



Ministry of Health & Family Welfare
Government of India



MONITORING OF NHM PROGRAMME IMPLEMENTATION PLAN IN WEST TRIPURA DISTRICT TRIPURA

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TABLE OF CONTENTS

ACKNOWLEDGEMENT	I
TABLE OF CONTENTS.....	II
LIST OF TABLES	IV
LIST OF MAP & FIGURES.....	V
ABBREVIATION	VI
EXECUTIVE SUMMARY	1
CHAPTER 1: INTRODUCTION	4
1.1. Background.....	4
1.2. Objectives.....	4
1.3. Methodology.....	5
1.4. Demographic Profile	6
1.5. Health and Service Delivery Indicators from HMIS.....	8
CHAPTER 2: PUBLIC HEALTH FINANCING	10
2.1. State Resource Envelope	10
2.2. Budget Utilization.....	12
2.3. District Health Action Plan	15
3. CHAPTER 3: PUBLIC HEALTH PLANNING	16
3.1. Health Infrastructure	16
3.2. Free Drugs & Diagnostics.....	17
3.3. Human Resource for Healthcare and Training	17
3.4. Referral Transport	18
4. CHAPTER 4: NATIONAL HEALTH MISSION PROGRAMMES	19
4.1. Reproductive, Maternal, Neonatal, Child and Adolescent Health	19
4.2. Family Planning Services.....	22
4.3. Disease Control Programme	23
4.4. Communicable Diseases	23
4.5. Non-Communicable Diseases	25
5. CHAPTER 5: SERVICE AVAILABILITY AT HEALTH FACILITIES- FACILITY WISE OBSERVATION	27
5.1. Condition of Health Infrastructure.....	27
5.2. Availability of Specialized Services.....	27
5.3. Availability of Drugs and Diagnostic.....	29

5.4	Pradhan Mantri Surakshit Matritva Abhiyan.....	30
5.5	Institutional Delivery and Maternal, JSY Payments (DBT) and JSSK.....	30
5.6	Immunisation Services.....	31
5.7	Family Planning and Abortion Care.....	31
5.8	Adolescent Health.....	31
5.9	TB Elimination Programme.....	32
5.10	Quality Assurance and Cleanliness.....	32
5.11	IT Services, Data Reporting and Maintenance of Records.....	32
5.12	Human Resources.....	33
5.13	Fund Utilization and RKS Meetings.....	33
6.	CHAPTER 6: COMMUNITY HEALTH	34
6.1	Coverage Knowledge and Skills of ASHAs	34
6.2	Preference of Health Facilities for Maternal and Child Health Services.....	34
6.3	Health Seeking Behaviour of Community.....	34
6.4	Behaviour of Health Care Providers	35
6.5	Accessibility of Drugs, Diagnostics, and Referral Transport	35
6.6	Sanitation Environment and Lifestyle.....	36
6.7	Use Of Tobacco and Injection Drugs	36
6.8	Early Marriage and Teenage Pregnancy.....	36
7.	CHAPTER 7: CONCLUSION AND RECOMMENDATIONS	37
7.1	Best Practices	37
7.2	Challenges	37
7.3	Recommendations	39

LIST OF TABLES

Table 1.1: Key Demographic Indicators of West Tripura District, Tripura and India.....	7
Table 1.2: Health Care Service Delivery Indicators in West Tripura District of Tripura, 2021-22.....	8
Table 2.1: Breakup of resource envelope, NHM FY 2021-22, Tripura.....	11
Table 2.2: Summary of budget approval, 2021-22, (Rs. in Lakhs), Tripura.....	12
Table 2.3: FMR Wise (as per ROP budget heads) Status of Expenditure, West Tripura, 2021-22	13
Table 2.4: Programme wise (as per ROP budget heads) Status of Expenditure, West Tripura, 2021-22...14	14
Table 3.1: Details of Public Health Infrastructure in West Tripura, 2021-22.....	16
Table 4.1: Home deliveries and HBNC Visits in West Tripura, 2021-22.....	20

LIST OF MAP&FIGURES

Map 1.1: Location Map of of Tripura.....	6
Map 1.2: Map of West Tripura District, Tripura.....	7
Figure 1.1: List of Visited Healthcare Facilities in West Tripura District, Tripura	5
Figure 2.1: FMR wise share of NHM budget allotted to Tripura, 2021-22.....	10
Figure 4.1: Home, Institutional C-Section deliveries in West Tripura, 2021-22	19
Figure 4.2: Percent distribution of Institutional and C-Section deliveries in different facilities, 2021-22..	19
Figure 4.3: Status of JSY in West Tripura, 2021-22.....	20
Figure 4.4: percentage of OPV 0, HEPA 0 doses and full immunization in West Tripura, 2021-22.....	21
Figure 4.5: Status of contraceptive distributionin in West Tripura, April-June, 2022.....	22
Figure 4.6: Annual Blood Examination Rate (%), West Tripura.....	23
Figure 4.7: Status of IHIP-IDSP P and L Form Reporting (%), West Tripura, from April to May2022....	24
Figure 4.8: Status of IHIP-IDSP S Form Reporting (%), West Tripura, from April to May2022.....	25

ABBREVIATIONS

AB	Ayushmann Bharat	DHS	Director of Health Services
ACF	Active Case Finding	DIO	District Immunisation Officer
AEFI	Adverse Effect Following Immunization	DMC	District Medical Committee
AFHC	Adolescent Friendly Health Clinic	DQAU	District Quality Assurance Unit
ALS	Advance Life Support	DTC	Designated Tuberculosis Centre
ANC	Antenatal Clinic	DTFI	District Task Force for Immunisation
ANM	Auxiliary Nurse Midwife	DVDMS	Drugs and Vaccines Distribution System
ANMOL	Auxiliary Nurse Midwife Online	ECP	Emergency Contraceptive Pill
ASHA	Accredited Social Health Activist	ECRP	Emergency COVID Response Package
AWC	Anganwadi Centre	EDL	Essential Drug List
AWW	Anganwadi Worker	EML	Essential Medicine List
BCC	Behaviour Change Communication	EMT	Emergency Medical Technician
BCM	Block Community Mobiliser	ENT	Ear Nose Throat
BLS	Basic Life Support	FAMS	Finance Accounting Management System
BMI	Basal Metabolic Index	FDI	Free Drug Initiative
BMMP	Biomedical Equipment Management and Maintenance Program	FDSI	Free Diagnostic Service Initiative
BMW	Bio Medical Waste	FGD	Focus Group Discussion
BPL	Below Poverty Line	FLW	Frontline Worker
CBAC	Community-Based Assessment Checklist	FP	Family Planning
CBNAAT	Cartridge Based Nucleic Acid Amplification Test	FPLMIS	Family Planning Logistic Management Information System
CBWTF	Common Biomedical Waste Treatment Facility	FRU	First Referral Unit
CCC	Covid Care Centre	FSSAI	Food Safety and Standard Authority of India
CHC	Community Health Centre	FY	Fiscal Year
CHO	Community Health Officer	GDMO	General Duty Medical Officer
CHW	Community Health Worker	GNM	General Nursing Midwifery
CLMC	Comprehensive Lactation Management Centre	GOI	Government of India
CMO	Chief Medical Officer	HBNC	Home Based New Born Care
COTPA	Cigarette and Other Tobacco Products Act	HBYC	Home Based Care for Young Children
COVID	Coronavirus Disease	HCF	Health Care Facility
CPHC	Comprehensive Primary Healthcare	HDU	High Dependency Unit
CSR	Corporate Social Responsibility	HFW	Health and Family Welfare
DBT	Direct Benefit Transfer	HIV	Human Immunodeficiency Virus
DCH	Dedicated Covid Hospital	HMIS	Health Management Information System
DCHC	Dedicated Covid Health Centre	HRH	Human Resources for Health
DEIC	District Early Intervention Centre	HRMIS	Human Resource Management Information System
DH	District Hospital	HWC	Health and Wellness Centre
DHM	Doctor of Homeopathic Medicine	ICC	Integrated Comprehensive Care

