



Ministry of Health & Family Welfare
Government of India



A REPORT ON MONITORING OF IMPORTANT COMPONENTS OF NHM PROGRAMME IMPLEMENTATION IN NORTH TRIPURA DISTRICT, TRIPURA



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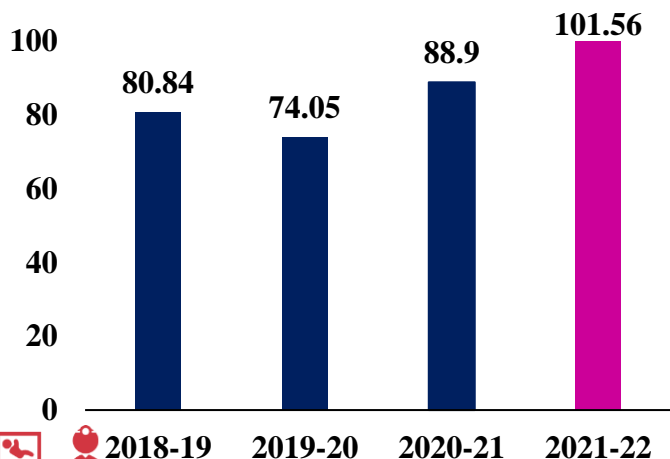
LIST OF ABBREVIATIONS

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

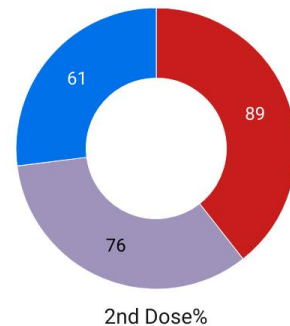
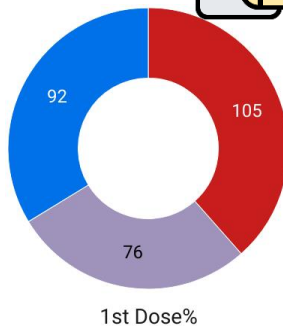
NORTH TRIPURA DISTRICT HIGHLIGHTS



Full Registration Target Achieved



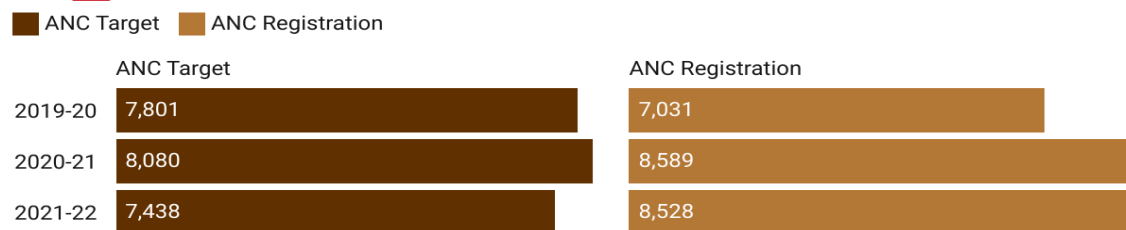
COVID Vaccination Target



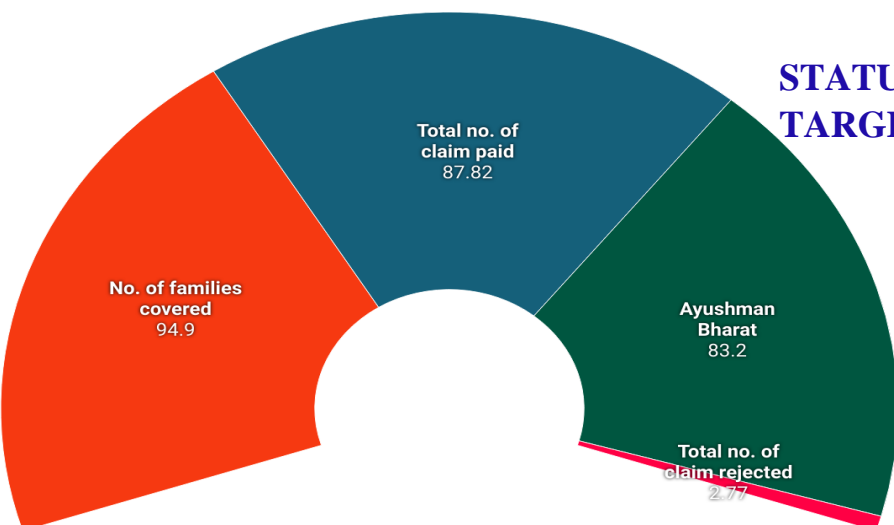
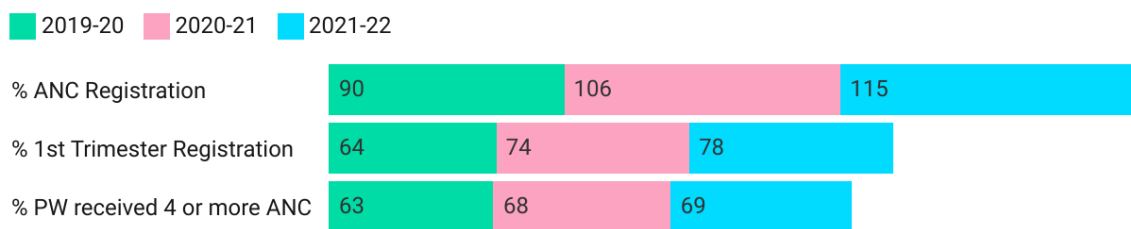
■ 60 Above
■ 45-59 years
■ 18-44 years



ANC REGISTRATION



ANC REGISTRATION TARGET ACHIEVED



STATUS of AB-PMJAY TARGET ACHIEVED

KEY POINTS

- In the last financial year 25 nos. of club foot patients were screened and referred to the Club Foot clinic at District Hospital, North Tripura.
- Among the patients 13 cases were completely cured, rest of the Club foot patients are under the treatment process.
- Every month at PHC level district is organizing health leprosy and cancer training special camps in the district.
- In the district 15 institutions won 8 Kayakalp awards and 2 NQAS awards.
- Out of 17 institutions, 16 institutions actively working on AYUSHMAN Bharat.
- In the last financial year 101% RI target was achieved in North Tripura.
- All PHC and SC converted into HWC in the district.
- Many times North Tripura won 1st and 2nd prize for TB screening in the State.
- After every 10 months, there is a special drive for the miss out TB patients.
- 3rd week of every month the district perform BCG vaccination drive at PHC level and last 3 days of every month are for drop-out and left over drive.
- ASHA's TA and DA must be increased because, in some areas, they are spending their own money while travelling



EXECUTIVE SUMMARY

The Ministry of Health and Family Welfare (MoHFW), Government of India has assigned Population Research Centre (PRC) the task of quality monitoring of essential component of National Health Mission (NHM) State Programme Implementation Plan for the year 2022-23. This report of Population Research Centre, Institute of Economic Growth, PRC- IEG Delhi presents the key findings from the concurrent monitoring of essential components under NHM in North Tripura. The report provides 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 care facilities visited by the PRC-IEG Team: DH North Tripura, CHC Kadamtala, CHC Ananda Bazar, PHC Sanicherra, PHC Laljuri, PHC Jampui, and SC Sripur. Meetings were held with the Chief Medical Officer (CMO) and the nodal programme officers, the Block Medical Officer-in-Charge (MOIC), facility (MOs, CHO, ANMs, etc.) and community level health care providers (ASHAs, Anganwadi workers etc.) and other supporting staff. Interactions were conducted to understand the strengths and weakness of the facilities in service provisioning. Health Management System (HMIS) data was verified for the District Hospital Ranking data validation purposes.



KEY CHALLENGES



It is urgently necessary to start MAYER Ghar in the Jampui block of North Tripura because the area is geographically hilly and the beneficiary will find it very challenging to get to the facility at the time of delivery.



Cases are referred to Agartala because there is no functioning NRC and DEIC in the North Tripura district.



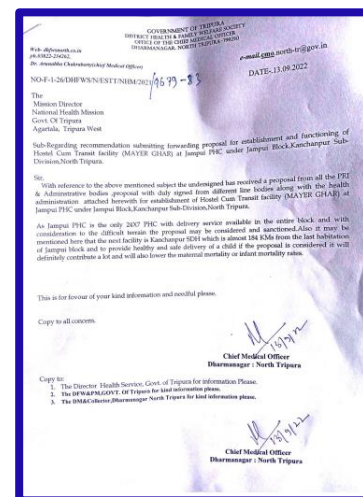
In Jampui, Jamsherra, Kanchanpur and Kadamtala blocks drug addiction is at its highest level. And in Tripura State, North Tripura district has among of the highest rates of AIDS, HIV and tobacco users.



There is no AFHC in the district. Despite the fact that AFHC has received two times sanctioned budget in PIP funding, due to a lack of space, District Hospital does not have a dedicated area for the clinic.



There are about 18000 “Young Refugee Camps” residents from Mizoram who are coming and settling here. They lack in any sort of documentation. However, they continue to receive ration.



Since they lack in Aadhar card, it is very difficult for district to create an AYUSHMAN Bharat card for them.



People in tea garden areas lack in Aadhar cards and other necessary paperwork. In essence, they don't have any official documentation that can be used to generate an e-card. The management cannot generate their e-cards without any legitimate documentation. The district wants the administration to take the initiative to fix the problem.



Since no training is currently being conducted for CBNNAT to ASHA, CBNAAT forms are not being in the process.



The district has the highest percentage of migrant residents. At the age, between 12-14 years, there are a disproportionately high number of teenage marriages and pregnancies. Most home deliveries are made to people who reside in the mountainous terrain. In the Muslim community child preference is still there, and the standard family size is 5 to 6 children.



Staff nurses are not eager to participate in the programme, and MOs are ineffective. MOs and the staff nurses need to move their attitudes.



In North Tripura district 2.84 lakh people have taken 1st dose which is approx. 105% dose, for 2nd dose 2.60 lakh population got their dose which is around 89% and for the precaution dose only 46000 have taken the dose. Due to the migratory population entering and leaving Assam, there is a decrease in the second and precaution dose. As a result, it is exceedingly difficult to preserve their records. The migratory from Mizoram population, which is close to 70000, are unwilling to receive the COVID vaccine. Although camps have been completed and all available solutions have been explored, the migrants are still not willing to take the vaccine.



In the North Tripura district, there is a huge shortage of MCP cards.



The contractor deducts 2000 from the sweeper's 6,000 monthly income, leaving them with only 4000, which means there is no one willing to perform the work in the district hospital.



There is a Salary Dispensary, and new hires get paid more than those who have held the same post for the last five-seven years. It is being thought about "Equal work equal pay policy should implement at all level". There shouldn't be any prejudice. The NHM staff works tirelessly till midnight, whether at the office or at home. NHM employees are given a rigorous task and are paid less than grade IV employees.



CHAPTER-1 INTRODUCTION

1.1 Background and Objectives

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 work, 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 Tripura District of Tripura.

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



The report is prepared on the basis of field – based observations and visits to the following public health facilities in North Tripura: District Hospital North Tripura, CHC Kadamtala, CHC Ananda Bazar, PHC Sanicherra, PHC Laljuri, PHC Jampui, and SC Sripur. Structured checklists were used to collect information on various parameters such as human resources, infrastructure, funds utilization, training, health care services including drugs and equipments, disease control programmes and other programmes under the ambit of NHM including the National Urban Health Mission (NUHM) 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. Besides this, Health Management Information System (HMIS) data was also verified for the District Hospital Ranking data validation purposes.

The health care facilities visited to accomplish the objective of the visits are enlisted in the table below:

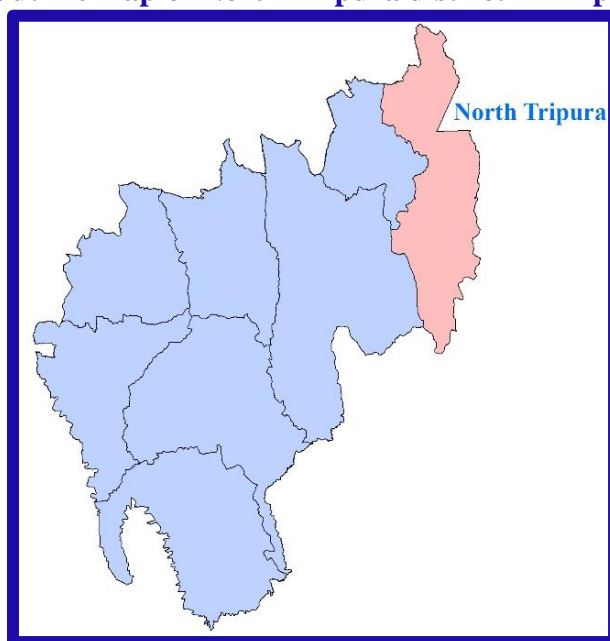
Table 1: List of health care facilities visited in North Tripura, Tripura

Facility Type	Name of the Facility
District Hospital (DH)	District Hospital North Tripura
Community Health Centre (CHC)	Kadamtala
Community Health Centre (CHC)	Ananda Bazar
Primary Health Centre (PHC)	Jampui
Primary Health Centre (PHC)	Sanicherra
Primary Health Centre (PHC)	Laljuri
Sub-Centre (SC)	Sripur

1.2. Demographic profile

The district came into existence on 1 September 1970, when the entire state was divided into three districts. The undivided district headquarter was located at Udaipur. The newly establish South Tripura District was inaugurated on 6th January, 2012, by Manik Sarkar, former Chief Minister, Tripura. The district headquarter is located at Belonia, South Tripura. District has three sub divisions (Belonia, Sabroom and Santirbazar). The district resides in two Lok Sabha constituencies: Tripura West (shared with West Tripura district) and Tripura East (shared with Dhalai and North Tripura districts). It is bounded by Bangladesh on south, east and west sides, by west Tripura district on north and northwestern sides and by Dhalai district on northeast side. Figure 1 shows the district map of Tripura with North Tripura as one of the eight districts in the State.

