or there is change in the composition of drugs due to inadequate supply of drugs which at times become difficult to cure the disease on time. Therefore, it is recommended that timely and sufficient amount of drugs should be dispensed in the health facilities respectively.

1. INTRODUCTION

National Health Mission (NHM) is the flagship scheme of the Government of India which aims to achieve universal public health coverage and extending service delivery to all the parts. Launched in 2005 as the National Rural Health Mission (NRHM), it was extended to urban areas in 2013, bringing both urban and rural areas under its coverage. The mission intends to guide states towards increasing the access to affordable and essential health services to those on the margins by strengthening the infrastructure, logistics, institutional set-up and service delivery.

In order to monitor the important components of NHM State Programme Implementation Plan (PIP) 2020-21, the Ministry of Health and Family Welfare (MoHFW) had commissioned Population Research Centres (PRCs) to evaluate the performance of the plans in various districts. The monitoring helps in knowing the gaps in the implementation and how efficient the resource allocation has been.

The following report is based on the PIP Monitoring visit to Kangpokpi district in November 2021. The PRC Delhi team visited the State Mission NHM Office, Chief Medical Health Officer's (CMO) Office for a brief interaction with the District Programme Manager (DPM) and nodal officers of the respective programmes; thereafter four facilities were visited, these were the District Hospital(DH)/Community Health Kangpokpi, two Primary Health Centre's (PHC-HWC) in Kalapahar and Saikul and Sub-Centre which was Health and Wellness Centre in Thangal Surung and thereafter community interactions was also carried to gain further insight.

This report provides a review of key population, socio-economic, health and service delivery indicators of Kangpokpi District. The report also deals with health infrastructure and human resource of the district and provides insights on MCH service delivery including JSSK and JSY schemes, Family Planning, bio-medical waste management, referral transport, communicable, and non-communicable diseases. This report is based on the interviews of CMO, District Health Officials, CHO's, ANMs, ASHAs, and beneficiaries.

1.1 Objectives

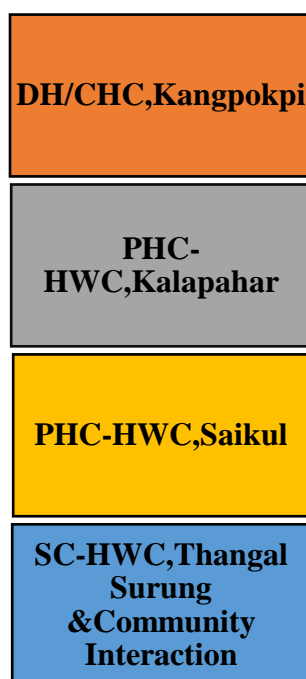
The major objectives of this monitoring and evaluation of PIP study are:

- To monitor the status of physical infrastructure of health facilities under NHM Programme.
- To understand the availability and efficiency of human resource required for imparting better service facilities.
- To understand the gap between Demand and supply of health service delivery under NHM programme.
- To assess functionality of equipment, supply and essential drugs, essential consumables etc.
- To analyze and ascertain the implementation and performance of different scheme under NHM.
- To analyze other important components namely service delivery, record maintenance, Biomedical Waste Management, referral transports system, IEC material, disease control programme etc
- To assess the availability of finance for the NHM activities in the district.

1.2 Methodology

Ministry of Health and Family Welfare has assigned the task of monitoring the health status of Kangpokpi district, Manipur to PRC Delhi. The report is based on the data collected from the CMO office and other health facilities visited. PRC, Delhi visited the district office to interact with CMO, DPM and other officers of the district. Health profile of the district was discussed intensively and higher authorities were questioned on broad areas under NHM such as maternal health, child health, family planning, human resource, infrastructure etc.

Figure 1:List of Health Facilities Visited in Kangpokpi District, Manipur



The report is based on both qualitative and quantitative survey. Before visiting the field, a structured questionnaire (Annexure) prepared on various important aspects of NHM activities, were sent to the respective facilities and nodal officers. Further on the visit the questionnaire is cross checked and discussed in detail. After a valuable discussion with the district officials and thereby few selected facilities were visited for monitoring purpose. The healthcare facilities visited are depicted as above in figure-1.

1.3 Overview of the district: Kangpokpi

The district Kangpokpi is a newly formed district of the state of Manipur in the year 2016. The district is inhabited by various multi-ethnic groups with inherent socio-economic and cultural backgrounds, such as the indigenous Kukis, Nagas, Nepalis and Meiteis. The district Headquarter is situated at Kangpokpi Town which is at an altitude of 992 metres from Mean Sea Level and at a distance of about 45 kms from the state capital, Imphal. Kangpokpi District comprises of mainly Nine (9) sub-divisions viz, Kangpokpi, Saitu Gamphazol, Saikul, Kangchup-Geljang, Bungte-Chiru, Island, Champhai and Lhungtin.

The area of the district is approximately 1698 Sq. Kms and comprises of 583 villages and some hamlets. The population of the whole of Kangpokpi District is 1,65,562 and the sex ratio of the district is stands to be 989 females per 1000 males which is higher than the state. In addition, the literacy rate of the district stands to be 85 percent which is above the state average (76.94%).

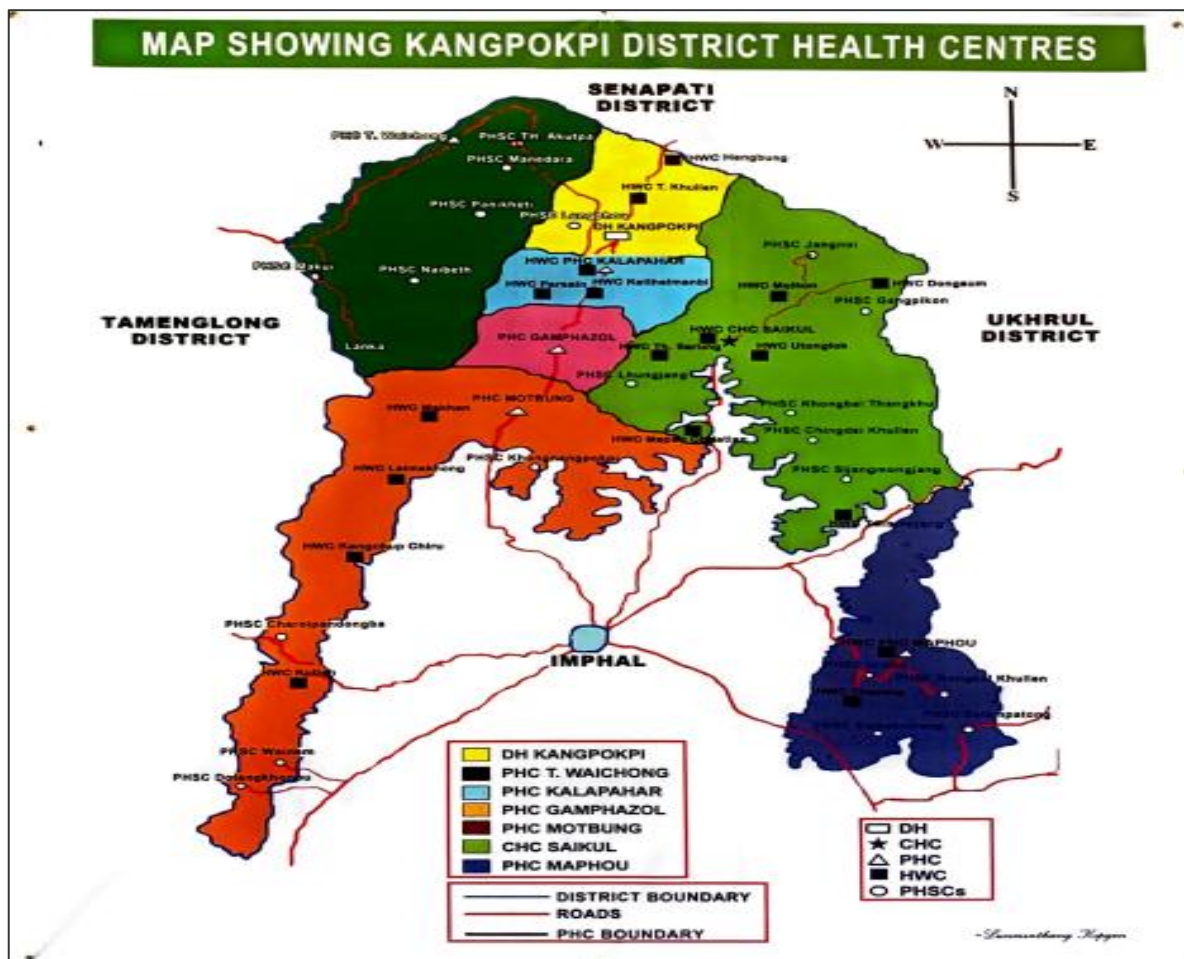
Table 1: Demographic Indicators of Kangpokpi and Manipur

Indicators	Kangpokpi	Manipur
Actual Population	1,65,562	28,55,794(as per 2011)
Sex ratio (females per 1000 males)	989	985(“)
Literacy rate (%)	85	76.94(“)
Estimated number of deliveries	2467	-
Estimated number of live births	1435	-
Estimated number of eligible couples	54,635	-
Number of VHSNC	465	-
Number of Pregnant Women	2714	-

Source: Census (2011) and CMO Office, Kangpokpi

Whereas, the estimated number of deliveries that took place in the last financial year (2020-21) was reported to be 2467 followed by 2714 pregnant women and 1435 estimated live births. However, the estimated number of eligible couples in the district was reported to be 54,635 couples. No leprosy cases were reported in the district. Besides this, the number of Village Health Sanitation and Nutrition Committee stands to be 465 with 465 ASHAs and 702 AWWs.

Figure 2:Map of Kangpokpi District



Source: CMO Office, Kangpokpi

The number of maternal deaths that were reported in the year 2019-20 were 4 deaths however, no deaths happened in the last financial year (2020-21). Furthermore, no mortality

was indicated in the last 2 financial years in terms of child death, infant death, still birth, or deaths due to Malaria or Sterilization.

1.4 HMIS Service Delivery Indicators

Table-2 provides a brief health profile of the district as reported by through the Health Management Information System (HMIS) portal. As reported by the portal about 23.3 per cent women have registered for ANC received 4 or more check-ups in the district. The distribution of IFA tablets is at a remarkable low of 32 per cent which is lower than the state average. The total numbers of home deliveries were lower than the state which is reported to be 1056. The number of home deliveries attended by a skilled birth attendant is 619.

Table 2:Status of key Maternal and Child Indicators, Kangpokpi and Manipur

Health and Health Care Service Delivery Indicators	Manipur	Kangpokpi
1. Maternal Health		
% Of beneficiaries registered for 1st trimester to total ANC registration	52.6	36.04
% Of pregnant women with 4 or more ANC checkups to total ANC registration	37.1	23.3
% Of pregnant women given 180 IFA to total ANC registrations	42.6	31.7
a) Institutional and Home Deliveries		
% Of SBA attended home deliveries to total home deliveries		58.6
% Of institutional deliveries to total reported deliveries	79.9	26.1
% Of institutional deliveries to total ANC registrations	54.4	10.7
% Of C-Section deliveries to total institutional deliveries	36.7	0
Post-natal Care		
% of women discharge in < 48 hours of delivery to total deliveries (Public)	52.9	86.8
% 1st post-partum checkups between 48 hours and 14 days to total deliveries	32.9	65.8
New-born and Child Health		
% Of new-born weighted to total live birth	97.9	99.9
% Of new-born breast fed within 1 hour of birth to total live birth	88.9	99.7
% Of new-borns having weight less than 2.5 kg to new-borns weighted at birth		1.3
2. Child Immunization & Diseases		
Number of children (9-11 months) fully immunized	33614	2450
% Of children received measles to full immunization	100.2	100
% Of children received BCG to full immunization	100.8	102.8
3. Family Planning		
Total Sterilization conducted	456	4
% Of male sterilization to total sterilization	0.4	0
% Of female sterilization to total sterilization	99.6	
4. Mortality Indicators		
Maternal Death	26	4
Child Death	23	3
Infant Death	111	5
Still Birth	107	3
5. Other Services		
IPD	44980	1165
OPD (Ayush + Allopathic)	973636	36386
% IPD to OPD	4.6	2.9

Source: HMIS Report,2020-21

Nearly, 26 per cent of the deliveries take place in public institutions in Kangpokpi district which is low than the state average of 80 per cent. As opposed to ANC registrations about 11 per cent of women go for institutional deliveries. Overall, in Manipur about 53 per cent are discharged in less than 48 hours, however this number is quite high in Kangpokpi which stands at 86.8 per cent.

No C-section deliveries were conducted in the district in the last financial year. Percentage of women getting post-natal check-up after 48 hours and before 14 days is at 66 per cent which is high than the state average of 33 per cent. New-borns breastfed within 1 hour of birth is 99 percent, low than the state average of 89 per cent. About 99 per cent new-borns were weighed at birth in the district.

As far as child health is concerned about 2450 infants were fully immunized. Diarrhoea is prevalent among children under the age of 5 which are 713 cases followed by Pneumonia at 6 cases. No cases of Malaria were observed in the district.

The total number of sterilizations conducted in the district stands at 4 which is comparatively lower than the state. Male sterilisation is almost negligible in the district in comparison to the female sterilization. The number of Oral pills and condoms distributed in the district are 9755 and 3054 respectively. It should be noted that the percentage of IPD to OPD is about 3 per cent which means that the alternate systems of medicine is gaining popularity among the people.

2. PUBLIC HEALTH PLANNING AND STATUS OF SERVICE DELIVERY

2.1 District Health Action Plan

Kangpokpi district had prepared District Programme Implementation Plan for the current year and has submitted to the state for its verification. However, the district has not received the approval from the state for preparation of district health action plan. The fund under the DHAP still has not been released till yet. There was no pending work related for construction in last two years which can be observed from the table-3 shown below.

