

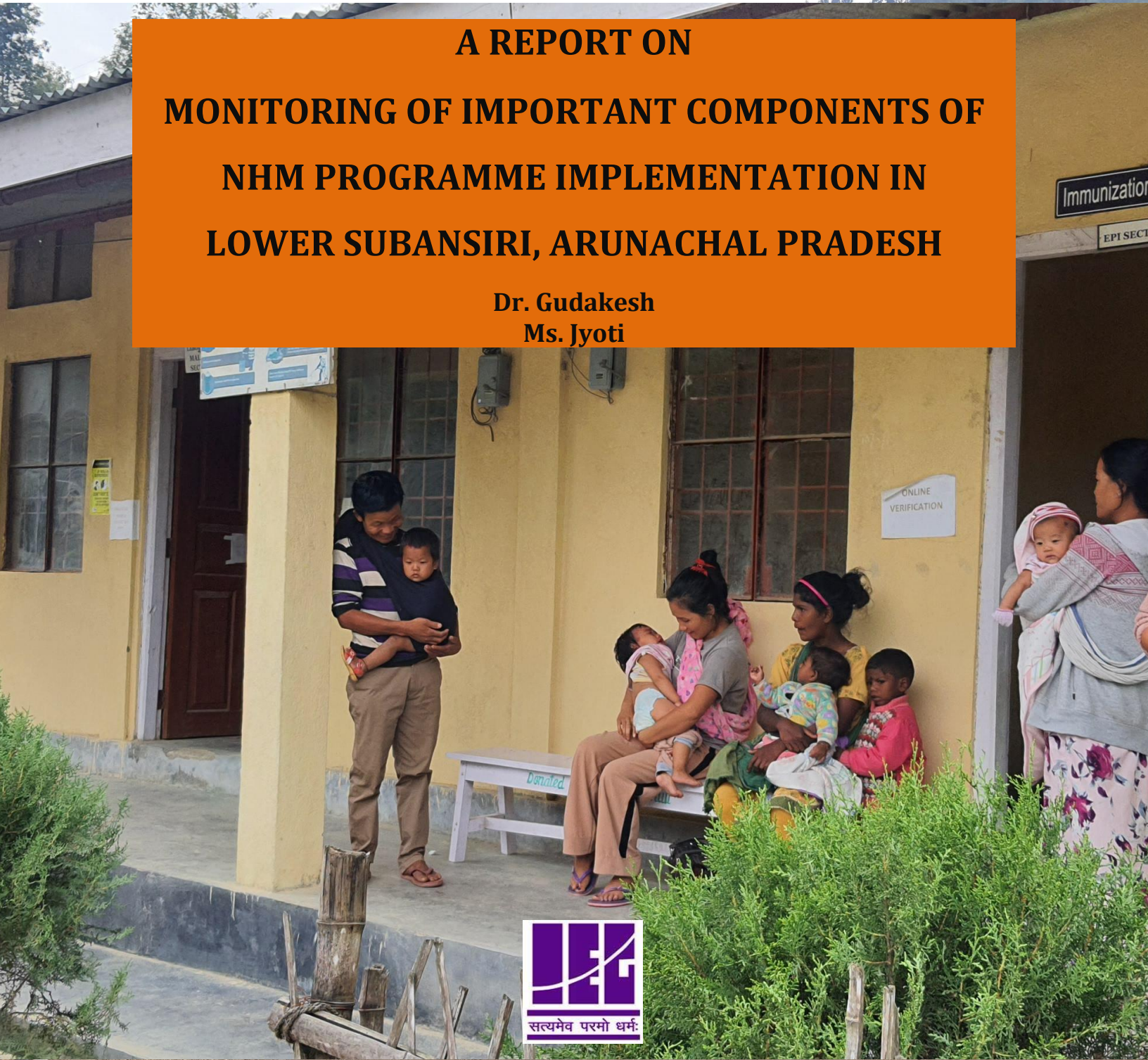


Ministry of Health & Family Welfare  
Government of India



# A REPORT ON MONITORING OF IMPORTANT COMPONENTS OF NHM PROGRAMME IMPLEMENTATION IN LOWER SUBANSIRI, ARUNACHAL PRADESH

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## ACRONYMS AND ABBREVIATION

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

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

## *Executive Summary*

The National Health Mission is a flagship initiative of the Government of India in the public health sector. It enhances people's access to quality health care services in a colossal manner via umpteen initiatives. Since its inception, NHM has tailored itself to the needs of the society by identifying the existing lacunae and eliminating them. One of the salient features that measure the progress of NHM remains the Monitoring and Evaluation activities undertaken by the Ministry of Health and Family Welfare on a continuous basis. The ministry has established the network so that the services are being utilized in monitoring the State Programme Implementation Plans.

Hence, the report focuses on monitoring all the essential components of NHM in the Lower Subansiri district for the year 2020-21. The monitoring was carried out in October to encapsulate and analyze the status of NHM activities in the district. The report puts forward the key observations made during the PRC, Delhi team visit to various health facilities of the district, i.e., Gyati Takka General Hospital, Ziro, two Community Health Centre's (CHC) in Old Zero and Yazali, two Primary Health Centres (PHC) in Talo and Yachuli, and a Sub-Centres/HWC Siiro. A meeting was conducted with DMO, DRCHO and other district health officials to understand the efforts, achievements and challenges in implementing the NHM programmes. A focus group discussion was also done in Yachuli to understand their perspectives of public health services, lifestyle, out-of-pocket expenditure, etc.

### **OBSERVATIONS**

- The District has one General Hospital, Two CHCs, five PHCs, and 25 SCs. All the health care facilities are running in government buildings. Tomo Riba Institute of Health and Medical Sciences in is approached for specialized treatment and complicated cases.
- Infrastructure of the CHCs and PHCs were quite old and need urgent repairing. Drinking and running water facilities were not available at the CHC, PHC and SC.
- Most of the facilities were short of IEC. However, facilities have a drug list, information related to immunization, information about JSY, and many other programs. Overall, a significant shortage of skilled human resources was observed across the district.

- Fix day NCD clinic were not functioning in CHC and PHC. Screening of non-communicable diseases was not being done. There is a shortage of ambulances in the district, and people have to arrange the vehicles to reach the hospitals.
- District does not received fund for NVBDCP for the FY 2020-21.

#### CHALLENGES AND GAPS IN HEALTH SERVICE DELIVERY

- The settlement in the district is very scattered, and some areas of the district are still inaccessible. Health workers have to go through many challenges in reaching people living in remote areas. Illiteracy is major hurdles in motivating people to access the nearest facility.
- There was a shortage of medicines in the hospital, and most of the time, drugs have to be bought from outside. There is a lack of expensive testing facilities in hospitals, due to which they have to go to Itanagar for diagnosis.
- There is minimal awareness about ANC and vaccination in the community. Home delivery is practiced in some areas due to a lack of access to health facilities. There is a lack of delivery points in the districts. However, the health worker visits the pregnant woman's house to help.
- There is a huge problem of electricity, internet and mobile network in the entire district itself, due to which people have to face problem in reaching facilities, dissemination of information. During the monsoon season, the roads get affected by landslides, so accessing essential medicines and equipment to health facilities is a major challenge.
- The free meal is not being provided at CHCs and PHCs under JSSK in the district. There is a need to make proper arrangements of funds at CHC and PHCs to provide food.
- Most of the facilities lack HR, affecting the quality of work and putting more burdens on the existing staff, and more cases are being referred to higher facilities.
- Toilet facilities and drinking water supply are one of the major problems in the CHCs and PHC. It should be ensured that the toilets are cleaned and maintained regularly.

#### KEY RECOMMENDATION

- Most of the facilities lack HR, affecting the quality of work and putting more burdens on the existing staff, and more cases 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.

- Dedicated Vehicles may be provided to DIO/DRCH to supervise and monitor the various activities under the NHM programme and routine immunization. The POL, the vehicle maintenance, and hiring charges should increase as per the present or the current situation in the market with special consideration to the hilly and rugged topography of the northwestern region and other smaller States.
- CHC Old Ziro and PHC Yachuli need maintenance and refurbishment. There is a shortage of staff quarters at CHCs and PHCs for the medical staff at the health facilities, which must be resolved immediately.
- Toilet facilities and drinking water supply are one of the major problems in all the facilities of lower Subansiri. Condition of toilets was not good in CHC Old Ziro and PHC Yachuli. It should be ensured that the toilets are cleaned and maintained regularly.
- The free meal is not being provided at CHCs and PHCs under JSSK in the district. There is a need to make proper arrangements of funds to provide food at CHCs and PHCs.
- RKS meetings should be organized periodically for the smooth functioning of health services, future activities, challenges, and utilization of funds at GH, CHCs and PHCs.
- Existing incentives of ASHA for mandatory activities and outreach sessions for routine immunization may be revised and hiked, particularly for the northeast region or other parts of India, considering it is a hilly region with difficult topography and sparse population.
- The cashless incentives for the services to the pregnant women and the sick newborns may be revised and hiked to enable proper and minimal service delivery under JSSK scheme.
- The decentralization of the NHM fund should be ensured to ease the implementation of the mandatory activities under the NHM programme in time and effectively.

## *Chapter 1*

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# **BACKGROUND AND OBJECTIVES**

# BACKGROUND AND OBJECTIVES

## 1.1 INTRODUCTION

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

In order to monitor the important components of NHM State Programme Implementation Plan (PIP) 2020-21, the Ministry of Health and Family Welfare (MoHFW) had commissioned Population Research Centres (PRCs) to evaluate the performance of the plans in various districts. The following report is based on the PIP Monitoring visit to Lower Subansiri district in October 2021. The PRC Delhi team visited the District Medical Officer's (DMO) Office for a brief interaction with the DMO, District RCH Officer Manager (DRCHO), and Nodal officers; thereafter six facilities were visited, these were the Gyati Takka General Hospital, Ziro, two Community Health Centre's (CHC) in Old Zero and Yazali, two Primary Health Centres (PHC) in Talo and Yachuli, and a Sub-Centres/HWC Siiro. A community interaction was also done in Yachuli. This report provides a review of key population, socio-economic, health and service delivery indicators of Lower Subansiri District. The report also deals with health infrastructure and human resource of the district and provides insights on MCH service delivery including JSSK and JSY schemes, Family Planning, bio-medical waste management, referral transport, communicable, and non-communicable diseases.

## 1.2 OBJECTIVES

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

- To monitor the status of physical infrastructure of health facilities under NHM Programme.
- To understand the availability and efficiency of human resource required for better service facilities.
- To understand the gap between Demand and supply of health service delivery under NHM programme.

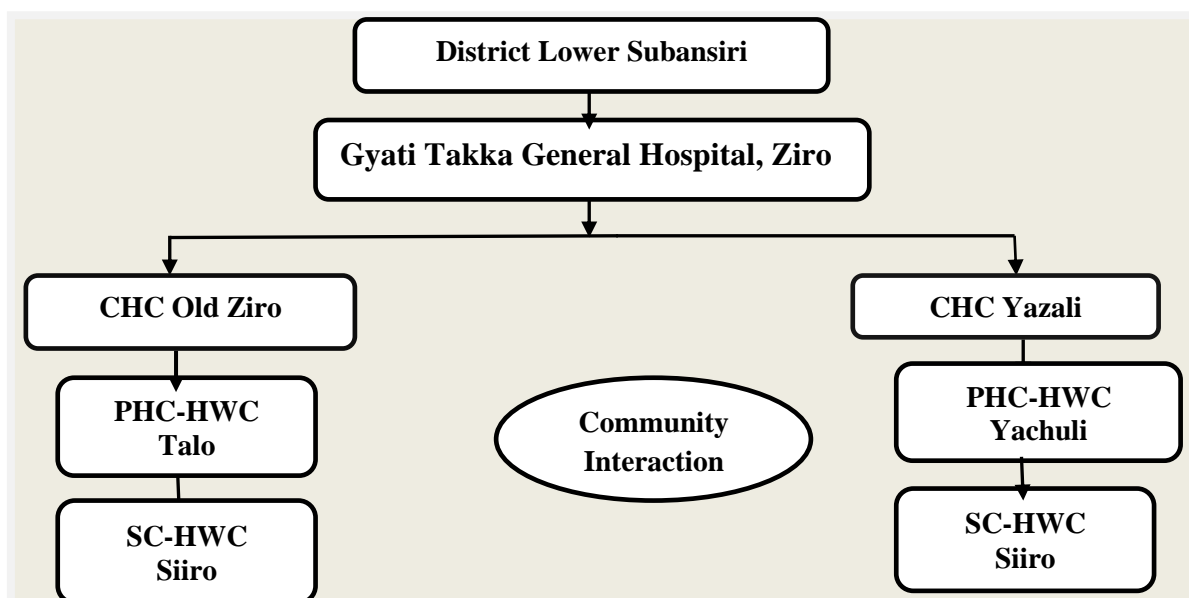
- To assess functionality of equipment, supply and essential drugs, essential consumables etc.
- To analyze and ascertain the implementation and performance of different scheme under NHM.
- To analyze other important components namely service delivery, record maintenance, Biomedical Waste Management, referral transports system, IEC material, disease control programme etc.
- To assess the availability of finance for the NHM activities in the district.

### 1.3 METHODOLOGY

MoHFW has assigned the task of monitoring the health status of Lower Subansiri, Arunachal Pradesh to PRC Delhi. The report is based on the data collected from the CHMO office and other health facilities visited. PRC, Delhi visited the district office to interact with DMO, DRCHO and other officers of the district. Health profile of the district was discussed intensively and higher authorities were questioned on broad areas under NHM such as maternal health, child health, family planning, human resource, infrastructure etc.

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

**Figure 1.1: List of Facilities Visited during PIP Visit**



## *Chapter 2*

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# **An Overview of Key Demographic and Health Indicators of Lower Subansiri**

## AN OVERVIEW OF KEY DEMOGRAPHIC AND HEALTH INDICATORS OF LOWER SUBANSIRI

### 2.1 POPULATION AND HOUSEHOLD PROFILE

Arunachal Pradesh is located in the extreme north-eastern corner of the country. It is bordered by Bhutan on the west, China on the north and north-east, Myanmar on the east and south-east and the Indian States Assam and Nagaland to its south. Formerly State was known as the North East Frontier Agency, the area was part of Assam until it was made the Indian union territory of Arunachal Pradesh in 1972, and in 1987 it became an Indian state. Administratively the State is divided into 25 districts and the Capital is Itanagar. The State has a territory of 83,743 square kilometer, which is about 2.6 percent of India's land area and a third of the size of North-East India. Arunachal Pradesh is largest State area wise in North-East India, but its population is 0.11 percent of India's population and only 2.9 percent of the population of North-East India. As per Census 2011, Arunachal Pradesh has a population of 13.8 Lakh, and the decadal population growth was 26.3 percent. Out of total population of Arunachal Pradesh, 23 percent people live in urban regions. The population density in Arunachal is 17 people per square kilometer (2011 Census). Arunachal Pradesh is home to 26 major tribes and 110 sub-tribes and minor tribes. The more prominent tribes are Nyishi, Adi, Tagin, Apatani, Mishmi, Khampti, Tangsa, Nocte, Wangcho, Monpa, Aka, and Miji. The literacy rate in Arunachal Pradesh is 65 percent as per the 2011 population census.

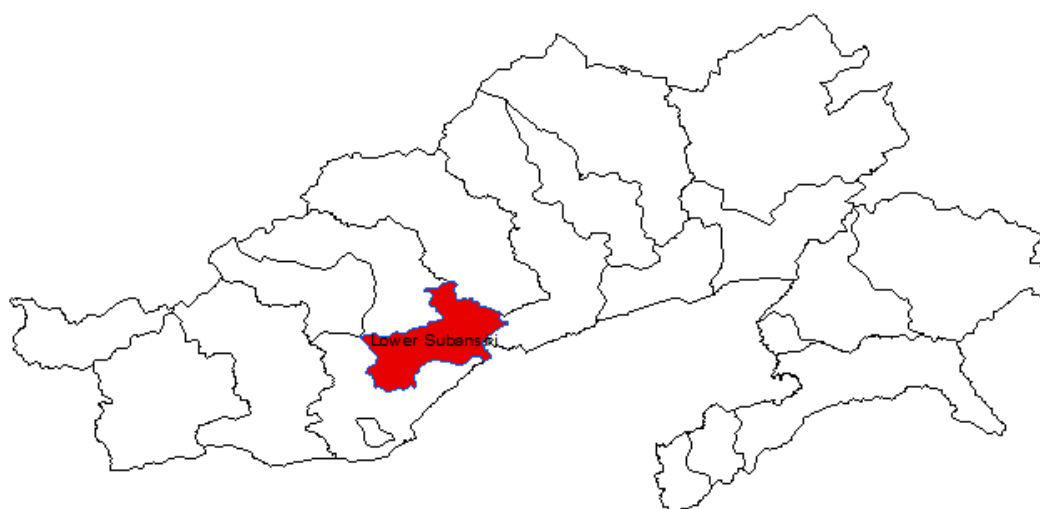
**Table 2.1:** Key demographic indicators of Lower Subansiri, Arunachal Pradesh and all India

Indicators	India	Arunachal Pradesh	Lower Subansiri
Population	1,210,193,442	1,383,727	83,030
Male	623,724,248	713,912	41,843
Female	586,469,174	669,815	41,187
Urban population (%)	31.2	22.9	15.4
Rural population (%)	68.8	77.1	84.6
Decadal Population Growth Rate (%)	17.6	26.3	49.0
Density/km <sup>2</sup>	382	17	24
Child Population (0-6 Years)	158,789,287	212,188	10,320
Sex Ratio (per/1000)	940	938	984
Child Sex Ratio (0-6 Year)	914	972	966
Area (sq. km)	3,287,240	83,743	3,508
Literates (%)	74.0	65.4	74.4
Male Literates (%)	82.1	72.6	80.5
Female Literates (%)	65.5	57.7	60.1
Schedule Caste (%)	16.6	0.0	0.0
Schedule Tribe (%)	8.6	68.8	87.8

SOURCE: REGISTRAR GENERAL OF INDIA, PRIMARY CENSUS ABSTRACT, CENSUS OF INDIA 2011

Lower Subansiri has two developmental blocks and 187 villages. As of the 2011 census, Lower Subansiri has a population of 83,030. Of this, the male population is 41,843 and the female population is 41,187. Out of the total population, 15.4 percent live in urban areas and 84.6 percent in rural areas. The percentage decadal growth rate of the population was observed 49 percent in 2011 over the 2001 census, which was higher than the state average of 26.3 percent. The percentage of scheduled tribe population is 87.8 percent. The district has a sex ratio of 984 females per 1000 males and a child sex ratio of 966 females per 1000 males. Lower Subansiri district administers an area of 3,508 sq km, and in 2011 the population density of the district was 24 persons per sq km.