Figure 1: Outline map of North Tripura district in Tripura



Not to Scale

In Tripura, there are 58 blocks and 856 villages. Out of which 8 blocks and 129 villages are in North Tripura district. As per Census 2011, Tripura has population of 36.74 lakh. Total population of Tripura as per 2011 census is 3673917 of which male and female are 1874376 and 1799541 respectively. In 2011, South Tripura had population of 876001 of which male and female were 447544 and 428457 respectively. The district demographic profile shows the population estimation according to the 2011 census. Table-A.1 shows the main demographic indicators scenario of the North Tripura District, Tripura & India (Refer Annexure-1).

Population living in urban areas is 961453 and population of rural areas of Tripura state was 2712464. In total 123031 people lives in urban areas and are 752970 in rural areas of South Tripura district of Tripura. The total population growth of Tripura in this decade was 14.84 percent and in South Tripura was 14.15 percent. Density of Tripura is 350 per sq. km and in South Tripura is 287 per sq. km. In actual numbers, total literates in Tripura stands at 2804783 of which males were 1501369 and females were 1303414. In total, 646810 people were literate of which males and females were 351082 and 295728 respectively in South Tripura district. Sex Ratio in Tripura is 960 i.e. for each 1000 male, which is below national average of 940 as per census 2011. For child (0-6) sex ratio is 957 girls per 1000 boys. Sex Ratio in South Tripura, it stood at 957 per 1000 male. The average national sex ratio in India is 940 as per latest reports of Census 2011 Directorate. In 2011 census, child sex ratio is 951 girls per 1000 boys.

1.3. HMIS Service Delivery Indicators

In North Tripura, out of the total number of pregnant women who registered for ANC, 86 percent of them were registered in the first trimester. Percentage of pregnant women who underwent 4 or more ANC check-ups to total ANC registration is 75.1 percent. IFA supplementation was given to 71.7 percent of all women who registered for ANC while 360 Calcium tablets were distributed to total ANC registrations which is 25.8 percent.

In North Tripura district it was observed that none of the home deliveries were attended by the SBA. Institutional deliveries are an important initiative by NHM for both mother and child care. It was found that 98.2 percent of all deliveries were observed to be institutional deliveries. With regards to Post Natal Care, 99.6 percent of the newborns were breast fed within 1 hour of delivery and 10.1 percent of newborns weighted less than 2.5 kgs at birth. Female sterilization (Tubectomies) as a method of permanent family planning dominates the statistics with 100 percent of all sterilization conducted in 2021-22 in North Tripura. Total Sterilization Conducted was 232 in the district. The district reported a total of 01 maternal death and child death, 37 still births and 41 infant deaths in the year 2021-22.

Table 2: Health Care Service Delivery Indicators of North Tripura District, Tripura, 2021-22

Maternal Health-Delivery Care	Tripura	North Tripura
% of beneficiaries registered for 1st trimester to total ANC registration	75.2	85.8
% Pregnant Women received 4 or more ANC checkups to Total Registration	79.5	69.7
% Pregnant women given 180 IFA to Total ANC Registrations	69.2	71.7
% Pregnant women given 360 Calcium tablets to Total ANC Registrations	21.3	25.8
% SBA attended Home Deliveries to Total Reported Home Deliveries	2.0	0.0
% of Institutional Deliveries to Total Reported Deliveries	90.1	98.2
% Institutional Deliveries to total ANC Registrations	78.9	67.7
% C-section Deliveries to reported Institutional Deliveries	25.9	7.1
% Women getting 1 st Post-Partum Check-up after delivery	5.1	1.5
2. Newborn and Child Health		
% Newborn weighed at Birth to Live Birth	99.3	100.1
% Newborn breast fed within 1 hour of birth to Total Live Birth	97.2	99.6
% of newborns having weight less than 2.5 kg to total live birth	11.2	10.1
% of children discharged with target weight gain from NRC	34.0	0.0
Number of Fully Immunized children (9-11 months)	48752	5783
3. Family Planning		
Number of emergency contraceptive pills distributed	5592	1378
% Female Sterilization to Total sterilization	99.2	100.0
% of IUCD insertion to total institutional deliveries	0.7	3.7
Total Sterilization conducted	2874	232
4. Mortality Indicators		
Maternal Death	88	01
Child Death	64	01
Infant Death	261	41
Still Birth	868	37

Source: HMIS Standard Reports, 2021-22



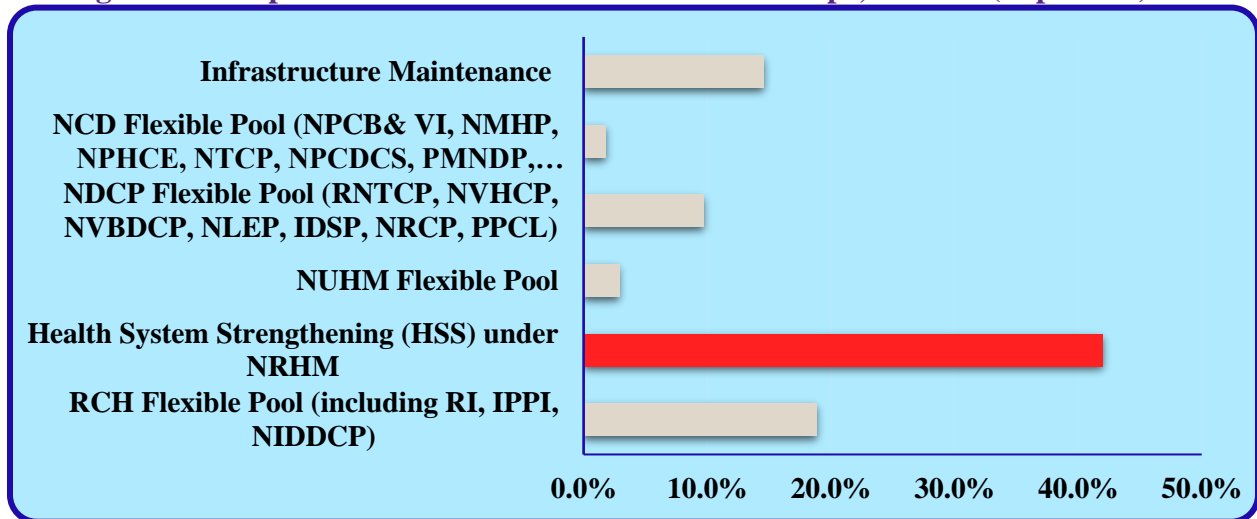
CHAPTER 2 PUBLIC HEALTH FINANCING

NHM is one of the most important initiatives of the GOI that visualize 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, NHM North Tripura

For the financial year (FY) 2021-22, against a resource envelope of 264.69 Crore (calculated assuming state share of 10%), Tripura received administrative approval for an amount of Rs. 288.56 Crore (excluding IM and Immunization Kind Grants). The resource envelope for FY 2021-22 consists of union government's support of Rs. 170.69 Crore for flexible pool allocation including cash and kind, Rs. 28.92 Crore for incentive pool based on last year's performance and Rs. 38.61 Crore for infrastructure maintenance. The total support from Government of India is Rs. 238.22 Crore whereas the state share of 10% works out to be Rs. 26.47 Crore and the total resource envelope out to be Rs. 264.69 Crore.

Figure 2: Flexipool-wise share of State Resource Envelope, 2021-22 (in percent)



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

Figure 2 shows percentage distribution of budget allocations from the resource envelope according to Flexipool. It was observed that 18.9 percent of the budget is allocated for RCH Flexible Pool (including RI, IPPI, NIDDCP), 42 percent is allocated for Health System Strengthening (HSS) under NHM. The GOI contribution towards NUHM Flexible Pool, NDCP Flexible Pool and NCD Flexible Pool is 2.9 percent, 9.7 percent and 1.8 percent respectively. Finally, about 15 percent of

the GOI contribution under the total resource envelope is allocated towards infrastructure maintenance.

Table 3: Breakup of resource envelope, NHM FY 2021-22, Tripura

S.No.	Particulars	Amount (GoI Share)	Percent (GOI Share)	State share
1	RCH Flexible Pool (including RI, IPPI, NIDDCP)	50.14	18.9%	
(i)	RCH Flexible Pool (including RI, IPPI, NIDDCP) Cash Grant Support	36.91	-	
(ii)	RCH Flexible Pool (Kind Grant Support under Immunization) as per FY 2019-20	13.23	-	
2	Health System Strengthening (HSS) under NRHM	111.12	42%	
(i)	Other Health system Strengthening covered under NRHM	92.84	-	
(ii)	Comprehensive Primary Health Care under HSS	11.34	-	
(iii)	Additional ASHA Benefit Package including support to ASHA facilitators	6.94	-	
	Total NRHM-RCH Flexible Pool	161.26	-	
3	NUHM Flexible Pool	7.80	2.9%	
(i)	Health System Strengthening covered under NUHM (excluding CPHC)	5.85	-	26.47
(ii)	Comprehensive Primary Health Care under NUHM	1.95	-	
4	NDCP Flexible Pool (RNTCP, NVHCP, NVBDCP, NLEP, IDSP, NRCP, PPCL)	25.70	9.7%	
(i)	NVBDCP	12.23	-	
(ii)	RNTCP	11.35	-	
(iii)	NVHCP	0.93	-	
(iv)	NLEP	0.22	-	
(v)	IDSP	0.50	-	
(vi)	National Rabies Control Programme (NRCP)	0.47	-	
(vii)	Programme for Prevention and Control of Leptospirosis (PPCL)	-	-	
5	NCD Flexible Pool (NPCB& VI, NMHP, NPHCE, NTCP, NPCDCS, PMNDP, NPPCCHH)	4.85	1.8%	
6	Infrastructure Maintenance	38.61	14.6%	
	Total Resource Envelope	238.22	89.9%	26.47
	Grand Total Resource Envelope (Central Allocation + State Share)	264.69		

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

The breakup of the total resource envelope shows that Rs. 50.14 Crore is allocated for RCH Flexible Pool (including RI, IPPI, and NIDDCP), Rs. 111.12 Crore is allocated for Health System Strengthening (HSS) under NHM. Thus the GOI contribution towards total NRHM-RCH Flexible

Pool works out to be Rs. 161.26 Crore. The GOI contribution towards NUHM Flexible Pool, NDCP Flexible Pool and NCD Flexible Pool is Rs. 7.80 Crore, Rs. 25.70 Crore and Rs. 4.85 Crore, respectively. Within NDCP Flexible Pool bulk of the resources are allocated for RNTCP activities. Finally, over Rs. 38.61 crore of the GOI contribution under the total resource envelope is allocated for infrastructure maintenance.

Table 4: Summary of budget approval, 2021-22, (Rs. in Lakhs) – State specific

FMR	Budget head	Total amount proposed	Total amount approved	Share of total approvals	% approved to proposed
1	U.1 Service Delivery - Facility Based	859.41	840.42	2.92	97.8
2	U.2 Service Delivery - Community Based	575.05	567.06	1.97	98.6
3	U.3 Community Interventions	4170.15	3920.81	13.6	94.0
4	U.4 Untied Fund	969.85	969.85	3.36	100.0
5	U.5 Infrastructure	6557.12	6310.94	21.87	96.2
6	U.6 Procurement	5870.63	5339.88	18.5	91.0
7	U.7 Referral Transport	2347.27	1426.85	4.95	60.8
8	U.8 Human Resources	6265.26	3606.8	12.5	57.6
9	U.9 Training and Capacity Building Reviews, Research, Surveys and	986.9	911.58	3.16	92.4
10	U.10 Surveillance	17.64	17.64	0.06	100.0
11	U.11 IEC/BCC	305.17	277.25	0.96	90.9
12	U.12 Printing	272.62	222.38	0.77	81.6
13	U.13 Quality Assurance	724.94	723.94	2.51	99.9
14	U.14 Drug Warehousing and Logistics	116.96	115.43	0.4	98.7
15	U.15 PPP	238.38	171.9	0.6	72.1
16	U.16 Programme Management IT Initiatives for strengthening	2692.91	2618.02	9.07	97.2
17	U.17 Service Delivery	926.3	765.29	2.65	82.6
18	U.18 Innovations (if any)	62.46	50	0.17	80.1
Grand total		33959.03	28856.03	100	85.0
Total amount approved			28856.03		
Infrastructure maintenance			3861		
Immunization kind grants			1323		
Grand total approved including MI and Immunization kind grants FY 2021-22			34040.03		

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

2.2. District financial management report, North Tripura

Budget utilisation under NHM is to operationalise an effective and accountable financial management system for budgeting, monitoring and utilisation of funds at central, state, district and

block level. The detail of the budget utilisation is given in table 5, as per the Financial Management Report (FMR).

Maximum budget for untied funds and programme management has been utilized. The highest under-utilization rates are for infrastructure, transport and trainings. For these, more than 50 percent sanctioned budget lies unutilized. One of the major reasons cited for underutilization during the meeting with district officials was the delay in receipt of funds. It was also reported that the untimely disbursement of funds fails to cover the pre sanctioned loans due to audit loops, owing to which 100% utilisation has not been possible. The fund sanctioned to the district is always less, what the district demands. As per the given records it can be observed that, the maximum number of utilizations as per the FMR is in Human resources, followed by Quality assurance. No budget is utilized for Vector Borne diseases, Dialysis, Burns and injuries and there is no dialysis programme in the district because no budget is released.

Table 5: Financial Management Report, North Tripura 2021-22

Indicator	Budget Released (in lakhs)	Budget utilized (in lakhs)
1. Service Delivery: Facility Based	45.96	17.00
2. Service Delivery: Community Based	34.96	33.77
3. Community Intervention	267.49	236.37
4. Untied grants	74.65	73.59
5. Infrastructure	0.60	0.35
6. Procurement	51.14	41.69
7. Referral Transport	43.00	19.61
8. Human Resource (Service Delivery)	330.35	294.58
9. Training	15.41	13.36
10. Review, Research and Surveillance	2.00	1.84
11. IEC-BCC	14.97	5.62
12. Printing	3.66	2.77
13. Quality	17.96	22.06
14. Drug Warehouse & Logistic	7.71	8.45
15. PPP	12.97	4.94
16. Programme Management	184.75	166.91
17. IT Initiatives for Service Delivery	9.72	8.59

Source: CMHO, North Tripura 2021-22



CHAPTER 3 PUBLIC HEALTH PLANNING AND IMPLEMENTATION

This chapter affiliate information related to Public Health Planning, including comprehensive information on public health infrastructure, human resources for public health, and capitulating for HR on training status.