ICDS	Integrated Child Development Services	MPV	Mean Platelet Volume
ICU	Intensive Care Unit	MPW	Multi-Purpose Worker
IDSP	Integrated Disease Surveillance Project	MTP	Medical Termination of Pregnancy
IEC	Information, Education and Communication	NACP	National Aids Control Programme
IFA	Iron Folic Acid	NBCC	New-born Care Corner
IPD	Inpatient Department	NBSU	New-born Stabilization Unit
IPHS	Indian Public Health Standards	NCD	Non-Communicable Diseases
IPV	Intimate Partner Violence	NGO	Nongovernmental Organizations
IUCD	Intrauterine Contraceptive Devices	NHM	National Health Mission
IYCF	Infant and Young Child Feeding	NICU	Neonatal Intensive Care Unit
JAS	Jan Aarogya Samiti	NIDDCP	National Iodine Deficiency Disorders Control Programme
JAY	Jan Arogya Yojana	NLEM	National List of Essential Medicines
JSSK	Janani Sishu Suraksha Karyakaram	NLEP	National Leprosy Eradication Programme
JSY	Janani Suraksha Yojana	NMHP	National Mental Health Programme
KMC	Kangaroo Mother Care	NOHP	National Oral Health Programme
LAMA	Leave Against Medical Advice	NPCBVI	National Programme for Control of Blindness & Visual Impairment
LBW	Low Birth Weight	NPCCHH	National Program on Climate Change & Human Health
LMO	Liquid Medical Oxygen	NPCDCS	National Programme for Prevention and Control of Cancer, Diabetes, Cardiovascular Diseases and Stroke
LR	Labour Room	NPHCE	National Programme for Health Care of Elderly
LSAS	Life Saving Anaesthesia Skills	NPPC	National Programme for Palliative Care
MAA	Mother's Absolute Affection	NPPCD	National Programme for Prevention and Control of Deafness
MAS	Mahila Arogya Samitis	NPPCF	National Programme for Prevention and Control of Fluorosis
MCH	Maternal and Child Health Wing	NQAS	National Quality Assurance Standard
MCP	Mother and Child Protection	NRC	Nutritional Rehabilitation Centre
MCR	Medical Cost Ratio	NRCP	National Rabies Control Programme
MDA	Mass Drug Administration	NSV	Non-Scalpel Vasectomy
MERM	Medication Event Reminder Monitor	NTCP	National Tobacco Control Programme
MHCA	Mental Health Care Act	NTEP	National Tuberculosis Elimination Programme
MHS	Maintenance of High Standards	NUHM	National Urban Health Mission
MHT	Mental Health Technologies	NVBDCP	National Vector Borne Disease Control Programme
MMA	Medical Methods of Abortion	NVHCP	National Viral Hepatitis Control Programme
MMU	Mobile Medical Units	OOPE	Out-Of-Pocket Expenditure
MNCU	Mother New-born Care Unit	OPD	Out Patient Department
MNS	Mental Health, Neurological and Substance	OPV	Oral Polio Vaccine
MO	Medical Officer	ORS	Oral Rehydration Therapy
MOHF W	Minister of Health and Family Welfare	OT	Operation Theatre

PCPNDT	Preconception and Prenatal Diagnostic Techniques	SBA	Skilled Birth Attendant
PCV	Pneumococcal Conjugate Vaccine	SDH	Sub Divisional Hospital
PE	Physical Education	SGB	State Governing Body
PHC	Primary Health Care	SHC	Sub Health Centre
PHED	Public Health Engineering Department	SHG	Self Help Groups
PHF	Public Health Facility	SHS	State Health Society
PHI	Protected Health Information	SN	Staff Nurse
PICU	Paediatric Intensive Care Unit	SNA	Single Nodal Agency
PMJAY	Pradhan Mantri Jan Swasthya Arogya Yojana	SNCU	Special New-born Care Unit
PMJJBY	Prime Minister Jeevan Jyoti Bima Yojana	SOP	Standard Operating Procedure
PMNDP	Prime Minister National Dialysis Programme	SUMAN	SurakshitMatritvaAaswasshan
PMSMA	Pradhan Mantri SurakshitMatritvaAbhiyaan	SYMY	Prime Minister Shram Yogi Maandhan Yojana
PNDT	Postnatal Diagnostic Test	TAT	Turnaround Time
POCSO	Protection of Child from Sexual	TB	Tuberculosis
POSHAN	Prime Minister Over Arcing Scheme for Holistic Nourishment	TCC	Tobacco Cessation Centre
PPE	Personal Protective Equipment	TOR	Term of Reference
PMU	Ram Management Unit	TRUNAAT	Tru- Nucleic Acid Amplification Testing
PPIUCD	Post-Partum Intra Uterine Contraceptive Devices	TT	Tetanus Toxoid
PPP	Public Private Partnership	TU	Tuber Classes Unit
PRI	Panchayati Raj Institution	UC	Utilisation Certificate
PW	Pregnant Women	UCHC	Urban Community Health Centre
PPIUCD	Post-Partum Intra Uterine Contraceptive Devices	UDST	Universal Drug Sensitivity Test
PWD	Person with Disability	UF	Untied Fund
RBD	Registration of Birth and Death	UHND	Urban Health and Nutrition Day
RBSK	Rastriya Bal SwasthyaKaryakram	ULB	Urban Local Body
RDT	Rapid Diagnostic Test	UPHC	Urban Primary Health Care
RI	Regular Immunisation	USG	Ultrasonography
RKS	Rogi Kalyan Samiti	VHND	Village Health and Nutrition Day
RKSK	Rashtriya Kishor SwasthyaKaryakram	VHSNC	Village Health Sanitation and Nutrition Committee
RMNCH	Reproductive Maternal New-born Child Health	VHSND	Village Health Sanitation and Nutrition Day
RMNCHA	Reproductive Maternal New-born Child Health & Adolescent	VHSNC	Village Health Sanitation and Nutrition Committee
ROP	Record of Proceedings	VIN	Vaccine Intelligence Network
RTPCR	Real Time Polymerase Chain Reaction	VISHWAS	Village Based Initiative to Synergise Health, Water & Sanitation
SAANS	Social Awareness & Action to Neutralize Pneumonia	VVM	Vaccine Viral Monitor
SABLA	Rajeev Gandhi Scheme for Empowerment Adolescent Girls	WCD	Women and Child Development

EXECUTIVE SUMMARY

The report focuses on monitoring all the essential components of NHM in the West Tripura District for the year 2021-22. The monitoring was carried out in August to encapsulate and analyze the status of NHM activities in the district. The report puts forward the key observations made during the PRC, Delhi team visit to various health facilities of the district.

BEST PRACTICES

- The Mayer Ghar initiative facilitates optimal intrapartum and post-partum care for pregnant women and addresses accessibility, acceptability, affordability and related socio-cultural factors.
- The 'Mukhya Mantri Sustho Shaishab, Sustho Kaishore Abhiyan' (MSSSKA) was implemented for children and adolescents (0-19 years) by the Government of Tripura. Under MSSSKA, the district enforces four programmes for children and adolescents, i.e., Vitamin-A supplementation, Iron Folic Acid (IFA) Supplementation, de-worming and diarrhoea control.
- Mukhyamantri Mission Drishti has been launched in Tripura to distribute free spectacles to patients suffering from presbyopia among the elderly. The glasses are distributed through the PHC level and sub-centres, where the eye support/trained person checks the strength required for the patient and issues the spectacles.
- In addition to the NIKSHAY Poshan Yojana, the State Government provides one-time financial support of 900 rupees to the TB patient at the end of the treatment.
- Data entry on Health Management Information System was up-to-date, HMIS figures for deliveries, out patients, inpatients etc were matched with Hospital records and the figures were identical.

CHALLENGES

- Many health facilities are old, hence new building are required for few Health Sub-Centre, PHC and CHC. There is lack of space in UPHCs, which required vertical extension. No health training institute or space is available even for capacity building programme for District. The district had no Nutritional Rehabilitation Center (NRC) and District Early Intervention Center (DEIC).

- Home delivery has also been observed in few localities, Kanchanmala, Ranirbazar, Mandai, Hezamara PHC, and Mohanpur CHC. Complete Immunization for pregnant women and 1st trimester registration of PW not up to the mark at few PHCs and UPHCs.
- Marriage in the district takes place at a very young age; The concept of the delayed and healthy interval is not known to these young women, due to which girls become pregnant at an early age, which is harmful to the child and the mother. There was a lack of counseling services regarding early marriage, teen pregnancy and healthy spacing between children in the community.
- Health workers reported that contraceptives are not in good supply and face shortages during the year. However, FPLMIS was also not being used by all health facilities and ASHAs.
- There was a lack of information about the diseases caused by tobacco use. Even doctors, nurses and health officials in hospitals were found to be addicted to non-smoking tobacco. The use of smokeless tobacco among men and women is rampant in the district. Most people get addicted to tobacco from an early age and have to face ordinary to severe illnesses.
- The prevalence of injectable drugs is increasing very fast among the youth. It may become a severe problem for the state if the proper step is not taken on time. Although many organizations are trying to save the youth from addiction, there is a need to take concrete steps by the state in this regard.

RECOMMENDATIONS

- **Need for constructing new buildings for health facilities:** New buildings are needed for old health sub-centres, PHCs and CHCs. The UPHC itself is space-constrained, requiring vertical expansion. There is also no health training institute or space available for a capacity building program for the district.
- **Need to ensure essential medicines and diagnostic services free or low cost:** In order to reduce the out-of-pocket expenses of the patients, there is a need to ensure the availability of essential medicines in the public health facilities in the district at minimal cost or free. At the same time, it is necessary to make all the necessary tests available in public health institutions.

- **Ensuring an uninterrupted supply of contraceptives:** The supply of contraceptive methods keeps getting interrupted. It is necessary that proper counselling and availability of multiple choices of contraception at the right time to bring down the unmet need and motivate people to adopt the means of family planning.
- **Measures to prevent child marriage and repeated childbearing:** There is a need to initiate a public campaign with the help of the community and various departments of the district to eliminate the practice of early marriage. Adolescents' knowledge can be strengthened in this subject through peer education and RKSK, which is not functional in the district. At the same time, it is also necessary that ASHA, ANMs, counsellors and doctors make adolescents aware of the ill effects of early marriage, teenage pregnancy and repeated pregnancies on different occasions in different ways.
- **Intensive awareness and enforcement drive on tobacco use:** There is a need to sensitize the community and health workers to the harmful effects of tobacco. Collaboration with NGOs should be sought for targeted interventions to create community awareness. There is a need to impose strict penalties on tobacco use in public places. Also, there is a need for proper counselling and medication through outreach programs for tobacco addicts.
- **Collective campaign against injection drug use:** Social organizations need to keep an eye on the situation with the Government and fight the menace of drugs together. There is a need to raise awareness, especially among the youth, about the negative impact of injectable drugs. Health administration would not be able to fight the menace of drugs without the help of Civil society members and elected representatives.

