Ministry of Health & Family Welfare
Government of India

A REPORT ON

MONITORING OF IMPORTANT COMPONENTS
NATIONAL HEALTH MISSION PROGRAMME IMPLEMENTATION PLAN
NORTH GARO HILLS, MEGHALAYA

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ABBREVIATIONS

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

North Garo Hills

7.9% Mother's who consumed iron folic acid for 180 days or more when they were pregnant

24.3% Mother's who had 4 or more ANC Visits

Rs.4504 Average Out-of-Pocket Expenditure per delivery in a public health facility

Child Health

- **Stunted:** 35.6%
- **Wasted:** 11.7%
- **Under-weight:** 15.8%
- **Full Immunized Children:** 3947

Health Screening

- **Hypertension:**425 patients
- **Diabetes:** 72 patients
- **Oral Cancer:** 64 patients
- **Breast Cancer:** 13 patients
- **Cervical Cancer:** 2 patients

Family Planning

- **Any method:**19.2%
- **Any modern method:** 17.7%
- **Total Unmet Need:** 25.2%
- **Female Sterilization:** 2.9%

- **NQAS:** 0 Facility
- **LaQshya:** 0 Facility
- **Kayakalp:** 2 Primary Health Centres

Various posts haven't been sanctioned such as:

- Additional DMHO
- District MCH Officer
- TB Officer
- Leprosy Officer
- Immunization Officer
- Specialists in CHC/PHC as per IPHS norms

- Office of DMHO is not available
- District Vaccine store is required
- Labour room needs upgradation
- Construction of BMW Area in all 9 PHCs
- Staff Quarters are required for MOs/ANM/SNs

List of training required:

- LSCS
- EmOC
- BeMOC
- On revised guidelines of NSSK
- SBA/Skill Lab
- Blood Storage Unit at CHC Resubelpara

Need for District Skill Lab Unit

Logistics and Supply Chain Issues:

- Shortage of essential drugs for maternal and child health.
- Irregular supply of consumables.
- District Vaccine Van is unavailable.

Challenges

- Lack of Co-operation
- Lack of Ignorance
- Religious Belief
- Fluctutions in Electricity
- Need of Staff Quarters
- Support for Finance

EXECUTIVE SUMMARY

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

The report is prepared on the basis of visits to the following public health facilities in North-Garo Hills district, Meghalaya: CHC Resubelpara,PHC-HWC Mendipathar,Kharkutta,and Manikganj followed by SC-HWC,Khaldang. Meetings were held with the Chief District Medical Officer (CDMO) and the NHM Nodal Officials to understand the strengths and weakness of the facilities in service provisioning.

Key Findings:

- **Logistics and Supply Chain Issues:** There is a shortage of supply of essential drugs and consumables with regards to Maternal and Child Health. The district also lacks a district vaccine van which is of utmost importance. Furthermore, there is no posting of Cold-Chain mechanic
- **Lack of Specialists**: There are no specialists in the district such as Gynecologists, Pediatricians, Anesthetists, and other specialists which are required to carry out the services. As a consequence, majority of the patients are being referred to either West Garo Hills or Assam.
- **High Home Deliveries:** There are certain areas in the district where access to health-care services are almost negligible and resulting to which the incidence of home deliveries is high. As there is no accessibility of roads, and due to which there is a delay in reaching the facility because of unavailability of proper route.
- **Status of Quality Assurance Programmes:** None of the facilities are LaQshya or NQAS certified as the facilities are lagging in terms of the performance and assessment criteria which is not met as per the guidelines under the scheme. Only few facilities are Kayakalp awarded as they don't meet certain parameters of the internal and external assessment. The district is still working on Quality Assurance Programme.
- **Issues regarding JSY payments:** Payment is often being delayed; one of the most common reasons is that the accountant has to wait till the beneficiary open a bank account. In addition to this, there is reluctance of opening the accounts by the beneficiary of remote areas as they are not willing to spend time in opening Bank

account. As it involves high commuting cost and the monetary benefit is meagre for them to avail.

- **Lack of Basic Amenities:** To render any NHM service in the public health-care facilities there is a requirement of basic amenities such as water supply, electricity, equipment's and so on. However, it was reported that there is fluctuation in the supply of electricity across the entire district which becomes a hassle in providing the service. In addition to this, there is no pipe installed for safe drinking water in all the health facilities
- **Manpower Crunch:** Various posts have not been sanctioned at the district such as Additional District Medical Health Officer (DMHO), District MCH officer, District TB Officer, Health and Education Officer, Leprosy Officer, EMO officer, Immunization Officer. All these posts are the pivotal anchors of the National Health Mission. Hence, these need to be filled duly.

Recommendations:

- All the public health facilities in North-Garo Hills should take the **initiative for quality care certification** specifically under NQAS and LaQshya. While some of the activities are being undertaken in case of Kayakalp and are performed more regularly. However, facilities are still lagging in terms of their performance and assessment activities to meet the criteria specified under NQAS and LaQshya guidelines.

- To reduce the number of home deliveries in the district it is recommended that **Transit Homes should be introduced** where the incidence of home deliveries is high. This could improve the figures of overall institutional deliveries of the district and gain confidence and trust amongst the members.

- Timely support should be disbursed for improving the maternal and child health-care services from the state government. Furthermore, CSR aid would be of equal importance for rendering such services in the district.

- There is a requirement of various different trainings such as LSCS,EmOC,and BeMOC.In addition to this,there is a need to revise the NSSK guidelines to all the MOs/SNs/ANMs followed by SBA and Skill training.For operating the Blood storage unit trainings are needed to impart at CHC Resubelpara.

CHAPTER-1: INTRODUCTION

1.1 Background and Objectives

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

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

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

The specific objectives of the report are as follows:

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

The report is prepared on the basis of field – based observations and visits to the following public health facilities in North-Garo Hills district: CHC Resubelpara, PHC-HWC (Mendipathar,Kharkutta,and Manikganj),and SC-HWC Khaldang. Structured checklists were used to collect information on various parameters such as human resources, infrastructure, funds utilization, training, health care services including drugs and equipment's, disease control programmes and other programmes under the ambit of NHM activities.

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

relevant programmatic data and information available from the NHM nodal officials were also conducted.

Table 1:List of Facilities Visited in North Garo Hills district, Meghalaya

Healthcare Facility	Name of the Facilities	Team Composition
CHC	CHC,Resubelpara	
PHC-HWC	PHC-HWC Mendipathar	Prof.Suresh Sharma
PHC-HWC	PHC-HWC Kharkutta	&
PHC-HWC	PHC-HWC Manikganj	Ms.Sangam Singh
SC-HWC	SC-HWC Khaldang	

1.2 Demographic Profile

The North-Garo Hills districts has been bifurcated from the East-Garo Hills and the district Headquarter of the respective district is Resubelpara. The district is covered with an area of 1113 Km^2.The district has 2 blocks with 588 villages and covers a population of 2,24,948. If we further bifurcate the population into urban and rural areas the total number of inhabitants residing in those areas stand at 24,633 and 2,00,315 respectively. The population is a mixture of indigenous Garo tribes along with other minor tribes comprising of Rabhas, Hajongs, Kacharis and Boros.

The percentage share of population in rural area is relatively higher than in the urban area i.e., 89.04% vs 10.96%. Whereas, the literacy rate of North Garo Hills district is similar to the state. The figures shared by the district has been cited from DSH for the year 2014-15 which is 75 percent as against 75.48 percent for the state of Meghalaya.

Table 2: Socio-Demographic Indicators

Indicator	North Garo Hills	Meghalaya
Population –Total (in lakhs)	2,24,948	29,64,007
Population –Rural (%)	89.04	80.4
Population density (persons/ km2)	110(Census,2011)	132
Sex ratio (females/ 1000 males)	979	986
Sex ratio 0-6 years	894	970
Literacy Rate (%)	75(2014-15, as per DSH)	75.48

Source: CMO Office, North Garo Hills

However, the population density of North Garo Hills district is 110 square kilometers' as per Census 201 which is slightly lesser than the State's figure which is 132 Sq.Km. Moreover, the sex ratio of North Garo Hills stands at 979 females per 1000 males and child sex ratio is 894 as compared to 970 females per 1000 males.

The district of North Garo Hills forms the Northern most part of the Garo Hills region of the state of Meghalaya and it is the gateway to the entire region as it shares a long border with the neighboring state of Assam.

1.3 HMIS Service Delivery Indicator

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

Antenatal Care (Pre-Natal care), is one of the most important components of the Maternal Health. ANC refers to the regular medical and nursing care suggested for women throughout their gestation period of pregnancy to ascertain the well-being of the mother and the foetus as well. Furthermore, with regular prenatal care, women can reduce the risk of pregnancy complications. According to the HMIS, around 38.4 per cent of women in North Garo Hills have registered for ANC in the first trimester while women who registered for ANC up to 4 or more check-ups, has a higher share of percentage than the state (62.2 vs 52.8 per cent). According to the HMIS data source, IFA supplementation was given less which stands at 54 per cent of all women who registered for ANC. Whereas, that for women given 360 calcium tablets to total ANC registrations are more than the state share i.e., 66 percent.

Delivery care is a vital factor for infant health. The total home deliveries in North Garo Hills district is 1497 deliveries. Skilled Birth Attendant (SBA) as an individual is the one who can handle common obstetric and neonatal emergencies. Thus, the attendance of SBA in case of home delivery is necessary to combat maternal deaths. About 54.4 per cent of all deliveries were institutional deliveries in North Garo Hills district. Due to non-availability of FRU no C-section deliveries are being conducted. Around,26.4 per cent women were discharged in less than 48 hours of delivery at public institutions. Of all women who registered for ANC, just 39 per cent went for institutional delivery and the percentage share C-section deliveries stands to be Nil.

With regards to Post Natal Care, around 97.6 per cent of the new-borns were breast fed within 1 hour of delivery and 97.3 percent new-borns were weighed at birth in the district. Out of the total weighted new-born, less than 4.1 per cent new-born are having weight less than 2.5 kg to total weighted. The share percentage of women received the 1st post-partum check-up within 48 hours and 14 days of delivery is low i.e., the figure stands at 59.1 percent respectively. In the last financial year, 04 maternal deaths, 38 infant deaths and 09 child deaths was reported in North Garo Hills district,Meghalaya.

The Reproductive and Child Health programme (RCH) II under the National Rural Health Mission (NRHM) systematically assimilates all possible interventions that improve child health and addresses factors contributing to Infant and under-five mortality. With regards to the service delivery for Child Health, around 3947 children were fully immunized (9-11 months) in North Garo Hills district. Female sterilization as a method of permanent family planning generally dominates the statistics but the acceptance is relatively less for female sterilization as well as male sterilization in the district. The percentage of IUCD insertions to

total institutional deliveries stand at 2.3 percent and only 53 emergency contraceptive pills were distributed in the district in 2021-22.

Table 3: HMIS Service Delivery Indicator for Meghalaya and North Garo Hills

Data Item Name	North Garo Hills	Meghalaya
% 1st Trimester registration to Total ANC Registrations	38.4	40
% Pregnant women given 180 IFA to Total ANC Registrations	54.0	59.8
% Pregnant women given 360 Calcium tablets to Total ANC Registration	66.0	53.4
% Pregnant Women received 4 or more ANC check-ups to Total Registration	62.2	52.8
% SBA attended Home Deliveries to Total Reported Home Deliveries	9.2	7.5
Total Home Delivery	1497	35496
Total Reported Deliveries	3289	109598
% of Institutional Deliveries to Total Reported Deliveries	54.4	43.3
% of C Section Deliveries to Total Institutional Deliveries	0.0	7.6
% Institutional Deliveries to total ANC Registrations	39.0	43.5
% Women discharge in less than 48hours of delivery to Total Institutional Deliveries at Public Institutions	26.4	19.8
Total Live Birth	3226	81462
Still Birth	62	2322
% New-born weighed at Birth to Live Birth	97.3	97.3
% of new-born having weight less than 2.5 kg to total live birth	4.1	7.9
% New-born breast fed within 1 hour of birth to Total Live Birth	97.6	92.1
% Women getting 1stPost-Partum Check-up between 48 hours and 14 days to Total Reported Deliveries	59.1	38.8
% Male Sterilization (Vasectomies) to Total sterilization	0.0	0.2
% Female Sterilization	0.0	99.7
% of IUCD insertion to total institutional deliveries	2.3	1.5
Number of Emergency Contraceptive Pills (ECP) given	53	1126
Number of Fully Immunized children	3947	68535
% of children discharged with target weight gain from NRC	100	46.1
Infant Death	38	1012
Child Death	09	507
Maternal Death	04	232

Source: HMIS Standard Report,2021-22

CHAPTER-2: PUBLIC HEALTH FINANCING

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

2.1 Record of Proceedings, Meghalaya

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

Table 4: Record of Proceedings, Meghalaya

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

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

The breakup of the total resource envelope shows that Rs. 36.87 Crores is allocated for RCH Flexible Pool (including Routine Immunization (RI), Intensified Pulse Polio Immunization (IPPI), National Iodine Deficiency Disorders Control Programme (NIDDCP), Rs. 108.99 Crores is allocated for Health System Strengthening (HSS) under NHM of which 91.78 crores have been allocated for other HSS under NHM,11.21 crores for Comprehensive primary healthcare under HSS and the remaining for ASHA additional benefit including support to ASHA facilitators (6.01 crores). Thus, the GOI contribution toward total NRHM-RCH Flexible Pool works out to be Rs. 159.10 Crores.

The GOI contribution toward NUHM Flexible Pool, National Disease Control Programme (NDCP) Flexible Pool and Non-Communicable Disease (NCD) Flexible Pool is Rs. 3.73 Crores, Rs. 19.98 Crores and Rs. 4.84 Crores respectively. Within NDCP Flexible Pool, bulk of the resources is allocated for RNTCP activities where the figure stands at 11.28 crores followed by NVBDCP with 5.79 crores. Whereas, the least share of amount is visible in NLEP with 0.35 crores.

