



Ministry of Health & Family Welfare
Government of India

A REPORT ON MONITORING OF IMPORTANT COMPONENTS OF NHM PROGRAMME IMPLEMENTATION IN KHAWZAWL DISTRICT, MIZORAM



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LIST OF ABBREVIATIONS

ANC	Ante Natal Care	F- IMNCI	Facility base IMNCI
ANM	Auxiliary Nurse Midwife	GOI	Government of India
ASHA	Accredited Social Health Activist	HIV	Human Immunodeficiency Virus
AYUSH	Ayurveda, Yoga& Naturopathy, Unani, Siddha and Homeopathy	HMIS	Health Management Information System
BB	Blood Bank	ICDS	Integrated Child Development Services
BMOC	Basic Emergency Obstetric Care	ICTC	Integrated Counseling and Testing Centre
BCC	Behaviour Change Communication	IEC	Information Education & Communication
BCG	Bacillus Calmette Guerin	IFA	Iron & Folic Acid
BPL	Below Poverty Line	IMNCI	Integrated Management of Neonatal and Childhood Illness
BSU	Blood Storage Unit	IPD	Indoor-Patients Department
CDO	Computer Data Entry Operator	IPHS	Indian Public Health Standards
CDMO	Chief District Medical Officer	IUCD	Intra Uterine Contraceptive Device
CGHS	Central Government Health Services	JSY	Janani Suraksha Yojna
EMOC	Emergency Obstetric Care	JSSK	Janani Shishu Suraksha Karyakram
ESIC	Employee State Insurance Corporation	LHV	Lady Health Visitor
EVA	Equine Viral Arthritis	MCH	Maternal and Child Health
DGD	Delhi Government Dispensary	MCTS	Mother and Child Tracking System
DOTS	Directly Observed Treatment Strategy	MH	Maternity Home
DPMU	District Program Management Unit	MIS	Management Information System
DPT	Diphtheria, Pertussis (whooping cough), Tetanus	MO	Medical Officer
OBG	Obstetrics Gynecology	MTP	Medical Termination of Pregnancy
PHN	Public Health Nurse	NBCC	New Born Care Corner
PIP	Programme Implementation Plan	NBSU	New Born Special Unit
PPIUCD	Post- Partum IUCD	NHM	National Health Mission
PNC	Post Natal Care	NGO	Non-Government Organisation
RCH	Reproductive & Child Health	NRHM	National Rural Health Mission
RKS	Rogi Kalyan Samiti	NUHM	National Urban Health Mission
RTI/STI	Reproductive tract infection/Sexually transmitted infection	NSSK	Navjat Shishu Surksha Karyakram
SBA	Skilled Birth Attendant (Special training course is available for SBA).	NSV	Non Scalpel Vasectomy
TT	Tetanus Toxoid	VHND	Village Health and Nutrition Day

EXECUTIVE SUMMARY

The NHM envisages achievement of universal access to equitable, affordable & quality healthcare services that are accountable and responsive to people's needs. One of the salient factors that measure the progress of NHM remains the Monitoring and Evaluation activities undertaken by The Ministry of Health and Family Welfare on a continuous basis. It is expected that a timely and systematic assessment of the key components of NHM can be critical for further planning and resource allocation for any areas. In this regard, the Ministry of Health and Family Welfare has assigned Population Research Centres (PRC) the task of quality monitoring of essential components of State Programme Implementation Plan.

This report hence focuses on the monitoring of essential components of NHM in Khawzawl district for the year 2020-21. The evaluation was carried out in the month of October, 2021 and thus captures the status of NHM activities in the said district of Mizoram. The report highlights key observations made during the team's visit to various health facilities of the district and also brings forth essential inputs provided by the key personnel of NHM.

The following public health care facilities were visited by the PRC-IEG Team: CHC Khawzawl, CHC Biate, PHC Kawlkulh, PHC Sialhawk, SC Chawngtlai and SC Kawlkulh. 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 district and block level health administrators including the nodal programme officers, facility (MOs, CHO, ANMs, etc) and community level health care providers (ASHAs, Anganwadi workers etc) 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 Khawzawl, Mizoram during the financial year 2020-21 with regards to NHM and its components. Listed below are the key challenges being faced by the district with respect to health service delivery.

KEY FINDINGS

Khawzawl district has been operational from 3rd June, 2019, so it's a newly formed district. The data reported has been collected from HMIS Web Portal for Khawzawl District. The district does not have a Chief Medical Officer (CMO) and District Programme Management Unit (DPMU). There is no specialist in the Khawzawl district.

Maternal Health

- In the Khawzawl district, there was a shortage of IFA tablets procurement in the last financial year.
- There is a delay in Janani Suraksha Yojana payments, as the district does not receive funds on time from the State. The district is providing all the facilities and services to the people of Khawzawl but still there is a major issue of Out of Pocket expenditure.
- In the district, there is an increase in institutional deliveries, compared to the low Institutional delivery rates observed in the district during last financial year due to the pandemic. In the last financial year, 97 percent deliveries were conducted in the government facilities.
- 86 percent of the Maternal Death Review Meeting (MDR) was conducted in the district, but before COVID19 89 percent meetings were held in the district.
- There is a decrease in ANC registration. Only 50 percent of ANC registration in the district has been done.
- There is no availability of ultrasound in CHC and PHC facilities; it is very difficult for beneficiaries to move kilometres from rural areas to Champhai district to avail imaging diagnostic services.
- There is a major issue of transportation in the rural areas of the district, as there are only 63 ambulances in the state, out of which only 50 percent are functioning properly. Even the public transport is very bad in the interior areas. There is also lack of ambulance drivers.
- In JSSK, the state receives 800rs per beneficiary which is very less and if the district asks for more money, due to the limitation of funds in the State, the state cut the amount of other district and increases the amount of that particular district.
- The mortality indicator of the district depicts that the highest numbers of cases were of stillbirth. No cases of maternal and child deaths were reported in the last financial year in the district.
- The beneficiary has to buy medicine from outside, as there is a shortage of medicines in the PHC and that is the major issue of out of pocket expenditure in the district. PHC Sialhawk is charging money for the laboratory tests.

Family Planning

- Most of the women prefer IUCD as there is a huge shortage of CHHAYA contraception in the district. ANTARA contraceptive is recently introduced in the district.
- Effective counselling is done by ASHA, ANM and Staff Nurse. The average family size of the people is 1-2 children per family in the Khawzawl district.
- There is no tele-consultation functional in the district.

Immunization

- Cold chain is working properly and proper records are maintained.
- Earlier due to pandemic, huge gaps occurred in routine immunization as the sessions were not being conducted in the district. Slowly and steadily, now district is completing its targets. All the sessions have been badly affected by the COVID19 pandemic. Mission Indradhanush is functional in the district.

Human Resources for Health

- There is an acute shortage of specialists in the district. Shortage of LT/LA was also reported in the district, which results in beneficiaries having to avail the services from private facilities.
- To implement the programme such as Kayakalp, there is a vacant position of an Assistant and Quality Manager due to which the programme is affected. Overall facilities haven't been awarded and somehow, the district is lacking behind in the programme.
- However, it must be noted that the sanctioned posts were estimated long back and the IPHS guidelines have not been updated or revised as per the patient load. Therefore, given the workload there is an immense shortage of HR.
- The key challenges include - follow up with patients, registration system, IT management, staff constraints, and infrastructure related issues. It includes space constraint, lack of group-D staff, lack of technical man-power (Lab Tech, X-ray tech etc), and poor reporting on the centralized hospital management information system portal due to non-availability of Data Entry Operators.
- There are constraints in supervision and monitoring of waste management in the health facilities due to absence of adequately trained human resources for monitoring and supervision.

Infrastructure

- Facilities must have Grievance redressal Committee, Suggestion/ Complaint Box including staffs and public/ patients, and patient satisfactory survey for both OPDs and IPDs.
- There is inadequate provision of healthcare workers, hospital equipment and laboratories across the health facilities in the district.
- Power supply is an issue and need proper backup system to function smoothly in the district.
- The state is organizing eye check-up camps in the out-reach areas in the district, where they have given free sessions and free spectacles to the people. The State has achieved 100 percent target for conducting the sessions but for cataract operation only 70 percent target has been achieved by the state because of the pandemic. The eye camps were also conducted for the school children.

Recommendations

- 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 Mizoram 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 blocks 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. Thus, some steps should be taken to solve the issue.
- Clarity in Human resource guidelines was lacking for instance, regarding sanctioning of leave days of the employees, working hours of resident employees under NHM and other issues.
- The State does not receive funds on time as in the last financial year; the state has received only 75 percent funds until the month of December of which only 60 percent funds have been utilized. But in the current financial year, till date the State has not received any funds. This is in turn delays the further activities to be conducted in the districts as the disbursement of funds is being done late. Despite crunch of staff, all the district officials are quite efficient and giving their double efforts to shape the health system of the district in a better way. The entire district administration is quite supportive and full co-operation is maintained.
- ANMOL Tablet has been distributed in the district but still there is very less usage of the tablet due to lack of trainings.
- RKS is in place and involved in various matters such as decision making, management of health facilities, monitoring performance, resource mobilization, cleanliness drive and other such matters.
- There should be more emphasis on health promotion (including through school education and individual centric awareness) and promoting public health action through active engagement and capacity building via community platforms and individual volunteers, which is presently lacking in the district.
- There should be strengthened implementation of NHM programmes in the district which is presently lagging, and more awareness should be done towards the programme which will give benefits to the people.
- Interventions under the tobacco control programme must be scaled in the state for the better health and future of the people of Khawzawl district as there is excessive consumption of tobacco among the people.

1. INTRODUCTION

1.1 Background

The National Health Mission (NHM), which is our flagship health systems reform programme, provides a robust platform for implementation of a range of interventions focused on primary and secondary health care in rural and urban areas. NHM's efforts in strengthening health systems in States by allocating additional financial resources, flexibility in design and implementation, ensured sharper focus on particularly marginalized and vulnerable populations and enabled us to achieve impressive improvements in several key indicators of RMNCH+A and communicable diseases. NUHM seeks to improve the health status of urban population particularly urban poor and other vulnerable sections by facilitating their access to quality primary healthcare.

The broad national parameters and priorities, states would have the flexibility to plan and implement state specific action plans. The state PIP would spell out the key strategies, activities undertaken, budgetary requirements and key health outputs and outcomes. The State PIPs would be an aggregate of the district health action plans, and include activities to be carried out at the state level. The state PIP will also include all the individual district plans. This has several advantages: one, it will strengthen local planning at the district level, two, it would ensure approval of adequate resources for high priority district action plans, and three, enable communication of approvals to the districts at the same time as to the state.

PRC Delhi Team visited the district office of Khawzawl to interact with State MD, SPMO and other nodal officers of the State. A brief profile of health scenario of the district has been discussed intensively and officers were questioned on broader areas under NHM like Family Planning, Immunization, Training Status, Awareness Program etc. and also on the gaps in infrastructure and human resources and a brief discussion on the loopholes of the programme and their major recommendations to improve the overall efficiency of the scheme.

Specific goals for the states will be based on existing levels, capacity, and context. State specific innovations would be encouraged. Process and outcome indicators will be developed to reflect equity, quality, efficiency, and responsiveness. Targets for communicable and non-communicable diseases will be set at state level based on local epidemiological patterns and taking into account the financing available for each of these conditions.

1.2 Objectives of the Monitoring

- I. To assess the current condition of physical infrastructure of availability in the selected health facilities CHCs, PHCs, HWC of the district.

- II. To examine the status and the availability and efficiency of human resource required for better service at the selected health facilities.
- III. To understand the gap between Demand and supply of health service delivery under NHM programme.
- IV. To assesses functionality of equipment, supply and essential drugs, essential consumables etc. at the selected facilities.
- V. To review the status of implementation and performance of different scheme under NHM such as maternal health, child health, family planning, JSSK, RBSK, ARSH, etc.
- VI. To analyses other important components namely service delivery, record maintenance, Biomedical Waste Management, referral transports system, IEC material, disease control programme etc.
- VII. To assess the availability of finance for the NHM activities in the district.

1.3 Methodology

The report is based on Primary data collected from health facility visits as well secondary data collected from respective facility. Khawzawl district is operational on 3rd June, 2019, so it's a newly district. Also, the information is collected from HMIS Web Portal for Khawzawl District. Structure interview schedules were used for nodal officers and health facilities. The district does not have Chief Medical Health Officer (CMHO) and District Programme Management Unit (DPMU). Apart from rigorous interactions with the Nodal, the Team visited at CHC, PHC and HWC to interact with Medical officers, staff, ASHAs, ANMs and beneficiaries in the district.

The attempt was to find solutions and support the health functionaries in identifying gaps and sensitizing them about the same and then to find areas where action can be taken within their designated capacities.

The assessment is based on observations made and information collected during the round table meeting with Nodal officers and NHM staff also visits to health facilities and beneficiary interactions. Interviews with the beneficiaries who were present during visits to health facilities were also conducted to obtain information from the beneficiaries' perspective about the functioning of National Health Mission. The field visits to health facilities in the district were planned and implemented with the consultation with NHM officials. The main motive of the team was to have a fruitful interaction with officials to identify the major problems faced by them and recommendations on their part to improve the overall efficacy of the NHM program. Health facilities from all the three levels (at district, block and village level) were selected for supportive supervision after consultations with the nodal officials.