Table 3: District Health Action Plan, Kangpokpi district

Indicators	Observation
Whether the district has prepared any District Programme Implementation Plan (PIP) for current year and has submitted it to the states (verify)	Yes
Whether the District has received the approved District Health Action Plan (DHAP) from the state(verify)	Not yet
Date of first release of fund against DHAP	Not yet released
Infrastructure: Construction Status	
Details of Construction pending for more than 2 years	N/A
Details of Construction completed but not handed over	N/A

Source: CMO Office, Kangpokpi

2.2 Budget Utilization

Budget utilisation under NHM is to operationalize an effective and accountable financial management system for budgeting, monitoring and utilisation of funds at central, state, district and block level. The detail of the budget utilisation is given in table-4 as per the Financial Management Report (FMR).

From the table it is quite evident the majority of the budget utilized was observed in FMR-8 under Human Resource(2,28,16,279) i.e., all the amount that was released had been utilized followed by service delivery with Rs.14,01,800 respectively. The least amount of expenditure was reported in referral transport with Rs.50,000.

As fund crunch has been a major issue in the district resulting to which majority of the tasks are not being operated due to lack of funds. These amount is only 50 percent which was received by the state respectively.

Table 4: Financial Management Report, Kangpokpi district

Indicator	Budget Released (in lakhs)	Budget utilized (in lakhs)
1. FMR 1: Service Delivery: Facility Based	50,000	50,000
2. FMR 2: Service Delivery: Community Based	14,01,800	14,01,800
3. FMR 3: Community Intervention	57,26,230	57,26,230
4. FMR 4: Untied grants	8,50,000	8,50,000
5. FMR 5: Infrastructure	1,00,000	1,00,000
6. FMR 6: Procurement	1,72,800	1,72,800
7. FMR 7: Referral Transport	50,000	50,000
8. FMR 8: Human Resource (Service Delivery)	2,28,16,279	2,28,16,729
9. FMR 9: Training	7,23,200	7,23,200
10. FMR 10: Review, Research and Surveillance	-	-
11. FMR 11: IEC-BCC	5,62,800	5,62,800
12. FMR 12: Printing	60,000	60,000
13. FMR 13: Quality	1,50,000	1,50,000
14. FMR 14: Drug Warehouse & Logistic	2,90,000	2,90,000
15. FMR 15: PPP	20,000	20,000
16. FMR 16: Programme Management	19,45,525	19,45,525
17. FMR 17: IT Initiatives for Service Delivery	-	-
18. FMR 18: Innovations	-	-

Source: CMO Office, Kangpokpi

In addition, if we see programme wise, under the RCH Flexipool maximum amount of budget utilization was reported under RBSK (Rs.10,76,400) followed by untied fund (Rs.8,50,000) and immunization (Rs.6,20,275). However, a least portion of the budget was utilized under programme management i.e., Rs 4,30,060 has been utilized as against Rs.10,00,000.

Moving forward to communicable diseases pool, majority of the funds have been utilized under National TB Elimination Programme with Rs.70,00,000 followed by National Vector Borne Disease Control Programme with Rs.14,56,600 and the least amount that was utilized is in Integrated Disease Surveillance Programme (IDSP) with Rs.1,66,000 respectively.

Under the Non-Communicable Disease Pool, only Rs.80,000 had been utilized in the National Mental Health Programme (NMHP) and Rs.35,000 in National Programme for Prevention and Control of Diabetes, Cardiovascular Disease and Stroke (NPCDCS)

2.3 Status of Service Delivery

This section will talk about the status of service delivery in Kangpokpi district and also observe the provisions rendered under NHM for smooth service delivery. The important components that have been highlighted in the present section are physical infrastructure, Human Resource (HR) and trainings for health personnel that are meant for capacity building.

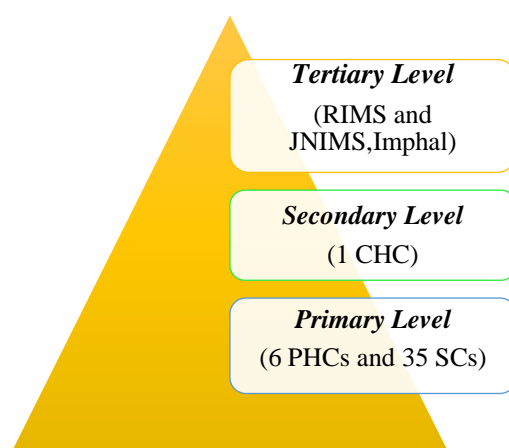
2.3.1 Status of Infrastructure

According to the Indian Public Health Standards (IPHS), healthcare infrastructure in India comprises of three main levels i.e., primary, secondary, and tertiary healthcare. At the primary level of health care, it comprises of the Primary health centres (PHCs), and subcentres (SCs).

While the District Hospitals, Sub-district hospitals, and Community Health Centres (CHC) fall under the category of secondary health care. Whereas, the tertiary level of health care includes the medical colleges and specialized Hospitals.

Figure-3 below depicts the status of health infrastructure of Kangpokpi district. The district has no District Hospital. In total, there is 1 Community Health Centre (CHC) along with 6 Primary Health Centre's (PHCs), and 35 Sub-Centre's (SCs) which are operational as against 37 per the sanction.

Figure 3:Total Facilities Available in the district



Source: CMO Office, 2020-21

There are no UPHCs and UHC's are available in the district. One Special New-Born Care Unit (SNCU) and no Nutrition Rehabilitation Centre (NRC) available at the district level. Moreover, only one first referral unit (FRU), is operational in the district respectively. Besides, it was reported that there is neither blood bank nor blood storage unit available at the district.

Out of 3 PHC's, which are sanctioned for HWCs in the district, 2 PHCs have been converted into Health and Wellness Centres (PHC-HWC). As there are no Urban Primary Health Centres operational in the district, none of them have been transformed into HWCs. Furthermore, out of 14 SC's as per the sanction, only 9 SCs have been converted into HWCs.

Presently, the district has 3 Tuberculosis units (Tus) and no CBNAAT/TruNat site, and drug resistant TB centre. In addition, the number of functional NCD clinic is found to be at the CHC level, which is designated at CHC Kangpokpi only.

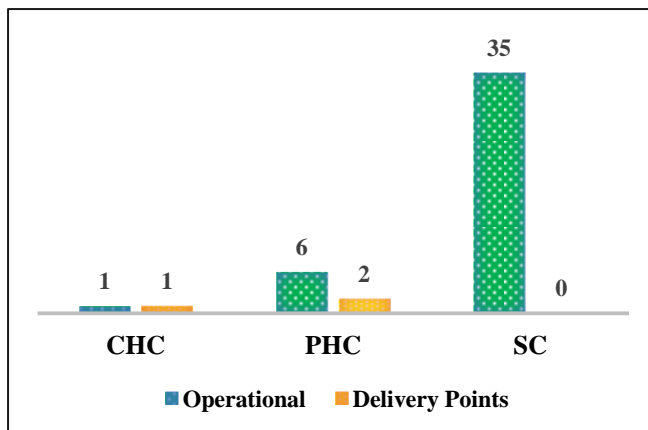
Whereas on the other hand, the total number of institutions providing comprehensive abortion care services (CAC) is only 1 that is providing 1st trimester services and both 1st and 2nd trimester services at CHC Kangpokpi. However, it must be noted that the district doesn't have District Early Intervention Centre (DEIC).

Table 5: Facility Details at Kangpokpi District

Facility Details	Sanctioned/ Planned	Operational
Urban Primary Health Centres (U-PHC)	-	-
Urban Community Health Centres (U-CHC)	-	-
Special New-born Care Units (SNCU)	1	1
Nutritional Rehabilitation Centres (NRC)	-	-
District Early intervention Centre (DEIC)	-	-
First Referral Units (FRU)	1	1
Blood Bank	-	-
Blood Storage Unit (BSU)	-	-
No. of PHC converted to HWC	3	2
No. of U-PHC converted to HWC	-	-
Number of Sub Centre converted to HWC	14	9
Designated Microscopy Centre (DMC)	-	-
Tuberculosis Units (TUs)	No sanction	3
CBNAAT/TruNat Sites	-	-
Drug Resistant TB Centres	-	-
Functional Non-Communicable Diseases (NCD) clinic <ul style="list-style-type: none"> • At DH • At SDH • At CHC 	1	1(CHC,Kangpokpi)
Institutions providing Comprehensive Abortion Care (CAC) services <ul style="list-style-type: none"> • Total no. of facilities • Providing 1st trimester services • Providing both 1st & 2nd trimester services 	1	1(CHC,Kangpokpi)

Source: CMO Office, Kangpokpi

Figure 4: Status of service delivery points



As there is no district hospital present at the district, a total of 3 delivery points is available presently. Therefore, one delivery point is available at CHC Kangpokpi and out of 6 PHC's only 2 PHC's are conducting more than 10 deliveries per month respectively. Besides this, there are no delivery points at the Sub-centre level resulting to which more home deliveries are being conducted at the district which is quite evident from the HMIS data as well.

Source: CMO Office, 2020-21

2.3.2 Status of Human Resource

To ensure smooth service delivery NHM 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 HR component includes the process starting from recruitment, deployment, and continued capacity building and functioning of manpower.

Lack of Human Resource is one of the major concerns of the district; more specifically the major issue in case of medical staff is reported in the case of Medical Officers (MO) with vacancy of 40 percent respectively. Surprisingly, there is vacant positions for OB&GY,

Paediatrician, Anaesthetist, and Radiologists as all the positions are vacant which is evident from the table-6 shown below.

Table 6:Status of Human Resource,Kangpokpi

Staff Details	In-place
MO(MBBS)	50
OB&GY	1
Paediatrician	1
Anaesthetist	0
Surgeon	0
AYUSH MO	11
Radiologist	0
Dentist/Dental Surgeon/Dental MO	2
Dental Hygienist	0
Radiographer/X-ray Technician	0
OT Technician	0
Lab Technician	5
Pharmacist (Allopathic)	19
AYUSH Pharmacist	10
Staff Nurse (SN)	14
CHO/MLHP	12
MPW(Male)	14
ANM	104

Source: CMO Office, Kangpokpi

In addition, no LSAS doctor has been trained in the district and 5 EmOC doctors has been trained of which 2 are posted in the FRU.

Table 7:Performance of LSAS and EmOC trained doctors

Performance of EMOC/ LSAS trained doctors	Trained	Posted in FRU	Performing C-section
LSAS trained doctors	-	-	-
EmOC trained doctors	05	02	-

Source: CMO Office, Kangpokpi

2.3.3 Training Status

The table-7 below provides a brief snapshot of trainings received in the last financial year i.e., 2020-21 as per the ROP approval. In total, 9 trainings were planned across various programs and subdivisions which includes maternal health, child health, family planning, WIFS, RKSK and NCD related. Maximum number of trainings that were conducted in the last financial year was in the subdivision of child health.

Various trainings were given in single batches and have been completed for instance, in case of child health the training was given for SAANS. Besides this, volunteer training was also organized for RKSK and new-born care. With regards to non-communicable programmes, training for mental health was conducted and elderly care i.e., palliative care.

Furthermore, training was also given for breast cancer and vasectomy as to generate awareness amongst the health personnel of the district. Training with regards to global iodine was also imparted to the front line workers as to spread the information amongst the community members so that there is no deficiency of iodine with the inhabitants of the district.

Table 8: Training Status in Kangpokpi

Training Name	Planned	Completed
SAANS	01 Batch	Completed
Elderly Care	01 Batch	Completed
Global Iodine	01 Batch	Completed
Mental Health	01 Batch	Completed
New-born care	01 Batch	Completed
Volunteer Training (RKSK)	01 Batch	Completed
WIFS Training	01 Batch	Completed
Breast Cancer	04 Batch	Completed
Vasectomy	02 Batch	Completed

Source: CMO Office, Kangpokpi

2.3.4 Referral Transport

Health infrastructure also includes transport facilities at the district for the safe and timely movements of the patients. There is no availability of Mobile Medical Unit (MMU) available in the district. Whereas, with regards to referral transport, there is only 1 Advance Life Support (ALS) on the road and no Basic Life Support available at the district.

The ALS ambulances are GPS fitted and it is handled through centralized call centre wherein the average number of calls received per day were 3 calls. Whereas, the average number of trips per ambulance per day that is being done is also 3 per day or as per the requirement and around 135 kms is travelled per ambulance per day due to hilly area the distance is extreme at times.

Table 9: Status of Vehicle for Referral Transport

Vehicle for Referral Transport	Number	
No. of Basic Life Support (BLS) and their distribution	-	
No. of Advance Life Support (ALS) and their distribution	01	
	ALS	BLS
Operational Agency (State/NGO/PPP)	State	-
If the ambulances are GPS fitted and handled through centralized call centre	Yes	-
Average no. of calls received per day	3 per day	-
Average no. of trips per ambulance per day	3 per day	-
Average Km travelled per ambulance per day	135 Km	-

Source: CMO Office, Kangpokpi

Whereas in the case of 102 vehicle, there is one vehicle available in the district and that too it is non-functional. In total, there is only ALS ambulance in the district and is catering to the entire population whenever needed.

Table 10: Status of 102 Vehicle in Kangpokpi district

Mobile Medical Unit Details	Numbers
No. of transport vehicle/102 vehicle	01
If the ambulances are GPS fitted and handled through centralized call centre	Yes, non-functional
Average no. of trips per ambulance per day	-
Average Km travelled per ambulance per day	-

Source: CMO Office, Kangpokpi

3.STATUS OF NATIONAL PROGRAMME IMPLEMENTATION IN KANGPOKPI

3.1 Maternal Health

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. Most NHM programmes have their prime focus in ensuring the well-being of mothers. These programmes range from direct cash transfers to indirect transfer programmes and universal health coverage.

The sharp decline in percentage of home deliveries and rising proportion of institutional deliveries is due to success of the schemes such as Janani Suraksha Yojana (JSY) and Janani Shishu Suraksha Karyakaram launched by the Government of India.

3.1.1 Janani Suraksha Yojana (JSY)

Janani Suraksha Yojana or JSY is an integral direct cash transfer scheme aimed to incentivise women to choose institutional delivery. Launched in April 2005, this scheme aimed at reducing maternal and child mortality that may occur due to unsafe delivery. The cash transfer is conditional upon the woman choosing institutional delivery. The scheme has been effective in increasing institutional deliveries over a period of time. The scheme incentivises both mother and ASHA.

The total number of beneficiaries for JSY payment status for the last financial year were 1667, however due to non-availability of funds, the payments are not released on time resulting to which the backlog for JSY beneficiaries is more than the number of beneficiaries which stand at 1780. The backlog was reported by the district officials from the past 3 years i.e., since 2018 the payment is not being done on time due to fund crunch.