**Figure 2.1:** Outline Map of Lower Subansiri District, Arunachal Pradesh



*Note: Map not to scale*

## 2.2 OPERATIONAL OF HEALTH FACILITY

Table 2.2 presents the distribution of health facilities in Lower Subansiri. There are one Gyati Takka General Hospital, two Community Health Centre, five Primary Health Centre and 23 Sub-centre in the district. The district does not have medical college or sub-Gyati Takka General Hospital.

**Table 2.2:** Number of Health Facilities in Lower Subansiri, 2020-21

Facility Details	Operational
Gyati Takka General Hospital	1
Sub-Gyati Takka General Hospital	-
Community Health Centre	2
Primary Health Centre	5
Sub Health Centre	23

SOURCE:HMIS STANDARD REPORT APRIL 2020 – MARCH 2021

## 2.3 HMIS SERVICE DELIVERY INDICATORS

Table 2.3 highlights the performance of major service delivery indicators and the subsequent health outcomes regarding the quantifiable goals related to Maternal Health, Child Health, Delivery care, Family Planning, Adult Health, etc., under NHM in the Lower Subansiri during 2020-21. In the Lower Subansiri, 14,436 pregnant women registered for ANC, in which about 33 percent of the ANC registrations occur in the first trimester. However, only 12 percent of pregnant women receive four or more ANC check-ups. The coverage of 180 IFA tablets among pregnant women is only 33 percent and is lower than the state level coverage of 54 percent.

Total 378 deliveries were conducted in the District, of which 30 were conducted at home. More than 92 percent of births are institutional, with C-section deliveries accounting for four percent of the total institutional births. Nearly 24 percent of women went for institutional delivery who registered for ANC. About 81 percent of women are discharged within 48 hours of the delivery, which is higher than the state average and below the national level. Regarding Post Natal Care, only 54 percent of women received the 1<sup>st</sup> post-partum check-up within 48 hours and 14 days of delivery which was lesser than the state average. In addition, 86 percent of the newborns were breastfed within one hour of delivery, while 100 percent of newborns were weighed at birth.

In terms of Child Health and immunization services, 560 children of 9-11 months were fully immunized in the district. Further, 72 percent of infants received BCG, and 100 percent received Measles among all fully immunized infants. Diarrhoea was the most prevalent childhood disease in the district; 169 children suffered from diarrhea during last year.

In the last year, no sterilizations were performed. However, 50 women received the benefit of the IUCD, 7,223 condom pieces and 4,147 oral pills were distributed in the last financial year.

No maternal and child death reported in the district during 2020-21. Only one infant death and six stillbirths reported in the last financial year. The volume of OPD services was 42,077, whereas the district provides care for 1,388 IPD cases in a year.

**Table 2.3: Status of key maternal and child health indicators, Lower Subansiri, HMIS 2020-21**

<b>Health Care Service Delivery Indicators</b>	<b>Arunachal Pradesh</b>	<b>Lower Subansiri</b>
<b>1. Maternal Health</b>		
Total number of pregnant women registered for ANC	32,403	1,436
% 1st Trimester registration to Total ANC Registrations	35.3%	32.9%
% Pregnant Women received 4 or more ANC checkups to Total Registration	29.0%	12.3%
% Pregnant women given 180 IFA to Total ANC Registrations	53.7%	33.0%
<b>a) Home Deliveries</b>		
Number of Home Deliveries	1,752	30
Number of Home Deliveries attended by Skill Birth Attendant(SBA) (Doctor/Nurse/ANM/ Midwife)	799	5
Number of Home Deliveries attended by Non SBA (Trained Birth Attendant(TBA) /Relatives/etc.)	953	25
<b>b) Institutional Deliveries including C-Section Deliveries</b>		
Total Number of Reported Deliveries	20,012	378
% of Institutional Deliveries to Total Reported Deliveries	91.3%	92.1%
% of C-Section Deliveries to Total institutional Deliveries	22.8%	3.7%
% Institutional Deliveries to total ANC Registrations	56.4%	24.2%
% Women discharge in less than 48hours of delivery to Total Institutional Deliveries at Public Institutions	61.3%	80.8%
<b>d) Post Natal Care</b>		
% Women getting 1 <sup>st</sup> Post-Partum Checkup between 48 hours and 14 days to Total Reported Deliveries	35.3%	54.0%
% Newborn breast fed within 1 hour of birth to Total Live Birth	82.5%	86.3%
% Newborn weighed at Birth to Live Birth	97.8%	100.0%
<b>2. Child Immunization &amp; Diseases</b>		
Total live birth	19,858	372
Number of Fully Immunized children (9-11 months)	19,286	560
Number of cases of Childhood Diseases Pneumonia	144	1
Number of cases of Childhood Diseases Diarrhea	4,436	169
Infants received BCG to full immunization	108.6%	72.0%
Infants received Measles to full immunization	100.9%	100.5%
<b>3. Family Planning</b>		
Total Sterilization conducted	558	0
% Male Sterilization (Vasectomies) to Total sterilization	0.0%	0.0%
% Female Sterilization (Tubectomies) to Total sterilization	100.0%	100.0%
Number of Interval IUCD Insertions (excluding PPIUCD and PAIUCD)	1,858	50
Number of beneficiaries given 4th or more than 4 doses of Injectable (Antara Program)	99	7
Condom Pieces distributed	52,556	7,223
Oral Pills distributed	39,699	4,147
<b>4. Other Services</b>		
IPD	51,440	1,388
OPD (Ayush + Allopathic)	12,44,786	42,077
% IPD to OPD	4.1%	3.3%
<b>5. Mortality Indicators</b>		
Maternal Death	14	0
Child Death	14	0
Infant Death	90	1
Still Birth	231	6
Death due to Sterilization	0	0

SOURCE: HMIS STANDARD REPORT APRIL 2020 – MARCH 2021

## *Chapter 3*

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# **Public Health Planning, Service Delivery and Budget Utilization**

# PUBLIC HEALTH PLANNING, SERVICE DELIVERY AND BUDGET UTILIZATION

## 3.1 DISTRICT HEALTH ACTION PLAN

Lower Subansiri has prepared District Programme Implementation Plan (PIP) for current year and submitted to the State for verification. District has received the approved District Health Action Plan (DHAP) from the State on July 8<sup>th</sup>, 2021. Further, table 3.1 indicates that there was no construction pending for more than two years.

**Table 3.1:** Information about District Health Action Plan (DHAP) of Lower Subansiri, 2020-21

Indicator	Remarks/ Observation
District has prepared any District Programme Implementation Plan (PIP) for current year and has submitted it to the States	Yes
District has received the approved District Health Action Plan (DHAP) from the State	8 <sup>th</sup> July, 2021
Date of first release of fund against DHAP	-
<b>Infrastructure: Construction Status</b>	
Details of Construction pending for more than 2 years	NIL
Details of Construction completed but not handed over	NIL

SOURCE: DISTRICT CHECKLIST, NHM PIP MONITORING 2021

## 3.2 HEALTH INFRASTRUCTURE

Public health infrastructure provides the capacity to prevent disease, promote health, and prepare for and respond to both acute and chronic health needs. Infrastructure is the foundation for planning, delivering, evaluating, and improving public health. The performance of any public health programme depends on the presence of basic infrastructure. The public health care infrastructure includes Sub Health Centres at the most peripheral level, Primary Health Centres envisaged providing integrated curative and preventive health care, and Community Health Centres which serve as a referral centre for PHCs, and provides facilities for obstetric care and specialist consultations.

Table 3.2 presents the details of planned and operational Health Infrastructure in the Lower Subansiri district. Lower Subansiri has one Gyati Takka General Hospital, two Community Health Centres (CHCs), five Primary Health Centres (PHCs), and 23 sub-centers (SCs). One Special Newborn Care Unit (SNCU) is functioning in the district. During the last financial year, five PHCs and 15 sub-centres were converted into health & wellness centre in the district (HWCs). Lower Subansiri has one first referral unit (FRU), one blood bank and one blood storage unit. Additionally, three designated microscopy centre (DMC) and one Tuberculosis Unit (TUs) is functional. Apart from that district have two CBNAAT/TruNat sites. NCD clinic are functional at DH and both the CHCs. Additionally, Gyati Takka General Hospital providing Comprehensive Abortion Care (CAC) services.

**Table 3.2:** Detail of health facility available in Lower Subansiri

Facility Details	Sanctioned/ Planned	Operational
Gyati Takka General Hospitals	1	1
Community Health Centres (CHC)	2	2
Primary Health Centre s (PHC)	5	5
Sub Centre s (SC)	23	23
Urban Primary Health Centre s (U-PHC)	2	2
Special Newborn Care Units (SNCU)	1	1
Nutritional Rehabilitation Centres (NRC)	-	-
District Early intervention Centre (DEIC)	-	-
First Referral Units (FRU)	1	1
Blood Bank	1	1
Blood Storage Unit (BSU)	1	1
No. of PHC converted to HWC	5	5
Number of Sub Centre converted to HWC	20	15
Designated Microscopy Centre (DMC)	3	3
Tuberculosis Units (TUs)	1	1
CBNAAT/TruNat Sites	2	2
Drug Resistant TB Centres	1	1
Functional Non-Communicable Diseases (NCD) clinic		
• At DH	1	1
• At CHC	2	2
Institutions providing Comprehensive Abortion Care (CAC)		
• Total no. of facilities	1	1
• Providing 1 <sup>st</sup> trimester services	1	1
• Providing both 1 <sup>st</sup> & 2 <sup>nd</sup> trimester services	1	1

SOURCE: DISTRICT CHECKLIST, NHM PIP MONITORING 2021

### 3.3 AVAILABILITY OF SERVICES

Table 3.3 presents the availability of health services in the Lower Subansiri. The district provides free facility of medicines and diagnostic services for all. The facility of C-section delivery is available in Gyati Takka General Hospital, but number of deliveries per month is less than 50. Additionally, no CHCs performed more than 20 delivery and no PHCs performed more than ten institutional deliveries per month. The district has ultrasound facilities at four public health centers, and all are registered under the PCPNDT act. PMSMA is organized on the 9<sup>th</sup> of every month in DH, CHC, and PHC.

**Table 3.3:** Availability of delivery care services in the district, 2020-21

Indicator	Observation
Implementation of Free drugs services (if it is free for all)	Yes
Implementation of diagnostic services (if it is free for all)	Yes
Status of delivery points	
• No. of SCs conducting >3 deliveries/month	-
• No. of 24X7 PHCs conducting > 10 deliveries /month	-
• No. of CHCs conducting > 20 deliveries /month	-
• No. of DH/ District Women and child hospital conducting > 50 deliveries /month	-
• No. of DH/ District Women and child hospital conducting C-section	1
Number of institutes with ultrasound facilities (Public+Private)	4
• Of these, how many are registered under PCPNDT act	4
Details of Pradhan Mantri Surakshit Matritva Abhiyan PMSMA activities performed	8 Facilities

SOURCE: DISTRICT CHECKLIST, NHM PIP MONITORING 2021

### 3.4 TRANSPORT SERVICE AND MOBILE MEDICAL UNIT (MMU)

The availability of reliable transport facilities is an essential social determinant of health that influences access to appropriate healthcare. There are seven basic life supports (BLS) in the District. Apart from that, transport facilities in the District consist of only one vehicle. The provision of a Mobile Medical Unit (MMU) in each District is one of the strategies to improve access and reach underserved areas by taking healthcare to the people's doorstep. However, MMU is not functional in the District.

**Table 3.4:** Availability of Transport Service and Mobile Medical Unit in the district, 2020-21

Vehicle for Referral Transport	Observations
No. of Basic Life Support (BLS) (on the road) and their distribution	7
No. of Advanced Life Support (ALS) (on the road) and their distribution	-
No. of transport vehicle/102 vehicle (on the road)	1
• If the vehicles are GPS fitted and handled through centralized call centre	NA
• Average number of trips per ambulance per day	NA
• Average km travelled per ambulance per day	NA
No. of Mobile Medical Unit (MMU) (on the road) and micro-plan	NO

SOURCE: DISTRICT CHECKLIST, NHM PIP MONITORING 2021

### 3.5 HUMAN RESOURCE

The quality and accessibility of health services depend primarily on the performance of those who deliver them. Human resource density is directly related to achievements in health outcomes. National Health Mission (NHM) provides financial assistance for strengthening human resources. According to the meeting with CHMO, DPM and other nodal officers in the CMO office, workforce crisis is the major restraining factor affecting the service delivery under NHM.

Table 3.5 depicts the status of human resource availability in Lower Subansiri district under regular positions, NHM and other sources. Overall, a significant shortage of skilled human resources was observed across the district. For instance, 35 post of Staff Nurse, two posts of Lab technicians and 13 post of Pharmacist are vacant. Overall, two MOs, three Gynaecologists, three Paediatricians, three Anaesthetists and four posts of other Specialists are vacant against the sanctioned regular post in the district. Moreover, two posts of AYUSH MOs and one post of AYUSH Pharmacist are vacant. One post for Radiologists and Radiographer/ X-ray technicians and four posts OT technician are vacant. One LSAS trained doctors posted in FRU and performing C-section. However, no EmOC trained doctor in Lower Subansiri.

**Table 3.5: Availability of Human Resource in Lower Subansiri**

<b>Staff details at public facility (Regular+ NHM+ other sources)</b>	<b>Sanctioned</b>	<b>In-place</b>	<b>Vacancy</b>
ANM	53	54	-
MPW (Male)	-	15	-
Staff Nurse	108	73	35
Lab technician	22	20	2
Pharmacist (Allopathic)	21	8	13
MO (MBBS)	29	27	2
OBGY	4	1	3
Pediatrician	4	1	3
Anesthetist	4	1	3
Surgeon	4	0	4
Radiologists	1	0	1
Other Specialists	10	6	4
Dentists/ Dental Surgeon/ Dental MO	3	8	-
Dental technician	1	1	-
Radiographer/ X-ray technician	8	7	1
OT technician	4	0	4
CHO/ MLHP	1	1	-
AYUSH MO	6	4	2
AYUSH Pharmacist	1	0	1
<b>Performance of EMOC/ LSAS trained doctors</b>	<b>Trained</b>	<b>Posted in FRU</b>	<b>Performing C- section</b>
LSAS trained doctors	1	1	Yes
EmOC trained doctors	-	-	-

SOURCE: DISTRICT CHECKLIST, NHM PIP MONITORING 2021

There are 167 ASHAs in the district, whereas 174 are required according to the population. However, no ASHA is covering more than 1500 (Rural) population. Also, there were seven villages, where no ASHA is working. According to district health official no ASHA and ASHA facilitator is enrolled in the social benefits scheme.

The State has a comprehensive (common for regular and contractual HR) Human Resource Information System (HRIS). Though, no positions under regular cadre or NHM have been filed at the district and state level since the last two financial years.

### 3.9 STATUS OF TRAININGS

Regular training is essential for health workers to deliver better services. Table 3.6 provides the training status in the last financial year; a total of six training has been completed on various programmes, i.e., SAAN Training, Training of HWs on RI, Cold chain and data handlers training on cold chain, Data handlers training on RI, AEFI training for MO and HMIS/MCTS training District/Block level. According to RoP, six more training for staff nurses/ANM/LHV and frontline workers was planned but not completed due to COVID-19.

**Table 3.6: Status of health trainings in Lower Subansiri**

List of training (to be filled as per ROP approval)	Planned	Completed
SBA training for SN/ANM/LHV	1	NA
Training of MO in safe abortion	1	NA
BeMOC training for MO	1	NA
SAANS training	1	1
FPLMIS for ANM	1	NA
PPIUCD for ANM	1	NA
PPIUCD for MO AYUSH	1	NA
Training of HWs on RI	1	1
Cold chain and data handlers training on cold chain	1	1
Data handlers training on RI	1	1
AEFI training for MO	1	1
HMIS/MCTS training District/Block level	1	1

SOURCE: DISTRICT CHECKLIST, NHM PIP MONITORING 2021

### 3.10 STATE OF FUND UTILIZATION

The NHM Financial Management Report (FMR) provides item-specific budget heads and details of funds allocation and expenditure to assess the financial progress of the District. The details of the budget utilization are presented in table 3.7. Table 3.7 shows that 110.41 lakh rupees were given for community intervention, and only 6.24 lakh rupees were utilized. The District received 31.1 lakh rupees for facility-based service delivery and 36.8 lakh rupees for community-based services delivery; however, only 4.4 lakh rupees were utilized under facility-based, and 17.9 lakh rupees were utilized under community-based service delivery. Additionally, 46.5 lakh rupees were given under untied grant and 27.3 lakh rupees, 15.3 lakh rupees for referral transport and utilized 4.2 lakh rupees, 13.2 lakh for Infrastructure and utilized only 5.2 lakh rupees. District also received 17.4 lakh rupees for procurement, though the fund was not utilized. For FMR 1-8, 397.5 lakh rupees were approved as per RoP; however, District received only 173.3 lakh rupees, and total expenditure was 143.9 lakh rupees.

The District received 50.1 lakh rupees for Training (NVBDCP); however, the utilization was significantly less (2.0 lakh rupees). IEC-BCC (NVBDCP) had been allotted 19.5 lakh rupees and utilized only 3.57 lakh. District health official informed that FMR 9 and 11 were Overpayment due to payment of the pending bill of 2019-20. Additionally, 4.0 lakh rupees were allotted for programme management and utilized 6.3 lakh rupee, 34.5 lakh for PM activities though the utilization was nil.