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

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

Source: Record of Proceedings, (NHM Meghalaya 2021-22), MoHFW *indicate amount in Crores

2.2 District Health Action Plans and District Allocations

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

It was mentioned that the biggest challenge in achieving the physical targets of the district is the delayed receipt of PIP approvals. For the year 2021-22, the district has submitted DHAP in December 2020 & received the approval in the month of August,2021. Whereas, the submission date for the current year was in the month of January,2022 the approval of DHAP has been received in the month of August,2022.

However, with regards to fund release of the district it was mentioned that for the PY (2021-22) the release of funds was done in different installments commencing from April,2021 through SNA. Whereas, for the current year (2022-23),the funds have been carried forward from the last financial year and was given in the month of April,2022

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

Year	Prepared & Submitted DPIP/DHAP	Submission date of DPIP/DHAP	Approval date for DHAP from state	Date of fund release (1st sanction against DHAP)
2021-22(PY)	20th Dec,2020	20th Dec,2020	25th Aug,2021	15th April,2021
2022-23(CY)	7th Jan,2022	7th Jan,2022	3rd Aug,2022	8th April,2022

Source: District Checklist, North Garo Hills(2021-22)

2.3 Financial Management Report, North-Garo Hills District

Budget utilization under NHM is to operationalize an effective and accountable financial management system for budgeting, monitoring and utilization of funds at central, state, district, and block level. The detail of the budget utilization is given in table as per the Financial Management Report (FMR) below in the table-7.

Table 7:FMR of North-Garo Hills, Meghalaya

Indicator	Released	Utilized	% of utilization
Service Delivery - Facility Based	0	0	N/A
Service Delivery - Community Based	0	0	N/A
Community Interventions	0	0	N/A
Untied Grants	79.75	39.1	49.0
Infrastructure	0	0	N/A
Procurement	0	0	N/A
Referral Transport	30.92	5.51	17.8
Human Resources	0	394.59	N/A
Training	19.23	2.2	11.4
Reviews, Research, Surveys and Surveillance	0	0	N/A
IEC/BCC	12.73	2.42	19.0
Printing	0	0	N/A
Quality	0	0	N/A
Drug Warehousing and Logistics	0	0	N/A
PPP	0	0	N/A
Programme Management	1.88	22.49	More than 60%
IT Initiatives for strengthening Service Delivery	0	0	N/A
Innovations (if any)	0	0	N/A

Source: District Checklist, North Garo Hills (2021-22)

From the table-7 it can be ascertained, the percentage share of utilization FMR wise. It can be observed that the total amount of budget that was released in the last financial year stands at 144.51 lakhs of which the expenditure incurred was 466.31 lakhs which amounts to more than 60 percent of the budget utilization.

The maximum number of utilizations has been incurred in the case of FMR-8 i.e., Human Resources followed by Programme Management (More than 60 percent) and Untied Grants with an approximate of 49 percent respectively. The amount of budget released in the said

indicators stands at 1.88 lakhs and 79.75 lakhs of which the expenditure incurred was 394.59 lakhs,22.49 lakhs and 39.10 lakhs.

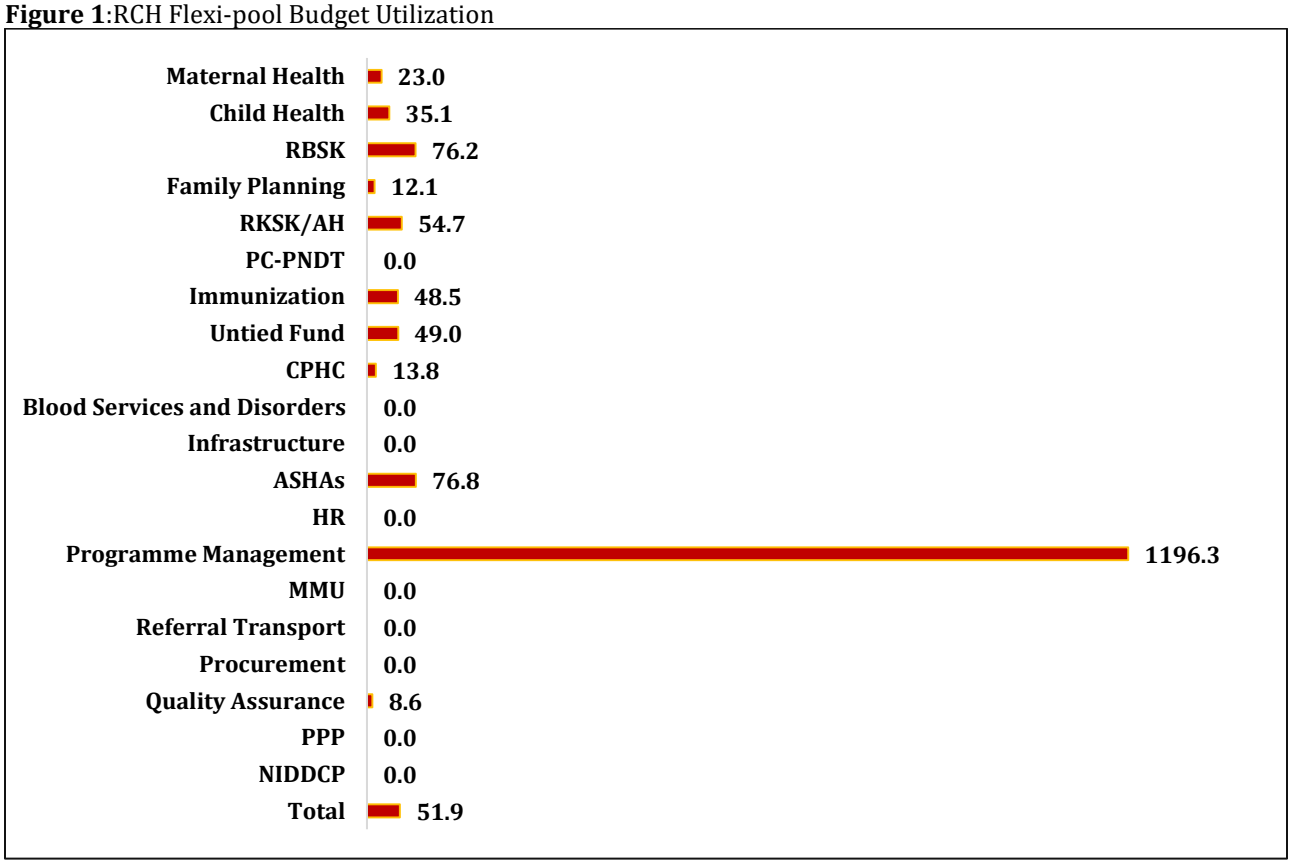
Majority of the FMR Codes where the budget has been utilized were unable to incur 60 percent of its budget. The reason being due to insufficient withdrawal limit.Whereas,in case of FMR-16 Programme Management the budget has been utilized more than the allocation and it is because of DPMU and BPMU constant mobility and contingency was booked.

However, in case of FMR-11, IEC-BCC, the share percentage of utilization was 19 percent respectively. The reason cited for such a less percentage was due to **"Insufficient Withdrawal Limit"**

2.4 Programme-Wise Expenditure, North Garo Hills District

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

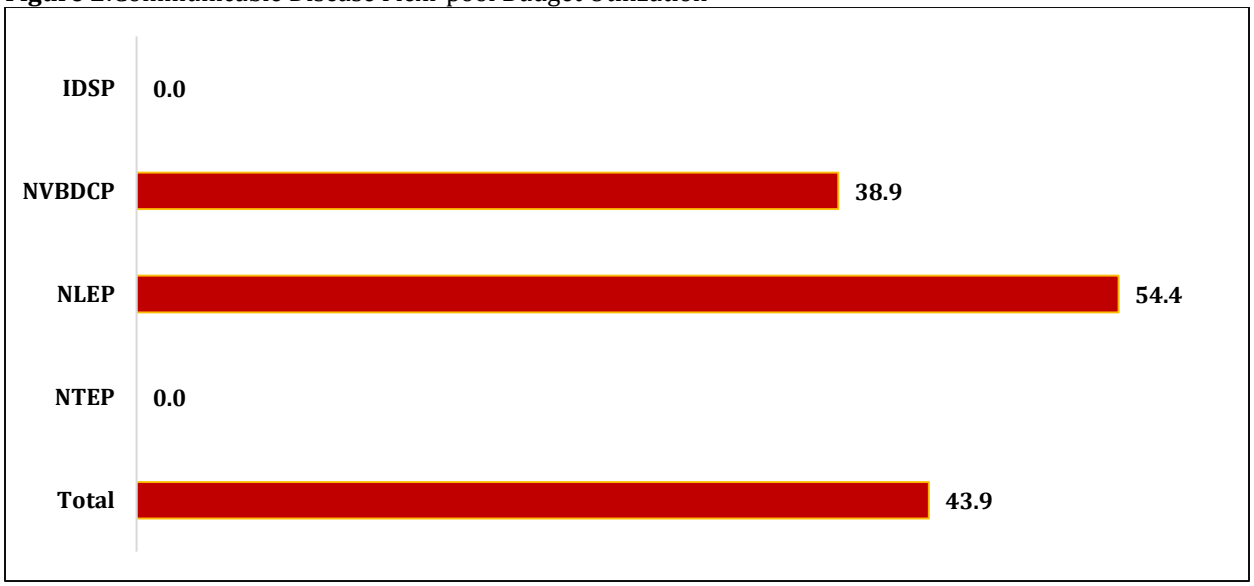
Figure 1:RCH Flexi-pool Budget Utilization



With regards to RCH and Health Systems Flexi-pool it can be ascertained from the figure-2 that the total released budget stands at 567.17 Lakhs of which 294.37 lakhs have been utilized in the last financial year. The maximum share of budget utilization has been incurred under ASHAs with 76.8 percent followed by RBSK (76.2 percent) and RKSK activities. However, no budget has been allocated for Human Resource, hence the expenditure incurred stands at 39.45 lakhs respectively (See Annexure-I).

In addition to this, the fund has been utilized in Immunization with 21.14 lakhs budget utilization. The district is spending less in Quality Assurance Programmes such as in LaQshya and NQAS as well (8.6 percent) due to insufficient withdrawal limit. They couldn't incur the expenditure that is required.

Figure 2:Communicable Disease Flexi-pool Budget Utilization



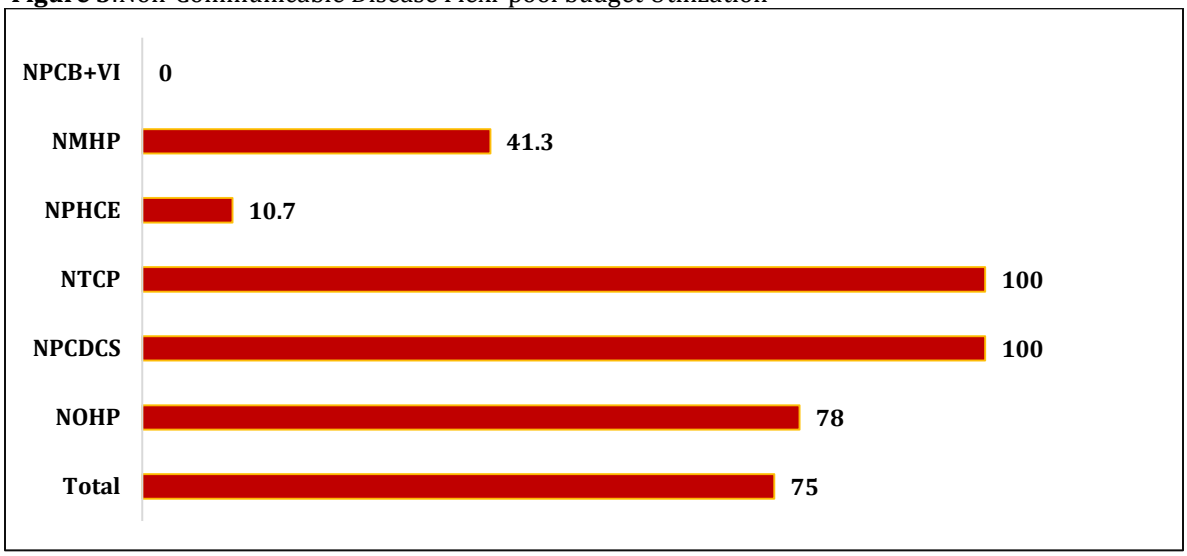
Whereas, with regards to communicable disease pool, the highest fund utilization has been made in National Leprosy Eradication Programme (NVBDCP) with an approximate of 54.4 percent. Followed by National Vector Borne Disease Control Programme(NVBDCP) with 38.9 percent as the amount used was for paying the ASHA incetives and no expenditure has been incurred in IDSP as shown above from the figure-2.

However, in the case of Non-Communicable Diseases, the total fund utilization has been made with 28.58 lakhs as against 21.43 lakhs. The highest fund utilization has been reported under the head NPCDCS and NTCP with more than 100 percent respectively. As the last year(2020-21) payments were pending and hence, were paid in the last financial year(2021-22) for both the said programmes.

Followed by National Oral Health Programme with 78 percent and National Mental Health Programme with 41.3 percent. The reason for such a high share of budget utilization is because of outstanding payments in these programmes.

Whereas, in the case of National Programme for Health-care for the Elderly(NPHCE) 0.88 lakhs were utilized as this programme was recently initiated and the amount was used for IEC printing.