Prior to the assessment of health facilities, a meeting with key personnel of NHM, Khawzawl was held. The interactions gave an enriching insight into the health situation of the district, key challenges that lay ahead, and a prospective way forward.

Table 1 reports the list of institutions and facilities visited in the Khawzawl districts. The Team interacted with key programme officials at the office discussed the status of the key activities. Apart from detailed interactions with the District Nodal Officers and DPMU staff, the Team visited selected health facilities in the districts. The health care facilities visited to accomplish the objective of the visits are enlisted in the table below:

Table 1: List of institutions and facilities visited by the PRC-IEG Team, Khawzawl 2020-21

Institution and Facilities	Nodal Officers
Community Health Centre, Khawzawl	Dr. Albert Lalhminghlua
Community Health Centre, Biate	Dr. LallawmkimiChhakchaurak
Primary Health Centre, Kawkulh	Dr. Hilary
Primary Health Centre, Sialhawk	Dr. Lalrohlpuii
Sub Centre, Chawngtlai	Dr. Biakrosiami
Sub Centre, Kawkulh	Mrs. Thanseir

2. AN OVERVIEW OF KEY DEMOGRAPHIC AND HEALTH INDICATORS: KHAWZAWL DISTRICT, MIZORAM

2.1. Demographic Profile

Khawzawl district is one of the eleven districts of Mizoram state in India. Khawzawl district was recently created in 3rd June, 2019. The district has four Legislative Assembly constituencies. These are Champhai North, Hrangturzo, Lengteng and Tuichang. The district is bounded on the north by Serchhip and on the south by Lawngtlai district, on the southeast by Saiha district, on the east by Myanmar. Khawzawl town is the administrative headquarters of the district. Khawzawl used to be part of the Champhai district and is now an independent district.

In Mizoram, there are 26 blocks and 830 villages. Out of which 1 block and 28 villages are in Khawzawl district. As per Census 2011, Mizoram has population of 10.97 lakhs. Total population of Mizoram as per 2011 census is 1, 09,206 of which male and female are 555,339 and 541,867 respectively. In 2011, Khawzawl had population of 11022 of which male and female were 5616 and 5406 respectively (Table 2).

Table 2: Key Demographic Indicators: Khawzawl District & Mizoram

Indicators	Mizoram	Khawzawl
Number of blocks	26	1
Number of villages	830	28
Actual Population	1,09,206	11022
Urban population	571,771	13518
Rural population	525,435	22413
Male	555,339	5616
Female	541867	5406
Population Growth Rate	23.48	
Density/km ²	52	141
Child Population (0-6 age)	168,531	1746
Area (sq. km)	21,081	78
Literates	848,175	8964
Male Literates	438,529	4592
Female Literates	409,646	4372
Sex Ratio (per/1000)	976	963
Child Sex Ratio (0-6 age)	970	938

Source: Census of India, 2011

Population living in urban areas is 571,771 and population of rural areas of Mizoram state was 525,435. In total 13518 people lives in urban areas and are 22413 in rural areas of Khawzawl district of Mizoram. The total population growth of Mizoram in this decade was 23.48 percent. Density of Mizoram is 52 per sq. km and in Khawzawl is 141per sq. km. In actual numbers, total literates in Mizoram stands at 848,175 of which males were 438,529 and females were 409,646. In total, 8964 people were literate of which males and females were 4592 and 4372 respectively in Khawzawl district. Sex Ratio in Mizoram is 976 i.e. for each 1000 male, which is below national average of 940 as per census 2011. For child (0-6) sex ratio is 970 girls per 1000 boys. Sex Ratio in Khawzawl, it stood at 963 per 1000 male. In 2011 census, child sex ratio is 938 girls per 1000 boys (Figure 1).



Figure 1: Outline map of Khawzawl district in Mizoram

2.2 Key Health Issues in the Khawzawl District- Case Study

Maternal Death Review (MDR) as a strategy has been spelt out clearly in the RCH – II National Programme Implementation Plan. It is an important strategy to improve the quality of obstetric care and reduce maternal mortality and morbidity. The importance of MDR lies in the fact that it provides detailed information on various factors at facility, district, community, regional and national level that are needed to be addressed to reduce maternal deaths. Analysis of these deaths can identify the delays that contribute to maternal deaths at various levels and the information used to adopt measures to fill the gaps in service. There is one maternal death in the Khawzawl.

Government of India has decided to take up Community based maternal death review (CBMDR) and the Facility based maternal death review (FBMDR) which help in identifying the gaps in the existing health care delivery systems, prioritize and plan for intervention strategies and to reconfigure health services.

The mortality indicator of the district is evident from the graph below that the highest numbers of cases in the district were in case of still birth; however there has been an increase in the number of cases of still birth from 2 in 2020-2021. There are one maternal death cases in 2020-2021. But for child death there is 4 child deaths and 6 infant deaths in the last financial year (table 3).

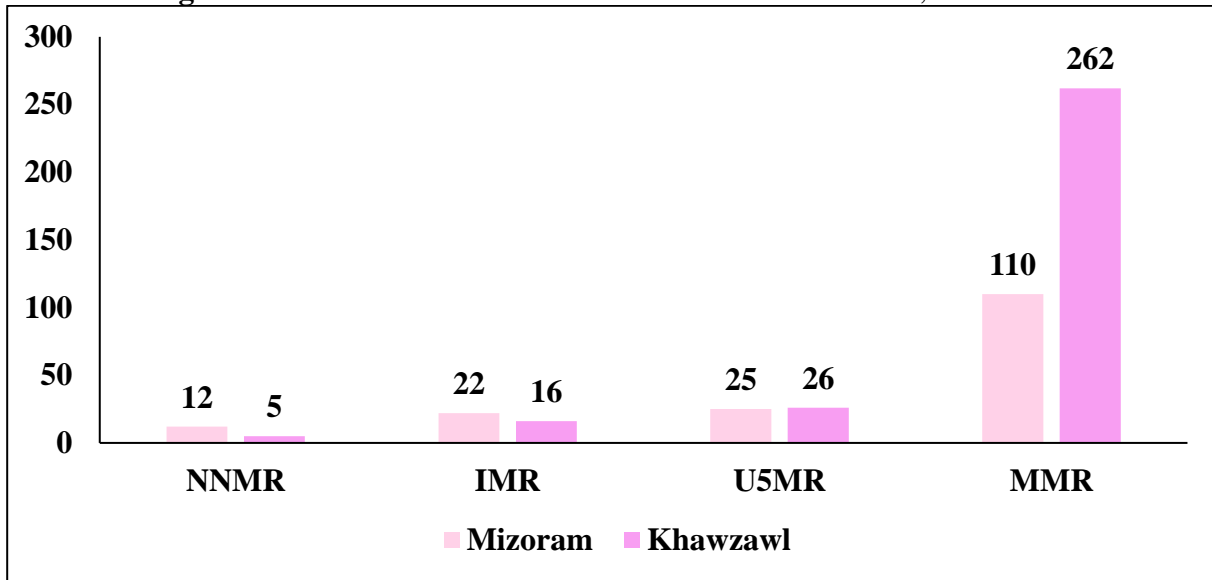
Table 3: Mortality indicators of the Mizoram and Khawzawl District, 2020-21

Mortality Indicators	Mizoram	Khawzawl
Neo Natal Death	235	2
Infant Death	434	6
Under5 Death	497	10
Maternal Death	22	1

Source: MD Office, Mizoram 2020-21

It is observed that in the Khawzawl district maternal mortality and female literacy rates are negatively correlated. Furthermore, it is also discerned that MMR is negatively associated with district level coverage of institutional delivery and ANC check-up. It emerges that improving access and availability of basic health facilities can be a critical aspect in reducing maternal deaths among backward blocks of the districts (figure 2).

Figure 2: Death Rate indicators of Mizoram and Khawzawl, 2020-2021



2.3. Health Care Service Delivery Indicators of Khawzawl District

Maternal Health is an important aspect for the development of any country in terms of increasing equity & reducing poverty. The survival and well-being of mothers is not only important in their own right but are also central to solving large broader, economic, social and developmental challenges. Maternal health refers to the health of women during pregnancy, childbirth and the postpartum period.

Table 4 presents the health profile of Khawzawl district for the year 2020-2021. It highlights the performance of major service delivery indicators and the subsequent health outcomes in terms of the quantifiable goals of NHM. It analyses the input, output and outcomes of the public health delivery system in Khawzawl with respect to various domains such as Maternal Health, Delivery Care, Child Health, Immunisation Coverage, Family Planning, Facility Service Delivery and Mortality Indicators. In Khawzawl district 86.4 percent of the women register for ANC in the first trimester while less than half of women (55.1 percent) who register for ANC received 4 or more checkups. Early registration of pregnancy allows for adequate care during the cycle. IFA supplementation was given to 68.2 percent of all women who registered for ANC.

Delivery Care is important component of Infant health. The numbers of total home deliveries in Mizoram are 2603, out of which 12 home deliveries were in Khawzawl district. Of the total home deliveries in Khawzawl, 25 percent were SBA attended. Government of India recognizes an SBA as someone who can handle common obstetric and neonatal emergencies. Thus presence of SBA in cases home delivery is essential to combat maternal death.

Table 4: Health Care Service Delivery Indicators of Khawzawl District, Mizoram, 2020-2021

Health and Health Care Service Delivery Indicators	HMIS (2020-2021)	
	Mizoram	Khawzawl
Maternal Health		
% 1st Trimester registration to Total ANC Registrations	77.2	86.4
% Pregnant Women received 4 or more ANC checkups to Total Registration	61.2	55.1
% Pregnant women given 180 IFA to Total ANC Registrations	74.3	68.2
Institutional Deliveries and Home Deliveries		
Number of Home Deliveries	2603	12
% SBA attended Home Deliveries to Total Reported Home Deliveries	17.7	25.0
% of Institutional Deliveries to Total Reported Deliveries	87.1	96.9
% Institutional Deliveries to total ANC Registrations	77.1	50.9
% Women discharge in less than 48hours of delivery to Total Reported Deliveries at Public Institutions	47.7	19.2
% C-section Deliveries (Public + Private) to reported Institutional (Public+ Private) Deliveries	18.9	2.4
Post Natal Care		
% Women getting 1 st Post-Partum Check-up between 48 hours and 14 days to Total Reported Deliveries	15.3	26.4
% Newborn breast fed within 1 hour of birth to Total Live Birth	96.9	98.4
% Newborn weighed at Birth to Live Birth	96.2	99.5
Child Immunization		
Number of Fully Immunized children (9-11 months)	18746	656
Infants received BCG to full immunization	98.2	67.5
Infants received Measles to full immunization	100.1	99.8
Family Planning		
Total Sterilization conducted	1105	1
% Male Sterilization (Vasectomies) to Total sterilization	0	0
% Female Sterilization (Tubectomies) to Total sterilization	100	100
Mortality Indicators		
Maternal Death	25	01
Child Death	63	04
Infant Death	434	06
Still Birth	200	02
Other Services		
IPD	69513	1277
OPD (Ayush + Allopathic)	1409153	34910
% IPD to OPD	4.9	3.6

Source: HMIS Standard Reports, 2020-21

Of all women who registered for ANC, 51 percent went for institutional delivery and 19.2percentwomen discharge in less than 48hours of delivery to total reported deliveries at

public institutions. There is 2.4 percent C-section deliveries conducted in Khawzawl district in the last financial year.

With regards to Post Natal Care, 26.4 percent women getting 1st post-partum check-up between 48 hours and 14 days to total reported deliveries. Only 98.4 percent of newborns were breast fed within 1 hour of delivery while 99.5 percent of newborns were weighed at birth.

Child Mortality is a threat facing India since decades. The Reproductive and Child Health programme (RCH) II under the National Rural Health Mission (NRHM) comprehensively integrates interventions that improve child health and addresses factors contributing to Infant under five mortality rates. The total live birth in Khawzawl is 381. With regards to the service delivery for Child Health, Khawzawl observes 656 full immunisation coverage rates and full coverage of BCG is 67.5 percent and 99.8 percent of children received measles to full immunization.

There is only one sterilization conducted in the whole district. Female sterilisation as a method of permanent family planning dominates the statistics with 100 percent of all sterilisation conducted in 2020-2021 in Khawzawl being Tubectomies.

In Khawzawl district, there is 1 maternal death, 4 child deaths, 6 infant deaths and still birth is 2 in the last financial year. To improve the health care delivery, increase in the OPD and IPD services through better facilitation and coordination of public health systems has been a contribution of NHM. The OPD patient load is as high as 34910 number of OPD patients in 2020-2021 as against 1277 IPD patients.

