



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



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## Table of Contents

<b>LIST OF TABLES</b>	4
<b>LIST OF FIGURES</b>	4
<b>ACKNOWLEDGMENTS</b>	5
<b>ABBREVIATIONS</b>	6
<b>EXECUTIVE SUMMARY</b>	8
<b>CHAPTER-1</b>	
<b>Introduction</b>	
1.1 Background and Objectives	10
1.2 Demographic Profile	11
1.3 HMIS Service Delivery Indicator	12
<b>CHAPTER-2</b>	
<b>Public Health Financing</b>	
2.1 Record of Proceedings, NHM Tripura	14
2.2 District Health Action Plan and District Allocations	15
2.3 District Financial Management Report, Khowai, Tripura	16
2.4 Programme-Wise Status Expenditure,Khowai	17
<b>CHAPTER-3</b>	
<b>Public Health Planning and Implementation</b>	
3.1 Health Infrastructure and Facilities	20
3.2 Human Resources for Health	21
3.2.1 Community Process	23
3.3 Referral Transport	24
3.4 Capacity Building-Training Status	24
<b>CHAPTER-4</b>	
<b>National Health Mission Programmes</b>	
4.1 Reproductive, Maternal, Neonatal and Adolescent Health Services	26
4.2 Communicable Programmes	28
4.3 Non-Communicable Programmes	29
4.4 Other National Programmes	32





## **CHAPTER-5**

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### Public Health Facility Assessments

5.1 District Hospital, Khowai	33
5.2 Community Health Centre,Kalayanpur	34
5.3 Primary Health Centre,Chebri	35
5.4 Primary Health Centre	37
5.5 Sub-Centre, Jambura	38
5.6 Sub-Centre-Rajsanagar	40

## **CHAPTER-6**

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### Perceptions of Community Members

6.1 Background	42
6.2 Health Seeking Behaviour	42
6.3 Lifestyle Practices	42
6.4 Accessibility of Drugs, Diagnostics, and Referral Transport	43
6.5 Behaviour of Health-Care Providers	43
6.6 Initiatives w.r.t COVID-19	43

## **CHAPTER-7**

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### Conclusions and Recommendations

7.1 Key Findings	44
7.2 Recommendations	45

<b>ANNEXURES-I</b>	47
--------------------	----

<b>ANNEXURES-II</b>	54
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## LIST OF TABLES

<b>Table 1:</b> List of Facilities Visited in Khowai district, Tripura.....	10
<b>Table 2:</b> HMIS Service Delivery Indicator for Tripura and Khowai District,2021-22.....	12
<b>Table 3:</b> Record of Proceedings, Tripura .....	13
<b>Table 4:</b> Flexi-pool wise share of resource Envelope, Tripura.....	14
<b>Table 5:</b> Information about District Health Action Plan (DHAP), 2021-22.....	15
<b>Table 6:</b> Details of Health Facilities Available,2021-22.....	19
<b>Table 7:</b> Availability of human resource, 2021-22 .....	21
<b>Table 8:</b> Vacant Posts under NHM,Khowai .....	22
<b>Table 9:</b> Status of social benefit scheme for ASHAs and ASHA Facilitators, 2021-22.....	23
<b>Table 10:</b> Details of Referral Transport, Khowai district.....	23
<b>Table 11:</b> Details of RMNCHA+ programmes functional at Khowai, 2021-22 .....	26
<b>Table 12:</b> Status Implementation of Communicable Disease, Khowai.....	28
<b>Table 13:</b> Non-Communicable Diseases Programme Implementation status in Khowai, 2021....	29
<b>Table 14:</b> Status of MSSSKA,Khowai.....	30
<b>Table 15:</b> Status Implementation of CPHC.....	30
<b>Table 16:</b> FMR Status, Khowai .....	46
<b>Table 17:</b> Status of Expenditure, RCH.....	46
<b>Table 18:</b> Status of Expenditure, Communicable Disease .....	47
<b>Table 19:</b> Status of Expenditure, Non-Communicable Diseases .....	47
<b>Table 20:</b> Infrastructure Details at DH, Khowai .....	47
<b>Table 21:</b> List of Services available at DH Khowai.....	48
<b>Table 22:</b> Availability of HR at DH,Khowai .....	48
<b>Table 23:</b> Availability of emergency and OT services DH,Khowai.....	49
<b>Table 24:</b> Status of health infrastructure at CHC.....	49
<b>Table 25:</b> Availability of specialized services at CHC .....	50
<b>Table 26:</b> Human resources availability at CHC .....	50
<b>Table 27:</b> Status of health infrastructure at PHC.....	50
<b>Table 28:</b> Human resources availability at PHC .....	51
<b>Table 29:</b> Status of health services at PHC.....	51
<b>Table 30:</b> Status of health services, SC .....	52

## LIST OF FIGURES

<b>Figure 1:</b> Map of Khowai District .....	10
<b>Figure 2:</b> Percentage of Utilization as per FMR .....	15
<b>Figure 3:</b> Fund Utilization Programme Wise of RCH Programmes .....	16
<b>Figure 4:</b> Fund Utilization Programme Wise of Communicable Programmes .....	17
<b>Figure 5:</b> Fund Utilization Programme Wise Non-Communicable Programmes .....	18
<b>Figure 6:</b> Details of HR training as per RoP approval, 2021-22 .....	24
<b>Figure 7:</b> Status Implementation of Quality Assurance Programmes .....	31
<b>Figure 8:</b> District Hospital,Khowai.....	32
<b>Figure 9:</b> Community Health Centre,Kalyanpur .....	33
<b>Figure 10:</b> Primary Health Centre,Chebri.....	35
<b>Figure 11:</b> Primary Health Centre, Baijal Bari.....	36
<b>Figure 12:</b> Sub-Centre, Jambura.....	37
<b>Figure 13:</b> Sub-Centre,Rajasnagar .....	39





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## ABBREVIATIONS

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





## DISTRICT HIGHLIGHTS KHOWAI, TRIPURA

### MATERNAL HEALTH

- Nearly, 87.2 % of the PW have registered for ANC.
- Four ANC visits stands at 41.5%
- Average OOP per delivery in a public facility is Rs.7328
- No back log for JBY Payments in the district.
- Home deliveries are being performed in far flung areas



### District Hospital, Khowai

- No ICU beds available at the DH.
- Labor room is not LaQshya certified
- Need trauma centre as cases are high.
- Space crunch visible at the facility.
- Delivery burden is immense

### Community Health Centre, Kalyanpur

- Due to vacant post of gynaecologist less deliveries.
- Drug shortage of Calcium in the facility for the past 7 months.
- Lack of specialists at the facility

### Primary Health Centre, Chebri

- High OPD load as it is situated between CHC and DH.
- Requirement of ambulance as referred cases are high.
- Need for MPW for outreach activities.

### Primary Health Centre, Baijalbari

- Full immunization status in far-flung areas.
- Zero Home delivery as adopted the strategy by communicating by the Auto Driver for remote or far-flung areas
- Prevalence of anaemia is high amongst the PW.

### Sub-Centre, Jambura

- Dire need of CHO as screening of NCD hasn't been initiated.
- Shortage of ORS, Zinc, PCM and Albendazole for more than 30 days.

### Sub-Centre (HWC), Rasarajnagar

- Acceptance of Yoga is less amongst the community members.
- Irregular supply of drugs for diabetes.
- Acceptance of Quacks is widely accepted by the community members of the area.

Hence, it can be said that the performance of the district is less because West Tripura (Agartala) is near and therefore, all the



### CHILD HEALTH (0-5)

- Stunted-47%
- Wasted-16.6%
- Underweight-24.7%



### FAMILY PLANNING

- Any method-79.9%
- Any modern method-49.9%
- Less acceptance for permanent methods



### VACANT POSTS UNDER NHM (+2 YEARS)

**DHQ Level-Data Assistant, Media Expert, ASHA Programme Manager, Computer Assistant Immunization, VBD Consultant**



**DE/SDH/CHC Level**  
Sub- Divisional Program Manager, Adolescent Counsellor, Sub-Divisional Media Expert, Sub- Divisional ASHA Program Manager, HMIS Assistant, Administrative Cum Account Assistant

### STATUS OF QUALITY ASSURANCE

- LaQshya  0%
- NQAS-1 in Process
- Kayakalp  1.7%





## EXECUTIVE SUMMARY

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

The report is prepared on the basis of visits to the following public health facilities in Khowai district, Tripura: District Hospital Khowai, Community Health Centre, Kalyanpur, Primary Health Centres-Baijal Bari and Chebri, and Sub-Centres Jambura and Rasarajnar. Meetings were held with the Chief Medical Officer (CMO) and the NHM Nodal Officials to understand the strengths and weakness of the facilities in service provisioning. Health Management Information System (HMIS) data was verified for the District Hospital Ranking data validation purposes.

### **Challenges and Gaps in the Health Service Delivery**

- **Persistence of Home Deliveries:** Home deliveries are still prevalent in the district especially in the far-flung areas where there is no accessibility of basic services and the time for ambulance arrival is relatively high.
- **Registration and Check-ups for Ante-Natal Care (ANC):** The percentage of first trimester registration to total ANC registration displays a grim picture of the district. Similarly, pregnant women who received 4 or more ANC check-ups is also low which stands at 54.7 percent.
- **Manpower Crunch:** There is paucity of human resources affects the NHM in the district. Most of the facilities lack Human Resources specifically in case of Mother and Child health. Thereby, affecting the quality of work and putting more burdens on the existing staff, resulting to which cases are being referred to higher facilities.
- **Prevalence of Anaemia:** The level of anaemia is high amongst the women in the district despite various programmes have been initiated. The underlying reason behind such a prevalence of anaemia is due to various socio-economic factors such as poverty and social neglect, diet and nutrition related factors.
- **Excessive delivery burden on District Hospital:** There is only one delivery point in the entire district leading to an excess burden for conducting normal deliveries.
- **Transmission of Malaria:** The prevalence of vector borne disease Malaria is extremely high in the said district. The mosquito-borne disease is amongst the biggest challenge and has declared this disease to be Endemic. Asymptomatic cases were seen in the district and it was reported that the community members





of the districts have somehow been immune to this disease and are acting as a transmitter.

- **Usage of Alcohol and Tobacco:** Consumption of alcohol, tobacco and gutka is prevalent in the local community, and people get addicted to it early. People in the area suffer from many serious diseases caused by alcohol and tobacco use and this has been majorly been reported amongst males and adolescents.
- **Status of Quality Assurance Programmes:** None of the facilities are LaQshya or NQAS certified as the facilities are lagging in terms of the performance and assessment criteria which is not met as per the guidelines under the scheme. Only few facilities are Kayakalp awarded as they don't meet certain parameters of the internal and external assessment. The district is still working on Quality Assurance Programmes.

### **Key Recommendations:**

- Initiatives should be taken timely for all the public health facilities in Khowai w.r.t the accreditation of quality care certification. This is mostly recommended for NQAS and LaQshya.
- It is advised that awareness regarding adverse effects of tobacco consumption should be spread by front-line workers. Furthermore, the awareness even can be made during the adolescent age as this is a critical age period wherein such lifestyle can be adopted in schools through relevant IEC material.
- To ease the delivery load at district hospital, it is advised that the Sub-Divisional Hospital and Community Health Centres should be strengthened as they can evenly share the load in terms of delivery services and other related health-care services.
- The lack of Human Resource affecting the performance of National Health Mission (NHM) programmes in the district. Therefore, it is advocated that guidelines need to be issued regarding filling the vacancies, and the positions must be filled.





## CHAPTER-1: INTRODUCTION

### 1.1 Background and Objectives

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

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

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

The specific objectives of the report are as follows:

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

The report is prepared on the basis of field – based observations and visits to the following public health facilities in Khowai district: District Hospital Khowai, Community Health Centre, Kalyanpur, Primary Health Centres-Baijal Bari and Chebri, and Sub-Centres Jambura and Rasarajnagar. Structured checklists were used to collect information on various parameters such as human resources, infrastructure, funds utilization, training, health care services including drugs and equipment's, disease control programmes and other programmes under the ambit of NHM activities.

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





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

**Table 1:**List of Facilities Visited in Khowai district, Tripura

Healthcare Facility	Name of the Facilities	Team Composition
District Hospital	DH,Khowai	Prof.Suresh Sharma & Ms.Aashima Gupta
Community Health Centre	CHC,Kalyanpur	
Primary Health Centre	PHC,Baijal	
Primary Health Centre	PHC-Chebri	
Sub Centre	SC-HWC,Jambura	
Sub-Centre	SC-HWC, Rasarajnagar	

### 1.2 Demographic Profile

Khowai district is a district of Tripura state of India which was created in January, 2012 when four new districts were created in Tripura. These districts were taken and have been divided into 4 districts into 8 district. The said district has been carved out from West Tripura district along with new Sipahijala district.

**Figure 1:**Map of Khowai District



Source: CMO Office,Khowai





The district is divided into two subdivisions, which comprises of Khowai and Teliamura respectively. The district is surrounded by Kamalpur subdivision of Dhalai district in the east, Sadar subdivision of West Tripura in the west and Amarpur subdivision of Gomati district in the south. Khowai district also shares a border with Bangladesh in the north.