3.1.2 Janani Shishu Suraksha Karyakaram(JSSK)

Janani Shishu Suraksha Karyakram (JSSK) is a rights-based policy measure to reduce the out-of-pocket expenditures of the families during child birth and newborn care. This policy covers aspects such as diet, transport, drugs, diagnostics, referral and other user charges which are otherwise incurred. The scheme entitles all pregnant women free transport from their homes to the public institution both before and after birth. The delivery is free of charge which also includes C-section. Other entitlements include meals for the mother, newborn care and free drugs if needed.

The JSSK entitlements that were available at the district which was given to the beneficiaries were drugs services, diagnostic services, and ambulance service. However, on interaction with the beneficiary at CHC Kangpokpi it was cited that they were aware about the ambulance service but preferred to travel with their own vehicle and had their own home cooked meal which their family members brought. Moreover, due to non-availability of funds no provision of diet is being given at the facility.

3.2 Child Health

An integrated approach to improve health outcomes includes the interventions that reduce morbidity and mortality among children. The NHM components have carefully integrated many of these along with maternal health programmes. The early stages of development are crucial for the overall healthy growth of a child thus programmes like full immunisation lay stress on improving the child health indicators. India has committed to reduce IMR in the Sustainable Development Goals to 25 or less per 1,000 live births in under 5-year-old children and 12 or less per 1,000 live births for new-borns by 2030. Therefore, to ensure healthy child survival various thrust areas have been identified. These are:

Area 1: Neonatal Health

- Essential new born care (at every ‘delivery’ point at time of birth)
- Facility based sick New-born care (at FRUs & District Hospitals)
- Home Based New-born Care (HBNC)

Area 2: Nutrition

- Promotion of optimal Infant and Young Child Feeding (IYCF) practices
- Micronutrient supplementation (Vitamin A, Iron Folic Acid)
- Management of children with Severe Acute Malnutrition (SAM)

Area 3: Management of Common Childhood Illness

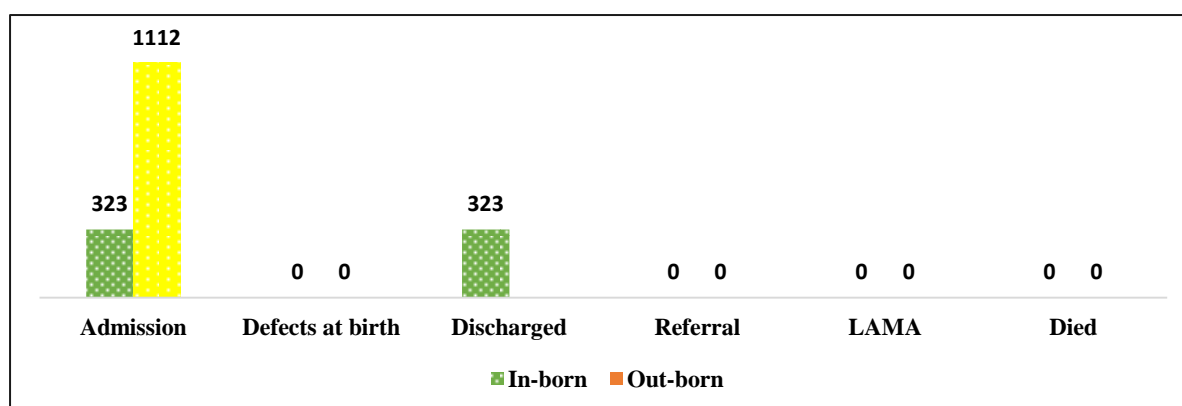
- Management of childhood diarrheal diseases and acute respiratory infections

Area 4: Immunization

- Intensification of routine immunization
- Eliminating measles and Japanese encephalitis related deaths
- Polio eradication

3.2.1 Neonatal Health

Figure 5: SNCU Outcome, Kangpokpi



Source: CMO Office, Kangpokpi

The number of admissions of new-borns were more in out-borns than in-borns in the SNCU which stood at 1112 new-borns in the Out-born section and 323 in-borns respectively. It is

observed that around 323 in-borns have been discharged in the SNCU however, no data was provided for out-borns. If we talk about referrals, defects at birth, LAMA, and death no data was reported for the same from the district.

In addition, in the New-born stabilization unit (NBSU) only 4 new-borns took admission in the unit and were discharged from the in-born section respectively.

3.2.2 Rashtriya Bal Swasthya Karyakaram (RBSK)

Rashtriya Bal Swasthya Karyakram (RBSK) is a flagship programme under NHM which aims at early identification and intervention for children from the ages 0-18 to tackle the 4 D's, Defects at birth, Deficiencies, Diseases and Development Delays (including disability). The district has 1 NRC which is solely dedicated to tackle the issues clubbed under the 4 D's. NRCs work towards improving the health indicators of children suffering from severe acute malnutrition.

In Kangpokpi district there are a total of 3 RBSK teams, where all the teams are in place with proper HR as per the requirement and these teams have 3 vehicles for screening purpose and timely visits for the children. Average of around 6 children are being screened per day by the team. No children were born at the delivery point and screened while defects that is witnessed at birth.

3.2.3 Home Based New-Born Care (HBNC)

The scheme has been implemented in the year 2011, under National Rural Health Mission with the prime aim to reduce neonatal mortality in rural areas. With this scheme, the ASHA workers have incentivized for making visits to all the respective new-borns and their mothers according to the specified schedule of up to 42 days of life.

In the district, it was reported that there is availability of HBNC kits with ASHAs but most of the kits are non-functional and in the last financial year 368 new-borns have visited under 6 HBNC visits. The ASHAs have drugs kits available with them but inadequate drugs are available in the kits. However, due to the pandemic still around the HBNC visits were made at home by following all the COVID protocols and no delay of incentives have been reported by the ASHA workers.

3.3 National Vector Borne Disease Control Programme (NVBDCP)

The National Vector Borne Disease Control Programme is one of the most comprehensive and multi-faceted public health activities in the country and concerned with prevention and control of vector borne diseases namely Malaria, Filariasis, Kala-azar, Dengue and Japanese Encephalitis (JE).

There is a micro and macro plan available at the district level as to control the vector borne disease prevalent in the district. There is a fluctuating trend for the annual blood examination rate that was reported to be 9.8% in the year 2018, 16.18% in the year 2019, and in 2020 the annual blood examination rate was 9.87% respectively. As per the last 3-year trends there have been a decrease in the vector borne disease due to COVID-19. A total of 40,000 LLIN were distributed by the district and for anti-larval methods proper IEC material were displayed and circulated for environmental manipulation and destruction of breeding rites.

Weekly epidemiological and entomological situations are being monitored and no MDR rounds have been observed in the last financial year. Contingency plan for epidemic preparedness is being done with proper rapid response team placed.

3.4 Integrated Disease Surveillance Programme (IDSP)

The Integrated Disease Surveillance Programme (IDSP) is a nationwide disease surveillance system in India incorporating both the state and central governments aimed at early detection and long-term monitoring of diseases for enabling efficient policy decisions. It was started in 2004 with the assistance of the World Bank.

Only DSO has been posted in the district for the team as of now and only 1 case of scrub typhus was reported last year. In terms of data utilization of IDSP, the data is sent directly to the state and thereby the state monitors.

3.5 Comprehensive Primary Health Care (CPHC)

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.

As with the rapid urbanization and change in the lifestyles the epidemiology pattern of diseases is increasing day by day with non-communicable diseases being highly prevalent throughout the country. Hence, 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.

As per the plan 11826 individuals have been enumerated of which 7567 enumerations have been completed and the forms have been filled. Out of 9 HWC's, a total of 7 HWC's have filled the CBAC forms in the district.

Table 11:Status of NCD screening and CBAC forms

Indicator	Planned	Completed
No. of Individuals enumerated	11826	7567
No. of CBAC forms filled	-	7567
No. of HWCs started NCD screening		
a. SHC-HWC	9	9
b. PHC-HWC	2	2
c. UPHC-HWC	-	-

Source: CMO Office, Kangpokpi

Majority of the cases that have been screened for NCDs is majorly observed in hypertension and Diabetes with 2160 and 2004 cases have been diagnosed. Majority of the treatment that the community members are seeking is in case for Hypertension (2160) and Diabetes (2004).If we talk about the status of cancer ,proper screening is being done for all the three

cancers in the HWCs, wherein 1973 cases are being observed in oral cancer and 343 breast cancer. Out of the 9 HWC's, 5 HWC's have started providing teleconsultation services and 9 HWC's have started wellness activities.

The main challenge that was cited by the district official is that there is lack of NCD drugs in the district resulting to which the treatment of the patients is not been done effectively as it has to be done.

4.SERVICE AVAILABILITY AT PUBLIC HEALTH FACILITIES AND COMMUNITY PERCEPTION

The team visited a total of 4 facilities in Kangpokpi district. The observations of the team are listed below. This includes points about patient load, infrastructure, manpower, drugs and equipment. The four facilities visited comprises of 1 Community Health Centre, 2 Primary Health Centres, and 1 sub-centre.

A dedicated “Focussed Group Discussions” (FGD's) was held to understand the community level perception on various fronts and in order to accurately capture their lifestyle, health seeking behaviour, health service accessibility, perceived behaviour of health service providers and know-how on out-of-pocket expenditure incurred while accessing public health services.

4.1 Community Health Centre, Kangpokpi

Figure 6:CHC,Kangpokpi



The Community Health Centre is situated in the main city area and is easily accessible by everyone. The facility was functioning in a government building and is a 26 bedded facility with no ICU beds available. The facility was providing 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 in the health facility:

- The facility needs timely renovation and repairs are needed with respect to infrastructure availability and maintenance. The area is congested and compact in terms of waiting area, labour room, and wards.
- The average OPD of the facility is recorded to be 30-35 cases per day and the average delivery load is more than 10 deliveries per day.
- In addition to the general services available at the facility, the facility renders O&G, Ophthalmology, Dental, X-ray service, USG, SNCU, and general emergency care.
- There is no tele-medicine or consultation service available and non-availability of operation theatre. Besides this, no blood bank is available nor blood storage unit is present.
- In terms of bio-medical waste management, there is 1 sharp pit and 1 deep burial pit available.
- With regards to manpower, the facility has 9 MO's, 1 ObGy, 2 dentist, 5 Staff nurses, 1 regular Lab Technician and 3 contractual Lab Technician, 2 pharmacist, 1 EmOC trained doctor, and 1 AYUSH MO. There is sanctioned post for paediatrician, anaesthetist, surgeon, and pathologist.
- There is insufficient desktop availability at the facility and the poor connection of internet was reported.
- The facility has initiated with Kayakalp but the score of the facility was low which reported to be 56.4 percent. Labour room was LaQshya certified but Operation theatre is not certified.
- There are only 33 medicines available at the facility but as the facility is a CHC there should be 119 items but the drug availability is extreme less. There is a delay in the supply of medicines and the implementation of DVDMS is still under process.
- X-ray service is available but it is not functional at the facility due to absence of technician.
- The labour room is small but no attached washroom is available. Only normal deliveries are being performed.
- The JSY payment is irregular as the funds are not released by the state on time resulting to which the backlog is piling up.
- Every 9th of every month, PMSMA services were provided to the beneficiaries by the district by timely monitoring from their history record, examination and investigating through the report.
- Proper line listing of high-risk pregnancies are being done at the facility. In addition, proper registers are maintained for births and deaths.
- With regards to family planning service, temporary methods have more acceptance than the permanent methods resulting to which no sterilization has been conducted in the last month. The family planning counselling is being done by the doctors and nurses who are available at the duty.
- There is availability of counsellor at the AFHC and in the last 6 months 177 adolescents have been counselled.
- There is a NCD clinic present and 3 days have been fixed for the screening and treatment purpose. A total of 2945 patients have been screened and majority of the cases were observed in hypertension (328) and diabetes (288)
- The facility is designated as DMC and on an average 10-20 patients have tested for TB with all the drugs available at facility.

- The **key challenges** that were highlighted by the officials of the facility are:
 - ✓ As against 14 sanctioned post for staff nurses, only 5 staff nurses have been deputed no posting has been done by the state for the same.
 - ✓ There is absence of X-ray and ultrasound technician resulting to which the machine is idle at the facility and the general public can't avail the service.
 - ✓ Despite many requests that have been appealed to the State Health Society, no block programme manager and finance manager have been posted.
 - ✓ There is irregular and insufficient funds for JSY, JSSK diet, NAS, and RKS
 - ✓ Due to space crunch the facility faces rendering proper effective services to the public.

4.2 Primary Health Centre-Health and Wellness Centre, Kalapahar

Figure 7:PHC-HWC,Kalapahar



The Primary Health Centre Kalapahar is converted into Health and Wellness Centre and caters to a population of 7000 inhabitants thereby covering 52 villages and 2 SC's with 51 ASHA's. Following are the key highlights that were observed during the monitoring took place:

- The average OPD of the facility was reported to be 10-20 cases per day during normal days and the delivery load of the facility in the last 6 months were 7 deliveries.
- The facility was well maintained and had 24*7 running water facility, had ramps for disability and elderly people, functional toilets are available, drinking water facility is available, there was ample amount of waiting area, drug storeroom with rack is available, power backup, and proper façade branding was observed.
- The facility is a 6 bedded facility and is as per the IPHS norms
- The list of services available at the facility are OPD, ANC, PNC, family planning, routine immunization, NCD screening etc. The delivery services are available on 24-hour clock whenever required without any hassles.
- The facility has no tele-medicine and consultation services available

- With regards to bio-medical waste management, sharp pits and deep burial pits are available at the facility.
- The facility is armed with 4 Medical officers,1 AYUSH MO,2 Staff Nurses,2 ANMs,2 Pharmacist, and 1 CHO. The CHO has been deployed but the training is still pending.
- There is no desktop available at the facility and non-functional tablets are with ANMs. All the data entry into the respective portal is being carried through their respective phones.
- The facility has received Kayakalp award in the year 2019-20 and scored around 86 percent and has even received the award money.
- In terms of diagnostics, the facility is running on PPP mode i.e., through “Kṛshna” Diagnostic and performs 20 tests such as Hb, LFT, HIV, VDRL, RBS, Lipid profile etc.
- Line listing of high-risk pregnancies are being done and in the last 3 months 6 normal deliveries have been conducted at the facility.
- In the last 3 months,43 new-borns have been immunized with birth dose at the facility.
- With regards to family planning, temporary methods such as condoms, oral pills, and copper-t are preferred than the permanent methods.As such no FP counsellor is available ANMs and MOs counsels for the same.
- There is non-availability of AFHC and fixed NCD clinic at the facility. The service provider is not trained with cancer service.
- In the last 6 months,32 individuals have been screened for hypertension of which 15 have been confirmed. Whereas,25 individuals have been screened for diabetes and 10 cases have been confirmed. No screening has been done for all the three cancers yet.
- Wellness activities were organized at the facility but this is at a halt for a quite a time due to COVID-19.
- Around 12 cases have been referred from SC to PHC Saikul in the last month and majorly all the cases were for ANC check-up.On the other,7 cases were referred by PHC Saikul to CHC Kangpokpi for suspected TB cases.