CHAPTER 1: INTRODUCTION

1.1 BACKGROUND

National Health Mission (NHM) is the flagship scheme of the Government of India, which aims to achieve universal public health coverage and extend service delivery to all the parts. The mission intends to guide states towards increasing access to affordable and essential health services to those on the margins by strengthening the infrastructure, logistics, institutional setup and service delivery.

In order to monitor the essential components of the NHM State Programme Implementation Plan (PIP) 2021-22, the Ministry of Health and Family Welfare (MoHFW) commissioned Population Research Centres (PRCs) to evaluate the performance of the plans in various districts. The following report is based on the PIP Monitoring visit to West Tripura in August 2022. The PRC Delhi team visited the Chief Medical Officer's Office for a brief interaction with Chief Medical Officer (CMO), District Programme Manager (DPM) and Nodal officers; thereafter Six facilities were visited, these were the Indira Gandhi Memorial (IGM) Civil Hospital, two Community Health Centres (CHC) in Jirania and Kherengbar, one Urban Primary Health Centres (UPHC) in Ahsrampura, one Primary Health Centres (PHC) in Ranirbazar, and one Sub-Centre in Collage Tilla and thereafter community interactions was also carried to gain further insights at Ranir Pukar. This report reviews key population, socio-economic, health and service delivery indicators of West Tripura. The report also deals with the health infrastructure and human resources of the district and provides insights on Health service delivery.

1.2 OBJECTIVES

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

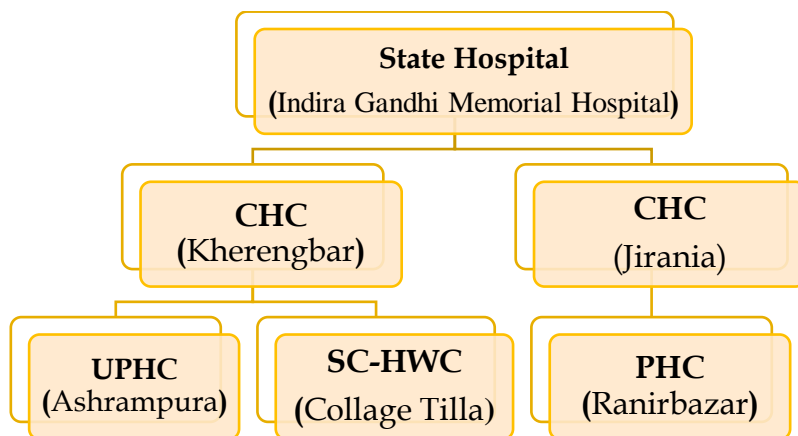
- To monitor the status of physical infrastructure of health facilities under NHM.
- To understand the availability and efficiency of human resource required for better service facilities.

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

1.3 METHODOLOGY

MoHFW has assigned the task of monitoring the health status of West Tripura district of Tripura to PRC Delhi. The health profile of the district was discussed intensively, and higher authorities were interviewed on broad areas under NHM such as maternal health, child health, family planning, human resource, infrastructure etc. The report is based on both qualitative and quantitative surveys. Before visiting the field, structured questionnaires (Appendix) prepared on various critical aspects of NHM activities were sent to the respective facilities and nodal officers. Further, the questionnaire was cross-checked and discussed in detail during the visit. After a valuable discussion with the CMO and other health officials, a few selected facilities were visited. The healthcare facilities visited are depicted as below:

Figure 1.1: List of Visited Healthcare Facilities in West Tripura District, Tripura



1.4 DEMOGRAPHIC PROFILE

Tripura is India's third smallest state, located in the country's northeastern region. It has a land area of 10,486 square kilometers and is bounded on the north, south, and west by Bangladesh and on the east by the Indian states of Assam and Mizoram. Agartala is the capital of Tripura and is located in the state's western region. Initially a one-district state, Tripura was divided into eight districts in January 2012—West Tripura, Khowai, Unakoti, North Tripura, Sepahijala, Gomati and South Tripura. The state was divided into eight districts, 23 subdivisions, and 58 development blocks as of 2012.



Map 1.1: District Map of Tripura

Tripura has a population of 3673917 people, with 1874376 males and 1799541 females, according to the 2011 Indian census. It accounts for 0.3 percent of India's population. The state has a sex ratio of 961 females per thousand males, higher than the national average of 940. The population density is 350 inhabitants per square kilometer. Tripura's literacy rate was 87.8 percent and it was the third highest among all states. Tripura has the most primate species of any Indian state, with 19 ethnic groups and numerous subgroups.

West Tripura is an administrative district of Tripura and Agartala is headquarter of the district. As of 2011 it is the most populous district of Tripura. West Tripura District is located on the north and west of Khowai district by the Sepahijala district on east and south east and

south. After the formation of four new districts of Tripura state, the total area of the district is 983.63 sq km.



Map 1.2: Map of West Tripura district, Tripura

According to the 2011 census West Tripura has a population of 1,725,739 comprising of male population with 8,79,428 and females with 8,46,311. The sex ratio of the district is stands to be 962 females per 1000 males which is higher than the state; and a literacy rate of 88.6 percent wherein the male literacy is higher than the female literacy(92.5% as against to 84.7%).

Table 1.1: Key demographic indicators of West Tripura, Tripura and India

Indicators	West-Tripura	Tripura	India
Actual Population	17,25,739	36,73,917	1,21,05,69,573
Male	8,79,428	18,74,376	6,231,843
Female	846,311	17,99,541	58,74,47,730
Child sex ratio (0-6 year)	952	957	914
Sex ratio	962	960	943
Literacy rate (%)	88.6	87.2	74.0
Male literacy rate (%)	92.5	91.5	80.9
Female literacy rate (%)	84.7	82.7	64.6
Decadal population growth	12.5	14.8	17.7
Density/Km ²	577	350	382
Area (in sq. Km.)	983.63	10,486	3287240

Source: Census-2011, RGI; Directorate of Economics & Statistics Planning Department Government of Tripura

1.5 HEALTH AND SERVICE DELIVERY INDICATORS FROM HMIS

Table 1.2 presents the health profile of the West Tripura for the year 2020-2021. It highlights the performance of major service delivery indicators and the subsequent health outcomes in terms of the quantifiable goals of NHM. It analyses the input, output, and outcomes of the public health delivery system in the district with respect to various domains such as Maternal Health, Delivery Care, Child Health, Immunization Coverage, Family Planning and Facility Service Delivery.

In West Tripura, 69.1 percent of the ANC registrations occur in the first trimester and a proportion of 127.7 percent pregnant women receive four or more ANC check-ups. The coverage of 180 IFA tablets among pregnant women is 70.1 percent is higher than the state level coverage of 69.2 percent. In the district, 98.6 percent births are institutional deliveries with C-section deliveries accounting for 42.7 percent of the total institutional births. About 56.7 percent women have been discharged within 48 hours of the delivery.

Table 1.2: Health Care Service Delivery Indicators in West Tripura District of Tripura, 2021-22

1. Maternal Health –Delivery care	West Tripura	Tripura
% of beneficiaries registered for 1st trimester to total ANC registration	69.1	75.2
% of pregnant women with 4 or more ANC checkups to total ANC registration	127.7	79.4
% of pregnant women given 180 IFA to total ANC registrations	70.1	69.2
% Pregnant women given 360 Calcium tablets to Total ANC Registrations	20.0	21.2
% of SBA attended home deliveries to total home deliveries	2.1	2.1
% of institutional deliveries to total reported deliveries	98.6	90.1
% of institutional deliveries to total ANC registrations	87.3	78.9
% of C-Section deliveries to total institutional deliveries	42.7	25.9
% of women received 1st post partum checkup after delivery	56.7	5.1
2. Newborn and Child Health		
% of newborn weighted to total live birth	99.8	99.3
% of newborn breast fed within 1 hour of birth to total live birth	99.8	97.2
% of newborns having weight less than 2.5 kg to total live birth	13.3	11.2
% of children discharged with target weight gain from NRC	11.2	34.1
Number of children (9-11 months) fully immunized	9906	48752
3. Family Planning		
No. of emergency contraceptive pills distributed	726	5592
% of female sterilization to total sterilization	99.7	99.2
% of IUCD insertion to total institutional deliveries	0.7	0.7
Total Sterilization conducted	1122	2874
4. Mortality Indicators		
Maternal death	63	88
Child (1-5 years) death	30	64
Infant (1-12 months) death	442	261
Still Birth	444	868

Source: HMIS Standard Report, 2021-22

The HMIS report shows that 99.8 percent of the new-borns are breastfed within the first hour of the birth. About 13.3 percent of the births are categorized as low birth weight babies (weight below 2.5 kg). The total number of fully immunized children of the district stands at 9906 respectively. The mortality indicators are also presented in the table-2 above. With regards to family planning, female sterilization is dominant method of family planning in the district with 99.7 percent of female sterilization conducted and 0.7 percent of IUCD insertions have been conducted with respect to institutional deliveries. Whereas, 726 emergency contraceptive pills were distributed in the district which is lower than the state.