According to Census,the total population of the district stands at 3,31,488 wherein the majority of the population resides in the rural area with population having 2,95,472 and the remaining population in urban area with 36,016 inhabitants. Khowai has a sex ratio of 957 females to 1000 males and a literacy rate of 97.39 percent. Whereas, the population density of the district stands at 326 persons per square kilometer and the total landmass of the district is 1377 Km<sup>2</sup>

### 1.3 HMIS Service Delivery Indicator

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

Antenatal Care (Pre-Natal care), is one of the most important components of the Maternal Health. ANC refers to the regular medical and nursing care suggested for women throughout their gestation period of pregnancy to ascertain the well-being of the mother and the foetus as well. Furthermore, with regular prenatal care, women can reduce the risk of pregnancy complications. According to the HMIS, around 74.3 per cent of women in Khowai have registered for ANC in the first trimester while women who registered for ANC up to 4 or more check-ups, have a lower share of percentage (59.7 per cent). According to the HMIS data source, IFA supplementation was given less which stands at 49.2 per cent of all women who registered for ANC. The total maternal deaths recorded in the district stands only one in the last financial year.

Delivery care is a vital factor for infant health. The total home deliveries in Khowai district, is 94 deliveries. Skilled Birth Attendant (SBA) as an individual is the one who can handle common obstetric and neonatal emergencies. Thus, the attendance of SBA in case of home delivery is necessary to combat maternal deaths. About 94.4 per cent of all deliveries were institutional deliveries and of all the institutional deliveries in Khowai district. Around, 20.1 per cent women were discharged in less than 48 hours of delivery at public institutions. Of all women who registered for ANC, just 67.4 per cent went for institutional delivery and around 20 per cent were C-section deliveries.

With regards to Post Natal Care, around 91.2 per cent of the new-borns were breast fed within 1 hour of delivery and 98.5 percent new-borns were weighed at birth in the district. Out of the total weighted new-born, more than 12.1 per cent new-born are having weight less than 2.5 kg to total weighted. The share percentage of women received the 1st post-partum check-up within 48 hours and 14 days of delivery is low i.e., the figure stands at 30.2 percent respectively. In the last financial year, 1 maternal death, 26 infant deaths and 1 child death was reported in Khowai district, Tripura.





The Reproductive and Child Health programme (RCH) II under the National Rural Health Mission (NRHM) systematically assimilates all possible interventions that improve child health and addresses factors contributing to Infant and under-five mortality. With regards to the service delivery for Child Health, around 3913 children were fully immunized (9-11 months) in Khowai district.

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

Data Item Name	Tripura	Khowai
% 1st Trimester registration to Total ANC Registrations	75.2	74.3
% Pregnant women given 180 IFA to Total ANC Registrations	69.2	49.2
% Pregnant women given 360 Calcium tablets to Total ANC Registrations	21.2	3.5
% Pregnant Women received 4 or more ANC checkups to Total Registration	79.4	59.7
Total Home Delivery	2649	94
Total Reported Deliveries	52641	2947.0
% of Institutional Deliveries to Total Reported Deliveries	90.1	94.4
% of C Section Deliveries to Total Institutional Deliveries	25.9	19.9
% Institutional Deliveries to total ANC Registrations	78.9	67.4
% Women discharge in less than 48hours of delivery to Total Institutional Deliveries at Public Institutions	5.1	20.1
Total Live Birth	49585	2853
Still Birth	868	34
% Newborn weighed at Birth to Live Birth	99.3	98.5
% of newborns having weight less than 2.5 kg to total live birth	11.2	12.1
% Newborn breast fed within 1 hour of birth to Total Live Birth	97.2	91.2
% Women getting 1stPost-Partum Checkup between 48 hours and 14 days to Total Reported Deliveries	82.2	30.2
% Male Sterilization (Vasectomies) to Total sterilization	0.7	0.0
% Female Sterilization to total sterilization	99.2	100.0
% of IUCD insertion to total institutional deliveries	0.7	0.6
Number of Emergency Contraceptive Pills (ECP) given	5592	1278
Number of Fully Immunized children	48752	3913
% of children discharged with target weight gain from NRC	34.04	0
Infant Death	261	26
Child Death	64	1
Maternal Death	88	1

Source: HMIS,2021-22

Female sterilization as a method of permanent family planning dominates the statistics with 100 per cent of all sterilization conducted in the year 2021-22 in the district. Total sterilization conducted was reported to be 173 in number.





## CHAPTER-2: PUBLIC HEALTH FINANCING

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

### 2.1 Record of Proceedings, Tripura

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

**Table 3:**Record of Proceedings, Tripura

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

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

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

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

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





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

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

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

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

\*indicate amount in Crores

## 2.2 District Health Action Plans and District Allocations

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

The table-5 ascertains the submission and approval timelines of District Health Action Plan for previous year (2021-22) and current year (2022-23). It can be observed that, in the previous year the DHAP was prepared and submitted by December,2020 and submitted in the first month of 2021. However, the authority approved and fund was released in the second quarter of 2021-22.

Whereas, for the current year the same procedure was followed but the approval is still under the pending status and due to this the funds haven't been released. But a new system has been adopted i.e., the SNA system so no funds have been released till the date





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

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

Year DPIP/ DHAP	Prepared and Submitted any DPIP/DHAP	Submission Date	DHAP Approval Date	Fund Release
2021-22(PY)	Yes	December,2020	2 <sup>nd</sup> Qtr of 2021-22	2 <sup>nd</sup> Qtr of 2021-22
2022-23(CY)	Yes	December,2021	Still Pending	1 <sup>st</sup> Qtr of 2022-23 (SNA Method)

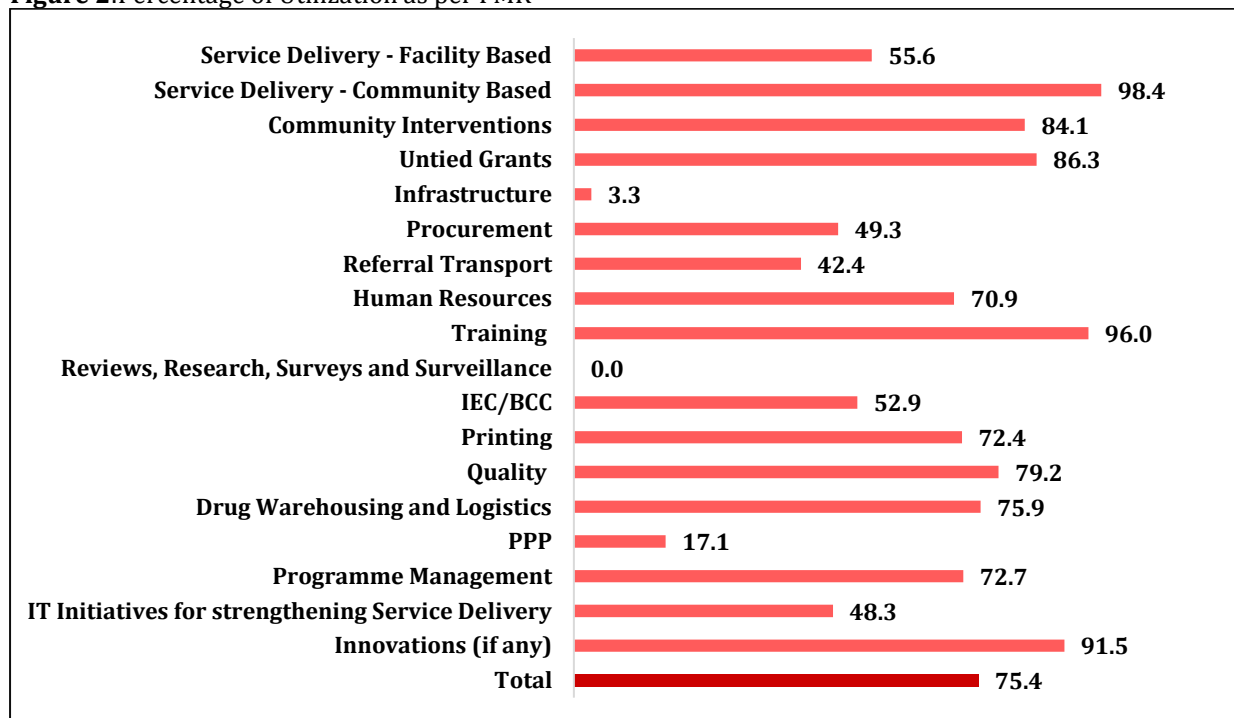
Source: District Level Checklist

### 2.3 District Financial Management Report, Khowai district

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

As per the figure illustrated below, depicts the percentage share of utilization FMR wise. It can be seen that the total amount of budget that was released in the last financial year stands at 1164.6 lakhs of which the expenditure incurred was 878.6 lakhs which amounts to be an approximate of 75 percent of the budget utilization (Refer Annexure-I).

**Figure 2:**Percentage of Utilization as per FMR





The maximum number of utilizations has been incurred in the case of FMR-2 i.e., the Service Delivery-Community Based (98.4 percent) followed by training (96 percent) and Innovations with an approximate of 92 percent respectively. The amount of budget released in the said indicators stands at 46.87 lakhs,36.52 lakhs and 2 lakhs of which the expenditure incurred was 46.11 lakhs,35.05 lakhs and 1.83 lakhs. Besides this, the share percentage in case of Untied grants stood at 86.3 percent, Community Interventions at 84.1 percent, Quality (79.2 percent), Drug Warehousing and Logistics(76 percent), and Programme Management (72.7 percent).

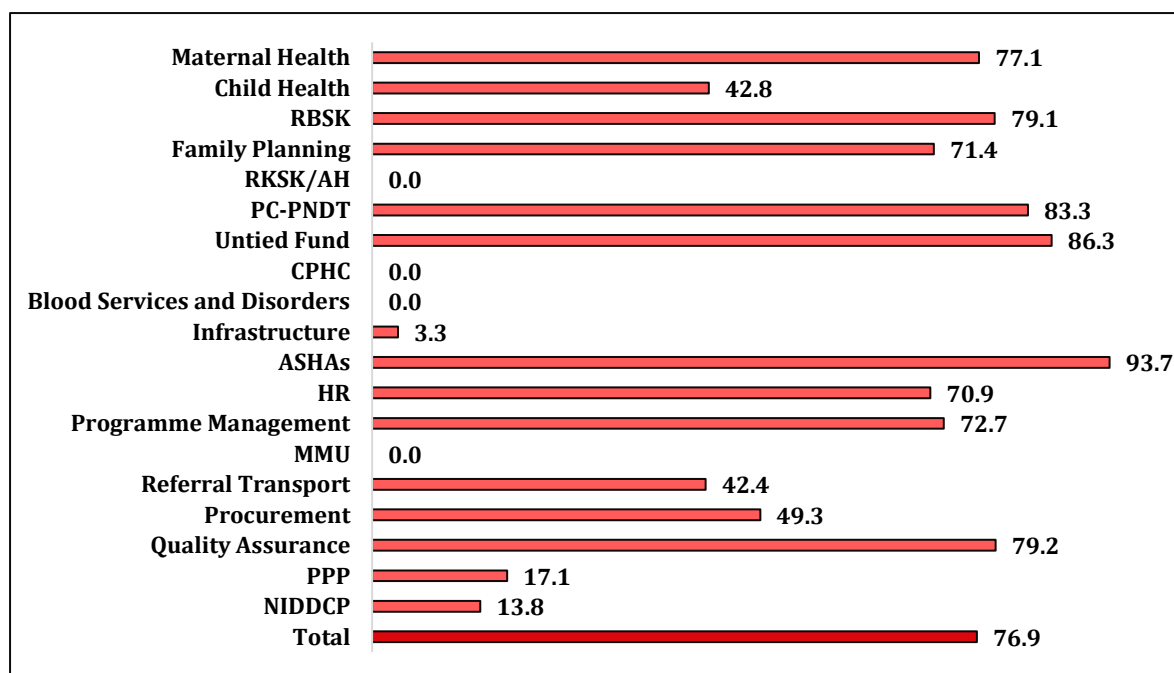
However, the least share of budget utilization with less than 60 percent of utilization rate is observed in the indicators of Service Delivery-Facility Based (55.6 percent), IEC/BCC (53 percent), IT initiatives for strengthening service delivery (48.3 percent)

Moreover, no fund has been allocated for FMR-10 that indicates the Reviews, Research, Surveys and Surveillance and bleak share of expenditure has been incurred in FMR-5 i.e., Infrastructure of only 0.51 lakhs as against 15.60 lakhs. The reason for less amount is due to pending civil works that was supposed to be carried for RNTCP due to non-identification of land.