3. PUBLIC HEALTH PLANNING AND IMPLEMENTATION OF NATIONAL PROGRAMME

3.1 District Action Plan

3.1.1 State Resource Envelope and District Allocations

For the financial year (FY) 2020-21, against a resource envelope of 140.16 Crore (calculated assuming state share of 10%), Mizoram received administrative approval for an amount of Rs. 180.32 Crore. The resource envelope for FY 2020-21 consists of union government's support of Rs. 73.39 Crore for flexible pool allocation including cash and kind, Rs. 14.64 Crore for incentive pool based on last year's performance and Rs. 38.12 Crore for infrastructure maintenance. The total support from Government of India is Rs. 126.14 Crore whereas the state share of 10% works out to be Rs. 14.02 Crore (table 5).

Table 5: Details of Resource Envelope, KHAWZAWL District, 2020-21

Particulars	Rs. in Crore
1. GoI Support (Flexible Pool allocation including Cash and Kind)	73.39
2. GoI Support for Incentive Pool based on the last year's performance(assuming no incentive/ reduction on account of performance)	14.64
3. GoI Support (under Infrastructure Maintenance)	38.12
Total GoI support	126.14
State Share (10%)	14.02
Total Resource Envelope	140.16

Source: Record of Proceedings (NHM Mizoram 2020-21), MoHFW

It may be noted that the Mizoram received approvals of Rs. 180.32 Crore for NHM. The state has received the full proposed amount of Rs.140.16 Crore for infrastructure maintenance during 2020-21. Similarly, the state also proposed and received immunization kind grants of 7.15 Crore.

The breakup of the total resource envelope shows that Rs. 23.15 Crore is allocated for RCH Flexible Pool (including RI, IPPI, and NIDDCP), Rs. 41.47 Crore is allocated for Health System Strengthening (HSS) under NHM. Thus the GOI contribution toward total NRHM-RCH Flexible Pool works out to be Rs. 64.62 Crore (table 6). The GOI contribution toward NUHM Flexible Pool, NDCP Flexible Pool and NCD Flexible Pool is Rs. 4.25 Crore, Rs. 16.56 Crore and Rs. 2.60 Crore, respectively. Within NDCP Flexible Pool bulk of the resources are allocated for RNTCP activities. Finally, over Rs. 38.12 crore of the GOI contribution under the total resource envelope is allocated toward infrastructure maintenance (including Direction and Administration).

Table 6: Breakup of resource envelope, NHM FY 2020-21, Mizoram

S.No.	Particulars	Amount (GoI Share)	Percent (GOI Share)	State share
1	RCH Flexible Pool (including RI, IPPI, NIDDCP)	399.22	12.6%	
(i)	RCH Flexible Pool (including RI, IPPI, NIDDCP) Cash Grant Support	276.68	-	
(ii)	RCH Flexible Pool (Kind Grant Support under Immunization) as per FY 2019-20	122.36	-	
2	Health System Strengthening (HSS) under NRHM	866.40	27.3%	
(i)	Other Health system Strengthening covered under NRHM	727.88	-	
(ii)	Comprehensive Primary Health Care under HSS	103.47	-	
(iii)	Additional ASHA Benefit Package including support to ASHA facilitators	55.06	-	
	Total NRHM-RCH Flexible Pool	1285.62	-	
3	NUHM Flexible Pool	64.25	2.0%	
(i)	Other Health System Strengthening covered under NUHM	46.75	-	1269.28
(ii)	Comprehensive Primary Health Care under NUHM	17.50	-	
4	NDCP Flexible Pool (RNTCP, NVHCP, NVBDCP, NLEP, IDSP)	99.87	3.1%	
(i)	NVBDCP (Cash & Kind)	13.21	-	
(ii)	RNTCP (Cash & Kind)	75.15	-	
(iii)	NVHCP (Cash & Kind)	7.12	-	
(iv)	NLEP	1.98	-	
(v)	IDSP	2.41	-	
5	NCD Flexible Pool (NPCB, NMHP, HCE, NTCP, NPCDCS)	50.36	1.6%	
6	Infrastructure Maintenance (including Direction and Administration)	403.81	12.7%	
	Total Resource Envelope	1903.92	100%	1269.28
	Grand Total Resource Envelope (Central Allocation + State Share)	3173.20		

Source: Record of Proceedings (NHM Mizoram 2020-21), MoHFW

3.2 Status of Service Delivery

3.2.1 Health Infrastructure

Health infrastructure of a district has a significant role in ensuring effective provision of all the services to the beneficiaries. All public health services depend on the presence of basic infrastructure. Every public health program—such as immunizations, infectious disease monitoring, cancer and asthma prevention, maternal health—requires health professionals who are competent in cross-cutting and technical skills, up-to-date information systems, and public health organizations with the capacity to assess and respond to community health needs. Public health infrastructure has been referred to as the nerve centre of the public health system. Strengthening the Public Health Care Institutions and put in their best efforts to achieve high quality of health care across the district.

Under National Health Mission (NHM), financial support is provided to States to strengthen the public health system including up gradation of existing or construction of new infrastructure. Under NHM high focus states can spend up to 33% and other States up to 25% of their NHM funds on infrastructure. The population Norms for setting up of public health facilities is as under:

- Sub Centre: 1 per 5,000 population in general areas and 1 per 3,000 population in difficult/tribal and hilly areas
- Primary Health Centre: 1 per 30,000 population in general areas and 1 per 20,000 population in difficult/tribal and hilly areas
- Community Health Centre: 1 per 1,20,000 population in general areas and 1 per 80,000 population in difficult/tribal and hilly areas.

A new norm has also been adopted for setting up a SHC based on ‘time to care’ within 30 minutes by walk from a habitation has been adopted for selected district of hilly and Desert areas. It has also been decided to strengthen Sub-Health Centres based on 'time to care' within minutes by walk from habitations has been adopted in selected districts of hilly States and desert areas. This is as per the Rural Health Statistics (RHS) 2020, the status of public health facilities.

Infrastructure provides health system the foundation to deliver, evaluate and respond to community health needs. It is essential to effectively provide essential public health services. An adequate system is capable of providing preventive, diagnostic, and curative care, according to the requirements of the people being served. The Public Health Care Infrastructure under NHM includes Sub Health Centres at the most peripheral level, Primary Health Centres to provide an integrated curative and preventive health care, and Community Health Centres which serve as a referral centre for PHCs and also provides facilities for obstetric care and specialist consultations.

Table 7 presents the details of Health Infrastructure in KHAWZAWL. With regards to Public health infrastructure, there is no District Hospital, 1 Community Health Centres (CHCs), 5 Primary Health Centres (PHCs), and 20 Sub Centres (SCs) in Khawzawl.

Table 7: Facility Details, Khawzawl District, 2020-21

Facility Details	Sanctioned/ Planned	Operational
1. District Hospitals	0	0
2. Community Health Centers (CHC)	1/1	1
3. Primary Health Centers (PHC)	5/5	5
4. Sub Centers (SC)	26/26	26

Source: MD Office, Mizoram 2020-21

3.2.2 Human Resource

The component of Human Resources under NHM is to ensure availability of adequate manpower at the public health facilities in the rural and remote areas of the district. Human Resources are largely based on the requirements. The component/scheme of Human Resources under NHM includes different interventions to ensure recruitment, deployment, continued capacity building and functioning of adequate health care man power. Interventions for increasing the generation of health Human Resources to meet the demands in the public sector like Contractual appointment of HR for service delivery including Doctors, Consultant, Staff nurses, Lab technicians, ANMs, other paramedical staff and support staff for filling short term gaps at public facilities. Provision of incentives for ensuring service delivery in rural and remote areas, Multi-skilling and skill up-gradation of existing staff such as doctors and staff nurses to overcome the shortage of specialists and skilled manpower interventions for effective management of existing HR, including measures for quality assurance, Measures for assessing the competencies of service delivery staff including nurses, ANM and Lab Technicians etc.

The number of health workers available in a district is a key indicator of that district's capacity to provide delivery and intervention. Table 8 provides the Human Resource Availability in Khawzawl District. In the district at present 4 MO, 5 Staff Nurse, 1 Lab Technician, 1 Ophthalmic Assistant, 1 X-ray technician, 1 Health and Wellness Officer, 16 Health worker, 16 ASHA and 14 4th Grade staff. In the district, there is no Specialist and no pharmacist is appointed.

Table 8: Human Resource of Khawzawl District, 2020-21

Staff details at public facility (Regular+ NHM+ other sources)	In-place
Specialist	0
MO	04
Staff Nurse	05
Pharmacist	0
Lab Technician	01
Ophthalmic Assistant	01
X-Ray Technician	01
Health and Wellness Officer	01
Health Worker	16
ASHA	16
4 Grade Staff	14

Source: MD Office, Mizoram 2020-21

Table 9 represents the number of deliveries conducted in Khawzawl district. Maximum number of deliveries and institutional deliveries were conducted in the month of January to March. There is no specialist in the district; no C-section is operational in any facility of Khawzawl. In Khawzawl district, home deliveries are functional because of the geographical reason, as the beneficiary lives in the interior areas where the transport facility is not reachable.

Table 9: Numbers of Deliveries conducted in Khawzawl District, 2020-2021

Components	Achievement				
	April – June	July– Sept	Oct- Dec	Jan-March	Total
Total Delivery	23	27	43	53	146
Institutional Delivery	23	27	42	49	141
Total C-Section delivery performed	0	0	0	0	0
Home Delivery	0	0	1	4	5
Total live Birth	23	27	43	53	146
Total No of Still Birth	0	0	0	0	2

Source: Medical Officer, Khawzawl, 2020-21

Table 10 depicts the details of Janani Suraksha Yojana and Janani Shishu Suraksha Karyakram funds received by Khawzawl district in the last financial year. It is observed that the maximum number of funds released to number of pregnant women (JSY) and minimum funds is released for sick infant getting JSSK. In the last financial year, the district did not receive any funds for JSSK, as the diet and even the transport services are very important for the mother but still the district does receive any funds.

Table 10: Details of JSY and JSSK Funds received by Khawzawl District, 2020-2021

Components	Achievement				
	April– June	July – Sept	Oct - Dec	Jan-March	Expenditure
No of Pregnant Mother given JSY	63	43	34	33	121100
No of ASHA given JSY	60	58	70	54	109200
No of Mother getting JSSK	36	30	41	48	57710
No of sick infant getting JSSK	0	0	2	0	1200
FUND RECEIVED					TOTAL
Total Fund received in JSY	70800	55600	55000	48900	230300
Total Fund received in JSSK	0	0	0	0	0

Source: Medical Officer, Khawzawl, 2020-21

Figure 3: Community Process by ASHA, Khawzawl District, 2020-2021

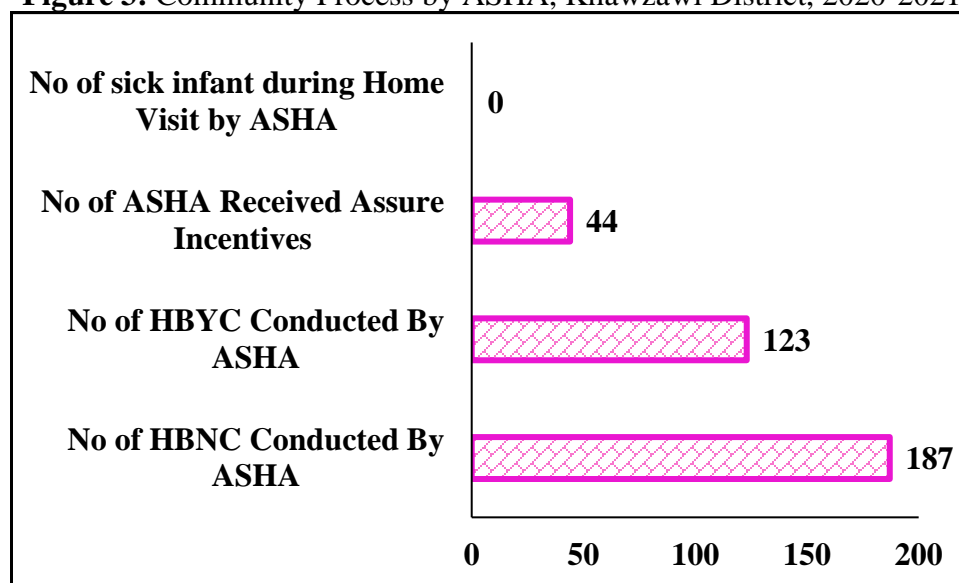


Figure 3 illustrates the community process by ASHA in Khawzawl district. In the district, 187 numbers of Home-based Newborn Care conducted by ASHA, 123 numbers of Home Based Care for Young Children conducted by ASHA. Number of ASHAs received assured incentives were 44 and there is no sick infant during home visits by ASHA in the district.

Table 11: National Programme for Control of Blindness and Visual Impairment (Physical Achievement of CSS Programme under H& FW in Khawzawl, 2020-2021

Components	Achievement			
	April – June	July – Sept	Oct- Dec	Jan-March
Cataract Surgery	0	0	0	0
Glaucoma	0	0	1	1
Diabetes Retinopathy	0	0	0	
School Children Screen	0	0	167	155
School Children Detected with refractive error	0	0	51	66
Provided Free Glasses	0	0	40	46
Childhood Blindness (Congenital	0	0	0	0
TOTAL	0	0	259	268

Source: Medical Officer, Khawzawl, 2020-21

Table 11 represents the achievements of national programme for control of blindness and visual impairment conducted in Khawzawl district. It was observed that in the last financial year in Khawzawl district, maximum numbers of 167 school children were screened for eyes test in the month of October till December. There were 66 school children detected with refractive error and 46 children provided with free glasses.