The district reported a total of 63 maternal deaths during 2021-22. The number of infant deaths reported is 442 whereas the number of still births reported is 444 which altogether is higher in the district.

CHAPTER 2: PUBLIC HEALTH FINANCING

2.1. STATE RESOURCE ENVELOPE

Tripura had proposed a total of Rs.288.56 Crore for NHM and state received approval of Rs.264.69 Crore for NHM. The resource envelope for FY 2021-22 consists of government's support of Rs. 50.14 Crore for NRHM-RCH flexible pool allocation including cash and kind, Rs. 7.80 Crore under NUHM, 25.70 for NDCP flexi-pool, Rs.4.85 for NCD Flexible Pool (NPCB, NMHP, NPHCE, NTCP, NPCDCS, NPCCHH, PMNDP) and Rs. 38.61 Crore for infrastructure maintenance. Against the resource envelope of Rs.234.48 crore an administrative approval is conveyed for an amount of Rs.342.57 crore

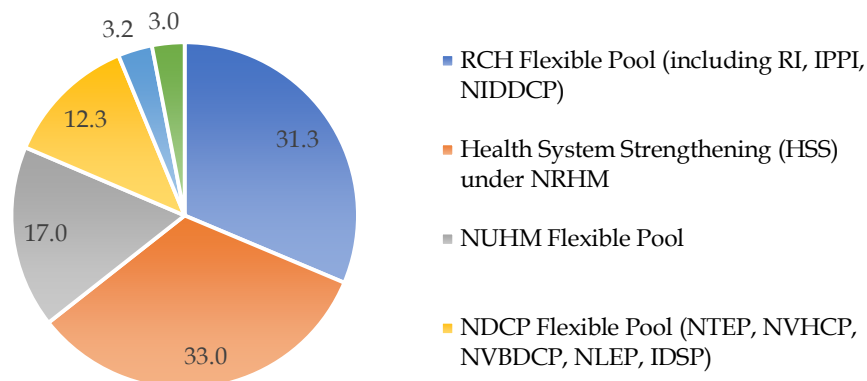


Figure 2.1: FMR wise share of NHM budget allotted to Tripura, 2021-22

The breakup of the total resource envelope shows that Rs. 50.14 Crore is allocated for RCH Flexible Pool (including RI, IPPI, and NIDDCP), which includes RCH Flexible Pool (including RI, IPPI, NIDDCP) Cash Grant Support of Rs. 36.91 crore and RCH Flexible Pool (Kind Grant Support under Immunization) of Rs.13.23 crore. Besides this Rs 111.12 is allocated for Health System Strengthening (HSS) under NHM i.e., further bifurcated into three sections Other Health system Strengthening covered under NRHM (Rs.92.84 crore) followed by Ayushman Bharat-Health & Wellness Centres Under NUHM (Rs.11.34 crore), and ASHA benefit package of Rs.6.94 crore.

Thus, the GOI contribution toward total NRHM-RCH Flexible Pool works out to be Rs. 161.26. The GOI contribution toward NDCP Flexible Pool that comprises of NTEP, NVHCP, NVBDCP, NLEP, IDSP stands to be Rs.25.70 crore respectively. Furthermore, the NCD Flexible Pool (NPCB,

NMHP, NPHCE, NTCP, NPCDCS, NPCCHH, PMNDP) the total amount stands to be Rs.4.85 crore and infrastructure maintenance that includes direction and administration works out to be Rs.38.61 crores.

Table 2.1: Breakup of resource envelope, NHM FY 2021-22, Tripura

S.No.	Particulars	Amount	Percent	State share (in lakh)
		(in lakh) (GoI Share)	(GOI Share)	
1	RCH Flexible Pool (including RI, IPPI, NIDDCP)	50.14	31.3	
1(i)	RCH Flexible Pool (including RI, IPPI, NIDDCP) Cash Grant Support	36.91		
1(ii)	RCH Flexible Pool (Kind Grant Support under Immunization)	13.23		
2	Health System Strengthening (HSS) under NRHM	111.12	33.0	
2(i)	Other Health system Strengthening covered under NRHM	92.84		
2(ii)	Ayushman Bharat-Health & Wellness Centres Under NUHM	11.34		
2(iii)	ASHA Benefit Package	6.94		
	Total NRHM-RCH Flexible Pool	161.26		
3	NUHM Flexible Pool	7.80	17.0	
3(i)	Other Health System Strengthening covered under NUHM	5.85		
3(ii)	Ayushman Bharat-Health & Wellness Centres under NUHM	1.95		26.47
4	NDCP Flexible Pool (NTEP, NVHCP, NVBDCP, NLEP, IDSP)	25.70	12.3	
4(i)	NVBDCP (Cash & Kind)	12.23		
4(ii)	NTEP (Cash & Kind)	11.35		
4(iii)	NVHCP (Cash & Kind)	0.93		
4(iv)	NLEP	0.22		
4(v)	IDSP	0.50		
4(vi)	National Rabies Control Programme (NRCP)	0.47		
4(vii)	Programme for Prevention and Control of Leptospirosis (PPCL)	-		
5	NCD Flexible Pool (NPCB, NMHP, NPHCE, NTCP, NPCDCS, NPCCHH, PMNDP)	4.85	3.2	
6	Infrastructure Maintenance (including Direction and Administration)	38.61	3.0	
	Total Resource Envelope	238.22	100%	26.47
	Grand Total Resource Envelope (Central Allocation + State Share)	264.69		

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

The table 2.2 gives a gist on the summary of approvals with regards to different budget heads for the state of Tripura for FY 2021-22. Out of the total 18 budget heads represented below it can be observed that the maximum share of approval is seen in the budget head of Infrastructure with 23.13 percent followed by Human Resources (12.5 percent).

Around Rs.33959.03 amount was proposed against which Rs.28856.03 lakhs have been approved for the state which amounts to be 85 percent. Out of the total amount approved Rs.3861 lakhs have been approved for infrastructure maintenance and Rs.1323 lakhs have been approved for Immunization.

Table 2.2: Summary of budget approval, 2021-22, (Rs. in Lakhs) – Tripura

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	986.9	911.58	3.16	92.4
10	U.10	Reviews, Research, Surveys and 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	2692.91	2618.02	9.07	97.2
17	U.17	IT Initiatives for strengthening 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 BUDGET UTILIZATION

The details of the budget utilization in the district are presented in table 2.3. In 2021-22, 24.3 Crore rupees were released, and 19.3 Crore rupees were utilized (79.48%) by the West Tripura district. The highest amount was released under Human resources (730 Lakhs), Community intervention (479.66 Lakh), Infrastructure (400 Lakh) and Programme management (280.50 lakhs). The

maximum Utilization of the FMR-wise budget has been noticed under FMR 7: Referral Transport (197%), FMR 12: Printing (105%), FMR 13: Quality (98%) and FMR 8: Human Resource (Service Delivery). Utilization of the released budget was also more than 80 percent under FMR 15: PPP, FMR 14: Drug Warehouse & Logistic and FMR 16: Programme Management. No utilization of released budget has been done under FMR 10: Review, Research and Surveillance and FMR 18: Innovations. Additionally, the lowest Utilization of released budget has been witnessed under FMR 6: Procurement (23%), FMR 6: Procurement (54%) and FMR 11: IEC-BCC (60.3%).

Table 2.3: FMR Wise (as per ROP budget heads) Status of Expenditure, West Tripura, 2021-22

Indicator	Budget Released (in lakhs)	Budget utilized (in lakhs)	Percent utilization
FMR 1: Service Delivery: Facility Based	195.34	126.88	65.0
FMR 2: Service Delivery: Community Based	62.3	39.44	63.3
FMR 3: Community Intervention	479.66	325.26	67.8
FMR 4: Untied grants	149.75	80.6	53.8
FMR 5: Infrastructure	400	313	78.3
FMR 6: Procurement	5.6	1.29	23.0
FMR 7: Referral Transport	19.8	38.94	196.7
FMR 8: Human Resource (Service Delivery)	730	701.42	96.1
FMR 9: Training	18.1	9.89	54.6
FMR 10: Review, Research and Surveillance	1	0	0.0
FMR 11: IEC-BCC	20.8	12.54	60.3
FMR 12: Printing	4.79	5.02	104.8
FMR 13: Quality	39.02	38.07	97.6
FMR 14: Drug Warehouse & Logistic	10.5	8.49	80.9
FMR 15: PPP	0.3	0.25	83.3
FMR 16: Programme Management	280.5	224.7	80.1
FMR 17: IT Initiatives for Service Delivery	8.17	6.27	76.7
FMR 18: Innovations	5.1	0	0.0

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

Table 2.4 shows the details of programme wise Status of Expenditure of NHM budget in West Tripura district during 2021-22. Around 88 percent of the fund was utilized under RCH and Health Systems Flexipool, 65 percent under Communicable Diseases Pool and 55 percent by Non-Communicable Diseases Pool. The highest utilization of funds under RCH and Health Systems Flexipool was done for Referral Transport (194.3%), Human Resources (96.1%), Quality Assurance (91.3%) followed by PC-PNDT (90.0%). Lowest utilization under RCH and Health system flexipool has been seen under Untied Fund (51.3%) and Infrastructure (75.0%). National Leprosy Eradication Programme (NLEP) utilized 51 percent of released funds and National TB Elimination Programme (NTEP) utilized 56 percent, which were lowest under the Communicable Diseases pool.