4.3 Primary Health Centre-Health and Wellness Centre, Saikul

Figure 8:PHC,Saikul



PHC-HWC Saikul covers the population of 35,000 due to vast geographical area and has 12 SC's which is highest in the Manipur. The reason of major population and SC's is because the facility is resided around 5 districts of the state resulting to which the population size is huge.

- The facility is a 6 bedded facility which is as per the IPHS norms. Before the pandemic, the average deliveries that were conducted were around 20-25 deliveries. However, after the pandemic, the deliveries have started decreasing as people have the fear of being infected.
- The building is running in a government building and was well maintained having 24*7 running water facility, clean functional toilets, drinking water facility, OPD waiting area, drug store room, and proper branding.
- The services readily available at the facility are OPD, IPD, emergency services, deliveries, NCD screening, COVID Vaccine.
- Sharp pits and deep burial pits are available for the biomedical waste management that is followed at the facility.
- The facility has 3 MOs, 2 Staff nurses, 4 ANMs, 1 Lab Technician, and 1 Pharmacist. There is one sanctioned post for AYUSH MO but the post lies vacant.
- The facility has been awarded kayakalp consecutively for 3 times with a facility score of 96.5 percent respectively.
- The assessment for NQAS has been done by the state and has scored of about 88.39 percent.
- The total number of drugs available on the day of the visit were 33 and the implementation of DVDMS has been implemented. There was shortage of 5 priority drugs at the facility namely Tablet Folic acid, IFA tablets, Calcium tablet etc. There was shortage of NCD drugs as well.
- In-house tests are being performed at the facility with 59 tests such as Hb, RBS, VDRL, Urine etc.
- In the last 3 months, 26 normal deliveries were conducted at the facility. Moreover, no maternal and child deaths have been reported in the last two years.
- In the last 3 months, 26 new-borns have been immunized with birth dose at the facility as well.
- Temporary methods such as condoms, OCP, Copper-T are preferred methods among the community members and the doctor which is readily available on duty counsels for the same.
- There is AFHC and a counsellor is also available at the facility. One day has been fixed for NCD Clinic.
- Majority of the cases that were screened in the last 6 months were for diabetes with 21 confirmed cases and 9 confirmed cases for hypertension.
- Once a month wellness activities were also performed at the facility i.e., before the pandemic.
- Around 8851 LLIN nets have been distributed by the facility in the high-risk areas.
- The payment status for JSY is still pending due to insufficient supply of funds i.e., 400 beneficiaries have still not received the payment.
- The facility has 1 ambulance which was donated by the local MLA of the area.

4.4 Sub-Centre-Health and Wellness Centre,Thangal Surung

Figure 9:SC-HWC,Thangal Surung



The Sub-Centre Thangal Surung has been upgraded into Health and Wellness Centre and has a population of 3033 with 13 villages covered by 13 ASHAs and 1 ANM. Following are the observations made by the team:

- The services available at the facility are Routine Immunization, NCD screening, OPD, ANC Check-ups, Home deliveries.
- The building is running in a government building and was well maintained having 24*7 running water facility, clean functional toilets, drinking water facility, OPD waiting area, drug store room, and proper branding.
- With regards to bio-medical waste management, as such there are no sharp pits and deep burial pits in the facility. All the waste is disposed in the nearby playground and burnt which is hazardous for the people residing there.
- The facility is armed with 1 CHO, 1 ANM, 13 ASHA workers, and 1 MPW Male worker.
- The CHOs and ANMs have electronic tablets with them but due to extreme remote area there is an internet and network issue resulting to which nothing can be uploaded on time.
- There are handful of drugs available at the facility on the day of the visit 4-5 basic drugs were present. There are no anti-TB drugs available at the SC and hence it is being referred to PHC Saikul which is at a distance of 5 kms.
- There is sufficient supply of testing kits and rapid diagnostic kits. Besides this, there is availability of BP instrument, thermometer, contraceptives, and glucometer.
- All the line listing of pregnant women is being done with proper identification of HRPs and MCP cards are duly filled. In addition, line listing of eligible couples are also being carried.
- No maternal and child deaths have been reported in the last 2 financial years.

- There is no availability of vaccines and hub cutter at the facility and ANMs are thoroughly aware about the vaccine schedule and open vial policy.
- Proper micro-plan is available and follow up is being done for SNCU discharge babies and LBW babies.
- There is availability of trained provider of IUCD/PPIUCD and temporary methods are being preferred by the community members.
- The number of individuals above 30 years in the HWC population stands at 2060 and 1118 CBAC forms have been filled in the last 6 months.
- The number of individuals who have scored below 4 are 1116 and only 2 individuals have scored 4 and above in the area.
- Universal screening of NCD has started and the treatment has initiated for HTN, DM, and others during the last 6 months. The source of getting drugs/medications is linked through PHC.
- Once in a month wellness activities have been performed in the facility
- There is availability of HBNC kits with the ASHAs and drug kits with adequate availability of PCM/IFA/Zinc/ORS
- Due to non-availability of funds, there is a time lag in the ASHA incentive.
- Once a month, Village Health & Sanitation days have been organized in the last 6 months which totals to 6 VHNSC.
- Total of 4 cases have been referred from SC-HWC to PHC in the last where in 2 cases were observed for diabetes and 2 cases for hypertension.
- The main key challenges of the facility were:
 - ✓ The facility needs renovation of the building due to lack of funds repairs can't be done.
 - ✓ One of the biggest concern, is "*internet connectivity and network issue*" as the facility is situated in one of the extreme remote areas of the district resulting to which majority of the data uploading is on hold.

4.5 Community Interaction

We conducted a "Focussed Group Discussion" 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 was to get valuable insights from the community members and to capture the challenges faced by them while availing the public health facilities and how better the services can be provided.

Figure 10:Community Interaction at Thangal Surung



4.5.1 Health Seeking Behaviour

On discussion with the community members of Thangal Surung it was highlighted that the preferred health facility amongst the members of the village were Primary Health Care Facility. The reason being most of them had meagre incomes to survive resulting to which they relied on SC-HWC, Thangal Surung or PHC Saikul. However, they could avail only basic services from the SC-HWC as they didn't availability of basic tests for diabetes (Sugar test) as well due to which they visit tertiary hospital in Imphal.

4.5.2 Lifestyle Practices

During the FGDs conducted in the village, the participants have cited that, the use of tobacco and alcohol is very much prevalent, which is consumed both by males and females due to climatic conditions. The consumption of such items is quite widespread amongst such community members of the district.

Whereas, on hygiene and sanitation front almost all household have in-home toilets in the village, so ODF is very rare. Besides this, the toilets that were constructed from their own expenses and no toilet was constructed from the scheme.

In terms of drinking water, the community members highlighted that the village has a perennial source of water but there is no reservoir for water conservation which is needed. Currently, they have hand-pumps installed and it is their main source of water. Furthermore, with regards to iodized salt "TATA Salt" was being used by the members of the village.

In terms of physical activity adolescents and children play football as it's the main sport in the area and are fond of playing. On the other hand, the main occupation of the villagers is farming and majority of the physical activity is being done during the farming and walking to the fields.

4.5.3 Accessibility to drugs, diagnostics, referral transport

On discussion with the community members, it was reported that mostly drugs were not available for non-communicable diseases specially for hypertension and diabetes. There is not adequate supply for this disease and it was even cited that due to irregular supply of medicines they have witnessed a change in the composition of the drugs resulting to ineffectiveness of the medicine.

However, Out-of-Pocket expenditure was for transport facility which costs around Rs.2000 to and fro depending on the facility they are visiting. Besides this, expenditure is also being done on drugs and at times on diagnostic service as well.

4.5.4 Behaviour of Health Care Providers

Participants have highlighted that in Thangal Surung, the available staff is good and does all the check up properly. In addition, they are not satisfied with the services that are being provided at SC -HWC, as only bleak services are being provided. Their only concern is that, it would be beneficial if all the services are being rendered at the nearby facility so that their OOP declines in terms of drugs or diagnostic as their economical condition is not up to the mark.

ASHAs are easily approachable by community members in the village. 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 PHC and pregnant women for ANC check-ups. Moreover, NCD screening is also being done and timely referral is being done at the HWC or PHC as per the need.

ASHAs reported that they visit door to door for counselling of adolescent girls related to sexual and reproductive wellness. IFA tablets and sanitary pads also distributed to girls through door-to-door visits by ASHAs during the lockdown.

5.CONCLUSION AND RECOMMENDATION

The Population Research Centre, Delhi undertook the monitoring of NHM Programme Implementation Plan in various states, wherein the team was expected to carry out the field visit of the state for quality checks and further improvement of the different components of NHM. This report explains the Monitoring and Evaluation findings of the Kangpokpi District of Manipur.

The following healthcare facilities in Kangpokpi were visited for Monitoring & Evaluation: DH/CHC Kangpokpi, PHC-HWC Kalapahar, PHC-HWC,Saikul, and SC-HWC,Thangal Surung. Besides visiting the facilities, the team even interacted with the beneficiaries and Focussed Group Discussion with ASHAs, ANMs, and local community members. A summary of our findings in the district is presented below:

The district is newly formed in the year and is yet to be operationalised by carrying out NHM activities. Currently, the district has 1 CHCs, 6 PHCs and 35SCs. With respect to transport, the district is equipped with only 1 ALS ambulance. However,102 is available but it is non-functional as of now. No mobile medical unit are also available in the district. There is a

vacancy for Medical Officers, Surgeons, OT Technician, Lab Technician, Allopathic Pharmacist, Staff Nurse, and CHOs.

After the roll out of NHM the district certainly had improved a lot. This was most visible on the maternal health front; wherein institutional deliveries had gone up drastically. NHM programmes also fuelled behaviour change in the common public who became aware of their rights. Quality of care had improved after proper infrastructure was built. However as mentioned by the officials that there much to be done in this regard but due to COVID there has been a diversion in some of the activities. It was cited by many health personnel that to manage the patient load there should be adequate infrastructure and manpower to handle the increasing load and crisis. Shortage of Human Resource led to delays in some major developments in the hospital.

It is important to note that the IECs were displayed in all facilities for timings of the facility, drug list, immunization, JSY, JSSK and many others. Colourful charts representing facility's monthly performance for immunisation and IUCD insertions were also displayed at the visited facilities.

On interaction with the community members various valuable insights were delivered from their end with respect to service delivery, their lifestyle practices, out-of-pocket expenditure incurred and preferability on type of facility visit. Based on the monitoring the following recommendations for improving the service delivery in the district are made:

- From the last few years, no recruitment has been done under NHM resulting to which the workers are over-burdened. The guidelines concerning the filling up of vacant positions must be issued and the positions must be filled so that the programmes can run efficiently and effectively and coordination amongst the officials can be observed.
- There is a dire need to improve the infrastructure of the facilities as space crunch has been observed in all the facilities visited. With the increasing population and services that are being delivered to the public there has to be expansion in the facilities.
- Timely release of funds should be done so that the existing backlogs of JSY and ASHA incentives can be done on time. Furthermore, salaries of various officials and health personnel should be done on time and amount should be reimbursed for the camps or trainings that were conducted to generate awareness amongst the workers.
- In order to reduce the numbers of home deliveries, more awareness should be made by the ASHA workers for institutional deliveries and timely incentives should be given as their lack of motivation amongst the frontline workers resulting to which the deliveries are either being done at home or are being done at private hospitals. This should be reduced at the earliest.
- There is under-reporting in the HMIS portal because of shortage of data managers in the district due to which the actual picture is not visible. Hence, district and block data managers should be deployed so that timely data can be updated without any errors and outliers.

- With regards to family planning, more awareness should be done for ANTARA as the acceptance rate is less in the district. In addition, the focus is more on temporary methods than permanent methods for that matter incentives can be set so that there is acceptability of such methods as well. Awareness about the same needs to be generated and a positive approach must be instilled among women with regards to the adoption of new methods.
- For far-flung areas, Medical Mobile Units should be initiated so that basic services can be availed by the inhabitants of Kangpokpi district and OOP can also be reduced who travel to Imphal for availing basic service.
- Adequate supply of non-communicable disease drugs should be distributed in the district with the same composition so that the treatment of hypertension and diabetes can be done effectively and efficiently.
- It was reported that several high-tech digital diagnosis and treatment machines were kept idle due to lack of training or required staff. Therefore, it is suggested that either training or dedicated manpower should be deployed for the diagnosis/treatment machines so that the purchased equipments can be used.
- More community awareness should be generated amongst the public about the side effects of tobacco and alcohol in the district as excessive consumption of both is being consumed. Hence, timely awareness should be done through outreach camps
- 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.
- Supervisory visits by CMO, DPM, etc. should be conducted at regular intervals to ensure adherence to the standards and norms with respect to various activities. This will bring the existing lacunae to the surface and streamline the redressal system. A systematic review may be conducted to understand the existing demand-supply gaps in public health facilities and must be timely rectify.