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



CHAPTER-3: PUBLIC HEALTH PLANNING AND IMPLEMENTATION

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

3.1 Health Infrastructure and Facilities

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

The table-8 below summarizes the health-care delivery system of North Garo Hills district, Meghalaya and its operational status. The capital has NO district hospital functional and has 1 CHC operational as against 3 sanctioned CHC. The CHC is not performing any delivery at the facility. Furthermore, out of 11 sanctioned PHCs only handful of PHCs are able to conduct PHCs i.e., 4 PHCs are able to conduct the deliveries. Whereas, the remaining PHCs provide services like: OPD, immunization, ANC check-up and family planning services at the designated centres. A total of 50 SCs are operational at the district and a smaller proportion of these centres are performing deliveries.

The district has 3 Urban Primary Health Centres operating and has proposed for Urban Community Health Centres. The district neither has SNCU,NRC, nor DEIC functioning at District. Besides this, there is non-availability of blood bank and blood storage unit at North-Garo Hills. For screening and testing of sputum regarding the tuberculosis, district has 1 designated Microscopy Centres and 12 tuberculosis unit established in the district of which all are functional. Further, there are 3 CBNAAT/TruNat sites available for collection of sputum for testing. There is no drug resistant TB centre sanctioned at the district.

Moreover, the district has 3 NCDs Clinics, one functional at the Community Health Centre and 2 at Primary Health Centre. In district North Garo Hills,Ultrasound facilities are not made functional.

Table 8: Details of health facilities available

Facility Details	Sanctioned	Operational
1.District Hospitals	01	00
No. of DH conducting > 50 deliveries /month	-	-
No. of DH conducting C-section	-	-
3.Community Health Centers (CHC)	03	01
No. of CHCs conducting > 20 deliveries /month	00	01
4. Primary Health Centers (PHC)	11	11
No. of 24X7 PHCs conducting > 10 deliveries /month	04	04
5. Sub Centers (SC)	50	50
No. of SCs conducting >3 deliveries/month	08	08
6. Urban Primary Health Centers (U-PHC)	03	00
7. Urban Community Health Centers (U-CHC)	00	00
8. Special Newborn Care Units (SNCU)	00	00
9. Nutritional Rehabilitation Centers (NRC)	00	00
10. District Early intervention Center (DEIC)	00	00
11. First Referral Units (FRU)	00	00
12. Blood Bank	00	00
13. Blood Storage Unit (BSU)	00	00
14. No. of PHC converted to HWC	11	11
15. No. of U-PHC converted to HWC	00	00
16. Number of Sub Centre converted to HWC	37	28
17. Designated Microscopy Center (DMC)	01	01
18. Tuberculosis Units (TUs)	12	12
19. CBNAAT/TruNat Sites	03	03
20. Drug Resistant TB Centres	00	00
21. Functional Non-Communicable Diseases (NCD) Clinic at DH	00	00
22. Functional NCD Clinic at CHCs	01	01
23.Functional NCD Clinic at PHC	02	02
23. Number of institutes with ultrasound facilities (Public+Private)		00
24. Of these, how many are registered under PCPNDT act		00

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

3.2 Human Resources for Health

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

The human resource profile of the North Garo Hills district in Meghalaya is presented herewith. A total of 27 MOs have been in-place in the district followed by 2 Dental MOs and no OB&GY. With regards to ANMs a total of 102 workers are present in the district. With 37 staff nurses,12 Lab Technicians, and 15 Allopathic Pharmacists have been placed in the district presently.

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

Table 9: Availability of human resource

Staff details at public facility (Regular+ NHM+ other sources)	Sanctioned	In-place	Short-fall(in %)
MO (MBBS)	28	27	3.5
Dentists/ Dental Surgeon/ Dental MO	03	02	
OBGY	02	00	100
Pediatrician	02	00	100
Anesthetist	02	00	100
Surgeon	02	00	100
Other Specialists	04	00	100
Paramedical Staff			
ANM	102	102	-
MPW (Male)	-	-	-
Staff Nurse	37	37	-
Lab technician	14	12	14.2
Pharmacist (Allopathic)	15	15	-
Radiologists	00	00	-
Dental technician	00	00	-
Dental Hygienist	01	01	-
Radiographer/ X-ray technician	04	04	-
CSSD Technician	00	00	-
OT technician	00	00	-
CHO/ MLHP	37	28	24.3
AYUSH MO	00	02(NHM)	-
AYUSH Pharmacist	-	-	-

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

3.2.1 Community Process

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

The district has a total of 528 ASHAs working in the district as against the requirement of 1000 ASHAs as per the population norm. Social benefit schemes was implemented on October, 2018 for ASHAs and ASHA facilitators meeting the eligibility criteria to be covered under the Pradhan Mantri Jeevan Jyoti Bima Yojana (Accident Insurance), the age criteria is 18-50 years and annual premium of average Rs. 330 will be paid by the government.

The number of ASHAs enrolled under this scheme are 32 workers and 02 ASHA facilitators are covered under this scheme. Whereas, a total of 141 ASHAs and 16 ASHA facilitators have been enrolled for Pradhan Mantri Shram Yogi Maandhan Yojana respectively in the district.

Table 10: Status of social benefit scheme for ASHAs and ASHA Facilitators

Status of Schemes		
1	**Status of ASHAs**	
1.1	Required as per population	1000
1.2	Selected ASHAs	528
1.3	No. of ASHAs covering more than 1500 (rural)/ 3000 (urban) population	Rural-3 villages Urban-Nil
1.4	No. of villages with no ASHA	60
2	**Status of social benefit scheme for ASHAs and ASHA Facilitators**	
2.1	No. of ASHAs enrolled for Pradhan Mantri Jeevan Jyoti Bima Yojana	32
2.2	No. of ASHA Facilitator enrolled for Pradhan Mantri Jeevan Jyoti Bima Yojana	02
2.3	No. of ASHAs enrolled for Pradhan Mantri Suraksha Bima Yojana	00
2.4	No. of ASHA facilitator enrolled for Pradhan Mantri Suraksha Bima Yojana	00
2.5	No. of ASHAs enrolled for Pradhan Mantri Shram Yogi Maandhan Yojana	141
2.6	ASHA facilitator enrolled for Pradhan Mantri Shram Yogi Maandhan Yojana	16
2.7	Other State Specific Scheme: E-Sharam	ASHAs-454 ASHA Facilitator-25
3	**Village Health Sanitation and Nutrition Committee(VHSNC)**	
3.1	Formed	528
3.2	Trained	689

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

3.3 Referral Transport

Health infrastructure also includes transport facilities at the district for the safe and timely movements of the patients. A total of 10 ambulances are Basic Life Support (BLS) have been stationed at Community Health Centre and Primary Health Centres. Three ambulances have been stationed at Community Health Centres and 07 at Primary Health Centres. However, there are 2 more ambulances stationed at PHC but is not available.

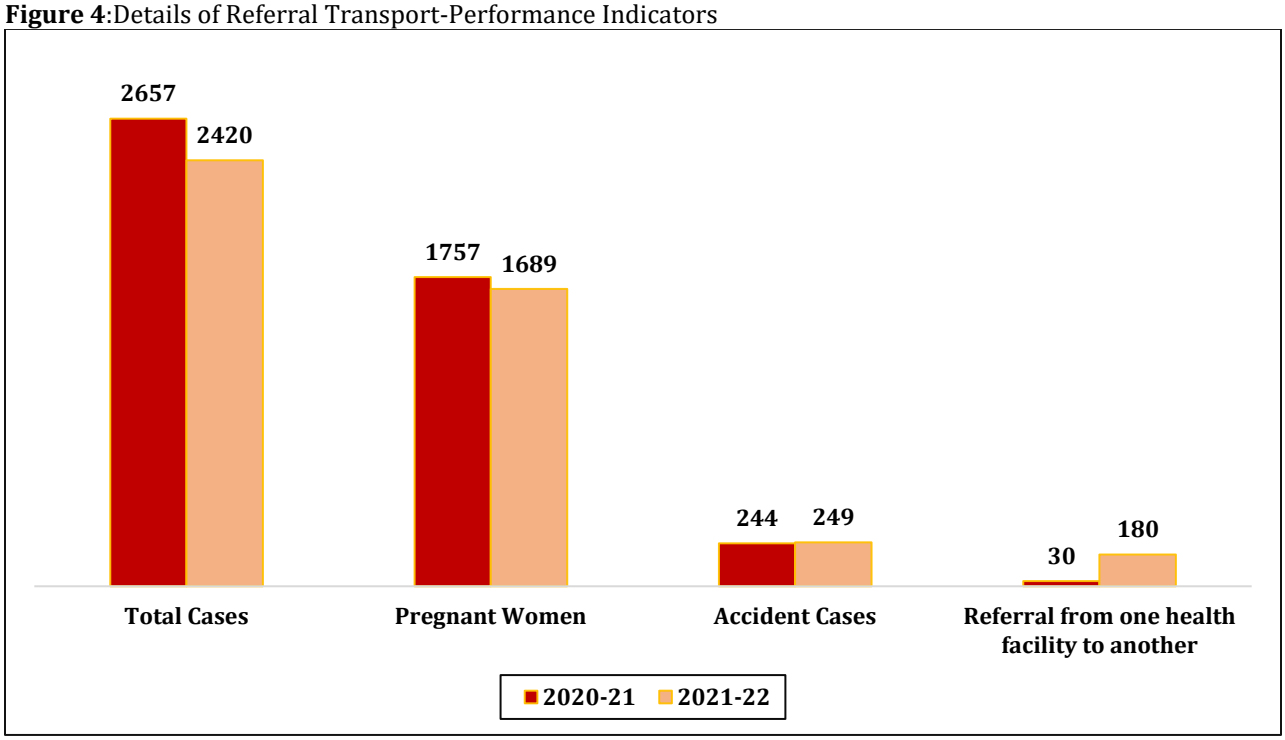
Table 11: Details of Vehicle for Referral Transport

Stationed at:	Number of Ambulances
CHC	03
PHC	07
Others	02 at PHC N/A

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

Observing the performance wise indicators, the total number of cases were higher in 2020-21 as compared to 2021-22 with 2657 cases. Similar is the case for Pregnant women, more than 1500 PW have availed the ambulance service in the last financial year as against 1689 cases in 2020-21. Whereas, the number of accident cases were more in 2021-22 with 249 cases and 180 cases were referred from one health facility to another i.e., from PHC/SC to CHC.

Figure 4:Details of Referral Transport-Performance Indicators



3.4 Capacity Building-Training Status

The figure-5 below provides a brief snapshot of trainings received in the last financial year i.e., 2021-22 as per the ROP approval. Trainings were given on various fronts such as IMNCI, IUCD, NSSK, BeMOC, NCD APP, Leprosy training, NPHCE, and on expanded services.

For training with regards to IUCD one batch has been organized for this theme wherein 10 Mos,5-Supervisors, and 5-MLHP were given training. Whereas,10-Mos and 12-Staff Nurses were trained for NSSKI. In addition to this,20-ANMs were given training for IMNCI. Trainings were also imparted to 3-MOs for BeMOC.Whereas,16-MOs,37-SNs,66-ANMs, and 26-MLHPs were given NCD related training with respect to APP and VIA.

Other trainings were also imparted such as the expanded services to 10 MOs, detection of Leprosy to ASHA workers and NPHCE to 10-MOs,10-SNs,and 18-Supervisors respectively.

Figure 5: List of Trainings as per ROP

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

CHAPTER-4: NATIONAL HEALTH MISSION PROGRAMMES

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

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

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

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

With regards to the Janani Suraksha Yojana payment status the implementation status in the North Garo Hills district fairs well. A total of **603** beneficiaries were reported in the last financial year and no backlog has been cited for the same. However, there are certain reasons for reluctance of availing the JSY payments i.e., incomplete documents and unavailability of bank account number. They feel that opening the bank account for such meagre amount is of no use as the commuting cost is high. Hence, a trade-off occurs and don't prefer opening the account.

However, all the delivery points in the district have implemented the Janani Shishu Suraksha Karyakram (JSSK) and is availed by the beneficiaries without any charge. There is a 12 total of delivery points in the district and diet is made available at the district. Besides,diagnostic services are also made available at these facilities. The PMSMA activities are conducted at the CHC and PHC facilities on every 9th of every month where the HRP's are being identified

wherein a total of 24 CHCs and 264 PHCs have conducted PMSMA activities. The district has cited that 14,182 MCP cards and Birth Preparedness Plans have been issued in the facilities.

Table 12: Details of RMNCHA+ programmes functional at the district level

Janani Suraksha Yojana (JSY)	• Total JSY Beneficiaries 2021-22: Public:603
Janani Shishu Suraksha Yojana (JSSK)	• Total Delivery Points:12 • No. of facilities where free diet is available for PW:12 • No.of facilities where lab tests are notified: 12
Pradhan Mantri Surakshit Matritva Abhiyan (PMSMA)	• No. issued MCP card and Safe Motherhood Booklet: **14182** • Number of health facilities where current round of PMSMA was conducted: a. CHC:**24** b. PHC/UPHC:**264**
Home Based Newborn Care (HBNC)	• Total no. of ASHAs: 528 • Total no. of ASHAs with HBNC Kits:528 • Total New-borns visited under HBNC: **1.** 2020-21:**2246** **2.** 2021-22:**2301** 3. 2022-23:**1194**
Rashtriya Bal Swasthya Karyakram (RBSK)	• Total No. of RBSK teams sanctioned:**04** • No. of teams with all HR in-place (full-team):**04** • No. of vehicles (on the road) for RBSK team:**04** • No. of teams per block:**2 teams per block** • No. of blocks without dedicated teams: **Resubelpara Block** • Average no. of children screened per day per team: **100** • Number of Children born in delivery points screened for defects at birth:**178**
Maternal and Child Deaths	• **Number of Maternal deaths:** 1. 2020-21:**08** 2. 2021-22:**03** • **Number of maternal death review 2021-22: 02** • **Number of maternal death review 2020-21: 02** • **Number of Neonatal Deaths:** 1. 2020-21:**08** 2. 2021-22:**09** • **Number of Total infant Deaths:** 1. 2020-21:**90** 2. 2021-22:**38** • **Number of Child Death Review Conducted:** 1. 2020-21: 02 2. 2021-22: 02

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

Presently, there are 528 ASHAs in the district and have the HBNC kits readily available.So far,a total of 5741 HBNC visits have been conducted till date i.e., **2020-21:2246,2021-22:2301,and 2022-21:1194 HBNC Visits.**

Whereas, in case of Rashtriya Bal Swasthya Karyakram (RBSK), there are 04 teams placed i.e., 2 teams per block are functional. All the teams are well equipped with vehicles on road. Resubelpara block requires a team in the North-Garo Hills. The average number of children screened per day per team are 100 children. However, 178 children that were born at the delivery points were screened for defects at birth.