Table 2.4: Programme wise (as per ROP budget heads) Status of Expenditure, West Tripura, 2021-22

Indicator	Budget Released (in lakhs)	Budget utilized (in lakhs)	Percent utilization
1. RCH and Health Systems Flexipool	1831.07	1610.09	87.9
Maternal Health	160.22	140.31	87.6
Child Health	54.08	43.83	81.0
RBSK	12	10.19	84.9
Family Planning	9.4	7.34	78.1
RKSK/ Adolescent health	0.96	0.68	70.8
PC-PNDT	0.3	0.27	90.0
Immunization	28	22.01	78.6
Untied Fund	149	76.42	51.3
Comprehensive Primary Healthcare (CPHC)	0	0	
Blood Services and Disorders	0	0	
Infrastructure	4	3	75.0
ASHAs	456.05	390.26	85.6
HR	730	701.33	96.1
Programme Management	157	131.37	83.7
MMU	0	0	
Referral Transport	19	36.92	194.3
Procurement	5.6	4.7	83.9
Quality Assurance	45	41.07	91.3
PPP	0	0	
NIDDCP	0.46	0.39	84.8
2. NUHM	-	-	-
3. Communicable Diseases Pool	152.43	98.27	64.5
Integrated Disease Surveillance Programme (IDSP)	0.8	0.76	95.0
National Vector Borne Disease Control Programme (NVBDCP)	42	35.97	85.6
National Leprosy Eradication Programme (NLEP)	0.9	0.46	51.1
National TB Elimination Programme (NTEP)	108.73	61.08	56.2
4. Non-Communicable Diseases Pool	71.42	38.97	54.6
National Program for Control of Blindness and Vision Impairment (NPCB+VI)	60	28.74	47.9
National Mental Health Program (NMHP)			
National Programme for Health Care for the Elderly			
National Tobacco Control Programme (NTCP)	5.42	4.68	86.3
National Programme for Prevention and Control of Diabetes, Cardiovascular Disease and Stroke	6	5.55	92.5
National Dialysis Programme			
National Program for Climate Change and Human Health (NPCCHH)			
National Oral health programme			
National Programme on palliative care			
National Programme for Prevention and Control of Fluorosis			
National Rabies Control Programme			
National Programme for Prevention and Control of Deafness			
National programme for Prevention and Management of Burn & Injuries			
Programme for Prevention and Control of Leptospirosis			

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

Additionally, only three programmes, National Program for Control of Blindness and Vision Impairment (NPCB+VI), National Tobacco Control Programme (NTCP) and National Programme for Prevention and Control of Diabetes, Cardiovascular Disease and Stroke (NPCDCS) received fund under Non-communicable diseases pool.

2.3 DISTRICT HEALTH ACTION PLAN (DHAP)

The District Health Action Plan (DHAP) for 2022-23 was submitted in December 2021; though the approval from states was still pending. During the previous financial year 2021-22, DHAP was submitted in December 2020; approved DHAP was received on 28 July 2021 and funds were received on 2 August 2021.

CHAPTER 3: PUBLIC HEALTH PLANNING

3.1 HEALTH INFRASTRUCTURE

At present, one district hospital is functional in West Tripura. Three Community health Centers, seven UPHCs and 13 PHC were operating in the district. All PHCs and UPHCs were converted to HWCs. Additionally, 171 Sub centers were also providing health care services; in which 98 were converted to HWCs.

A first referral units (FRUs), one Special Newborn Care Units (SNCU), two blood bank and two blood storage unit were available in the district. Moreover, there were Ten Designated Microscopy Centers (DMC), three Tuberculosis Units (TUs), two CBNAAT/TruNat site and one Drug Resistant TB Centers in West Tripura. In addition, one NCD clinics were operating at the DH and three at CHC Level facilities. Two public institutions provide comprehensive abortion care services (CAC) and first & second-trimester services. Furthermore, the district has no Nutritional Rehabilitation Centers (NRC) or District Early Intervention Center (DEIC). Additionally, no infrastructure construction was pending in the district as on August 2022.

Table 3.1: Details of Public Health Infrastructure in West Tripura, 2021-22

Facility Details	Operational
District Hospitals	1
Sub District Hospital	0
Community Health Centers (CHC)	3
Primary Health Centers (PHC)	13
Sub Centers (SC)	171
Urban Primary Health Centers (U-PHC)	7
Urban Community Health Centers (U-CHC)	0
Special Newborn Care Units (SNCU)	2
Nutritional Rehabilitation Centres (NRC)	0
District Early intervention Center (DEIC)	0
First Referral Units (FRU)	1
Blood Bank	2
Blood Storage Unit (BSU)	2
No. of PHC converted to HWC	13
No. of U-PHC converted to HWC	7
Number of Sub Centre converted to HWC	98
Designated Microscopy Center (DMC)	10
Tuberculosis Units (TUs)	3
CBNAAT/TruNat Sites	2
Drug Resistant TB Centres	1
Functional Non-Communicable Diseases (NCD) clinic	
• At DH	1
• At CHC	3
Institutions providing Comprehensive Abortion Care (CAC) services	
• Total no. of facilities	2
• Providing 1st trimester services	2
• Providing both 1st & 2nd trimester services	2

Health officials of the district reported that many health facilities are old, hence new IPHS building is required for few Health Sub-Centre, PHC and CHC. There is lack of space at UPHC level which required vertical extension. No health training institute or space is available even for capacity building programme for West Tripura.

Two facilities of West Tripura were NQAS and 14 labour room and operation theatres at various facilities were LaQshya certified. Apart from that, DH, all three CHCs, ten out of thirteen PHCs, six out of seven UPHCs and 16 out of 171 Sub centres was Kayakalp awarded. District Level Quality Assurance Committee (DQAC) conducts quarterly review meeting for expediting quality assurance-related matters, supportive supervision and monitoring, gap analysis and processes for providing suitable solutions. Mera Aaspatal is a mobile application for receiving patient feedback for the services received in the Hospital, which helps the government to make appropriate decisions to enhance the quality of healthcare delivery in public facilities. This application was being used by District Hospital and six UPHCs of the district.

Moreover, 214 Mahila Arogya Samiti (MAS) has been formed which addresses health issues related to slum areas; their training has also been done; Simultaneously, accounts have been opened for these Mahila Arogya Samitis. Apart from this, the district has also constituted and trained 172 Village Health Sanitation and Nutrition Committees (VHSNC).

3.2 FREE DRUGS & DIAGNOSTIC

Drugs and Diagnostic were free for all in the District. Although free medicines have been implemented, due to the non-availability of essential drugs, people have to buy medicines mostly by themselves. Free medicines have been implemented, and most medicines are available from the health centre. Nevertheless, some essential medicines people have to buy from outside also. Free medicine, diet and diagnostic services were implemented under JSSK for pregnant women and newborns.

3.3 HUMAN RESOURCE FOR HEALTHCARE AND TRAINING

The number of sanctioned staff details was unavailable in the district, though the health officials highlighted the shortage of human resources in few health facilities in terms of both Medical, Para-Medical and Techno-managerial staff under National Health Mission. A total of 92 MO (MBBS), 6 OBGY, 1 EmOC trained doctor, 1 LSAS trained doctor, 9 Pediatricians, 7 Anesthetist, 3

Surgeon, 2 Radiologists and 25 other specialists were posted in the district. Apart from this 21 Dentists/ Dental Surgeon/ Dental MO, 61 AYUSH MO were posted at PHCs/CHCs/SDHs and 96 CHO/ MLHP were posted at SCs/HWCs. Apart from these high skilled medical staff, 8 ANMs in RBKS, and 309 Staff Nurse were providing medical support services. Additionally, 23 Lab technicians, 35 Pharmacists (Allopathic), 10 AYUSH Pharmacists and 2 Radiographer/ X-ray technicians were engaged at all the health facilities in the district for drug distribution and diagnostic services.

Total 1428 ASHAs were required as per population of the district; however, a little short 1405 ASHAs were posted. All the villages and slum area has at least one ASHA; though no ASHA was covering more than 1500 population in rural area and more than 3000 population in urban areas. All had HBNC kits and drug kits; total 7926 newborns were visited by them under HBNC. All 1405 ASHAs were enrolled in Pradhan Mantri Jeevan Jyoti Bima Yojana (PMJJBY), 1390 in Pradhan Mantri Suraksha Bima Yojana (PMSBY), and 537 ASHAs were enrolled in Pradhan Mantri Shram Yogi Maandhan Yojana (PMSYMY). Additionally, 68 ASHA Facilitators were enrolled in Pradhan Mantri Jeevan Jyoti Bima Yojana (PMJJBY), 66 in Pradhan Mantri Suraksha Bima Yojana (PMSBY), and 19 in Pradhan Mantri Shram Yogi Maandhan Yojana (PMSYMY).

Tripura have a comprehensive (common for regular and contractual HR) Human Resource Information System (HRIS). The lack of human Resource was one of the major concerns of the district. A total of 117 posts under NHM were vacant in 2020-21 and 142 were vacant in 2021-22; however, no recruitment has been done at the district or state level in the last two years under NHM. State did not have any grievance redressal mechanism or call center and toll-free number available. per the plan, 12 training sessions were scheduled in the last financial year as per the ROP, all were completed. District officials informed that training on Dakshata, IMNCI -ANM, Injectable Contraceptive -MO, Injectable Contraceptive -SN, FP- LMIS, PNDDT, IDSP, Asha Award Training, HMIS (District) and Finance Training were completed in 2021-22.