3.1 Health Infrastructure and Facilities

Health infrastructure of a district has a significant role in ensuring effective provision of all the services to the beneficiaries. All public health services depend on the presence of basic infrastructure. Every public health program-such as immunization, infectious disease monitoring, cancer and asthma prevention, maternal health-requires health professionals who are competent in cross-cutting and technical skills, up-to-date information systems, and public health organizations with the capacity to assess and respond to community health needs.

Table 6 presents the distribution of health facilities in North Tripura. There are 1 DH, 2 Sub district Hospitals, 2 CHC, 14 PHCs, and 99 HWCs in the district. Overall, the district has a total of 397 beds across these public health facilities which altogether cover a total of 4.86 lakh persons. In the district there are 99 HWCs, out of which 06 HWCs are falling under difficult area for services.

Table 6: Health infrastructure available in North Tripura across health agency, North Tripura 2021-22

Health Facility	Facilities	Bed Count	Population Covered	Area (Plain/Tribal/Difficult)
District Hospital	01	100	46280	Plain
Sub-District Hospital	02	50	55776	Plain/Tribal
CHC	02	30	59137	Plain/Tribal
PHC	14	10	294548	Plain/ Tribal
HWC	99	10	356019	Plain/Tribal/Difficult

Source: Facility Master Report, North Tripura 2021-22

The below table 7 describes the details of health facility available in the North Tripura district. In the district there is only one district hospital and 2 sub district hospital which are functioning and conducting more than 50 deliveries per month including C-section.

A total of 14 Primary Health Centre are operational and provide general services like: OPD, immunization, ANC check-up and family planning services at the centre and three deliveries are conducting at the facility. On the other hand, 99 health and wellness centres are functioning in the district and no delivery service facility is available in the HWC. In the district there is no NRC and DEIC.

Table 7: Details of health facilities available, North Tripura 2021-22

Facility Details	Sanctioned/ Planned	Operational
1. District Hospitals	1	1
2. Sub District Hospital	2	2
3. Community Health Centers (CHC)	2	2
4. Primary Health Centers (PHC)	14	14
5. Sub Centers (SC)	99	99
6. Urban Primary Health Centers (U-PHC)	1	1
7. Urban Community Health Centers (U-CHC)	0	0
8. Special Newborn Care Units (SNCU)	1	0
9. Nutritional Rehabilitation Centres (NRC)	0	0
10. District Early intervention Center (DEIC)	0	0
11. First Referral Units (FRU)	1	1
12. Blood Bank	1	1
13. Blood Storage Unit (BSU)	1	1
14. No. of PHC converted to HWC	14	14
15. No. of U-PHC converted to HWC	1	1
16. Number of Sub Centre converted to HWC	11	1
17. Designated Microscopy Center (DMC)	5	5
18. Tuberculosis Units (TUs)	3	3
19. CBNAAT/TruNat Sites	1	1
20. Drug Resistant TB Centres	1	1
21. Functional Non-Communicable Diseases (NCD) clinic		
• At DH	Functional	
• At SDH	Functional	
• At CHC		
Functional		
22. No. of Institute with Ultrasound facilities		
• Public	5	-
• Private	5	-

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

Only one blood bank facility is available in the district. For screening and testing of sputum regarding the tuberculosis, district has 5 designated Microscopy Centres which are functional and 3 tuberculosis units have been also established in the district.

Further, one CBNAAT and TruNat sites are available for collection of sputum for testing. NCD clinic service is operational in the district hospital and sub district hospital. In North Tripura district, 5 ultrasound facilities are sanctioned at public as well as private health institutions but still not operational.

3.2 Human Resource for Health

To encourage the States to fill up existing vacancies in North Tripura district, the states are being incentivized to ensure rational deployment of health human resource. Manpower distribution is also to be put on the web in public domain. The number of health workers available in a district is a key indicator of that district's capacity to provide delivery and intervention.

Table 8 provides the human resource availability in North Tripura District. In the district at present there are 49 ANMs, 89 MPWs (Male), 137 Staff Nurse, 32 Lab Technician, 20 Allopathic pharmacist, 45 MO (MBBS), 4 OBGY, only 1 Paediatrician, surgeon and anaesthetist, 11 Dentist, 4 Radiographer/ X-ray technician, 2 OT technician, 1 CHO, 10 AYUSH MO and 8 AYUSH Pharmacist. In the district, there is no radiologist, dental technician, dental hygienist and CSSD technician.

Table 8: Availability of human resource in North Tripura 2021-22

Staff details at public facility (Regular+ NHM+ other sources)	In-place
ANM	49
MPW (Male)	89
Staff Nurse	137
Lab technician	32
Pharmacist (Allopathic)	20
MO (MBBS)	45
OBGY	4
Pediatrician	1
Anesthetist	1
Surgeon	1
Radiologists	0
Other Specialists	16
Dentists/ Dental Surgeon/ Dental MO	11
Dental technician	0
Dental Hygienist	0
Radiographer/ X-ray technician	4
CSSD Technician	0
OT technician	2
CHO/ MLHP	1
AYUSH MO	10
AYUSH Pharmacist	8

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

A total of 962 ASHAs are working in the district. Social benefit schemes were implemented in 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 635. Whereas, a total of 680 ASHAs have been enrolled for

Pradhan Mantri Suraksha Bima Yojana. A total of 27 ASHAs are covered under Pradhan Mantri Suraksha Bima Yojana respectively in North Tripura district. In North Tripura district, Mahila Arogya Samiti (MAS) is functional. In the district proper training have been given for VHSNC.

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

Key Indicators		Observations
1	Status of ASHAs	
1.1	Total working	962
1.2	Sanctioned Post	962
1.3	Position Vacant	0
1.4	ASHA Facilitator	0
1.5	No. of ASHAs covering more than 1500 (rural)/ 3000 (urban) population	0
1.6	No. of villages/ slum areas with no ASHA	0
2	Status of social benefit scheme for ASHAs and ASHA Facilitators	
2.1	No. of ASHAs enrolled for Pradhan Mantri Jeevan Jyoti Bima Yojana	635
2.2	No. of ASHA Facilitator enrolled for Pradhan Mantri Jeevan Jyoti Bima Yojana	28
2.3	No. of ASHAs enrolled for Pradhan Mantri Suraksha Bima Yojana	680
2.4	No. of ASHA facilitator enrolled for Pradhan Mantri Suraksha Bima Yojana	27
2.5	No. of ASHAs enrolled for Pradhan Mantri Shram Yogi Maandhan Yojana	131
2.6	ASHA facilitator enrolled for Pradhan Mantri Shram Yogi Maandhan Yojana	08
3	Status of Mahila Arogya Samitis (MAS)	
3.1	Formed	12
3.2	Trained	12
3.3	MAS account opened	12
4	Status of Village Health Sanitation and Nutrition Committee (VHSNC)	
4.1	Formed	129
4.2	Trained	129
4.3	MAS account opened	-

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



CHAPTER 4 NATIONAL HEALTH MISSION PROGRAMMES

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

The Janani Suraksha Yojana has a weak implementation status in the North Tripura district. This is associated with factors such as low JSY incentive for urban areas, limited interest among beneficiaries to claim JSY, inadequate documentation and high proportion of migrant population. However, all the delivery points in the district implement the Janani Shishu Suraksha Karyakram (JSSK). The PMSMA activities are conducted at the DH, SDH and PHC facilities.

Table 10: Details of RMNCHA+ programmes functional at the district level, North Tripura 2021-22

Janani Suraksha Yojana (JSY)	<ul style="list-style-type: none"> • Total Deliveries 2021-22: 8528 • Total JSY Beneficiaries 2021-22 Public: -
Janani Shishu Suraksha Yojana (JSSK)	<ul style="list-style-type: none"> • Total Delivery Points: 05 • No. of facilities where free diet is available for PW: 05 • No. of facilities where lab is functional for basic tests for PW: 05
Pradhan Mantri Surakshit Matritva Abhiyan (PMSMA)	<ol style="list-style-type: none"> 1. No. issued MCP card and Safe Motherhood Booklet: 0 2. Number of health facilities where current round of PMSMA was conducted: <ol style="list-style-type: none"> a. Medical College: NA b. DH: 1 c. SDH: 2 d. CHC/UPHC: 2 e. PHC/UPHC: 15 f. Private Clinics: NA
Home Based Newborn Care (HBNC)	<ul style="list-style-type: none"> • Total Newborns visited under HBNC: 4994 • Total No. of ASHAs trained in Module 6 & 7: • Total no. of ASHAs with HBNC Kits: 962
Rashtriya Bal Swasthya Karyakram (RBSK)	<ul style="list-style-type: none"> • Total No. of RBSK teams sanctioned: 08 • No. of teams with all HR in-place (full-team): 0 • No. of vehicles (on the road) for RBSK team: 06 • No. of teams per block: 01 • No. of blocks without dedicated teams: 90 • Average no. of children screened per day per team: 1484

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

The 962 ASHAs of the district have conducted a total of 4994 HBNC visits. 962 ASHAs have drug kits and 962 ASHAs have HBNC kits. JSY and JSSK is functional in the district.

4.2 Communicable Diseases

Under National Vector Borne Disease Control Programme (NVBDCP) micro and macro plan is available in the district. Over the period of time there is decrease in annual blood examination. In North Tripura weekly epidemiological and entomological situations are monitored.

Table 11: NVBDCP, NTEP, NLEP and IDSP services, North Tripura 2021-22

1. National Vector Borne Disease Control Programme (NVBDCP)	
<ul style="list-style-type: none"> • Micro plan and macro plan available at district level: Yes • Annual Blood Examination Rate: <ul style="list-style-type: none"> ○ 2019-20: 13.18 ○ 2020-21: 19 ○ 2021-22: 21.44 • Total LLIN distributed vs procured: 2019- 164598 • IRS: Target population 84696, Date of commencement 25/04/2022, Date of Completion 08/07/2022 code of squad 8, population of in sprayed houses 74388, % population protected 87.829413 • Weekly epidemiological and entomological situations are monitored: Yes • No. of MDR rounds observed: NA • No. of blocks achieved elimination status for Lymphatic Filariasis i.e. mf rate <1%: NA 	
2. National Tuberculosis Elimination Programme (NTEP)	
<ul style="list-style-type: none"> • Target TB notification achieved : Yes • Whether HIV Status of all TB patient is known: Yes If No, no. of TB patients with known HIV status: • Eligible TB patients with UDST testing: 310 UDST done out of 328 • Whether drugs for both drug sensitive and drug resistance TB available: 	
<ul style="list-style-type: none"> • Patients notification from public sector 	<ul style="list-style-type: none"> • No of patients notified: 300 • Treatment success rate: 71.95% • No. of MDR TB Patients: 7 • Treatment initiation among MDR TB patients: 7
<ul style="list-style-type: none"> • Patients notification from private sector 	<ul style="list-style-type: none"> • No of patients notified: Nil • Treatment success rate: Nil • No. of MDR TB Patients: Nil • Treatment initiation among MDR TB patients: Nil
3. Implementation of National Leprosy Eradication Programme (NLEP)	
No. of new cases detected: NA No. of G2D cases: NA MDT available without interruption: Yes Reconstructive surgery for G2D cases being conducted: 3 MCR footwear & self-care kit available: Yes, 13 pairs distributed	
4. Integrated Disease Surveillance Programme (IDSP)	
<ul style="list-style-type: none"> • Rapid Response Team (RRT) Constituted: Yes • Team Composition: 05 • Outbreaks investigated: • 2020-21: Nil • 2021-22: Nil 	

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

Under National Tuberculosis Elimination Programme (NTEP), the target TB notification from all medical practitioners, hospitals, laboratories, and chemists (government, private and NGOs) in

2021-22, was achieved (79%). Public sector notified that a total number of 300 TB patients were going to local health authorities while no one is going to private sector.

Under National Leprosy Eradication Programme, no new cases were detected in the district. The supply of Multi Drug therapy (MDT) was available without interruption throughout and MCR footwear and self-care kit are available under the programme. Rapid response team are being constituted under the Integrated Disease Surveillance Programme (IDSP).

4.3 Non-Communicable Diseases

The following NCD programmes under NHM were reported to be functional in the North Tripura district. However, these activities were affected because of COVID-19 in 2021-22.

Table 12: Non-Communicable Diseases Programme Implementation status in the North Tripura District, 2021-22

Non-Communicable Diseases Programme	Status of Implementation
1. National Programme for prevention & Control of Cancer, Diabetes, Cardiovascular Diseases & stroke (NPCDCS)	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No
2. National Programme For Control Of Blindness & Visual Impairment(NPCBVI)	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No
3. National Mental Health Programme (NMHP)	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No
4. National Programme for healthcare of Elderly(NPHCE)	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No
5. National Programme for the Prevention & Control of Deafness (NPPCD)	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No
6. National Tobacco Control Programme (NTCP)	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No
7. National Oral Health Programme(NOHP)	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. National Programme for Palliative care (NPPC)	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No
9. National Programme for Prevention & Management of Burn Injuries (NPPMBI)	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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



CHAPTER 5 PUBLIC HEALTH FACILITY ASSESSMENT

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



5.1 DISTRICT HOSPIAL, NORTH TRIPURA

District Hospital North Tripura is 100 bedded but with mattress it is 150 bedded and the average OPD load of 200-250 patients per day. Earlier the hospital was Sub District Hospital because population was very less but due to increase in population it is converted into District Hospital. In addition to residents of surrounding states like Mizoram, Assam, Bangladesh, and inter-district, the catchment population is roughly 50,000 people. The facility run in PPP mode.



Figure 3: District Hospital North Tripura

- +** Due to large amount of catchment population there is always an issue of blood storage.
- +** Due to over load of OPD in the hospital which create a major crunch of HR in the facility. The staff management is very poor in the facility. The facility are having geriatric and disability friendly ramp and sufficient arrangement of OPD waiting area for the patients.
- +** Earlier the facility did not have any X-ray equipment available but in last 5-6 years so many facilities has come in DH like CT-Scan, dialysis facilities, blood transfusion and digital X-Rays. Virtual therapy services are available at free of cost at the facility for the beneficiaries.
- +** There is availability of all the services in the facility but congestion of space is the major issue in the district hospital.
- +** In the DH, 200-250 deliveries are conducted per month and C-section deliveries are 134 per month and high risk deliveries are also conducted in the facility even at late night. Both Labor and OT room registers are well maintained and are monitored by the MO. At night time there is only one anesthetic and 2 gynecologists available at the facility.
- +** Trauma centre is under construction in the district hospital.
- +** The facility has 24 by 7 running water and availability of drinking water all the time. At the time of visit facility washrooms and even the rooms were not clean.
- +** There is less availability of all the drugs and proper storeroom with rack and well maintained data for the expiry medicine.