In 2021-22, a total of 4 maternal deaths were reviewed in the North Garo Hills district as against 11 deaths occurred with 8 deaths in 2020-21 and 3 deaths in 2021-22. The district also reports a total 17 Neonatal and 128 infant deaths in the last financial year 2021-22 and child death review have also been done.

4.2 Communicable Programmes

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

There are few programmes operational in the district such as NVBDCP, NTEP, IDSP, and NLEP. Under **National Vector Borne Disease Control Programme (NVBDCP)** there is a micro and macro plan available at the district level. There has been a fluctuating trend with regards to the Annual Blood Examination Rate with **20% in 2019-20,17.8% in 2020-21, and 28.8% in 2021-22** respectively. The reason for this fluctuating trend is because of increase in number of monitoring and surveillance by the district and specifically by the programme nodal officer of NVBDCP. Furthermore, a total of 104697 LLIN nets have been distributed by the district in the endemic blocks and covered 523 households on 2020.

In addition to this,42.8 percent the target of IRS has been achieved in the year 2021. Moreover, anti-larval methods such as **Gambusia, Temephos,Mosquito Larval Oil, and Bacillus Thuringensis has been adopted in the district.**

The status implementation of **National Tuberculosis Elimination Programme (NTEP),** the target notification for TB hasn't been achieved. None of the TB patients have been tested for HIV and there are Eligible TB patients with UDST testing. The drugs are very much available for both drug resistant and drug sensitive patients.

Around 87 patients have been notified for TB under the public sector and 6 patients are of MDR of which one patient is seeking treatment for the same. Various IEC activities have been

initiated by the district such as TB patient provider meeting, community meeting, sensitization meeting, and school activities. On the other hand,113 patients have been notified under private sector and only 1 MDR TB patient has been cited.

Whereas, under **National Leprosy Eradication Programme (NLEP),** 2 cases were detected for Grade 2 Disabilities (G2D). The supply of Multi Drug therapy (MDT) was available without interruption throughout.MCR footwear and self-care kit were available under the programme.

Table 13: Details of Communicable disease programmes implemented in North Garo Hills

1. National Vector Borne Disease Control Programme (NVBDCP)

- Micro plan and macro plan available at district level:**Yes**
- Annual Blood Examination Rate:
  - 2019-20: **20**
  - 2020-21: **17.8**
  - 2021-22: **28.8**
- Total LLIN distributed: **104697(523 HHs covered)**
- IRS: **42.8% completed in 2021**
- Weekly epidemiological and entomological situations are monitored: **Yes**
- Anti-Larval Methods: **Adopted by various means**

2. National Tuberculosis Elimination Programme (NTEP)

- Target TB notification achieved: **No**
- Whether HIV Status of all TB patient is known: **Yes**
  If No, no. of TB patients with known HIV status:**0 patients**
- Eligible TB patients with UDST testing: **Yes**
- Whether drugs for both drug sensitive and drug resistance TB available: **Yes**
- Patients' notification from public sector
  - No of patients notified:**87**
  - No. of MDR TB Patients:**06**
  - Treatment initiation among MDR TB patients:**06**
- Patients' notification from private sector
  - No of patients notified: **113**
  - No. of MDR TB Patients: **01**
  - Treatment initiation among MDR TB patients: **Yes**

3. Implementation of National Leprosy Eradication Programme (NLEP)

No. of new cases detected: **02**
No. of G2D cases: **02**
MDT available without interruption: **Yes**
Reconstructive surgery for G2D cases being conducted: **No**
MCR footwear & selfcare kit available: **Yes**

4. Integrated Disease Surveillance Programme (IDSP)

- Rapid Response Team (RRT) Constituted: **Yes**
- Team Composition: **As per norms**
- Outbreaks investigated:
- 2021-22:**00**
- 2022-23:**01**

Source: District Checklist, NHM PIP Monitoring

A total of 8 Rapid response teams have been constituted under the **Integrated Disease Surveillance Programme (IDSP)** and team has been formed as per the norms. With regards, to the data utilization of IDSP the data is so collected on a daily basis from all the health facilities through mobile application and IDSP website. The data has been utilized for predicting future public health action for communicable disease. With the help of IDSP data it provides early warning signals for future outcomes and furnish real time information of occurrence of disease in certain geographical areas.

4.3 Non-Communicable Diseases

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

Table 14: Non-Communicable Diseases Programme Implementation status

Non-Communicable Diseases Programme	Status of Implementation
1. National Mental Health Programme (NMHP) 2. National Programme for healthcare of Elderly (NPHCE) 3. National Tobacco Control Programme (NTCP) 4. National Programme for Prevention and Control of Diabetes, Cardiovascular diseases, and Stroke(NPCDCS) 5. National Oral Health Programme (NOHP)	Implemented in the district

Source: District Checklist, NHM PIP Monitoring

4.4 Universal Health Screening

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

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

Till now,52514 CBAC forms have been completed but some are still pending as majority of the CHOs have not been deployed in the HWCs and leading to the delay for the completion of the CBAC forms.

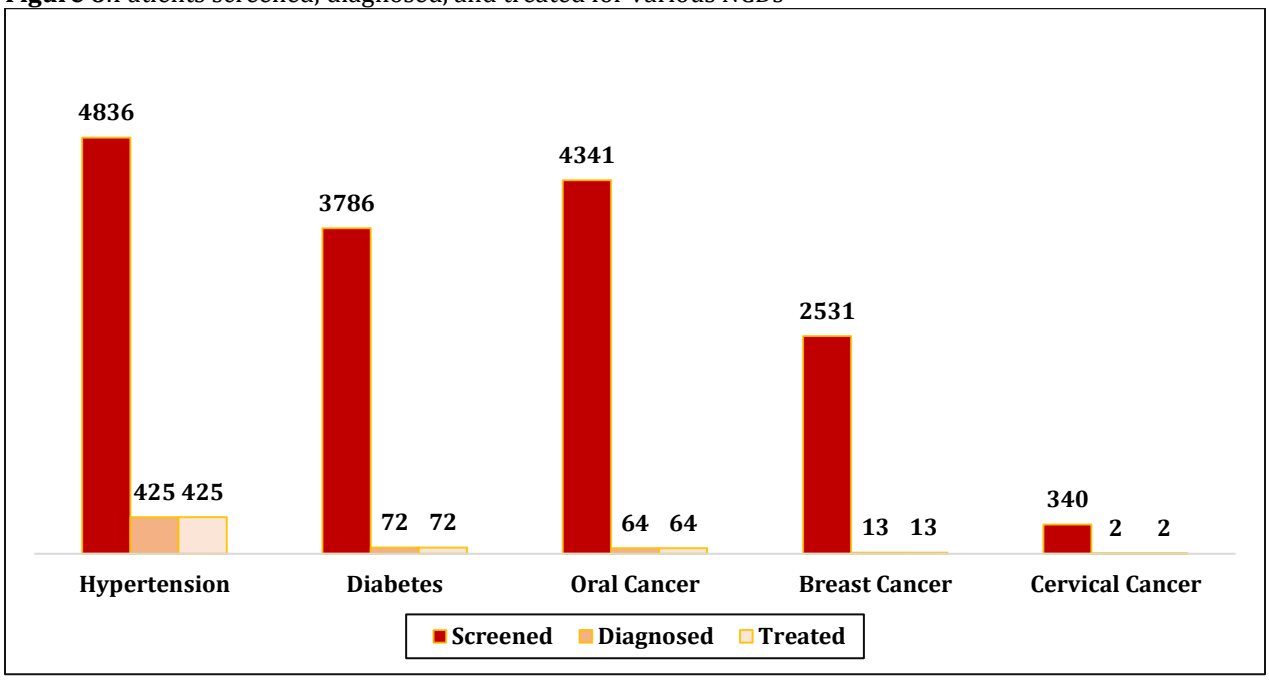
Only,5 SC-HWCs have been upgraded to HWCs and have started their NCD screening followed by 11 PHC-HWCs. A total of 116 HWCs are providing tele-consultation services and 84 HWCs are providing wellness activities such as yoga etc.

Table 15: Status of implementation of Comprehensive Primary Health Centre (CPHC)

Indicator	Planned	Completed
1. Number of individuals enumerated	72347	52514
2. Number of CBAC forms filled	43106	39191
3. Number of HWCs started NCD screening		
3.1 SHC- HWC	05	05
3.2 PHC- HWC	11	11
4. Number of HWCs organizing wellness activities	240	84
5. Number of HWCs organizing tele-consultation	480	116

Source: District Checklist, NHM PIP Monitoring

Figure 6:Patients screened, diagnosed, and treated for various NCDs



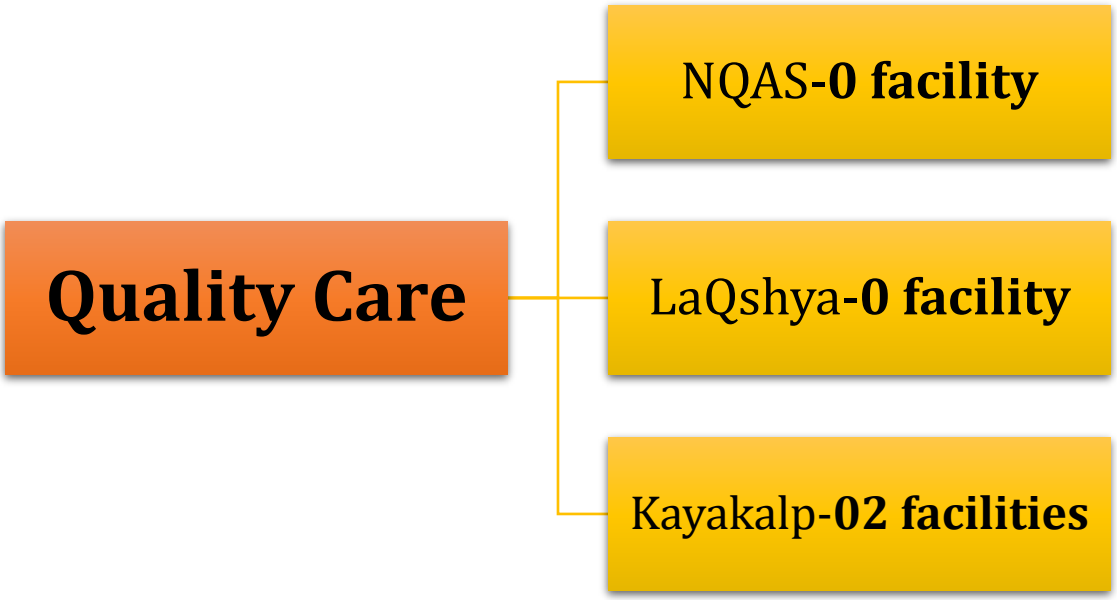
Out of the planned individuals who are screened through CBAC forms most of the cases were observed for hypertension and diabetes with 425 and 72 cases. However,64 cases of oral cancer were diagnosed followed by 13 cases of breast cancer, and 2 cases for cervical cancer which can be illustrated from the figure-6 above.

4.5 Quality Assurance Programmes

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

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

Figure 7:Status of Quality Assurance Programmes



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

- Dissemination of QA Policy and guidelines to the respective stakeholders.
- Targets and road-map has been defined and simultaneously gaps are being identified.
- Following the NQAS guidelines have been made mandatory for every PHCs/SC-HWCs,and CHCs respectively.
- Timely capacity building of facility for QA team

CHAPTER-5: PUBLIC HEALTH FACILITY ASSESSMENT

5.1 CHC,Resubelpara

Figure 8:CHC Resubelpara

The facility CHC, Resubelpara Following are the key observations that were captured during the visit:

- The total number of beds available at the facility are 57 which is more than the IPHS norms. Extra 27 beds have been placed at the facility due to high load.
- Handful of specialized services are being delivered such as Dental, Medicine, and X-ray. Apart from the routinely activities that are being availed. The health staff are not available round the clock as limited services are being imparted.
- The facility has 4 ambulances;3 ambulances are available of the facility itself and 1 ambulance has been contracted out.
- With regards to bio-medical waste practices, there is availability of sharp and deep burial pit.
- The facility is armed with 7 MOs (MBBS),2 dentist,13 SNs,4 LTs,1 Dentist Hygienist and 2 pharmacists.
- Drugs were available at the day of the visit and it has been implemented through DVDMS mode. However, 5 priority drugs were listed as shortage for more than a month.
- In-house tests are being performed such as Widal,RBS,Hb,HbAIC,ABO,HIV,VDRL,Urine,CBC,AFB Sputum,Malaria and so on. There are 2 X-ray machines available at the facility i.e., 300 MA x-ray machine and the other is placed at the dental clinic. These diagnostic services are free for elderly and JSSK beneficiaries.
- Delivery services are available but only normal deliveries are being performed.As the facility is not a designated FRU,C-sections are not being rendered.
- There is minimal shortage for testing kits and rapid diagnostic kits at the facility
- With regards to JSY payments, the payments are not upto date because of withdrawal limit.
- The facility maintains proper records for birth and deaths. A total of 2 maternal deaths have been in 2021-22. However, the number of child deaths are relatively

higher than the maternal deaths with 14 deaths in 2020-21 and 16 deaths in last financial year.