3.4 REFERRAL TRANSPORT

Health infrastructure also includes the transport facilities provided by the district for patients' safe and timely movement. Facility based BLS and 102 ambulances were functional in the District. All these vehicles were GPS-fitted.

CHAPTER 4: IMPLEMENTATION OF NATIONAL PROGRAMME

4.1 REPRODUCTIVE, MATERNAL, NEW-BORN, CHILD AND ADOLESCENT HEALTH (RMNCH+A)

In West Tripura, there were 4078 deliveries in 2021-22, out of which 2581 were normal institutional deliveries, 1490 c-section deliveries and seven home deliveries. Mayor Ghar program has been launched in all districts of Tripura to reduce home delivery, under which the labour rooms are equipped with all facilities. Home delivery has also been observed in few localities, Kanchanmala, Ranirbazar, Mandai, Hezamara PHC, and Mohanpur CHC.

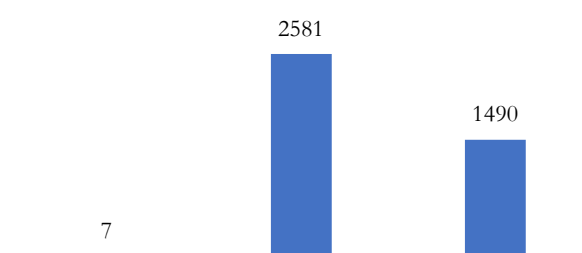


Figure 4.1: Home, Institutional and C-Section deliveries in West Tripura, 2021-22

Out of all normal institutional deliveries, 37 percent occurred in AGMC and GBP Hospital, and 33 percent in IGM Civil Hospital. More than 4 percent of the deliveries were conducted at the Tripura Medical College, 6 percent at the three CHCs of the district and 2.5 percent at the PHCs and UPHCs. Additionally, more than 17 percent of the deliveries were also conducted in private hospitals and nursing homes (ILS, 3% and nursing homes, 13.4%). Of all C-section deliveries, 40 percent occurred at AGMC and GBP Hospital, 26 percent at IGM Civil Hospital, and 6 percent occurred at Tripura Medical College. Additionally, more than 22 percent of C-section deliveries were conducted in private nursing homes and 6.7 percent in ILS private hospitals. Ultrasound facilities were available in 5 public and 58 private health institutes, and all were registered under the PCPNDT act.

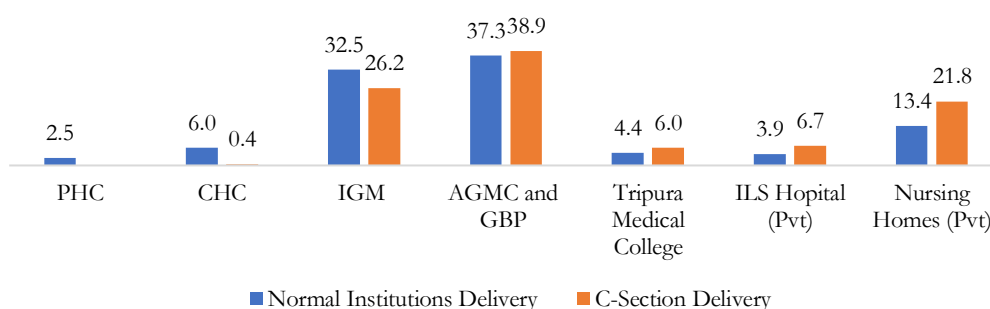


Figure 4.2: Percent distribution of Institutional and C-Section deliveries in different facilities, 2021-22

During 2021-22, 1983 women benefited from JSY DBT; However, JSY's DBT was pending at many health facilities due to the unavailability of the bank account or valid documents. Beneficiaries were being provided free ambulance facilities from homes to the facility, medicines, diet and Diagnostics under Janani Shishu Suraksha Karyakaram (JSSK). In 2021-22, under the JSSK in the district, 530 women were provided free pick up, 414 were provided free drop back facilities, 2079 women and newborns were provided free drugs, and 2106 women and newborns were provided free diagnostics. Additionally, 146 women provided free blood and 116 benefited from free referral services. JSSK services is nill – Gandhigram PHC, Narsingarh PHC, Ranirbazar PHC and Bidhya Debbarma Memorial PHC

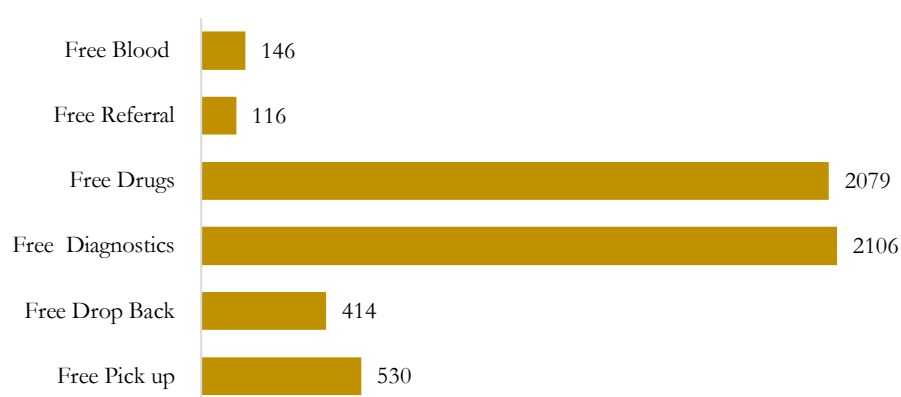


Figure 4.3: Status of JSY in West Tripura, 2021-22

In the case of home delivery, 71 percent of newborns were visited seven times for health check-ups in 2020-21; Additionally, 75 percent of newborns received 6 HBNC visits. Performance of 6 HBNC checkups was very low as per target infant in Borakha PHC, Gandhigram PHC and Bhati Abhoynagar UPHC.

Table 4.1: Home deliveries and HBNC Visits in West Tripura, 2021-22

Home Deliveries	Newborns received 7 HBNC (Home Delivery)		2 months Infant Target	Newborns received 6 HBNC	
	Number	%		Number	%
7	5	71	1825	1374	75

The district had 15 bedded Special Newborn Care Unit (SNCU), of which two were equipped with radiant warmers and step-down care; 2 Kangaroo Mother Care (KMC) units were also available in the SNCU. 2113 inborn and 952 outborn newborns were admitted to SNCU during 2021-22.

Pradhan Mantri Surakshit Matritva Abhiyan (PMSMA) activities were being conducted at the Medical college, DH, three CHCs and 23 UPHCs/PHCs in the District. Under PMSMA, comprehensive, quality antenatal care is provided to all pregnant women on the 9th of every month. Additionally, 75 percent ANC registrations were happening in the district in the 1st Trimester.

District health official reported that 1st trimester registration of PW not up to the mark as on ANC registration at Hezamara PHC, Ashrampara UPHC, Agartala Puranigam UPHC and Bhati Abhoynagar UPHC. Pregnant Women given Complete Immunization (TT2 & TT Booster) was less as per target PW at Narsingarh PHC, Ashrampara UPHC, Paschim Bhubanban UPHC and Agartala Puranigam UPHC.

Routine immunization sessions are being conducted in the district. The prevalence of the birth dose (OPE 0 and HEP 0) was only 89 percent of the total institutional deliveries; however, it was less than 80 percent in few pockets of District. Likewise, the level of full immunization was 76 percent in West Tripura; However, in some areas of the district, it was less than 50 percent in the area of four PHCs/UPHCs i.e., Paschim Bhubanban UPHC (34%), Champak Nahar PHC (44%), Borakha PHC (45%) and Ashrampara UPHC (47%).

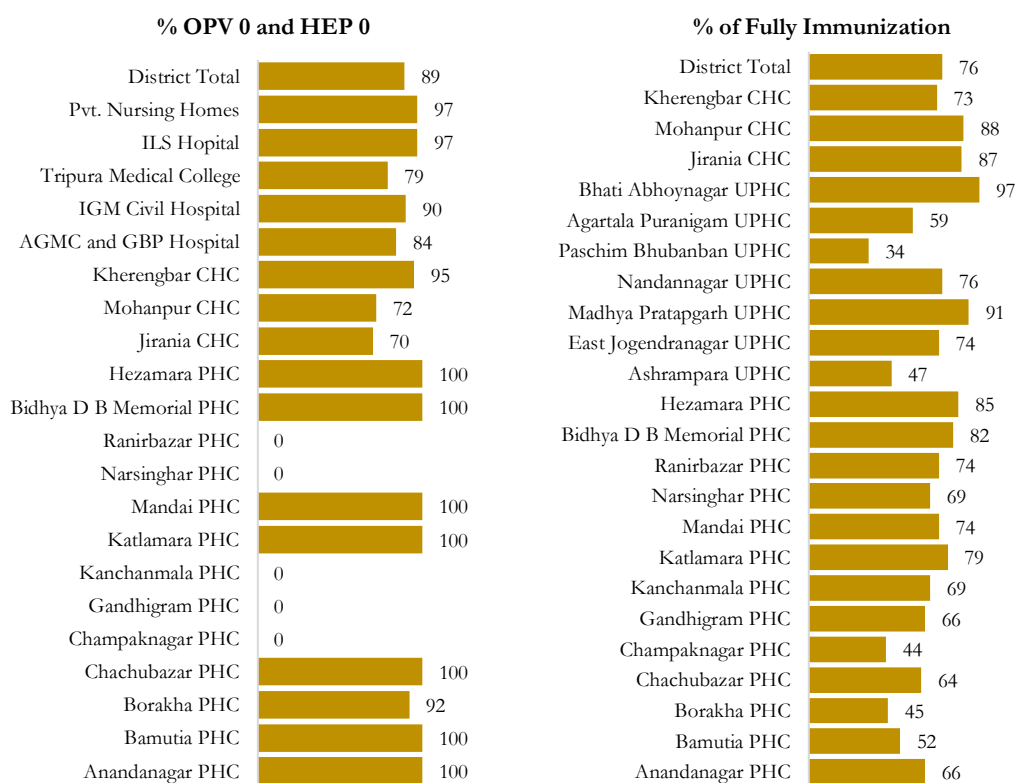


Figure 4.4: percentage of OPV 0, HEPA 0 doses and full immunization in West Tripura, 2021-22