- + Only 32–34 percent of medications, including injection RL 500ml, injection Pantoprazole, injection Omeprazole, injection ORS, and injectable Povidone Iodine solution, are currently available in the DH. The district's medicine supply is managed by the state-specific SCMS (State Cooperation Medicine). Only 32–34 percent of EDL 372 categories are available. Additionally operating at the plant is PPLMS.
- + The infrastructure of the hospital is made according to the old IPSH model SDH means CHC and later inaugurated as DH without any infrastructure change.
- + People from minority areas spit on walls, drink in the hospital and does not listen to the staff and throw the bottle in the toilet seat which also create the problem of choking. Tribal people are very hygiene. PMSMS activities are not conducted in DH because of the space shortage.
- + The staff of the other facilities is very reluctant to refer any issues, including deliveries or other problems, to the district hospital. People who come to the DH for delivery often request a C-section.
- + JSY and JSSK regular payment are being processed. For JSSK diet per patient is 100rs and are providing 3 times meal to the beneficiaries like milk, egg, fruits, rice, vegetables etc and are out sourced. The DH provides all free services such as delivery care, diet, drugs and consumables, diagnostics, blood services, referral transport and drop back services. However, the coverage of referral transport from home to facility and drop back facilities after delivery is negligible.
- + All the services are available in the hospital for the beneficiaries like X ray, USG, Dialysis, OPD services, Clinical pathology, ICTC, DEIC, OST clinic, JSSY, CT-Scan, Vaccination, DPHL, IPP, ECG, MCH, CBC, OT etc. All the specialized services are available in addition General OP, ANC, Delivery, Immunization, FP, and Laboratory services like medicine, O&G, Pediatric, General Surgery, Anesthesiology, Ophthalmology, Dental, Imaging Services (X-Ray), USG, DEIC, MNCU, NICU, PICU, Labour Room Complex, ICU, Dialysis Unit and Emergency Care except NRC, Telemedicine, NICU, PICU and Burn Unit which is not functioning at the DH. SNCU, ICU is under construction.
- + 6 maternal deaths were occurred at the facility. The cause of death was anemia and also no timely checkup was taken place as people are living in tea areas which is very far from the facility. Out of 6 only 2 Maternal Death Review Report had been submitted to CMO office. Similarly for child death, 3 child death occurred at the facility in the last financial year.
- + In the DH, 5 operational ambulances and one contractual ambulance are available at the facility by 24X7. The availability services are there with centralized call centre but the road activity and network issue is the major hassle for district hospital.
- + In some designated remote areas home deliveries are taking place. They prefer **Quack doctor** instead of coming to the facility.
- + Adolescent Friendly Health Clinic are available at the DH as there is counsellor at the facility. ANM do the counselling to the beneficiaries. But there is no separate room for counselling.

- ✚ For family planning earlier temporary methods are more accepted in the society. Antara is just started in the DH from the last year only and till now there is more acceptance of Antara in village level, tribal people and minority areas. PPICUD has not yet started, so no target achieved.

Table 13: Status of health infrastructure, District Hospital, North Tripura 2021-22

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

Source: District Hospital Checklist, North Tripura 2021-22

- ✚ There are total staff of 39 at the facility and per shift 2 staff is always available at the desk. But still more staff nurses are required because of over load of beneficiaries in the district and outside the district.
- ✚ The laundry services are not up to the mark and even the staff nurse is not satisfied with their work performance. The laundry cost of per bedsheet is 20rs.
- ✚ It's a malaria prone district but still there is no death in the last financial year and in current year.
- ✚ NCD training are taking place, as for hypertension 1608 screening has been done out of which 1443 cases were confirmed and for diabetes 293 patients were screened and 293 were the confirmed cases in the last financial year. From the last financial year DH is demanding for DEIC. No screening has been done for cancer and cases are referred to Unakoti district. There are more cases for Neck cancer, lung cancer and cervical cancer.
- ✚ For BMW, general waste dispose-off by the municipality and recent order CBWBF starts from next month and presently there is separate wing for the storage in the deep burial sharp pits.
- ✚ Routine Immunization for BCG 101% target has been achieved. There is an issue of zero dose because when the child is born and if he/she migrate to some other place then in the facility zero dose will not be given to the child and on the data it will show the backlog.
- ✚ There were no active case for leprosy in the district. Earlier it was 6 cases out of which one person died and rest are taking medicine and treatment is under process.
- ✚ TB centre is functional and proper diagnosis is going on and till last 6 months 39 samples had been taken. There is availability of CBNAAT/TruNat and proper Nikshay portal is updated.

- + The last training for HMIS was conducted before COVID and there is no backlog of data in the facility.
- + Mental cases are there in the district and basic counselling is being done at the DH. Due to non-availability of DEIC beneficiaries are referred to Agartala or Unakoti district as there is availability of Psychiatrist. There are active cases for HIV and Hepatitis B.
- + There is only one lab technician in the facility to conduct 60-70 tests and 6-7 culture tests. COVID test is done on regular basis and till now there are only 1-2 active cases in the district.
- + The facility is having only 10KB generator supply, so it cannot supply electricity to every room and there is a major chaos at the DH at the time of power cut.
- + All equipments are updated except the reagents because facility is having semi analyser but state has supplied reagent for auto analyser.
- + There are 2 gynaecologists at the DH. There is no separate washroom in the labour room, there is no separate ANC and PNC ward because of space crunch. There is no isolation ward, so eclampsia patient's care cannot be taken place.
- + In the District Hospital there is immense shortage of space because of this the ANC, PNC and general ward patients share beds at the facility even some patients lay on the floor which create a lot of surgical site infection to the beneficiaries who are seeking treatment at the facility. Due to space crunch and fear of surgical site infection pregnant women don't stay at the facility even for 24hrs.








Table 14: Availability of specialized services at District Hospital North Tripura, 2021-22

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

Source: District Hospital Checklist, North Tripura 2021-22

- + HR availability in the facility for regular post specialist are 3 medicines, 2 ObGy, 1 Paediatrician, 1 Anaesthetist, 1 Surgeon, 1 Ophthalmologist, 2 Orthopaedics, 1 Radiologist, 1 Pathologist, 11 others, 1 dentist, 39 Staff nurses, 12 LTs and 3 Allopathy; 2 AYUSH Pharmacists.
- + There is a lack of timely orientation by the state to the facility related to any implementation of the programme. Orientation is being provided only at the designated centre and no information is circulated at the facility level.
- + In the District Hospital there is an availability of AFHC and ASHA counsellor. Till now total number of adolescents counselled in the last 6 months were 409 females and 61 males.

Major Key Challenges for DH North Tripura

-  For CT scan and dialysis services people from Agartala and other neighboring states come to North Tripura for its free services.
-  DH has sent the proposal of 100 bedded MCH clinic from the last 2 years but there is no response from the State till present.
-  From ECRPC they proposed 50 bedded hospital in rural areas in Ananda Bazar and also discuss this issue with DM and PS. But due to land constraint no result came out.
-  There is no anesthetic in the emergency at night and lack of staff in OT. There is a space crunch in the District Hospital.
-  SNCU unit is there but due to no staff it is not operational in the DH. NRC, DEIC is not operational at DH.
-  The district hospital building was built in 2016 but the infrastructure needs to be renovated as the layout of the facility is not up to the mark. All sanitation pipelines are in the walls which is the foremost cause of soakage issue at the facility.
-  The catchment population of the district hospital is so high that many a time beneficiaries have to lie on the floor or either have to share the beds.



5.2 COMMUNITY HEALTH CENTRE KADAMTALA and ANANDA BAZAR



Figure 4: CHC Kadamtala







Figure 5: CHC Ananda Bazar

+ **CHC Kadamtala** caters to a catchment population of 53,000. The facility is 14 km away from district hospital. It is a 30 bedded CHC and includes 10 sub centres. Monthly average OPD is 230-250 and 25-30 deliveries. The CHC has all mandatory physical infrastructures. It has provision of Staff quarters for MOs and SNs inside the facility premises and the quarters were used by their staff. In the last financial year there is no training provided in the facility. All essential drugs and supplies were available and proper register is maintained at the time of visit. In the facility, all mothers were asked to stay for 48 hours after birth and were provided diet free of cost. However JSY payments weren't made before discharge. Such payments were initiated through PFMS. But still there is a backlog because most of the beneficiaries doesn't have their bank account. Teenage pregnancy at the age of 16th-19th years are maximum near Kadamtala CHC and also drops out rates are very high as majority of muslim population is living nearby. High risk pregnancy occurs in these areas like severely anemic or post caesarean cases. For RI 96% target has been achieved. There is no maternal and child death in the facility in the last financial year. CHC having 2 functional ambulances with proper register maintenance. In the facility there is no oxygen plant installed and no fully NBSU. For COVID precautionary dose 4407 beneficiaries have taken but still these is a hesitancy among the people. In the CHC there is an availability of deep burial and sharp pits for BMW. One NCD clinic is working 6 days a week. There is no female family planning counselor available and counselling is been given by MPW at the facility and till now there is acceptance of temporary method among the community people like IUCD, PPIUCD (1682). There is a shortage of Antara at the facility. For Vector borne diseases one case of dengue and one case of malaria was present at the time of visit. There no active cases for leprosy and TB as proper screening has been done at the facility and even at the community level. There is a large amount of cases of diarrhea as the drinking water contains large amount of iron content in it. There is no peer educator at the facility. Health camps has been organized in the school. There are active cases for domestic violence and rape cases near Kadamtala CHC. CHC were having cold chain and records

were properly maintained. From the past 2 years facility is affiliated with Kayakalp wards. Telemedicine is operational at the facility but due to poor connectivity of internet it is not properly functional. The facility awarded with Kayakalp consecutively from the past 2 years 2020-21 and 2021-22. Kadamtala RD Block achieved 100% vaccination of COVID vaccine in the whole Tripura on 29th June 2021. The facility got 1st position in implementation of AB-PMJAY for the FY 2021-22.

Major Key Challenges for CHC Kadamtala

-  Solar cells has been installed in the facility but does not have proper backup.
-  In CHC Kadamtala there is a huge shortage of staff as there are only 3 MBBS MOs, no other specialist and only one allopathy pharmacist in the facility.
-  The CHC building was built in 2015 but the infrastructure needs to be renovated as the layout of the facility is not up to the mark. All sanitation pipelines are in the walls which is the foremost cause of soakage issue at the facility.
-  There is a huge shortage of EDL medicines, the facility faces a lot of problems at the time of the OPD and IPD.

+ **CHC Ananda Bazar** covers 80-85 percent of tribal area Raina and Brew Community. CHC has total 6 additional villages under it. The average OPD is 30-35 patients per day and 20-30 deliveries are conducted in the facility. Nearby areas of Ananda Bazar like Kalapani, SK Serhumu, Bhandarima and West Bhandarima are very hard to reach as road condition is very bad because of terrain areas. It is a 30 bedded CHC. There is no adjacent staff quarter available at the facility. There is no boundary wall, no septic tanks and no deep burial pits at the facility. For power bank solar panel is there. In CHC Ananda Bazar 3 child deaths were occurred because of pneumonia, diarrhea and malaria. In the facility there are around 15-20 in-house tests conducted in the facility. There is no availability of X-ray machine and cases are referred to DH. LLIN nets are distributed in the community but only few people use them rest are using it for fishing purpose. People of Ananda Bazar prefer medicinal plants or homeopathic. For family planning OCP's are more used, no acceptance of PPIUCD and now there is more acceptance of Antara in the community. Proper counselling is being conducted by the MO. But still early marriages and teenage pregnancy at the age of 18th-19th years is going on and the average family size is 4-5 children per family. For NCD there are cases of cervical cancer and oral cancer. In Ananda Bazar consumption of drugs among the community people is very huge. There is no proper AFHC and NCD clinic available in the facility. In house kitchen availability for JSSK diet which has been provided to the beneficiaries and free services is also available like free diet, free delivery, free drugs and consumables, free diagnosis, free referral transport-home to facility and facility to home. On 9th of every month PMSMA services are provided at

the facility. There is proper maintenance of records and data entry is being done on HMIS, IHIP and Nikshay Portal.

Major Key Challenges for CHC Ananda Bazar




-  Only one RBKS team at CHC Ananda Bazar is operational, while the other teams are lacking because to the absence of a MO.
-  Since the construction of the CHC building in 2015, there are no available staff quarters. There is no boundary wall or demarcation of the CHC Ananda Bazar.
-  Due to the migrant population from Mizoram and several difficult-to-reach places, Ananda Bazar conducts the most home deliveries.