**Table 3.7: Allotment and utilization of budget as per ROP, Lower Subansiri, FY 2020-21**

<b>Indicator</b>	<b>Budget Released (in lakhs)</b>	<b>Budget utilized (in lakhs)</b>	<b>Reason for low utilization (if less than 60%)</b>
<b>FMR 1:</b> Service Delivery: Facility Based	31.08	4.38	
<b>FMR 2:</b> Service Delivery: Community Based	36.83	17.87	
<b>FMR 3:</b> Community Intervention	110.41	68.24	1. Fund approved as per RoP is Rs. 397.53.
<b>FMR 4:</b> Untied grants	46.5	27.3	2. Actual fund received is Rs. 173.32.
<b>FMR 5:</b> Infrastructure	13.17	5.18	3. Total expenditure is Rs. 143.86.
<b>FMR 6:</b> Procurement	17.44	-	
<b>FMR 7:</b> Referral Transport	15.28	4.21	
<b>FMR 8:</b> Human Resource (Service Delivery)	-	-	
<b>FMR 9:</b> Training (NVBDCP)	49.07	2.0	Over payment due to payment of pending bill of 2019-20.
<b>FMR 10:</b> Review, Research and Surveillance	1.00	-	
<b>FMR 11:</b> IEC- BCC(NVBDCP)	1.10	2.52	Over payment due to payment of pending bill of 2019-20.
<b>NHM</b>	17.95	1.05	
<b>FMR 12:</b> Printing	3.13	0.53	
<b>FMR 13:</b> Quality	11.33	1.62	
<b>FMR 14:</b> Drug Warehouse & Logistic	3.83	5.16	Including IPPI fund Rs. 2.25
<b>FMR 15:</b> PPP	2.00	-	
<b>FMR 16:</b> Programme Management	4.03	6.32	
FMR 16.1: PM Activities Sub Annexure	34.48	-	
<b>FMR 17:</b> IT Initiatives for Service Delivery	-	-	
<b>FMR 18:</b> Innovations	-	-	

The district utilized 140.6 lakh rupees under RCH and Health Systems Flexi Pool in 2020-21. Under the Communicable Diseases Pool, the district received 38.8 lakh rupees and used 21.9 lakh rupees. Likewise, the Non-Communicable Diseases Pool utilized 3.18 lakh rupees. National Vector Borne Disease Control Programme (NVBDCP) received 7.8 lakh rupees; however, utilization was higher (11.6 lakh rupees) because of high payment due to the 2019-20 pending bill. National TB Elimination Programme (NTEP) received 30.5 lakh rupees and utilized only 9.7 lakh rupees; less utilization is observed late receive of funds. NPHCE, NTCP and NPCDCS had not received any funds in the financial year 2020-21; however, the financial year 2019-20 was utilized in 2020-21.

**Table 3.8: Programme-wise fund utilization in Lower Subansiri, 2020-21**

<b>Indicator</b>	<b>Budget Released (in lakhs)</b>	<b>Budget utilized (in lakhs)</b>	<b>Reason for low utilization (if less than 60%)</b>
<b>RCH and Health Systems Flexipool</b>		<b>140.599</b>	
Maternal Health	-	2.43	
Child Health	-	2.51	
RBSK	-	10.8	
Family Planning	-	-	
RKSK/ Adolescent health	-	6.84	
PC-PNDT	-	-	
Immunization	-	5.16	
Untied Fund	-	27.3	
Comprehensive Primary Healthcare (CPHC)	-	-	
Blood Services and Disorders	-	0.009	
Infrastructure	-	5.17	
ASHAs	-	68.24	
HR	-	-	
Programme Management	-	6.32	
MMU	-	-	
Referral Transport	-	4.21	
Procurement	-	-	
Quality Assurance	-	1.61	
PPP	-	-	
NIDDCP	-	-	
<b>NUHM</b>	-	-	
<b>Communicable Diseases Pool</b>	<b>38.835</b>	<b>21.932</b>	
Integrated Disease Surveillance Programme (IDSP)	-	-	
National Vector Borne Disease Control Programme (NVBDCP)	7.785	11.62	High payment due to payment of 2019-20 pending bill
National Leprosy Eradication Programme	0.6	0.6	
National TB Elimination Programme	30.45	9.712	Due to late receive of fund
<b>Non-Communicable Diseases Pool</b>	-	<b>3.18</b>	
National Program for Control of Blindness and Vision Impairment (NPCB+VI)	-	00.00	
National Mental Health Program (NMHP)	-	00.00	
National Programme for Health Care for the Elderly (NPHCE)	-	00.89	Utilized released fund of financial year 2019-20 in the financial year 2020-21
National Tobacco Control Programme (NTCP)	-	00.39	Utilized released fund of financial year 2019-20 in the financial year 2020-21
National Programme for Prevention and Control of Diabetes, Cardiovascular Disease and Stroke (NPCDCS)	-	1.90	Utilized released fund of financial year 2019-20 in the financial year 2020-21
National Dialysis Programme	-	-	
National Program for Climate Change and Human Health (NPCCHH)	-	-	
National Oral health programme (NOHP)	-	-	
National Programme on palliative care	-	-	
National Programme for Prevention and Control of Fluorosis (NPPCF)	-	-	
National Rabies Control Programme	-	-	
National Programme for Prevention and Control of Deafness (NPPCD)	-	-	
National programme for Prevention and Management of Burn & Injuries	-	-	
Programme for Prevention and Control of Leptospirosis (PPCL)	-	-	

SOURCE: DISTRICT CHECKLIST, NHM PIP MONITORING, 2021

## *Chapter 4*

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# **Implementation of National Programmes**

## IMPLEMENTATION OF NATIONAL PROGRAMMES

### 4.1 MATERNAL HEALTH

Maternal health is an essential criterion for evaluating the quality of health services in a country. Ending preventable maternal death is one of the important agendas of SDG. The Government of India started a range of programmes under NHM to ensure women and their children reach their full potential for health and well-being. The country has made remarkable progress in institutional deliveries, reducing maternal deaths in the last two decades, reflecting the success of programmes launched by the Government.

#### 4.1.1 JANANI SURAKSHA YOJANA (JSY)

Janani Suraksha Yojana (JSY) aims to reduce maternal and neonatal mortality by promoting institutional delivery among poor pregnant women. Poor performing states of the country have made significant progress in institutional delivery after implementing the JSY, which provides cash assistance for giving birth in a health facility, irrespective of the mother's age and the number of children.

In Lower Subansiri, 101 women were benefitted from JSY and opted for institutional facilities for delivery in the last financial year. DBT of all the beneficiaries have been done. All the ASHAs have received JSY incentives and they are working tirelessly in educating pregnant women of remote areas about the advantages of institutional delivery and getting them to health centres.

**Figure 4.1:** Interaction with recently Delivered mother, Gyati Takka General Hospital



However, home delivery is also very much in practice in the district. In the last financial year, total 378 deliveries were reported, out of which 92 percent were institutional deliveries.

#### 4.1.2 JANANI SHISHU SURAKSHA KARYAKARAM (JSSK)

JSSK is a flagship initiative of the Government to ensure free services to all pregnant women and sick newborns. It has been launched to reduce out-of-pocket expenditure (OOPE) during childbirth (normal and cesarean deliveries) for mothers and neonates accessing public health institutions. Under JSSK, women and sick newborns are entitled to free transport, drugs, diagnostics, blood and c-section delivery, and diet. In Lower Subansiri, the meal was being provided to the beneficiaries twice a day. The GH has a kitchen and designated staff for food preparation. However, the CHCs were not providing food under JSSK. The beneficiaries of DH said that they had come to the hospital in their own vehicle. GH and CHC were providing free medicines and diagnostics.

#### 4.1.3 PRADHAN MANTRI SURAKSHIT MATRITVA ABHIYAN (PMSMA)

PMSMA aims to improve the quality and coverage of antenatal care (ANC) services to reduce MMR and infant deaths, especially for rural and hard to reach places and women of unprivileged and vulnerable populations. The essential feature of this programme is providing ANC services by OBGYN specialists with help from private sector doctors on the 9<sup>th</sup> of every month. PMSMA activities are being performed at DH and CHCs of the District. In the last financial year, 284 ANCs, 63 Hb checkups, 65 Blood sugar, 64 HIV, and 196 ultrasound conducted under PMSMA. Total 23 high risk pregnant women were identified, five were referred for further treatment and three deliveries were conducted in the camp. Additionally, 24 pregnant women were registered under CMAAY (Chief Minister Arogya Arunachal Yojana) to provide financial assistance for quality medical care.

### 4.2 CHILD HEALTH

#### 4.2.1 SPECIAL Newborn Care Units and Newborn Stabilization Units

Special Newborn Care Unit (SNCU) and Newborn Stabilization Units (NBSUs) provide Facility-based newborn care at CHCs and the Gyati Takka General Hospital. Newborn Care Corners (NBCCs) situated in labor rooms also provide newborn care. SNCUs and NBSUs provide the services for babies born within facilities and sick and small babies delivered at other health facilities.

The district has one SNCU which has two beds with a radiant warmer, step-down care, and Kangaroo Mother Care (KMC) unit. Two newborns were admitted to the SNCU in the last financial year; one was discharged and one was referred.

#### 4.2.2 RASHTRIYA BAL SWASTHYA KARYAKARAM (RBSK)

Rashtriya Bal Swasthya Karyakram (RBSK), an ambitious and free of cost initiative of NHM, involves screening children from birth to 18 years of age for 4 Ds- Defects at birth, Diseases, Deficiencies and Development delays. Children diagnosed with 32 common health conditions are provided early intervention services and follow-up care.

Two RBSK teams are sanctioned in the district (one team per block), but only one team is working with full HR. However, no vehicle is designated for the RBSK. On average, 60 children were screened per day per team. In addition, 88 newborns at delivery points were screened for congenital disabilities under RBSK in the last six months (Table 4.1).

**Table 4.1: Rashtriya Bal Swasthya Karyakram (RBSK), Lower Subansiri**

Total no. of RBSK teams sanctioned	2
No. of teams with all HR in-place (full-team)	1
No. of vehicles (on the road) for RBSK team	0
No. of Teams per Block	1
No. of blocks without dedicated teams	0
Average no of children screened per day per team	60
Number of children born in delivery points screened for defects at birth	88

SOURCE: DISTRICT CHECKLIST, NHM PIP MONITORING 2021

#### 4.2.3 HOME BASED NEWBORN CARE (HBNC)

Home Based Newborn Care scheme for reduction of neonatal mortality, has incentivized Accredited Social Health Activist (ASHA) for making visits to all newborns and their mothers according to specified schedule up to 42 days of life. District reported that 276 newborns were visited by ASHAs under HBNC during the last financial year. However, none of the ASHAs had HBNC and drug kits.

#### 4.2.4 RASHTRIYA KISHOR SWASTHYA KARYAKRAM (RKSK)

The Government launched this health programme for adolescents in the age group of 10-19 years, which would target their nutrition, reproductive health and substance abuse, among other issues. The RKSK comprehensively addresses the health needs of adolescents. RKSK Program implementation started in the district in April 2015. Under community-based intervention, the peer educator (PE) programme covers both the blocks

and 162 villages of the district. Moreover, 180 PEs were trained and 18 AFC meetings were held in the district during 2020-21.

### 4.3 FAMILY PLANNING SERVICES

Family planning is necessary for universal access to sexual and reproductive health components of SDGs and is a vital indicator for tracing progress on improving maternal health. Prevention of unintended pregnancies helps to reduce maternal and child deaths. India still has a substantial proportion of couples with unmet needs. It is necessary to provide contraceptive information and a basket of choice to attain their desired number of children through their preferred contraceptive methods. Total 7,651 eligible couples are in the District. ASHA and health workers are reaching out to women about planning methods and encouraging them to adopt suitable family planning methods.

### 4.4 DISEASE CONTROL PROGRAMME

The National Disease Control Programmes are being implemented under NHM to prevent the spread of major diseases, reduce mortality and morbidity, and increase life expectancy and quality of life. The NDCP includes various programmes related to communicable and non-communicable diseases, such as Vector-Borne Disease, Tuberculosis, Leprosy, Mental Health, Blindness, Deafness, Iodine Deficiency Disorder, Tobacco control etc.

#### 4.4.1 NATIONAL VECTOR BORNE DISEASE CONTROL PROGRAMME (NVBDCP)

Vector-borne diseases (VBDs) are one of the most critical global health problems, including in India. India is endemic for malaria, dengue, chikungunya, filariasis, Japanese encephalitis. The National Vector Borne Disease Control Programme (NVBDCP) is the prevention and control of vector-borne diseases, including the National Anti - Malaria programme, Kala - Azar Control Programme, National Filaria Control Programme, Japanese Encephalitis Control Programme and Dengue Hemorrhagic fever.

Vector-borne diseases, mainly malaria, are very much prevalent in Lower Subansiri. There is a micro and macro plan available at the district level to control vector-borne disease. The annual blood examination rate was 12.3 in 2020. A decrease in malaria cases has been observed in the district due to daily uses of LLIN, strong IEC/BCC, capacity building and strong M&E. LLIN distribution was completed for the current year. However, IRS activities and anti-larval methods were not in practices. Epidemiological situations are monitored weekly.

**Table 4.2:** Implementation of National Vector Borne Disease Control Programme, Lower Subansiri

Micro plan and macro plan available at district level	Yes
Annual Blood Examination Rate	12.3
Reason for decrease	Daily uses of LLIN, strong IEC/BCC, capacity building and strong M&E.
LLIN distribution status	Completed
IRS	NO
Anti-larval methods	NO
Contingency plan for epidemic preparedness	-
Weekly epidemiological and entomological situations are monitored	Epidemiological situations are monitored No Entomological Unit established

SOURCE: DISTRICT CHECKLIST, NHM PIP MONITORING 2021

#### 4.4.2 NATIONAL TUBERCULOSIS ELIMINATION PROGRAMME (NTEP)

The government started the Revised National Tuberculosis Control Programme with the objective of universal access to early quality diagnosis and quality TB care for all TB patients. The purpose of RNTCP is to achieve a rapid reduction in TB cases and mortality. Treatment is being done by identifying and treating patients regularly in the district and under the TB control programme. Under NTEP, the district achieved 92 percent target of TB notification in 2020-21. HIV status of all TB patients was known, and all were eligible for UDST testing. Drugs for both drug sensitive and drug resistance TB available in the district.

District completed 92 percent of target for public and private sector TB notification for the current year. Moreover, 81 patients were notified from the public sector and treatment success rate was 81 percent in the public sector. Ten MDR cases were identified among all TB cases and treatment of these MDR cases has been initiated. No patients were notified from the private sector. In the last financial year, 132 beneficiaries have been paid 500 rupees per month under Nikshay Poshan Yojana.

Furthermore, under National Tobacco Control Programme, IEC activities on Republic day 2021 and training of health workers on world no tobacco day were observed during the current financial.

#### 4.4.3 NATIONAL LEPROSY ERADICATION PROGRAMME (NLEP)

NLEP has been initiated to reduce the disease burden, prevent disability, and increase awareness about Leprosy. The purpose of NLEP is to bring the prevalence rate below one patient per ten thousand populations. Five leprosy patients are taking medication;

however, no new cases were detected during last financial year. MDT and MCR footwear and self-care kit available is available in the district.

#### 4.5 INTEGRATED DISEASE SURVEILLANCE PROGRAMME (ISDP)

Integrated Disease Surveillance Programme (ISDP) aimed to strengthen surveillance for infectious diseases to quickly recognize and respond to outbreaks. IDSP implementation has been fruitful in the district since it is the conception, which has covered Field visits in Diseases Outbreaks- identification & diagnosis (identification) with differentials, Sanitation & Hygiene, COVID-19 cases, Vaccination, Sample collection.

A rapid response team has been formed in the district, consisting of Doctors, Epidemiologists & LT; however, no outbreaks were investigated in the previous and current financial years. IDSP portal launched in Apr. 2021 & used to collect data about disease surveillance. The surveillance collects data from the health facilities and uses it in case of an outbreak.

#### 4.6 COMPREHENSIVE PRIMARY HEALTH CARE (CPHC)

The existing SCs and PHCs are being converted into Health and Wellness Centres (HWCs) under Ayushman Bharat to ensure comprehensive Primary Health Care (CPHC) services. HWCs are envisaged to deliver a range of services, bringing healthcare closer to the homes of people. Table 4.3 shows that 15 SCs and five PHC converted to HWCs started NCD screening. The target population for CBAC forms was 16651; however, only 1531 CBAC forms have been filled till now. Moreover, out of screened individuals, 910 were diagnosed with Hypertension and 178 for Diabetes. All these patients were treated. All converted HWCs are meant to provide Teleconsultation services and organize wellness activities; however, both the activities were not being done at any HWCs.

**Table 4.3: Status of NCD Screening and CBAC forms, Lower Subansiri**

Indicator	Planned	Completed
Number of CBAC forms filled	16651	1531
Number of HWCs started NCD screening:	25	20
a. SHC- HWC	20	15
b. PHC- HWC	5	5
Number of individuals screened for:		
a. Hypertension	2500	910
b. Diabetes	500	178
c. Oral Cancer	10	0
d. Breast Cancer	10	0
e. Cervical Cancer	10	0
Number of HWCs providing Tele consultation services	15	0
Number of HWCs organizing wellness activities	15	0

SOURCE: DISTRICT CHECKLIST, NHM PIP MONITORING 2021

#### 4.7 COMPREHENSIVE QUALITY ASSURANCE PROGRAMME

National Quality Assurance Programme under National Health Mission (NHM), envisaged improving the Quality of Public healthcare facilities as well as helping them to achieve minimum standards of Quality. However, none of the facilities were quality certified in the district.

**Kayakalp award scheme**, an initiative for recognizing good Public Health Facilities, was launched on 15th May 2015 by the Ministry of Health and Family Welfare as an extension of Swachh Bharat Abhiyan. Kayakalp assessment conducted for the GH, CHCs & PHCs of the district and the compiled Kayakalp assessment of all the facilities had been submitted to the state authority, though the results of assessments are still awaited.

**Mera Aspataal** is a patient feedback system which was launched in September 2016 with a mandate to integrate Central Government Hospitals (CGHs) & Gyati Takka General Hospitals (DHs) on the feedback portal. It is an initiative to capture patient feedback and improve quality of services. However, it is not implemented in any public health facility of district.

## *Chapter 5*

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# **STATUS OF SERVICE DELIVERY AT THE SELECTED HEALTH FACILITIES**

## STATUS OF SERVICE DELIVERY AT THE SELECTED HEALTH FACILITIES

The observations made by the monitoring team during the visit to different health facilities in Lower Subansiri are listed below. This section of the report summarises the health facilities' broad status regarding infrastructure, service delivery, human resources, availability of drugs and equipment, etc. The team visited six facilities in the district, which comprise one Gyati Takka General Hospital, two Community Health Centres, two Primary Health Centres, and one sub-centre.

Additionally, a focussed group discussion was carried to understand the perception and behaviour of the community on the accessibility of public health services, lifestyle, living conditions, health-seeking behaviour, the behaviour of public health service providers and out-of-pocket expenditure.

### 5.1 GYATI TAKKA GENERAL HOSPITAL, LOWER SUBANSIRI

Gyati Takka General Hospital was a 70 bedded hospital with round-the-clock services along with four ICU and four HDU beds. The hospital was standalone and running in an old building since 1967 which needs repair. Facility was easily accessible from the nearest road and OPD timing was 8 am to 2 pm. TRIMS, Itanagar works as a next referral point of this facility, which is 120 kilometers from the district headquarter.

**Figure 5.1:** Gyati Takka General Hospital, Ziro



### 5.1.1 CONDITION OF HEALTH INFRASTRUCTURE

Gyati Takka General Hospital had 24\*7 running and drinking water facilities, clean functional separate toilet facilities for male and female. OPD waiting area had sufficient sitting arrangements and drug store room was available with rack. Power backup was available throughout the hospital; however, medical superintendent reported shortage of fuel for electric generator.