Additionally, five maternal deaths reported at DH and one were reported at PHC during 2021-22; Severe hypertension/fits were reported as a prime reason for the maternal deaths. Total 18 maternal death reviews were conducted during 2020-21 and 14 were conducted during 2021-22. Total 479 neonatal and 32 child deaths were observed in West Tripura in 2021-22. Though, 19 child death review were conducted in 2020-21 and 12 were conducted in 2021-22.

The RBSK program in the district was being run through 8 teams (one team per district) and all the teams had vehicles, although only 6 team had full HR in place. In this financial year, 12644 children born in delivery points were screened and the average number of children screened per day per team was 86. Awareness and activities regarding RSKS, WIFS and peer educators are very limited in the district. The ‘Mukhya Mantri Sustho Shaishab, Sustho Kaishore Abhiyan’ (MSSSKA) implemented by the Government of Tripura was conducting special drives in the district to enforce four programmes for children and adolescents, i.e., deworming and diarrhoea control.

4.2 FAMILY PLANNING SERVICES

As per guideline of the Ministry, at least one indent should be raised in a month from Health facilities for Family planning items; but Health facilities were not indenting regularly and not properly monitoring FPLMIS portal. SC must be indent to PHC/CHC/UPHC through FP-LMIS mobile app for collection Family Planning items and ASHA must be indent to SC through SMS; however, SC & ASHA were not indenting till now.

A total of 295 female sterilizations, 61 PPIUCD insertion, 9572 pills and 13487 condoms were distributed during April to June 2022. Additionally, 60 people took the dose of Antara. However, many health workers expressed that contraceptives are not well-supplied and have to face their shortage many times during the year.

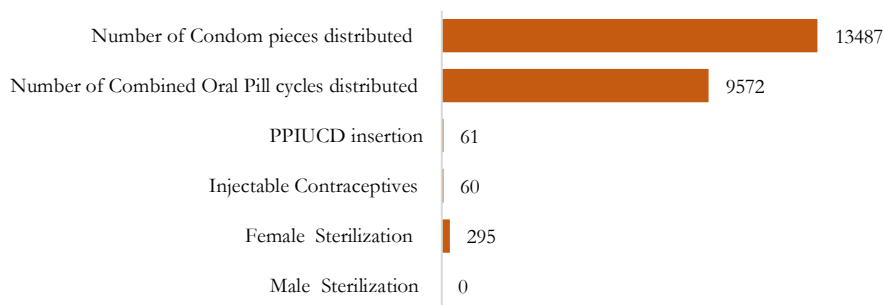


Figure 4.5: Status of contraceptive distribution in West Tripura, April-June, 2022

4.3 DISEASE CONTROL PROGRAMME

Rapid response teams (RRTs) have been constituted under Integrated Disease Surveillance Programme (IDSP), which aims to strengthen surveillance for infectious diseases to recognize and respond to outbreaks quickly; however, no outbreak of any disease was recorded in the district during the last two years.

4.4 COMMUNICABLE DISEASES

Micro and macro plans were available at the district level to control vector-borne disease under the National Vector Borne Disease Control Programme (NVBDCP). Annual blood examination rate under NVBDCP was around seven in 2020-21 and nine percent during 2021-22. Annual blood examination rate during these two consecutive financial years were lower than 2019-20 (11.2%).

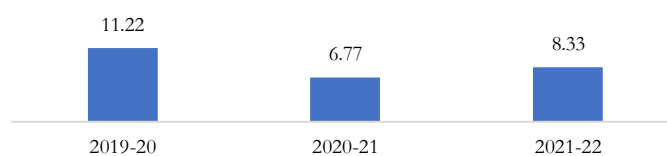


Figure 4.6: Annual Blood Examination Rate (%), West Tripura

The 223727 LLINs were distributed to protect against mosquitoes and the indoor residual spray (IRS) activity performed in 2022. Gambusia & Gappi fish was released in selected water bodies for biological control and to eliminate mosquito larvae. The District has had no malaria deaths during the last two financial years. However, only four PHCs and one CHC fulfilled the malaria blood Smears Examination (BSE) collection target in April, and 9 PHCs and one CHC achieved the malaria BSE examination target in May 2022.

Targets of TB notification (85%) have been achieved under National Tuberculosis Elimination Programme (NTEP); however, the HIV status of 873 TB patients out of 925 was known. 794 TB patients were eligible for UDST testing in the District. Additionally, drugs for both drug-sensitive and drug-resistant TB were available. A total of 925 TB patients from the public and 117 from the private sector were notified in 2021-22; nine patients from the public sector were suffering from MDR TB, and all were getting treatment. The treatment success rate for TB was 84 percent in public and 100 percent in the private sectors. All the TB patients were paid under Nikshay Poshan Yojana, and the District also conducts active case finding. Additionally, raids to declared tobacco-free zone and awareness activities at the school and

college level under National Tobacco Control Programme (NTCP). Health Talk/ Yoga Sessions and Oath on Anti-Tobacco were observed in all HWC along with CHCs/PHCs/UPCs. A total of 64 people was fined 13,470 rupees in May under NTCP. Moreover, 106 people in April and 155 benefited from tobacco cessation counselling in various health facilities in May 2022.

Six new cases of leprosy were detected during 2021-22. However, no G2D leprosy cases were found in the District. Multi-drug therapy (MDT) without interruption, reconstructive surgery for G2D cases and MCR footwear & self-care kit were available under the National Leprosy Eradication Program (NLEP).

Rapid Response Teams (RRT) were constituted in the District under Integrated Disease Surveillance Programme (IDSP), which includes DSO(W), ARDD, Microbiologist, Paediatrician, Physician, and Food Safety Officer; however, no outbreaks were investigated during the last two financial years. The state introduced IHIP in 2021 for daily basis IDSP reporting. IDSP data has been utilized for disease analysis, early warning signals and identifying outbreaks. Reporting under IDSP through P and L forms was done at PHC, CHC and DH; however, it was less than 50 percent at two PHCs (Borakha and Narshinghar) and one CHC Kherengbar CHC and Agartala Govt Medical College and GBP Hospital. Additionally, reporting of the S form was being done by SCs.

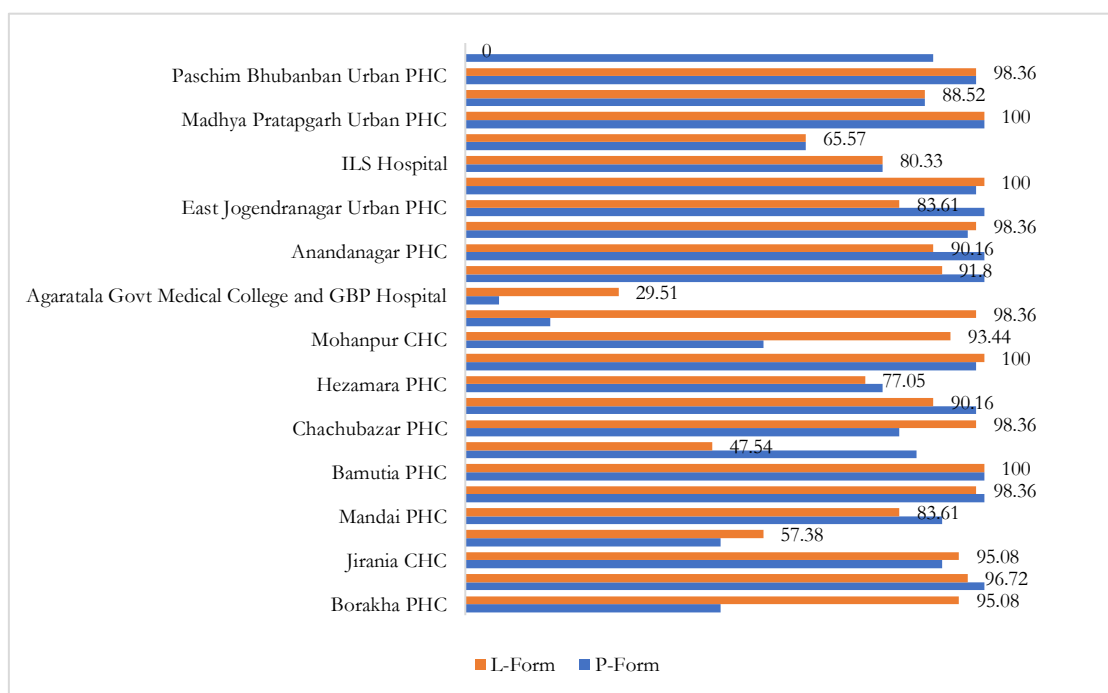


Figure 4.7: Status of IHIP-IDSP P and L Form Reporting (%), West Tripura, from April to May 2022