Table 12: Vector Borne Diseases in Khawzawl District, 2020-2021

Components	Achievements
Blood Collection –RDT	2073
Blood Collection –Slide	911
Total	2984
Positive Case Detected –Pf	4
Positive Case Detected – Pv	2
Total Case	6
No of Death due to Malaria	1

Source: Medical Officer, Khawzawl, 2020-21

Table 12 represents number of Vector Borne diseases conducted in Khawzawl district. It was observed that 2984 blood samples were collected, out of which total 6 positive cases were detected and one person died due to malaria.

Figure 4: Number of Laboratory Tests conducted in Khawzawl District, 2020-2021

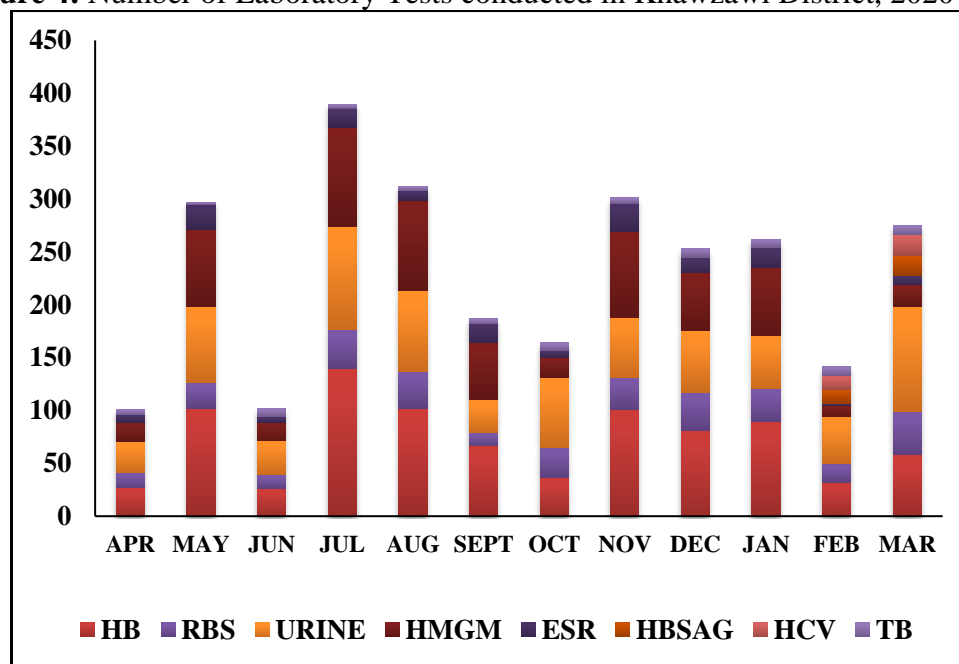


Figure 4 illustrates number of laboratory tests conducted in Khawzawl district in the last financial year. There were total 3876 beneficiaries whose samples were taken in the laboratory. It was found that maximum number of patients were coming for haemoglobin problems in the month of July followed by HMGM (Human Menopausal Gonadotrophin), Random blood sugar (RBS), TB, Hepatitis C Virus (HCV) and HBSAG (Hepatitis B surface antigen).

4. IMPLEMENTATION OF NATIONAL PROGRAMME

4.1 Reproductive, Maternal, New-born, Child and Adolescent Health (RMNC+A)

Improving the maternal and child health and their survival are central to the achievement of national health goals under the National Health Mission (NHM). SDG Goal 3 also includes the focus on reducing maternal, newborn and child mortality. In the past years, innovative strategies evolved under the national programme to deliver evidence-based interventions to various population groups.

Maternal Health is an important aspect for the development of any country in terms of increasing equity & reducing poverty. The survival and well-being of mothers is not only important in their own right but are also central to solving large broader, economic, social and developmental challenges.

Maternal health refers to the health of women during pregnancy, childbirth and the postpartum period. While motherhood is often a positive and fulfilling experience, for too many women it is associated with suffering, ill-health and even death. The RMNCH+A strategy aim to reduce child and maternal mortality through strengthening of health care delivery system.

4.1.1 Janani Suraksha Yojana (JSY)

Janani Suraksha Yojana (JSY) is a safe motherhood intervention under the National Rural Health Mission (NHM). It is being implemented with the objective of reducing maternal and neonatal mortality by promoting institutional delivery among poor pregnant women. The scheme is under implementation in the district. The scheme has been effective in increasing institutional deliveries over a period of time. The scheme incentivizes both mother and ASHA.

Janani Suraksha Yojana is one of the key maternal health strategies under NHM. JSY, a demand promotion scheme was launched in April 2005 with the objective of reducing Maternal and Infant Mortality. This is a conditional cash transfer scheme for pregnant women coming into the institutional fold for delivery. It has been lauded as a successful scheme bringing about a surge in institutional deliveries since its launch. Cash assistance of INR 1400 is provided to mothers who deliver in institutional facilities.

In the Khawzawl district, the health officials have made admirable determination in promoting institutional deliveries by equipping facilities at all levels to handle deliveries. While meeting with officials (MD, SPMO) they said that they had proper records for ASHA payments of their incentives and there is no pending record. Also, payment procedure was also followed up in Champhai.

4.1.2 Janani Shishu Suraksha Karyakaram (JSSK)

To complement JSY, Government of India launched Janani Shishu Suraksha Karyakram (JSSK) to eliminate out of pocket expenditure for pregnant women and sick newborn and infants on drugs, diet, diagnostics, user charges, referral transport, etc. The scheme entitles all pregnant women delivering in public health institutions to absolutely free and no expense delivery including Caesarean section.

Out of pocket expenditure on diagnostics and transport was reported and observed in the district. JSSK beneficiaries were observed to be spending on pick-up transportation/ ambulance due to the far reach or extremely scattered peripheral location of beneficiaries in the district. However, beneficiaries were aware of the drop-back from facility to the home. There were beneficiaries in the facilities during the visit reported spending on drugs. It is an initiative with a hope that states would come forward and ensure that benefits under JSSK would reach every needy pregnant woman coming to government institutional facility. All the States and UTs have initiated implementation of the scheme.

JSSK has been implemented and is functional in Khawzawl District. Beneficiaries are being provided free of cost consultation, drugs and referral transport. However, with respect to diet, only the one's delivering at CHC level is being given food. For the deliveries taking place at sub centres and PHCs, there is no provision of free diet. A recommendation was made to provide nutritious dry food packets containing milk, fruits etc to mothers with costs equivalent to diet cost under JSSK.

4.1.3 Maternal Death Review

Maternal Death Review (MDR) as a strategy has been spelt out clearly in the RCH –II National Programme Implementation Plan document. The importance of MDR lies in the fact that it provides detailed information on various factors at facility, district, community, regional and national level that are needed to be addressed to reduce maternal deaths. Analysis of these deaths can identify the delays that contribute to maternal deaths at various levels and the information used to adopt measures to fill the gaps in service. In Khawzawl district, there is 1 maternal death in the year 2020-21. However, it was reported that MDR is properly functional in the district.

4.1.4 Pradhan Mantri Surakshit Matritva Abhiyan (PMSMA)

The programme has been launched by the Ministry of Health & Family Welfare (MoHFW), Government of India with aim to provide assured, comprehensive and quality antenatal care, free of cost, universally to all pregnant women on the 9th of every month. PMSMA guarantees a minimum package of antenatal care services to women in their 2nd / 3rd trimesters of pregnancy

at designated government health facilities. PMSMA guarantees a minimum package of antenatal care services to women in their 2nd / 3rd trimesters of pregnancy at designated government health facilities. The programme follows a systematic approach for engagement with private sector which includes motivating private practitioners to volunteer for the campaign developing strategies for generating awareness and appealing to the private sector to participate in the Abhiyan at government health facilities.

The programme is running in the district. ANC checkups are being provided on 9th of every month. Mothers who are found to be severely anaemic during the checkups are given Injectable iron supplements (iron sucrose). Also the district has initiated to provide milk and bananas to such mothers, instructing them to take similar nutritious diet on daily basis. Also, an elaborate ANC record card is provided to every mother wherein records are being maintained.

4.1.5 Home Based New Born Care (HBNC)

Under National Rural Health Mission, Home Based New Born Care is being implemented since 2011 for reduction of neonatal mortality in rural areas. The guidelines on Home Based Newborn Care were revised in 2014. Home Based Newborn Care scheme for reduction of neonatal mortality, has incentivized Accredited Social Health Activist (ASHA) for making visits to all newborns and their mothers according to specified schedule up to 42 days of life.

The incentive amounts to a total of Rs. 250 for six visits in case of institutional delivery and seven visits in case of home delivery, subject to the following recording of weight of the newborn in Mother Child Protection (MCP) card, ensuring BCG, 1st dose of OPV and DPT vaccination, both the mother and the newborn are safe till 42 days of the delivery, and registration of birth has been done.

This will be confirmed through recording in MCP cards & ASHA visit form. Special training is being provided to ASHA on Module 6 & 7 in this regards and a kit consisting of required equipment and medicine is also being provided. HBNC is functioning in Khawzawl District.

4.1.6 Rashtriya Bal Swasthya Karyakram (RBSK)

National Health Mission has ensured significant progress in reducing child mortality. However, a dire need prevails to improve survival outcome which would be reached by early detection and management of childhood conditions in a comprehensive manner.

Rashtriya Bal Suraksha Karyakram (RBSK) is an important initiative aiming at early identification and early intervention for children from birth to 18 years to cover 4 'D's viz. Defects at birth, Deficiencies, Diseases, Development delays including disability. The

programme is functional in the district but due to COVID no screening has been performed at schools in the last financial year because of the COVID pandemic.

4.1.7 Family Planning (FP)

Family planning provides a choice & freedom to Women for deciding their Family size number of children and determines the spacing of pregnancies. A woman's freedom to choose "When to become pregnant" has a direct impact on her health and well-being as well as the neonate. This could be achieved only by providing basket of choices for contraceptive methods. Family planning and its various methods allow the couples to determine their favourable family size and the spacing they want between pregnancies. Needless to say, that family planning is enabling women to choose the number of children they want to raise without letting it take a toll on their physical health. Various family planning methods and techniques exist. Family planning is also important from the perspective of an increasing population.

By reducing rates of unintended pregnancies, family planning also reduces the need for unsafe abortions. An activity under family planning is functioning in the district. Female sterilization is noted to be the dominate method under permanent sterilization. PPIUCD, Antara and Chhaya are being promoted at all facilities. Other prevalent methods like condoms were distributed by ASHAs and also available at the facilities visited.

4.2 Disease Control Programme

4.2.1 Integrated Disease Surveillance Programme (ISDP)

The key objective of the programme is to strengthen/maintain decentralized laboratory based IT enabled disease surveillance system for epidemic prone diseases to monitor disease trends and to detect and respond to outbreaks in early rising phase through trained Rapid Response Team (RRTs). In the Khawzawl district, there is a rapid response team working very efficiently and monitoring after all the diseases.

4.2.2 National Vector Borne Disease Control Programme (NVBDCP)

It is an umbrella programme for prevention and control of malaria and other vector borne diseases viz., Lymphatic Filariasis, Kala-azar, Japanese Encephalitis, Chikungunya and Dengue with special focus on the vulnerable groups of the society. Under the programme, it is ensured that the disadvantaged and marginalised sections benefit from the delivery of services so that the desired National Health Policy and Rural Health Mission goals are achieved.

4.2.3 National Leprosy Eradication Programme (NLEP)

It is a chronic infectious disease caused by *Mycobacterium leprae*. It usually affects the skin and peripheral nerves, but has a wide range of clinical manifestations. The National Leprosy Eradication Programme is a centrally sponsored Health Scheme of the Ministry of Health and Family Welfare, Government of India. The NLEP's mission is to provide quality leprosy services free of cost to all sections of the population, with easy accessibility, through the integrated healthcare system, including care for disability after cure of the disease.

4.2.4 The National Tuberculosis Elimination Program (NTEP)

Tuberculosis (TB) is an infectious disease caused by *Mycobacterium Tuberculosis* bacteria. It spreads through air when a person suffering from tuberculosis cough, sneeze or spit. TB remains to be major public health problem in India. TB control efforts are initiated countrywide since 1962 with inception of National TB Control Programme. It aims at diagnosing and caring for TB cases both in the public as well as in the private sector. The Drug sensitive is treated using Fixed Drugs Combinations through Directly Observed Treatment (DOTS) strategy.

4.2.5 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.

5. SERVICE AVAILABILITY AT HEALTH FACILITIES- FACILITY WISE OBSERVATION

The observations made by the monitoring team during the visit to various health facilities in Khawzawl are listed below. The points summarize the broad status of the health facilities with regards to infrastructure, service delivery, manpower, drugs and equipment, etc.