Table 15: Status of health infrastructure at Community Health Centre (CHC), 2021-22

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

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

Table 16: Availability of specialized services at CHC, 2021-22

HR Positions	CHC Kadamtala			CHC Ananda Bazar		
	San.	Reg.	Cont.	San.	Reg.	Cont.
MO (MBBS)			03		03	
MO (AYUSH)			-		-	
Dentist			01		01	
SNs/ GNMs			07		04	
LTs			02		-	01
Pharmacist			01		01	
EmOC Trained Doctor			-		01	
LSAS Trained Doctor			-		02	

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

Table 17: Status of health services at Community Health Centre, 2021-22

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

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



5.3 PRIMARY HEALTH CENTRE SANICHERRA, LALJURI and JAMPUI



Figure 6: Laljuri



Figure 7: Sanicherra



Figure 8: Jampui

- + **PHC Sanicherra** caters 49460 population and 5 sub centers and total GP/ADC coverage is 14 and it's a 10 bedded facility. All OPD services are available at the facility and 24X7 emergency services are available. Referral services, in-patients, patient diet supply, laboratory services, delivery services, family planning services all services are available at the PHC Sanicherra. MCH clinic including immunization and ambulance services is also available. For COVID vaccination 1st and 2nd dose target has been achieved but for precautionary dose people are not willing for the dose. The maximum number of confirmed cases for diabetes are 27, for hypertension are 21, for oral cancer are 3, for breast cancer cases are confirmed 6 and for cervical cancer 1 case is confirmed in PHC Sanicherra. For ANC registrations, 1st trimester registrations, pregnant women received TT2+TT Booster, Pregnant women receive 4 ANC check-ups, Pregnant women given 180 IFA tablets and 360 calcium tablets and PW tested for Haemoglobin 4 or more than 4 times all the targets had been achieved and also there is an improvement in the targets from the year 2017-18 to 2021-22 in PHC Sanicherra. Child full immunization 100% target has been achieved. MCH Care including family planning services are available at the facility. Essential laboratory services like routine urine, stool and blood test, blood grouping, bleeding time, clotting time, diagnosis of RTI/STDs with wet mounting, grams stain, sputum testing for TB, Blood smear examination for malaria parasite, rapid test for pregnancy, RPR test for Syphilis/YAWS surveillance and Rapid test for HIV are available at the PHC Sanicherra. For physical infrastructure there is a prominent display boards regarding services availability in all local language available at the facility. Proper registration counter, pharmacy for drugs dispensing and drugs storage, separate public utilities for male and female, availability for suggestion/ complaint box, separate waiting room area, emergency/casualty room, proper OPD room/ Cubicles, and separate wards for male and females were available at the facility. For quality control RKS is also available, for internal monitoring proper audit and for external monitoring/ Gradation by PRI and there is availability of SOP and STP in the facility.

Major Key Challenges for PHC Sanicherra



There is a requirement for renovation and construction of staff quarter, internal electrification and boundary wall for PHC Sanicherra.



There is no permanent water supply to PHC and they are using water tanker for their daily requirements. There is no electricity backup as there is availability of solar panel but not functional.



There is a need for building extension because the PHC facility is over 15 years old and the number of patients is increasing daily.








Due to heavy workload there is scare manpower, it is very difficult to balance the quality with quantity at the facility. From MO to MPW, there is a shortage of manpower.



With a sizable field area and a population of over 50 thousand, SN CPHC has the highest ASHA and HSC in the district at 78 and 12, respectively. Due to the extensive coverage and uneven distribution of staff in these areas, it is challenging to handle effectively.





- + **PHC Laljuri** is a 10 bedded facility with average OPD of 25-30 patients per day and 10-15 deliveries per month. The availability of services like PMSMA, outreach health camp, COVID 19 vaccination, palliative care, elderly care NCD and COVID testing services at the PHC. There is no active COVID case in nearby areas. For family planning method MTP, Antara, Condoms, OCP are acceptable in the community and proper counselling is being given by the MO. The average family size is 3-4 children in a family. Vector borne disease like Malaria is active in Laljuri block and LLIN is distributed to the people. For NCD screening till now there are 149 confirmed cases for Hypertension and 7 for diabetes. RBSK team is only in the block. Child diseases diarrhea and pneumonia is most prevalent. RI for current financial year 83% target has been achieved and for last financial year 96.5% target is achieved. For JSK there is no back log, all payments has been done and JSSK in-house kitchen is available for free diet. Proper line listing has been done for high risk pregnancy. **PHC Laljuri give gifts to the mothers if full immunization is being done for motivation.** There are active cases for mental health in males and females because of poverty, family background, lifestyle issue and early marriages. There is no active case of HIV in the community. The facility awarded with Kayakalp consecutively from the past 2 years 2020-21 and 2021-22. Telemedicine is operational at the facility and maximum elderly people are coming for their issues. Many times people prefer to go SDH as it is only 1km away from the facility.

Major Key Challenges for PHC Laljuri

-  Tele-consultation is not operational at the facility because of poor network connectivity terrain area.
-  Language barrier is the major issue in the block as people come from other states like Mizoram, so there is an issue of communication.
-  For fund, in the current financial year PHC has not received fund till august, so it is very difficult to run the facility.
-  Release of amount under Ayushman Bharat is still pending and it is paid by MO from his own pocket which is around 80,000rs. The consumable drugs are not been provided by the state on time which also create a lot of out of pocket expenditure.
-  There is requirement of sweeping staff to maintain the facility for Kayakalp and NQAS.

+ **PHC Jampui** is NQAS certified and Kayakalp awarded. It's a 10 bedded facility but functioning as 22 bedded. It covers 7 GPs and 9 SCs. Out of 9 sub centres, 2 sub centres are hard to reach. The catchment population is 15,405 with 53 ASHA's and 6 SNs. There is no AYUSH MO in the facility. In Jampui people prefer ambulance because local transport is not available, but only one ambulance is available at the facility and 102 ambulance on call. 59% target of RI is achieved and 41% target is left because of the difficult terrain area. Consumption of paan is common among both in male, females and even in adolescent population as eating paan is a ritual in whole district. In the PHC there is an availability of Dentist as the general OPD per day 30-40 patients. TB medicines are available at the facility and incentives is also given to them. There is no Yoga instructor at the facility but local NGO are conducting the Yoga session in school. Teenage pregnancy and high risk pregnancy are very high in the community. There is no RBSK team available.

Major Key Challenges for PHC Jampui

-  People prefer to get treated from private clinic.
-  In the community there is a refusal of government medicine as they don't believe in free medicine and free treatment.
-  Internet connection is the biggest challenge at the facility as it is very difficult to upload the data on the RCH portal.
-  The condition of the PHC building and quarter are in devastating condition.

Adolescent counsellor is available and 2-3 monthly visit is been done in schools and they aware them about substance abuse and Hepatitis B. Documents are not given by the community to the ASHAs as the community people do not have any documents with them. There is a huge shortage for drinking water at the facility, PHC Jampui save rain water and use it.

Major Key Challenges for PHC Jampui



Refusal of immunization because people were afraid that it could be COVID vaccination given to the children. There is still hesitancy of COVID vaccination among the people.



Huge amount of back log of data because of migratory and tribal population donot have their bank account.



There is need for eco-van/vehicle for transportation as it a terrain area and tribal population do not have their own transport to come to the facility.



There is an urge of **MAYA GHAR** at PHC Jampui because people come from far-away places.

Table 18: Status of infrastructure, Primary Health Centre , 2021-22

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

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

Table 19: Human resources availability at Primary Health Centre

HR Positions	PHC Sanicherra			PHC Laljuri			PHC Jampui		
	San.	Reg.	Cont.	San.	Reg.	Cont.	San.	Reg.	Cont.
MO (MBBS)		02	-	02	02		02	-	-
MO (AYUSH)		-	01	-	-		-	-	-
Dentist		-	-	-	-		-	-	-
SNs/ GNMs		05	-	-	05		06	-	-
ANM		16	01	-	-		10	-	-
LTs		01	01	01	01		01	-	-
Pharmacist		02	-	01	01		01	-	-
Others		05	05	-	-		02	-	-

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

Table 20: Status of health services at Primary Health Centre, 2021-22

Drugs and diagnostics services	PHC Sanicherra	PHC Laljuri	PHC Jampui
Availability of list of essential medicines (EML)/ drugs (EDL)	Yes	Yes	Yes
EDL/EML display in OPD area	Yes	Yes	Yes
Implementation of DVDMS	No	Yes	No
Shortage of 5 priority drugs from EDL in last 30 days, if any	No	No	Yes
Drugs Available for Hypertension & Diabetic patients	Yes	Yes	No
Shortage of sufficient number of Hypertension & Diabetic in last 7 days	No	No	Yes
Availability of Testing kits/ Rapid Diagnostic Kits	Yes	Yes	Yes
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	No	Yes
Whether reporting weekly data in P and L form under IDSP	Yes	Yes	Yes
Maintenance of Records			
Maintenance of records on TB cases (drug sensitive/resistant cases)	Yes	Yes	Yes
Maintenance of records on Malaria cases	Yes	Yes	Yes
Maintenance of records on Palliative cases	Yes	Yes	Yes
Maintenance of records on Dengue and Chikungunya	Yes	No	Yes
Maintenance of records on Leprosy cases	Yes	No	Yes

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



5.4 SUB-HEALTH CENTRE SRIPUR

SC Sripur catchment population is 3532 and covering 6 paras. In HR there are 6 ASHAs, 1 ANM, 1 MPW and no CHO is appointed till the time of visit. The average OPD at the facility is 30 patients per month. PMSMA 9th of every month activities are conducted at Sub centre like monthly check up, ANC, Blood sugar and HIV test. Proper VHND sessions also conducted at the community. PHC Bungnung is 3 km away from the facility. Health camps and counselling are also organized in Sripur. No AYUSH doctor is available at AFHC. For FP traditional methods are accepted by the community like OCP. At the facility there were no colour coded bins available and there was no water supply. 7th module training is being given to ASHAs and they have all the knowledge for their activities that they are performing. There is a huge delay in ASHA's payment.



Figure 9: SC Sripur test

test

Major Key Challenges of Sub Center SRIPUR

- Kanchapan block is a very difficult place to handle in terms of network and electricity.**
- There is a shortage of medicine as only 10-12% medicine are available at the SC.**
- ANMOL tablets are functional but due to connectivity issue data does not synchronize easily.**

Table 21: Status of health services, Sub-Centre, 2021-22

Drugs and diagnostics services	SC Fulbarikandi
Availability of list of essential medicines (EML)/ drugs (EDL)	No
EDL/EML display in OPD area	No
Availability of anti-TB drugs at SC	Yes
Shortage of 5 priority drugs from EDL in last 30 days, if any	Yes
Availability of Testing kits/ Rapid Diagnostic Kits	Yes
Availability of BP instrument	Yes
Availability of Thermometer	Yes
Availability of Contraceptives	Yes
Availability of Glucometer	Yes
Availability of vaccines and hub cutter	No/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	No
Whether universal screening of NCD has started	Yes
Whether reporting weekly data in S form under IDSP	No
Whether CHOs and HWC staffs are involved in VHSNC / MAS meeting	Yes
Maintenance of Records	
Maintenance of records on TB cases (drug sensitive/resistant cases)	No
Maintenance of records on Malaria cases	Yes
Maintenance of records on Palliative cases	Yes
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: SC Checklist, NHM PIP Monitoring, 2021-22



CHAPTER 6 COMMUNITY HEALTH



Figure 10: Community Interaction

6.1 Background

We had conducted a focused group discussion to know the overall community perception regarding the accessibility of health facilities available in the North Tripura district and lifestyle choices with ASHA workers, ANMs and local community members. Questions related to Knowledge training and incentives were asked from ASHAs and AWWs.

- While having interaction with the community people about their health concern we discussed with them about their health issues. People prefer to get treated from private clinic. In the community there is a refusal of government medicine as they don't believe in free medicine and free treatment.
- Regarding the state of healthcare in the district that gives a completely different picture we discussed with resident of the villager that- Children are undernourished as they do not get adequate nutritious food to eat. Very big amount of population is unable to get clean drinking water leading to water-borne diseases like diarrhea. Compared to urban areas rural areas suffer from lack of sound healthcare facilities. It was told by the villagers that the ratio of qualified medical practitioners and population is very low there. People have to travel long distances to reach Health specialist and sometimes poor transport and communication facility cause delay in treatment and people die from minor or curable diseases only because they don't get prompt and timely treatment.
- Health & Wellness Centres in villages providing free or low-cost healthcare facilities such as treatment of diseases, conducting an essential test and providing medicines. But still there are some people prefer to go the private clinics for their treatment as they don't trust on government medical facility.

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



CHAPTER 7 CONCLUSION AND RECOMMENDATION

7.1 CONCLUSION

The Population Research Centre, Delhi undertook the monitoring of NHM Programme Implementation Plan in North Tripura District of Tripura. The report is prepared on the basis of field based observations and visits to the following public health facilities in North Tripura: District Hospital, CHC Kadamtala, CHC Ananda Bazar, PHC Laljuri, PHC Sanicherra, PHC Jampui and SC Sripur. Meetings were held with the Chief District Medical Officer (CDMO) and the NHM Nodal Officials. Interactions with health officials regarding selected facilities, health care providers (ANM, ASHAs etc.) and other supporting staff to understand the strengths and weakness of the facilities in service provisioning. Health Management Information System (HMIS) data was verified for the District Hospital Ranking data validation purposes.



At the institutional level of the district hospital, there is a significant amount of political participation. As long as someone or something has their back, no one is willing to listen.



ASHA must get their rewards on time because they are the only ones carrying out so many tasks. All JSY and JSSK incentives for maternal health must be delivered on time to ASHA. There should be improvement in immunisation rates as they receive only 100 rupees FI, 75 rupees CI, and 50 rupees DBT. District demands that if the state can raise their pay, that will be much more motivating for them. For institutional deliveries, ASHA does not get incentives. ASHA is a vital component of NHM. For ANC they are receiving 300, but CMO requests an increase of 500rs.



Only 5 of the district's 8 blocks have active RBSK teams, and of those 5, only 1 MO is present, and none of the 5 teams are operating at full capacity. Since there is no female MO on the team, adolescent girls and out-of-school adolescents are reluctant to disclose their problems. The RBSK team makes counselling sessions in NSS and schools. From Agartala district, proper RBSK training for adolescent counselling is being provided, as well as adolescent counsellor training in North Tripura.



In the district there is a requirement of 5 ARSH clinic and 3 AFHC. Presently, in North Tripura only 3 ARSH clinic is working out of which only one health clinic is operational which is in Dharmanagar.



There are 17 public hospitals registered under AYUSHMAN Bharat; no private clinics are included in this. Except for Kadamchera, the 16 hospital out of 17 is functioning well. 95.6 families are covered through September under AYUSHMAN Bharat and 1 lakh 58 thousand cards have so far been generated.



For Routine Immunization, over the previous financial year, 101% target has been achieved in the district. There are MCP cards accessible in North Tripura. The RI performance in the Kanchanpur region is poor. Every third week of every three month district provide the MR and FI vaccines in the district for 10 months. And a special drive is held for those who missed out after 10 months. The district conducts a BCG vaccination drive on the PHC level every month during the third week. 3 days of each month are set aside for drop-out and leftover driving. Now, a second special drive can easily take care of the mother and child who are left out every three months. The COVID vaccination situation is the same.