Ministry of Health & Family Welfare
Government of India



Schedule for PIP Monitoring

A. District Profile

Indicator	Remarks/ Observation			
1. Name of 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				
15. Estimated number of cataract surgeries to be conducted				
16. Mortality Indicators:	Previous year (2019-20)		Current FY (2020-21)	
	Estimated	Reported	Estimated	Reported
• Maternal Death				
• Child Death				
• Infant Death				
• Still birth				
• Deaths due to Malaria				
• Deaths due to sterilization procedure				
17. 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 <ul style="list-style-type: none"> • At DH • At SDH • At CHC 		
22. Institutions providing Comprehensive Abortion Care (CAC) services <ul style="list-style-type: none"> • Total no. of facilities • Providing 1st trimester services • Providing both 1st & 2nd trimester services 		

B. Overview: DHAP

Indicator	Remarks/ Observation
1. Whether the district has prepared any District Programme Implementation Plan (PIP) for current year and has submitted it to the states (verify)	
2. Whether the District has received the approved District Health Action Plan (DHAP) from the state (verify).	If yes, date of release_____
3. Date of first release of fund against DHAP	
4. Infrastructure: Construction Status <ul style="list-style-type: none"> • Details of Construction pending for more than 2 years • Details of Construction completed but not handed over 	

C. Service Availability

Indicator	Remarks/ Observation
1. Implementation of Free drugs services (if it is free for all)	
2. Implementation of diagnostic services (if it is free for all) <ul style="list-style-type: none"> • Number of lab tests notified 	
3. Status of delivery points <ul style="list-style-type: none"> • No. of SCs conducting >3 deliveries/month • No. of 24X7 PHCs conducting > 10 deliveries /month • No. of CHCs conducting > 20 deliveries /month • No. of DH/ District Women and child hospital conducting > 50 deliveries /month • No. of DH/ District Women and child hospital conducting C-section • No. of Medical colleges conducting > 50 deliveries per month • No. of Medical colleges conducting C-section 	
4. Number of institutes with ultrasound facilities (Public+Private) <ul style="list-style-type: none"> • Of these, how many are registered under PCPNDT act 	
5. Details of Pradhan Mantri Surakshit Matritva Abhiyan PMSMA activities performed	
6. RBSK <ul style="list-style-type: none"> • Total no. of RBSK teams sanctioned • No. of teams with all HR in-place (full-team) 	

Indicator	Remarks/ Observation	
<ul style="list-style-type: none"> No. of vehicles (on the road) for RBSK team 		
<ul style="list-style-type: none"> No. of Teams per Block 		
<ul style="list-style-type: none"> No. of block/s without dedicated teams 		
<ul style="list-style-type: none"> Average no of children screened per day per team 		
<ul style="list-style-type: none"> Number of children born in delivery points screened for defects at birth 		
7. Special Newborn Care Units (SNCU)		
<ul style="list-style-type: none"> Total number of beds <ul style="list-style-type: none"> In radiant warmer Stepdown care Kangaroo Mother Care (KMC) unit 		
<ul style="list-style-type: none"> Number of non-functional radiant warmer for more than a week 		
<ul style="list-style-type: none"> Number of non-functional phototherapy unit for more than a week 		
	Inborn	Out born
<ul style="list-style-type: none"> Admission 		
<ul style="list-style-type: none"> Defects at birth 		
<ul style="list-style-type: none"> Discharged 		
<ul style="list-style-type: none"> Referral 		
<ul style="list-style-type: none"> LAMA 		
<ul style="list-style-type: none"> Died 		
8. Newborn Stabilization Unit (NBSU)		
	Inborn	Out born
<ul style="list-style-type: none"> Admission 		
<ul style="list-style-type: none"> Discharged 		
<ul style="list-style-type: none"> Referral 		
<ul style="list-style-type: none"> LAMA 		
<ul style="list-style-type: none"> Died 		
9. Nutrition Rehabilitation Centers (NRC)		
<ul style="list-style-type: none"> Admission <ul style="list-style-type: none"> Bilateral pitting oedema MUAC<115 mm <'3SD WFH with Diarrhea ARI/ Pneumonia TB HIV Fever Nutrition related disorder Others 		
<ul style="list-style-type: none"> Referred by <ul style="list-style-type: none"> Frontline worker Self Ref from VCDC/ CTC RBSK Pediatric ward/ emergency 		
<ul style="list-style-type: none"> Discharged 		
<ul style="list-style-type: none"> Referral/ Medical transfer 		
<ul style="list-style-type: none"> LAMA 		
<ul style="list-style-type: none"> Died 		
10. Home Based Newborn Care (HBNC)		
<ul style="list-style-type: none"> Status of availability of HBNC kit with ASHAs 		
<ul style="list-style-type: none"> Newborns visited under HBNC 		
<ul style="list-style-type: none"> Status of availability of drug kit with ASHAs 		
11. Number of Maternal Death Review conducted		
<ul style="list-style-type: none"> Previous year 		
<ul style="list-style-type: none"> Current FY 		
12. Number of Child Death Review conducted		
<ul style="list-style-type: none"> Previous year 		

Indicator	Remarks/ Observation	
<ul style="list-style-type: none"> Current FY 		
13. Number of blocks covered under Peer Education (PE) programme		
14. No. of villages covered under PE programme		
15. No. of PE selected		
16. No. of Adolescent Friendly Clinic (AFC) meetings held		
17. Weekly Iron Folic Acid Supplementation (WIFS) stockout		
18. No. of Mobile Medical Unit (MMU) (on the road) and micro-plan		
<ul style="list-style-type: none"> No. of trips per MMU per month 		
<ul style="list-style-type: none"> No. of camps per MMU per month 		
<ul style="list-style-type: none"> No. of villages covered 		
<ul style="list-style-type: none"> Average number of OPD per MMU per month 		
<ul style="list-style-type: none"> Average no. of lab investigations per MMU per month 		
<ul style="list-style-type: none"> Avg. no. of X-ray investigations per MMU per month 		
<ul style="list-style-type: none"> Avg. no. of blood smears collected / Rapid Diagnostic Tests (RDT) done for Malaria, per MMU per month 		
<ul style="list-style-type: none"> Avg. no. of sputum collected for TB detection per MMU per month 		
<ul style="list-style-type: none"> Average Number of patients referred to higher facilities 		
<ul style="list-style-type: none"> Payment pending (if any) If yes, since when and reasons thereof 		
19. Vehicle for Referral Transport		
<ul style="list-style-type: none"> No. of Basic Life Support (BLS) (on the road) and their distribution 		
<ul style="list-style-type: none"> No. of Advanced Life Support (ALS) (on the road) and their distribution 		
	ALS	BLS
<ul style="list-style-type: none"> Operational agency (State/ NGO/ PPP) 		
<ul style="list-style-type: none"> If the ambulances are GPS fitted and handled through centralized call centre 		
<ul style="list-style-type: none"> Average number of calls received per day 		
<ul style="list-style-type: none"> Average number of trips per ambulance per day 		
<ul style="list-style-type: none"> Average km travelled per ambulance per day 		
<ul style="list-style-type: none"> Key reasons for low utilization (if any) 		
<ul style="list-style-type: none"> No. of transport vehicle/102 vehicle (on the road) 		
<ul style="list-style-type: none"> If the vehicles are GPS fitted and handled through centralized call centre 		
<ul style="list-style-type: none"> Average number of trips per ambulance per day 		
<ul style="list-style-type: none"> Average km travelled per ambulance per day 		
<ul style="list-style-type: none"> Key reasons for low utilization (if any) 		
20. Universal health screening		
<ul style="list-style-type: none"> If conducted, what is the target population 		
<ul style="list-style-type: none"> Number of Community Based Assessment Checklist (CBAC) forms filled till date 		
<ul style="list-style-type: none"> No. of patients screened, diagnosed, and treated for: <ul style="list-style-type: none"> Hypertension Diabetes 		

Indicator	Remarks/ Observation		
<ul style="list-style-type: none"> ○ Oral cancer ○ Breast Cancer ○ Cervical cancer 			
21. If State notified a State Mental Health Authority			
22. If grievance redressal mechanism in place			
<ul style="list-style-type: none"> • Whether call center and toll-free number available 			
<ul style="list-style-type: none"> • Percentage of complains resolved out of the total complains registered in current FY 			
23. If Mera-aaspatal has been implemented			
24. Payment status:	No. of beneficiaries	Backlog	DBT status
<ul style="list-style-type: none"> • JSY beneficiaries 			
<ul style="list-style-type: none"> • ASHA payment: 			
<ul style="list-style-type: none"> ○ A- Routine and recurring at increased rate of Rs. 2000 pm 			
<ul style="list-style-type: none"> ○ B- Incentive under NTEP 			
<ul style="list-style-type: none"> ○ C- Incentives under NLEP 			
<ul style="list-style-type: none"> • Payment of ASHA facilitators as per revised norms (of a minimum of Rs. 300 per visit) 			
<ul style="list-style-type: none"> • Patients incentive under NTEP programme 			
<ul style="list-style-type: none"> • Provider's incentive under NTEP programme 			
<ul style="list-style-type: none"> • FP compensation/ incentive 			
25. Implementation of Integrated Disease Surveillance Programme (IDSP)			
<ul style="list-style-type: none"> • If Rapid Response Team constituted, what is the composition of the team 			
<ul style="list-style-type: none"> • No. of outbreaks investigated in previous year and in current FY 			
<ul style="list-style-type: none"> • How is IDSP data utilized 			
<ul style="list-style-type: none"> • Proportion (% out of total) of Pvt health facilities reporting weekly data of IDSP 			
26. Implementation of National Vector Borne Disease Control Programme (NVBDCP)			
<ul style="list-style-type: none"> • Micro plan and macro plan available at district level 			
<ul style="list-style-type: none"> • Annual Blood Examination Rate 			
<ul style="list-style-type: none"> • Reason for increase/ decrease (trend of last 3 years to be seen) 			
<ul style="list-style-type: none"> • LLIN distribution status 			
<ul style="list-style-type: none"> • IRS 			
<ul style="list-style-type: none"> • Anti-larval methods 			
<ul style="list-style-type: none"> • Contingency plan for epidemic preparedness 			
<ul style="list-style-type: none"> • Weekly epidemiological and entomological situations are monitored 			
<ul style="list-style-type: none"> • No. of MDR rounds observed 			
<ul style="list-style-type: none"> • No. of districts achieved elimination status for Lymphatic Filariasis i.e. mf rate <1% 			
27. Implementation of National Tuberculosis Elimination Programme (NTEP)			
<ul style="list-style-type: none"> • Target TB notification achieved 			
<ul style="list-style-type: none"> • 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 _____		
<ul style="list-style-type: none"> • Eligible TB patients with UDST testing 			
<ul style="list-style-type: none"> • Whether drugs for both drug sensitive and drug resistance TB available 			
<ul style="list-style-type: none"> • Patients notification from public sector 	No of patients notified: Treatment success rate: No. of MDR TB Patients: Treatment initiation among MDR TB patients:		
<ul style="list-style-type: none"> • Patients notification from private sector 	No of patients notified:		

Indicator	Remarks/ Observation
	Treatment success rate: No. of MDR TB Patients: Treatment initiation among MDR TB patients:
<ul style="list-style-type: none"> Beneficiaries paid under Nikshay Poshan Yojana 	
<ul style="list-style-type: none"> Active Case Finding conducted as per planned for the year 	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
28. Implementation of National Leprosy Eradication Programme (NLEP)	
<ul style="list-style-type: none"> No. of new cases detected 	
<ul style="list-style-type: none"> No. of G2D cases 	
<ul style="list-style-type: none"> MDT available without interruption 	
<ul style="list-style-type: none"> Reconstructive surgery for G2D cases being conducted 	
<ul style="list-style-type: none"> MCR footwear and self-care kit available 	
29. Number of treatment sites and Model Treatment Center (MTC) for viral hepatitis	
30. Percent of health workers immunized against Hep B	
31. Key activities performed in current FY as per ROP under National Fluorosis Control Programme	
32. Key activities performed in current FY as per ROP under National Iron Deficiency Disorders Control Programme	
33. Key activities performed in current FY as per ROP under National Tobacco Control Programme	
34. Number of ASHAs <ul style="list-style-type: none"> Required as per population Selected No. of ASHAs covering more than 1500 (rural)/ 3000 (urban) population No. of villages/ slum areas with no ASHA 	
35. Status of social benefit scheme for ASHAs and ASHA Facilitators (if available) <ul style="list-style-type: none"> No. of ASHAs enrolled for Pradhan Mantri Jeevan Jyoti Bima Yojana (PMJJBY) No. of ASHA Facilitator enrolled for Pradhan Mantri Jeevan Jyoti Bima Yojana (PMJJBY) No. of ASHAs enrolled for Pradhan Mantri Suraksha Bima Yojana (PMSBY) No. of ASHA Facilitators enrolled for Pradhan Mantri Suraksha Bima Yojana (PMSBY) No. of ASHAs enrolled for Pradhan Mantri Shram Yogi Maandhan Yojana (PMSYMY) No. of ASHA Facilitators enrolled for Pradhan Mantri Shram Yogi Maandhan Yojana (PMSYMY) Any other state specific scheme_____ 	
36. Status of Mahila Arogya Samitis (MAS)- <ol style="list-style-type: none"> Formed Trained MAS account opened 	
37. Status of Village Health Sanitation and Nutrition Committee (VHSNC) <ol style="list-style-type: none"> Formed Trained MAS account opened 	
38. Number of facilities quality certified	
39. Status of Kayakalp and Swachh Swasth Sarvatra (SSS)	
40. Activities performed by District Level Quality Assurance Committee (DQAC)	

Indicator	Remarks/ Observation			
41. Recruitment for any staff position/ cadre conducted at district level				
42. Details of recruitment	Previous year (2019-20)		Current FY (2020-21)	
	Regular cadre	NHM	Regular cadre	NHM
• Total no. of posts vacant at the beginning of FY				
• Among these, no. of posts filled by state				
• Among these, no. of posts filled at district level				
43. If state has comprehensive (common for regular and contractual HR) Human Resource Information System (HRIS) in place				

D. Implementation of CPHC

Status as on: _____

Indicator	Planned	Completed
1. Number of individuals enumerated		
2. Number of CBAC forms filled		
3. Number of HWCs started NCD screening: a. SHC- HWC b. PHC- HWC c. UPHC – HWC		
4. Number of individuals screened for: a. Hypertension b. Diabetes c. Oral Cancer d. Breast Cancer e. Cervical Cancer		
5. Number of HWCs providing Teleconsultation services		
6. Number of HWCs organizing wellness activities		