### 2.4 Programme-Wise Status Expenditure, Khowai

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

**Figure 3:**Fund Utilization Programme Wise of RCH Programmes



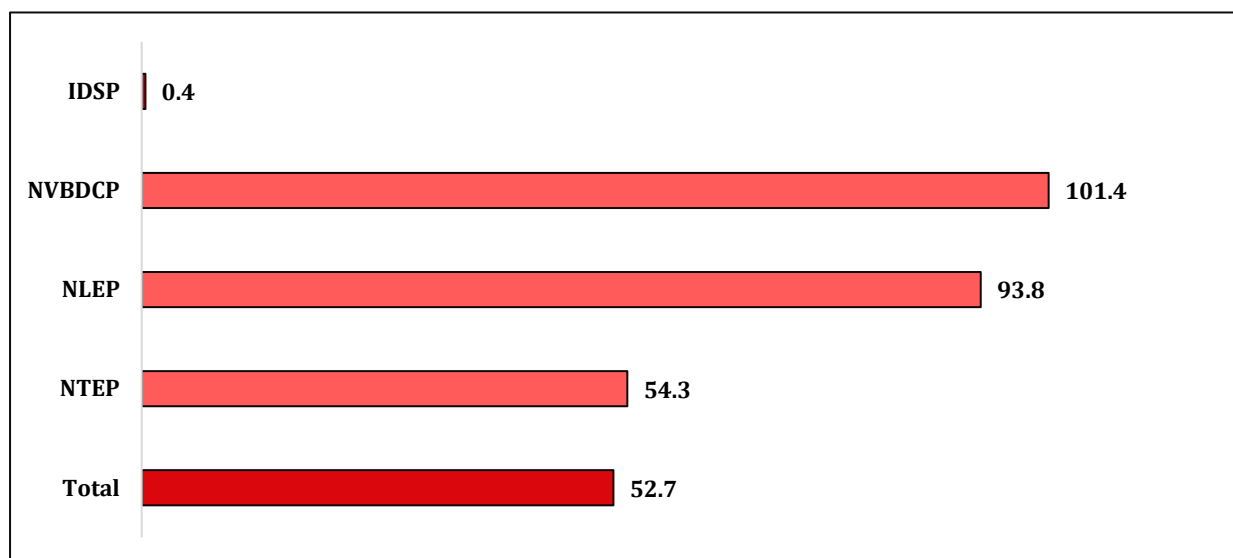


With regards to RCH and Health Systems Flexi-pool it can be ascertained from the figure that the total released budget stands at 1050.24 Lakhs of which 807.13 lakhs have been utilized in the last financial year (76.9 percent). The maximum share of budget utilization has been incurred under ASHAs with 93.7 percent followed by Untied Fund (86.3 percent) and PC-PNDT activities with 83.3 percent respectively.

In addition to this, the fund has been utilized in RBSK outreach activities with 15.54 lakhs budget utilization. The district is giving more emphasis in Quality Assurance Programmes such as taking due initiatives in LaQshya and NQAS as well (79.2 percent).

Furthermore, Maternal Health activities such as PMSMA, Health Campaigns and so on were also carried and the amount spent under the said was 54.31 Lakhs as against 70.41(77.1 percent) which can be referred from the Annexure-I for detailed breakup of budget utilization.

**Figure 4:** Fund Utilization Programme Wise of Communicable Programmes



Whereas, with regards to communicable disease pool, the highest fund utilization has been made in National Vector Borne Disease Control Programme (NVBDCP) with an approximate of 101.4 percent. Followed by National Leprosy Eradication Programme (NLEP) with around 93.8 percent respectively. The least share of utilization has been observed in NTEP and IDSP with 54.3 percent and 0.4 percent respectively from the figure shown above.

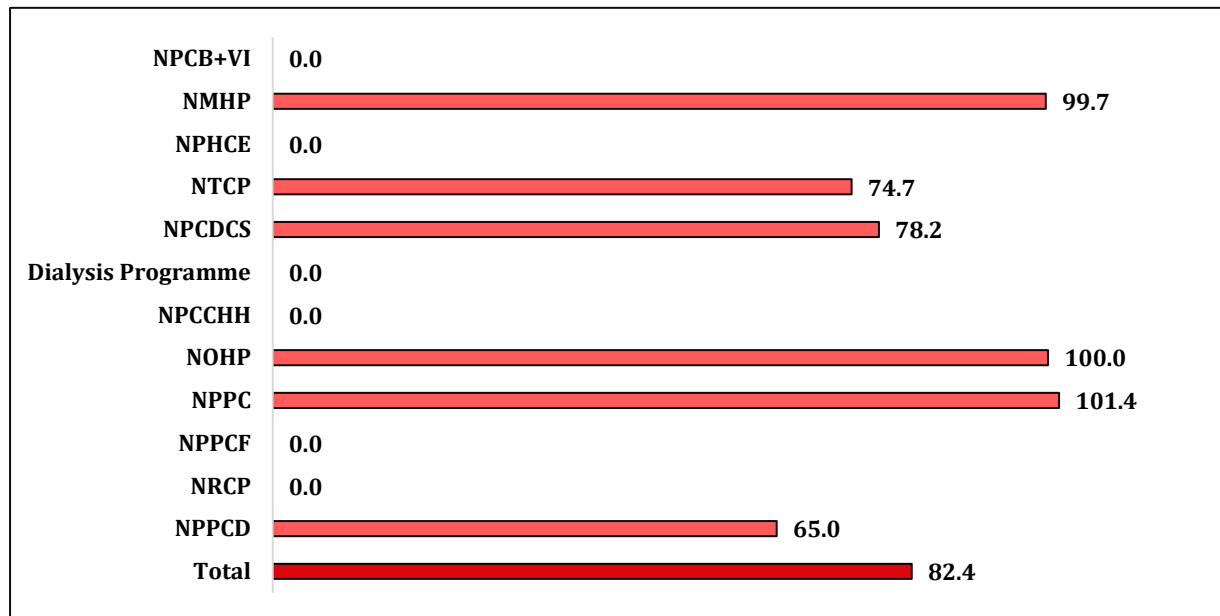
However, in the case of Non-Communicable Diseases, the total fund utilization has been made with 28.08 lakhs as against 34.07 lakhs with 82.4 percent of utilization rate. The highest fund utilization has been reported under the head of National Oral Health Programme (100 percent) and National Programme on Palliative Care. Followed by





National Mental Health Programme with 99.7 percent of the share respectively. Only a handful of programmes have been implemented under the said head.

**Figure 5:** Fund Utilization Programme Wise Non-Communicable Programmes



**CHAPTER-3: PUBLIC HEALTH PLANNING AND IMPLEMENTATION**

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

**3.1 Health Infrastructure and Facilities**

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

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

Facility Details	Operational
1.District Hospitals	01
No. of DH conducting > 50 deliveries /month	01
No. of DH conducting C-section	01
3.Community Health Centers (CHC)	01
No. of CHCs conducting > 20 deliveries /month	00
4. Primary Health Centers (PHC)	09
No. of 24X7 PHCs conducting > 10 deliveries /month	00
5. Sub Centers (SC)	104
No. of SCs conducting >3 deliveries/month	00
6. Urban Primary Health Centers (U-PHC)	01
7. Urban Community Health Centers (U-CHC)	00
8. Special Newborn Care Units (SNCU)	01
9. Nutritional Rehabilitation Centers (NRC)	00
10. District Early intervention Center (DEIC)	00
11. First Referral Units (FRU)	01
12. Blood Bank	01
13. Blood Storage Unit (BSU)	01
14. No. of PHC converted to HWC	00
15. No. of U-PHC converted to HWC	00
16. Number of Sub Centre converted to HWC	15
17. Designated Microscopy Center (DMC)	03
18. Tuberculosis Units (TUs)	01
19. CBNAAT/TruNat Sites	01
20. Drug Resistant TB Centres	00
21. Functional Non-Communicable Diseases (NCD) Clinic at DH	01
22. Functional NCD Clinic at SDH	01
23. Functional NCD Clinic at CHCs	01
24. Number of institutes with ultrasound facilities (Public)	02
25. Of these, how many are registered under PCPNDT act	02

Source: District Checklist,Khowai(2021-22)





The table-6 above summarizes the health-care delivery system of Khowai district, Tripura and its operational status. The district has one district hospital functioning in the district, and it's the only facility conducting more than 50 deliveries per month including C-section. In addition to this, the district has one Sub-Divisional Hospital functioning and performing only normal deliveries. Furthermore, there is only one Community Health Centre in the entire district performing no deliveries and the entire load has been deviated to District Hospital.

A total of 9 Primary Health Centres are operational and furnish general services like: OPD, immunization, ANC check-up and family planning services at the designated centres. However, no delivery service facility is made available at the PHC. On the other hand, there are 109 Sub centres functioning in the district. For sick and low birth weight babies, SNCU is available in the district which is functional at the District Hospital with 6 beds.

Neither District Early Intervention Centre (DEIC) nor Nutrition Rehabilitation Centre is available in the district. There is one Blood bank unit and Blood storage unit at the District Hospital and Community Health Centre. For screening and testing of sputum regarding the tuberculosis, district has 03 designated Microscopy Centres and one tuberculosis unit established in the district of which all are functional. Further, only one CBNAAT and TruNat sites is available for collection of sputum for testing.

Moreover, the district has 3 NCDs Clinics functional at the District Hospital, Sub-Divisional Hospital, and Community Health Centre. In district Khowai, two ultrasound facilities are made accessible by the community when needed at the public health institutions.

### 3.2 Human Resources for Health

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

The human resource profile of the Khowai district in Tripura is presented herewith. A total of 60 MOs have been in-place in the district followed by 07 Dental MOs and one OB&GY. With regards to ANMs a total of 58 workers are present in the district. With 125 staff nurses, 27 Lab Technicians, and 21 Allopathic Pharmacists have been placed in the district presently.

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





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

Staff details at public facility (Regular+ NHM+ other sources)	In-place
MO (MBBS)	60
Dentists/ Dental Surgeon/ Dental MO	07
Obstetrics & Gynaecology	01
Paediatrician	01
Anaesthetist	01
Surgeon	00
Other Specialists	03
LSAS Trained doctor	01
EmOC Trained doctor	01
ANM	58
MPW (Male)	85
Staff Nurse	125
Lab technician	27
Pharmacist (Allopathic)	21
Radiologists	00
Dental technician	00
Dental Hygienist	00
Radiographer/ X-ray technician	05
CSSD Technician	00
OT technician	01
CHO/ MLHP	15
AYUSH MO	18
AYUSH Pharmacist	05

Source: District Checklist, Khowai(2021-22)

A total of 16 posts are vacant under National Health Mission in the district for more than 2 years across various levels. A snapshot of the vacant positions has been briefed in the table-8 below institute wise.

It can be ascertained that at the District Headquarter level a total of 6 posts are vacant for more than 2 years i.e., District Data Assistant, Media Expert, ASHA Programme Manager, Computer Assistant Immunization, Vector Borne Disease Consultant, and Office Assistant respectively. These posts are of utmost importance to carry out the tasks and simultaneously for constant monitoring of the district. Hence, the tasks have been given in-charge to the respective officials and thereby the hampers the work.

In case of District Hospital and Sub-Divisional Level, the vacant positions are similar and includes the vacant posts for Adolescent Counsellor, Sub- Divisional Media Expert, and Sub- Divisional ASHA Program Manager.

However, at CHC/PHC level the vacancy of the post is for more than 1 year and there is vacancy for AAA (Administrative cum Accountant Assistant) followed by HMIS Assistant (Nodal M&E Officer), and Adolescent Counsellor respectively.





**Table 8:** Vacant Posts under NHM,Khowai

Institute	Name of Post	Vacancy Period
<b>District Headquarter Level</b>	District Data Assistant-01	<b>+ 2 years</b>
	District Media Expert-01	
	District ASHA Program Manager-01	
	Computer assistant Immunization-01	
	VBD Consultant NVBDCP-01	
	Office Assistant-01	
<b>District Hospital Level</b>	Sub- Divisional Program Manager-01	<b>+ 2 years</b>
	Adolescent Councilor-01	
	Sub- Divisional Media Expert-01	
<b>Sub-Divisional Hospital Level</b>	Sub- Divisional ASHA Program Manager-01	<b>+ 2 years</b>
	Adolescent Councilor-01	
	Sub- Divisional Media Expert-01	
<b>CHC/PHC Level</b>	Sub- Divisional ASHA Program Manager-01	<b>+ 1 year</b>
	Administrative Cum Account Assistant-01	
	HMIS Assistant (Nodal M&E Officer)-01	
<b>Adolescent Councilor-01</b>		
<b>Total Posts Vacant</b>	<b>16 Posts</b>	

Source: CMO Office,Khowai

### 3.2.1 Community Process

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

The district Khowai have a total of 798 ASHAs working in the district as against the requirement of 801 ASHAs as per the population norm. Social benefit schemes were implemented on October, 2018 for ASHAs and ASHA facilitators meeting the eligibility criteria to be covered under the Pradhan Mantri Jeevan Jyoti Bima Yojana (Accident Insurance), the age criteria is 18-50 years and annual premium of average Rs. 330 will be paid by the government. The number of ASHAs enrolled under this scheme are 643 workers. Whereas, a total of 33 ASHAs have been enrolled for Pradhan Mantri Suraksha Bima Yojana. A total of 749 ASHAs have been covered under Pradhan Mantri Suraksha Bima Yojana respectively in the district.