There are 4 NCD clinics in the district: 1 in DH, 2 in SDH, and 1 in CHC. Clinics that assist NCDs are accepting cases. The majority of people with diabetes and hypertension who visit NCD clinics are over 30 and struggle with obesity, sedentary lifestyles, and poverty. There is a designated officer for NCD who may manage the programme. There are 8 districts in Tripura, and whereas 1 MO and 1 pharmacist team were allotted to each of those districts in the previous financial year, there are now just 6 teams, therefore no proper screening is taking place.



The ANMOL tablet is not functioning properly as from the state 172 tablets were provided, 70% of which are nonfunctional and only 25% are working. ANM using their phone for ANMOL, 126 MPW in the area where 70-80% of the population is approaching retirement age, and they are not comfortable using tablets. Only 9 HMIS operators are available, and the terrain is not conducive to frequent movement. Reporting is really inadequate because 21 posts are needed but only 11 are in AAA.



ASHA TA and DA must be increased because in some areas while travelling they are spending money from their own pocket which is 300-400rs.



The district organizes health training special camps for leprosy and cancer every month at the PHC level. Only 5 cases, of which 1 is being treated and the other 4 are being medicated. Patients with cancer are being sent to Agartala



There are 14 PHC in the district, and all of them have been declared HWC. However, only one SC has not been upgraded because no CHO has been posted. There is no ASHA programme manager in the district.



North Tripura consistently placed first or second for the largest number of TB patients screened during the most previous financial year. However, the district's target of 80.3% has been attained, as well as the targets of 90% for universal drug sensitivity and 98.16% for TB and HIV. The district has access to all necessary medications and equipment for treating TB, and the Nikshay portal has been updated.



In the district proper RKS team is operational as proper counselling is been provided to adolescent, proper awareness level programmes are running the school for the adolescent and counselling for mothers is also conducted. Proper RKS training has been provided from the state. But still there is a requirement for 5 more clinics in the district.



There are numerous symptomatic malaria cases in the district. LLIN is available, however due to its small dimensions, people are refusing to utilize it. Malaria issue in the district is high throughout the year. The peak season API will be in November, at 0.98%. In the State there is only 2 MTS.



7.2 RECOMMENDATIONS



In order to facilitate a substantial change in health outcomes, the government must adopt an integrated approach, allocate resources in ways that are compatible with patient objectives, and strengthen the monitoring and operation of the district hospitals.



The Department's monitoring system has to be updated to measure outcome indicators for the hospitals' clinical care capacity, productivity, efficiency, and service quality. In light of the rising patient load, the State Government may consider raising the State Hospital's bed capacity along with any associated measures.



The Department may analyse the causes of the rising HIV incidence in the population of non-high risk groups, and a suitable approach to reduce the prevalence must be devised. Activities related to information education and communication (IEC) need to be improved.



Early HIV testing during pregnancy may be ensured and noted in the Mother and Kid Protection (MCP) card to prevent the spread of AIDS from mother to child.



The facility for HIV testing at the state's entry point may be operationalized around-the-clock, and interstate truckers may be encouraged to use it.



The Department may give the District Hospital administration advice on how to make sure that the MCP card is appropriately updated with information about the clinical diagnoses and health checks performed on pregnant women during ANC. Similar to this, all post-natal care activities must be documented in accordance with the MCP card's regulations.

ANNEXURE-I

Table A.1: Socio demographic Indicators of North Tripura, Tripura, and India

	India	Tripura	North Tripura
Total number of Blocks	6612	58	08
Total number of Villages	649481	887	129
Actual Population	1,21,08,54,977	36,73,917	876001
Urban Population %	31.16	26.2	
Rural Population %	68.84	73.8	
Male	623,270,58	18,74,376	447544
Female	58,75,84,719	17,99,541	428457
Density/ km2	382	350	14.15
Literates %	72.98	87.22	
Sex Ratio (females per/000 male)	943	960	957
Child Sex Ratio (0-6 age)	914	957	951

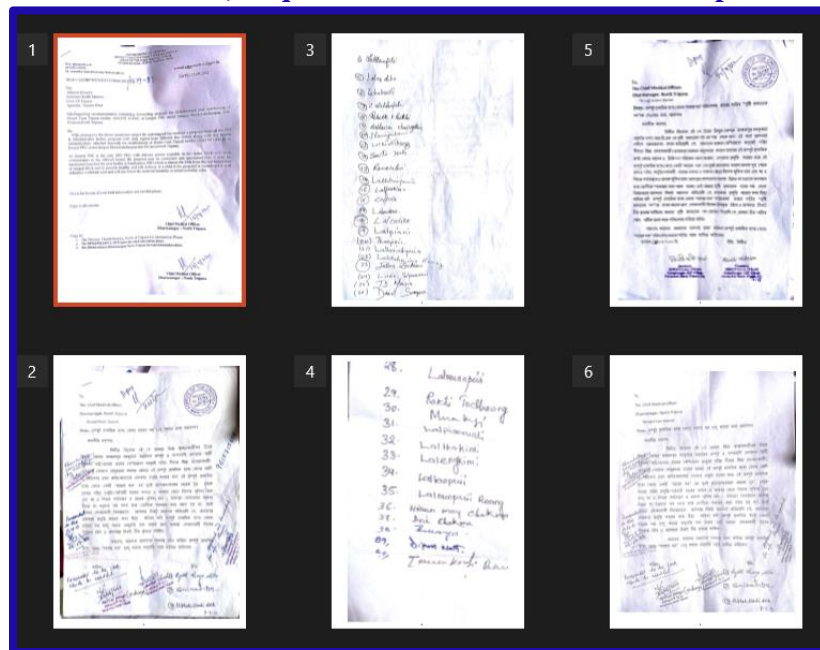
Source: Census of India 2011

Table A.2: Details of Resource Envelope North Tripura District, 2020-21

Particulars	Rs. in Crore
1. GoI Support (Flexible Pool allocation including Cash and Kind)	170.69
2. GoI Support for Incentive Pool based on the last year's performance (assuming no incentive/ reduction on account of performance)	28.92
3. GoI Support (under Infrastructure Maintenance)	38.61
Total GoI support	238.22
State Share (40%)	26.47
Total Resource Envelope	264.69

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

Table A.3 Document for the CMO, Requirement for MAYA Ghar in Jampui Block



Source: CMO Officer, North Tripura

ANNEXURES II



Ministry of Health & Family Welfare
Government of India



Schedule for PIP Monitoring

Key Correspondence: DPMU

District Profile- 2021-2022

A.1. Healthcare				
Indicator	Values		We have to mention the source ourselves in column (As we need district details as per census 2011 or the current date)	
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 (2021-22)				
10. Estimated number of C-section (2021-22)				
11. Estimated numbers of live births (2021-22)				
12. Estimated number of eligible couples (2021-22)				
13. Estimated number of leprosy cases (2021-22)				
14. Target for public and private sector TB notification for the current year (2021-22)				
15. Estimated number of cataract surgeries to be conducted (2021-22)				
Mortality Indicators:	Financial year (2020-21)		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	
23. District Hospitals				
24. Sub District Hospital				
25. Community Health Centers (CHC)				
26. Primary Health Centers (PHC)				
27. Sub Centers (SC)				
28. Urban Primary Health Centers (U-PHC)				
29. Urban Community Health Centers (U-CHC)				
30. Special Newborn Care Units (SNCU)				
31. Nutritional Rehabilitation Centres (NRC)				
32. District Early intervention Center (DEIC)				
33. First Referral Units (FRU)				
34. Blood Bank				
35. Blood Storage Unit (BSU)				
36. No. of PHC converted to HWC				
37. No. of U-PHC converted to HWC				
38. Number of Sub Centre converted to HWC				
39. Designated Microscopy Center (DMC)				
40. Tuberculosis Units (TUs)				
41. CBNAAT/TruNat Sites				
42. Drug Resistant TB Centres				
43. Functional Non-Communicable Diseases (NCD) clinic				
• At DH	_____	_____	_____	_____
• At SDH	_____	_____	_____	_____
• At CHC	_____	_____	_____	_____
44. Institutions providing Comprehensive Abortion Care (CAC) services				
• Total no. of facilities	_____	_____	_____	_____
• Providing 1st trimester services	_____	_____	_____	_____
• Providing both 1st & 2nd trimester services	_____	_____	_____	_____

Overview: Submission & Approval timeliness of DHAP

Indicator	Remarks/ Observation
1. Whether the district has prepared any District Programme Implementation Plan (PIP) for current year and has submitted it to the states (verify)	
2. Whether the District has received the approved District Health Action Plan (DHAP) from the state (verify).	If yes, date of release_____

Indicator	Remarks/ Observation
3. Date of first release of fund against DHAP	
4. Infrastructure: Construction Status	
<ul style="list-style-type: none"> Details of Construction pending for more than 2 years 	
<ul style="list-style-type: none"> Details of Construction completed but not handed over 	

A.3 Infrastructure Construction Status Details

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

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)	
<ul style="list-style-type: none"> Number of lab tests notified 	
C.2. Status Of Delivery Points	
<ul style="list-style-type: none"> No. of SCs conducting >3 deliveries/month 	
<ul style="list-style-type: none"> No. of 24x7 PHCs conducting > 10 deliveries /month 	
<ul style="list-style-type: none"> No. of CHCs conducting > 20 deliveries /month 	
<ul style="list-style-type: none"> No. of DH/ District Women and child hospital conducting > 50 deliveries /month 	
<ul style="list-style-type: none"> No. of DH/ District Women and child hospital conducting C-section 	
<ul style="list-style-type: none"> No. of Medical colleges conducting > 50 deliveries per month 	
<ul style="list-style-type: none"> No. of Medical colleges conducting C-section 	
<ul style="list-style-type: none"> Number of institutes with ultrasound facilities (Public+Private) 	Public: Private:

Indicator	Remarks/ Observation													
<ul style="list-style-type: none"> Of these, how many are registered under PCPNDT act 	Public: Private:													
C.3. National Health Programmes														
3. Pradhan Mantri Surakshit Matritva Abhiyan (PMSMA)	3. No. issued MCP card and Safe Motherhood Booklet: _____ 4. 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) <ul style="list-style-type: none"> Admissions (2021-22) Defects at birth Discharged Referral LAMA Died 	<ul style="list-style-type: none"> Total number of beds <ul style="list-style-type: none"> In radiant warmer _____ Stepdown care _____ Kangaroo Mother Care (KMC) unit _____ Number of non-functional radiant warmer for more than a week _____ Number of non-functional phototherapy unit for more than a week _____ <table border="1" data-bbox="894 1627 1427 1879"> <thead> <tr> <th data-bbox="894 1627 1125 1663">Inborn</th> <th data-bbox="1128 1627 1427 1663">Out born</th> </tr> </thead> <tbody> <tr> <td data-bbox="894 1665 1125 1701"></td> <td data-bbox="1128 1665 1427 1701"></td> </tr> <tr> <td data-bbox="894 1703 1125 1738"></td> <td data-bbox="1128 1703 1427 1738"></td> </tr> <tr> <td data-bbox="894 1740 1125 1776"></td> <td data-bbox="1128 1740 1427 1776"></td> </tr> <tr> <td data-bbox="894 1778 1125 1814"></td> <td data-bbox="1128 1778 1427 1814"></td> </tr> <tr> <td data-bbox="894 1816 1125 1852"></td> <td data-bbox="1128 1816 1427 1852"></td> </tr> </tbody> </table>		Inborn	Out born										
Inborn	Out born													

6. Newborn Stabilization Unit (NBSU)	Inborn	Out born
• Admission (2021-22)		
• Discharged		
• Referral		
• LAMA		
• Died		
7. Nutrition Rehabilitation Centers (NRC)	<ul style="list-style-type: none"> • Total Admissions (2021-22)..... • Discharged • Referral/ Medical transfer • LAMA • Died • Admission <ul style="list-style-type: none"> • Bilateral pitting oedema • MUAC<115 mm • <'-3SD WFH • with Diarrhea • ARI/ Pneumonia • TB • HIV • Fever • Nutrition related disorder • Others • Admission to NRC Referred by <ul style="list-style-type: none"> • Frontline worker • Self • Ref from VCDC/ CTC • RBSK • Pediatric ward/ emergency 	
8. Home Based Newborn Care (HBNC)	<ul style="list-style-type: none"> • 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)	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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) <p>If yes, since when and reasons thereof</p>						
11. Universal health screening <ul style="list-style-type: none"> • No. of patients screened, diagnosed, and treated for: <ul style="list-style-type: none"> ○ Hypertension 	<ul style="list-style-type: none"> • If conducted, what is the target population • Number of Community Based Assessment Checklist (CBAC) forms filled till date <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th style="width: 33%;">Screened</th> <th style="width: 33%;">Diagnosed</th> <th style="width: 33%;">Treated</th> </tr> </thead> <tbody> <tr> <td style="height: 20px;"></td> <td></td> <td></td> </tr> </tbody> </table>	Screened	Diagnosed	Treated			
Screened	Diagnosed	Treated					

<ul style="list-style-type: none"> ○ Diabetes ○ Oral cancer ○ Breast Cancer ○ Cervical cancer 	<table border="1" style="width: 100%; height: 100%;"> <tr><td style="width: 33%;"></td><td style="width: 33%;"></td><td style="width: 33%;"></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)	<ul style="list-style-type: none"> • Rapid Response Team (RRT) Constituted: Y/N • Team Composition: • Outbreaks investigated: <ul style="list-style-type: none"> • 2019-20: • 2020-21: • Proportion (% out of total) of Pvt health facilities reporting weekly data of IDSP • How is IDSP data utilized? Elaborate. <hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> <hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> <hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> 												