- Functional AFHC is operational at the facility but the counselling is being done by Mos,SN,Supervisors,and ANMs. Adolescents are being counselled at the facility and females come for more counselling than males.
- As such there is no separate day for NCD Clinic and is being screened on all the 6 days.However,majority of the cases were found to be in diabetes with 136 confirmed cases and 15 cases for hypertension.
- The facility is designated as a Microscopy Centre(DMC) for treatment of Tuberculosis and around 15 percent of the OPD whose samples were tested for TB in the last 6 months.All the anti-TB drugs are made available at the facility for which the patients are timely taking the drugs.
- In the last 6 months,around 80 percent of the TB patients for whom the DBT installments have been initiated under the Nikshay Poshan Yojana.
- All the records have been maintained such as for TB treatment card,TB notification registers,Malaria cases,Palliative cases,Cases in relation to Dengue and Chikungunya.
- Funds have been received under the RKS of amount Rs.5,00,000 of which all the funds have been utilized.
- A total of 9 cases were referred from the nearest SC/PHC to the CHC with regards to delivery patients and 6 patients were referred to West Garo Hills.
- The **main problems/shortcomings** that were reported and observed are as follows:
    1. The facility requires a designated store room and warehouse facility for storing of drugs and other materials.
    2. There is only 1 driver posted and 1 ANM posted under CHC Resubelpara
    3. There is an immediate need for renovation of staff quarters including the MOs,Nurses and Grade-IV

5.2 PHC-HWC,Kharkutta

Figure 9:PHC-HWC,Kharkutta

PHC-HWC,Kharkutta is running in a government building the total number of beds available at the facility are 10 beds. The services available at the facility are OPD, IPD, Labour services, JSSK, RNTCP, Routine immunization, COVID Vaccine etc.

- There is availability of tele-consultation and the average case load for tele-consultation is 5 cases per day.

- Sharp pits and deep burial pits are available for bio-medical waste management. Moreover, a soak pit has also been constructed at the facility. It was observed proper color-coded bins were placed and were following the protocols as per the BMW Act.
- Currently, the facility is armed with 2 MOs,4 AYUSH MOs,3 SNs,15 ANMs, 1 lab technician, and 1 pharmacist.
- The facility is neither Kayakalp awarded nor NQAS certified and are gearing up for next year.
- There is availability of EML/EDL and displayed in the OPD area.All the drugs are implemented through DVDMS. In addition to this, all the drugs are available for hypertension and diabetes and has been reported that there has been no shortage of drugs.
- There is availability of diagnostic service at the facility and a total of 11 tests are been conducted in the facility itself.However there is no X-ray machine installed at the facility.
- Normal deliveries are being performed at the facility there is no payment delay for JSY. Moreover, provision of JSSK is also being implemented at the facility.A total of 133 deliveries have been conducted in the last 3 months.
- During the PMSMA day, the most common reasons for high-risk pregnancies have been identified such as women are anemic, cases for teenage pregnancy, and twin pregnancy as well.
- In the last 3 months 130 new-borns were immunized with birth dose at the facility and 133 new-borns were breast fed within one hour birth.
- Temporary methods are widely accepted such as Condoms,OCP,Copper-T and the counselling is being done by MOs,SN,ANM,Supervisor,and ASHA workers.There has been sufficient supply of temporary methods except for ANTARA,MALA-N,and Chayya
- NCD Clinic day has been fixed once a week and the highest number of cases have been confirmed for hypertension with 67 cases and 10 cases for diabetes.
- As the facility is a health and wellness centres,hence utmost importance is given for wellness activities such as Yoga sessions are being conducted.
- A total of 18,46,778 fund was received last year under NHM and the expenses that took place under the said fund was with regards to Labour table,Bed side locker,Stitch cutting scissors,3 seater steel chair,plastic table,stethoscope,and BP instrument.
- All the portals are being updated on a regular basis such as HMIS,MCTS,IHIP,HWC Portal,and Nikshay Portal.
- Once a month, RKS meetings are being conducted as to review the monthly progress and manage the state of affairs of the facility.
- The **main challenges** that were reported at the facility were:

1. There is a reluctance of the community members to avail the health services due to superstitious beliefs and household barriers amongst the **Garo Tribes.**
2. Due to inaccessibility of roads and connectivity issue there is an **immense issue for Transport.**
3. **Lack of ignorance** has also been reported this is due to lack of awareness among the people residing in the remote areas.

5.3 PHC-HWC,Mendipathar

Figure 10:PHC-HWC,Mendipathar

The PHC-HWC, Mendipathar is situated very near to CHC Resubelpara at an equidistant of 7 Kms. The main highlights of the facility have been captured as below:

- The facility is 10 bedded facility and provides all the services such as OPD, NCD Screening, Family Planning, Routine Immunization and so on.
- The facility has ramps for disable people, toilet availability, proper branding, OPD waiting area, ASHA restroom, and drug storeroom with racks. There is unavailability of 24*7 running water facility and drinking water facility available.
- With the regards to bio-medical waste management, there is availability of sharp and deep burial pit along with color coded bins as observed at the facility.
- Telemedicine consultation is also available but the cases are bleak.
- Presently, there are 2 MOs, 5 Staff Nurses,16 ANMs, 1 Lab Technician,1 Pharmacist and 2 HE and CHOs.
- A total of 90 drugs are available at the facility and there is shortage of drug from the EDL such as Oxytocin,IVF D5%,IVF MS(Normal Salive),Lactate Fluid.
- Availability of diagnostic services were provided to each beneficiary and a total of 14 tests have being performed in the facility and which is free for all.
- A total of 49 normal deliveries have been performed in the last 3 months with 48 new-borns been immunized with birth dose and all the new-borns have been breast-fed within one hour of birth at the facility.
- However,the JSY payments are not up-to date and the average delay stands at 3 month.But the last payment has been done 31st March,2022 and the reason for such delay is due to insufficient documents and fund flow in the district.

- One maternal death has occurred in the year 2020-21. However, 7 child deaths have been reported in the year 2020-21 and 3 child deaths took place at the year 2021-22.
- In terms of family planning, temporary methods are being preferred among the community members such as OCPs,Condoms,ANTARA etc.
- The main challenges reported at the facility were:
    1. **Manpower Crunch:** As the facility covers a large share of the area there is a need for MOs and other administrative staff to manage the day-to-day activities that are being rendered at the facility
    2. **Space Constraints:**There is space issue at the facility because the new building has been utilized by the district as the Warehouse to stock the medicines.In addition to this,there is need to repair both the new and old building
    3. **Shortage of Equipments':** There is shortage of equipments' at the facility such as radiant warmer,surgical instruments,Autoclave machine,Sterilizer,Tissue forcep,Suction bulb for a quite a long period of time.

Note: PHC-HWC, Mendipathar is partially functioning as a Community Health Centre and Primary Health Centre. Both the buildings are adjoined next to the each other.

5.4 PHC-HWC,Manikganj

Figure 11:PHC-HWC,Manikganj

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

- The facility has 24*7 running water facility, ramps for geriatric and disability friendly, functional toilets, water facility, OPD waiting area, drug storeroom, branding.
- The total number of functional beds available at the facility are 10 which is more than the IPHS norms. All the services are available such as OPD, immunization, COVID-19 vaccination, family planning services etc.

- With the regards to bio-medical waste management, there is availability of only deep burial pit.
- Presently, the facility is armed with 2 MOs ,3 ANMs, 1 Staff nurses, 1 Lab Technician,4 LHV and 1 Pharmacist.
- There is ample amount of testing kits and sufficient supply of essential consumables at the facility.
- A total of 174 drugs are available in the list and the implementation of DVDMS has been initiated.There is a shortage of drugs reported such as Inj.Adrenalin,Inj.Dexametharone,Inj.Hydrocortisone,Inj.Lidocaine,andInj.Midazolam.
- Whereas, there is an availability for hypertension and diabetes drugs but shortage of these have also been reported
- A total of 9 deliveries have been performed in the last 3 months and all the new-borns have been immunized with birth dose and breast-fed at the facility in the said time period.
- None of the maternal deaths have occurred in the past 2 years but 2 deaths have been reported in the facility in 2020-21 and 3 in the last financial year.
- There is no separate day fixed for NCD screening and hence, the screening is taking place in the regular OPD. The maximum number of cases highlighted with regards to NCDs is Hypertension with 41 cases and a smaller figure stands with respect to diabetes i.e., only 3 cases.
- There is preference for temporary methods amongst the community members for adopting family planning methods such as OCPs, and Condoms. The counselling is being done by health personnel at the facility such as CHOs, SNs, MOs, and ANMs.
- The overall challenge that has been reported at the facility has been highlighted below as:
    1. No transport facility is available to reach to the nearest Sub-Centre as the roads are not proper.
    2. There is electricity issue connected at the PHC-HWC resulting to which the daily activities can’t be performed well.
    3. There is need for quarters especially for the MOs as all these quarters are in dilapidated conditions

5.5 SC-HWC, Khaldang

Figure 12:SC-HWC, Khaldang

The Sub-Centre Khaldang has been given the status of Health and Wellness Centres. Following are the key highlights of the facility visited:

- The facility is armed with 1 Female MPW,1 CHO,6 ASHAs, and 1 BHW.
- The services made available at the facility are basic testing, OPD, Family Planning, ANC check-ups, Immunizations, COVID-19 Vaccination etc. The facility has all the basic facilities as to render services such as water supply, drinking water, toilet, waiting area, drug storeroom etc.
- With regards to bio-medical waste management the facility has adopted the color-coded bins and provision of sharp pits and deep burial pits are available.
- Proper list of EDL, has been displayed at the facility with all the medicines being dispensed according to the treatment and requirement. Furthermore, drugs with regards to diabetes and hypertension, medicines are made available sufficiently.
- There is sufficient supply of testing kits and availability of instruments such as thermometer, glucometer, and BP instrument. In addition to this, vaccines and hub-cutter were also available at the day of the visit.
- Line listing of pregnant women is being carried and high-risk pregnancies are identified timely with sufficient amount of MCP cards being issued. Proper follow-up is being do ne for SNCU discharge basis and LBW babies.
- Only 1 Child death has occurred in the year 2021-22 respectively.
- A total of 1210 members fall in the above 30 years of age in the HWC population. In the last 6 months,406 CBAC forms have been filled with 331 individuals with score below 4 and 75 individuals with score and above.
- The number of cases of NCDs in the last 6 months have been observed for Hypertension with 17 confirmed cases only.
- There is availability of functional HBNC kits with ASHA workers and have all the required instruments such as Weighing scale,thermometer,blanket and warm bag.In

addition to this,drugs such as PCM,Amoxicillin,IFA,ORS,Zinc,and Cotrimoxazole is readily available with the ASHA workers.

- In the last 6 months, a total of 36 Village Health and Sanitation Days have been conducted at the facility.
- Whereas, with regards to the incentives disbursed none of the bonuses have been reimbursed such as performance-based incentives of CHOs which are being done at the monthly basis and team based incentives as well for all the HWC staff.
- A total of 4 cases have been referred to the nearest PHC in last month for issues like ANC Check-ups, Delivery services, and basic illness.
- The fund received last year was Rs.20,000 and all the amount has been utilized by the facility.
- The main challenges that the Sub-Centre faces while running the facility are listed below as follows:
    1. There is irregular supply of water at the facility and is managed through a nearby village.
    2. There is less supply of diagnostic kits at the facility due to which basic tests can't be performed. Hence, they are referred to the nearest PHC or CHC as per the requirement.
    3. As the demand of ANTARA is widely accepted amongst the community members. There is supply issue for the same.
    4. There is electricity issue at the facility due to weather conditions and therefore, it becomes an issue to carry out the activities on a day to day basis.

CHAPTER-7: CONCLUSIONS & RECOMMENDATIONS

The Population Research Centre, Delhi undertook the monitoring of NHM Programme Implementation Plan in North Garo Hills District of Meghalaya. The report is prepared on the basis of field – based observations and visits to the following public health facilities in North Garo Hills district: Community Health Centre Resubelpara, Primary Health Centres (Kharkutta,Mendipathar and Manikganj) and Sub-Centre (Khaldang). Meetings were held with the Chief District Medical Officer (CMO) and all the NHM Nodal Officials. Interactions were also held with the Medical Officer-In-Charge (MOIC) of the selected facilities, health care providers (ANM, ASHAs etc.) and other supporting staff to understand the strengths and weakness of the facilities in service provisioning.

7.1 Key Findings

After the implementation of National Health Mission, the district has a lot to improve in service delivery. The maternal health programme is very much in the purview has improved a great deal. The institutional delivery rate relatively stands low when compared with the other districts of Meghalaya i.e., at 54.4 percent approximately. The NHM programmes has also fueled the behavior change in the common public slowly and gradually but still a lot is yet to be improved. Child health schemes and immunization are putting in lot of efforts to reach the targets in the district but still there are certain challenges in the district. Whereas, with regards to quality of care has eventually improved after proper infrastructure and are doing commendable efforts.

However, there are certain blocks in the district where home deliveries are still being performed this is because of lack of accessibility to health-care services and connectivity issue. Though the concept of Transit Homes (Mother Homes) can be implemented in the district as to ramp up the institutional deliveries which has been initiated by the state and still it is under the implementation mode.

Due to non-availability of District Hospital, the district has 1 CHC, 11 PHCs, and 50 operational Sub-Centers. All the health care facilities are running in government buildings. Proper IECs were displayed in most of the facilities w.r.t timings, drug list, immunization, JSY, JSSK and many others. The district is equipped with only 10 Basic Live Support (BLS) vehicles (03-CHC and 07 ambulances stationed in PHC). A total of 12 delivery points are available in the district i.e., 1-CHC and 11-PHCs.