Furthermore, a total of 277 ASHA workers and 17 ASHA facilitators have been enrolled for Pradhan Mantri Shram Yogi Maandhan Yojana. With regards to the status of Village Health Sanitation and Nutrition Committee (VHSNC) 104 committees have been formed and have been trained for the same.





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

<b>Indicator</b>	
<b>1</b>	<b>Status of ASHAs</b>
1.1	Required as per population- <b>801</b>
1.2	Selected ASHAs- <b>798</b>
<b>2</b>	<b>Status of social benefit scheme for ASHAs and ASHA Facilitators</b>
2.1	No. of ASHAs enrolled for Pradhan Mantri Jeevan Jyoti Bima Yojana- <b>643</b>
2.2	No. of ASHA Facilitator enrolled for Pradhan Mantri Jeevan Jyoti Bima Yojana- <b>33</b>
2.3	No. of ASHAs enrolled for Pradhan Mantri Suraksha Bima Yojana- <b>749</b>
2.4	No. of ASHA facilitator enrolled for Pradhan Mantri Suraksha Bima Yojana- <b>37</b>
2.5	No. of ASHAs enrolled for Pradhan Mantri Shram Yogi Maandhan Yojana- <b>277</b>
2.6	ASHA facilitator enrolled for Pradhan Mantri Shram Yogi Maandhan Yojana- <b>17</b>
<b>3</b>	<b>Status of Village Health Sanitation and Nutrition Committee (VHSNC)</b>
3.1	Formed- <b>104</b>
3.2	Trained- <b>104</b>

Source: District Checklist, Khowai(2021-22)

### 3.3 Referral Transport

Health infrastructure also includes transport facilities at the district for the safe and timely movements of the patients. A total of 3 ambulances are Basic Life Support (BLS) that are stationed at District Hospital, Sub-Divisional Hospital, and Community Health Centre. Whereas, there are 4 ALS ambulances at the District Hospital, 2 stationed at SDH and 1 ambulance at CHC. The maximum number of ALS ambulances have been deployed at the Primary Health Centres.

**Table 10:**Details of Referral Transport, Khowai district

<b>Stationed at:</b>	<b>BLS</b>	<b>ALS</b>
DH	01	04
SDH	01	02
CHC	01	01
PHC	-	08

Source: District Checklist, Khowai(2021-22)

### 3.4 Capacity Building-Training Status

The figure-5 below provides a brief snapshot of trainings received in the last financial year i.e., 2020-21 as per the ROP approval. In total, 19 trainings were conducted and the trainings were imparted to various health personnel in the district. Trainings were given on various fronts such as Maternal Health Review, DAKSHATA, IMNCI, IYCF, FPLMIS, RKSK etc.

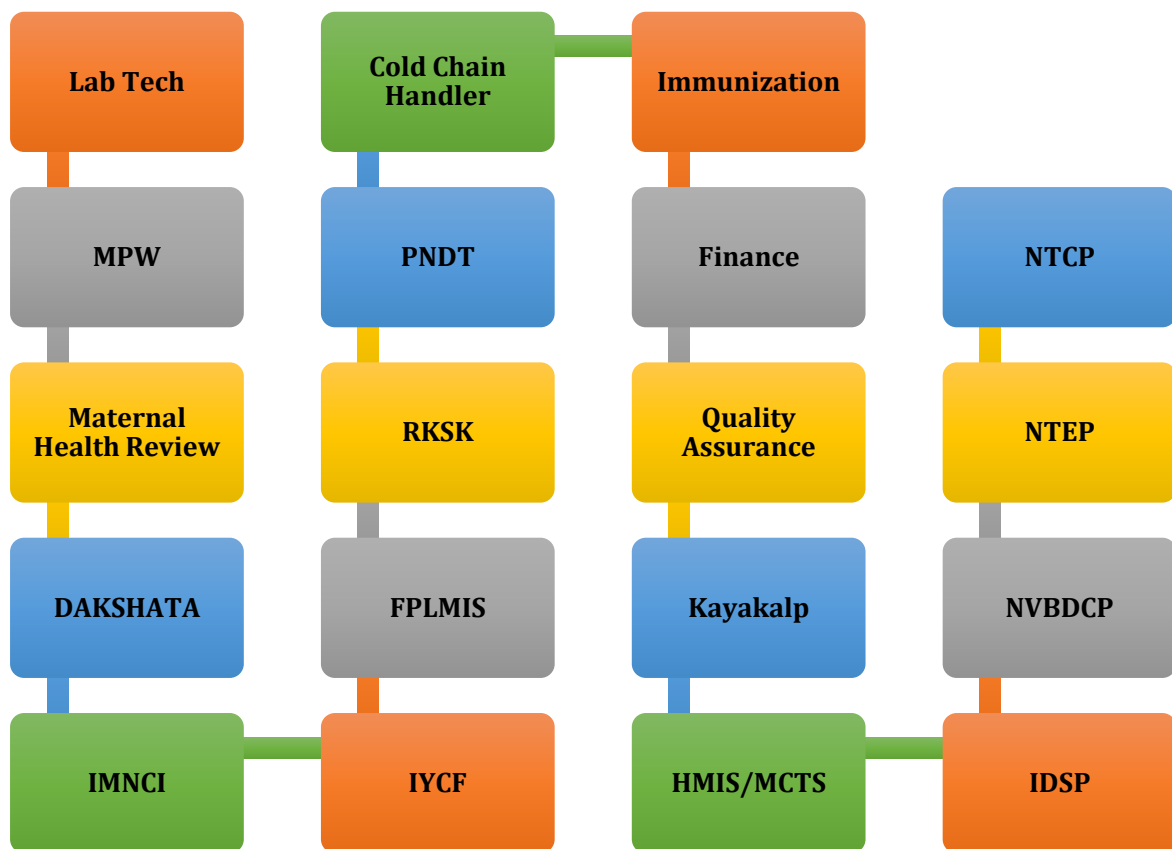




Besides this, trainings were given to Lab Technicians, Multi-Purpose Workers, Dissemination workshop was conducted for RKSK. Two batches of training were given to ANMs and MPW for Immunization. The maximum number of trainings was given w.r.t HMIS portal wherein 10 batches of training was imparted. In addition to this, one batch for IDSP,2 batches for NVBDCP,3 batches for NTEP,and 2 batches for NTCP was also conducted at the district level.

With regards to Quality Assurance Programmes 1 batch of training was given to the staff nurses and hospital manager for Kayakalp so that proper implementation of the programmes can be carried at the facility.

Figure 6:Details of HR training as per RoP approval, 2021-22



Source: District Checklist, Khowai(2021-22)





## CHAPTER-4: NATIONAL HEALTH MISSION PROGRAMMES

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

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

With regards to the Janani Suraksha Yojana payment status the implementation status in the Khowai district fairs well. A total of 1361 beneficiaries were reported in the last financial year and no backlog has been cited for the same. All the beneficiaries were the amount and the district has adopted the **"No Payment Certificate"** for all the JSY beneficiaries.

However, all the delivery points in the district have implemented the Janani Shishu Suraksha Karyakram (JSSK) and is availed by the beneficiaries without any charge. There is a total of 2 delivery points in the district and diet is made available at the district. Whereas, 10 facilities where lab is functional for basic tests for Pregnant Women. . The PMSMA activities are conducted at the DH, SDH, CHC, and PHC facilities on every 9th of every month where the HRP's are being identified. The district has cited that 3000 MCP cards and 4000 Birth Preparedness Plans have been issued in the 10 facilities **(1-DH,1-SDH,1-CHC, and 7-PHCs)**.

The district has SNCU with a capacity of 6 number of beds available with equal number of in-radiant warmer and no KMC unit. A total of 93 inborn and 53 out-born admissions are reported in 2021-22 in the said district.

Presently, there are 798 ASHAs in the district and have conducted a total of 579 HBNC visits till July'22. The reason for a less number of visits is due to the on-going pandemic scenario resulting to which the visits couldn't have been carried. In 2021-22, only one maternal death has been reported in the Khowai district reported at DH. The district also reports a total 11 Neonatal and 12 child deaths in the last financial year 2021-22 and child death review has been done.



**Table 11:**Details of RMNCHA+ programmes functional at Khowai, 2021-22

Interventions	Indicator Status																		
<b>Janani Suraksha Yojana (JSY)</b>	<ul style="list-style-type: none"> <li>Total JSY Beneficiaries 2021-22: Public: <b>1361</b></li> </ul>																		
<b>Janani Shishu Suraksha Yojana (JSSK)</b>	<ul style="list-style-type: none"> <li>Total Delivery Points: <b>02</b></li> <li>No. of facilities where free diet is available for PW: <b>02</b></li> <li>No. of facilities where lab is functional for basic tests for PW:<b>10</b></li> </ul>																		
<b>Pradhan Mantri Surakshit Matritva Abhiyan (PMSMA)</b>	<ul style="list-style-type: none"> <li>No. issued MCP card and Safe Motherhood Booklet: <b>3500 and 4000 Birth Preparedness Plan</b></li> <li>Number of health facilities where current round of PMSMA was conducted:               <ol style="list-style-type: none"> <li>DH: <b>01</b></li> <li>SDH:<b>01</b></li> <li>CHC:<b>01</b></li> <li>PHC:<b>07</b></li> </ol> </li> </ul>																		
<b>Special Newborn Care Units</b>	<ul style="list-style-type: none"> <li>Total number of beds: <b>06</b></li> <li>In-radiant warmer: <b>06</b></li> <li>Kangaroo Mother Care (KMC) unit:<b>N/A</b></li> <li>Number of <b>non-functional radiant warmer</b> for more than a week: <b>01</b></li> <li>Number of <b>non-functional phototherapy unit</b> for more than a week:<b>00</b></li> </ul> <table border="1"> <thead> <tr> <th></th> <th>Inborn</th> <th>Out born</th> </tr> </thead> <tbody> <tr> <td>Admissions</td> <td>93</td> <td>53</td> </tr> <tr> <td>Discharged</td> <td>43</td> <td>44</td> </tr> <tr> <td>Referral</td> <td>22</td> <td>22</td> </tr> <tr> <td>LAMA</td> <td>05</td> <td>05</td> </tr> <tr> <td>Died</td> <td>03</td> <td>02</td> </tr> </tbody> </table>		Inborn	Out born	Admissions	93	53	Discharged	43	44	Referral	22	22	LAMA	05	05	Died	03	02
	Inborn	Out born																	
Admissions	93	53																	
Discharged	43	44																	
Referral	22	22																	
LAMA	05	05																	
Died	03	02																	
<b>Home Based Newborn Care (HBNC)</b>	<ul style="list-style-type: none"> <li>Total New-borns visited under HBNC: <b>579 till July,2022</b></li> <li>Total no. of ASHAs with HBNC Kits: <b>798</b></li> </ul>																		
<b>Rashtriya Bal Swasthya Karyakram (RBSK)</b>	<ul style="list-style-type: none"> <li>Total No. of RBSK teams sanctioned: <b>06</b></li> <li>No. of teams with all HR in-place (full-team): <b>00</b></li> <li>No. of vehicles (on the road) for RBSK team: <b>06</b></li> <li>No. of teams per block: <b>01</b></li> <li>No. of blocks without dedicated teams: <b>00</b></li> <li>Average no. of children screened per day per team:<b>55</b></li> </ul>																		
<b>Maternal and Child Deaths</b>	<ul style="list-style-type: none"> <li>Number of maternal deaths 2020-21:           <table border="1"> <thead> <tr> <th></th> <th>DH</th> <th>CHC</th> <th>PHC</th> <th>SC</th> <th>Total</th> </tr> </thead> <tbody> <tr> <td>1.Deaths</td> <td><b>01</b></td> <td><b>00</b></td> <td><b>00</b></td> <td><b>00</b></td> <td><b>01</b></td> </tr> <tr> <td>2. MDR</td> <td><b>01</b></td> <td><b>00</b></td> <td><b>00</b></td> <td><b>00</b></td> <td><b>01</b></td> </tr> </tbody> </table> </li> <li>Number of Neonatal Deaths: <b>11</b></li> <li>Number of Total Child Deaths: <b>12</b></li> <li><b>Number of Child Death Review conducted:</b> <ul style="list-style-type: none"> <li>2020-21: <b>23</b></li> <li>2021-22: <b>00</b></li> </ul> </li> </ul>		DH	CHC	PHC	SC	Total	1.Deaths	<b>01</b>	<b>00</b>	<b>00</b>	<b>00</b>	<b>01</b>	2. MDR	<b>01</b>	<b>00</b>	<b>00</b>	<b>00</b>	<b>01</b>
	DH	CHC	PHC	SC	Total														
1.Deaths	<b>01</b>	<b>00</b>	<b>00</b>	<b>00</b>	<b>01</b>														
2. MDR	<b>01</b>	<b>00</b>	<b>00</b>	<b>00</b>	<b>01</b>														

Source: District Checklist,Khowai(2021-22)





## 4.2 Communicable Disease Programme

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

There are few programmes operational in the district such as NVBDCP, NTEP, IDSP, and NLEP. Under **National Vector Borne Disease Control Programme (NVBDCP)** there is no micro and macro plan available at the district level. There has been a fluctuating trend with regards to the Annual Blood Examination Rate with 9.01% in 2019-20, 4.1% in 2020-21, and 7.31% in 2021-22 respectively. LLIN have been distributed by the district and it was cited that these nets are of good quality and extremely effective and this was last done in the year 2019. However, there has been a reluctance for residual spray amongst the community members and the target rate stands at 77.3%.