E. 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			

<ul style="list-style-type: none"> • AYUSH Pharmacist 				
2. Performance of EMOC/ LSAS trained doctors	Trained	Posted in FRU	Performing C-section	
<ul style="list-style-type: none"> • LSAS trained doctors 				
<ul style="list-style-type: none"> • EmOC trained doctors 				

F. State of Fund Utilization

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

Status of Expenditure as on: _____ to _____

Indicator	Budget Released (in lakhs)	Budget utilized (in lakhs)	Reason for low utilization (if less than 60%)
19. FMR 1: Service Delivery: Facility Based			
20. FMR 2: Service Delivery: Community Based			
21. FMR 3: Community Intervention			
22. FMR 4: Untied grants			
23. FMR 5: Infrastructure			
24. FMR 6: Procurement			
25. FMR 7: Referral Transport			
26. FMR 8: Human Resource (Service Delivery)			
27. FMR 9: Training			
28. FMR 10: Review, Research and Surveillance			
29. FMR 11: IEC-BCC			
30. FMR 12: Printing			
31. FMR 13: Quality			
32. FMR 14: Drug Warehouse & Logistic			
33. FMR 15: PPP			
34. FMR 16: Programme Management			
<ul style="list-style-type: none"> • FMR 16.1: PM Activities Sub Annexure 			
35. FMR 17: IT Initiatives for Service Delivery			
36. FMR 18: Innovations			

Programme Wise

Status of Expenditure as on: _____ to _____

Indicator	Budget Released (in lakhs)	Budget utilized (in lakhs)	Reason for low utilization (if less than 60%)
1. RCH and Health Systems Flexipool			
<ul style="list-style-type: none"> • Maternal Health 			
<ul style="list-style-type: none"> • Child Health 			
<ul style="list-style-type: none"> • RBSK 			
<ul style="list-style-type: none"> • Family Planning 			
<ul style="list-style-type: none"> • RKSK/ Adolescent health 			
<ul style="list-style-type: none"> • PC-PNDT 			
<ul style="list-style-type: none"> • Immunization 			
<ul style="list-style-type: none"> • Untied Fund 			

Indicator	Budget Released (in lakhs)	Budget utilized (in lakhs)	Reason for low utilization (if less than 60%)
• Comprehensive Primary Healthcare (CPHC)			
• Blood Services and Disorders			
• Infrastructure			
• ASHAs			
• HR			
• Programme Management			
• MMU			
• Referral Transport			
• Procurement			
• Quality Assurance			
• PPP			
• NIDDCP			
2. NUHM			
3. Communicable Diseases Pool			
• Integrated Disease Surveillance Programme (IDSP)			
• National Vector Borne Disease Control Programme (NVBDCP)			
• National Leprosy Eradication Programme (NLEP)			
• National TB Elimination Programme (NTEP)			
4. Non-Communicable Diseases Pool			
• National Program for Control of Blindness and Vision Impairment (NPCB+VI)			
• National Mental Health Program (NMHP)			
• National Programme for Health Care for the Elderly (NPHCE)			
• National Tobacco Control Programme (NTCP)			
• National Programme for Prevention and Control of Diabetes, Cardiovascular Disease and Stroke (NPCDCS)			
• National Dialysis Programme			
• National Program for Climate Change and Human Health (NPCCHH)			
• National Oral health programme (NOHP)			
• National Programme on palliative care (NPPC)			
• National Programme for Prevention and Control of Fluorosis (NPPCF)			
• National Rabies Control Programme (NRCP)			
• National Programme for Prevention and Control of Deafness (NPPCD)			
• National programme for			

Indicator	Budget Released (in lakhs)	Budget utilized (in lakhs)	Reason for low utilization (if less than 60%)
Prevention and Management of Burn & Injuries			
<ul style="list-style-type: none"> Programme for Prevention and Control of Leptospirosis (PPCL) 			

G. 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.		



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

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

Indicator	Remarks/ Observation		
1. OPD Timing			
2. Condition of infrastructure/ building Please comment on the condition and tick the appropriate box	Comments: <input type="checkbox"/> 24*7 running water facility <input type="checkbox"/> Facility is geriatric and disability friendly (ramps etc.) <input type="checkbox"/> Clean functional toilets available (separate for Male and female) <input type="checkbox"/> Drinking water facility available <input type="checkbox"/> OPD waiting area has sufficient sitting arrangement <input type="checkbox"/> ASHA rest room is available <input type="checkbox"/> Drug storeroom with rack is available Power backup: <input type="checkbox"/> Complete Hospital/ <input type="checkbox"/> Part of the hospital Last major renovation done in (Year): _____		
3. Number of functional in-patient beds	_____ No of ICU Beds available:		
4. List of Services available			
<ul style="list-style-type: none"> 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	

Indicator	Remarks/ Observation				
	5	Anesthesiology			
	6	Ophthalmology			
	7	Dental			
	8	Imaging Services (X – ray)			
	9	Imaging Services (USG)			
	10	District Early Intervention Centre (DEIC)			
	11	Nutritional Rehabilitation Centre (NRC)			
	12	SNCU/ Mother and Newborn Care Unit (MNCU)			
	13	Comprehensive Lactation Management Centre (CLMC) / Lactation Management Unit (LMU)			
	14	Neonatal Intensive Care Unit (NICU)			
	15	Pediatric Intensive Care Unit (PICU)			
	16	Labour Room Complex			
	17	ICU			
	18	Dialysis Unit			
	19	Emergency Care			
	20	Burn Unit			
	21	Teaching block (medical, nursing, paramedical)			
	22	Skill Lab			
5. Emergency	General emergency: or facilities available for: 1. Triage 2. Resuscitation 3. Stabilization				
6. Tele-medicine/Consultation services available	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, average case per day _____				
7. Operation Theatre available	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, Single general OT: Elective OT-Major (General): Elective OT-Major (Ortho): Obstetrics & Gynecology OT: Ophthalmology/ENT OT: Emergency OT:				
8. Availability of functional Blood Bank	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, number of units of blood currently available: _____ No. of blood transfusions done in last month: _____				
9. Whether blood is issued free, or user-fee is being charged	<input type="checkbox"/> Free for BPL <input type="checkbox"/> Free for elderly <input type="checkbox"/> Free for JSSK beneficiaries <input type="checkbox"/> Free for all				
10. Biomedical waste management practices	1. Sharp pit 2. Deep Burial pit 3. Incinerator 4. Using Common Bio Medical Treatment plant 5.				
11. Details of HR available in the facility (Sanctioned and In-place)	HR		San.	Reg.	Cont.
	MO (MBBS)				
	Specialists	Medicine			
		ObGy			

Indicator	Remarks/ Observation			
		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		
12. IT Services	<ul style="list-style-type: none"> 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: _____			
13. Kayakalp	Initiated: _____ score: _____ Facility _____ Award received: _____			
14. NQAS	Assessment done: _____ Internal/State score: _____ Facility _____ Certification Status: _____			
15. LaQshya	Labour Room: _____ Operation Theatre: _____			
16. Availability of list of essential medicines (EML)/ drugs (EDL)	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, total number of drugs in EDL _____ EDL displayed in OPD Area: <input type="checkbox"/> Yes/ <input type="checkbox"/> No No. of drugs available on the day of visit (out of the EDL) _____			
17. Implementation of DVDMS or similar supply chain management system	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If other, which one _____			
18. Shortage of 5 priority drugs from EDL in last 30 days, if any	1			
	2			
	3			
	4			
	5			
19. Availability of Essential Consumables:	<input type="checkbox"/> Sufficient <input type="checkbox"/> Minimal <input type="checkbox"/> Acute shortage List the consumables for with there was shortage In last 6 months how many times there was shortage _____ Supply Shortage			
20. Availability of essential diagnostics	<input type="checkbox"/> In-house <input type="checkbox"/> Outsourced/ <input type="checkbox"/> Both/ Mixed PPP			
<ul style="list-style-type: none"> In-house tests (For 2020-21) 	Timing: Total number of tests performed: _____ Details of tests performed:			
<ul style="list-style-type: none"> Outsourced/ PPP (For 2020-21) 	Timing: Total number of tests performed: _____			

Indicator	Remarks/ Observation
	Details of tests performed:
21. X-ray services is available	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If Yes, type & nos. of functional X-ray machine is available in the hospital: Is the X-ray machine AERB certified: <input type="checkbox"/> Yes/ <input type="checkbox"/> No
22. CT scan services available	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes: <input type="checkbox"/> In-house/ <input type="checkbox"/> PPP Out of Pocket expenditures associated with CT Scan services (if any, approx. amount per scan): _____
23. Whether diagnostic services (lab, X-ray, USG etc.) are free for all	<input type="checkbox"/> Free for BPL <input type="checkbox"/> Free for elderly <input type="checkbox"/> Free for JSSK beneficiaries <input type="checkbox"/> Free for all
24. Availability of Testing kits/ Rapid Diagnostic Kits	<input type="checkbox"/> Sufficient <input type="checkbox"/> Minimal <input type="checkbox"/> Acute shortage Supply Shortage
25. Implementation of PM-National Dialysis programme	<input type="checkbox"/> Yes/ <input type="checkbox"/> No <input type="checkbox"/> In-house <input type="checkbox"/> Outsourced/ PPP Total number of tests performed: _____
<ul style="list-style-type: none"> 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
<ul style="list-style-type: none"> Number of patients provided dialysis service (for 2020-21) 	<ul style="list-style-type: none"> o Previous year_____ o Current FY_____ <i>*Calculate the approximate no. of patients provided dialysis per day</i>
26. If there is any shortage of major instruments/ equipment (List the Equipments)	
27. Average downtime of equipment. Details of equipment are nonfunctional for more than 7 days	
28. Availability of delivery services	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
<ul style="list-style-type: none"> 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: _____
<ul style="list-style-type: none"> Comment on the condition of: 	Labour room: OT: Functional New-born care corner (functional radiant warmer with neonatal ambu bag): <input type="checkbox"/> Yes/ <input type="checkbox"/> No
29. Status of JSY payments	Payment is up to date: <input type="checkbox"/> Yes/ <input type="checkbox"/> No Average delay: Payment done till: Reasons for delay:

Indicator	Remarks/ Observation
30. Availability of JSSK entitlements	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, whether all entitlements being provided <input type="checkbox"/> Free delivery services (Normal delivery/ C-section) <input type="checkbox"/> Free diet <input type="checkbox"/> Free drugs and consumables <input type="checkbox"/> Free diagnostics <input type="checkbox"/> Free blood services <input type="checkbox"/> Free referral transport (home to facility) <input type="checkbox"/> Free referral transport (drop back from facility to home) <input type="checkbox"/> No user charges
31. PMSMA services provided on 9 th of every month	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, how are high risks identified on 9 th ? If No, reasons thereof:
32. Line listing of high-risk pregnancies	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
33. Practice related to Respectful Maternity Care	
34. Whether facility have registers for entering births and deaths	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
35. Number of Maternal Death reported in the facility	Previous year: Current year:
36. Number of Child Death reported in the facility	Previous year: Current year:
37. If Comprehensive Abortion Care (CAC) services available	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
38. Availability of vaccines and hub cutter	<input type="checkbox"/> Yes/ <input type="checkbox"/> No Nurses/ ANM aware about open vial policy: <input type="checkbox"/> Yes/ <input type="checkbox"/> No
39. Number of newborns immunized with birth dose at the facility in last 3 months	
40. Newborns breastfed within one hour of birth (observe if practiced and women are being counselled)	
41. Status of functionality of DEIC	<input type="checkbox"/> Fully functional with all staff in place <input type="checkbox"/> Functional with few vacancies (approx. 20%-30%) <input type="checkbox"/> Functional with more than 50% vacancies <input type="checkbox"/> Not functional/ All posts vacant
42. Number of sterilizations performed in last one month	
43. Availability of trained provider for IUCD/ PPIUCD	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
44. Who counsels on FP services?	
45. Please comment on utilization of other FP services	
46. FPLMIS has been implemented	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
47. Availability of functional Adolescent Friendly Health Clinic	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, who provides counselling to adolescents: _____ Separate male and female counselors available: <input type="checkbox"/> Yes/ <input type="checkbox"/> No Total No of Adolescents counseled in last 6 months _____
48. Whether facility has fixed day	<input type="checkbox"/> Yes/ <input type="checkbox"/> No

Indicator	Remarks/ Observation		
NCD clinic	If Yes, how many days in a week: _____ days		
49. Are service providers trained in cancer services?	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
50. Number of individuals screened for the following in last 6 months:	Screened		Confirmed
	a. Hypertension		
	b. Diabetes		
	c. Oral Cancer		
	d. Breast Cancer		
51. Whether reporting weekly data in P, S and L form under IDSP	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
1. Status of TB elimination programme	Facility is designated as Designated Microscopy Centre (DMC): <input type="checkbox"/> Yes/ <input type="checkbox"/> No		
	If yes, percent of OPD whose samples were tested for TB (microscopy) in last 6 month (average) _____		
	If anti-TB drugs available at the facility: <input type="checkbox"/> Yes/ <input type="checkbox"/> No		
	If yes, are there any patients currently taking anti-TB drugs from the facility: <input type="checkbox"/> Yes/ <input type="checkbox"/> No		
	Availability of CBNAAT/ TruNat: <input type="checkbox"/> Yes/ <input type="checkbox"/> No		
	Percent of patients tested through CBNAAT/TruNat for Drug resistance in the last 6 months _____		
	Are all TB patients tested for HIV? <input type="checkbox"/> Yes/ <input type="checkbox"/> No		
Are all TB patients tested for Diabetes Mellitus: <input type="checkbox"/> Yes/ <input type="checkbox"/> No			
52. Maintenance of records on	Percent of TB Patients for whom DBT installments have been initiated under Nikshay Poshan Yojana in the last 6 months: _____		
	<ul style="list-style-type: none"> • TB Treatment Card cases (both for drug sensitive and drug resistant cases): <input type="checkbox"/>Yes/ <input type="checkbox"/>No 		
	<ul style="list-style-type: none"> • TB Notification Registers: <input type="checkbox"/>Yes/ <input type="checkbox"/>No 		
	<ul style="list-style-type: none"> • Malaria cases: <input type="checkbox"/>Yes/ <input type="checkbox"/>No 		
	<ul style="list-style-type: none"> • Palliative cases: <input type="checkbox"/>Yes/ <input type="checkbox"/>No 		
	<ul style="list-style-type: none"> • Cases related to Dengue and Chikungunya: <input type="checkbox"/>Yes/ <input type="checkbox"/>No 		
	<ul style="list-style-type: none"> • Leprosy cases: <input type="checkbox"/>Yes/ <input type="checkbox"/>No 		
53. 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)		
54. 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		
55. Frequency of RKS meeting (check and obtain minutes of last meeting held)			
2. Availability of ambulance services in the area	<input type="checkbox"/> Own ambulance available (Number)_____		
	<input type="checkbox"/> DH/ SDH has contracted out ambulance services (Number)_____		
	<input type="checkbox"/> Ambulances services with Centralized call centre <input type="checkbox"/> Government ambulance services are not available Comment (if any):		