13. National Viral Hepatitis Control Program (NVHCP)	<ul style="list-style-type: none"> • % 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)	<ul style="list-style-type: none"> • If District notified a State Mental Health Authority (SMHA) <ul style="list-style-type: none"> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No SMHA in place <input type="checkbox"/> No Mental Health Service or Facility in the district 																																																	
15. Vehicle for Referral Transport																																																		
<ul style="list-style-type: none"> • Details of Referral Transport – Number and Distribution: <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 20%;">Stationed at:</th> <th style="width: 10%;">BLS</th> <th style="width: 10%;">ALS</th> <th style="width: 10%;">PTA</th> <th style="width: 10%;">Kilkari</th> <th style="width: 10%;">Neonatal</th> <th style="width: 10%;">Others</th> </tr> </thead> <tbody> <tr><td>Medical College</td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>DH</td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>SDH</td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>CHC</td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>PHC</td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>Others</td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </tbody> </table>		Stationed at:	BLS	ALS	PTA	Kilkari	Neonatal	Others	Medical College							DH							SDH							CHC							PHC							Others						
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Others																																																		
<ul style="list-style-type: none"> • Details of Referral Transport – Performance Indicators: <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;">Year</th> <th style="width: 10%;">Ambulances Purchased</th> <th style="width: 10%;">Total Cases</th> <th style="width: 10%;">Pregnant Women</th> <th style="width: 10%;">Accident Cases</th> <th style="width: 20%;">Referral from one health facility to another</th> <th style="width: 10%;">Others</th> </tr> </thead> <tbody> <tr><td>2019-20</td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>2020-21</td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </tbody> </table>		Year	Ambulances Purchased	Total Cases	Pregnant Women	Accident Cases	Referral from one health facility to another	Others	2019-20							2020-21																																		
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					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 2020-21 as per ROP:	
17. National Iron Deficiency Disorders Control Programme	• Key activities performed in 2020-21 as per ROP:	
18. National Tobacco Control Programme	• Key activities performed in 2020-21 as per ROP:	
19. National Vector Borne Disease Control Programme (NVBDCP)	<ul style="list-style-type: none"> • Micro plan and macro plan available at district level Y/N • Annual Blood Examination Rate: <ul style="list-style-type: none"> ○ 2018-19: ○ 2019-20: ○ 2020-21: ○ 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 	

	<ul style="list-style-type: none"> No. of blocks achieved elimination status for Lymphatic Filariasis i.e. mf rate <1%
<p>20. National Tuberculosis Elimination Programme (NTEP)</p> <ul style="list-style-type: none"> Patients notification from public sector Patients notification from private sector 	<ul style="list-style-type: none"> Target TB notification achieved Y/N Whether HIV Status of all TB patient is known: <ul style="list-style-type: none"> <input type="checkbox"/> Yes/ <input type="checkbox"/> No If No, no. of TB patients with known HIV status _____ Eligible TB patients with UDST testing Whether drugs for both drug sensitive and drug resistance TB available No of patients notified: Treatment success rate: No. of MDR TB Patients: Treatment initiation among MDR TB patients: No of patients notified: Treatment success rate: No. of MDR TB Patients: Treatment initiation among MDR TB patients: Beneficiaries paid under NikshayPoshan Yojana <input type="checkbox"/> Yes/ <input type="checkbox"/> No Active Case Finding conducted as per planned for the year <input type="checkbox"/> Yes/ <input type="checkbox"/> No
<p>21. Implementation of National Leprosy Eradication Programme (NLEP)</p>	<ul style="list-style-type: none"> 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

<p>22. ASHAs</p>	<p>Number of ASHAs</p> <ul style="list-style-type: none"> 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
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	<ul style="list-style-type: none"> • Slum areas with no ASHA <p>Status of social benefit scheme for ASHAs and ASHA Facilitators (if available)</p> <ul style="list-style-type: none"> • No. of ASHAs enrolled for Pradhan Mantri Jeevan JyotiBima Yojana (PMJJBY) • No. of ASHA Facilitator enrolled for Pradhan Mantri Jeevan JyotiBimaYojana (PMJJBY) • No. of ASHAs enrolled for Pradhan Mantri Suraksha Bima Yojana (PMSBY) • No. of ASHA Facilitators enrolled for Pradhan Mantri Suraksha Bima Yojana (PMSBY) • No. of ASHAs enrolled for Pradhan MantriShram Yogi Maandhan Yojana (PMSYMY) • No. of ASHA Facilitators enrolled for Pradhan MantriShram Yogi Maandhan Yojana (PMSYMY) • Any other state specific scheme
<p>23. MahilaArogyaSamitis (MAS)-</p>	<p>Status of MahilaArogyaSamitis (MAS)-</p> <ol style="list-style-type: none"> a. Formed b. Trained c. MAS account opened d. Samiti addresses issues related to.....
<p>24. Village Health Sanitation and Nutrition Committee (VHSNC)</p>	<p>Status of Village Health Sanitation and Nutrition Committee (VHSNC):</p> <ol style="list-style-type: none"> a. Formed: b. Trained: c. MAS account opened:
<p>25. Kayakalp and Quality Assurance</p>	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • Number of maternal deaths reported at: DH: _____ SDH: _____ CHC: _____ PHC: _____ SC: _____ Prime reason for the maternal death..... • Number of Maternal Death Review conducted <ul style="list-style-type: none"> • 2020-21: _____ • 2021-22: _____ 			
	<ul style="list-style-type: none"> • Number of Neonatal Deaths: _____ • Number of Total Child Deaths: _____ • Number of Child Death Review conducted <ul style="list-style-type: none"> • 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				

<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> 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 MeraAspataal performance report)	<ul style="list-style-type: none"> 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 			

Implementation of CPHC

Status as on: **31st March, 2020**

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

Status of HRH

Status as on: _____

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

State of Fund Utilization

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

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

Indicator	Budget Released (in lakhs)	Budget utilized (in lakhs)	Reason for low utilization (if less than 60%)
18. FMR 1: Service Delivery: Facility Based			
19. FMR 2: Service Delivery: Community Based			
20. FMR 3: Community Intervention			

21. FMR 4: Untied grants			
22. FMR 5: Infrastructure			
23. FMR 6: Procurement			
24. FMR 7: Referral Transport			
25. FMR 8: Human Resource (Service Delivery)			
26. FMR 9: Training			
27. FMR 10: Review, Research and Surveillance			
28. FMR 11: IEC-BCC			
29. FMR 12: Printing			
30. FMR 13: Quality			
31. FMR 14: Drug Warehouse & Logistic			
32. FMR 15: PPP			
33. FMR 16: Programme Management			
34. FMR 17: IT Initiatives for Service Delivery			
35. 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			

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

Indicator	Budget Released (in lakhs)	Budget utilized (in lakhs)	Reason for low utilization (if less than 60%)
• National Programme on palliative care (NPPC)			
• National Programme for Prevention and Control of Fluorosis (NPPCF)			
• National Rabies Control Programme (NRCP)			
• National Programme for Prevention and Control of Deafness (NPPCD)			
• National programme for Prevention and Management of Burn & Injuries			
• Programme for Prevention and Control of Leptospirosis (PPCL)			

Status of trainings

Status as on: _____

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

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

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

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

Indicator	Remarks/ Observation																																																																																																
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	Quality/strength of internet connection: _____
13. Kayakalp	Initiated: Facility score: Award received:
14. NQAS	Assessment done: Internal/State Facility score: Certification Status:
15. LaQshya	Labour Room: Operation Theatre:
16. Availability of list of essential medicines (EML)/ drugs (EDL)	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
	If yes, total number of drugs in EDL _____ EDL displayed in OPD Area: <input type="checkbox"/> Yes/ <input type="checkbox"/> No No. of drugs available on the day of visit (out of the EDL) _____
17. Implementation of DVDMS or similar supply chain management system	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If other, which one _____
18. Shortage of 5 priority drugs from EDL in last 30 days, if any	1
	2
	3
	4
	5
19. Availability of Essential Consumables:	<input type="checkbox"/> Sufficient Supply <input type="checkbox"/> Minimal Shortage <input type="checkbox"/> Acute shortage List the consumables for which there was shortage In last 6 months how many times there was shortage _____
20. Availability of essential diagnostics	<input type="checkbox"/> In-house <input type="checkbox"/> Outsourced/ PPP <input type="checkbox"/> Both/ Mixed
• In-house tests (For 2020-21)	Timing: Total number of tests performed: _____ Details of tests performed:
• Outsourced/ PPP (For 2020-21)	Timing: Total number of tests performed: _____ Details of tests performed:
21. X-ray services is available	<input type="checkbox"/> Yes/ <input type="checkbox"/> No

Indicator	Remarks/ Observation
	<p>If Yes, type & nos. of functional X-ray machine is available in the hospital:</p> <p>Is the X-ray machine AERB certified: <input type="checkbox"/>Yes/ <input type="checkbox"/>No</p>
22. CT scan services available	<p><input type="checkbox"/>Yes/ <input type="checkbox"/>No</p> <p>If yes: <input type="checkbox"/>In-house/ <input type="checkbox"/>PPP</p> <p>Out of Pocket expenditures associated with CT Scan services (if any, approx. amount per scan): _____</p>
23. Whether diagnostic services (lab, X-ray, USG etc.) are free for all	<p><input type="checkbox"/>Free for BPL</p> <p><input type="checkbox"/>Free for elderly</p> <p><input type="checkbox"/>Free for JSSK beneficiaries</p> <p><input type="checkbox"/>Free for all</p>
24. Availability of Testing kits/ Rapid Diagnostic Kits	<p><input type="checkbox"/>Sufficient Supply</p> <p><input type="checkbox"/>Minimal Shortage</p> <p><input type="checkbox"/>Acute shortage</p>
25. Implementation of PM-National Dialysis programme	<p><input type="checkbox"/>Yes/ <input type="checkbox"/>No</p> <p><input type="checkbox"/>In-house</p> <p><input type="checkbox"/>Outsourced/ PPP</p> <p>Total number of tests performed: _____</p>
<ul style="list-style-type: none"> Whether the services are free for all 	<p><input type="checkbox"/>Free for BPL</p> <p><input type="checkbox"/>Free for elderly</p> <p><input type="checkbox"/>Free for JSSK beneficiaries</p> <p><input type="checkbox"/>Free for all</p>
<ul style="list-style-type: none"> Number of patients provided dialysis service (for 2020-21) 	<p>o Previous year _____</p> <p>o Current FY _____</p> <p><i>*Calculate the approximate no. of patients provided dialysis per day</i></p>
26. If there is any shortage of major instruments/ equipment (List the Equipments)	
27. Average downtime of equipment. Details of equipment are nonfunctional for more than 7 days	
28. Availability of delivery services	<p><input type="checkbox"/>Yes/ <input type="checkbox"/>No</p>
<ul style="list-style-type: none"> If the facility is designated as FRU, whether C-sections are performed 	<p><input type="checkbox"/>Yes/ <input type="checkbox"/>No</p> <p>Number of normal deliveries performed in last month: _____</p> <p>No. of C-sections performed in last month: _____</p>

Indicator	Remarks/ Observation
<ul style="list-style-type: none"> • Comment on the condition of: 	Labour room: OT: Functional New-born care corner (functional radiant warmer with neo-natal ambu bag): <input type="checkbox"/> Yes/ <input type="checkbox"/> No
29. Status of JSY payments	Payment is up to date: <input type="checkbox"/> Yes/ <input type="checkbox"/> No Average delay: Payment done till: Reasons for delay:
30. Availability of JSSK entitlements	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, whether all entitlements being provided <input type="checkbox"/> Free delivery services (Normal delivery/ C-section) <input type="checkbox"/> Free diet <input type="checkbox"/> Free drugs and consumables <input type="checkbox"/> Free diagnostics <input type="checkbox"/> Free blood services <input type="checkbox"/> Free referral transport (home to facility) <input type="checkbox"/> Free referral transport (drop back from facility to home) <input type="checkbox"/> No user charges
31. PMSMA services provided on 9 th of every month	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, how are high risks identified on 9 th ? If No, reasons thereof:
32. Line listing of high-risk pregnancies	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
33. Practice related to Respectful Maternity Care	
34. Whether facility have registers for entering births and deaths	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
35. Number of Maternal Death reported in the facility	Previous year: Current year:
36. Number of Child Death reported in the facility	Previous year: Current year:
37. If Comprehensive Abortion Care (CAC) services available	<input type="checkbox"/> Yes/ <input type="checkbox"/> No

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

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

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



Ministry of Health & Family Welfare
Government of India



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

Service Delivery:

Name of facility visited	
Facility Type	<input type="checkbox"/> CHC/ <input type="checkbox"/> U-CHC
FRU	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
Standalone/ Co-located	<input type="checkbox"/> Standalone/ <input type="checkbox"/> Co-located Co-located with (if applicable):
Accessible from nearest road head	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
Date of Visit	
Next Referral Point	Facility: Distance:
Indicator	Remarks/ Observation
4. OPD Timing	
5. Whether the facility is functioning in PPP mode	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
6. Condition of infrastructure/ building	Comments:

Please comment on the condition and tick the appropriate box	<input type="checkbox"/> 24*7 running water facility <input type="checkbox"/> Facility is geriatric and disability friendly (ramps etc.) <input type="checkbox"/> Clean functional toilets available (separate for Male and female) <input type="checkbox"/> Drinking water facility available <input type="checkbox"/> OPD waiting area has sufficient sitting arrangement <input type="checkbox"/> ASHA rest room is available <input type="checkbox"/> Drug storeroom with rack is available Power backup: <input type="checkbox"/> Complete Hospital/ <input type="checkbox"/> Part of the hospital																																		
7. Number of functional in-patient beds																																			
8. List of Services available																																			
<ul style="list-style-type: none"> Specialized services available in addition to General OPD, ANC, Delivery, PNC, Immunization, FP, Laboratory services 	<table border="1"> <thead> <tr> <th>Sl.</th> <th>Service</th> <th>Y/N</th> </tr> </thead> <tbody> <tr><td>1</td><td>Medicine</td><td></td></tr> <tr><td>2</td><td>O&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>Newborn Stabilization Unit</td><td></td></tr> </tbody> </table>	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		
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27. If there is any shortage of major instruments/ equipment (List the Name of Equipment)		
28. Average downtime of equipment. Details of		

equipment are nonfunctional for more than 7 days	
29. Availability of delivery services	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
<ul style="list-style-type: none"> If the facility is designated as FRU, whether C-sections are performed 	<input type="checkbox"/> Yes/ <input type="checkbox"/> No Number of normal deliveries performed in last month: _____ No. of C-sections performed in last month: _____
<ul style="list-style-type: none"> Comment on condition of: 	Labour room: OT: Functional New-born care corner (functional radiant warmer with neo-natal ambu bag): <input type="checkbox"/> Yes/ <input type="checkbox"/> No
30. Status of JSY payments	Payment is up to date: <input type="checkbox"/> Yes/ <input type="checkbox"/> No Average delay: Payment done till: Reasons for delay:
31. Availability of JSSK entitlements	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, whether all entitlements being provided <input type="checkbox"/> Free delivery services (Normal delivery/ C-section) <input type="checkbox"/> Free diet <input type="checkbox"/> Free drugs and consumables <input type="checkbox"/> Free diagnostics <input type="checkbox"/> Free blood services <input type="checkbox"/> Free referral transport (home to facility) <input type="checkbox"/> Free referral transport (drop back from facility to home) <input type="checkbox"/> No user charges
32. PMSMA services provided on 9 th of every month	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, how are high risks identified on 9 th ? If No, reasons thereof:
33. Line listing of high-risk pregnancies	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
34. Practice related to Respectful Maternity Care	
35. Whether facility have registers for entering births and deaths	<input type="checkbox"/> Yes/ <input type="checkbox"/> No