With regards to Anti-Larval methods the district has received 1000 larvivores fish from the **“State Health and Family Welfare” on 7<sup>th</sup> June, 2022** and have accordingly introduced the same. A total of 5 areas have been covered under different locations such as 100-110 units have been received in Lalchara of Khowai district followed by 100-110 units near KMC Office, Khowai girls school, one unit in Champahour Bazaar area, and near Takchara ADC village committee office. The remaining in Teliamura block with 500 number of Larvivores were dropped at the TMC area.

The status implementation of **National Tuberculosis Elimination Programme (NTEP)**, the target notification for TB hasn't been achieved as only 89 percent of the target has been achieved. On the other hand, 79 percent of the TB patients have been tested for HIV and the Eligible TB patients with UDST testing stands at 74 percent respectively. The drugs are very much available for both drug resistant and drug sensitive patients.

Around 76 patients have been notified for TB under the public sector and the treatment success rate of the patients stand at 85 percent. Only 2 patients are of MDR of which one patient is seeking treatment for the same.

Whereas, under **National Leprosy Eradication Programme (NLEP)**, two cases were detected, and no cases of Grade 2 Disabilities (G2D) cases were detected. The supply of Multi Drug therapy (MDT) was available without interruption throughout, reconstructive surgery for G2D cases being conducted and MCR footwear and self-care kit were available under the programme.

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





**Table 12:**Status Implementation of Communicable Disease, Khowai

1. National Vector Borne Disease Control Programme (NVBDCP)	
<ul style="list-style-type: none"> <li>• Micro plan and macro plan available at district level: <b>No</b></li> <li>• Annual Blood Examination Rate:                             <ul style="list-style-type: none"> <li>○ 2019-20: <b>9.01%</b></li> <li>○ 2020-21: <b>4.1%</b></li> <li>○ 2021-22: <b>7.31%</b></li> </ul> </li> <li>• Total LLIN distributed: <b>Yes</b></li> <li>• IRS: <b>77.33%</b></li> <li>• Anti-Larval Methods: <b>Conducted,1000 larvivores fish</b></li> <li>• Weekly epidemiological and entomological situations are monitored: <b>Yes</b></li> <li>• No. of MDR rounds observed: <b>04</b></li> </ul>	
2. National Tuberculosis Elimination Programme (NTEP)	
<ul style="list-style-type: none"> <li>• Target TB notification achieved: <b>No,89%</b></li> <li>• Whether HIV Status of all TB patient is known: <b>No</b> If No, no. of TB patients with known HIV status: <b>79%</b></li> <li>• Eligible TB patients with UDST testing: <b>74%</b></li> <li>• Whether drugs for both drug sensitive and drug resistance TB available: <b>Yes</b></li> </ul>	
<ul style="list-style-type: none"> <li>• Patients’ notification from public sector</li> </ul>	<ul style="list-style-type: none"> <li>• No of patients notified:<b>76</b></li> <li>• Treatment success rate: <b>85%</b></li> <li>• No. of MDR TB Patients: <b>02</b></li> <li>• Treatment initiation among MDR TB patients:<b>01</b></li> </ul>
<ul style="list-style-type: none"> <li>• Patients notification from private sector</li> </ul>	<ul style="list-style-type: none"> <li>• No of patients notified: <b>13</b></li> <li>• No. of Beneficiaries paid under Nikshay Poshan Yojana: <b>Yes</b></li> </ul>
3. Implementation of National Leprosy Eradication Programme (NLEP)	
No. of new cases detected: <b>02</b> No. of G2D cases: <b>00</b> MDT available without interruption: <b>Yes</b> Reconstructive surgery for G2D cases being conducted: <b>Yes</b> MCR footwear & selfcare kit available: <b>No</b>	
4. Integrated Disease Surveillance Programme (IDSP)	
<ul style="list-style-type: none"> <li>• Rapid Response Team (RRT) Constituted: <b>Yes</b></li> <li>• Team Composition: <b>As per norms</b></li> <li>• Outbreaks investigated:                             <ul style="list-style-type: none"> <li>• 2020-21: <b>Nil</b></li> <li>• 2021-22: <b>Nil</b></li> </ul> </li> </ul>	

Source: District Checklist, Khowai (2021-22)

### 4.3 Non-Communicable Diseases

Various special initiatives have been implemented at the district with regards to Non-Communicable diseases. Patients who show signs of these diseases are diagnosed for it. The following NCD programmes under NHM were reported to be functional in the Khowai district as shown below in table-13.





Several activities have been organized at the district level in the last financial year 2021-22 such as workshops were conducted at schools and colleges under the National Mental Health Programme . Whereas, besides awareness campaigns established at the schools and colleges for National Tobacco Control Programme (NTCP) district level training was also conducted. Similar activities were performed for National Oral Health Programme (NOHP).

**Table 13:**Non-Communicable Diseases Programme Implementation status in Khowai, 2021-22

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

Source: District Checklist,Khowai(2021-22)

Under the **Mukhya Mantri Sustho Shaishob Sustho Kaishore Abhiyaan (MSSSKA) and Anemia Mukht Bharat Programme (AMB)** screening for iron deficiency is being carried and distribution of Vitamin-A and IFA supplementation is done. Following table below depicts the status of MSSSKA target and achievement with the respect to the following programmes.



**Table 14:**Status of MSSSKA,Khowai

Name of the Programme with Age Group	Target	Achievement	% of Achievement
National Deworming Day Program (1-19 years)	76304	77147	101
Vitamin-A Supplementation Program (9 months to 5 yrs)	19100	18769	98
IDCF Programme (0-5 years)	22232	23361	105
IFA Programme(6 m to 19 yrs)	79562	87806	110

Source: CMO Office,Khowai

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

As with the rapid urbanization and change in the lifestyles the epidemiology pattern of diseases is increasing day by day with non-communicable diseases being highly prevalent throughout the country. Hence, with the help of Ayushman Bharat-Health and Wellness Centres, it would play a key role in reducing the burden of Non-Communicable Diseases (NCDs) and would tackle the burden of the disease through primordial and primary prevention.

As per the plan 1,37,530 individuals have been enumerated under the CPHC. Till now,18541 CBAC forms have been completed but some are still pending as majority of the CHOs have not been deployed in the HWCs and leading to the delay for the completion of the CBAC forms.

**Table 15:**Status Implementation of CPHC

Indicator	Planned	Completed
1. Number of individuals enumerated	137530	-
2. Number of CBAC forms filled	77968	18541
<b>3. Number of HWCs started NCD screening</b>		
3.1 SHC- HWC	104	15
3.2 PHC- HWC	10	10
3.3 UPHC – HWC	-	-
4. Number of HWCs providing Tele-consultation services	15	15
5. Number of HWCs organizing wellness activities	15	15
6. If conducted, what is the target population		137530
7. No. of CBAC form filled till date		18541

Source: District Checklist,Khowai(2021-22)



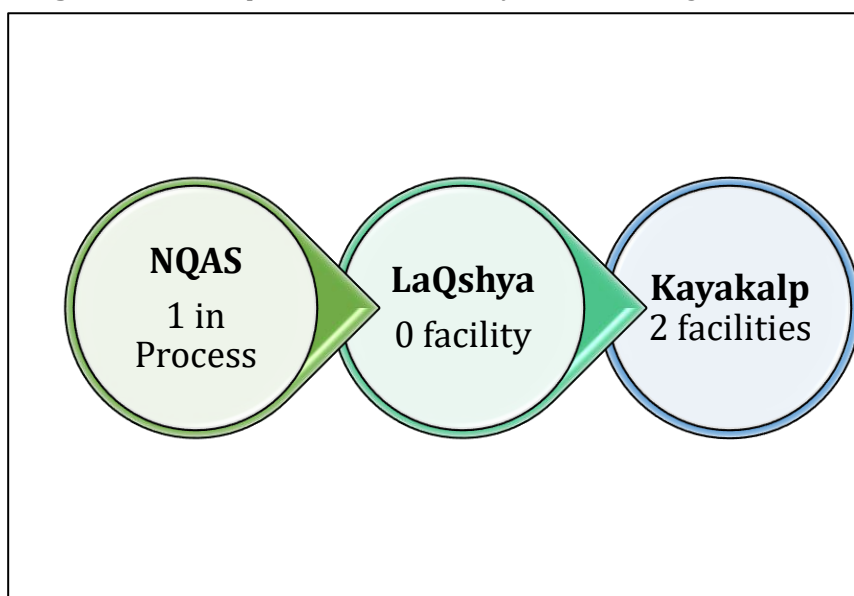


Out of 104 SC-HWC’s, only 15 SC-HWCs have been upgraded to HWCs and have started their NCD screening followed by 10 PHC-HWCs. Out of the planned individuals who are screened through CBAC forms the majority of the cases were observed for hypertension and diabetes. A total of 151HWCs are providing tele-consultation services and wellness activities are being performed such as yoga etc.

#### 4.4 Other National Programmes

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

Figure 7:Status Implementation of Quality Assurance Programmes



The Quality assurance programme of the Public Health System is two pronged: ‘Infection Control’ and ‘Health Care Waste Management. The district Khowai, is rigorously working on the implementation of quality assurance programmes such as Kayakalp and LaQshya. As per the last financial year (2021-22), the certification status of NQAS is under-process and LaQshya stands to be nil in the district. However, with regards to Kayakalp programme, 2 PHCs have bagged the Kayakalp award. Timely meetings are being conducted by the District Level Quality Assurance Committee and constant monitoring is being done by the officials.





## CHAPTER-5: PUBLIC HEALTH FACILITY ASSESSMENT

### 5.1 District Hospital, Khowai

The District Hospital is situated in the main city area and is easily accessible by everyone. The district hospital is functioning in a government building and is a 100 bedded facility and no ICU beds available. The hospital is rendering all the basic services to its beneficiaries with the objective of preventing and curing diseases and promoting health care services especially for women.

**Figure 8:**District Hospital,Khowai



The following observations were made of the health facility as:

- The overall infrastructure of the district hospital is observed to be compact due to which all the services can't be rendered as efficiently as it is supposed to be done.
- Presently, the facility is armed with 17 MOs,3 Medicine specialist,1 Ob& Gy,1 Paedtrician,1 Anesthetist,1 Ophthalmologist,1 Orthopedic,1 dentist,44 Staff nurses,8 Lab Technicians, and 3 Pharmacists.
- The building had proper board depicting the centre name in the local language which was easy to read on the building so that the public of the district can access the facility. Interestingly, safety, hazard, and caution signs were also displayed prominently at relevant places in the hospital.
- The services available at the DH are OPD, family Planning services, lab tests, emergency treatment, paediatric, OPD, labour room, minor operation, SNCU, mental health, dialysis unit, blood bank, dermatology etc.
- The average OPD load per month at the facility was reported to be 100 cases per day and the average delivery load stands to be 210 deliveries per month. Whereas, C-section conducted at the facility is 60 C-section deliveries. With an extreme high delivery load there is a dire need of a gynaecologist at the facility.





- Due to shortage of room tele-medicine and consultation services are not operational.
- Operation theatre is available at the facility with providing all the facilities such as Single general OT, Elective OT Major for both general and Ortho, ENT etc.
- On every 9th of every month, PMSMA is being organized and during the ANC check-up identification is being done for Low HB, High blood pressure of the women. Proper line listing of HRPs is also being done.
- The facility has a record for entering the births and deaths and in the last 2 financial year one maternal death has been reported. And 32 child deaths have been reported in the year 2020-21 and 23 deaths in 2021-22.
- The total number of new-borns who were immunized with birth dose at the facility in the last 3 months were reported to be 401 respectively.
- In the last one month, 19 female sterilizations have been performed and the acceptable method among the community members are temporary methods such as Oral Pills, condoms, IUCD and the counselling is being done by a Family Planning counsellor.
- The facility has a fixed NCD clinic which is being operated 5 days a week at the facility. The total number of confirmed cases for NCDs is observed majorly in Hypertension and Diabetes which stand at 1132 and 106 cases respectively.
- Record maintenance at the facility was efficient and all registers pertaining to OPD, IPD etc were well maintained and updated.

## 5.2 Community Health Centre, Kalyanpur

CHC Kalyanpur is located almost 20 kilometres from District Hospital, Khowai. The facility is running in a government building and caters to a population of 47,797 with 105 ASHAs.