The implementation with regards to JSY is quite effective and there is no backlog of the beneficiaries. However, there is reluctance for availing the payment for JSY such as incomplete documents, non-availability of bank accounts, and shortage of funds respectively. There is a total of 12 delivery points in the district that has implemented JSSK by providing free diet, drugs, and diagnostic services.

The North Garo Hills district neither has SNCU nor availability of District Early Intervention Centre as well as Nutrition Rehabilitation Centre (NRC). There are 528 ASHAs in the district have conducted a total of 2246 HBNC visits in 2020-21,2301 in 2021-22,and 1194 in 2022-23. Under NTEP, the target TB notification under public sector in 2021-22, hasn't been achieved.

Whereas, under National Leprosy Eradication Programme, the district has detected 2 new cases and 2 new Grade 2 Disabilities (G2D) cases. All the NCD programmes that fall under the NHM umbrella were functional in the district. The highest number of cases that were reported was for 425 cases for hypertension and 72 for diabetes. Patients who were diagnosed with oral cancer were 64,13 for breast cancer, and 2 for cervical cancer.

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

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

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

7.2 Recommendations:

- **Recruitment of Staff:** On interaction with various stakeholders during the visit it has been highlighted that there is shortage of medical personnel which thereby affects the overall service delivery in the district. Most of the facilities lack HR or are not available as per the IPHS norms. Various positions are not sanctioned such as District MCH Officer, Additional DMHO, District TB officer, Leprosy officer, Health & Education Officer, DIO. Besides this, staff nurses are to be filled in all the CHCs and PHCs as per the IPHS norms. Similar is the case with Medical Officers. This therefore, affects the quality of work and putting more burdens on the existing staff. Hence, it is advocated that guidelines need to be issued regarding filling the vacancies, and the positions must be filled.

- **Introduction of Transit Homes (Mother Homes):** It is advised that to reduce the number of home deliveries, the district should map and prioritize in opening of transit

homes as to eliminate the number of home deliveries that are being performed in the far-flung areas as this would eventually increase the number of institutional deliveries and avail the services in the nearby public health-care facilities.

- **Health Financing:** Timely support should be disbursed for improving the maternal and child health-care services from the state government.Furthermore,CSR aid would be of equal importance for rendering such services in the district.

- **Collaboration with Urban Local Bodies:** To improve the overall connectivity within the district in the certain pockets. It is advised that the district administration can properly co-ordinate with the urban local bodies and resolve the connectivity issue. With this, the local people may access the services with utmost ease and resolve the overall purpose.

- **Public Health Awareness:** As the districts is surrounded with some pockets of tribal population. Majority of the population are illiterates due to which it becomes difficult in communicating with them.Hence,it is suggested that with the efforts of front line workers of more awareness and innovative strategies should be planned so that awareness can be generated among the community members with regards to implementation of programmes and services that have been initiated. As this would overall improve both the health status and indicators of the district.

- **Refresher Trainings of Front-Line Workers:** Multiple training programmes are not helpful as the retention among ASHAs and ANMs is less. The focus should be more on capacity building than just simple training. As this would improve the overall community service delivery practices.There is a requirement of various different trainings such as LSCS,EmOC,and BeMOC.In addition to this,there is a need to revise the NSSK guidelines to all the MOs/SNs/ANMs followed by SBA and Skill training.On how to operate the Blood storage unit trainings are needed to impart at CHC Resubelpara.

ANNEXURE-I

Table 16: RCH Flexi-pool wise budget utilization

RCH and Health Systems Flexipool				
	Released	Utilized	% of utilization	Reasons for low utilization
Maternal Health	141.21	32.47	23.0	Insufficient withdrawal limit
Child Health	38.72	13.59	35.1	Insufficient withdrawal limit
RBSK	12.08	9.2	76.2	
Family Planning	11.92	1.44	12.1	Insufficient withdrawal limit
RKSK/AH	4.64	2.54	54.7	Insufficient withdrawal limit
PC-PNDT	0	0	0.0	N/A
Immunization	43.59	21.14	48.5	Insufficient withdrawal limit
Untied Fund	79.75	39.1	49.0	Insufficient withdrawal limit
CPHC	103.68	14.26	13.8	Insufficient withdrawal limit
Blood Services Disorders	0	0	0.0	N/A
Infrastructure	0	0	0.0	N/A
ASHAs	127.25	97.75	76.8	
HR	0	39.45	0.0	No budget allocated
Programme Management	1.88	22.49	1196.3	DPMU&BPMU mobility and Contingency booked
MMU	0	0	0.0	N/A
Referral Transport	0	0	0.0	N/A
Procurement	0	0	0.0	N/A
Quality Assurance	2.45	0.21	8.6	Insufficient withdrawal limit
PPP	0	0	0.0	N/A
NIDDCP	0	0.73	0.0	
Total	**567.17**	**294.37**	**51.9**	

Source: District Checklist, North Garo Hills (2021-22)

Table 17:Communicable Flexi-pool budget Utilization

Communicable Disease				
	Released	Utilized	%	Reasons for low utilization
IDSP	0	0	N/A	
NVBDCP	6.43	2.5	38.9	Only ASHA incentives
NLEP	3.07	1.67	54.4	
NTEP	0	0	0.0	N/A
Total	9.5	4.17	43.9	

Source: District Checklist, North Garo Hills (2021-22)

Table 18:Non-Communicable Flexi-pool Budget Utilization

Non-Communicable Disease				
	Released	Utilized	%	Reasons for low utilization
NPCB+VI	0	0	0.0	N/A
NMHP	10.1	4.17	41.3	All the program paid during the year
NPHCE	8.24	0.88	10.7	New Programme,IEC material printed
NTCP	1	5.8	100.0	Last year pending payments have been included
NPCDCS	8.24	9.8	100.0	Last year pending payments have been included
NOHP	1	0.78	78	

Total	28.58	21.43	75.0

Source: District Checklist, North Garo Hills (2021-22)

Table 19:Details of Referral Transport-Performance Indicators

Year	Ambulances Purchased	Total Cases	Pregnant Women	Accident Cases	Referral from one health facility to another
2020-21	-	2657	1757	244	30
2021-22	-	2420	1689	249	180

Source: District Checklist, North Garo Hills (2021-22)

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

List of training (to be filled as per ROP approval)	Planned	Completed
1.IUCD	01 Batch	Yes
2.NSSK	01 Batch	Yes
3.IMNCI	01 Batch	Yes
4.BeMOC	01 Batch	Yes
5.NCD VIA	02 Batches	Yes
6.NCD App	01 Batch	Yes
7.Expanded Services	01 Batch	Yes
8. PBS(ASHAs)	01 Batch	Yes
9.Leprosy Training	N/A	246 trained
10.NPHCE	01 Batch	Yes

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

Table 21: Status of health infrastructure at Community Health Centre (CHC)

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

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

Table 22: Availability of specialized services at CHC

List of services	CHC-Resubelpara
Medicine	N
O&G	N
Pediatrician	N
General Surgery	N
Anesthesiology	N
Ophthalmology	N
Dental	Y

Imaging Services (X – ray)	Y
Imaging Services (USG)	N
New-born Stabilization Unit	Y
Tele-medicine/Consultation	N
Operation theatre	Y
Availability of functional blood storage unit	N

Source: Community Health Checklist, NHM PIP Monitoring

Table 23: Human resources availability at Community Health Centre

HR Positions	CHC-Resubelpara		
	Sanction	Regular	Contractual
MO (MBBS)	07	07	-
Medicine (Specialist)	-	-	-
OB & Gy (Specialist)	-	-	-
Paediatrician (Specialist)	-	-	-
Anaesthetist (Specialist)	-	-	-
Dentist	02	02	-
Staff Nurses/ GNMs	08	08	05
LTs	03	01	-
Pharmacist	02	-	-
Dental Technician/ Hygienist	01	-	-
Hospital/ Facility Manager	-	-	-
EmOC trained doctor	-	-	-
LSAS trained doctor	-	-	-
Others	-	-	-

Source: Community Health Checklist, NHM PIP Monitoring

Table 24: Status of infrastructure, Primary Health Centre (PHC)

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

Source: Primary Health Checklist, NHM PIP Monitoring

Table 25: Human resources availability at Primary Health Centre

	PHC-Kharkutta			PHC-Mendipathar			PHC-Manikganj		
HR Positions	**San.**	**Reg.**	**Cont.**	**San.**	**Reg.**	**Cont.**	**San.**	**Reg.**	**Cont.**
MO (MBBS)	2	1	1	2	0	2	2	0	2
MO (AYUSH)	4	0	4	0	0	0	0	0	0
SNs/ GNMs	4	3	1	5	3	2	1	1	0
ANM	15	8	7	16	10	6	3	3	0
LTs	1	1	0	1	1	0	1	0	1
Pharmacist	1	1	0	1	1	0	1	0	1
LHV/PHN	0	0	0	0	0	0	1	1	0
Others	1	1	0	2	2	0	0	0	0

Source: Primary Health Checklist, NHM PIP Monitoring

Table 26: Status of health services at Primary Health Centre

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

Source: Primary Health Checklist, NHM PIP Monitoring

Table 27: Status of health services, Sub-Centre

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

Source: Sub-Centre Checklist, NHM PIP Monitoring

ANNEXURE-II

Ministry of Health & Family Welfare
Government of India

Schedule for PIP Monitoring
Key Correspondence: DPMU

A. District Profile

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

A.2. Healthcare Infrastructure		
Facility Details	**Sanctioned/ Planned**	**Operational**
1. District Hospitals		
2. Sub District Hospital		
3. Community Health Centers (CHC)		

4. Primary Health Centers (PHC)		
5. Sub Centers (SC)		
6. Urban Primary Health Centers (U-PHC)		

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

Overview: Submission & approval timelines of DHAP

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

A. Service Availability

Indicator	Remarks/ Observation
C.1. Drugs & Diagnostics	
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	
C.2. 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	
• Number of institutes with **ultrasound facilities** (Public+Private)	Public: Private:
• Of these, how many are registered under PCPNDT act	Public: Private:
C.3. National Health Programmes	
3. Pradhan Mantri Surakshit Matritva Abhiyan (PMSMA)	• No. issued MCP card and Safe Motherhood Booklet: _____ • Number of health facilities where current round of PMSMA was conducted: a. Medical College: _____ b. DH: _____ c. SDH: _____ d. CHC/UCHC: _____ e. PHC/UPHC: _____ f. Private Clinics: _____
4. Rashtriya Bal Suraksha Karyakram (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 ……
5. Special Newborn Care Units (SNCU)	• Total number of beds

Indicator	Remarks/ Observation	
	• 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 _____	
	Inborn	**Out born**
• Admissions (2021-22)		
• Defects at birth		
• Discharged		
• Referral		
• LAMA		
• Died		

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

7. Nutrition Rehabilitation Centers (NRC)	• Total Admissions (2021-22) ……
	• Discharged ……
	• Referral/ Medical transfer ……
	• LAMA ……
	• Died ……
	
	• **Admission**
	  • Bilateral pitting oedema ……
	  • MUAC<115 mm ……
	  • <'-3SD WFH ……
	  • with Diarrhea ……
	  • ARI/ Pneumonia ……
	  • TB ……
	  • HIV ……
	  • Fever ……
	  • Nutrition related disorder ……
	  • Others ……
	
	• **Admission to NRC Referred by**
	  • Frontline worker ……
	  • Self ……
	  • Ref from VCDC/ CTC ……
	  • RBSK ……
	  • Pediatric ward/ emergency ……	

8. Home Based Newborn Care (HBNC)	• **Status of availability of HBNC kit with ASHAs** **>** Total No. of ASHAs: _____ > No. of ASHAs with HBNC kits: _____ > Reasons of Non-provision:_____ _____ _____ • Total Newborns visited under HBNC: _____ • **Status of availability of drug kit with ASHAs:** > Total No. of ASHAs: _____ > No. of ASHAs with drug kits: _____ > Reasons of Non-provision:_____ _____
9. Peer Education (PE) programme (Adolescent Health) & **Weekly Iron Folic Acid Supplementation (WIFS)**	• No. of Blocks covered under Peer Education (PE) programme: …….. • No. of villages covered under PE programme: …….. • No. of Peer Educators: …….. • No. of Adolescent Friendly Clinic (AFC) meetings held: …….. • WIFS stockout: ……..
10. Mobile Medical Unit (MMU) (on the road) and micro-plan	• No. of Mobile Medical Unit (MMU) (on the road) and micro-plan _____ • MMU team Composition _____ _____ _____ • List of Services provided by MMU _____ _____ _____ • No. of **trips** per MMU/month ……. • No. of **camps** per MMU/month ……. • No. of **villages** covered ……. • Average number of **OPD** per MMU per month ……. • Average no. of **lab investigations** per MMU per month ……. • Avg. no. of **X-ray** per MMU per month ……. • Avg. no. of **blood smears collected / Rapid Diagnostic Tests (RDT) done for Malaria**, per MMU/month ……. • Avg. no. of **sputum collected** for TB detection per MMU per month ……. • Average Number of **patients referred** to higher facilities ……. • Payment pending (if any) ……. If yes, since when and reasons thereof

11. Universal health screening	• If conducted, what is the target population ……. • Number of Community Based Assessment Checklist (CBAC) forms filled till date …….
• No. of patients screened, diagnosed, and treated for: ○ Hypertension ○ Diabetes ○ Oral cancer ○ Breast Cancer ○ Cervical cancer	<table><tr><th>Screened</th><th>Diagnosed</th><th>Treated</th></tr><tr><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td></tr></table>
12. Integrated Disease Surveillance Programme (IDSP)	• Rapid Response Team (RRT) Constituted: Y/N • Team Composition: ……. • Outbreaks investigated: • 2021-21: ……. • 2021-22: ……. • Proportion (% out of total) of Pvt health facilities reporting weekly data of IDSP ……. • How is IDSP data utilized? Elaborate. _____ _____ _____