5.1 COMMUNITY HEALTH CENTRE, KHAWZAWL

- The facility got the District Hospital building in 2020 but still working as CHC. At the Central Level also it is recognized as CHC.
- The average OPD load is 30-50 patients per day. But before COVID more patients per day.
- The facility is 21 bedded CHC but the requirement of more beds in the facility.
- The OPD timing in the hospital is 9:00am to 3:00pm and if there is an emergency doctors are available all the time as they are living in the staff quarter, so that time of difficulty doctor services are been provided to the beneficiaries.
- 6 sub-centres and 6 clinics come under this CHC Khawzawl.
- There are 3 HWC in the district but only the structure is ready. Out the 3 HWC, only 1 facility having CHO and in the other 2 facility CHO had resigned.
- In the district hospital, there is 24/7 running water and also drinking water is available at the facility. The facility is geriatric and disability friendly.
- All the toilets were functional properly and were cleaned and there were separate washrooms for men and women.
- There is proper OPD waiting area with sufficient sitting arrangement and availability of drug storeroom with rack is also at the facility.
- In the facility there were 24/7 deliveries services, emergency services, admission services, blood slide collection for Malaria, TB examination, X-ray, COVID-19 sample test available.
- The specialized services available in addition to general OPD, ANC, Delivery, PNC, Immunization, FP, Laboratory services that are available in the facility that are only dental, imaging services (X-ray), labor room complex and emergency care.
- In the district hospital there is availability of telemedicine/consultation and non-availability of functional blood bank.



Figure 5: Community Health Centre , Khawzawl

- There is no availability of Specialist and Pharmacist in the facility. They refer cases to Zoram Medical College (ZMC).
- The facility initiated in Kayakalp but failed to qualify for assessment in the last financial year. But the CHC received 3rd price in the year 2017.
- The biomedical waste management practices as the facility were having 1 sharp pit, 2 deep burial pits and one common bio medical treatment plant.
- In the district hospital 3 MO, 7 Staff Nurse/ GNMs, and 3 LTs is available at the facility.
- There is an availability of computers, internet connectivity and 81 essential medicines (EML)/ drugs (EDL) in the facility out of which 31 drugs are available at the facility.
- The 5 essential drugs shortage in the district hospital from EDL in the last 30 days are Tablet Azithromycin 500 mg, Capsule Amoxicillin 500 mg & 250 mg, Injection Ceftriaxone 1mg, Injection Diclofenac and Lignocaine. These are the essential drugs not available at the facility so the beneficiary had to buy medicine from outside which is the major issue of out of pocket expenditure in the district.
- There is an availability of X-ray services in the hospital manual (non-portable) and around 4694 tests have been done from April to September 2021. The X-ray machine is certified with AERB. There is no availability of CT scan services at the facility.
- There is a minimal shortage of testing Kits/ Rapid Diagnostic kits.
- At the facility there is a major shortage of equipment like ECG and Semi-Auto analyzer.
- The average daily normal delivery load in the district hospital is 10 per month and there is no provision of C-section deliveries at the facility.
- The labour room was clean, with shoe covers, slippers masks and head cover are readily available outside (figure 6).
- In the district hospital total 2 ambulances are available 102 which are very old jeep model given by CMO Champhai and another one is donated by Mizoram Teachers Federation and it is dedicated for COVID-19 purpose only to the CHC Khawzawl.
- Presently all the JSY payments are done but at times there is a delay in payment because of insufficient funding by the government.
- There is an availability of JSSK benefits to all the beneficiaries as there is an availability of In-house kitchen as the facility. All the beneficiaries were aware of the services to be provided to them by the facility.
- In the last financial year, CHC Khawzawl does not receive any funds for JSSK and for the current financial year received funds in the month of May which is only 30,000 Rs.



Figure 6: Well Equipped Labor room, CHC

- Recently, ANTARA is introduced in the State, so now female now preferring ANTARA instead of MALA and CHHAYA.
- Proper family planning counseling is been given to the people by ASHAs and ANMs and the average family size of the people is 3 or 4 (in one family there is either 1 or 2 kids).
- PMSMA services provided on 9th of every month in the district hospital. All the clinical examination and investigation material such as USG been given to them.
- Record maintenance at the facility was efficient and all registers pertaining to OPD, IPD etc. were well maintained and updated.
- The beneficiary interaction surfaced that no cost was borne by them for the delivery and timely doctor rounds were observed.
- There is no maternal death in the facility in the last and current financial year till date. For Child death the facility in the last financial year and current year 9 child death occur.
- In the last 3 months, there are 97 newborns immunized with birth dose and were given breastfeed within one hour of birth.
- In the CHC, DEIC is functional and also there is availability of Adolescent friendly health clinic.
- Adolescent counselor is also available at the facility. There are 83 adolescents were counseled in the last 6 months.
- NCD screening is available all the 7 days in a week. There were 1937 people were screened for hypertension and 249 for diabetes, out of which the confirmed cases for hypertension were 27 and 25 for diabetes.
- The facility is designated as DMC and in last 6 months 2239 samples for TB test is been done. There is availability CBNAAT and 100 percent patients test through CBNAAT/TruNat for drugs resistance in the last 6 months.
- In the facility, 60 percent of TB patients for whom DBT installments have been initiated under Nikshay Poshan Yojana in the last 6 months.
- In the CHC Khawzawl, there is an availability of all HIV and Diabetes Mellitus tests.
- In the last financial year the CHC received 43,754rs RKS funds and utilized all the funds on hospital maintenance and purchase of materials/equipments.
- Outsourced laundry is available.
- Last month there were 8 cases from CHC had been preferred to the district hospital Champhai for Obstetric, Typhoid, and life-saving and trauma cases.

5.2 COMMUNITY HEALTH CENTRE, BIATE

- The catchment population CHC Biate is 2630. The average OPD load is 5-10 patients per day. The facility is 30 bedded. The OPD timing in the hospital is 9:00am to 3:00pm and if there is an emergency doctors are available all the time as they are living in the staff quarter, so that time of difficulty doctor services are been provided to the beneficiaries.



Figure 7: CHC, Biate

- In the district hospital, there is 24/7 running water and also drinking water is available at the facility. The facility is geriatric and disability friendly.
- All the toilets were functional properly and were cleaned and there were separate washrooms for men and women.
- There is proper OPD waiting area with sufficient sitting arrangement and availability of drug storeroom with rack is also at the facility.
- List of services available in CHC Biate are general medicine, Dental, AYUSH, Ophthalmic, OT, Youth Clinic, PMSMA, X-Ray and Laboratory services.
- The specialized services available in addition to general OPD, ANC, Delivery, PNC, Immunization, FP, Laboratory services that are available in the facility that are only imaging services (X-ray).
- In the district hospital there is availability of telemedicine/consultation and non-availability of functional blood bank.
- There is no availability of Specialist in the facility.
- The facility initiated in Kayakalp in the 2016. But in the current year the facility scored 89.5 percent in the internal assessment and got 4th position.
- The biomedical waste management practices as the facility were having 1 sharp pit, 1 deep burial pits and one liquid waste pit.
- In the district hospital 1 MO, 1 Dentist, 5 Staff Nurse/ GNMs, 2 LTs, 1 Pharmacist and 7 others human resource is available at the facility.
- There is an availability of computers, internet connectivity and 81 essential medicines (EML)/ drugs (EDL) in the facility out of which 69 drugs are available at the facility.
- The 5 essential drugs shortage in the district hospital from EDL in the last 30 days are Doxycycline, Amlodipine, Ethyl Alcohol, Iron Sucrose and Ceterizine tablet. These are the essential drugs not available at the facility so the beneficiary had to buy medicine from outside which is the major issue of out of pocket expenditure in the district.

- In CHC Biate, there is minimal shortage of essential consumables in the facility. In the last 6 months, there is 2 times shortage of medicine in the facility.
- There are 1113 in house tests available at the CHC for Malaria, Widal, Weilfex, LFT, KFT, HB, Blood Group, TLC, DLC, ESR, HIV, Hep B, C, Sputu, Collection and Transportation, Blood Sugar, Urine Routine Examination, Stool Test, Pregnant Test, Rapid Antigen Test etc.

- The facility has initiated 2 forms for laboratory test, in which one form is of laboratory investigation form and other form is of Urine test. In both the forms details for the test and even the beneficiary result will be there for their future records (figure 8).

Figure 8: Self initiation- Laboratory Test Form, CHC Biate

- There is a minimal shortage of testing Kits/ Rapid Diagnostic kits.
- At the facility there is a major shortage of equipment like ECG and Semi-Auto analyzer.
- The average daily normal delivery load in the district hospital is 5-10 per month and there is no provision of C-section deliveries at the facility.
- The labour room was clean, with shoe covers, slippers masks and head cover are readily available outside.
- In the district hospital total 2 ambulances are available 102 which are very old jeep model given by CMO Champhai and another one is donated by Mizoram Teachers Federation and it is dedicated for COVID-19 purpose only to the CHC Khawzawl.
- Presently all the JSY payments are done but at times there is a delay in payment because of insufficient funding by the government.
- There is an availability of JSSK benefits to all the beneficiaries as there is an availability of In-house kitchen as the facility. All the beneficiaries were aware of the services to be provided to them by the facility.
- In the last financial year, CHC Khawzawl does not receive any funds for JSSK and for the current financial year received funds in the month of May which is only 30,000 Rs.
- Recently, ANTARA is introduced in the State, so now female now preferring ANTARA instead of MALA and CHHAYA.
- Proper family planning counseling is been given to the people by ASHAs and ANMs and the average family size of the people is 3 or 4 (in one family there is either 1 or 2 kids).
- PMSMA services provided on 9th of every month in the district hospital. All the clinical examination and investigation material such as USG been given to them.

- Record maintenance at the facility was efficient and all registers pertaining to OPD, IPD etc. were well maintained and updated.
- The beneficiary interaction surfaced that no cost was borne by them for the delivery and timely doctor rounds were observed.
- There is no maternal death in the facility in the last and current financial year till date. For Child death the facility in the last financial year and current year 9 child death occur.
- In the last 3 months, there are 97 newborns immunized with birth dose and were given breastfeed within one hour of birth.
- In the CHC, DEIC is functional and also there is availability of Adolescent friendly health clinic.
- Adolescent counselor is also available at the facility. There are 83 adolescents were counseled in the last 6 months.
- NCD screening is available all the 7 days in a week. There were 1937 people were screened for hypertension and 249 for diabetes, out of which the confirmed cases for hypertension were 27 and 25 for diabetes.
- The facility is designated as DMC and in last 6 months 2239 samples for TB test is been done. There is availability CBNAAT and 100 percent patients test through CBNAAT/TruNat for drugs resistance in the last 6 months.
- In the facility, 60 percent of TB patients for whom DBT installments have been initiated under Nikshay Poshan Yojana in the last 6 months.
- In the CHC Khawzawl, there is an availability of all HIV and Diabetes Mellitus tests.
- In the last financial year the CHC received 43,754rs RKS funds and utilized all the funds on hospital maintenance and purchase of materials/equipments.
- Outsourced laundry is available.
- Last month there were 8 cases from CHC had been preferred to the district hospital Champhai for Obstetric, Typhoid, and life-saving and trauma cases.

5.3 PRIMARY HEALTH CENTRE, KAWLKULH

- The Primary Health Centre Kawlkulh distance from district headquarter is 32 km. The health facility was easily accessible from the nearest road. It is 10 bedded facilities.



Figure 9: PHC, Kawlkulh

- The facility caters 11,533 populations.
- Staff quarters are available for Medical Officers and Staff Nurses and it was in a good conditions.
- The facility is functional in PPP mode but there is a shortage of rooms and space and requirement of new building in the PHC Kawlkulh. The overall cleanliness at the facility was up to the mark.
- Record maintenance with regards OPD, IPD, ANC, PNC registers was proper and complete.
- There was electricity power backup;24/7 running water, clean toilet separate for male/female, functional and clean labor room with attached washroom and availability of both suggestion/ complaint box.
- The IEC material, Citizen Charter was not efficient displayed at the PHC with regards to visibility as well as coverage of schemes/programmes.
- The OPD load remains are 10-20 cases per day. Before COVID it was 50 cases per day. The maximum number of patients comes for cough, cold and fever. The facility is managed by 1 MO, 4 Staff nurses, 1 Pharmacist, 7 others and 1 LT.
- The services available at the facility are OPD services, emergency services, deliveries, IPD services, management of Health Programmes, immunization etc. Delivery rate is 6 deliveries per month.
- There is no Specialist in the facility. There is no provision of X-ray services in the facility.
- For emergency, general emergency with triage, resuscitation and stabilization is available at the facility.
- There is an availability of tele-medicine and taken 2 times per week.
- Operation theatre is also available at the facility with minor OT. There is no availability of functioning of Blood Storage Unit.
- For biomedical waste management it is dispose of in the sharp pits, deep burial and compost pit.
- There is an availability of both laptop and desktop and internet connectivity with normal quality of internet connection is available at the facility.
- PHC Kawlkulh awarded for Kayakalp.
- There is an availability of essential medicines and the 9 drugs are available on the day we visited at the facility.