**Figure 9:**Community Health Centre, Kalyanpur





- The total number of beds available at the facility are 30 which is as per the IPHS norms. The services available at the facility are OPD, IPD, Labour services, JSSK, RNTCP, Routine immunization, COVID Vaccine, radiology services etc.
- There is unavailability of tele-consultation and Operation theatre at the facility. Besides this, the facility doesn't have blood storage unit as well.
- With regards to Bio-medical waste management, sharp pits available at the facility. Hence, there is no centralized system in the entire district.
- Currently, the facility is armed with 8 MOs, 1 dentist, 11 staff nurses, 2 lab technicians, and 2 pharmacists. There is no availability of facility manager and trained EMOC and LSAS doctor.
- There were 58 drugs available at the facility and the implementation of SCMS has been implemented. The shortage of 3 priority drugs were mentioned at the facility such as Tab Metronidazole, Tab Cotrimoxazole, Injection Diclofenac Sodium. Due to irregular supply of medicines the facility is unable to promote free medicines to all.
- The availability of diagnostics is both i.e., half of the tests are running on PPP mode and other half in-house tests are being done. Tests such as CBC, RBS, KFTs, LFT, VDRL, Uric acid etc are being performed. There is availability of X-ray service and is AERB certified. However, there is shortage of X-ray plate for which chest test can be performed and suction machine is one of the major instrument that is required at the facility.
- The number of deliveries performed at the facility is relatively less as only 8 deliveries were conducted in the last 3 months. With no gynaecologist at the facility deliveries are not being conducted at the facility.
- Due to lifestyle practices, the cases of diabetes and hypertension is quite prevalent amongst the community members with 521 cases of hypertension and 185 cases for diabetes.

### 5.3 Primary Health Centre, Chebri

The PHC caters to the population of 50,233 with an average OPD of 150-200 per day and is situated in a close proximity near to DH Khowai, The main highlights of the facility have been captured as below:





Figure 10:Primary Health Centre,Chebri



- The number of SC's covered under the PHC is the maximum in the entire district with 19 SCs. The facility is 10 bedded facility and provides all the services such as OPD, NCD Screening, Family Planning, Routine Immunization and so on.
- The facility has 24\*7 running water facility, ramps for disable people, toilet availability, drinking water facility, proper branding, OPD waiting area, ASHA restroom, and drug storeroom with racks.
- With the regards to bio-medical waste management, only deep burial pit is available along with color coded bins as observed at the facility.
- Presently, there are 3 MOs,2 MOs AYUSH (1 Regular and 1 Contractual),8 Staff Nurses,1 ANM, and 2 Pharmacists.
- There is availability of EDL and a total of 55 drugs are available and shortage of 5 drugs were mentioned in the last 30 days such as Amoxycillin (500 mg), Tablet Albendazole (400 mg), Tablet Diarepam, Injection Tramadol, and Injection Ciprofloxacin.
- Availability of diagnostic services were provided to each beneficiary and a total of 11 tests are performed in the facility and is free for all.
- A total of 4 normal deliveries have been performed in the last 3 months with all the new-borns been immunized with birth dose at the facility.
- No maternal and child deaths have been reported at the facility for the last 2 years i.e., 2020-21 and 2021-22.
- In terms of family planning, temporary methods are being preferred among the community members such as OCP,MALA-N,Condoms etc.
- The number of high OPD cases is because the situation of the facility as it is situated between CHC,Kalyanpur and DH Khowai. Due to which it becomes extremely difficult to handle the load with less number of staff.
- There is a dire need of one MPW and one Lab technician as shortage of manpower was cited.





## 5.4 Primary Health Centre,Baijal Bari

Figure 11:Primary Health Centre, Baijal Bari



The PHC-HWC is located in the prime location and is easily accessible amongst the community members and is equidistant of about 10 kms to the next referral point i.e., DH Khowai. Following are the observations made during the visit are highlighted below:

- The catchment population that the facility caters to is 10,800 and covers 4 SCs with 46 ASHA workers. The average OPD load at the facility is 20 patients per day are being registered.
- The facility has 24\*7 running water facility, ramps for geriatric and disability friendly, functional toilets, water facility, OPD waiting area, drug storeroom, branding, and power backup.
- The total number of functional beds available at the facility are 10 that is more than the IPHS norms. All the services are available such as OPD, immunization, COVID-19 vaccination, family planning services etc
- With the regards to bio-medical waste management,there is availability of deep burial and sharp pit as well.
- Presently, the facility has 3 MOs,01 AYUSH MO,7 Staff nurses, and 1 Lab Technician.
- The facility is a Kayakalp awarded facility and has scored 86 percent in the year 2021- 22 The award money has been received to the facility
- The total number of drugs available in the EDL are 45 and all the drugs were available at the day of the visit. There is no shortage of drugs available in terms of





hypertension and diabetes. There are ample amount of testing kits and sufficient supply of essential consumables at the facility.

- A total of 7 deliveries have been performed in the last 3 months and all the newborns have been immunized with birth dose at the facility in the said time period.
- There is no separate day fixed for NCD screening and hence, the screening is taking place in the regular OPD. The maximum number of cases highlighted with regards to NCDs is Hypertension with 152 cases and a smaller figure stands with respect to diabetes i.e., 9 cases.
- There is preference for temporary methods amongst the community members for adopting family planning methods such as MALA-N, MALA-D, OCPs, and Condoms. The counselling is being done by multi-purpose supervisor at the facility.
- The main challenge that personnel faces is with community members residing in the refusal area specifically for COVID-19 Vaccines and precautionary doses. Furthermore, anaemia is also very much prevalent in the area as majority of the population is tribal. The reason of anemia is because of low diet and socio-economic status.

### 5.5 Sub-Centre,Jambura

The Sub-Centre Jambura caters to the population of 3823 furnishing all the services such as OPD, IPD, carrying out routine Immunization, COVID-19 Vaccinations, TB screening etc.

Figure 12:Sub-Centre, Jambura





Following are the observations made by the team w.r.t the team such as:

- The sub-centre was located near the main road and was easily accessible. The nearest referral is District Hospital which is at a distance of 3 Kms. The building was clean and well maintained.
- The facility has all the basic required amenities to run a facility such as running water supply, functional toilets, drinking water, OPD waiting area within the premises, drug room with rack available etc.
- The facility is armed by 1 MPW,1 ANM, and 8 ASHA workers.
- A total of 11 drugs were available during the visit. There was shortage of various drugs at the facility such as ORS, ZINC, PCM, Albendazole at the facility.
- Besides no supply has been disposed for Hypertension and Diabetic patients. Hence, they are either referred to the nearest PHC or DH for availing the medicines
- All the essential instruments were available at the facility such as thermometer, BP instrument, contraceptives, and glucometer.
- There was micro-plan for immunization and it was verified as well on the day of visit.
- Proper line listing is being done for all the Pregnant women and high risk pregnancies are being identified during the PMSMA.
- However, nothing has been started with regards to screening of HWC population as the CHO is not deployed
- ASHAs have their HBNC kits with them and drug kits are also readily available with all the essential medicines in it.
- ASHAs are very well aware about the incentives being given under NTEP and Nikshay Poshan Yojana as such no delay has been reported also.
- With regards to family planning utilization services, the preference amongst the community members is for temporary methods. Methods such as OCPs,Condoms,Pills are being used.
- In the last 6 months,4 village and sanitation days have been conducted so far.
- Proper maintenance of registers were kept at the facility for TB, Malaria, Palliative cases.Except for Dengue, Chikungunia, and Leprosy.
- Further, less IEC material was observed at the facility.
- The main challenge of the facility is that there is an urgent requirement of CHO as to carry out the NCD screening timely. As many community members have faced an issue and are therefore are referred to the higher facility.





### 5.6 Sub-Centre,Rajasnagar(HWC)

The SC Rasarajnagar has been given the status of Health and Wellness Centres.The centre caters to the population of 1749 and the average OPD load is 5-6 patients per day. Following are the key highlights of the facility visited:

**Figure 13:**Sub-Centre,Rajasnagar



- The facility is armed with 1 Female MPW,1 CHO,5 ASHAs,8 AWWs.
- The services made available at the facility are basic testing, OPD, Family Planning, ANC check-ups, Immunizations, COVID-19 Vaccination etc. The facility has all the basic facilities as to render services such as water supply, drinking water, toilet, waiting area, drug storeroom etc.
- With regards to bio-medical waste management the facility has adopted the color coded bins and timely the waste is being sent to PHC Ampura which is at a distance of 5 Kms.
- Proper list of EDL, has been displayed at the facility with all the medicines being dispensed according to the treatment and requirement. No anti-TB drugs are available at the facility and it was reported that there is no shortage of drugs from the last 30 days. Furthermore, drugs with regards to diabetes and hypertension, medicines are available.
- There is sufficient supply of testing kits and availability of instruments such as thermometer, glucometer, and BP instrument. In addition to this, vaccines and hub-cutter were also available at the day of the visit.





- Line listing of pregnant women is being carried and high-risk pregnancies are identified timely with sufficient amount of MCP cards being issued. Proper follow-up is being done for SNCU discharge basis and LBW babies.
- For the last two years no maternal death and child deaths have been occurred
- A total of 600 members fall in the above 30 years of age in the HWC population. In the last 6 months, 50 CBAC forms have been filled.
- The highest number of cases of NCDs have been observed for Hypertension with 23 confirmed cases and 5 cases for diabetes.
- The main challenges with regards to the facility is that there is no boundary wall despite the overall building is well kept and maintained.
- Due to no boundary wall the facility is unable to receive the Kayakalp award. In addition to this, the branding of the HWC is incomplete and not as per norms.
- There is a certain section of population who are highly dependent on Quacks for getting the treatment done. At times it becomes extremely difficult for them to make them understand as they rely on remedies given by quacks.





## CHAPTER-6: PERCEPTIONS OF COMMUNITY MEMBERS

### 6.1 Background

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

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

### 6.2 Health Seeking Behaviour

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

### 6.3 Lifestyle Practices

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

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





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

It was reported that mostly drugs were available in the respective facilities of the district. There is adequate supply of drugs and meagre amount of Out-of-Pocket expenditure was cited for drugs by the members of the area when necessary.

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

#### 6.5 Behaviour of Health-Care Providers

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

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

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

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





## CHAPTER-7: CONCLUSIONS and RECOMMENDATIONS

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

### 7.1 Key Findings

After the roll, out of NHM the district has certainly improved a lot in service delivery. The maternal health programme is very much in the purview has improved a great deal. The institutional delivery rate stands at 94.4 approximately. The NHM programmes has also fuelled the behaviour change in the common public slowly and gradually. Child health schemes and immunisation too are doing quite well in the district. Quality of care has eventually improved after proper infrastructure was built but still some improvements are to be made.

The district has one DH, one SDH, one CHC, 9 PHCs, and 104 SCs. All the health care facilities are running in government buildings. IECs were displayed in most facilities for timings, drug list, immunization, JSY, JSSK and many others. The district is equipped with 3 Basic Life Support (BLS) and 15 Advanced Life Support (ALS) vehicle. There is a vacancy for various posts at various tiers such as District Data Assistant, District Media Expert, District ASHA Program Manager, Computer assistant Immunization, VBD Consultant NVBDCP, Office Assistant at the district level for carrying out the regular tasks under NHM. However, at the DH;SDH; and CHC/PHC level the paucity of HR was observed in terms of Sub- Divisional Program Manager, Adolescent Councilor, Sub- Divisional Media Expert, and Sub- Divisional ASHA Program Manager.

The implementation with regards to JSY is quite effective and there is no backlog of the beneficiaries. There is only one delivery point in the district which has implemented JSSK by providing free diet, drugs, and diagnostic services. The Khowai district has SNCU with a capacity of 6 beds with 6 in-radiant warmer. The 798 ASHAs of the district have conducted a total of 579 HBNC visits in the last financial year. The district neither has DEIC nor NRC. Under NTEP, the target TB notification under public sector in 2021-22, was achieved to be at 85%. Under National Leprosy Eradication Programme, two new cases were detected, out of which none were Grade 2 Disabilities (G2D) cases. All the NCD programmes that fall under the NHM umbrella were functional in the district.





The level of anaemia remains high in the district despite various programmes like ICDS, Anemia Mukta Bharat, MSSSKA, etc. Tribal women are most anemic. This could be of various plausible reasons such as Poor literacy, lack of nutritious and food, lifestyle, and lack of job opportunities are reported to be the leading cause behind it.

Consumption of alcohol, tobacco and gutka is prevalent in the local community, and people get addicted to it early. People in the area suffer from many serious diseases caused by alcohol and tobacco use and it is also widespread amongst the adolescent which is worrisome for their health.

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

During the visit, the team had interacted with the beneficiaries and conducted an FGD at SC Jambura to understand their perspectives of public health services, lifestyle, out-of-pocket expenditure, etc. A meeting was conducted with CMO, DPM and other district health officials to understand the efforts, achievements and challenges in implementing the NHM programmes. Based on the monitoring, discussions with health officials and community members, several relevant insights were gained which could help improve service delivery in the district.