### 5.1.2 AVAILABILITY OF SPECIALIZED SERVICES

Specialized services like Medicine, O&G, Pediatric OPD, Anesthesiology, Ophthalmology, Dental Clinic, Imaging Services (X-ray), Imaging Services (USG), SNCU, Labour Room Complex, ICU and Emergency Care were functioning in the facility. However, General Surgery, Nutritional Rehabilitation Centre (NRC), District Early Intervention Center (DEIC), Comprehensive lactation management centre (CLMC)/Lactation Management Unit (LMU), Neonatal Intensive Care Unit (NICU), Pediatric Intensive Care Unit (PICU), Dialysis Unit, Burn Unit, Teaching block and Skill lab were not available.

Additionally, service for general emergency, triage, resection and stabilization has been provided. Single General OT, Elective OT for General and Ortho, Obstetrics & Gynecology OT, Ophthalmology/ENT OT and Emergency OT were functional in the general hospital. A functional Blood bank was also available, and the blood was issued free for all; 14 units of blood were available on the day visit and 11 units of blood transfused in the last month. A Sharp and deep burial pit was available for biomedical waste management. However, telemedicine/consultation services were not provided by the facility.

### 5.1.3 HUMAN RESOURCES

Medical Superintendent did not have any information regarding sanctioned post for the hospital; however he MS reported a shortage of specialist and support staff in the hospital. Six regular and one contractual MO (MBBS) were posted at the facility. As far as specialists are concerned, the Medical, O&G, Pediatric, Anaesthetist, Ophthalmologist, Orthopedic, Pathologist were filled. Additionally, three dentists, 32 Staff Nurses/ GNMs, 10 LTS and four Pharmacists were also posted. However, Surgeon, and radiologist were not posted in the facility. Apart from that post of Dental Technician/Hygienist and

Hospital Manager were vacant. EmOCC and LSAS trained doctor were also not available in the Gyati Takka General Hospital.

#### 5.1.4 AVAILABILITY OF DRUGS AND DIAGNOSTIC

A total of 168 essential medicines (EML)/ Drugs (EDL) were available in the facility, but drug information was not displayed in OPD area. The procurement, inventory management and distribution of medicines, sutures and surgical items in the hospital were operated through the Drugs and Vaccines Distribution System (DVDMS). Shortage of tab. Acelofenac+PCM, Albendazole (400 mg), Deriphyllin (100 and 150 mg), Diazepam (5 mg), and Syp. PCM (250 mg of 5 ml) were noticed in the hospital in last 30 days. Moreover, MS reported a minimal shortage of essential consumables like Gloves, Gauze, Canula 22G/24G.

Essential diagnostic services were available in-house and outsourced both. Timing of in-house and outsourced test was 8 am to 2 PM. Total 746 in-house tests of Urine and stool, HBsAg, HCB, RBS and MP were done during last financial year. Likewise, 812 outsourced tests of CBC, ABO and RH typing, VDRL, amylase, RFT, LFT and lipid profile etc. were done during the same time period.

Two AERB certified X-ray machine were available in the hospital, however, CT scan facility was not available. All the diagnosis services were free for JSSK beneficiaries; supply of testing kits/ rapid diagnostic kits were sufficient and there is no shortage of major instruments/ equipment. Any breakdown in equipment is managed by Medicit Company. The Prime Minister's National Dialysis Program was not implemented in the District.

#### 5.1.5 INSTITUTIONAL DELIVERY

Delivery services were available in the Hospital and it was designated as FRU. Overall, 50 deliveries were performed in the last month in Gyati Takka General Hospital, including seven C-section deliveries. Condition of labour room was good and found to be neat and tidy during the visit. However, only one labour room was available and it was attached with washroom. A New-born care corner was also placed in the labour room with functional radiant warmer and neo-natal ambu bag. Additionally, an old but well managed OT was also functional in the hospital. The DH practices respectful maternity care. However, the delivery load was very high in the hospital, because of high number of referral from CHC and PHCs.

**Figure 5.2:** Labour Room, Gyati Takka General Hospital, Ziro



Recently, a two bedded SNCU was established in the hospital; although there is lots of arraignments need to be made for better functioning. Two newborns were admitted to the SNCU in the last financial year; one was discharged and one was referred.

**Figure 5.3:** Special Newborn Care Unit (SNCU), Gyati Takka General Hospital



### 5.1.6 JSY PAYMENTS (DBT) AND JSSK

Most of the JSY payments till July 2021 were paid to the beneficiaries. DBT of a few beneficiaries who delivered after July was still pending because BAM was on leave. All the services under JSSK were provided to mothers and children in the facility. All the beneficiaries were provided free delivery services, free diet, and no cost for drugs &

diagnosis and blood, free referral transport. They were directed to stay for more than 48 hours post-delivery.

### 5.1.7 FAMILY PLANNING, ABORTION CARE AND ADOLESCENT FRIENDLY CLINIC

Trained providers for IUCD/PPIUCD are available at the facility. Doctors, Nurses and Counselor provide counseling for use and benefits of Family planning methods. OCP, Antra, EC Pill, Chhaya and Condom were available in the hospital. Moreover, sterilization service was also available, but it is less preferred method women; two sterilization performed in the last two months.

Adolescent Friendly Clinic was functional, and sexual and reproductive health care services were provided; and separate male and female counselors were available. Total 19 adolescents were counseled in the last six month. Facility had comprehensive abortion care (CAC) services, and PMSMA services were provided to pregnant women on the 9<sup>th</sup> of every month; additionally, the line listing of high-risk pregnancies was in practice. High risk pregnancies were identified by physical examination, investigation and USG examination.

### 5.1.8 QUALITY ASSURANCE AND CLEANLINESS

The hospital was clean and well-organized. Proper colour coded bins were available. Washing machines were installed to wash the bedsheets of the hospital. Kayakalp was initiated in the hospital, and the internal score was 80.3 percent.

NQAS assessment and LaQshya certification for labour room and OT was not done. However, labour room and OT were clean. Shoe covers, slippers, masks, and head covers were available in the labour room and OT.

### 5.1.9 IT SERVICES, DATA REPORTING AND MAINTENANCE OF RECORDS

Facility was equipped with IT services like desktop/laptop and internet connection. Data entry portal HMIS, MCTS, FPLMIS were updated. Data reporting of P, S and L from was done weekly under IDSP. However, the IHIP, HWC and Nikshya portals were not updated. Apart from that record maintenance at the facility was efficient, and registers of birth and death, OPD, IPD, maintained and updated. Hospital has registers for entering births and deaths; one maternal and five child deaths have been reported in the current financial year. Two child deaths were also reported during previous financial year.

### 5.1.10 OTHER OBSERVATIONS OF GYATI TAKKA GENERAL HOSPITAL

- Vaccines and hub cutters were available, and Nurses and ANMs were aware of the open vial policy. Total 94 Newborns immunized with the birth doses and breastfeed within one hour of birth in the last three months.
- Hospital did have fix day NCD clinic and no service providers were trained in cancer service. In the last six months, 188 people were detected with Hypertension and 92 with Diabetes through OPD.
- In the last month, three cases were referred from this hospital. Two ambulances equipped with centralized call centre were available in the facility.
- The RKS meetings are not held regularly; MS informed that it happens once a year or when required.

### 5.2 COMMUNITY HEALTH CENTRE, OLD ZIRO

CHC Old Ziro was standalone facility and easily accessible from the nearest road. It was seven kilometers from the Gyati Takka General Hospital and works as the next referral point for CHC. OPD timing was 8 am to 2 pm. CHC was running in a big premises and old Government building. The building lacked cleanliness and painting of walls and wards was not being done for many years.

**Figure 5.4:** Community Health Centre Old Ziro



Following points have been noted during the field visit to CHC Old Ziro;

- The facility did not have drinking and running water facilities. Adequate sitting arrangements in OPD waiting area and ASHA restroom were not available in the CHC. Infrastructure was quite old, and it was not geriatric and disability-friendly. Electricity power backup was not available in the Hospital. However, drug storeroom with a rack was in the facility.
- Allopathic, Homoeopathy and Ayurvedic OPD, Pharmacy, ANC, PNC Delivery services and immunization services were available in the CHC. In specialized services available at the CHC were General emergency, O&G, Dental and Imaging (X-ray).
- No specialist is available at CHC 24\*7 and telemedicine or consultation services were not functional. OT and blood storage unit were not available at the facility. Sharp pit and deep burial pit were available for biomedical waste management.
- CHC is facing huge HR crunch but MO does not have any information regarding sanctioned post. Two MOs (MMBS), two dentists, 11 SNs/GNMs, four LTs and two Pharmacist were posted at the CHC.
- Kayakalp was initiated in the CHC and results are awaited. The assessment was not done for NQAS and LaQshya.
- Pharmacist was unable to provide the number of essential medicines (EML)/ Drugs (EDL) available in the facility, and drug information was not listed. Drugs and Vaccines Distribution System (DVDMS) were implemented in the CHC to procure and distribute medicines. CHC reported a minimal shortage of essential consumables.
- Essential diagnostic services including X-rays, USG etc. were available in-house; Total 2736 diagnostic test were performed in the last one year. However, CHC faced minimal shortage of testing kits/ rapid diagnostic kits in past few months and 300 mA conventional x-ray machine was not in working condition.
- Condition of labour room was good; though no delivery was performed in CHC during last month. C-section facility was not available in the CHC. PMSMA services are provided to pregnant women on the 18<sup>th</sup> of every month and line listing of high risk pregnancies is done. CHC had comprehensive abortion care (CAC) services.
- Vaccines and hub cutters were available in the CHC, and in the past three months, two newborns were immunized with the birth dose and breastfed within one hour of birth.
- Trained providers for IUCD/PPIUCD were available in the CHC and OCP and Condom was also provided. MO, Staff Nurses, ANM and ASHAs counsels on FP services.

- Adolescent Friendly Clinic was functional in the CHC; AFHC counsellor provides services regarding sexual and reproductive health.

**Figure 5.5: Labour Room, CHC Old Ziro**



- Neither NCD clinic was not functioning in CHC nor was screening of non-communicable diseases being done. Though during the OPD, 221 individuals screened for Hypotension and 108 screened for Diabetes. Of which, 47 suffering from Hypotension and 41 were from Diabetes.
- CHC was equipped with a laptop and but the internet connection was not available. Among data entry portals, only HMIS was updated, and the register for recording various morbidities was not updated, except TB and Malaria. However, under IDSP, reporting of data in P, S, and L forms is done weekly.
- CHC did not have register for entering births and deaths; however, one child death was observed in the previous years.
- Last year CHC got Rs 5.8 lakh including Rs 2.5 lakh NHM untied fund, and it was fully utilized. Fund was used for renovation, furniture, drugs and stationary. The RKS meeting held once in a year.
- Only one ambulance was available in the CHC. Two cases were referred in last month from this CHC.
- There is a lack of 24-hour water facility in the CHC, MO has been trying for a long time, but progress is not being made.

- The hospital needs a 15 KVA DG set generator for power backup.
- More staff is required to maintain cleanliness in the hospital.
- The delivery services are not running smoothly in the CHC in the absence of a Gynaecologist.

### 5.3 PRIMARY HEALTH CENTRE /HWC, TALO

PHC Talo was standalone facility and located almost 28 kilometers from the GTGH, Ziro. PHC has been updated as a Health and Wellness Centre (HWC). PHC is easily accessible from the main road and standalone. It was in walled and well-maintained Government buildings.

**Figure 5.6:** Primary Health Centre/ HWC-Talo



Following points have been noted during the field visit to PHC Talo;

- The PHC building was new and well lit and painted. The facility had 24\*7 drinking and running water facilities. The OPD waiting area had adequate sitting arrangements, and drug storerooms were available. Electricity power backup was available in PHC. Branding was appropriately done as per the guidelines, and a list of services was available.
- PHC was a two-bedded facility; the average OPD load was 5-6 during winters and 11-20 during summers. Additionally, 24\*7 Delivery services are available. Newborn care corner (NBCC) was available in the delivery room with a functional radiant warmer with a neo-natal Ambu bag. However, only 5 to 6 deliveries were conducted in a year.
- Daksh/Dakshta trained/SBA trained M/SN/ANM were available for delivery in the PHC. High-risk pregnancies were also being listed.

- JSY payments were updated, and DBT has been done for delivery by July 2021. Sometimes the payment of JSY was delayed due to lack of funds, and the average delay was one month.
- Under JSSK, free delivery services, free drugs, consumables and diagnostics were provided to the beneficiaries. However, pregnant women are not being given free meal and referral transport.
- Tele-medicine/consultation services were functional, and sharp & deep burial pits were made in the PHC for biomedical waste management.
- One SC/HWC and seven ASHAs comes under this PHC, total 20 staff were posted, which includes three MOs, four SNs/GNMs, two ANMs, two LTs, and nine other staff.
- PHC had a laptop, but an internet connection was not available. ANMs did not have tablets, and ASHA did not have smartphones for data entry.
- Kayakalp was initiated in the PHC on 15.10.2021 and facility score was 67. The assessment was not done for NQAS.
- List of EML/EDL was available, total 70 drugs were listed in it and it was displayed in OPD area. However, 60 EML/ EDL were available in the PHC on the day of visit. DVDMS was implemented in the PHC for the procurement and distribution of medicines. PHC reported a minimal shortage of essential consumables.
- Shortage of inj. Psntoprajole, Adrenaline, Paracitamol and inj. TT were reported in the last 30 days.
- Amlodipine 5 mg, Enalapril maleate 5 mg and Metformin 500 mg were available at PHC for Hypertension and diabetes patients. However, PHC faced a shortage of Telmisartan 40 mg and Nitroglycerine during the last week.
- Seven essential diagnostic services were available in-house and freely available for all. These were RMT, BS-MP, UPT-HCG, RBS, Blood grouping &rh, HIV and HbsAg. However, X-ray service, Centrifugal and Intubation kits were not were not available in the PHC. Minimal shortage was observed in the supply of testing kits/ rapid diagnostic kits.
- Vaccines and hub cutters are available in the PHC, and Nurses and ANMs were aware of the open vial policy. In the last three months, one newborn was immunized with birth dose at the facility and breastfed within one hour of birth.
- Trained providers for IUCD/PPIUCD were not available in PHC. OCP and condoms were distributed to eligible couples through ASHA also being provided. MO and ANM counsels on FP services.

- Data entry portals, HMIS, FPLMIS and IDSP portal were updated. Record maintenance at the facility was efficient and all registers about TB notification, Malaria, OPD, IPD etc., were well maintained and updated.
- PHC did not have fix day for NCD clinic and service providers were not trained for cancer. In the last six months, 600 individuals screened for hypertension and 100 for Diabetes. Of which, 10 were diagnosed with Hypertension and 3 for Diabetes.
- PHC is a Health and Wellness Centre; however, wellness activities were performed here.
- One Long Lasting Insecticide Nets (LLIN) has been distributed to every family.
- In the last month, 11 cases of delivery, fever, cut injury were referred to this PHC from SC. Five cases of ARD and Breech delivery were referred from PHC to CHC. One designated ambulance was available for this PHC.
- The meeting of RKS is held once a year, and seven VHND's are conducted every month. MO informed that PHC received 1.25 lakh rupees was received and utilized by the facility under NHM.
- There was no boundary wall on the hospital premises. Because of this, animals keep roaming here.
- There was a shortage of trained staff to handle the deliveries due to which very few deliveries were taking place here.
- Lack of equipment and essential laboratory services due to paucity of funds.
- There is a shortage of accommodation for the staff in the hospital premises.

#### 5.4 COMMUNITY HEALTH CENTRE, YAZALI

CHC Yazali covers a population of 9647 and it was situated at a distance of about 75 kms from the district headquarter. Facility is stand alone and designated as FRU. TRHIMS Itanagar is the next referral point for the facility. CHC is easily accessible from the nearest road.

Following points have been noted during the field visit to CHC Yazali;

- The CHC runs with all the essential amenities, such as having a 24\*7 running and drinking water supply. The complete hospital was backed with a power backup connection. There was a large waiting area and sitting arrangement and it was geriatric and disability friendly. ASHA restroom and a drug storeroom with racks were available.
- OPD timing of CHC was 9 am to 1 pm; average OPD load was 30, and IPD was 7to 10 per day.

**Figure 5.7:** Community Health Centre Yazali



- CHC Yazali was an 8-bedded facility. The services available at the CHC were General and AYUSH OPD, ANC, PNC, Immunization, FP, Dental Clinic, Imaging services (X-ray), USG, General emergency, Labour Room, NBSU and Operation Theatre. Sharp and Deep burial pits were available for biomedical waste management.
- However, tele-medicine services and blood storage unit were not available in the facility.
- One BEMOC, three MOs (MMBS), two dentists, eight SNs/GNMs, two LTs, one sonographic and one Pharmacist were posted at the CHC. CHC is facing a high HR crunch, and MO in charge stated that CHC lacks trained HR and MTO.
- CHC was equipped with IT services like desktop/ and internet connection; however strength of internet connection was very poor.
- Kayakalp was initiated in the CHC; the result was awaited. The labour room was LaQshya certified. The assessment was done for NQAS. The cleanliness of the hospital was good during the visit.
- Total 234 drug information was listed on the wall inside the CHC, and only 89 drugs were available on the day of the visit. CHC reported a sufficient supply of essential consumables. Drugs and Vaccines Distribution System (DVDMS) were implemented in the CHC to procure and distribute medicines.
- Essential diagnostic services including X-ray (100 MA fixed type), were available in-house and free for all. CHC reported a sufficient supply of testing kits/ rapid diagnostic kits. However, shortage of radiant warmer, autoclave machine and examination lights was reported.

- Delivery of services was available in the CHC; labour room and OT were well equipped and maintained. A NBCC was placed in labour room with functional radiant warmer and neo-natal ambu bag.
- JSY payments were updated, and DBT has been done for delivery by September 2021. Sometimes the payment of JSY was delayed due to lack of funds, and the average delay was one month.