Indicator	Remarks/ Observation
<ul style="list-style-type: none"> How many cases from CHC, PHC, SC, referred to in last month? 	Number: CHC PHC SC Types of cases referred in:
<ul style="list-style-type: none"> How many cases were referred out last month? 	Number: Types of cases referred out:
3. Key challenges in the facility and the root causes	
Challenge	Root causes
a)	
b)	
c)	
d)	
e)	



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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	
4. OPD Timing			
5. Whether the facility is functioning in PPP mode		<input type="checkbox"/> Yes/ <input type="checkbox"/> No	
6. Condition of infrastructure/ building Please comment on the condition and tick the appropriate box		Comments: <input type="checkbox"/> 24*7 running water facility <input type="checkbox"/> Facility is geriatric and disability friendly (ramps etc.) <input type="checkbox"/> Clean functional toilets available (separate for Male and female) <input type="checkbox"/> Drinking water facility available <input type="checkbox"/> OPD waiting area has sufficient sitting arrangement <input type="checkbox"/> ASHA rest room is available <input type="checkbox"/> Drug storeroom with rack is available Power backup: <input type="checkbox"/> Complete Hospital/ <input type="checkbox"/> Part of the hospital	
7. Number of functional in-patient beds			
8. List of Services available			
<ul style="list-style-type: none"> 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	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 or facilities 1. 2. 3. Stabilization		emergency: available for: Triage Resuscitation	
9. Tele-medicine/Consultation services available	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, average case per day _____			
10. Operation Theatre available	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, Major: Minor:			
11. Availability of functional Blood Storage Unit	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, number of units of blood currently available: _____ No. of blood transfusions done in last month: _____			
12. Whether blood is issued free, or user-fee is being charged	<input type="checkbox"/> Free for BPL <input type="checkbox"/> Free for elderly <input type="checkbox"/> Free for JSSK beneficiaries <input type="checkbox"/> Free for all			
13. Biomedical waste management practices	Sharp pit: Deep Burial pit: Other System, if any:			
14. Details of HR available in the facility (Sanctioned and In-place)	HR		San.	Reg.
	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				
15. 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: _____			
16. Kayakalp	Initiated: Facility Award received:		score:	
17. NQAS	Assessment Facility Certification Status:		done:	Internal/State score:
18. LaQshya	Labour Room: Operation Theatre:			
19. Availability of list of essential	<input type="checkbox"/> Yes/ <input type="checkbox"/> No			

medicines (EML)/ drugs (EDL)	If yes, total number of drugs in EDL _____ EDL displayed in OPD Area: <input type="checkbox"/> Yes/ <input type="checkbox"/> No No. of drugs available on the day of visit (out of the EDL) _____	
20. Implementation of DVDMS or similar supply chain management system	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If other, which one _____	
21. Shortage of 5 priority drugs from EDL in last 30 days, if any	1	
	2	
	3	
	4	
	5	
22. Availability of Essential Consumables:	<input type="checkbox"/> Sufficient <input type="checkbox"/> Minimal <input type="checkbox"/> Acute shortage In last 6 months how many times there was shortage _____ List the consumables for which there has been shortage _____	Supply Shortage
23. Availability of essential diagnostics	<input type="checkbox"/> In-house <input type="checkbox"/> Outsourced/ <input type="checkbox"/> Both/ Mixed	PPP
• In-house tests (for 2020-21)	Timing: Total number of tests performed: _____ Details of tests performed:	
• Outsourced/ PPP (for 2020-21)	Timing: Total number of tests performed: _____ Details of tests performed:	
24. X-ray services is available	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If Yes, type & nos. of functional X-ray machine is available in the hospital: Is the X-ray machine AERB certified: <input type="checkbox"/> Yes/ <input type="checkbox"/> No	
25. Whether diagnostic services (lab, X-ray, USG etc.) are free for all	<input type="checkbox"/> Free for BPL <input type="checkbox"/> Free for elderly <input type="checkbox"/> Free for JSSK beneficiaries <input type="checkbox"/> Free for all	
26. Availability of Testing kits/ Rapid Diagnostic Kits	<input type="checkbox"/> Sufficient <input type="checkbox"/> Minimal <input type="checkbox"/> Acute shortage (List the name of kits for which there is shortage)	Supply Shortage
27. If there is any shortage of major instruments/ equipment (List the Name of Equipment)		
28. Average downtime of equipment. Details of equipment are nonfunctional for more than 7 days		
29. Availability of delivery services	<input type="checkbox"/> Yes/ <input type="checkbox"/> No	

<ul style="list-style-type: none"> 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: _____
<ul style="list-style-type: none"> Comment on condition of: 	Labour room: OT: Functional New-born care corner (functional radiant warmer with neonatal ambu bag): <input type="checkbox"/> Yes/ <input type="checkbox"/> No
30. Status of JSY payments	Payment is up to date: <input type="checkbox"/> Yes/ <input type="checkbox"/> No Average delay: Payment done till: Reasons for delay:
31. Availability of JSSK entitlements	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, whether all entitlements being provided <input type="checkbox"/> Free delivery services (Normal delivery/ C-section) <input type="checkbox"/> Free diet <input type="checkbox"/> Free drugs and consumables <input type="checkbox"/> Free diagnostics <input type="checkbox"/> Free blood services <input type="checkbox"/> Free referral transport (home to facility) <input type="checkbox"/> Free referral transport (drop back from facility to home) <input type="checkbox"/> No user charges
32. PMSMA services provided on 9 th of every month	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, how are high risks identified on 9 th ? If No, reasons thereof:
33. Line listing of high-risk pregnancies	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
34. Practice related to Respectful Maternity Care	
35. Whether facility have registers for entering births and deaths	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
36. Number of Maternal Death reported in the facility	Previous year: 2019-20 ____ Current year: 2020-21 __
37. Number of Child Death reported in the facility	Previous year: Current year:
38. If Comprehensive Abortion Care (CAC) services available	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
39. Availability of vaccines and hub cutter	<input type="checkbox"/> Yes/ <input type="checkbox"/> No Nurses/ ANM aware about open vial policy: <input type="checkbox"/> Yes/ <input type="checkbox"/> No
40. Number of newborns immunized with birth dose at the facility in last 3 months	
41. Newborns breastfed within one hour of birth (observe if practiced and women are being counselled)	
42. Number of sterilizations performed in last one month	Male__ Female____
43. Availability of trained provider for IUCD/ PPIUCD	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
44. Who counsels on FP services?	

45. Please comment on utilization of other FP services			
46. FPLMIS has been implemented	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
47. Availability of functional Adolescent Friendly Health Clinic	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, who provides counselling to adolescents: _____ Separate male and female counselors available: <input type="checkbox"/> Yes/ <input type="checkbox"/> No Number of Adolescents counseled in last 6 months _____		
48. Whether facility has fixed day NCD clinic	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If Yes, how many days in a week: _____ days		
49. Are service providers trained in cancer services?	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
50. Number of individuals screened for the following in last 6 months:		Screened	Confirmed
	a. Hypertension		
	b. Diabetes		
	c. Oral Cancer		
	d. Breast Cancer		
	e. Cervical Cancer		
51. Are service providers trained in cancer services?	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
52. Whether reporting weekly data in P, S and L form under IDSP	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
53. Status of TB elimination programme	Facility is designated as Designated Microscopy Centre (DMC): <input type="checkbox"/> Yes/ <input type="checkbox"/> No		
	If yes, percent of OPD whose samples were tested for TB (microscopy) in last 6 month (average) _____		
	If anti-TB drugs available at the facility: <input type="checkbox"/> Yes/ <input type="checkbox"/> No		
	If yes, are there any patients currently taking anti-TB drugs from the facility: <input type="checkbox"/> Yes/ <input type="checkbox"/> No		
	Percent of patients tested through CBNAAT/TruNat for Drug resistance in the last 6 months _____		
	Is there a sample transport mechanism in place for:		
	<ul style="list-style-type: none"> • 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:		
54. Status on Leprosy eradication programme	Nos. of new case detected by Field Worker in last 12 months: Out of those, how many are having Gr. II deformity: Frequency of Community Surveillance:		
55. Maintenance of records on	<ul style="list-style-type: none"> • TB Treatment Card cases (both for drug sensitive and drug resistant cases): <input type="checkbox"/>Yes/ <input type="checkbox"/>No • TB Notification Registers: <input type="checkbox"/>Yes/ <input type="checkbox"/>No • Malaria cases: <input type="checkbox"/>Yes/ <input type="checkbox"/>No • Palliative cases: <input type="checkbox"/>Yes/ <input type="checkbox"/>No • Cases related to Dengue and Chikungunya: <input type="checkbox"/>Yes/ <input type="checkbox"/>No • Leprosy cases: <input type="checkbox"/>Yes/ <input type="checkbox"/>No 		
56. How much fund was received and utilized by the facility under NHM?	Fund Received last year:		
	Fund utilized last year:		
	Items/ Activities whose expenditure is met out of the RKS/ Untied Fund regularly:		
	Reasons for underutilization of fund (if any)		

57. Status of data entry in (match with physical records)	HMIS: <input type="checkbox"/> Updated/ <input type="checkbox"/> Not updated MCTS: <input type="checkbox"/> Updated/ <input type="checkbox"/> Not updated IHIP: <input type="checkbox"/> Updated/ <input type="checkbox"/> Not updated HWC Portal: <input type="checkbox"/> Updated/ <input type="checkbox"/> Not updated Nikshay Portal: <input type="checkbox"/> Updated/ <input type="checkbox"/> Not updated
58. Frequency of RKS meeting (check and obtain minutes of last meeting held)	
59. Availability of ambulance services in the area	<input type="checkbox"/> CHC own ambulance available 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):
<ul style="list-style-type: none"> How many cases from sub centre/ PHC were referred to this CHC last month? 	Number: Sub centre PHC Types of cases referred in:
<ul style="list-style-type: none"> How many cases from the CHC were referred to the DH last month? 	Number: Types of cases referred out:
60. Key challenges in the facility and the root causes	
Challenge	Root causes
a)	
b)	
c)	
d)	
e)	

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

Service Delivery:

Name of facility visited					
Facility Type		<input type="checkbox"/> PHC/ <input type="checkbox"/> U-PHC			
Whether the facility has been converted to HWC		<input type="checkbox"/> Yes/ <input type="checkbox"/> No			
Standalone/ Co-located		<input type="checkbox"/> Standalone/ <input type="checkbox"/> Co-located Co-located with (if applicable):			
Accessible from nearest road head		<input type="checkbox"/> Yes/ <input type="checkbox"/> No			
Date of Visit					
Next Referral Point		Facility: Distance:			
Indicator		Remarks/ Observation			
1. OPD Timing • For U-PHC, check if evening/morning OPD/Clinics being conducted		<input type="checkbox"/> Yes/ <input type="checkbox"/> No			
2. Whether the facility is functioning in PPP mode		<input type="checkbox"/> Yes/ <input type="checkbox"/> No			
3. Condition of infrastructure/ building Please comment on the condition and tick the appropriate box		Comments: <input type="checkbox"/> 24*7 running water facility <input type="checkbox"/> Facility is geriatric and disability friendly (Ramps etc.) <input type="checkbox"/> Clean functional toilets available (separate for Male and female) <input type="checkbox"/> Drinking water facility available <input type="checkbox"/> OPD waiting area has sufficient sitting arrangement <input type="checkbox"/> ASHA rest room is available <input type="checkbox"/> Drug storeroom with rack is available <input type="checkbox"/> Power backup <input type="checkbox"/> Branding			
4. Number of functional in-patient beds					
5. List of Services available					
6. If 24*7 delivery services available		<input type="checkbox"/> Yes/ <input type="checkbox"/> No			
7. Tele-medicine/Consultation services available		<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, average case per day _____			
8. Biomedical waste management practices		Sharp pit: Deep Burial pit: Other System, if any:			
9. Details of HR available in the facility (Sanctioned and In-place)		HR	San.	Reg.	Cont.
		MO (MBBS)			
		MO (AYUSH)			

	SNs/ GNMs				
	ANM				
	LTs				
	Pharmacist				
	Public Health Manager (NUHM)				
	LHV/PHN				
	Others				
10. IT Services	<ul style="list-style-type: none"> Desktop/ Laptop available: <input type="checkbox"/>Yes/ <input type="checkbox"/>No All ANMs have functional Tablets: <input type="checkbox"/>Yes/ <input type="checkbox"/>No Smart phones given to all ASHAs: <input type="checkbox"/>Yes/ <input type="checkbox"/>No Internet connectivity: <input type="checkbox"/>Yes/ <input type="checkbox"/>No Quality/strength of internet connection: _____ 				
11. Kayakalp	Initiated: Facility _____ score: Award received: _____				
12. NQAS	Assessment _____ done: _____ Internal/State Facility _____ score: Certification Status: _____				
13. Availability of list of essential medicines (EML)/ drugs (EDL)	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, total number of drugs in EDL _____ EDL displayed in OPD Area: <input type="checkbox"/> Yes/ <input type="checkbox"/> No No. of drugs available on the day of visit (out of the EDL) _____				
14. Implementation of DVDMS or similar supply chain management system	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If other, which one _____				
15. Shortage of 5 priority drugs from EDL in last 30 days, if any	1				
	2				
	3				
	4				
	5				
16. Drugs Available for Hypertension & Diabetic patients:	1				
	2				
	3				
17. Shortage of sufficient number of Hypertension & Diabetic in last 7 days	1				
	2				
	3				
18. Availability of Essential Consumables:	<input type="checkbox"/> Sufficient <input type="checkbox"/> Minimal <input type="checkbox"/> Acute shortage Supply Shortage In last 6 months how many times there was shortage _____ (Also list the consumables for which there was shortage)				
19. Availability of essential diagnostics	<input type="checkbox"/> In-house <input type="checkbox"/> Outsourced/PPP <input type="checkbox"/> Both/ Mixed				
<ul style="list-style-type: none"> In-house tests For 2020-21 	Timing: Total number of tests performed: _____ Details of tests performed:				
<ul style="list-style-type: none"> Outsourced/ PPP For 2020-21 	Timing: Total number of tests performed: _____				