## 7.2 Recommendations:

- **Recruitment of Staff:** On interaction with CMOs and other nodal officers it was brought to our attention that there is a paucity of human resources which overall affects the NHM and its activities in the district. Most of the facilities lack HR, thereby, affecting the quality of work and putting more burdens on the existing staff. Hence, they are being referred to higher facilities. Therefore, it is advocated that guidelines need to be issued regarding filling the vacancies, and the positions must be filled.
- **Strengthening of Delivery Points:** At the district level hospital there is immense delivery load and not on SDH and CHC. Hence, these facilities should be upgraded and strengthened to share the load of the hospitals and also handle complicated cases. In case of far flung areas, it is recommended that PHCs or the nearest SC should look into it and avoid maximum number of home deliveries as much as possible.
- **Stress on Anaemia:** The anemic status of pregnant women in the district is relatively high, due to which they also remain at risk of contracting other diseases. Hence, it is suggested that the state and district should prioritise and take an appropriate action





- **Implementation of Quality Assurance Programmes:** All the public health facilities in Khowai district should take the initiative for quality care certification specifically under NQAS and LaQshya. While some of the activities are being undertaken in case of Kayakalp and are performed more regularly. However, facilities are still lagging in terms of their performance and assessment activities to meet the criteria specified under NQAS and LaQshya guidelines.
- **Monitoring of Vector Borne Diseases:** With the increase in number of cases of Malaria and API still high it is recommended that the post of Vector Borne Disease Counsellor should be duly filled so that proper surveillance can be done.
- **Awareness on harmful effects of tobacco and alcohol:** It was cited that there is an excessive consumption of tobacco and alcohol amongst men in the district. Due to which the cases of oral cancer might rise in the near future. Hence, it is suggested to raise awareness by the front-line workers by discussing the adverse effects among the users by adopting strategies through activities and bringing the desired change.
- **Refresher Trainings of Front-Line Workers:** Multiple training programmes are not helpful as the retention among ASHAs and ANMs is less. The focus should be more on capacity building than just simple training. As this would improve the overall community service delivery practices





## ANNEXURE-I

Table 16:FMR Status, Khowai

Indicator	Released	Utilized	% of utilization rate
Service Delivery - Facility Based	53.51	29.74	55.6
Service Delivery - Community Based	46.87	46.11	98.4
Community Interventions	364.73	306.82	84.1
Untied Grants	85.7	74	86.3
Infrastructure	15.6	0.51	3.3
Procurement	42.33	20.88	49.3
Referral Transport	16.3	6.91	42.4
Human Resources	266.44	188.98	70.9
Training	36.52	35.05	96.0
Reviews, Research, Surveys and Surveillance	0	0	0
IEC/BCC	13.03	6.89	52.9
Printing	3.95	2.86	72.4
Quality	17.76	14.07	79.2
Drug Warehousing and Logistics	7.71	5.85	75.9
PPP	2.1	0.36	17.1
Programme Management	188.85	137.22	72.7
IT Initiatives for strengthening Service Delivery	1.2	0.58	48.3
Innovations (if any)	2	1.83	91.5
<b>Total</b>	<b>1164.6</b>	<b>878.66</b>	<b>75.4</b>

Source: District Checklist, Khowai (2021-22)

Table 17:Status of Expenditure, RCH

Indicators	Released	Utilized	% of utilization rate
<b>Maternal Health</b>	70.41	54.31	77.1
<b>Child Health</b>	14.4	6.16	42.8
<b>RBSK</b>	19.64	15.54	79.1
<b>Family Planning</b>	10.31	7.36	71.4
<b>RKSK/AH</b>	0	0	0.0
<b>PC-PNDT</b>	0.6	0.5	83.3
<b>Untied Fund</b>	85.7	74	86.3
<b>CPHC</b>	0	0	0.0
<b>Blood Services and Disorders</b>	0	0	0.0
<b>Infrastructure</b>	15.6	0.51	3.3
<b>ASHAs</b>	299	280.22	93.7
<b>HR</b>	266.44	188.98	70.9
<b>Programme Management</b>	188.85	137.22	72.7
<b>MMU</b>	0	0	0.0
<b>Referral Transport</b>	16.3	6.91	42.4
<b>Procurement</b>	42.33	20.88	49.3
<b>Quality Assurance</b>	17.76	14.07	79.2
<b>PPP</b>	2.1	0.36	17.1
<b>NIDDCP</b>	0.8	0.11	13.8
<b>Total</b>	<b>1050.24</b>	<b>807.13</b>	<b>76.9</b>

Source: District Checklist, Khowai (2021-22)





**Table 18:**Status of Expenditure, Communicable Disease

Indicator	Released	Utilized	% of utilization rate
IDSP	36.5	0.15	0.4
NVBDCP	36.49	37	101.4
NLEP	1.13	1.06	93.8
NTEP	55.4	30.08	54.3
<b>Total</b>	<b>129.52</b>	<b>68.29</b>	<b>52.7</b>

Source: District Checklist, Khowai (2021-22)

**Table 19:**Status of Expenditure, Non-Communicable Diseases

Indicators	Released	Utilized	% of utilization rate
NPCB+VI	0.1	0	0.0
NMHP	3.5	3.49	99.7
NPHCE	0.1	0	0.0
NTCP	1.5	1.12	74.7
NPCDCS	24.67	19.29	78.2
Dialysis Programme	0	0	0.0
NPCCHH	0	0	0.0
NOHP	0.5	0.5	100.0
NPPC	3.5	3.55	101.4
NPPCF	0	0	0.0
NRCP	0	0	0.0
NPPCD	0.2	0.13	65.0
<b>Total</b>	<b>34.07</b>	<b>28.08</b>	<b>82.4</b>

Source: District Checklist, Khowai (2021-22)

**Table 20:**Infrastructure Details at DH, Khowai

Infrastructure	Yes/No
Accessible from nearest road head	Yes
24*7 running water facility	Yes
Clean functional toilets available (separate for Male and female)	Yes
Drinking water facility available	Yes
OPD waiting area has sufficient sitting arrangement	Yes
Facility is geriatric and disability friendly (ramps etc.)	Yes
ASHA rest room is available	Yes
Drug storeroom with rack is available	Yes
Power backup (Complete Hospital / Part of the hospital)	Partially
Availability of delivery services	Yes
If facility is designated as FRU, whether C-section are performed	Yes
Functional new-born care corner (radiant warmer neo-natal ambu bag)	Yes
PMSMA services provided on 9 <sup>th</sup> of every month	Yes
Number of functional in-patient beds	100

Source: DH Checklist, Khowai(2021-22)





**Table 21:**List of Services available at DH Khowai

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

Source: DH Checklist,Khowai(2021-22)

**Table 22:**Availability of HR at DH,Khowai

HR Positions	Regular
MO (MBBS)	17
Medicine (Specialist)	03
Ob & Gy (Specialist)	01
Pediatrician (Specialist)	01
Anesthetist (Specialist)	01
Surgeon (Specialist)	-
Ophthalmologist (Specialist)	01
Orthopedics (Specialist)	01
Radiologist (Specialist)	-
Pathologist (Specialist)	01
Others (Specialist)	01
Dentist	01
Staff Nurses/ GNMs	44
LTs	08
Pharmacist	03
Dental Technician/ Hygienist	-





Hospital/ Facility Manager -

Source: DH Checklist,Khowai(2021-22)

**Table 23:** Availability of emergency and OT services DH,Khowai

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

Source: DH Checklist,Khowai(2021-22)

**Table 24:**Status of health infrastructure at CHC

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

Source: CHC Checklist,Khowai(2021-22)





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

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

Source: CHC Checklist, Khowai(2021-22)

**Table 26:** Human resources availability at CHC

HR Positions	CHC-Kalyanpur		
	Sanction	Regular	Contractual
MO (MBBS)	08	08	-
Dentist	01	01	-
Staff Nurses/ GNMs	11	11	-
LTs	02	01	01
Pharmacist	02	01	01

Source: CHC Checklist, Khowai(2021-22)

**Table 27:** Status of health infrastructure at PHC

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

Source: PHC Checklist, Khowai(2021-22)





**Table 28:**Human resources availability at PHC

HR Positions	PHC-Baijal Bari			PHC-Chebri		
	San.	Reg.	Cont.	San.	Reg.	Cont.
MO (MBBS)	03	03	-	03	03	-
MO (AYUSH)	01	01	-	02	01	01
SNs/ GNMs	07	07	-	08	08	-
ANM					01	-
LTs	02	01	01			
Pharmacist	00	00	00	02	01	01

Source: PHC Checklist,Khowai(2021-22)

**Table 29:**Status of health services at PHC

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

Source: PHC Checklist, Khowai(2021-22)





**Table 30:**Status of health services, SC

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

Source: SC Checklist, Khowai(2021-22)





**ANNEXURES-II**



Ministry of Health & Family Welfare  
Government of India



**Schedule for PIP Monitoring  
Key Correspondence: DPMU**

**A. District Profile**

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





7. Urban Community Health Centers (U-CHC)		
8. Special Newborn Care Units (SNCU)		
9. Nutritional Rehabilitation Centres (NRC)		
10. District Early intervention Center (DEIC)		
11. First Referral Units (FRU)		
12. Blood Bank		
13. Blood Storage Unit (BSU)		
14. No. of PHC converted to HWC		
15. No. of U-PHC converted to HWC		
16. Number of Sub Centre converted to HWC		
17. Designated Microscopy Center (DMC)		
18. Tuberculosis Units (TUs)		
19. CBNAAT/TruNat Sites		
20. Drug Resistant TB Centres		
21. Functional Non-Communicable Diseases (NCD) clinic <ul style="list-style-type: none"> <li>• At DH</li> <li>• At SDH</li> <li>• At CHC</li> </ul>	<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>
22. Institutions providing Comprehensive Abortion Care (CAC) services <ul style="list-style-type: none"> <li>• Total no. of facilities</li> <li>• Providing 1st trimester services</li> <li>• Providing both 1st &amp; 2nd trimester services</li> </ul>	<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>
<b>A.3 Infrastructure Construction Status Details</b>		
• Details of Construction pending for more than 2 years		
• Details of Construction completed but not handed over		

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

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





**A. Service Availability**

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





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

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

<b>7. Nutrition Rehabilitation Centers (NRC)</b>	<ul style="list-style-type: none"> <li>Total Admissions (2021-22) .....</li> <li>Discharged .....</li> <li>Referral/ Medical transfer .....</li> <li>LAMA .....</li> <li>Died .....</li> </ul> <ul style="list-style-type: none"> <li><b>Admission</b> <ul style="list-style-type: none"> <li>Bilateral pitting oedema .....</li> <li>MUAC&lt;115 mm .....</li> <li>&lt;' -3SD WFH .....</li> <li>with Diarrhea .....</li> <li>ARI/ Pneumonia .....</li> <li>TB .....</li> <li>HIV .....</li> <li>Fever .....</li> <li>Nutrition related disorder .....</li> <li>Others .....</li> </ul> </li> <li><b>Admission to NRC Referred by</b> <ul style="list-style-type: none"> <li>Frontline worker .....</li> <li>Self .....</li> <li>Ref from VCDC/ CTC .....</li> <li>RBSK .....</li> <li>Pediatric ward/ emergency .....</li> </ul> </li> </ul>
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<b>8. Home Based Newborn Care (HBNC)</b>	<ul style="list-style-type: none"> <li><b>Status of availability of HBNC kit with ASHAs</b></li> <li>&gt; Total No. of ASHAs: _____</li> <li>&gt; No. of ASHAs with HBNC kits: _____</li> <li>&gt; Reasons of Non-provision: _____</li> <li>_____</li> <li>_____</li> <li>Total Newborns visited under HBNC:</li> </ul>
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	<p>_____</p> <ul style="list-style-type: none"> <li>• <b>Status of availability of drug kit with ASHAs:</b></li> </ul> <p>&gt; Total No. of ASHAs: _____</p> <p>&gt; No. of ASHAs with drug kits: _____</p> <p>&gt; Reasons of Non-provision: _____</p> <p>_____</p>												
<p><b>9. Peer Education (PE) programme (Adolescent Health) &amp; Weekly Iron Folic Acid Supplementation (WIFS)</b></p>	<ul style="list-style-type: none"> <li>• No. of Blocks covered under Peer Education (PE) programme: .....</li> <li>• No. of villages covered under PE programme: .....</li> <li>• No. of Peer Educators: .....</li> <li>• No. of Adolescent Friendly Clinic (AFC) meetings held: .....</li> <li>• WIFS stockout: .....</li> </ul>												
<p><b>10. Mobile Medical Unit (MMU) (on the road) and micro-plan</b></p>	<ul style="list-style-type: none"> <li>• No. of Mobile Medical Unit (MMU) (on the road) and micro-plan _____</li> <li>• MMU team Composition _____</li> <li>_____</li> <li>• List of Services provided by MMU</li> <li>_____</li> <li>_____</li> <li>_____</li> <li>• No. of <b>trips</b> per MMU/month .....</li> <li>• No. of <b>camps</b> per MMU/month .....</li> <li>• No. of <b>villages</b> covered .....</li> <li>• Average number of <b>OPD</b> per MMU per month .....</li> <li>• Average no. of <b>lab investigations</b> per MMU per month .....</li> <li>• Avg. no. of <b>X-ray</b> per MMU per month .....</li> <li>• Avg. no. of <b>blood smears collected / Rapid Diagnostic Tests (RDT) done for Malaria</b>, per MMU/month .....</li> <li>• Avg. no. of <b>sputum collected</b> for TB detection per MMU per month .....</li> <li>• Average Number of <b>patients referred</b> to higher facilities .....</li> <li>• Payment pending (if any) .....</li> </ul> <p>If yes, since when and reasons thereof</p>												
<p><b>11. Universal health screening</b></p>	<ul style="list-style-type: none"> <li>• If conducted, what is the target population .....</li> <li>• Number of Community Based Assessment Checklist (CBAC) forms filled till date .....</li> </ul>												
<ul style="list-style-type: none"> <li>• No. of patients screened, diagnosed, and treated for: <ul style="list-style-type: none"> <li>○ Hypertension</li> <li>○ Diabetes</li> <li>○ Oral cancer</li> </ul> </li> </ul>	<table border="1"> <thead> <tr> <th>Screened</th> <th>Diagnosed</th> <th>Treated</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>	Screened	Diagnosed	Treated									
Screened	Diagnosed	Treated											