**Figure 5.8:** Labour Room, Community Health Centre Yazali



**Figure 5.9:** Interaction with patient, Community Health Centre Yazali



- Under JSSK, free delivery services, free drugs, consumables, diagnostics and referral transport were provided to the beneficiaries. However, pregnant women are not being given free meal.
- PMSMA services are provided to pregnant women on the 9th of every month, and high-risk pregnancies were listed through USG and physical examination. The empaneled pregnant women were being subjected to lab tests every month.
- Vaccines and hub cutters were available in the CHC and Nurses/ ANMs were aware about open vial policy. In the past three months, 10 newborns were immunized with the birth dose and breastfed within one hour of birth.
- Trained providers for IUCD/PPIUCD were not available in the CHC. Under FP, facilities like Copper-T, OCP, ECP, Shade and Condom etc., were being provided. ANM and ASHAs counsels on FP services. CHC did not have comprehensive abortion care (CAC) services.
- Adolescent Friendly Clinic was functional in the CHC; AFHC counsellor provides services regarding sexual and reproductive health. Separate male and female counsellors were available at the CHC, total 248 adolescents counselled in last six months.
- The facility has a fixed-day NCD clinic, but service providers were not trained in Cancer service. All adult patients in OPD and IPD were screened for hypertension and Diabetes. Of these, 301 were confirmed with hypertension and 213 with Diabetes.
- CHC was designated as DMC, anti-TB drugs were available, and two patients were currently taking anti TB drugs from the CHC. Around 13 percent of OPD sample were tested (microscopy) for TB in the last six months. All the TB patients tested for HIV and Diabetes Mellitus.
- In the last six months, no TB patient of this CHC has been given DBT under Nikshay Poshan Yojana.
- Data entry portals, HMIS, IDSP, FPLMIS, HWC portal and Nikshay, were updated. Records of TB, Malaria, Palliative cases were maintained in the CHC. CHC registers the births and deaths records; no maternal deaths were reported in current and previous year 2019-20. One child death has been recorded at the facility in 2020-21.
- Total Rs. 2.5 lakh received by CHC Yazali under NHM were fully utilized. This fund has been mainly spent on infrastructure, essential drugs, equipment and maintenance.

The last RKS meeting of CHC was held two years back, and no meeting has been done because of the pandemic.

- In the last month, five cases (snake bite, CVA, prom moeconium stain and eye trauma) were referred from this CHC. Additionally, CHC owns three ambulance for the facility.

## 5.5 PRIMARY HEALTH CENTRE (PHC) YACHULI

PHC Yachuli was standalone and located 23 kilometers from the GTGH, Ziro. This four bedded PHC functions in an old government building and is easily accessible from the main road. Following observations made during the visit:

- The PHC was functioning in an old building, however; infrastructure was good and well lit and painted. The facility had 24\*7 drinking and running water facilities. The OPD waiting area had adequate sitting arrangements, and drug storerooms were available. Electricity power backup was available in PHC.
- The services available at the facility are ANC, PNC, Family planning, 24\*7 deliveries services, NCD and General OPD.

**Figure 5.11:** Primary Health Centre Yachuli



- A well functional labour room was available the PHC. Newborn care corner (NBCC) was available in the delivery room with a functional radiant warmer with a neo-natal

Ambu bag. However, only two normal deliveries were conducted in the past three months. Daksh/Dakshita trained/SBA trained M/SN/ANM were not available in the delivery room.

- Under JSSK, free meal, free delivery services, free drugs, consumables, diagnostics and free referral transport services were provided to the beneficiaries. High-risk pregnancies were also being listed.
- Tele-medicine/consultation services were not functional, and sharp & deep burial pits were made in the PHC for biomedical waste management.
- Two MBBS MOs and two AYUSH MOs, five SNs/GNMs, three ANMs, two LTs, and one pharmacist were posted at the PHC Yachuli.
- IT services like desktop/laptop and internet connection were available at PHC. Strength of internet connection was good. All ANMs have functional tablet but ASHAs did not have smart phones for data entry.
- Kayakalp was initiated in the PHC on and facility score was 59. The assessment was not done for NQAS.
- List of EML/EDL was available, total 186 drugs were listed in it and it was displayed in OPD area. However, 80 EML/ EDL were available in the PHC on the day of visit. DVDMS was implemented in the PHC for the procurement and distribution of medicines. Shortage of inj. Psntoprajole, Adrenaline and Paracetamol were reported in the last 30 days.
- PHC reported a minimal shortage of essential consumables. However, Amlodipine 5 mg and Metformin 500 mg were available at PHC for Hypertension and diabetes patients. However, PHC faced a shortage of Nitroglycerine during the last week.
- Ten essential diagnostic services were available in-house and freely available for all. Additionally, 41 more free diagnostic services including x-rays were listed in the hospitals which were available on PPP mode. Total 319 tests were performed in house and more about 2000 test were performed through PPP mode during 2020-21.
- Minimal shortage was observed in the supply of testing kits/ rapid diagnostic kits.
- Vaccines and hub cutters are available in the PHC, and Nurses and ANMs were aware of the open vial policy. In the last three months, two newborn was immunized with birth dose at the facility and breastfed within one hour of birth.

- Trained providers for IUCD/PPIUCD were available in PHC. Additionally, OCP and condoms were distributed to eligible couples through ASHA also being provided. MO and ANM counsels on FP services.
- Data entry portals, HMIS, MCTS and IDSP portal were updated. Record maintenance at the facility was efficient and all registers about TB notification, Dengue and Chikunguniya, Leprosy, Malaria, OPD, IPD etc., were maintained and updated.
- PHC did not have fix day for NCD clinic and service providers were not trained for cancer. In the last six months, 200 individuals screened for hypertension and Diabetes. Of which, 26 were diagnosed with Hypertension and 9 for Diabetes.
- PHC received 1.25 lakh rupees was received and utilized by the facility under NHM. RKS meeting was not regular and it was held two year back.

### 5.6 SUB-CENTRE /HWC, SIRO

Sub-center Siiro was standalone facility and three kilometers away from GTCH, Ziro. Following are the observations made during the visit:

- The SC was operating in a good and newly constructed building; however, construction was incomplete. It was clean and well maintained. The services available at the SC/HWC were ANC, general OPD and NCD screening.

**Figure 5.12: Sub-Centre/ HWC Siiro**



- The SC has 24\*7 running water facilities. Drug storerooms with rack were available. Electricity power backup was available in SC. Biomedical waste management was in practices. The branding was incomplete and OPD waiting area had not adequate sitting arrangements.
- Three posts ANM and one MLHP, five and six other staff were posted at SCs.
- The CHO and ANM had a functional tablet for data feeding. ASHAs did not have smart phone and internet connection was not available at SCs.
- Total nine drugs were included in the EDL, but it was not displayed in the OPD area. A total of seven EDL were available on the day of the visit. Anti TB drugs were available not at SC. CHO informed that SC faced a shortage of few EDLs in the last 30 days.
- CHO in charge of SHC-HWC was not dispensing medicines for Hypertension and Diabetes. The CHO reported a delay in the supply of Amlodipine and Claiprex. SC was facing acute shortage essential consumables and testing kits.
- BP instrument, Thermometer, Glucometer and Contraceptives (condoms, EC pills) were available at SC.
- Line listing of High-risk pregnancies and the eligible couple were also being done in the area of SC.
- No maternal and Child deaths have been observed in the current and previous years.
- Vaccines and hub cutters were available in the SC, and they had a micro-plan for immunization.
- Line listing of eligible couple in the area was completed. Trained providers of IUCD/PPICUD were available at SC. Chaya, Mala D and condoms are being provided by SC.
- There were 310 people above 30 years of age in the HWC area, 35 CBAC forms have been filled in the last six months. ASHAs are not aware of filling the CBAC form, and they need training about it.
- Universal screening for NCD was in progress in the coverage area of SC; 88 individual were screened for hypertension, diabetes and oral cancer in the last six months. Additionally 47 women screened for breast. In the past six months, 88 individual has been advised for lifestyle management.

- Tele-consultation services were not functional because of poor network problem; however, HWC app was in use.
- ASHAs had functional HBNC and medicine kits with all equipment and essential medicines. All were informed of the incentives being given under NTEP and Nikshay Poshan Yojana.
- SC conducted a total of 35 Village Health & Sanitation days in 2020-21. SC organizes one VHSNC/MAS meeting every month. Also, CHOs and HWC staff participate in VHSNC/ MAS meetings.
- Registers and records of TB, malaria and palliative cases were not maintained in the SC; however, data reporting in S form was done weekly under the IDSP.
- During the last financial year, SC received 20 thousand rupees under NHM, and it has been fully utilized. This unutilized fund was spent on stationery, maintenance, infrastructure, cleaning and furniture.

## **5.7 SERVICE AVAILABILITY AS PERCEIVED BY THE COMMUNITY**

During the PIP visit, the team interacted with local community members and conducted focus group discussions (FGD) at PHC Yachuli to understand their perspectives of public health services, lifestyle, out-of-pocket expenditure, etc. The primary purpose of FGD was to get valuable insights from the community and capture the challenges they face while availing the public health facilities. The findings of the FGD with the community are highlighted below:

- Lower Subansiri is one of the tribal dominated districts of Arunachal Pradesh. The more prominent tribes are Nyishi, Apatani and Mishmi. The settlement in the district is very scattered, and some areas of the district are still inaccessible.
- Health workers have to go through many challenges in reaching people living in remote areas. Illiteracy is a major hurdle in motivating people to access the nearest facility.
- There is minimal awareness about ANC and vaccination in the community. Home delivery is practiced in some areas due to a lack of access to health facilities. There is a lack of delivery points in the districts. However, the health worker visits the pregnant woman's house to help.

**Figure 5.13:** Community interaction at PHC Yachuli



- The tribal community has profound faith in its cultural practices. They believe in Exorcist or quack for any disease or cure. Such practice results in the severe illness of the patients, and some of them even lose their lives.
- Consumption of alcohol and tobacco is prevalent in the district, particularly in the tribal areas, and people get addicted to it early.
- Both LPG and biofuel are used for cooking in the district. Most of the households were using iodized salt. Almost all household have toilets are being used.
- Tomo Riba Institute of Health and Medical Sciences in is approached for specialized treatment and complicated cases. Both public and private facilities are used depending on service requirements and availability.
- People said that there is a shortage of medicines in the hospital, and most of the time, drugs have to be bought from outside. There is a lack of expensive testing facilities in hospitals, due to which they have to go to Itanagar for diagnosis.
- There is a shortage of ambulances in the district, and people have to arrange the vehicles to reach the hospitals.

## *Chapter 6*

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# **Conclusion and Recommendations**

## CONCLUSION AND RECOMMENDATIONS

The Population Research Centre, Delhi, commenced monitoring the NHM Programme Implementation Plan (PIP) in various states. The team was expected to carry out the field visit of the state for quality checks and further improvement of the different components of NHM. This report explains the Monitoring and Evaluation findings of the Lower Subansiri District of Arunachal Pradesh. The PRC-IEG Team visited the following public health care facilities: Gyati Takka General Hospital Ziro, CHC Old Ziro and Yazali, PHC Yachuli and Talo, and SC/HWC Siiro. Structured checklists were used to collect information on human resources, infrastructure, funds utilization, training, health care services including drugs and equipment, family planning, disease control and other programmes under the umbrella of NHM.

Lower Subansiri is one of the tribal dominated districts of Arunachal Pradesh. The more prominent tribes are Nyishi, Apatani and Mishmi. The settlement in the district is very scattered, and some areas of the district are still inaccessible. Health workers have to go through many challenges in reaching people living in remote areas. Illiteracy is major hurdles in motivating people to access the nearest facility. The tribal community believe in exorcist or quack for any disease or cure. Such practice results in the severe illness of the patients, and some of them even lose their lives.

The District has one General Hospital, Two CHCs, five PHCs, and 25 SCs. All the health care facilities are running in government buildings. Infrastructure of the CHCs and PHCs were quite old and need urgent repairing. Drinking and running water facilities were not available at the CHC, PHC and SC.

Most of the facilities were short of IEC. However, facilities have a drug list, information related to immunization, information about JSY, and many other programs. Overall, a significant shortage of skilled human resources was observed across the district. Fix day NCD clinic were not functioning in CHC and PHC. Screening of non-communicable diseases was not being done. There is a shortage of ambulances in the district, and people have to arrange the vehicles to reach the hospitals.

Tomo Riba Institute of Health and Medical Sciences in is approached for specialized treatment and complicated cases. Both public and private facilities are used depending on service requirements and availability. People said that there is a shortage of medicines in the hospital, and most of the time, drugs have to be bought from outside. There is a lack

of expensive testing facilities in hospitals, due to which they have to go to Itanagar for diagnosis.

There is minimal awareness about ANC and vaccination in the community. Home delivery is practiced in some areas due to a lack of access to health facilities. There is a lack of delivery points in the districts. However, the health worker visits the pregnant woman's house to help.

During the visit, the team had interacted with the beneficiaries and conducted an FGD at PHC Yachuli to understand their perspectives of public health services, lifestyle, out-of-pocket expenditure, etc. A meeting was conducted with DMO, DRCHO 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.

**Recruitment of Staff:** Most of the facilities lack HR, affecting the quality of work and putting more burdens on the existing staff, and more cases 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.

**Lack of Ambulances:** One of the main problems of the district is the shortage of ambulances and other vehicles. Because of this, patients cannot be transferred from one place to another. Apart from this, there is a problem in the promotion of programs and routine immunization. Dedicated Vehicles may be provided to DIO/DRCH to supervise and monitor the various activities under the NHM programme and routine immunization. The POL, the vehicle maintenance, and hiring charges should increase as per the present or the current situation in the market with special consideration to the hilly and rugged topography of the northwestern region and other smaller States.

**Maintenance of the facilities:** CHC Old Ziro and PHC Yachuli need maintenance and refurbishment. There is a shortage of staff quarters at CHCs and PHCs for the medical staff at the health facilities, which must be resolved immediately. There is a lack of essential resources like electricity, water and mobile network.

**Sanitation Measures:** Toilet facilities and drinking water supply are one of the major problems in all the facilities of lower Subansiri. Condition of toilets was not good in CHC Old Ziro and PHC Yachuli. It should be ensured that the toilets are cleaned and maintained regularly.

**Provision of meal under JSSK at CHC and PHC level:** The free meal is not being provided at CHCs and PHCs under JSSK in the district. There is a need to make proper arrangements of funds to provide food at CHCs and PHCs.

**Rogi Kalyan Samiti Meeting:** RKS meetings should be organized periodically for the smooth functioning of health services, future activities, challenges, and utilization of funds at GH, CHCs and PHCs.

**Additional incentives for ASHAs:** Existing incentives of ASHA for mandatory activities and outreach sessions for routine immunization may be revised and hiked, particularly for the northeast region or other parts of India, considering it is a hilly region with difficult topography and sparse population.

**Revision of Cashless incentives:** The cashless incentives for the services to the pregnant women and the sick newborns may be revised and hiked to enable proper and minimal service delivery under JSSK scheme.

**Decentralization of the NHM fund:** The decentralization of the NHM fund should be ensured to ease the implementation of the mandatory activities under the NHM programme in time and effectively.



Ministry of Health & Family Welfare  
Government of India



## Annexure

### Schedule for PIP Monitoring

#### A. District Profile

Indicator	Remarks/ Observation			
1. Name of District				
2. Total number of Blocks				
3. Total number of Villages				
4. Total Population				
• Rural population				
• Urban population				
5. Literacy rate				
6. Sex Ratio				
7. Sex ratio at birth				
8. Population Density				
9. Estimated number of deliveries				
10. Estimated number of C-section				
11. Estimated numbers of live births				
12. Estimated number of eligible couples				
13. Estimated number of leprosy cases				
14. Target for public and private sector TB notification for the current year				
15. Estimated number of cataract surgeries to be conducted				
16. Mortality Indicators:	Previous year (2019-20)		Current FY (2020-21)	
	Estimated	Reported	Estimated	Reported
• Maternal Death				
• Child Death				
• Infant Death				
• Still birth				

<ul style="list-style-type: none"> <li>Deaths due to Malaria</li> <li>Deaths due to sterilization procedure</li> </ul>				
<b>17. Facility Details</b>	<b>Sanctioned/ Planned</b>	<b>Operational</b>		
1. Gyati Takka General Hospitals				
2. Sub Gyati Takka General Hospital				
3. Community Health Centre s (CHC)				
4. Primary Health Centre s (PHC)				
5. Sub Centre s (SC)				
6. Urban Primary Health Centre s (U-PHC)				
7. Urban Community Health Centre s (U-CHC)				
8. Special Newborn Care Units (SNCU)				
9. Nutritional Rehabilitation Centres (NRC)				
10. District Early intervention Centre (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 Centre (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>				
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>				

## B. Overview: DHAP

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

## C. Service Availability

Indicator	Remarks/ Observation
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Indicator	Remarks/ Observation	
1. Implementation of Free drugs services (if it is free for all)		
2. Implementation of diagnostic services (if it is free for all) • Number of lab tests notified		
3. Status of delivery points		
• No. of SCs conducting >3 deliveries/month		
• No. of 24X7 PHCs conducting > 10 deliveries /month		
• No. of CHCs conducting > 20 deliveries /month		
• No. of DH/ District Women and child hospital conducting > 50 deliveries /month		
• No. of DH/ District Women and child hospital conducting C-section		
• No. of Medical colleges conducting > 50 deliveries per month		
• No. of Medical colleges conducting C-section		
4. Number of institutes with ultrasound facilities (Public+Private)		
• Of these, how many are registered under PCPNDT act		
5. Details of Pradhan Mantri SurakshitMatritva Abhiyan PMSMA activities performed		
6. RBSK		
• 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		
7. Special Newborn Care Units (SNCU)		
• Total number of beds		
• In radiant warmer		
• Stepdown care		
• Kangaroo Mother Care (KMC) unit		
• Number of non-functional radiant warmer for more than a week		
• Number of non-functional phototherapy unit for more than a week		
	<b>Inborn</b>	<b>Out born</b>
• Admission		
• Defects at birth		
• Discharged		
• Referral		
• LAMA		
• Died		
8. Newborn Stabilization Unit (NBSU)		
	<b>Inborn</b>	<b>Out born</b>
• Admission		
• Discharged		

Indicator	Remarks/ Observation
<ul style="list-style-type: none"> <li>Referral</li> </ul>	
<ul style="list-style-type: none"> <li>LAMA</li> </ul>	
<ul style="list-style-type: none"> <li>Died</li> </ul>	
9. Nutrition Rehabilitation Centre s (NRC)	
<ul style="list-style-type: none"> <li>Admission</li> <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>	
<ul style="list-style-type: none"> <li>Referred by</li> <li>Frontline worker</li> <li>Self</li> <li>Ref from VCDC/ CTC</li> <li>RBSK</li> <li>Pediatric ward/ emergency</li> </ul>	
<ul style="list-style-type: none"> <li>Discharged</li> </ul>	
<ul style="list-style-type: none"> <li>Referral/ Medical transfer</li> </ul>	
<ul style="list-style-type: none"> <li>LAMA</li> </ul>	
<ul style="list-style-type: none"> <li>Died</li> </ul>	
10. Home Based Newborn Care (HBNC)	
<ul style="list-style-type: none"> <li>Status of availability of HBNC kit with ASHAs</li> </ul>	
<ul style="list-style-type: none"> <li>Newborns visited under HBNC</li> </ul>	
<ul style="list-style-type: none"> <li>Status of availability of drug kit with ASHAs</li> </ul>	
11. Number of Maternal Death Review conducted	
<ul style="list-style-type: none"> <li>Previous year</li> <li>Current FY</li> </ul>	
12. Number of Child Death Review conducted	
<ul style="list-style-type: none"> <li>Previous year</li> <li>Current FY</li> </ul>	
13. Number of blocks covered under Peer Education (PE) programme	
14. No. of villages covered under PE programme	
15. No. of PE selected	
16. No. of Adolescent Friendly Clinic (AFC) meetings held	
17. Weekly Iron Folic Acid Supplementation (WIFS) stockout	
18. No. of Mobile Medical Unit (MMU) (on the road) and micro-plan	
<ul style="list-style-type: none"> <li>No. of trips per MMU per month</li> </ul>	
<ul style="list-style-type: none"> <li>No. of camps per MMU per month</li> </ul>	
<ul style="list-style-type: none"> <li>No. of villages covered</li> </ul>	
<ul style="list-style-type: none"> <li>Average number of OPD per MMU per month</li> </ul>	
<ul style="list-style-type: none"> <li>Average no. of lab investigations per MMU per month</li> </ul>	
<ul style="list-style-type: none"> <li>Avg. no. of X-ray investigations per MMU per month</li> </ul>	
<ul style="list-style-type: none"> <li>Avg. no. of blood smears collected / Rapid</li> </ul>	