- There is an implementation of DVDMS or similar supply chain management system in PHC Kawlkulh.
- There is a shortage of priority drugs from EDL in the last 30 days are IFA tables, Vitamin A and IFA syrup. There is a sufficient supply of essential consumables.
- In the facility, there aren't tests daily performed in the facility. The number of tests are Hb, RBC, Urine RE, Typhoid, Hepatitis B & C, HIV, VDRL, Malaria, TB screening and Weil Felix test.
- There are 6 deliveries and in the last month 30 deliveries conducted in the facility.
- In PHC Kawlkulh, JSY payments are not on time as the beneficiaries don't have their documents and at time there is a network issue. ASHA payment got delay and they haven't received for the last 6 months. The diet under JSSK scheme is being provided as the facility having in-house kitchen.
- PMSMA services provided on 9th of every month in the district hospital. All the clinical examination and investigation material such as physical assessment and lab test been given to them.
- Record maintenance at the facility was efficient and all registers pertaining to OPD, IPD etc. were well maintained and updated.
- The beneficiary interaction surfaced that no cost was borne by them for the delivery and timely doctor rounds were observed.
- There is 1 maternal death in the facility in the last but no death in the current financial year till date. For Child death the facility in the last financial year there is no child death and current year 1 child death occur.
- In the last 3 months, there are 16 newborns immunized with birth dose and were given breastfeed within one hour of birth.
- In the CHC, DEIC is functional and also there is availability of Adolescent friendly health clinic. Adolescent counselor is also available at the facility. There are 83 adolescents were counseled in the last 6 months.
- NCD screening is available all the 7 days in a week. There were 127 people were screened for hypertension, 99 for diabetes, 38 for oral cancer, 5 for breast cancer and 4 cervical cancer, out of which the confirmed cases for hypertension were 6 and 3 for diabetes.
- The facility is designated as DMC and in last 6 months 2239 samples for TB test is been done. There is availability CBNAAT and 100 percent patients test through CBNAAT/TruNat for drugs resistance in the last 6 months.
- In the facility, 100 percent of TB patients for whom DBT installments have been initiated under Nikshay Poshan Yojana in the last 6 months.
- In the PHC Kawlkulh, there is an availability of all HIV and Diabetes Mellitus tests.
- In the last financial year the PHC received 111132 Rs RKS funds and utilized 324785 Rs the funds on hospital maintenance and purchase of materials/equipments.
- Outsourced laundry is available.

5.4 PRIMARY HEALTH CENTRE, SIALHAWK

- The Primary Health Centre Sialhawk distance from district headquarter is 82.4 km. The health facility was easily accessible from the nearest road. It is a 10 bedded facility.
- No staff quarters are available for any Medical Officers or Staff Nurses.
- No shortage of tablets was observed. The overall cleanliness at the facility was up to the mark.



Figure 10: PHC, Sialhawk

- Record maintenance with regards OPD, IPD, ANC, PNC registers was proper and complete.
- There is 24/7 running water, clean toilet separate for male/ female, functional and clean labor room with attached washroom and availability of both suggestion/ complaint box. There is no power back at the facility.
- The IEC material, Citizen Charter was not efficient displayed at the PHC with regards to visibility as well as coverage of schemes/programmes.
- The OPD load remains are 15 cases per day. It used to be approx. 100 before COVID. The facility is managed by 1 MO, 4 Staff nurses, 4 ANM, 1 Pharmacist, 1 LT and 1 ward boys.
- The services provided here include OPD, testing, Routine Immunization, ANC, PNC and delivery. Delivery rate is high with 8 deliveries per day.
- The bio-medical waste is dispose of in pits.
- For Family planning Antara, Chhaya and IUCD are promoted. Now female preferred Antara as there are many complaints against its side effect but still women come for the next dose with no objection.
- In 2020-21, 1 Lakh 65 thousand untied funds has been provided and 82500 funds has been utilized.
- Referral register is properly updated. No data entry operator at the facility.
- In PHC Sialhawk, JSY payments are not on time as the beneficiaries don't have their documents and at time there is a network issue. The diet under JSSK scheme is not being provided.
- Medicines reaching their expiry dates are sent to facilities where they have drug shortages for optimum utilization.
- The facility has a fixed day for NCD clinic and in a week 6 days the clinic is being operated.
- Various In-house tests are being performed such as Hb, Blood sugar, Malaria, HIV, Urine Albmun,CBC,Sputum,COVID-19 RT-PCR tests.

- The PHC Sialhawk is changing for the laboratory tests from the beneficiaries (Figure 11).
- There facility does not have an X-Ray machine and X-Ray Technician.
- There is a requirement new casualty building and a new isolation ward in the facility.
- There is 1 ambulance services available in the facility but there is no ambulance driver is sanctioned.
- The facility received 3 cases from sub centre which in this month.
- 218 CBAC forms are filled by the facility.
- In 2015, the facility distributed LLN to all the families in high risk areas.
- In the last 3 months, there are 8 newborns immunized with birth dose and were given breastfeed within one hour of birth.
- There is no maternal death in the facility in the last and current financial year till date. For Child death the facility in the last financial year and current child death in the facility.
- NCD screening is available all the 7 days in a week. There is no wellness activities performed in the PHC Sialhawk.
- RKS meeting held two times in a year.

LABORATORY TEST MAN		
1.H.PYLORI	-	RS.100/-
2.BLOOD SUGAR	-	Rs.50/-
3.URINE R/E	-	Rs.10/-
4.WEIL FELIX	-	Rs.50/-
5.BLOOD GROUPING	-	Rs.50/-
6.WIDAL	-	Rs.20/-
7.ASO	-	Rs.20/-
8.RHEUMATOID FACTOR	-	Rs.20/-
9.SYPHILLIS	-	Rs.20/-
10.HCV	-	Rs.20/-
11.HBs Ag	-	Rs.20/-

Figure 11: Out of Pocket expenditure for Laboratory Tests

5.5 SUB CENTRE, CHAWNGTLAI

- The facility caters around 1940 population. The average OPD is 5-10 patients per day.
- Record maintenance was found to be up to the mark in the facility.
- Equipments in the SC were functional and well maintained. Supply of essential contraceptives was also observed.
- All the procured IEC material was properly displayed.
- Availability of all the drugs and their supply.



Figure 12: SC,Chawngtlai

- Sub Centre Chawngtlai does not hoarding board outside the facility.
- No issues were reported with regards to the procurement of untied funds.
- The labor room at the Sub-centre was in accordance with the majority of the labor room guidelines and cleanliness was up to the mark.
- There was no complain/suggestion box in the sub centre.
- The facility has electricity, availability of 24/7 running water, drinking water and proper OPD waiting area with sufficient sitting arrangement.
- The facility is armed by 1 CHO, 2 ANMs and 2 ASHAs workers.
- The CHOs have a functional tablet for data feeding in the HWC portal.
- All the essential instruments were available at the facility such as thermometer, BP instrument, contraceptives and glucometer.
- There is shortage of MALA and recently, ANTARA is introduced in the State, so now female now preferring ANTARA instead of MALA and CHHAYA.
- Now, ANTARA was opted by maximum ladies, as they reported for their side effects after 1st dose but they still go for second dose. The side effects of ANTARA as they had excessive bleeding, late menstrual cycle and gain weight. There were few cases of side after second dose.
- Proper family planning counseling is been given to the people by ASHAs and ANMs and the average family size of the people is 3 or 4 (in one family there is either 1 or 2 kids).
- Regular counselling for family planning by ASHAs and ANMs.
- There is a fixed day for NCD screening.
- There is only 6 Village Health & Sanitation day is been conducted in the last 6 month because of the pandemic no further VHND is been conducted.
- In the last financial year the Sub Centre received 6,000rs RKS fund and utilized all the funds on maintenance.

5.6 SUB CENTRE, KAWLKULH

- The OPD load is 15-20 cases per day and most of the cases for diarrhea, hypertension and fever.
- The facility is managed by 2 ANM and 1 ASHA. There is no CHO at the facility
- There is no seasonal outbreak of any specific diseases in the block.
- The services provided here include OPD, testing, Routine Immunization, ANC, PNC and delivery.
- Payment of JSY is due from the last one year because of technical error, error during entry done by ASHA or by spelling mistake or by incomplete documentation.



Figure 13: SC, Kawlkulh

- The facility having centralized 108 and 102 services for their used.
- There is inadequate supply of medicine from the district hospital. Even the district hospital received limited medicine due to which the supply at other facilities is very less.
- A laptop has been provided to record NCDs, after screening and recording the daily OPDs. Screening of diabetes and hypertension is done with high risks found mostly in the age group falling above 45.
- Record maintenance was found to be up to the mark in the facility.
- Equipments in the SC were functional and well maintained. Supply of essential contraceptives was also observed.
- All the procured IEC material was not properly displayed.
- Availability of all the drugs and their supply.
- No issues were reported with regards to the procurement of untied funds.
- There was no complain/suggestion box in the facility.
- Regular counseling for family planning by ASHAs and ANMs.
- The report of individuals screened for whom CBAC form has been filled in the last six month in the facility.

5.7 COMMUNITY INTERACTION

The team visited Biate Village for gathering community perception on provision of health services. Villagers were gathered at the Health and Wellness Centre Biate and the team interacted with villagers both individually as well as in groups.

- While having interaction with the community people about their health concern we discussed with them about their health that- Health is the ability to remain free from illness, injuries and diseases. But several other factors also contribute to being healthy like clean drinking water, pollution free environment, getting good food, hygienic conditions and a sound mind. If a person gets clean drinking water to drink and a pollution free environment to live they are likely to be healthy and if people do not get these they will be prone to illness.
- Regarding the state of healthcare in our country that gives a completely different picture we discussed with resident of the villager that- Children are undernourished as they do not get adequate nutritious food to eat. Very big amount of population is unable to get clean drinking water leading to water-borne diseases like diarrhea. Compared to urban areas rural areas suffer from lack of sound healthcare facilities. It was told by the villagers that the ratio of qualified medical practitioners and population is very low there. People have to travel long distances to reach Health specialist and sometimes poor transport and communication facility cause delay in treatment and people die from minor or curable diseases only because they don't get prompt and timely treatment.
- Interaction with community it was found that village people are satisfied with the HWC services and its staff. They prefer to go to public health facilities as there is free treatment at public health centres, due to following reasons: Better medical attention and a cleaner environment, the doctors are better qualified and willing to spend more time with patients, and in public facilities they found hope of better and faster recovery.
- Health & Wellness Centres in villages providing free or low-cost healthcare facilities such as treatment of diseases, conducting an essential test and providing medicines. Its main function is to prevent the spread of diseases like tuberculosis, polio, Malaria, jaundice, dengue or chikungunya. The "Pulse Polio Campaign" by the government is one such plan in which all children below the age of 5 years are given polio drops free of cost by health workers.
- In the Biate Village proper planning was done for water, food, women's development and education. This means that water supply schemes were checked, the working of schools and Anganwadi were insured and specific problems of the village were raised and solved. Health Care Centres were also improved. All of these helped to improve the situation but some

problems- such as shortage of medicines, insufficient hospital beds, and few doctors remained and are needed to be addressed.

- While discussing about the lifestyle and living conditions in the village, it was discussed that personal hygiene is essential both for improving health and for sustaining the benefits of interventions. For example, if injuries and minor cuts are not kept clean, they may become infected and lead to further health problems. And even though water supplies and sanitation facilities may be constructed in a community, unless people use these facilities properly and wash their hands after defecation, store water safely, bathe, and clean clothes and utensils properly, diseases caused by poor water and sanitation may still exist.
- To improve the health of people in a community a number of problems may need to be resolved. While it is better to address these problems in an integrated way, it may be necessary to establish priorities and deal with the most pressing issues immediately. This situation could arise; communities or service providers have limited resources and can tackle only a few problems at a time. Community members of Biate Village also have different perceptions of the problems. All people suffer from disease at some point in their lives and may need to seek medical advice and treatment. Small children in particular may be prone to illnesses that require treatment and there are several infectious diseases for which immunization is recommended as ASHA and ANM daily went for the field visit. In all cases, the health outcomes are profoundly affected by whether health care facilities are available to the people.



Figure14: Community Interaction

6. CONCLUSION AND RECOMMENDATION

6.1 CONCLUSION

Population Research Centre, Delhi has been assigned various states of the country by the Ministry of Health and Family Welfare for evaluation and monitoring of NHM Programme Implementation Plans (PIPs). The team is expected to carry out field visits for quality checks and improvements of the different components of NHM. This report explains the Monitoring and Evaluation findings of the Khawzawl District of Mizoram. The team visited health facilities viz: CHC Khawzawl, CHC Biate, PHC Kawlkulh, PHC Sialhawk, SC Chawngtlai and SC Kawlkulh. 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. A summary of our findings in the district is presented below:

With regards to Public health infrastructure, there is no District Hospital, 1 Community Health Centres (CHCs), 5 Primary Health Centres (PHCs), and 20 Sub Centres (SCs) in Khawzawl.

It was impacting the district's performance as it is difficult to track the immunisation, ANC and PNC check-up status and others for migratory population. The facilities like the CHC, PHC and SC of the district were adequately maintained. The premises were generally found clean and properly maintained. All vital equipments and drugs were available in all the facilities.