13. National Viral Hepatitis Control Program (NVHCP)	• % of health workers immunized against Hep B ……. • Number of treatment sites and Model Treatment Center (MTC) for viral hepatitis …….
14. If District notified a **State Mental Health Authority (SMHA)**	• If District notified a **State Mental Health Authority (SMHA)** ☐Yes ☐No ☐No SMHA in place ☐ No Mental Health Service or Facility in the district

15. Vehicle for Referral Transport

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

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

- **Details of Referral Transport – Performance Indicators:**

Year	Ambulances Purchased	Total Cases	Pregnant Women	Accident Cases	Referral from one health facility to another	Others
2020-21						
2021-22						

	ALS	BLS
○ Operational agency (State/ NGO/ PPP)		
○ If the ambulances are GPS fitted and handled through centralized call centre		
○ Average number of calls received per day		
○ Average number of trips per ambulance per day		
○ Average km travelled per ambulance per day		
○ Key reasons for low utilization (if any)		
• No. of transport vehicle/102 vehicle (on the road)		
○ If the vehicles are GPS fitted and handled through centralized call centre		
○ Average number of trips per ambulance per day		
○ Average km travelled per ambulance per day		
○ Key reasons for low utilization (if any) ○		

16. National Fluorosis Control Programme	• Key activities performed in 2021-22 as per ROP:
17. National Iron Deficiency Disorders Control Programme	• Key activities performed in 2021-22 as per ROP:
18. National Tobacco Control Programme	• Key activities performed in 2021-22 as per ROP:
19. National Vector Borne Disease Control Programme (NVBDCP)	• Micro plan and macro plan available at district level **Y/N** • Annual Blood Examination Rate: ○ 2019-20: ……. ○ 2020-21: ……. ○ 2021-22: ……. ○ Reason for increase/ decrease (as per the trend of last 3 years) ……. • 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 blocks achieved elimination status for Lymphatic Filariasis i.e. mf rate <1% …….
20. National Tuberculosis Elimination Programme (NTEP)	• Target TB notification achieved **Y/N** • Whether HIV Status of all TB patient is known: ☐ Yes/ ☐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 (2021-22)	• No of patients notified: ……. • Treatment success rate: ……. • No. of MDR TB Patients: ……. • Treatment initiation among MDR TB patients: …….
• Patients notification from private sector (2021-22)	• No of patients notified: ……. • Treatment success rate: ……. • No. of MDR TB Patients: ……. • Treatment initiation among MDR TB patients: ……. • Beneficiaries paid under Nikshay Poshan Yojana ☐ Yes/ ☐No • Active Case Finding conducted as per planned for the year ☐ Yes/ ☐No
21. Implementation of National Leprosy Eradication Programme (NLEP)	No. of new cases detected …… No. of G2D cases ……. MDT available without interruption **Y/N** Reconstructive surgery for G2D cases being conducted **Y/N** MCR footwear & selfcare kit avl **Y/N**

22. ASHAs	Number of ASHAs • Required as per population ……. • Selected ……. • No. of ASHAs covering more than 1500 (rural) population ……. • No. of ASHAs covering more than 3000 (urban) population ……. • Villages with no ASHA …… • Slum areas with no ASHA ……. **Status of social benefit scheme for ASHAs and ASHA Facilitators (if available)**

	• No. of **ASHAs** enrolled for Pradhan Mantri Jeevan Jyoti Bima Yojana (**PMJJBY**) …… • No. of **ASHA Facilitator** enrolled for Pradhan Mantri Jeevan Jyoti Bima Yojana (**PMJJBY**) …… • No. of **ASHAs** enrolled for Pradhan Mantri Suraksha Bima Yojana (**PMSBY**) …… • No. of **ASHA Facilitators** enrolled for Pradhan Mantri Suraksha Bima Yojana (**PMSBY**) …… • No. of **ASHAs** enrolled for Pradhan Mantri Shram Yogi Maandhan Yojana (**PMSYMY**) …… • No. of **ASHA Facilitators** enrolled for Pradhan Mantri Shram Yogi Maandhan Yojana (**PMSYMY**) …… • Any other state specific scheme_____
23. Mahila Arogya Samitis (MAS)-	**Status of Mahila Arogya Samitis (MAS)-** a. Formed b. Trained c. MAS account opened d. Samiti addresses issues related to……..
24. Village Health Sanitation and Nutrition Committee (VHSNC)	**Status of Village Health Sanitation and Nutrition Committee (VHSNC):** a. Formed: b. Trained: c. MAS account opened:
25. Kayakalp and Quality Assurance	• No. of facilities quality certified NQAS ……. LaQshya …….. • Status of Kayakalp programme- No. of awarded DH CHC PHC SC…… • Activities performed by District Level Quality Assurance Committee (DQAC) …… …… …… …… …… ……
26. Maternal and Child Health	• **Number of maternal deaths reported at:** DH: _____ SDH: _____ CHC: _____

	PHC: _____
	SC: _____
	Prime reason for the maternal death…….
	• Number of **Maternal Death Review** conducted
	  • 2020-21: _____
	  • 2021-22: _____

	• Number of Neonatal Deaths: _____
	• Number of Total Child Deaths: _____
	• **Number of Child Death Review conducted**
	  • 2020-21: _____
	  • 2021-22: _____

C.4. Healthcare Systems

27. Payment status:	**No. of beneficiaries**	**Backlog**	**DBT status**
• **JSY** beneficiaries			
• **ASHA** payment**:**			
○ A- **Routine and recurring** at increased 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			

28. Recruitment for any staff position/ cadre conducted at district level				
29. Details of recruitment	**Previous year (2020-21)**		**Current Year (2021-22)**	
	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				

30. If state has comprehensive (common for regular and contractual HR) Human Resource Information System (HRIS) in place	
31. If **grievance redressal mechanism** in place: **Y/N**	• Whether call center and toll-free number available…….. • Percentage of complains resolved out of the total complains registered in current FY……
32. Mera-Aaspatal (Attach Mera Aspataal performance report)	• Implemented in how many facilities…… DH……..CHC……PHC • Total Responses collected:

	• % reported Very Satisfied: • % reported Satisfied: • % reported not satisfied: • Total response for dis-satisfied: Dissatisfied with staff behaviors… Dissatisfied with cleanliness…… Dissatisfied with cost of treatment…… Dissatisfied with quality of treatments…….. With other reason ……

A. Implementation of CPHC

Status as on: **31st March, 2022**

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

A. Status of HRH

Status as on: _____

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

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

A. State of Fund Utilization

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

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

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

Programme Wise

Status of Expenditure (Financial year 2021-22):

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

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

A. Status of trainings

Status as on:_____

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

Date: **Name:**

Signature: **Designation:**

Ministry of Health & Family Welfare
Government of India

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

Service Delivery:

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

Indicator	Remarks/ Observation
OPD Timing	
Condition of infrastructure/ building Please comment on the condition and tick the appropriate box	**Comments:** ☐ 24*7 running water facility ☐ Facility is geriatric and disability friendly (ramps etc.) ☐ Clean functional toilets available (separate for Male and female) ☐ Drinking water facility available ☐ OPD waiting area has sufficient sitting arrangement ☐ ASHA rest room is available ☐Drug storeroom with rack is available Power backup: ☐ Complete Hospital/ ☐ Part of the hospital Last major renovation done in (Year): _____
Number of functional in-patient beds	_____ No of ICU Beds available:
List of Services available	

<table>
<tr><th>Indicator</th><th>Remarks/ Observation</th></tr>
<tr><td>Specialized services available in addition to General OPD, ANC, Delivery, PNC, Immunization, FP, Laboratory services</td><td>
<table>
<tr><th>Sl.</th><th>Service</th><th>Y/N</th></tr>
<tr><td>1</td><td>Medicine</td><td></td></tr>
<tr><td>2</td><td>O&G</td><td></td></tr>
<tr><td>3</td><td>Pediatric</td><td></td></tr>
<tr><td>4</td><td>General Surgery</td><td></td></tr>
<tr><td>5</td><td>Anesthesiology</td><td></td></tr>
<tr><td>6</td><td>Ophthalmology</td><td></td></tr>
<tr><td>7</td><td>Dental</td><td></td></tr>
<tr><td>8</td><td>Imaging Services (X – ray)</td><td></td></tr>
<tr><td>9</td><td>Imaging Services (USG)</td><td></td></tr>
<tr><td>10</td><td>District Early Intervention Centre (DEIC)</td><td></td></tr>
<tr><td>11</td><td>Nutritional Rehabilitation Centre (NRC)</td><td></td></tr>
<tr><td>12</td><td>SNCU/ Mother and Newborn Care Unit (MNCU)</td><td></td></tr>
<tr><td>13</td><td>Comprehensive Lactation Management Centre (CLMC) / Lactation Management Unit (LMU)</td><td></td></tr>
<tr><td>14</td><td>Neonatal Intensive Care Unit (NICU)</td><td></td></tr>
<tr><td>15</td><td>Pediatric Intensive Care Unit (PICU)</td><td></td></tr>
<tr><td>16</td><td>Labour Room Complex</td><td></td></tr>
<tr><td>17</td><td>ICU</td><td></td></tr>
<tr><td>18</td><td>Dialysis Unit</td><td></td></tr>
<tr><td>19</td><td>Emergency Care</td><td></td></tr>
<tr><td>20</td><td>Burn Unit</td><td></td></tr>
<tr><td>22</td><td>Teaching block (medical, nursing, paramedical)</td><td></td></tr>
<tr><td>22</td><td>Skill Lab</td><td></td></tr>
</table>
</td></tr>
<tr><td>Emergency</td><td>General emergency:
or
facilities available for:
1. Triage
2. Resuscitation
3. Stabilization</td></tr>
<tr><td>Tele-medicine/Consultation services available</td><td>☐ Yes/ ☐No

If yes, average cases per day_____</td></tr>
<tr><td>Operation Theatre available</td><td>☐ Yes/ ☐No
If yes,
Single general OT:
Elective OT-Major (General):
Elective OT-Major (Ortho):
Obstetrics & Gynecology OT:
Ophthalmology/ENT OT:
Emergency OT:
Others:</td></tr>
</table>

<table>
<tr><th>Indicator</th><th>Remarks/ Observation</th></tr>
<tr><td>Availability of functional Blood Bank</td><td>☐ Yes/ ☐No
If yes, number of units of blood currently available: _____
No. of blood transfusions done in last month: _____

If No, availability of blood storage unit:----------</td></tr>
<tr><td>Whether blood is issued free, or user-fee is being charged</td><td>☐Free for BPL
☐Free for elderly
☐Free for JSSK beneficiaries
☐Free for all</td></tr>
<tr><td>Biomedical waste management practices</td><td>1. Sharp pit
2. Deep Burial pit
3. Incinerator
4. Using Common Bio Medical Treatment plant
5.Other</td></tr>
<tr><td>Details of HR available in the facility (Sanctioned and In-place)</td><td>
<table>
<tr><th colspan="2">HR</th><th>San.</th><th>Regular</th><th>Cont.</th></tr>
<tr><td colspan="2">MO (MBBS)</td><td></td><td></td><td></td></tr>
<tr><td rowspan="10">Specialist</td><td>Medicine</td><td></td><td></td><td></td></tr>
<tr><td>ObGy</td><td></td><td></td><td></td></tr>
<tr><td>Pediatrician</td><td></td><td></td><td></td></tr>
<tr><td>Anesthetist</td><td></td><td></td><td></td></tr>
<tr><td>Surgeon</td><td></td><td></td><td></td></tr>
<tr><td>Ophthalmologist</td><td></td><td></td><td></td></tr>
<tr><td>Orthopedic</td><td></td><td></td><td></td></tr>
<tr><td>Radiologist</td><td></td><td></td><td></td></tr>
<tr><td>Pathologist</td><td></td><td></td><td></td></tr>
<tr><td>Others</td><td></td><td></td><td></td></tr>
<tr><td colspan="2">Dentist</td><td></td><td></td><td></td></tr>
<tr><td colspan="2">Staff Nurses/ GNMs</td><td></td><td></td><td></td></tr>
<tr><td colspan="2">LTs</td><td></td><td></td><td></td></tr>
<tr><td colspan="2">Pharmacist</td><td></td><td></td><td></td></tr>
<tr><td colspan="2">Dental Technician/ Hygienist</td><td></td><td></td><td></td></tr>
<tr><td colspan="2">Hospital/ Facility Manager</td><td></td><td></td><td></td></tr>
<tr><td colspan="2">EmOC trained doctor</td><td></td><td></td><td></td></tr>
<tr><td colspan="2">LSAS trained doctor</td><td></td><td></td><td></td></tr>
<tr><td colspan="2">Others</td><td></td><td></td><td></td></tr>
</table>
</td></tr>
<tr><td>IT Services</td><td>Desktop/ Laptop available: ☐Yes/ ☐No
Internet connectivity: ☐Yes/ ☐No
Quality/strength of internet connection: _____</td></tr>
<tr><td>Kayakalp
(for year 2021-22)</td><td>Initiated:
Facility score:
Award received:</td></tr>
<tr><td>NQAS
(for year 2021-22)</td><td>Assessment done: Internal/State
Facility score:
Certification Status:</td></tr>
<tr><td>LaQshya</td><td>Labour Room:
Operation Theatre:</td></tr>
<tr><td rowspan="2">Availability of list of essential medicines (EML)/ drugs (EDL)</td><td>☐Yes/ ☐No</td></tr>
<tr><td>If yes, total number of drugs in EDL_____