Indicator	Remarks/ Observation		
Diagnostic Tests (RDT) done for Malaria, per MMU per month			
<ul style="list-style-type: none"> <li>Avg. no. of sputum collected for TB detection per MMU per month</li> </ul>			
<ul style="list-style-type: none"> <li>Average Number of patients referred to higher facilities</li> </ul>			
<ul style="list-style-type: none"> <li>Payment pending (if any)</li> <li>If yes, since when and reasons thereof</li> </ul>			
19. Vehicle for Referral Transport			
<ul style="list-style-type: none"> <li>No. of Basic Life Support (BLS) (on the road) and their distribution</li> </ul>			
<ul style="list-style-type: none"> <li>No. of Advanced Life Support (ALS) (on the road) and their distribution</li> </ul>			
	<b>ALS</b>	<b>BLS</b>	
<ul style="list-style-type: none"> <li>Operational agency (State/ NGO/ PPP)</li> </ul>			
<ul style="list-style-type: none"> <li>If the ambulances are GPS fitted and handled through centralized call centre</li> </ul>			
<ul style="list-style-type: none"> <li>Average number of calls received per day</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> </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> </ul>			
20. Universal health screening			
<ul style="list-style-type: none"> <li>If conducted, what is the target population</li> </ul>			
<ul style="list-style-type: none"> <li>Number of Community Based Assessment Checklist (CBAC) forms filled till date</li> </ul>			
<ul style="list-style-type: none"> <li>No. of patients screened, diagnosed, and treated for: <ul style="list-style-type: none"> <li>Hypertension</li> <li>Diabetes</li> <li>Oral cancer</li> <li>Breast Cancer</li> <li>Cervical cancer</li> </ul> </li> </ul>			
21. If State notified a State Mental Health Authority			
22. If grievance redressal mechanism in place			
<ul style="list-style-type: none"> <li>Whether call centre and toll-free number available</li> </ul>			
<ul style="list-style-type: none"> <li>Percentage of complains resolved out of the total complains registered in current FY</li> </ul>			
23. If Mera-aaspatal has been implemented			
24. Payment status:	<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:</li> </ul>			
<ul style="list-style-type: none"> <li>o A- Routine and recurring at increased</li> </ul>			

Indicator	Remarks/ Observation
rate of Rs. 2000 pm	
○ B- Incentive under NTEP	
○ 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	
25. Implementation of Integrated Disease Surveillance Programme (IDSP)	
• If Rapid Response Team constituted, what is the composition of the team • No. of outbreaks investigated in previous year and in current FY	
• How is IDSP data utilized	
• Proportion ( out of total) of Pvt health facilities reporting weekly data of IDSP	
26. Implementation of National Vector Borne Disease Control Programme (NVBDCP)	
• Micro plan and macro plan available at district level	
• Annual Blood Examination Rate	
• Reason for increase/ decrease (trend of last 3 years to be seen)	
• LLIN distribution status	
• IRS	
• Anti-larval methods	
• Contingency plan for epidemic preparedness	
• Weekly epidemiological and entomological situations are monitored	
• No. of MDR rounds observed	
• No. of districts achieved elimination status for Lymphatic Filariasis i.e. mf rate <1	
27. Implementation of National Tuberculosis Elimination Programme (NTEP)	
• Target TB notification achieved	
• Whether HIV Status of all TB patient is known	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If No, no. of TB patients with known HIV status_____
• Eligible TB patients with UDST testing	
• Whether drugs for both drug sensitive and drug resistance TB available	
• Patients notification from public sector	No of patients notified: Treatment success rate: No. of MDR TB Patients: Treatment initiation among MDR TB patients:
• Patients notification from private sector	No of patients notified: Treatment success rate: No. of MDR TB Patients: Treatment initiation among MDR TB patients:
• Beneficiaries paid under NikshayPoshan Yojana	
• Active Case Finding conducted as per planned for the year	<input type="checkbox"/> Yes/ <input type="checkbox"/> No

Indicator	Remarks/ Observation
28. Implementation of National Leprosy Eradication Programme (NLEP)	
<ul style="list-style-type: none"> <li>• No. of new cases detected</li> </ul>	
<ul style="list-style-type: none"> <li>• No. of G2D cases</li> </ul>	
<ul style="list-style-type: none"> <li>• MDT available without interruption</li> </ul>	
<ul style="list-style-type: none"> <li>• Reconstructive surgery for G2D cases being conducted</li> </ul>	
<ul style="list-style-type: none"> <li>• MCR footwear and self-care kit available</li> </ul>	
29. Number of treatment sites and Model Treatment Centre (MTC) for viral hepatitis	
30. Percent of health workers immunized against Hep B	
31. Key activities performed in current FY as per ROP under National Fluorosis Control Programme	
32. Key activities performed in current FY as per ROP under National Iron Deficiency Disorders Control Programme	
33. Key activities performed in current FY as per ROP under National Tobacco Control Programme	
34. Number of ASHAs <ul style="list-style-type: none"> <li>• Required as per population</li> <li>• Selected</li> <li>• No. of ASHAs covering more than 1500 (rural)/ 3000 (urban) population</li> <li>• No. of villages/ slum areas with no ASHA</li> </ul>	
35. Status of social benefit scheme for ASHAs and ASHA Facilitators (if available) <ul style="list-style-type: none"> <li>• No. of ASHAs enrolled for Pradhan Mantri Jeevan Jyoti Bima Yojana (PMJJBY)</li> <li>• No. of ASHA Facilitator enrolled for Pradhan Mantri Jeevan Jyoti Bima Yojana (PMJJBY)</li> <li>• No. of ASHAs enrolled for Pradhan Mantri Suraksha Bima Yojana (PMSBY)</li> <li>• No. of ASHA Facilitators enrolled for Pradhan Mantri Suraksha Bima Yojana (PMSBY)</li> <li>• No. of ASHAs enrolled for Pradhan Mantri Shram Yogi Maandhan Yojana (PMSYMY)</li> <li>• No. of ASHA Facilitators enrolled for Pradhan Mantri Shram Yogi Maandhan Yojana (PMSYMY)</li> <li>• Any other state specific scheme _____</li> </ul>	
36. Status of Mahila Arogya Samitis (MAS)- <ol style="list-style-type: none"> <li>a. Formed</li> <li>b. Trained</li> <li>c. MAS account opened</li> </ol>	
37. Status of Village Health Sanitation and Nutrition Committee (VHSNC) <ol style="list-style-type: none"> <li>a. Formed</li> <li>b. Trained</li> <li>c. MAS account opened</li> </ol>	
38. Number of facilities quality certified	
39. Status of Kayakalp and Swachh SwasthSarvatra (SSS)	

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

#### D. Implementation of CPHC

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

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

#### E. Status of HRH

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

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

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

## F. State of Fund Utilization

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

Status of Expenditure as on: \_\_\_\_\_ to \_\_\_\_\_

Indicator	Budget Released (in lakhs)	Budget utilized (in lakhs)	Reason for low utilization (if less than 60)
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			
• FMR 16.1: PM Activities Sub Annexure			
17. <b>FMR 17:</b> IT Initiatives			

for Service Delivery			
18. <b>FMR 18: Innovations</b>			

**Programme Wise**

Status of Expenditure as on: \_\_\_\_\_ to \_\_\_\_\_

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

<b>Indicator</b>	<b>Budget Released (in lakhs)</b>	<b>Budget utilized (in lakhs)</b>	<b>Reason for low utilization (if less than 60)</b>
• National Programme for Health Care for the Elderly (NPHCE)			
• National Tobacco Control Programme (NTCP)			
• National Programme for Prevention and Control of Diabetes, Cardiovascular Disease and Stroke (NPCDCS)			
• National Dialysis Programme			
• National Program for Climate Change and Human Health (NPCCHH)			
• National Oral health programme (NOHP)			
• National Programme on palliative care (NPPC)			
• National Programme for Prevention and Control of Fluorosis (NPPCF)			
• National Rabies Control Programme (NRCP)			
• National Programme for Prevention and Control of Deafness (NPPCD)			
• National programme for Prevention and Management of Burn & Injuries			
• Programme for Prevention and Control of Leptospirosis (PPCL)			

## **G. Status of trainings**

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

<b>List of training (to be filled as per ROP approval)</b>	<b>Planned</b>	<b>Completed</b>
1.		
2.		
3.		
4.		
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14.		
15.		



Ministry of Health & Family Welfare  
Government of India



**Gyati Takka General Hospital (DH)/ Sub-Gyati Takka General Hospital (SDH)Level**  
**Checklist**

<b>Name of facility visited</b>	
<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:

<b>Indicator</b>	<b>Remarks/ Observation</b>
1. OPD Timing	
2. Condition of infrastructure/ building  Please comment on the condition and tick the appropriate box	Comments:  <input type="checkbox"/> 24*7 running water facility <input type="checkbox"/> Facility is geriatric and disability friendly (ramps etc.) <input type="checkbox"/> Clean functional toilets available (separate for Male and female) <input type="checkbox"/> Drinking water facility available <input type="checkbox"/> OPD waiting area has sufficient sitting arrangement <input type="checkbox"/> ASHA rest room is available <input type="checkbox"/> Drug storeroom with rack is available  Power backup: <input type="checkbox"/> Complete Hospital/ <input type="checkbox"/> Part of the hospital  Last major renovation done in (Year): _____

Indicator	Remarks/ Observation		
3. Number of functional in-patient beds	<p>_____</p> <p>No of ICU Beds available:</p>		
4. List of Services available			
<ul style="list-style-type: none"> <li>Specialized services available in addition to General OPD, ANC, Delivery, PNC, Immunization, FP, Laboratory services</li> </ul>	Sl.	Service	Y/N
	1	Medicine	
	2	O&G	
	3	Pediatric	
	4	General Surgery	
	5	Anesthesiology	
	6	Ophthalmology	
	7	Dental	
	8	Imaging Services (X – ray)	
	9	Imaging Services (USG)	
	10	District Early Intervention Centre (DEIC)	
	11	Nutritional Rehabilitation Centre (NRC)	
	12	SNCU/ Mother and Newborn Care Unit (MNCU)	
	13	Comprehensive Lactation Management Centre (CLMC) / Lactation Management Unit (LMU)	
	14	Neonatal Intensive Care Unit (NICU)	
	15	Pediatric Intensive Care Unit (PICU)	
	16	Labour Room Complex	
	17	ICU	
	18	Dialysis Unit	
	19	Emergency Care	
	20	Burn Unit	
	21	Teaching block (medical, nursing, paramedical)	
	22	Skill Lab	
5. Emergency	<p>General facilities _____ emergency: _____</p> <p><b>or</b> _____ available _____ for: _____</p> <p>1. _____ Triage</p> <p>2. _____ Resuscitation</p> <p>3. Stabilization</p>		
6. Tele-medicine/Consultation services available	<p><input type="checkbox"/> Yes/ <input type="checkbox"/> No</p> <p>If yes, average case per day _____</p>		
7. Operation Theatre available	<p><input type="checkbox"/> Yes/ <input type="checkbox"/> No</p> <p>If yes,</p> <p>    Single general OT: _____</p> <p>    Elective OT-Major (General): _____</p>		

Indicator	Remarks/ Observation																																																																											
	Elective OT-Major (Ortho): Obstetrics &Gynecology OT: Ophthalmology/ENT OT: Emergency OT:																																																																											
8. Availability of functional Blood Bank	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, number of units of blood currently available: _____ No. of blood transfusions done in last month: _____																																																																											
9. Whether blood is issued free, or user-fee is being charged	<input type="checkbox"/> Free for BPL <input type="checkbox"/> Free for elderly <input type="checkbox"/> Free for JSSK beneficiaries <input type="checkbox"/> Free for all																																																																											
10. Biomedical waste management practices	1. Sharp pit 2. Deep Burial pit 3. Incinerator 4. Using Common Bio Medical Treatment plant 5.																																																																											
11. Details of HR available in the facility (Sanctioned and In-place)	<table border="1"> <thead> <tr> <th data-bbox="616 689 1002 723">HR</th> <th data-bbox="1002 689 1134 723">San.</th> <th data-bbox="1134 689 1267 723">Reg.</th> <th data-bbox="1267 689 1409 723">Cont.</th> </tr> </thead> <tbody> <tr> <td data-bbox="616 723 1002 757">MO (MBBS)</td> <td></td> <td></td> <td></td> </tr> <tr> <td data-bbox="616 757 770 1104" rowspan="10">Specialists</td> <td data-bbox="770 757 1002 790">Medicine</td> <td></td> <td></td> </tr> <tr> <td data-bbox="770 790 1002 824">ObGy</td> <td></td> <td></td> </tr> <tr> <td data-bbox="770 824 1002 857">Pediatrician</td> <td></td> <td></td> </tr> <tr> <td data-bbox="770 857 1002 891">Anesthetist</td> <td></td> <td></td> </tr> <tr> <td data-bbox="770 891 1002 925">Surgeon</td> <td></td> <td></td> </tr> <tr> <td data-bbox="770 925 1002 958">Ophthalmologist</td> <td></td> <td></td> </tr> <tr> <td data-bbox="770 958 1002 992">Orthopedic</td> <td></td> <td></td> </tr> <tr> <td data-bbox="770 992 1002 1025">Radiologist</td> <td></td> <td></td> </tr> <tr> <td data-bbox="770 1025 1002 1059">Pathologist</td> <td></td> <td></td> </tr> <tr> <td data-bbox="770 1059 1002 1093">Others</td> <td></td> <td></td> </tr> <tr> <td data-bbox="616 1104 1002 1137">Dentist</td> <td></td> <td></td> <td></td> </tr> <tr> <td data-bbox="616 1137 1002 1171">Staff Nurses/ GNMs</td> <td></td> <td></td> <td></td> </tr> <tr> <td data-bbox="616 1171 1002 1205">LTs</td> <td></td> <td></td> <td></td> </tr> <tr> <td data-bbox="616 1205 1002 1238">Pharmacist</td> <td></td> <td></td> <td></td> </tr> <tr> <td data-bbox="616 1238 1002 1272">Dental Technician/ Hygienist</td> <td></td> <td></td> <td></td> </tr> <tr> <td data-bbox="616 1272 1002 1305">Hospital/ Facility Manager</td> <td></td> <td></td> <td></td> </tr> <tr> <td data-bbox="616 1305 1002 1339">EmOC trained doctor</td> <td></td> <td></td> <td></td> </tr> <tr> <td data-bbox="616 1339 1002 1373">LSAS trained doctor</td> <td></td> <td></td> <td></td> </tr> <tr> <td data-bbox="616 1373 1002 1406">Others</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	HR	San.	Reg.	Cont.	MO (MBBS)				Specialists	Medicine			ObGy			Pediatrician			Anesthetist			Surgeon			Ophthalmologist			Orthopedic			Radiologist			Pathologist			Others			Dentist				Staff Nurses/ GNMs				LTs				Pharmacist				Dental Technician/ Hygienist				Hospital/ Facility Manager				EmOC trained doctor				LSAS trained doctor				Others			
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12. IT Services	<ul style="list-style-type: none"> <li>• Desktop/ Laptop available: <input type="checkbox"/> Yes/ <input type="checkbox"/> No</li> <li>• Internet connectivity: <input type="checkbox"/> Yes/ <input type="checkbox"/> No</li> </ul> Quality/strength of internet connection: _____																																																																											
13. Kayakalp	Initiated: _____ score: Facility _____ Award received: _____																																																																											
14. NQAS	Assessment done: _____ Internal/State Facility score: Certification Status: _____																																																																											
15. LaQshya	Labour Room: Operation Theatre:																																																																											
16. Availability of list of essential medicines (EML)/ drugs (EDL)	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, total number of drugs in EDL _____ EDL displayed in OPD Area: <input type="checkbox"/> Yes/ <input type="checkbox"/> No No. of drugs available on the day of visit (out of the EDL) _____																																																																											

Indicator	Remarks/ Observation	
17. Implementation of DVDMS or similar supply chain management system	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If other, which one _____	
18. Shortage of 5 priority drugs from EDL in last 30 days, if any	1 2 3 4 5	
19. Availability of Essential Consumables:	<input type="checkbox"/> Sufficient <input type="checkbox"/> Minimal <input type="checkbox"/> Acute shortage <b>List the consumables for with there was shortage</b> In last 6 months how many times there was shortage _____ <span style="float: right;">Supply Shortage</span>	
20. Availability of essential diagnostics	<input type="checkbox"/> In-house <input type="checkbox"/> Outsourced/ <input type="checkbox"/> Both/ Mixed <span style="float: right;">PPP</span>	
<ul style="list-style-type: none"> <li>In-house tests (For 2020-21)</li> </ul>	Timing: Total number of tests performed: _____ Details of tests performed:	
<ul style="list-style-type: none"> <li>Outsourced/ PPP (For 2020-21)</li> </ul>	Timing: Total number of tests performed: _____ Details of tests performed:	
21. X-ray services is available	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If Yes, type & nos. of functional X-ray machine is available in the hospital:  Is the X-ray machine AERB certified: <input type="checkbox"/> Yes/ <input type="checkbox"/> No	
22. CT scan services available	<input type="checkbox"/> Yes/ <input type="checkbox"/> No  If yes: <input type="checkbox"/> In-house/ <input type="checkbox"/> PPP  Out of Pocket expenditures associated with CT Scan services (if any, approx. amount per scan): _____	
23. Whether diagnostic services (lab, X-ray, USG etc.) are free for all	<input type="checkbox"/> Free for BPL <input type="checkbox"/> Free for elderly <input type="checkbox"/> Free for JSSK beneficiaries <input type="checkbox"/> Free for all	
24. Availability of Testing kits/ Rapid Diagnostic Kits	<input type="checkbox"/> Sufficient <input type="checkbox"/> Minimal <input type="checkbox"/> Acute shortage <span style="float: right;">Supply Shortage</span>	
25. Implementation of PM-National Dialysis programme	<input type="checkbox"/> Yes/ <input type="checkbox"/> No <input type="checkbox"/> In-house <input type="checkbox"/> Outsourced/ PPP  Total number of tests performed: _____	
<ul style="list-style-type: none"> <li>Whether the services are free for all</li> </ul>	<input type="checkbox"/> Free for BPL <input type="checkbox"/> Free for elderly	