Trainings of health personnel like medical officers, staff nurses, ANMs, ASHAs and others act as an essential ground for providing quality healthcare services. The lack of training of human resources was evident in the district for instance ANMs were lacking training in HMIS, immunisation and others. The JSY payments were being often delayed as beneficiaries did not have their own account and as per new rules, payments have to be transferred only in beneficiaries account, not in any family member's account and at times delay in funds. Verification of the beneficiary was also a problem as they were generally not equipped with identification documents like Aadhaar card and others. Under JSSK, the beneficiaries were receiving free diet and free medicines.

In Khawzawl district, Male sterilization is very less in comparison to female sterilization despite it being the easier and safer option among the two. Achievements of female sterilization, specifically PPIUCD far outnumbers the targets. Other prevalent methods of Family Planning include Antara, Mala and Chhaya.

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

6.2 RECOMMENDATIONS

- Supply of medicines needs to be strengthened and monitored as we frequently came across complaints of non-availability of medicines. Availability of all essential medicines to all patients is a major factor which inspires confidence in the general public, while ensuring proper compliance with prescribed care. This needs to be completely ensured as a service guarantee and widely publicized in all Health care institutions.
- Transform existing Sub Health Centres and Primary Health Centres to Health and Wellness Centers to ensure universal access to an expanded range of Comprehensive Primary Health Care services.
- Enable delivery of high quality care that spans health risks and disease conditions through a commensurate expansion in availability of medicines & diagnostics, use of standard treatment and referral protocols and advanced technologies including IT systems.
- Instill the culture of a team-based approach to delivery of quality health care encompassing: preventive, promotive, curative, rehabilitative and palliative care.
- Ensure continuity of care with a two-way referral system and follow up support.
- Emphasize health promotion (including through school education and individual centric awareness) and promote public health action through active engagement and capacity building of community platforms and individual volunteers.
- Implement appropriate mechanisms for flexible financing, including performance based incentives and responsive resource allocations. Enable the integration of Yoga and AYUSH as appropriate to people's needs.
- Facilitate the use of appropriate technology for improving access to health care advice and treatment initiation, enable reporting and recording, eventually progressing to electronic records for individuals and families.
- Institutionalize participation of civil society for social accountability.
- Facilitate systematic learning and sharing to enable feedback and improvements and identify innovations for scale up.
- IEC through multimedia campaign like Talk show in local & national channels, radio

spots, printing of leaflets & booklets, etc. will go a long way in educating the general population. Meeting with stakeholders is also planned as they will play an effective role in carrying out the messages to the general population.

- Plan has been made for procurement of sufficient drugs for management of common disorders among elderly population so that increasing number of beneficiaries can avail this service especially among the lower income families thereby reducing their financial burdens.
- The number of still births is high in the district. This infers the lack of acceptance of available health care services in the community. Thus, some new initiatives should be taken to encourage the people to undertake institutional services like deliveries, ANC and PNC checkups, immunisation and others.
- The district receives funds by the government in the treasurer office which is the main cause of delay in the funds and affects the grassroot levels like in JSY payments, JSSK, transport. Instead of giving money to the treasurer the money should be given in the State MD account.
- Clarity in Human resource guidelines was lacking for instance, regarding sanctioning of holiday of the employees, working hours of resident employees under NHM and other issues.
- There are delays in JSY payments as beneficiaries do not have their own account or there are verification problems. Thus, some steps should be taken to solve the issue.
- Various other aspects of inadequate functioning of public health facilities could be addressed by a combination of better supportive supervision and community based monitoring of these institutions, towards their full effectiveness and accountability.
- While the model institutions are showing good results, their model performance only sharpens the deep polarities in the quality of institutions in the State, the ones on the other end of the spectrum continuing to graphically show all the malaise in the public health system. The State government must accelerate reforms especially at the latter end of spectrum as these institutions continue to undermine people's confidence in NRHM and its sustainability.

ANNEXURES



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



Schedule for PIP Monitoring

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	
5. District Hospitals				
6. Sub District Hospital				
7. Community Health Centers (CHC)				
8. Primary Health Centers (PHC)				
9. Sub Centers (SC)				
10. Urban Primary Health Centers (U-PHC)				
11. Urban Community Health Centers (U-CHC)				
12. Special Newborn Care Units (SNCU)				
13. Nutritional Rehabilitation Centres (NRC)				
14. District Early intervention Center (DEIC)				
15. First Referral Units (FRU)				
16. Blood Bank				
17. Blood Storage Unit (BSU)				
18. No. of PHC converted to HWC				
19. No. of U-PHC converted to HWC				
20. Number of Sub Centre converted to HWC				
21. Designated Microscopy Center (DMC)				
22. Tuberculosis Units (TUs)				
23. CBNAAT/TruNat Sites				
24. Drug Resistant TB Centres				
25. Functional Non-Communicable Diseases (NCD)				

clinic <ul style="list-style-type: none"> • At DH • At SDH • At CHC 		
26. 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 		

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 	
<ul style="list-style-type: none"> • Details of Construction completed but not handed over 	

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 	
<ul style="list-style-type: none"> • No. of 24X7 PHCs conducting > 10 deliveries /month 	
<ul style="list-style-type: none"> • No. of CHCs conducting > 20 deliveries /month 	
<ul style="list-style-type: none"> • No. of DH/ District Women and child hospital 	

Indicator	Remarks/ Observation	
conducting > 50 deliveries /month		
<ul style="list-style-type: none"> No. of DH/ District Women and child hospital conducting C-section 		
<ul style="list-style-type: none"> No. of Medical colleges conducting > 50 deliveries per month 		
<ul style="list-style-type: none"> No. of Medical colleges conducting C-section 		
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 		
<ul style="list-style-type: none"> No. of teams with all HR in-place (full-team) 		
<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 		

Indicator	Remarks/ Observation	
• Discharged		
• Referral		
• LAMA		
• Died		
8. Newborn Stabilization Unit (NBSU)		
	Inborn	Out born
• Admission		
• Discharged		
• Referral		
• LAMA		
• 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 		
• Discharged		
• Referral/ Medical transfer		
• LAMA		
• Died		
10. Home Based Newborn Care (HBNC)		
• Status of availability of HBNC kit with ASHAs		

Indicator	Remarks/ Observation
<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 Current FY 	
12. Number of Child Death Review conducted <ul style="list-style-type: none"> Previous year 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 	

Indicator	Remarks/ Observation	
	ALS	BLS
○ Operational agency (State/ NGO/ PPP)		
○ If the ambulances are GPS fitted and handled through centralized call centre		
○ Average number of calls received per day		
○ Average number of trips per ambulance per day		
○ Average km travelled per ambulance per day		
○ Key reasons for low utilization (if any)		
● No. of transport vehicle/102 vehicle (on the road)		
○ If the vehicles are GPS fitted and handled through centralized call centre		
○ Average number of trips per ambulance per day		
○ Average km travelled per ambulance per day		
○ Key reasons for low utilization (if any)		
20. Universal health screening		
● If conducted, what is the target population		
● Number of Community Based Assessment Checklist (CBAC) forms filled till date		
● No. of patients screened, diagnosed, and treated for: <ul style="list-style-type: none"> ○ Hypertension ○ Diabetes ○ Oral cancer ○ Breast Cancer ○ Cervical cancer 		
21. If State notified a State Mental Health Authority		
22. If grievance redressal mechanism in place		
● Whether call center and toll-free number available		

Indicator	Remarks/ Observation		
<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"> o A- Routine and recurring at increased rate of Rs. 2000 pm 			
<ul style="list-style-type: none"> o B- Incentive under NTEP 			
<ul style="list-style-type: none"> o 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 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 			

Indicator	Remarks/ Observation
<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: Treatment success rate: No. of MDR TB Patients: Treatment initiation among MDR TB patients:
<ul style="list-style-type: none"> Beneficiaries paid under NikshayPoshan 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 	

Indicator	Remarks/ Observation
<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 JyotiBima Yojana (PMJJBY) No. of ASHA Facilitator enrolled for Pradhan Mantri Jeevan JyotiBima 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 MantriShram Yogi Maandhan Yojana (PMSYMY) No. of ASHA Facilitators enrolled for Pradhan MantriShram Yogi Maandhan Yojana (PMSYMY) Any other state specific scheme _____ 	
36. Status of MahilaArogyaSamitis (MAS)- <ol style="list-style-type: none"> Formed Trained MAS account opened 	

Indicator	Remarks/ Observation			
37. Status of Village Health Sanitation and Nutrition Committee (VHSNC) a. Formed b. Trained c. MAS account opened				
38. Number of facilities quality certified				
39. Status of Kayakalp and SwachhSwasthSarvatra (SSS)				
40. Activities performed by District Level Quality Assurance Committee (DQAC)				
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				

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		

Status of HRH

Status as on: _____

1. Staff details at public facility (Regular+ NHM+ other sources)	Sanctioned	In-place	Vacancy (%)
• ANM			
• MPW (Male)			
• Staff Nurse			
• Lab technician			
• Pharmacist (Allopathic)			
• MO (MBBS)			
• OBGY			
• Pediatrician			
• Anesthetist			
• Surgeon			
• Radiologists			
• Other Specialists			
• Dentists/ Dental Surgeon/ Dental MO			
• Dental technician			
• Dental Hygienist			
• Radiographer/ X-ray technician			
• CSSD Technician			
• OT technician			
• CHO/ MLHP			
• AYUSH MO			

• AYUSH Pharmacist				
2. Performance of EMOC/ LSAS trained doctors	Trained	Posted in FRU	Performing C-section	
• LSAS trained doctors				
• EmOC trained doctors				

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%)
1. FMR 1: Service Delivery: Facility Based			
2. FMR 2: Service Delivery: Community Based			
3. FMR 3: Community Intervention			
4. FMR 4: Untied grants			
5. FMR 5: Infrastructure			
6. FMR 6: Procurement			
7. FMR 7: Referral Transport			
8. FMR 8: Human Resource (Service Delivery)			
9. FMR 9: Training			
10. FMR 10: Review, Research and Surveillance			
11. FMR 11: IEC-BCC			
12. FMR 12: Printing			
13. FMR 13: Quality			
14. FMR 14: Drug Warehouse & Logistic			
15. FMR 15: PPP			

16. FMR 16: Programme Management			
• FMR 16.1: PM Activities Sub Annexure			
17. FMR 17: IT Initiatives for Service Delivery			
18. 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			
• Maternal Health			
• Child Health			
• RBSK			
• Family Planning			
• RKSK/ Adolescent health			
• PC-PNDT			
• Immunization			
• Untied Fund			
• Comprehensive Primary Healthcare (CPHC)			
• Blood Services and Disorders			
• Infrastructure			
• ASHAs			
• HR			
• Programme Management			
• MMU			
• Referral Transport			
• Procurement			

Indicator	Budget Released (in lakhs)	Budget utilized (in lakhs)	Reason for low utilization (if less than 60%)
• 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)			

Indicator	Budget Released (in lakhs)	Budget utilized (in lakhs)	Reason for low utilization (if less than 60%)
• 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 Prevention and Management of Burn & Injuries			
• Programme for Prevention and Control of Leptospirosis (PPCL)			

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.		



Ministry of Health & Family Welfare
Government of India



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

Service Delivery:

Name of facility visited	
Facility Type	<input type="checkbox"/> DH/ <input type="checkbox"/> SDH

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

Indicator	Remarks/ Observation
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:

Indicator	Remarks/ Observation		
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	
	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	

Indicator	Remarks/ Observation		
	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		

Indicator	Remarks/ Observation				
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			
		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:				

Indicator	Remarks/ Observation										
	Facility score: Award received:										
14. NQAS	Assessment done: Internal/State Facility score: Certification Status:										
15. LaQshya	Labour Room: Operation Theatre:										
16. Availability of list of essential medicines (EML)/ drugs (EDL)	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, total number of drugs in EDL _____ EDL displayed in OPD Area: <input type="checkbox"/> Yes/ <input type="checkbox"/> No 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	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50px; text-align: center;">1</td> <td style="width: 300px;"></td> </tr> <tr> <td style="text-align: center;">2</td> <td></td> </tr> <tr> <td style="text-align: center;">3</td> <td></td> </tr> <tr> <td style="text-align: center;">4</td> <td></td> </tr> <tr> <td style="text-align: center;">5</td> <td></td> </tr> </table>	1		2		3		4		5	
1											
2											
3											
4											
5											
19. Availability of Essential Consumables:	<input type="checkbox"/> Sufficient Supply <input type="checkbox"/> Minimal Shortage <input type="checkbox"/> Acute shortage List the consumables for with there was shortage In last 6 months how many times there was shortage _____										
20. Availability of essential diagnostics	<input type="checkbox"/> In-house <input type="checkbox"/> Outsourced/ PPP <input type="checkbox"/> Both/ Mixed										
<ul style="list-style-type: none"> • In-house tests 	Timing:										