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

53. Status of TB elimination programme	Facility is designated as Designated Microscopy Centre (DMC): <input type="checkbox"/> Yes/ <input type="checkbox"/> No
	If yes, percent of OPD whose samples were tested for TB (microscopy) in last 6 month (average) _____
	If anti-TB drugs available at the facility: <input type="checkbox"/> Yes/ <input type="checkbox"/> No
	If yes, are there any patients currently taking anti-TB drugs from the facility: <input type="checkbox"/> Yes/ <input type="checkbox"/> No
	Percent of patients tested through CBNAAT/TruNat for Drug resistance in the last 6 months _____
	Is there a sample transport mechanism in place for: <ul style="list-style-type: none"> • investigations within public sector for TB testing? <input type="checkbox"/>Yes/ <input type="checkbox"/>No • investigations within public sector for other tests? <input type="checkbox"/>Yes/ <input type="checkbox"/>No • outsourced testing? <input type="checkbox"/>Yes/ <input type="checkbox"/>No
	Are all TB patients tested for HIV? <input type="checkbox"/> Yes/ <input type="checkbox"/> No Are all TB patients tested for Diabetes Mellitus: <input type="checkbox"/> Yes/ <input type="checkbox"/> No
	Percent of TB Patients for whom DBT installments have been initiated under NikshayPoshan Yojana in the last 6 months: _____
54. Status on Leprosy eradication programme	Nos. of new case detected by Field Worker in last 12 months: Out of those, how many are having Gr. II deformity: Frequency of Community Surveillance:
55. Maintenance of records on	<ul style="list-style-type: none"> • TB Treatment Card cases (both for drug sensitive and drug resistant cases): <input type="checkbox"/>Yes/ <input type="checkbox"/>No • TB Notification Registers: <input type="checkbox"/>Yes/ <input type="checkbox"/>No • Malaria cases: <input type="checkbox"/>Yes/ <input type="checkbox"/>No • Palliative cases: <input type="checkbox"/>Yes/ <input type="checkbox"/>No • Cases related to Dengue and Chikungunya: <input type="checkbox"/>Yes/ <input type="checkbox"/>No • Leprosy cases: <input type="checkbox"/>Yes/ <input type="checkbox"/>No
56. How much fund was received and utilized by the facility under NHM?	Fund Received last year: Fund utilized last year:
	Items/ Activities whose expenditure is met out of the RKS/ Untied Fund regularly:
	Reasons for underutilization of fund (if any)
57. Status of data entry in (match with physical records)	HMIS: <input type="checkbox"/> Updated/ <input type="checkbox"/> Not updated MCTS: <input type="checkbox"/> Updated/ <input type="checkbox"/> Not updated IHIP: <input type="checkbox"/> Updated/ <input type="checkbox"/> Not updated HWC Portal: <input type="checkbox"/> Updated/ <input type="checkbox"/> Not updated Nikshay Portal: <input type="checkbox"/> Updated/ <input type="checkbox"/> Not updated
58. Frequency of RKS meeting (check and obtain minutes of last meeting held)	

59. Availability of ambulance services in the area	<input type="checkbox"/> CHC own ambulance available Number____ <input type="checkbox"/> CHC has contracted out ambulance services Number_____ <input type="checkbox"/> Ambulances services with Centralized call centre <input type="checkbox"/> Government ambulance services are not available Comment (if any):
<ul style="list-style-type: none"> How many cases from sub centre/ PHC were referred to this CHC last month? 	Number: Sub centre PHC Types of cases referred in:
<ul style="list-style-type: none"> How many cases from the CHC were referred to the DH last month? 	Number: Types of cases referred out:
60. Key challenges in the facility and the root causes	
Challenge	Root causes
a)	
b)	
c)	
d)	
e)	



Ministry of Health & Family Welfare
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Primary Health Centre (PHC/U-PHC) Level Checklist

Service Delivery:

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

Next Referral Point		Facility: Distance:			
Indicator		Remarks/ Observation			
1. OPD Timing					
<ul style="list-style-type: none"> For U-PHC, check if evening/morning OPD/Clinics being conducted 		<input type="checkbox"/> Yes/ <input type="checkbox"/> No			
2. Whether the facility is functioning in PPP mode		<input type="checkbox"/> Yes/ <input type="checkbox"/> No			
3. Condition of infrastructure/ building		Comments:			
Please comment on the condition and tick the appropriate box		<input type="checkbox"/> 24*7 running water facility <input type="checkbox"/> Facility is geriatric and disability friendly (Ramps etc.) <input type="checkbox"/> Clean functional toilets available (separate for Male and female) <input type="checkbox"/> Drinking water facility available <input type="checkbox"/> OPD waiting area has sufficient sitting arrangement <input type="checkbox"/> ASHA rest room is available <input type="checkbox"/> Drug storeroom with rack is available <input type="checkbox"/> Power backup <input type="checkbox"/> Branding			
4. Number of functional in-patient beds					
5. List of Services available					
6. If 24*7 delivery services available		<input type="checkbox"/> Yes/ <input type="checkbox"/> No			
7. Tele-medicine/Consultation services available		<input type="checkbox"/> Yes/ <input type="checkbox"/> No			
		If yes, average case per day _____			
8. Biomedical waste management practices		Sharp pit: Deep Burial pit: Other System, if any:			
9. Details of HR available in the facility (Sanctioned and In-place)		HR	San.	Reg.	Cont.
		MO (MBBS)			
		MO (AYUSH)			
		SNs/ GNM			
		ANM			
		LTs			
		Pharmacist			
		Public Health Manager (NUHM)			
		LHV/PHN			

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

<ul style="list-style-type: none"> Outsourced/ PPP For 2020-21 	Timing: Total number of tests performed: _____ Details of tests performed:
20. X-ray services is available	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If Yes, type & nos. of functional X-ray machine is available in the hospital: Is the X-ray machine AERB certified: <input type="checkbox"/> Yes/ <input type="checkbox"/> No
21. Whether diagnostic services (lab, X-ray etc.) are free for all	<input type="checkbox"/> Free for BPL <input type="checkbox"/> Free for elderly <input type="checkbox"/> Free for JSSK beneficiaries <input type="checkbox"/> Free for all
22. Availability of Testing kits/ Rapid Diagnostic Kits	<input type="checkbox"/> Sufficient Supply <input type="checkbox"/> Minimal Shortage <input type="checkbox"/> Acute shortage
23. If there is any shortage of major instruments/ equipment	List of Equipment
24. Average downtime of equipment. Details of equipment are nonfunctional for more than 7 days	
25. Availability of delivery services	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
<ul style="list-style-type: none"> If yes, details 	Comment on condition of labour room: Functional New-born care corner (functional radiant warmer with neo-natal ambu bag): <input type="checkbox"/> Yes/ <input type="checkbox"/> No
26. Status of JSY payments	Payment is up to date: <input type="checkbox"/> Yes/ <input type="checkbox"/> No Average delay: Payment done till: Reasons for delay:
27. Availability of JSSK entitlements	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, whether all entitlements being provided <input type="checkbox"/> Free delivery services (Normal delivery/ C-section) <input type="checkbox"/> Free diet <input type="checkbox"/> Free drugs and consumables <input type="checkbox"/> Free diagnostics

	<input type="checkbox"/> Free blood services <input type="checkbox"/> Free referral transport (home to facility) <input type="checkbox"/> Free referral transport (drop back from facility to home) <input type="checkbox"/> No user charges
28. Line listing of high-risk pregnancies	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
29. Number of normal deliveries in last three month	
30. Availability of Daksh/ Dakshta trained/SBA trained MO/SN/ANM in Labour Room	<input type="checkbox"/> Yes <input type="checkbox"/> No
31. Practice related to Respectful Maternity Care	
32. Number of Maternal Death reported in the facility	Previous year:2019-2020 Current FY:2020-2021
33. Number of Child Death reported in the facility	Previous year: Current year:
34. Availability of vaccines and hub cutter	<input type="checkbox"/> Yes/ <input type="checkbox"/> No Nurses/ ANM aware about open vial policy: <input type="checkbox"/> Yes/ <input type="checkbox"/> No
35. Number of newborns immunized with birth dose at the facility in last 3 months	
36. Newborns breastfed within one hour of birth (observe if practiced and women are being counselled)	
37. Number of sterilizations performed in last one month	Male Female
38. Availability of trained provider for IUCD/ PPIUCD	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
39. Who counsels on FP services?	
40. Please comment on utilization of other FP services	
41. FPLMIS has been implemented	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
42. Availability of functional Adolescent Friendly Health Clinic	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, who provides counselling to adolescents: _____ Separate male and female counselors available: <input type="checkbox"/> Yes/ <input type="checkbox"/> No
43. Whether facility has fixed day NCD clinic	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If Yes, how many days in a week: _____ days

44. Are service providers trained in cancer services?	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
45. Number of individuals screened for the following in last 6 months:		Screened	Confirmed
	a. Hypertension		
	b. Diabetes		
	c. Oral Cancer		
	d. Breast Cancer		
e. Cervical Cancer			
46. Whether wellness activities are performed	<input type="checkbox"/> Yes/ <input type="checkbox"/> No Frequency:		
47. Whether reporting weekly data in P and L form under IDSP	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
48. Distribution of Long lasting Insecticidal nets (LLIN) in high-risk areas	No. of LLIN distributed per household: <input type="checkbox"/> 1 per family/ <input type="checkbox"/> Others (Specify): _____		
49. Status of TB elimination programme	Facility is designated as Designated Microscopy Centre (DMC): <input type="checkbox"/> Yes/ <input type="checkbox"/> No		
	If yes, percent of OPD whose samples were tested for TB (microscopy) in last 6 month (average) _____		
	If anti-TB drugs available at the facility: <input type="checkbox"/> Yes/ <input type="checkbox"/> No		
	If yes, are there any patients currently taking anti-TB drugs from the facility: <input type="checkbox"/> Yes/ <input type="checkbox"/> No		
	Percent of patients tested through CBNAAT/TruNat for Drug resistance in the last 6 months _____		
	Is there a sample transport mechanism in place for:		
	<ul style="list-style-type: none"> • investigations within public sector for TB testing? <input type="checkbox"/>Yes/ <input type="checkbox"/>No • investigations within public sector for other tests?<input type="checkbox"/>Yes/ <input type="checkbox"/>No • outsourced testing? <input type="checkbox"/>Yes/ <input type="checkbox"/>No 		
	Are all TB patients tested for HIV? <input type="checkbox"/> Yes/ <input type="checkbox"/> No Are all TB patients tested for Diabetes Mellitus: <input type="checkbox"/> Yes/ <input type="checkbox"/> No		
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): <input type="checkbox"/> Yes/ <input type="checkbox"/> No		
	• TB Notification Registers: <input type="checkbox"/> Yes/ <input type="checkbox"/> No		
	• Malaria cases: <input type="checkbox"/> Yes/ <input type="checkbox"/> No		
	• Palliative cases: <input type="checkbox"/> Yes/ <input type="checkbox"/> No		
	• Cases related to Dengue and Chikungunya: <input type="checkbox"/> Yes/ <input type="checkbox"/> No		
	• Leprosy cases: <input type="checkbox"/> Yes/ <input type="checkbox"/> No		
	Fund Received last year: Fund utilized last year:		

52. How much fund was received and utilized by the facility under NHM?	Items/ Activities whose expenditure is met out of the RKS/ Untied Fund regularly:
	Reasons for underutilization of fund (if any)
53. Status of data entry in (match with physical records)	HMIS: <input type="checkbox"/> Updated/ <input type="checkbox"/> Not updated MCTS: <input type="checkbox"/> Updated/ <input type="checkbox"/> Not updated IHIP: <input type="checkbox"/> Updated/ <input type="checkbox"/> Not updated HWC Portal: <input type="checkbox"/> Updated/ <input type="checkbox"/> Not updated Nikshay Portal: <input type="checkbox"/> Updated/ <input type="checkbox"/> Not updated
54. Frequency of RKS meeting (check and obtain minutes of last meeting held)	
55. Availability of ambulance services in the area	<input type="checkbox"/> PHC own ambulance available Number_____
	<input type="checkbox"/> PHC has contracted out ambulance services Number_____
	<input type="checkbox"/> Ambulances services with Centralized call centre <input type="checkbox"/> Government ambulance services are not available
	Comment (if any):
• 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	<input type="checkbox"/> Not yet initiated <input type="checkbox"/> Initiated <input type="checkbox"/> Completed
58. Number of CBAC forms filled (NUHM)	
59. Is Specialist services provided at U-PHC?	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, specialist services are provided through: <input type="checkbox"/> Teleconsultation/ <input type="checkbox"/> Clinic Schedule: <input type="checkbox"/> Fixed/ <input type="checkbox"/> Rotational Type of specialist services available: <input type="checkbox"/> OBGY, <input type="checkbox"/> Pediatrics, <input type="checkbox"/> Medicine, <input type="checkbox"/> Dermatology, <input type="checkbox"/> Ophthalmology, Others _____
60. UHNDs Conducted:	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, no. of UHND conducted per month _____
61. Special Outreach camps conducted:	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, no. of UHND conducted during last quarter _____ Type of specialties provided during special outreach camps: _____



Ministry of Health & Family Welfare
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Sub-Centre (SC) Level Checklist

Service Delivery: Sub Centre

Name of facility visited	
Whether the facility has been converted to HWC	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
Standalone/ Co-located	<input type="checkbox"/> Standalone/ <input type="checkbox"/> Co-located

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

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

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

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

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

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