Indicator	Remarks/ Observation
	<input type="checkbox"/> Free for JSSK beneficiaries <input type="checkbox"/> Free for all
<ul style="list-style-type: none"> <li>Number of patients provided dialysis service (for 2020-21)</li> </ul>	<ul style="list-style-type: none"> <li>Previous year_____</li> <li>Current FY_____</li> </ul> <i>*Calculate the approximate no. of patients provided dialysis per day</i>
26. If there is any shortage of major instruments/ equipment ( <b>List the Equipments</b> )	
27. Average downtime of equipment. Details of equipment are nonfunctional for more than 7 days	
28. Availability of delivery services	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
<ul style="list-style-type: none"> <li>If the facility is designated as FRU, whether C-sections are performed</li> </ul>	<input type="checkbox"/> Yes/ <input type="checkbox"/> No  Number of normal deliveries performed in last month: _____ No. of C-sections performed in last month: _____
<ul style="list-style-type: none"> <li>Comment on the condition of:</li> </ul>	Labour room: OT:  Functional New-born care corner (functional radiant warmer with neo-natal ambu bag): <input type="checkbox"/> Yes/ <input type="checkbox"/> No
29. Status of JSY payments	Payment is up to date: <input type="checkbox"/> Yes/ <input type="checkbox"/> No Average delay: Payment done till: Reasons for delay:
30. Availability of JSSK entitlements	<input type="checkbox"/> Yes/ <input type="checkbox"/> No  If yes, whether all entitlements being provided <input type="checkbox"/> Free delivery services (Normal delivery/ C-section) <input type="checkbox"/> Free diet <input type="checkbox"/> Free drugs and consumables <input type="checkbox"/> Free diagnostics <input type="checkbox"/> Free blood services <input type="checkbox"/> Free referral transport (home to facility) <input type="checkbox"/> Free referral transport (drop back from facility to home) <input type="checkbox"/> No user charges
31. PMSMA services provided on 9 <sup>th</sup> of every month	<input type="checkbox"/> Yes/ <input type="checkbox"/> No  If yes, how are high risks identified on 9 <sup>th</sup> ?  If No, reasons thereof:
32. Line listing of high-risk pregnancies	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
33. Practice related to Respectful Maternity Care	

Indicator	Remarks/ Observation		
34. Whether facility have registers for entering births and deaths	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
35. Number of Maternal Death reported in the facility	Previous year: Current year:		
36. Number of Child Death reported in the facility	Previous year: Current year:		
37. If Comprehensive Abortion Care (CAC) services available	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
38. Availability of vaccines and hub cutter	<input type="checkbox"/> Yes/ <input type="checkbox"/> No Nurses/ ANM aware about open vial policy: <input type="checkbox"/> Yes/ <input type="checkbox"/> No		
39. Number of newborns immunized with birth dose at the facility in last 3 months			
40. Newborns breastfed within one hour of birth (observe if practiced and women are being counselled)			
41. Status of functionality of DEIC	<input type="checkbox"/> Fully functional with all staff in place <input type="checkbox"/> Functional with few vacancies (approx. 20-30) <input type="checkbox"/> Functional with more than 50 vacancies <input type="checkbox"/> Not functional/ All posts vacant		
42. Number of sterilizations performed in last one month			
43. Availability of trained provider for IUCD/ PPIUCD	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
44. Who counsels on FP services?			
45. Please comment on utilization of other FP services			
46. FPLMIS has been implemented	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
47. Availability of functional Adolescent Friendly Health Clinic	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, who provides counselling to adolescents: _____ Separate male and female counselors available: <input type="checkbox"/> Yes/ <input type="checkbox"/> No <b>Total No of Adolescentscounseled in last 6 months</b> _____		
48. Whether facility has fixed day NCD clinic	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If Yes, how many days in a week: _____ days		
49. Are service providers trained in cancer services?	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
50. Number of individuals screened for the following in last 6 months:		<b>Screened</b>	<b>Confirmed</b>
	a. Hypertension		
	b. Diabetes		
	c. Oral Cancer		
	d. Breast Cancer		
e. Cervical Cancer			
51. Whether reporting weekly data in P, S and L form under IDSP	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
1. Status of TB elimination programme	Facility is designated as Designated Microscopy Centre (DMC): <input type="checkbox"/> Yes/ <input type="checkbox"/> No		

Indicator	Remarks/ Observation
	<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>Availability of CBNAAT/ TruNat: <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>Are all TB patients tested for HIV? <input type="checkbox"/>Yes/ <input type="checkbox"/>No</p> <p>Are all TB patients tested for Diabetes Mellitus: <input type="checkbox"/>Yes/ <input type="checkbox"/>No</p> <p>Percent of TB Patients for whom DBT installments have been initiated under NikshayPoshan Yojana in the last 6 months:</p>
52. Maintenance of records on	<ul style="list-style-type: none"> <li>• TB Treatment Card cases (both for drug sensitive and drug resistant cases): <input type="checkbox"/>Yes/ <input type="checkbox"/>No</li> <li>• TB Notification Registers: <input type="checkbox"/>Yes/ <input type="checkbox"/>No</li> <li>• Malaria cases: <input type="checkbox"/>Yes/ <input type="checkbox"/>No</li> <li>• Palliative cases: <input type="checkbox"/>Yes/ <input type="checkbox"/>No</li> <li>• Cases related to Dengue and Chikungunya: <input type="checkbox"/>Yes/ <input type="checkbox"/>No</li> <li>• Leprosy cases: <input type="checkbox"/>Yes/ <input type="checkbox"/>No</li> </ul>
53. How much fund was received and utilized by the facility under NHM?	<p>Fund Received last year: Fund utilized last year:</p> <p>Items/ Activities whose expenditure is met out of the RKS/ Untied Fund regularly:</p> <p>Reasons for underutilization of fund (if any)</p>
54. Status of data entry in (match with physical records)	<p>HMIS: <input type="checkbox"/>Updated/ <input type="checkbox"/>Not updated</p> <p>MCTS: <input type="checkbox"/>Updated/ <input type="checkbox"/>Not updated</p> <p>IHIP: <input type="checkbox"/>Updated/ <input type="checkbox"/>Not updated</p> <p>HWC Portal: <input type="checkbox"/>Updated/ <input type="checkbox"/>Not updated</p> <p>Nikshay Portal: <input type="checkbox"/>Updated/ <input type="checkbox"/>Not updated</p>
55. Frequency of RKS meeting (check and obtain minutes of last meeting held)	
2. Availability of ambulance services in the area	<p><input type="checkbox"/>Own ambulance available (Number)_____</p> <p><input type="checkbox"/>DH/ SDH 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 CHC, PHC, SC, referred to in last month?</li> </ul>	<p>Number: CHC PHC SC</p> <p>Types of cases referred in:</p>
<ul style="list-style-type: none"> <li>• How many cases were</li> </ul>	Number:

Indicator	Remarks/ Observation
referred out last month?	Types of cases referred out:
3. Key challenges in the facility and the root causes	
Challenge	Root causes
a)	
b)	
c)	
d)	
e)	



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

#### Service Delivery:

<b>Name of facility visited</b>				
<b>Facility Type</b>		<input type="checkbox"/> CHC/ <input type="checkbox"/> U-CHC		
<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:		
<b>Indicator</b>		<b>Remarks/ Observation</b>		
4. OPD Timing				
5. Whether the facility is functioning in PPP mode		<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
6. Condition of infrastructure/ building  Please comment on the condition and tick the appropriate box		Comments:  <input type="checkbox"/> 24*7 running water facility <input type="checkbox"/> Facility is geriatric and disability friendly (ramps etc.) <input type="checkbox"/> Clean functional toilets available (separate for Male and female) <input type="checkbox"/> Drinking water facility available <input type="checkbox"/> OPD waiting area has sufficient sitting arrangement <input type="checkbox"/> ASHA rest room is available <input type="checkbox"/> Drug storeroom with rack is available  Power backup: <input type="checkbox"/> Complete Hospital/ <input type="checkbox"/> Part of the hospital		
7. Number of functional in-patient beds				
8. List of Services available				
<ul style="list-style-type: none"> <li>Specialized services available in addition to General OPD, ANC, Delivery, PNC,</li> </ul>		Sl.	Service	Y/N
		1	Medicine	
		2	O&G	

Immunization, FP, Laboratory services	3	Pediatric		
	4	General Surgery		
	5	Anesthesiology		
	6	Ophthalmology		
	7	Dental		
	8	Imaging Services (X – ray)		
	9	Imaging Services (USG)		
	10	Newborn Stabilization Unit		
• 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 facilities	emergency:	available	for: Triage Resuscitation
9. Tele-medicine/Consultation services available	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, average case per day _____			
10. Operation Theatre available	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, Major: Minor:			
11. Availability of functional Blood Storage Unit	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, number of units of blood currently available: _____ No. of blood transfusions done in last month: _____			
12. Whether blood is issued free, or user-fee is being charged	<input type="checkbox"/> Free for BPL <input type="checkbox"/> Free for elderly <input type="checkbox"/> Free for JSSK beneficiaries <input type="checkbox"/> Free for all			
13. Biomedical waste management practices	Sharp pit: Deep Burial pit: Other System, if any:			
14. Details of HR available in the facility (Sanctioned and In-place)	<b>HR</b>		<b>San.</b>	<b>Reg.</b>
	MO (MBBS)			
	Specialists	Medicine		
		ObGy		
		Pediatrician		
		Anesthetist		
	Dentist			
	SNs/ GNMs			
	LTs			
	Pharmacist			
	Dental Assistant/ Hygienist			
	Hospital/ Facility Manager			
	EmOC trained doctor			
LSAS trained doctor				
Others				
15. IT Services	• Desktop/ Laptop available: <input type="checkbox"/> Yes/ <input type="checkbox"/> No • Internet connectivity: <input type="checkbox"/> Yes/ <input type="checkbox"/> No Quality/strength of internet connection: _____			
16. Kayakalp	Initiated:			

	Facility Award received:	score:
17. NQAS	Assessment Facility Certification Status:	done: Internal/State score:
18. LaQshya	Labour Room: Operation Theatre:	
19. Availability of list of essential medicines (EML)/ drugs (EDL)	<input type="checkbox"/> Yes/ <input type="checkbox"/> No	
	If yes, total number of drugs in EDL _____  EDL displayed in OPD Area: <input type="checkbox"/> Yes/ <input type="checkbox"/> No  No. of drugs available on the day of visit (out of the EDL) _____	
20. Implementation of DVDMS or similar supply chain management system	<input type="checkbox"/> Yes/ <input type="checkbox"/> No  If other, which one _____	
21. Shortage of 5 priority drugs from EDL in last 30 days, if any	1	
	2	
	3	
	4	
	5	
22. Availability of Essential Consumables:	<input type="checkbox"/> Sufficient <input type="checkbox"/> Minimal <input type="checkbox"/> Acute shortage In last 6 months how many times there was shortage _____ List the consumables for which there has been shortage _____	Supply Shortage
23. Availability of essential diagnostics	<input type="checkbox"/> In-house <input type="checkbox"/> Outsourced/ <input type="checkbox"/> Both/ Mixed	PPP
• In-house tests (for 2020-21)	Timing: Total number of tests performed: _____ Details of tests performed:	
• Outsourced/ PPP (for 2020-21)	Timing: Total number of tests performed: _____ Details of tests performed:	
24. X-ray services is available	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If Yes, type & nos. of functional X-ray machine is available in the hospital:  Is the X-ray machine AERB certified: <input type="checkbox"/> Yes/ <input type="checkbox"/> No	
25. Whether diagnostic services (lab, X-ray, USG etc.) are free for all	<input type="checkbox"/> Free for BPL <input type="checkbox"/> Free for elderly <input type="checkbox"/> Free for JSSK beneficiaries <input type="checkbox"/> Free for all	

26. Availability of Testing kits/ Rapid Diagnostic Kits	<input type="checkbox"/> Sufficient <input type="checkbox"/> Minimal <input type="checkbox"/> Acute shortage (List the name of kits for which there is shortage)	Supply Shortage
27. If there is any shortage of major instruments/ equipment (List the Name of Equipment)		
28. Average downtime of equipment. Details of equipment are nonfunctional for more than 7 days		
29. Availability of delivery services	<input type="checkbox"/> Yes/ <input type="checkbox"/> No	
<ul style="list-style-type: none"> <li>If the facility is designated as FRU, whether C-sections are performed</li> </ul>	<input type="checkbox"/> Yes/ <input type="checkbox"/> No  Number of normal deliveries performed in last month: _____ No. of C-sections performed in last month: _____	
<ul style="list-style-type: none"> <li>Comment on condition of:</li> </ul>	Labour room: OT:  Functional New-born care corner (functional radiant warmer with neo-natal ambu bag): <input type="checkbox"/> Yes/ <input type="checkbox"/> No	
30. Status of JSY payments	Payment is up to date: <input type="checkbox"/> Yes/ <input type="checkbox"/> No Average delay: Payment done till: Reasons for delay:	
31. Availability of JSSK entitlements	<input type="checkbox"/> Yes/ <input type="checkbox"/> No  If yes, whether all entitlements being provided <input type="checkbox"/> Free delivery services (Normal delivery/ C-section) <input type="checkbox"/> Free diet <input type="checkbox"/> Free drugs and consumables <input type="checkbox"/> Free diagnostics <input type="checkbox"/> Free blood services <input type="checkbox"/> Free referral transport (home to facility) <input type="checkbox"/> Free referral transport (drop back from facility to home) <input type="checkbox"/> No user charges	
32. PMSMA services provided on 9 <sup>th</sup> of every month	<input type="checkbox"/> Yes/ <input type="checkbox"/> No  If yes, how are high risks identified on 9 <sup>th</sup> ?  If No, reasons thereof:	
33. Line listing of high-risk pregnancies	<input type="checkbox"/> Yes/ <input type="checkbox"/> No	
34. Practice related to Respectful Maternity Care		

35. Whether facility have registers for entering births and deaths	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
36. Number of Maternal Death reported in the facility	Previous year: <b>2019-20</b> ____ Current year: <b>2020-21</b> __		
37. Number of Child Death reported in the facility	Previous year: Current year:		
38. If Comprehensive Abortion Care (CAC) services available	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
39. Availability of vaccines and hub cutter	<input type="checkbox"/> Yes/ <input type="checkbox"/> No Nurses/ ANM aware about open vial policy: <input type="checkbox"/> Yes/ <input type="checkbox"/> No		
40. Number of newborns immunized with birth dose at the facility in last 3 months			
41. Newborns breastfed within one hour of birth (observe if practiced and women are being counselled)			
42. Number of sterilizations performed in last one month	Male__ Female_____		
43. Availability of trained provider for IUCD/ PPIUCD	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
44. Who counsels on FP services?			
45. Please comment on utilization of other FP services			
46. FPLMIS has been implemented	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
47. Availability of functional Adolescent Friendly Health Clinic	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, who provides counselling to adolescents: _____ Separate male and female counselors available: <input type="checkbox"/> Yes/ <input type="checkbox"/> No Number of Adolescents counseled in last 6 months_____		
48. Whether facility has fixed day NCD clinic	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If Yes, how many days in a week: _____ days		
49. Are service providers trained in cancer services?	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
50. Number of individuals screened for the following in last 6 months:		<b>Screened</b>	<b>Confirmed</b>
	a. Hypertension		
	b. Diabetes		
	c. Oral Cancer		
	d. Breast Cancer		
51. Are service providers trained in cancer services?	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
52. Whether reporting weekly data in P, S and L form under IDSP	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
53. Status of TB elimination programme	Facility is designated as Designated Microscopy Centre (DMC): <input type="checkbox"/> Yes/ <input type="checkbox"/> No		
	If yes, percent of OPD whose samples were tested for TB (microscopy) in last 6 month (average) _____		

	<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:</p> <ul style="list-style-type: none"> <li>• investigations within public sector for TB testing? <input type="checkbox"/>Yes/ <input type="checkbox"/>No</li> <li>• investigations within public sector for other tests? <input type="checkbox"/>Yes/ <input type="checkbox"/>No</li> <li>• outsourced testing? <input type="checkbox"/>Yes/ <input type="checkbox"/>No</li> </ul> <p>Are all TB patients tested for HIV? <input type="checkbox"/>Yes/ <input type="checkbox"/>No</p> <p>Are all TB patients tested for Diabetes Mellitus: <input type="checkbox"/>Yes/ <input type="checkbox"/>No</p> <p>Percent of TB Patients for whom DBT installments have been initiated under NikshayPoshan Yojana in the last 6 months:</p>
54. Status on Leprosy eradication programme	<p>Nos. of new case detected by Field Worker in last 12 months:</p> <p>Out of those, how many are having Gr. II deformity:</p> <p>Frequency of Community Surveillance:</p>
55. Maintenance of records on	<ul style="list-style-type: none"> <li>• TB Treatment Card cases (both for drug sensitive and drug resistant cases): <input type="checkbox"/>Yes/ <input type="checkbox"/>No</li> <li>• TB Notification Registers: <input type="checkbox"/>Yes/ <input type="checkbox"/>No</li> <li>• Malaria cases: <input type="checkbox"/>Yes/ <input type="checkbox"/>No</li> <li>• Palliative cases: <input type="checkbox"/>Yes/ <input type="checkbox"/>No</li> <li>• Cases related to Dengue and Chikungunya: <input type="checkbox"/>Yes/ <input type="checkbox"/>No</li> <li>• Leprosy cases: <input type="checkbox"/>Yes/ <input type="checkbox"/>No</li> </ul>
56. How much fund was received and utilized by the facility under NHM?	<p>Fund Received last year:</p> <p>Fund utilized last year:</p> <p>Items/ Activities whose expenditure is met out of the RKS/ Untied Fund regularly:</p> <p>Reasons for underutilization of fund (if any)</p>
57. Status of data entry in (match with physical records)	<p>HMIS: <input type="checkbox"/>Updated/ <input type="checkbox"/>Not updated</p> <p>MCTS: <input type="checkbox"/>Updated/ <input type="checkbox"/>Not updated</p> <p>IHIP: <input type="checkbox"/>Updated/ <input type="checkbox"/>Not updated</p> <p>HWC Portal: <input type="checkbox"/>Updated/ <input type="checkbox"/>Not updated</p> <p>Nikshay Portal: <input type="checkbox"/>Updated/ <input type="checkbox"/>Not updated</p>
58. Frequency of RKS meeting (check and obtain minutes of last meeting held)	
59. Availability of ambulance services in the area	<p><input type="checkbox"/>CHC own ambulance available Number_____</p> <p><input type="checkbox"/>CHC 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/ PHC were referred to this CHC last month?</li> </ul>	Number: Sub centre PHC  Types of cases referred in:
<ul style="list-style-type: none"> <li>How many cases from the CHC were referred to the DH last month?</li> </ul>	Number:  Types of cases referred out:
60. Key challenges in the facility and the root causes	
<b>Challenge</b>	<b>Root causes</b>
a)	
b)	
c)	
d)	
e)	