Indicator	Remarks/ Observation
(For 2020-21)	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:
21. X-ray services is available	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If Yes, type & nos. of functional X-ray machine is available in the hospital: Is the X-ray machine AERB certified: <input type="checkbox"/> Yes/ <input type="checkbox"/> No
22. CT scan services available	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes: <input type="checkbox"/> In-house/ <input type="checkbox"/> PPP Out of Pocket expenditures associated with CT Scan services (if any, approx. amount per scan): _____
23. Whether diagnostic services (lab, X-ray, USG etc.) are free for all	<input type="checkbox"/> Free for BPL <input type="checkbox"/> Free for elderly <input type="checkbox"/> Free for JSSK beneficiaries <input type="checkbox"/> Free for all
24. Availability of Testing kits/ Rapid Diagnostic Kits	<input type="checkbox"/> Sufficient Supply <input type="checkbox"/> Minimal Shortage <input type="checkbox"/> Acute shortage
25. Implementation of PM-National Dialysis programme	<input type="checkbox"/> Yes/ <input type="checkbox"/> No <hr/> <input type="checkbox"/> In-house

Indicator	Remarks/ Observation
	<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) 	<input type="radio"/> Previous year _____ <input type="radio"/> 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 neo-natal ambu bag): <input type="checkbox"/> Yes/ <input type="checkbox"/> No
29. Status of JSY payments	Payment is up to date: <input type="checkbox"/> Yes/ <input type="checkbox"/> No Average delay: Payment done till:

Indicator	Remarks/ Observation
	Reasons for delay:
30. Availability of JSSK entitlements	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, whether all entitlements being provided <input type="checkbox"/> Free delivery services (Normal delivery/ C-section) <input type="checkbox"/> Free diet <input type="checkbox"/> Free drugs and consumables <input type="checkbox"/> Free diagnostics <input type="checkbox"/> Free blood services <input type="checkbox"/> Free referral transport (home to facility) <input type="checkbox"/> Free referral transport (drop back from facility to home) <input type="checkbox"/> No user charges
31. PMSMA services provided on 9 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

Indicator	Remarks/ Observation		
	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 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		

Indicator	Remarks/ Observation		
	c. Oral Cancer		
	d. Breast Cancer		
	e. Cervical 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		
	Percent of TB Patients for whom DBT installments have been initiated under NikshayPoshan Yojana in the last 6 months:		
52. 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 		
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		

Indicator	Remarks/ Observation
	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):	
<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)	

Indicator	Remarks/ Observation
c)	
d)	
e)	



Ministry of Health & Family Welfare
Government of India



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

Service Delivery:

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

		Distance:	
Indicator		Remarks/ Observation	
4. OPD Timing			
5. Whether the facility is functioning in PPP mode		<input type="checkbox"/> Yes/ <input type="checkbox"/> No	
6. Condition of infrastructure/ building		Comments:	
Please comment on the condition and tick the appropriate box		<input type="checkbox"/> 24*7 running water facility <input type="checkbox"/> Facility is geriatric and disability friendly (ramps etc.) <input type="checkbox"/> Clean functional toilets available (separate for Male and female) <input type="checkbox"/> Drinking water facility available <input type="checkbox"/> OPD waiting area has sufficient sitting arrangement <input type="checkbox"/> ASHA rest room is available <input type="checkbox"/> Drug storeroom with rack is available Power backup: <input type="checkbox"/> Complete Hospital/ <input type="checkbox"/> Part of the hospital	
7. Number of functional in-patient beds			
8. List of Services available			
<ul style="list-style-type: none"> 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		
<ul style="list-style-type: none"> 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			
<ul style="list-style-type: none"> Emergency 	General emergency: or facilities available for: 1. Triage 2. Resuscitation 3. Stabilization			
9. Tele-medicine/Consultation services available	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, average case per day _____			
10. Operation Theatre available	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, Major: Minor:			
11. Availability of functional Blood Storage Unit	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, number of units of blood currently available: _____ No. of blood transfusions done in last month: _____			
12. Whether blood is issued free, or user-fee is being charged	<input type="checkbox"/> Free for BPL <input type="checkbox"/> Free for elderly <input type="checkbox"/> Free for JSSK beneficiaries <input type="checkbox"/> Free for all			
13. Biomedical waste management practices	Sharp pit:			

	Deep Burial pit: Other System, if any:				
14. Details of HR available in the facility (Sanctioned and In-place)	HR		San.	Reg.	Cont.
	MO (MBBS)				
	Specialists	Medicine			
		ObGy			
		Pediatrician			
		Anesthetist			
	Dentist				
	SNs/ GNMs				
	LTs				
	Pharmacist				
	Dental Assistant/ Hygienist				
	Hospital/ Facility Manager				
	EmOC trained doctor				
LSAS trained doctor					
Others					
15. 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: _____				
16. Kayakalp	Initiated: Facility score: Award received:				
17. NQAS	Assessment done: Internal/State Facility score: Certification Status:				
18. LaQshya	Labour Room: Operation Theatre:				
19. Availability of list of essential medicines (EML)/ drugs (EDL)	<input type="checkbox"/> Yes/ <input type="checkbox"/> No				
	If yes, total number of drugs in EDL _____				

	EDL displayed in OPD Area: <input type="checkbox"/> Yes/ <input type="checkbox"/> No No. of drugs available on the day of visit (out of the EDL) _____
20. Implementation of DVDMS or similar supply chain management system	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If other, which one _____
21. Shortage of 5 priority drugs from EDL in last 30 days, if any	1
	2
	3
	4
	5
22. Availability of Essential Consumables:	<input type="checkbox"/> Sufficient Supply <input type="checkbox"/> Minimal Shortage <input type="checkbox"/> Acute shortage In last 6 months how many times there was shortage _____ List the consumables for which there has been shortage _____
23. Availability of essential diagnostics	<input type="checkbox"/> In-house <input type="checkbox"/> Outsourced/ PPP <input type="checkbox"/> Both/ Mixed
• 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 Supply <input type="checkbox"/> Minimal Shortage <input type="checkbox"/> Acute shortage (List the name of kits for which there is 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:

	<p>OT:</p> <p>Functional New-born care corner (functional radiant warmer with neo-natal ambu bag): <input type="checkbox"/> Yes/ <input type="checkbox"/> No</p>
30. Status of JSY payments	<p>Payment is up to date: <input type="checkbox"/> Yes/ <input type="checkbox"/> No</p> <p>Average delay:</p> <p>Payment done till:</p> <p>Reasons for delay:</p>
31. Availability of JSSK entitlements	<p><input type="checkbox"/> Yes/ <input type="checkbox"/> No</p> <p>If yes, whether all entitlements being provided</p> <p><input type="checkbox"/> Free delivery services (Normal delivery/ C-section)</p> <p><input type="checkbox"/> Free diet</p> <p><input type="checkbox"/> Free drugs and consumables</p> <p><input type="checkbox"/> Free diagnostics</p> <p><input type="checkbox"/> Free blood services</p> <p><input type="checkbox"/> Free referral transport (home to facility)</p> <p><input type="checkbox"/> Free referral transport (drop back from facility to home)</p> <p><input type="checkbox"/> No user charges</p>
32. PMSMA services provided on 9 th of every month	<p><input type="checkbox"/> Yes/ <input type="checkbox"/> No</p> <p>If yes, how are high risks identified on 9th?</p> <p>If No, reasons thereof:</p>

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 NikshayPoshan 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 Supply <input type="checkbox"/> Minimal Shortage <input type="checkbox"/> Acute shortage In last 6 months how many times there was shortage _____	

	(Also list the consumables for which there was shortage)
19. Availability of essential diagnostics	<input type="checkbox"/> In-house <input type="checkbox"/> Outsourced/ PPP <input type="checkbox"/> Both/ Mixed
<ul style="list-style-type: none"> In-house tests For 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 Supply <input type="checkbox"/> Minimal Shortage <input type="checkbox"/> Acute shortage
23. If there is any shortage of major instruments/	List of Equipment

equipment	
24. Average downtime of equipment. Details of equipment are nonfunctional for more than 7 days	
25. Availability of delivery services	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
<ul style="list-style-type: none"> If yes, details 	<p>Comment on condition of labour room:</p> <p>Functional New-born care corner (functional radiant warmer with neo-natal ambu bag): <input type="checkbox"/> Yes/ <input type="checkbox"/> No</p>
26. Status of JSY payments	<p>Payment is up to date: <input type="checkbox"/>Yes/ <input type="checkbox"/>No</p> <p>Average delay:</p> <p>Payment done till:</p> <p>Reasons for delay:</p>
27. Availability of JSSK entitlements	<p><input type="checkbox"/>Yes/ <input type="checkbox"/>No</p> <p>If yes, whether all entitlements being provided</p> <p><input type="checkbox"/>Free delivery services (Normal delivery/ C-section)</p> <p><input type="checkbox"/>Free diet</p> <p><input type="checkbox"/>Free drugs and consumables</p> <p><input type="checkbox"/>Free diagnostics</p> <p><input type="checkbox"/>Free blood services</p> <p><input type="checkbox"/>Free referral transport (home to facility)</p> <p><input type="checkbox"/> Free referral transport (drop back from facility to home)</p> <p><input type="checkbox"/>No user charges</p>
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 NikshayPoshan 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 initiated for slum population	<input type="checkbox"/> Not yet initiated <input type="checkbox"/> Initiated <input type="checkbox"/> Completed
58. Number of CBAC forms filled (NUHM)	
59. Is Specialist services provided at U-PHC?	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, specialist services are provided through: <input type="checkbox"/> Teleconsultation/ <input type="checkbox"/> Clinic Schedule: <input type="checkbox"/> Fixed/ <input type="checkbox"/> Rotational

	Type of specialist services available: <input type="checkbox"/> OBGY, <input type="checkbox"/> Pediatrics, <input type="checkbox"/> Medicine, <input type="checkbox"/> Dermatology, <input type="checkbox"/> Ophthalmology, Others_____
60. UHNDs Conducted:	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, no. of UHND conducted per month_____
61. Special Outreach camps conducted:	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, no. of UHND conducted during last quarter_____
	Type of specialties provided during special outreach camps: _____



Ministry of Health & Family Welfare
Government of India



Sub-Centre (SC) Level Checklist

Service Delivery: Sub Centre

Name of facility visited	
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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	<p>Comments:</p> <p><input type="checkbox"/> 24*7 running water facility</p> <p><input type="checkbox"/> Facility is geriatric and disability friendly</p> <p><input type="checkbox"/> Clean functional toilets available (separate for Male and female)</p> <p><input type="checkbox"/> Drinking water facility available</p> <p><input type="checkbox"/> OPD waiting area has sufficient sitting arrangement</p> <p><input type="checkbox"/> ASHA rest room is available</p> <p><input type="checkbox"/> Drug storeroom with rack is available</p> <p><input type="checkbox"/> Branding</p> <p><input type="checkbox"/> Specified area for Yoga / welfare activities</p> <p><input type="checkbox"/> Power backup</p>

Indicator	Remarks/ Observation			
3. Biomedical waste management practices				
4. Details of HR available in the facility (Sanctioned and In-place)	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: _____			
6. Availability of list of essential medicines (EML)/ drugs (EDL)	<input type="checkbox"/> Yes/ <input type="checkbox"/> No			
	If yes, total number of drugs in EDL _____ EDL displayed in OPD Area: <input type="checkbox"/> Yes/ <input type="checkbox"/> No No. of drugs available on the day of visit (out of the EDL) _____			
7. Are anti-TB drugs available at the SHC?	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, are there any patients currently taking anti-TB drugs from the SHC? <input type="checkbox"/> Yes/ <input type="checkbox"/> No			
8. Shortage of 5 priority drugs from EDL in last 30 days, if any	1			
	2			
	3			
	4			

Indicator	Remarks/ Observation	
	5	
9. Drugs Available for Hypertension & Diabetic patients:	1	
	2	
	3	
10. Shortage of sufficient number of Hypertension & Diabetic in last 7 days	1	
	2	
	3	
11. Are CHOs dispensing medicines for hypertension and diabetes at SHC-HWC	<input type="checkbox"/> Yes/ <input type="checkbox"/> No	
12. Availability of Testing kits/ Rapid Diagnostic Kits	<input type="checkbox"/> Sufficient Supply <input type="checkbox"/> Minimal Shortage <input type="checkbox"/> Acute shortage List of Kits (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	

Indicator	Remarks/ Observation		
19. Follow up of:	SNCU discharge babies: <input type="checkbox"/> Yes/ <input type="checkbox"/> No LBW babies: <input type="checkbox"/> Yes/ <input type="checkbox"/> No		
20. Line listing of all eligible couple in the area	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
21. Availability of trained provider for IUCD/ PPIUCD	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
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 for Lifestyle management: Medicines for Hypertension: Medicines for Diabetes: Medicines for Others:		
29. Source of getting drugs/ medications for individual. Number of individuals taking medication for HTN and DM during last six months from which source Taking medication for HTN/DM	From SC-HWC: From Linked PHC: From other govt. facilities: (Specify) From pvt. Chemist shop: (Average OOP/month)		
30. Status of use of:	<ul style="list-style-type: none"> • Tele-consultation services • HWC App 		

Indicator	Remarks/ Observation		
	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			
<ul style="list-style-type: none"> • Status of availability of Functional HBNC Kits (weighing scale/ digital thermometer/ blanket or warm bag) 			
<ul style="list-style-type: none"> • Status of availability of Drug Kits (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 NikshayPoshan 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			

Indicator	Remarks/ Observation
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)	
d)	
e)	