	Details of tests performed:	
20. X-ray services is available	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If Yes, type & nos. of functional X-ray machine is available in the hospital: Is the X-ray machine AERB certified: <input type="checkbox"/> Yes/ <input type="checkbox"/> No	
21. Whether diagnostic services (lab, X-ray etc.) are free for all	<input type="checkbox"/> Free for BPL <input type="checkbox"/> Free for elderly <input type="checkbox"/> Free for JSSK beneficiaries <input type="checkbox"/> Free for all	
22. Availability of Testing kits/ Rapid Diagnostic Kits	<input type="checkbox"/> Sufficient <input type="checkbox"/> Minimal <input type="checkbox"/> Acute shortage	Supply 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:2019-2020 Current FY:2020-2021	
33. Number of Child Death reported in the facility	Previous year: Current year:	

34. Availability of vaccines and hub cutter	<input type="checkbox"/> Yes/ <input type="checkbox"/> No Nurses/ ANM aware about open vial policy: <input type="checkbox"/> Yes/ <input type="checkbox"/> No		
35. Number of newborns immunized with birth dose at the facility in last 3 months			
36. Newborns breastfed within one hour of birth (observe if practiced and women are being counselled)			
37. Number of sterilizations performed in last one month	Male Female		
38. Availability of trained provider for IUCD/ PPIUCD	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
39. Who counsels on FP services?			
40. Please comment on utilization of other FP services			
41. FPLMIS has been implemented	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
42. Availability of functional Adolescent Friendly Health Clinic	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, who provides counselling to adolescents: _____ Separate male and female counselors available: <input type="checkbox"/> Yes/ <input type="checkbox"/> No		
43. Whether facility has fixed day NCD clinic	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If Yes, how many days in a week: _____ days		
44. Are service providers trained in cancer services?	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
45. Number of individuals screened for the following in last 6 months:		Screened	Confirmed
	a. Hypertension		
	b. Diabetes		
	c. Oral Cancer		
	d. Breast Cancer		
	e. Cervical Cancer		
46. Whether wellness activities are performed	<input type="checkbox"/> Yes/ <input type="checkbox"/> No Frequency: _____		
47. Whether reporting weekly data in P and L form under IDSP	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
48. Distribution of Long lasting Insecticidal nets (LLIN) in high-risk areas	No. of LLIN distributed per household: <input type="checkbox"/> 1 per family/ <input type="checkbox"/> Others (Specify): _____		
49. Status of TB elimination programme	Facility is designated as Designated Microscopy Centre (DMC): <input type="checkbox"/> Yes/ <input type="checkbox"/> No		
	If yes, percent of OPD whose samples were tested for TB (microscopy) in last 6 month (average) _____		
	If anti-TB drugs available at the facility: <input type="checkbox"/> Yes/ <input type="checkbox"/> No		
	If yes, are there any patients currently taking anti-TB drugs from the facility: <input type="checkbox"/> Yes/ <input type="checkbox"/> No		
	Percent of patients tested through CBNAAT/TruNat for Drug resistance in the last 6 months _____		
	Is there a sample transport mechanism in place for: <ul style="list-style-type: none"> • investigations within public sector for TB testing? <input type="checkbox"/>Yes/ <input type="checkbox"/>No • investigations within public sector for other tests? <input type="checkbox"/>Yes/ <input type="checkbox"/>No • outsourced testing? <input type="checkbox"/>Yes/ <input type="checkbox"/>No 		
	Are all TB patients tested for HIV? <input type="checkbox"/> Yes/ <input type="checkbox"/> No Are all TB patients tested for Diabetes Mellitus: <input type="checkbox"/> Yes/ <input type="checkbox"/> No		
	Percent of TB Patients for whom DBT installments have been initiated under Nikshay Poshan Yojana in the last 6 months: _____		
50. Status on Leprosy eradication programme	Nos. of new case detected by Field Worker in last 12 months: Out of those, how many are having Gr. II deformity:		

	Frequency of Community Surveillance:
51. Maintenance of records on	<ul style="list-style-type: none"> • TB Treatment Card cases (both for drug sensitive and drug resistant cases): <input type="checkbox"/>Yes/ <input type="checkbox"/>No • TB Notification Registers: <input type="checkbox"/>Yes/ <input type="checkbox"/>No • Malaria cases: <input type="checkbox"/>Yes/ <input type="checkbox"/>No • Palliative cases: <input type="checkbox"/>Yes/ <input type="checkbox"/>No • Cases related to Dengue and Chikungunya: <input type="checkbox"/>Yes/ <input type="checkbox"/>No • Leprosy cases: <input type="checkbox"/>Yes/ <input type="checkbox"/>No
52. How much fund was received and utilized by the facility under NHM?	Fund Received last year: Fund utilized last year:
	Items/ Activities whose expenditure is met out of the RKS/ Untied Fund regularly:
	Reasons for underutilization of fund (if any)
53. Status of data entry in (match with physical records)	HMIS: <input type="checkbox"/> Updated/ <input type="checkbox"/> Not updated MCTS: <input type="checkbox"/> Updated/ <input type="checkbox"/> Not updated IHIP: <input type="checkbox"/> Updated/ <input type="checkbox"/> Not updated HWC Portal: <input type="checkbox"/> Updated/ <input type="checkbox"/> Not updated Nikshay Portal: <input type="checkbox"/> Updated/ <input type="checkbox"/> Not updated
54. Frequency of RKS meeting (check and obtain minutes of last meeting held)	
55. Availability of ambulance services in the area	<input type="checkbox"/> PHC own ambulance available Number _____ <input type="checkbox"/> PHC 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):
<ul style="list-style-type: none"> • How many cases from sub centre were referred to this PHC last month? 	Number: Types of cases referred in:
<ul style="list-style-type: none"> • How many cases from the PHC were referred to the CHC last month? 	Number: Types of cases referred out:
56. Key challenges in the facility and the root causes	
Challenge	Root causes
a)	
b)	
c)	
d)	
e)	
Only for U-PHC	
57. Population enumeration	<input type="checkbox"/> Not yet initiated

initiated for slum population	<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: _____



Ministry of Health & Family Welfare
Government of India



Sub-Centre (SC) Level Checklist

Service Delivery: Sub Centre

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

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

Indicator	Remarks/ Observation															
6. Availability of list of essential medicines (EML)/ drugs (EDL)	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, total number of drugs in EDL _____ EDL displayed in OPD Area: <input type="checkbox"/> Yes/ <input type="checkbox"/> No No. of drugs available on the day of visit (out of the EDL) _____															
7. Are anti-TB drugs available at the SHC?	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, are there any patients currently taking anti-TB drugs from the SHC? <input type="checkbox"/> Yes/ <input type="checkbox"/> No															
8. Shortage of 5 priority drugs from EDL in last 30 days, if any	<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="width:5%; text-align:center;">1</td><td style="width:85%;"></td><td style="width:10%;"></td></tr> <tr><td style="text-align:center;">2</td><td></td><td></td></tr> <tr><td style="text-align:center;">3</td><td></td><td></td></tr> <tr><td style="text-align:center;">4</td><td></td><td></td></tr> <tr><td style="text-align:center;">5</td><td></td><td></td></tr> </table>	1			2			3			4			5		
1																
2																
3																
4																
5																
9. Drugs Available for Hypertension & Diabetic patients:	<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="width:5%; text-align:center;">1</td><td style="width:85%;"></td><td style="width:10%;"></td></tr> <tr><td style="text-align:center;">2</td><td></td><td></td></tr> <tr><td style="text-align:center;">3</td><td></td><td></td></tr> </table>	1			2			3								
1																
2																
3																
10. Shortage of sufficient number of Hypertension & Diabetic in last 7 days	<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="width:5%; text-align:center;">1</td><td style="width:85%;"></td><td style="width:10%;"></td></tr> <tr><td style="text-align:center;">2</td><td></td><td></td></tr> <tr><td style="text-align:center;">3</td><td></td><td></td></tr> </table>	1			2			3								
1																
2																
3																
11. Are CHOs dispensing medicines for hypertension and diabetes at SHC-HWC	<input type="checkbox"/> Yes/ <input type="checkbox"/> No															
12. Availability of Testing kits/ Rapid Diagnostic Kits	<input type="checkbox"/> Sufficient <input type="checkbox"/> Minimal <input type="checkbox"/> Acute shortage List of Kits (Shortage)_____ Supply Shortage															
13. Availability of:	<ul style="list-style-type: none"> • BP instrument: <input type="checkbox"/>Yes/ <input type="checkbox"/>No. If yes, Type: _____ • Thermometer: <input type="checkbox"/>Yes/ <input type="checkbox"/>No • Contraceptives: <input type="checkbox"/>Yes/ <input type="checkbox"/>No. If yes, Type: _____ • Glucometer: <input type="checkbox"/>Yes/ <input type="checkbox"/>No 															
14. Line listing of all Pregnant women in the area	<input type="checkbox"/> Yes/ <input type="checkbox"/> No <ul style="list-style-type: none"> • High risk women identified: <input type="checkbox"/>Yes/ <input type="checkbox"/>No • MCP cards duly filled: <input type="checkbox"/>Yes/ <input type="checkbox"/>No 															
15. Number of Maternal Death Review conducted	Previous year:2019-20 Current year:2020-21															
16. Number of Child Death Review conducted	Previous year: Current year:															
17. Availability of vaccines and hub cutter	<input type="checkbox"/> Yes/ <input type="checkbox"/> No <ul style="list-style-type: none"> • Awareness of ANM on vaccine schedule: <input type="checkbox"/>Yes/ <input type="checkbox"/>No • Awareness about open vial policy: <input type="checkbox"/>Yes/ <input type="checkbox"/>No 															
18. Availability of micro-plan for immunization	<input type="checkbox"/> Yes/ <input type="checkbox"/> No															
19. Follow up of:	SNCU discharge babies: <input type="checkbox"/> Yes/ <input type="checkbox"/> No LBW babies: <input type="checkbox"/> Yes/ <input type="checkbox"/> No															

Indicator	Remarks/ Observation		
20. Line listing of all eligible couple in the area	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
21. Availability of trained provider for IUCD/ PPIUCD	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
22. Please comment on utilization of other FP services			
23. Number of individuals above 30 years of age in the HWC population			
24. Number of CBAC forms filled in last 6 months			
25. Report for number of individuals for whom CBAC form has been filled in last six months.	Score with below 4: 4 and above score:		
26. Whether universal screening of NCD has started	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
27. Number of individuals screened for the following in last 6 months:		Screened	Confirmed
	a. Hypertension		
	b. Diabetes		
	c. Oral Cancer		
	d. Breast Cancer		
	e. Cervical Cancer		
28. Number of individuals who had initiated treatment for HTN, DM and others during last six months	Advised Medicines for	Lifestyle for	management: Hypertension: Diabetes:
29. Source of getting drugs/ medications for individual. Number of individuals taking medication for HTN and DM during last six months from which source Taking medication for HTN/DM	From	Linked	SC-HWC:
	From other govt. facilities:		PHC:
	From pvt. Chemist shop:		(Specify)
	(Average OOP/month)		
30. Status of use of:	<ul style="list-style-type: none"> • Tele-consultation services • HWC App Details:		
31. Whether wellness activities are performed	<input type="checkbox"/> Yes/ <input type="checkbox"/> No Frequency:		
32. Whether reporting weekly data in S form under IDSP	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
33. Status of Tuberculosis in the area:	Indicators	2019-20	2020-21
	Number of presumptive TB patients identified:		
	Number of presumptive TB patients referred for testing		
	Number of TB patients diagnosed out of the presumptive patients referred		
	Number of TB patients taking treatment under the Sub centre area		
34. ASHA Interaction			
• Status of availability of Functional HBNC Kits (weighing scale/ digital thermometer/ blanket or warm bag)			
• Status of availability of Drug Kits			

Indicator	Remarks/ Observation
(Check for PCM/ Amoxicillin/ IFA/ ORS/ Zinc/ IFA Syrup/ Cotrimoxazole)	
<ul style="list-style-type: none"> ASHA Incentives: Any Time lag /Delay in Payment after submission of voucher. <ul style="list-style-type: none"> Average delay 	
<ul style="list-style-type: none"> ASHA is aware about provision of incentives under NTEP (Informant Incentives, Treatment Supporter Incentives) and Nikshay Poshan Yojana (₹500 per month incentive to the TB patient for the duration of treatment) 	
35. Number of Village Health & Sanitation days conducted in last 6 months	
36. Incentives:	<ul style="list-style-type: none"> Performance Incentives is disbursed to CHOs on monthly basis: <input type="checkbox"/>Yes/ <input type="checkbox"/>No Team-based incentive being disbursed for all HWC staffs: <input type="checkbox"/>Yes/ <input type="checkbox"/>No
37. Frequency of VHSNC/ MAS meeting (check and obtain minutes of last meeting held)	
38. Whether CHOs and HWC staffs are involved in VHSNC/ MAS meeting	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
39. Maintenance of records on	<ul style="list-style-type: none"> TB cases: <input type="checkbox"/>drug sensitive/ <input type="checkbox"/>drug resistant cases/ <input type="checkbox"/>both 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
40. How much fund was received and utilized by the facility under NHM?	Fund Received last year:
	Fund utilized last year:
	Items/ Activities whose expenditure is met out of the RKS/ Untied Fund regularly:
	Reasons for underutilization of fund (if any)
41. Availability of ambulance services in the area	
<ul style="list-style-type: none"> How many cases from the Sub Centre were referred to PHC in last month? 	Number: Types of cases referred out:
42. Key challenges in the facility and the root causes	
Challenge	Root causes
a)	
b)	
c)	