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

#### Service Delivery:

<b>Name of facility visited</b>		
<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:
<b>Indicator</b>	<b>Remarks/ Observation</b>	
1. OPD Timing  • For U-PHC, check if evening/morning OPD/Clinics being conducted	<input type="checkbox"/> Yes/ <input type="checkbox"/> No	
2. Whether the facility is functioning in PPP mode	<input type="checkbox"/> Yes/ <input type="checkbox"/> No	
3. Condition of infrastructure/ building  Please comment on the condition and tick the appropriate box	Comments:  <input type="checkbox"/> 24*7 running water facility <input type="checkbox"/> Facility is geriatric and disability friendly (Ramps etc.) <input type="checkbox"/> Clean functional toilets available (separate for Male and female) <input type="checkbox"/> Drinking water facility available <input type="checkbox"/> OPD waiting area has sufficient sitting arrangement <input type="checkbox"/> ASHA rest room is available <input type="checkbox"/> Drug storeroom with rack is available <input type="checkbox"/> Power backup <input type="checkbox"/> Branding	
4. Number of functional in-patient beds		
5. List of Services available		
6. If 24*7 delivery services available	<input type="checkbox"/> Yes/ <input type="checkbox"/> No	
7. Tele-medicine/Consultation services available	<input type="checkbox"/> Yes/ <input type="checkbox"/> No  If yes, average case per day _____	
8. Biomedical waste management practices	Sharp pit: Deep Burial pit:	

	Other System, if any:			
9. Details of HR available in the facility (Sanctioned and In-place)	<b>HR</b>	<b>San.</b>	<b>Reg.</b>	<b>Cont.</b>
	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	Initiated: _____ score: _____ Facility _____ Award received: _____			
12. NQAS	Assessment done: _____ Internal/State score: _____ Facility _____ 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			
14. Implementation of DVDMS or similar supply chain management system		<input type="checkbox"/> Yes/ <input type="checkbox"/> No If other, which one _____		
15. Shortage of 5 priority drugs from EDL in last 30 days, if any	1			
	2			
	3			
	4			
	5			
16. Drugs Available for Hypertension & Diabetic patients:	1			
	2			
	3			
17. Shortage of sufficient number of Hypertension & Diabetic in last 7 days	1			
	2			
	3			
18. Availability of Essential Consumables:	<input type="checkbox"/> Sufficient <input type="checkbox"/> Minimal <input type="checkbox"/> Acute shortage			Supply Shortage
In last 6 months how many times there was shortage _____ (Also list the consumables for which there was shortage)				

19. Availability of essential diagnostics	<input type="checkbox"/> In-house <input type="checkbox"/> Outsourced/ <input type="checkbox"/> Both/ Mixed	PPP
<ul style="list-style-type: none"> <li>In-house tests <b>For 2020-21</b></li> </ul>	Timing: Total number of tests performed: _____ Details of tests performed:	
<ul style="list-style-type: none"> <li>Outsourced/ PPP <b>For 2020-21</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 <input type="checkbox"/> Minimal <input type="checkbox"/> Acute shortage	Supply Shortage
23. If there is any shortage of major instruments/ equipment	List of Equipment	
24. Average downtime of equipment. Details of equipment are nonfunctional for more than 7 days		
25. Availability of delivery services	<input type="checkbox"/> Yes/ <input type="checkbox"/> No	
<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:2019-2020 Current FY:2020-2021		
33. Number of Child Death reported in the facility	Previous year: Current year:		
34. Availability of vaccines and hub cutter	<input type="checkbox"/> Yes/ <input type="checkbox"/> No Nurses/ ANM aware about open vial policy: <input type="checkbox"/> Yes/ <input type="checkbox"/> No		
35. Number of newborns immunized with birth dose at the facility in last 3 months			
36. Newborns breastfed within one hour of birth (observe if practiced and women are being counselled)			
37. Number of sterilizations performed in last one month	Male Female		
38. Availability of trained provider for IUCD/ PPIUCD	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
39. Who counsels on FP services?			
40. Please comment on utilization of other FP services			
41. FPLMIS has been implemented	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
42. Availability of functional Adolescent Friendly Health Clinic	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, who provides counselling to adolescents: _____ Separate male and female counselors available: <input type="checkbox"/> Yes/ <input type="checkbox"/> No		
43. Whether facility has fixed day NCD clinic	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If Yes, how many days in a week: _____ days		
44. Are service providers trained in cancer services?	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
45. Number of individuals screened for the following in last 6 months:		<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		
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)	
55. Availability of ambulance services in the area	<input type="checkbox"/> PHC own ambulance available Number_____ <input type="checkbox"/> PHC has contracted out ambulance services Number_____ <input type="checkbox"/> Ambulances services with Centralized call centre <input type="checkbox"/> Government ambulance services are not available  Comment (if any):
<ul style="list-style-type: none"> <li>How many cases from sub centre were referred to this PHC last month?</li> </ul>	Number:  Types of cases referred in:
<ul style="list-style-type: none"> <li>How many cases from the PHC were referred to the CHC last month?</li> </ul>	Number:  Types of cases referred out:
<b>56. Key challenges in the facility and the root causes</b>	
<b>Challenge</b>	<b>Root causes</b>
a)	
b)	
c)	
d)	
e)	
<b>Only for U-PHC</b>	
57. Population enumeration initiated for slum population	<input type="checkbox"/> Not yet initiated <input type="checkbox"/> Initiated <input type="checkbox"/> Completed
58. Number of CBAC forms filled (NUHM)	
59. Is Specialist services provided at U-PHC?	<input type="checkbox"/> Yes/ <input type="checkbox"/> No  If yes, specialist services are provided through: <input type="checkbox"/> Teleconsultation/ <input type="checkbox"/> Clinic  Schedule: <input type="checkbox"/> Fixed/ <input type="checkbox"/> Rotational  Type of specialist services available: <input type="checkbox"/> OBGY, <input type="checkbox"/> Pediatrics, <input type="checkbox"/> Medicine, <input type="checkbox"/> Dermatology, <input type="checkbox"/> Ophthalmology, Others_____
60. UHNDS Conducted:	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, no. of UHND conducted per month_____
61. Special Outreach camps conducted:	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, no. of UHND conducted during last quarter_____ Type of specialties provided during special outreach camps: _____



Ministry of Health & Family Welfare  
Government of India



### Sub-Centre (SC) Level Checklist

#### Service Delivery: Sub Centre

<b>Name of facility visited</b>	
<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. List of Services available																	
2. Condition of infrastructure/ building Please comment on the condition and tick the appropriate box	Comments:  <input type="checkbox"/> 24*7 running water facility <input type="checkbox"/> Facility is geriatric and disability friendly <input type="checkbox"/> Clean functional toilets available (separate for Male and female) <input type="checkbox"/> Drinking water facility available <input type="checkbox"/> OPD waiting area has sufficient sitting arrangement <input type="checkbox"/> ASHA rest room is available <input type="checkbox"/> Drug storeroom with rack is available <input type="checkbox"/> Branding <input type="checkbox"/> Specified area for Yoga / welfare activities <input type="checkbox"/> Power backup																
3. Biomedical waste management practices																	
4. Details of HR available in the facility (Sanctioned and In-place)	<table border="1"> <thead> <tr> <th>HR</th> <th>San.</th> <th>Reg.</th> <th>Cont.</th> </tr> </thead> <tbody> <tr> <td>ANM/ MPW Female</td> <td></td> <td></td> <td></td> </tr> <tr> <td>MPW Male</td> <td></td> <td></td> <td></td> </tr> <tr> <td>MLHP/ CHO</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	HR	San.	Reg.	Cont.	ANM/ MPW Female				MPW Male				MLHP/ CHO			
HR	San.	Reg.	Cont.														
ANM/ MPW Female																	
MPW Male																	
MLHP/ CHO																	

Indicator	Remarks/ Observation			
	ASHA			
	Others			
5. IT Services	<ul style="list-style-type: none"> <li>• Functional Tablet/ laptop with CHO: <input type="checkbox"/>Yes/ <input type="checkbox"/>No</li> <li>• Electronic Tablets with MPWs (ANM): <input type="checkbox"/>Yes/ <input type="checkbox"/>No</li> <li>• Smart phones given to all ASHAs: <input type="checkbox"/>Yes/ <input type="checkbox"/>No</li> <li>• Internet connectivity: <input type="checkbox"/>Yes/ <input type="checkbox"/>No Quality/strength of internet connection: _____</li> </ul>			
6. Availability of list of essential medicines (EML)/ drugs (EDL)	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, total number of drugs in EDL_____  EDL displayed in OPD Area: <input type="checkbox"/> Yes/ <input type="checkbox"/> No  No. of drugs available on the day of visit (out of the EDL) _____			
7. Are anti-TB drugs available at the SHC?	<input type="checkbox"/> Yes/ <input type="checkbox"/> No  If yes, are there any patients currently taking anti-TB drugs from the SHC? <input type="checkbox"/> Yes/ <input type="checkbox"/> No			
8. Shortage of 5 priority drugs from EDL in last 30 days, if any	1			
	2			
	3			
	4			
	5			
9. Drugs Available for Hypertension & Diabetic patients:	1			
	2			
	3			
10. Shortage of sufficient number of Hypertension & Diabetic in last 7 days	1			
	2			
	3			
11. Are CHOs dispensing medicines for hypertension and diabetes at SHC-HWC	<input type="checkbox"/> Yes/ <input type="checkbox"/> No			
12. Availability of Testing kits/ Rapid Diagnostic Kits	<input type="checkbox"/> Sufficient <input type="checkbox"/> Minimal <input type="checkbox"/> Acute shortage List of Kits (Shortage)_____			Supply Shortage
13. Availability of:	<ul style="list-style-type: none"> <li>• BP instrument: <input type="checkbox"/>Yes/ <input type="checkbox"/>No. If yes, Type: _____</li> <li>• Thermometer: <input type="checkbox"/>Yes/ <input type="checkbox"/>No</li> <li>• Contraceptives: <input type="checkbox"/>Yes/ <input type="checkbox"/>No. If yes, Type: _____</li> <li>• Glucometer: <input type="checkbox"/>Yes/ <input type="checkbox"/>No</li> </ul>			
14. Line listing of all Pregnant women in the area	<input type="checkbox"/> Yes/ <input type="checkbox"/> No  <ul style="list-style-type: none"> <li>• High risk women identified: <input type="checkbox"/>Yes/ <input type="checkbox"/>No</li> </ul>			

Indicator	Remarks/ Observation		
	<ul style="list-style-type: none"> <li>MCP cards duly filled: <input type="checkbox"/>Yes/ <input type="checkbox"/>No</li> </ul>		
15. Number of Maternal Death Review conducted	Previous year:2019-20 Current year:2020-21		
16. Number of Child Death Review conducted	Previous year: Current year:		
17. Availability of vaccines and hub cutter	<input type="checkbox"/> Yes/ <input type="checkbox"/> No  <ul style="list-style-type: none"> <li>Awareness of ANM on vaccine schedule: <input type="checkbox"/>Yes/ <input type="checkbox"/>No</li> <li>Awareness about open vial policy: <input type="checkbox"/>Yes/ <input type="checkbox"/>No</li> </ul>		
18. Availability of micro-plan for immunization	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
19. Follow up of:	SNCU discharge babies: <input type="checkbox"/> Yes/ <input type="checkbox"/> No LBW babies: <input type="checkbox"/> Yes/ <input type="checkbox"/> No		
20. Line listing of all eligible couple in the area	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
21. Availability of trained provider for IUCD/ PPIUCD	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
22. Please comment on utilization of other FP services			
23. Number of individuals above 30 years of age in the HWC population			
24. Number of CBAC forms filled in last 6 months			
25. Report for number of individuals for whom CBAC form has been filled in last six months.	Score with below 4: 4 and above score:		
26. Whether universal screening of NCD has started	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
27. Number of individuals screened for the following in last 6 months:		<b>Screened</b>	<b>Confirmed</b>
	a. Hypertension		
	b. Diabetes		
	c. Oral Cancer		
	d. Breast Cancer		
e. Cervical Cancer			
28. Number of individuals who had initiated treatment for HTN, DM and others during last six months	Advised for Lifestyle management: Medicines for Hypertension: Medicines for Diabetes: Medicines for Others:		
29. Source of getting drugs/ medications for individual.  Number of individuals taking medication for HTN and DM during last six months from which source  Taking medication for HTN/DM	From SC-HWC: From Linked PHC: From other govt. facilities: (Specify) From pvt. Chemist shop:  (Average OOP/month)		
30. Status of use of:	<ul style="list-style-type: none"> <li>Tele-consultation services</li> <li>HWC App</li> </ul> Details:		

Indicator	Remarks/ Observation		
31. Whether wellness activities are performed	<input type="checkbox"/> Yes/ <input type="checkbox"/> No Frequency:		
32. Whether reporting weekly data in S form under IDSP	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
33. Status of Tuberculosis in the area:	<b>Indicators</b>	<b>2019-20</b>	<b>2020-21</b>
	Number of presumptive TB patients identified:		
	Number of presumptive TB patients referred for testing		
	Number of TB patients diagnosed out of the presumptive patients referred		
	Number of TB patients taking treatment under the Sub centre area		
34. ASHA Interaction			
<ul style="list-style-type: none"> <li>• Status of availability of Functional HBNC Kits (weighing scale/ digital thermometer/ blanket or warm bag)</li> </ul>			
<ul style="list-style-type: none"> <li>• Status of availability of Drug Kits (Check for PCM/ Amoxicillin/ IFA/ ORS/ Zinc/ IFA Syrup/ Cotrimoxazole)</li> </ul>			
<ul style="list-style-type: none"> <li>• ASHA Incentives: Any Time lag /Delay in Payment after submission of voucher.               <ul style="list-style-type: none"> <li>○ Average delay</li> </ul> </li> </ul>			
<ul style="list-style-type: none"> <li>• ASHA is aware about provision of incentives under NTEP (Informant Incentives, Treatment Supporter Incentives) and NikshayPoshan Yojana (₹500 per month incentive to the TB patient for the duration of treatment)</li> </ul>			
35. Number of Village Health & Sanitation days conducted in last 6 months			
36. Incentives:	<ul style="list-style-type: none"> <li>• Performance Incentives is disbursed to CHOs on monthly basis: <input type="checkbox"/>Yes/ <input type="checkbox"/>No</li> <li>• Team-based incentive being disbursed for all HWC staffs: <input type="checkbox"/>Yes/ <input type="checkbox"/>No</li> </ul>		
37. Frequency of VHSNC/ MAS meeting (check and obtain minutes of last meeting held)			
38. Whether CHOs and HWC staffs are involved in VHSNC/ MAS meeting	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
39. Maintenance of records on	<ul style="list-style-type: none"> <li>• TB cases: <input type="checkbox"/>drug sensitive/ <input type="checkbox"/>drug resistant cases/ <input type="checkbox"/>both</li> <li>• Malaria cases: <input type="checkbox"/>Yes/ <input type="checkbox"/>No</li> <li>• Palliative cases: <input type="checkbox"/>Yes/ <input type="checkbox"/>No</li> <li>• Cases related to Dengue and Chikungunya: <input type="checkbox"/>Yes/</li> </ul>		

Indicator	Remarks/ Observation
	<input type="checkbox"/> No <ul style="list-style-type: none"> <li>Leprosy cases: <input type="checkbox"/>Yes/ <input type="checkbox"/>No</li> </ul>
40. How much fund was received and utilized by the facility under NHM?	Fund Received last year: Fund utilized last year: Items/ Activities whose expenditure is met out of the RKS/ Untied Fund regularly:  Reasons for underutilization of fund (if any)
41. Availability of ambulance services in the area	
<ul style="list-style-type: none"> <li>How many cases from the Sub Centre were referred to PHC in last month?</li> </ul>	Number: Types of cases referred out:
42. Key challenges in the facility and the root causes	
Challenge	Root causes
a)	
b)	
c)	
d)	
e)	

### Community Level Checklist

#### Community Level

<b>Name of Village/ slum visited</b>	
<b>Whether the sub centre/ U-PHC is in the same village/ slum area</b>	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
<b>Details of nearest public health facility</b>	Facility name: Facility type: Distance:
<b>Accessible from nearest road head</b>	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
<b>Date of Visit</b>	

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

Indicator	Please comment
43. Health seeking behavior Preferred health facility for primary, secondary and tertiary healthcare services <ul style="list-style-type: none"> <li>Public or Private?</li> <li>If private, reason for not preferring public facilities</li> </ul>	
44. Lifestyles (tobacco, alcohol, substance abuse and physical activity level) and living conditions (Indoor air pollution, use of solid fuel, use of iodized salt, drinking water, hygiene and sanitation, ODF Status)	
45. Access to health: drugs, diagnostics, referral transport	
46. Behaviour of health service providers	
47. Out of Pocket expenditure in public health	

Indicator	Please comment
facilities	
48. Coverage, Knowledge and skills of ASHA as perceived by the community	
49. Support, supervision, training and payment of incentives of ASHA (as per discussion with ASHAs)	
50. Availability of services for Immunization, ANC, PNC, AH counselling, Contraceptive services, Nutrition counselling and preferred facilities for each	
51. Screening for common NCDs (HT, DM) and preferred facilities for seeking treatment	
52. Screening for Leprosy, TB and preferred facilities for seeking treatment	
53. Availability of services for treatment of Malaria, Dengue, Kala-azar, Chikungunya, JE, Filariasis, Fluorosis, rabies etc.	
54. Preferred facilities for emergency services (Burn, Accidents etc.)	
55. Preferred facilities for: <ul style="list-style-type: none"> <li>• Eye ailments (eg. Cataract)</li> <li>• Dental ailments (e.g. for toothache, denture, RCT etc.)</li> </ul>	
56. Screening for 4Ds (by RBSK Team) at schools and Anganwadicentre	
<b>57. Key challenges observed in the community and the root causes</b>	
<b>Challenge</b>	<b>Root causes</b>
a)	
b)	
c)	
d)	
e)	