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

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

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





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





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

22. ASHAs	Number of ASHAs <ul style="list-style-type: none"> <li>Required as per population .....</li> <li>Selected .....</li> <li>No. of ASHAs covering more than 1500 (rural) population .....</li> <li>No. of ASHAs covering more than 3000 (urban) population .....</li> <li>Villages with no ASHA .....</li> <li>Slum areas with no ASHA .....</li> </ul>
	<b>Status of social benefit scheme for ASHAs and ASHA Facilitators (if available)</b> <ul style="list-style-type: none"> <li>No. of <b>ASHAs</b> enrolled for Pradhan Mantri Jeevan Jyoti Bima Yojana (<b>PMJJBY</b>) .....</li> <li>No. of <b>ASHA Facilitator</b> enrolled for Pradhan Mantri Jeevan Jyoti Bima Yojana (<b>PMJJBY</b>) .....</li> <li>No. of <b>ASHAs</b> enrolled for Pradhan Mantri Suraksha Bima Yojana (<b>PMSBY</b>) .....</li> <li>No. of <b>ASHA Facilitators</b> enrolled for Pradhan Mantri Suraksha Bima Yojana (<b>PMSBY</b>) .....</li> <li>No. of <b>ASHAs</b> enrolled for Pradhan Mantri Shram Yogi Maandhan Yojana (<b>PMSYMY</b>) .....</li> <li>No. of <b>ASHA Facilitators</b> enrolled for Pradhan Mantri Shram Yogi Maandhan Yojana (<b>PMSYMY</b>) .....</li> <li>Any other state specific scheme .....</li> </ul>
23. Mahila Arogya Samitis (MAS)-	<b>Status of Mahila Arogya Samitis (MAS)-</b> <ol style="list-style-type: none"> <li>Formed</li> <li>Trained</li> </ol>





	<ul style="list-style-type: none"> <li>c. MAS account opened</li> <li>d. Samiti addresses issues related to.....</li> </ul>		
<b>24. Village Health Sanitation and Nutrition Committee (VHSNC)</b>	<b>Status of Village Health Sanitation and Nutrition Committee (VHSNC):</b> <ul style="list-style-type: none"> <li>a. Formed:</li> <li>b. Trained:</li> <li>c. MAS account opened:</li> </ul>		
<b>25. Kayakalp and Quality Assurance</b>	<ul style="list-style-type: none"> <li>• No. of facilities quality certified NQAS ..... LaQshya .....</li> <li>• Status of Kayakalp programme- No. of awarded DH CHC PHC SC.....</li> <li>• Activities performed by District Level Quality Assurance Committee (DQAC) ..... ..... ..... ..... .....</li> </ul>		
<b>26. Maternal and Child Health</b>	<ul style="list-style-type: none"> <li>• <b>Number of maternal deaths reported at:</b>  DH: _____ SDH: _____ CHC: _____ PHC: _____ SC: _____ Prime reason for the maternal death.....</li> <li>• <b>Number of Maternal Death Review conducted</b> <ul style="list-style-type: none"> <li>• 2020-21: _____</li> <li>• 2021-22: _____</li> </ul> </li> </ul>		
	<ul style="list-style-type: none"> <li>• Number of Neonatal Deaths: _____</li> <li>• Number of Total Child Deaths: _____</li> <li>• <b>Number of Child Death Review conducted</b> <ul style="list-style-type: none"> <li>• 2020-21: _____</li> <li>• 2021-22: _____</li> </ul> </li> </ul>		
<b>C.4. Healthcare Systems</b>			
<b>27. Payment status:</b>	<b>No. of beneficiaries</b>	<b>Backlog</b>	<b>DBT status</b>
<ul style="list-style-type: none"> <li>• JSY beneficiaries</li> </ul>			
<ul style="list-style-type: none"> <li>• ASHA payment:               <ul style="list-style-type: none"> <li>○ A- Routine and recurring at increased rate of Rs. 2000 pm</li> <li>○ B- Incentive under NTEP</li> </ul> </li> </ul>			





○ C- Incentives under NLEP				
• Payment of ASHA facilitators as per revised norms (of a minimum of Rs. 300 per visit)				
• Patients incentive under NTEP programme				
• Provider’s incentive under NTEP programme				
• FP compensation/ incentive				
<b>28. Recruitment for any staff position/ cadre conducted at district level</b>				
<b>29. Details of recruitment</b>	<b>Previous year (2020-21)</b>		<b>Current Year (2021-22)</b>	
	<b>Regular cadre</b>	<b>NHM</b>	<b>Regular cadre</b>	<b>NHM</b>
• 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				
<b>30. If state has comprehensive (common for regular and contractual HR) Human Resource Information System (HRIS) in place</b>				
<b>31. If grievance redressal mechanism in place: Y/N</b>	<ul style="list-style-type: none"> <li>• Whether call center and toll-free number available.....</li> <li>• Percentage of complains resolved out of the total complains registered in current FY.....</li> </ul>			
<b>32. Mera-Aaspatal (Attach Mera Aspataal performance report)</b>	<ul style="list-style-type: none"> <li>• Implemented in how many facilities..... DH.....CHC.....PHC</li> <li>• Total Responses collected:</li> <li>• % reported Very Satisfied:</li> <li>• % reported Satisfied:</li> <li>• % reported not satisfied:</li> <li>• Total response for dis-satisfied: Dissatisfied with staff behaviors... Dissatisfied with cleanliness..... Dissatisfied with cost of treatment..... Dissatisfied with quality of treatments..... With other reason .....</li> </ul>			

**A. Implementation of CPHC**

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

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





e. Cervical Cancer		
5. Number of HWCs providing Teleconsultation services		
6. Number of HWCs organizing wellness activities		

**A. Status of HRH**

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

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

**A. State of Fund Utilization**

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

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

Indicator	Budget Released (in lakhs)	Budget utilized (in lakhs)	Reason for low utilization (if less than 60%)
1. <b>FMR 1:</b> Service Delivery: Facility Based			
2. <b>FMR 2:</b> Service Delivery: Community Based			
3. <b>FMR 3:</b> Community Intervention			
4. <b>FMR 4:</b> Untied grants			
5. <b>FMR 5:</b> Infrastructure			
6. <b>FMR 6:</b> Procurement			





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

### Programme Wise

Status of Expenditure (Financial year 2021-22):

Indicator	Budget Released (in lakhs)	Budget utilized (in lakhs)	Reason for low utilization (if less than 60%)
<b>1. RCH and Health Systems Flexipool</b>			
• Maternal Health			
• Child Health			
• RBSK			
• Family Planning			
• RKSK/ Adolescent health			
• PC-PNDT			
• Immunization			
• Untied Fund			
• Comprehensive Primary Healthcare (CPHC)			
• Blood Services and Disorders			
• Infrastructure			
• ASHAs			
• HR			
• Programme Management			
• MMU			
• Referral Transport			
• Procurement			
• Quality Assurance			
• PPP			
• NIDDCP			
<b>2. NUHM</b>			
<b>3. Communicable Diseases Pool</b>			





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





**A. Status of trainings**

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

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

**Date:**

**Name:**

**Signature:**

**Designation:**





Ministry of Health & Family Welfare  
Government of India



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

Service Delivery:

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

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





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





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





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





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





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





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





Indicator	Remarks/ Observation





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

**Service Delivery:**

Name of facility visited			
Facility Type	<input type="checkbox"/> CHC/ <input type="checkbox"/> U-CHC		
FRU	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
Standalone/ Co-located	<input type="checkbox"/> Standalone/ <input type="checkbox"/> Co-located Co-located with (if applicable):		
Accessible from nearest road head	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
Date of Visit			
Next Referral Point	Facility: Distance:		
<b>Indicator</b>	<b>Remarks/ Observation</b>		
OPD Timing			
Whether the facility is functioning in PPP mode	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
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		
Number of functional in-patient beds			
List of Services available			
Specialized services available in addition to General OPD, ANC, Delivery, PNC, Immunization, FP, Laboratory services	Sl.	Service	Y/N
	1	Medicine	
	2	O&G	
	3	Pediatric	
	4	General Surgery	
	5	Anesthesiology	





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





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





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





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





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





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





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

Service Delivery:

Name of facility visited		
<b>Facility Type</b>		<input type="checkbox"/> PHC/ <input type="checkbox"/> U-PHC
<b>Whether the facility has been converted to HWC</b>		<input type="checkbox"/> Yes/ <input type="checkbox"/> No
<b>Standalone/ Co-located</b>		<input type="checkbox"/> Standalone/ <input type="checkbox"/> Co-located Co-located with (if applicable):
<b>Accessible from nearest road head</b>		<input type="checkbox"/> Yes/ <input type="checkbox"/> No
<b>Date of Visit</b>		
<b>Next Referral Point</b>		Facility: Distance:
Indicator	Remarks/ Observation	
1. OPD Timing		
<ul style="list-style-type: none"> <li>For U-PHC, check if evening/morning OPD/Clinics being conducted</li> </ul>	<input type="checkbox"/> Yes/ <input type="checkbox"/> No	
2. Whether the facility is functioning in PPP mode	<input type="checkbox"/> Yes/ <input type="checkbox"/> No	
3. Condition of infrastructure/ building	Comments:	
Please comment on the condition and tick the appropriate box	<input type="checkbox"/> 24*7 running water facility <input type="checkbox"/> Facility is geriatric and disability friendly (Ramps etc.) <input type="checkbox"/> Clean functional toilets available (separate for Male and female) <input type="checkbox"/> Drinking water facility available <input type="checkbox"/> OPD waiting area has sufficient sitting arrangement <input type="checkbox"/> ASHA 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"> <li>Desktop/ Laptop available: <input type="checkbox"/>Yes/ <input type="checkbox"/>No</li> <li>All ANMs have functional Tablets: <input type="checkbox"/>Yes/ <input type="checkbox"/>No</li> <li>Smart phones given to all ASHAs: <input type="checkbox"/>Yes/ <input type="checkbox"/>No</li> <li>Internet connectivity: <input type="checkbox"/>Yes/ <input type="checkbox"/>No</li> </ul> Quality/strength of internet connection: _____			
11. Kayakalp (2021-22)	Initiated: Facility score: Award received:			
12. NQAS (2021-22)	Assessment done: Internal/State Facility score: Certification Status:			
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"> <li>In-house tests <b>For 2021-22</b></li> </ul>	Timing: Total number of tests performed: _____ Details of tests performed:
<ul style="list-style-type: none"> <li>Outsourced/ PPP <b>For 2021-22</b></li> </ul>	Timing: Total number of tests performed: _____ Details of tests performed:
20. X-ray services is available	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If Yes, type & nos. of functional X-ray machine is available in the hospital:  Is the X-ray machine AERB certified: <input type="checkbox"/> Yes/ <input type="checkbox"/> No
21. Whether diagnostic services (lab, X-ray etc.) are free for all	<input type="checkbox"/> Free for BPL <input type="checkbox"/> Free for elderly <input type="checkbox"/> Free for JSSK beneficiaries <input type="checkbox"/> Free for all
22. Availability of Testing kits/ Rapid Diagnostic Kits	<input type="checkbox"/> Sufficient Supply <input type="checkbox"/> Minimal Shortage <input type="checkbox"/> Acute shortage
23. If there is any shortage of major instruments/ equipment	List of Equipment
24. Average downtime of equipment. Details of equipment are nonfunctional for more than 7 days	
25. Availability of delivery services	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
<ul style="list-style-type: none"> <li>If yes, details</li> </ul>	Comment on condition of labour room:  Functional New-born care corner (functional radiant warmer with neo-natal ambu bag): <input type="checkbox"/> Yes/ <input type="checkbox"/> No
26. Status of JSY payments	Payment is up to date: <input type="checkbox"/> Yes/ <input type="checkbox"/> No Average delay: Payment done till: Reasons for delay:
27. Availability of JSSK entitlements	<input type="checkbox"/> Yes/ <input type="checkbox"/> No  If yes, whether all entitlements being provided <input type="checkbox"/> Free delivery services (Normal delivery/ C-section) <input type="checkbox"/> Free diet <input type="checkbox"/> Free drugs and consumables





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





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





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