EDL displayed in OPD Area: ☐Yes/ ☐No</td></tr>
</table>

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

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

Indicator	Remarks/ Observation
	☐No user charges
PMSMA services provided on 9th of every month	☐Yes/ ☐No If yes, how are high risks identified on 9th? If No, reasons thereof:
Line listing of high-risk pregnancies	☐Yes/ ☐No
Practice related to Respectful Maternity Care	
Whether facility have registers for entering births and deaths	☐Yes/ ☐No
Number of Maternal Death reported in the facility	Previous year: (2020-21) Current year: (2021-22)
Number of Child Death reported in the facility	Previous year: (2020-21) Current year: (2021-22)
If Comprehensive Abortion Care (CAC) services available	☐Yes/ ☐No
Availability of vaccines and hub cutter	☐Yes/ ☐No Nurses/ ANM aware about open vial policy: ☐Yes/ ☐No
Number of newborns immunized with birth dose at the facility in last 3 months	
Newborns breastfed within one hour of birth (observe if practiced and women are being counselled)	
Status of functionality of DEIC	☐Fully functional with all staff in place ☐Functional with few vacancies (approx. 20%-30%) ☐Functional with more than 50% vacancies ☐Not functional/ All posts vacant
Number of sterilizations performed in last one month	Male: Female:
Availability of trained provider for IUCD/ PPIUCD	☐Yes/ ☐No
Who counsels on FP services?	
Please comment on utilization of other FP services	
FPLMIS has been implemented	☐Yes/ ☐No
Availability of functional Adolescent Friendly Health Clinic	☐Yes/ ☐No If yes, who provides counselling to adolescents: _____ Separate male and female counselors available: ☐Yes/ ☐No Total No of Adolescents counseled in last 6 months___
Whether facility has fixed day NCD clinic	☐Yes/ ☐No If Yes, how many days in a week: _____ days
Are service providers trained in cancer services?	☐Yes/ ☐No

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

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

Ministry of Health & Family Welfare
Government of India

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

Service Delivery:

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

Sl.	Service	Y/N
1	Medicine	

	2	O&G		
	3	Pediatric		
	4	General Surgery		
	5	Anesthesiology		
	6	Ophthalmology		
	7	Dental		
	8	Imaging Services (X – ray)		
	9	Imaging Services (USG)		
	10	Newborn Stabilization Unit		

If any of the specialists are available 24*7	☐ Yes available ☐ Yes, available only on-call ☐ Not available
Emergency	General emergency: or facilities available for: 1. Triage 2. Resuscitation 3. Stabilization
Tele-medicine/Consultation services available	☐ Yes/ ☐No If yes, average case per day_____
Operation Theatre available	☐ Yes/ ☐No If yes, Major: Minor:
Availability of functional Blood Storage Unit	☐ Yes/ ☐No If yes, number of units of blood currently available: _____ No. of blood transfusions done in last month: _____
Whether blood is issued free, or user-fee is being charged	☐Free for BPL ☐Free for elderly ☐Free for JSSK beneficiaries ☐Free for all
Biomedical waste management practices	Sharp pit: Deep Burial pit: Other System, if any:

Details of HR available in the facility (Sanctioned and In-place)

HR		San.	Reg.		Cont.
MO (MBBS)					
Specialists	Medicine				
	ObGy				
	Pediatrician				
	Anesthetist				
Dentist					
SNs/ GNMs					
LTs					
Pharmacist					
Dental Assistant/ Hygienist					
Hospital/ Facility Manager					

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

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

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

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

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

Key challenges in the facility and the root causes	
Challenge	Root causes

Ministry of Health & Family Welfare
Government of India

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

Service Delivery:

Name of facility visited	
Facility Type	☐ PHC/ ☐ U-PHC
Whether the facility has been converted to HWC	☐ Yes/ ☐No
Standalone/ Co-located	☐ Standalone/ ☐Co-located Co-located with (if applicable):
Accessible from nearest road head	☐ Yes/ ☐No
Date of Visit	
Next Referral Point	Facility: Distance:

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

<table>
<tr><td>8. Biomedical waste management practices</td><td>Sharp pit:
Deep Burial pit:
Other System, if any:</td></tr>
<tr><td>9. Details of HR available in the facility (Sanctioned and In-place)</td><td>
<table>
<tr><td>HR</td><td>San.</td><td>Reg.</td><td>Cont.</td></tr>
<tr><td>MO (MBBS)</td><td></td><td></td><td></td></tr>
<tr><td>MO (AYUSH)</td><td></td><td></td><td></td></tr>
<tr><td>SNs/ GNMs</td><td></td><td></td><td></td></tr>
<tr><td>ANM</td><td></td><td></td><td></td></tr>
<tr><td>LTs</td><td></td><td></td><td></td></tr>
<tr><td>Pharmacist</td><td></td><td></td><td></td></tr>
<tr><td>Public Health Manager (NUHM)</td><td></td><td></td><td></td></tr>
<tr><td>LHV/PHN</td><td></td><td></td><td></td></tr>
<tr><td>Others</td><td></td><td></td><td></td></tr>
</table>
</td></tr>
<tr><td>10. IT Services</td><td>• Desktop/ Laptop available: ☐Yes/ ☐No
• All ANMs have functional Tablets: ☐Yes/ ☐No
• Smart phones given to all ASHAs: ☐Yes/ ☐No
• Internet connectivity: ☐Yes/ ☐No
Quality/strength of internet connection: _____</td></tr>
<tr><td>11. Kayakalp (2021-22)</td><td>Initiated:
Facility score:
Award received:</td></tr>
<tr><td>12. NQAS (2021-22)</td><td>Assessment done: Internal/State
Facility score:
Certification Status:</td></tr>
<tr><td rowspan="2">13. Availability of list of essential medicines (EML)/ drugs (EDL)</td><td>☐Yes/ ☐No</td></tr>
<tr><td>If yes, total number of drugs in EDL_____

EDL displayed in OPD Area: ☐Yes/ ☐No

No. of drugs available on the day of visit (out of the EDL) _____</td></tr>
<tr><td>14. Implementation of DVDMS or similar supply chain management system</td><td>☐Yes/ ☐No

If other, which one_____</td></tr>
<tr><td>15. Shortage of 5 priority drugs from EDL in last 30 days, if any</td><td>
<table>
<tr><td>1</td><td></td></tr>
<tr><td>2</td><td></td></tr>
<tr><td>3</td><td></td></tr>
<tr><td>4</td><td></td></tr>
<tr><td>5</td><td></td></tr>
</table>
</td></tr>
<tr><td>16. Drugs Available for Hypertension & Diabetic patients:</td><td>
<table>
<tr><td>1</td><td></td></tr>
<tr><td>2</td><td></td></tr>
<tr><td>3</td><td></td></tr>
</table>
</td></tr>
<tr><td>17. Shortage of sufficient number of Hypertension & Diabetic in last 7 days</td><td>
<table>
<tr><td>1</td><td></td></tr>
<tr><td>2</td><td></td></tr>
<tr><td>3</td><td></td></tr>
</table>
</td></tr>
</table>

18. Availability of Essential Consumables:	☐Sufficient Supply ☐Minimal Shortage ☐Acute shortage In last 6 months how many times there was shortage_____ (Also list the consumables for which there was shortage)
19. Availability of essential diagnostics	☐In-house ☐Outsourced/ PPP ☐Both/ Mixed
• In-house tests **For 2021-22**	Timing: Total number of tests performed: _____ Details of tests performed:
• Outsourced/ PPP **For 2021-22**	Timing: Total number of tests performed: _____ Details of tests performed:
20. X-ray services is available	☐Yes/ ☐No If Yes, type & nos. of functional X-ray machine is available in the hospital: Is the X-ray machine AERB certified: ☐Yes/ ☐No
21. Whether diagnostic services (lab, X-ray etc.) are free for all	☐Free for BPL ☐Free for elderly ☐Free for JSSK beneficiaries ☐Free for all
22. Availability of Testing kits/ Rapid Diagnostic Kits	☐Sufficient Supply ☐Minimal Shortage ☐Acute shortage
23. If there is any shortage of major instruments/ equipment	List of Equipment
24. Average downtime of equipment. Details of equipment are nonfunctional for more than 7 days	
25. Availability of delivery services	☐Yes/ ☐No
• If yes, details	Comment on condition of labour room: Functional New-born care corner (functional radiant warmer with neo-natal ambu bag): ☐ Yes/ ☐ No
26. Status of JSY payments	Payment is up to date: ☐Yes/ ☐No Average delay: Payment done till: Reasons for delay:

27. Availability of JSSK entitlements	☐Yes/ ☐No If yes, whether all entitlements being provided ☐Free delivery services (Normal delivery/ C-section) ☐Free diet ☐Free drugs and consumables ☐Free diagnostics ☐Free blood services ☐Free referral transport (home to facility) ☐ Free referral transport (drop back from facility to home) ☐No user charges
28. Line listing of high-risk pregnancies	☐Yes/ ☐No
29. Number of normal deliveries in last three month	
30. Availability of Daksh/ Dakshta trained/SBA trained MO/SN/ANM in Labour Room	☐Yes ☐No
31. Practice related to Respectful Maternity Care	
32. Number of Maternal Death reported in the facility	Previous year:2020-2021 Current FY:2021-2022
33. Number of Child Death reported in the facility	Previous year: Current year:
34. Availability of vaccines and hub cutter	☐Yes/ ☐No Nurses/ ANM aware about open vial policy: ☐Yes/ ☐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	☐Yes/ ☐No
39. Who counsels on FP services?	
40. Please comment on utilization of other FP services	
41. FPLMIS has been implemented	☐Yes/ ☐No
42. Availability of functional Adolescent Friendly Health Clinic	☐Yes/ ☐No If yes, who provides counselling to adolescents: _____ Separate male and female counselors available: ☐Yes/ ☐No

43. Whether facility has fixed day NCD clinic	☐Yes/ ☐No If Yes, how many days in a week: _____ days		
44. Are service providers trained in cancer services?	☐Yes/ ☐No		
45. Number of individuals screened for the following in last 6 months:		**Screened**	**Confirmed**
	a. Hypertension		
	b. Diabetes		
	c. Oral Cancer		
	d. Breast Cancer		
	e. Cervical Cancer		
46. Whether wellness activities are performed	☐Yes/ ☐No Frequency:		
47. Whether reporting weekly data in P and L form under IDSP	☐Yes/ ☐No		
48. Distribution of Long lasting Insecticidal nets (LLIN) in high-risk areas	No. of LLIN distributed per household: ☐1 per family/ ☐Others (Specify): _____		
49. Status of TB elimination programme	Facility is designated as Designated Microscopy Centre (DMC): ☐Yes/ ☐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: ☐Yes/ ☐No If yes, are there any patients currently taking anti-TB drugs from the facility: ☐Yes/ ☐No		
	Percent of patients tested through CBNAAT/TruNat for Drug resistance in the last 6 months _____		
	Is there a sample transport mechanism in place for: • investigations within public sector for TB testing? ☐Yes/ ☐No • investigations within public sector for other tests? ☐Yes/ ☐No • outsourced testing? ☐Yes/ ☐No		
	Are all TB patients tested for HIV? ☐Yes/ ☐No Are all TB patients tested for Diabetes Mellitus: ☐Yes/ ☐No		
	Percent of TB Patients for whom DBT installments have been initiated under Nikshay Poshan Yojana in the last 6 months:		
50. Status on Leprosy eradication programme	Nos. of new case detected by Field Worker in last 12 months: Out of those, how many are having Gr. II deformity: Frequency of Community Surveillance:		
51. Maintenance of records on	• TB Treatment Card cases (both for drug sensitive and drug resistant cases): ☐Yes/ ☐No • TB Notification Registers: ☐Yes/ ☐No • Malaria cases: ☐Yes/ ☐No • Palliative cases: ☐Yes/ ☐No • Cases related to Dengue and Chikungunya: ☐Yes/ ☐No • Leprosy cases: ☐Yes/ ☐No		
52. How much fund was received and utilized by the facility under NHM?	Fund Received last year: Fund utilized last year:		
	Items/ Activities whose expenditure is met out of the RKS/ Untied Fund regularly:		

	Reasons for underutilization of fund (if any)
53. Status of data entry in (match with physical records)	HMIS: ☐Updated/ ☐Not updated MCTS: ☐Updated/ ☐Not updated IHIP: ☐Updated/ ☐Not updated HWC Portal: ☐Updated/ ☐Not updated Nikshay Portal: ☐Updated/ ☐Not updated
54. Frequency of RKS meeting (check and obtain minutes of last meeting held)	
55. Availability of ambulance services in the area	☐PHC own ambulance available Number_____ ☐PHC has contracted out ambulance services Number_____ ☐Ambulances services with Centralized call centre ☐Government ambulance services are not available
	Comment (if any):
• How many cases from sub centre were referred to this PHC last month?	Number: Types of cases referred in:
• How many cases from the PHC were referred to the CHC last month?	Number: Types of cases referred out:
56. Key challenges in the facility and the root causes	
Challenge	**Root causes**
a)	
b)	
c)	
d)	
e)	
Only for U-PHC	
57. Population enumeration initiated for slum population	☐Not yet initiated ☐Initiated ☐Completed

58. Number of CBAC forms filled (NUHM)	
59. Is Specialist services provided at U-PHC?	☐Yes/ ☐No
	If yes, specialist services are provided through: ☐Teleconsultation/ ☐Clinic Schedule: ☐Fixed/ ☐Rotational Type of specialist services available: ☐OBGY, ☐Pediatrics, ☐Medicine, ☐Dermatology, ☐Ophthalmology, Others_____
60. UHNDs Conducted:	☐Yes/ ☐No If yes, no. of UHND conducted per month_____
61. Special Outreach camps conducted:	☐Yes/ ☐No If yes, no. of UHND conducted during last quarter_____ Type of specialties provided during special outreach camps: _____