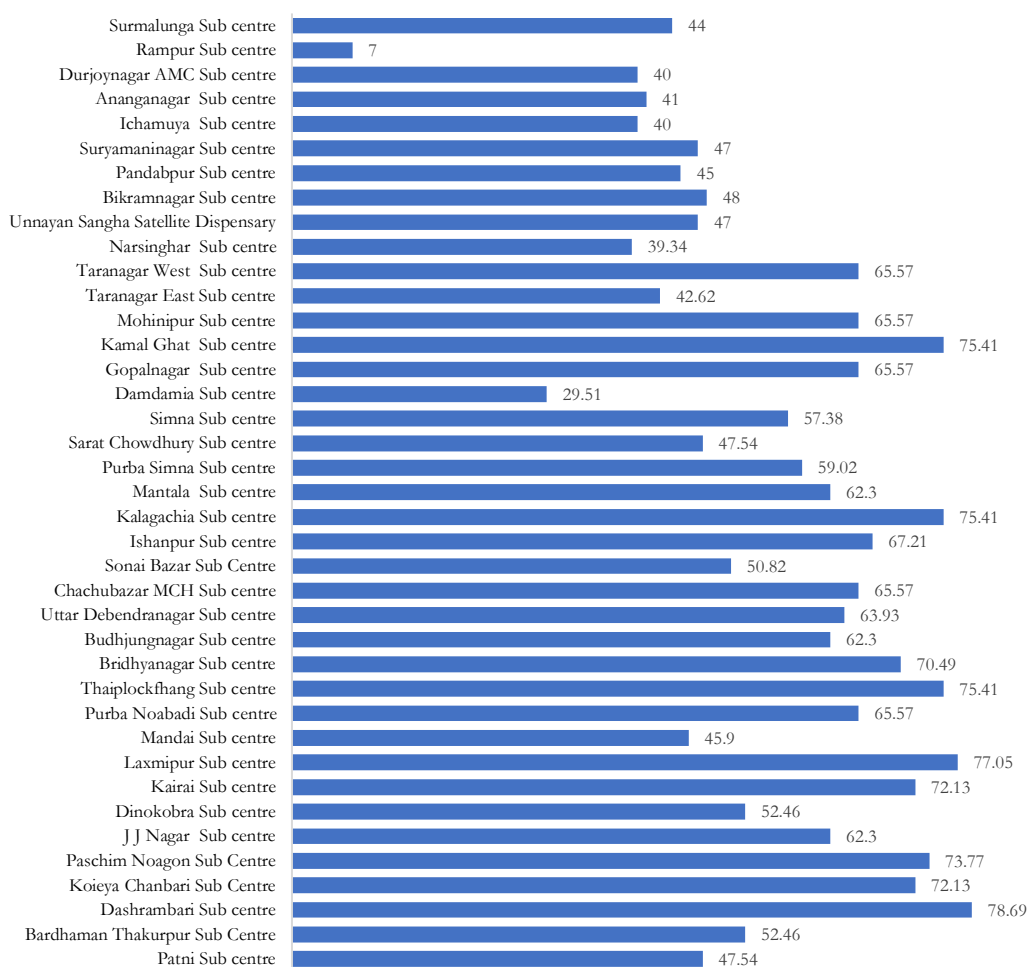


Figure 4.8: Status of IHIP-IDSP S Form Reporting (%), West Tripura, from April to May2022

Around 85 percent of health workers immunized against Hep B and Agaratala Govt Medical College and GBP Hospital was treatment sites and Model Treatment Center (MTC) for viral hepatitis.

4.5 NON-COMMUNICABLE DISEASES

A total 95 SC-HWCs and 7 UPHCs -HWCs and 13 PHCs-HWCs were doing NCD screening in the district. The district's target population for universal health screening was 3,40,400, and 39,867 Community-based assessment checklist (CBAC) forms were filled in 2021-22. CBAC screening were not being done regular basis under various HSC. Moreover, 60,467 people were screened for hypertension, diabetes and oral cancer in various health facilities in the district. The NCD register was not being maintained properly, and the nodal officers of CHC/PHC/UPHC were also not monitoring the same. Various health facilities do not submit NCD monthly reports, and many health facilities do not submit reports at the same time.

Many health facilities have not been started till date, even after informing the district about starting the NCD portal. MPS were not monitoring the share of NCDs at the SC level.

National Fluorosis Control Programme and National Iron Deficiency Disorders Control Programme were not implemented in the district. Many facilities were not providing palliative care and not submitting palliative care report regularly.

CHAPTER 5: SERVICE AVAILABILITY AT HEALTH FACILITIES- FACILITY WISE OBSERVATION

The team visited six facilities in the West Tripura district; Indira Gandhi Memorial (IGM) Civil Hospital, two Community Health Centres in Jirania and Kherengbar, one HWC Urban Primary Health Centres (UPHC) in Ahsrampura, one HWC Primary Health Centres (PHC) in Ranirbazar, and one HWC-Sub-Centre in College Tilla. Additionally, a community interactions and focused group discussion was held at Ranir Pukar to understand the perception and behaviour of the community on the accessibility of public health services, lifestyle, living conditions, health-seeking behaviour, the behaviour of public health service providers and out-of-pocket expenditure.

5.1 CONDITION OF HEALTH INFRASTRUCTURE

Many health facilities were old; therefore, new IPHS buildings are needed for some health sub-centers, PHCs and CHCs. Space constraints at the UPHC level were pointed out, which can be solved only through vertical expansion. Also, there needs to be more space for the District Program Management Support Unit, and there is no health training institute or space available for capacity-building programs.

IGM Hospital received patients from all over the state, which was overcrowded, and the hospital had insufficient space due to overburdened administrative and health facilities. Due to the lack of a ramp in IGM Hospital, there is a problem in taking pregnant women from one department to another. Also, the NICU is in another building due to the problem of taking the children there during the rainy season. During the visit, it was found that the construction of new buildings for PHC Ranirbajar and CHC Kherenbar was going on due to a lot of shortage of space in the hospital and cleanliness was also affected.

5.2 AVAILABILITY OF SPECIALIZED SERVICES

IGM Hospital had all specialized facilities except District Early Intervention Center (DEIC), Nutritional Rehabilitation Center (NRC) and Burn Unit, i.e., Medicine, O&G, General Surgery, Anesthesiology, Ophthalmology, Dental, Pathology lab, X-ray, USG, pediatric OPD, SNCU, Labour Room Complex, ICU, TB ward, Family Planning services, Operation theatres for single

general. only one DEIC was functional in Tripura, which was situated in Gomti District. Furthermore, IGM provides general emergency services. A well-functional Blood Bank (was available in IGM. At the visit, 574 units of blood were available, and 468 blood transfusions were done in July 2022.



Picture 5.1: UPHC Ashrampara in West Tripura



Picture 5.2: CHC Jirania in West Tripura

IGM and all vested CHCs, UPHCs and PHCs runs the NCD clinic during all working days in the week, although the service providers were not trained in cancer. Apart from General, OPD, ANC, Delivery, PNC, Immunization, Family Planning and Laboratory services, only dental x-ray facilities were available at CHC Jirania. Similarly, Medicine, O&G, Dental and neonatal stabilization units were available at CHC Kherenbar. X-ray services were available in Kherenbar but were not functional for many months. OPD, IPD, Dental OPD, ANC, PNC, vaccination and FP services were available in the UPHC and PHC.

5.3 AVAILABILITY OF DRUGS AND DIAGNOSTIC

At the time of the visit, almost all essential drugs (EDL) were available in appropriate quantities at IGM Hospital, and drug information was listed on the wall. Procurement, inventory management and distribution of medicines, sutures and surgical materials in the hospital are conducted through the state-specific portal. Only 85 essential medicines were available in Jirania CHC, and 110 EDLs were available in Kherengbar CHC. In addition, 97 medicines were available at Ranirbajar, 77 at Ashrampara UPHC and 12 EDL medicines from College Tilla SC-HWC on the day of the visit. Medicines for hypertension and diabetes, i.e., amlodipine, metformin, atenolol 50 mg and glimepiride 1/2 mg, were available in college CHC, UPHC, PHC and Tilla SC-HWC. However, the shortage of EDL medicines during the last 30 days was highlighted in Jirania CHC.



Picture 5.3: Arrangement of drug dispensing in Asharampara UPHC, West Tripura

IGM Hospital, Kherengbar CHC, Asharampara UPHC and Ranirbajar PHC reported adequate supplies of essential consumables. However, the Jirania CHC has been facing a minimal shortage of essential consumables for a few days.

Essential diagnostics were freely available for BPL card holders and JSSK beneficiaries at IGM Hospital; 70 diagnostics services were available in-house, and 65 were outsourced. In the last financial year, 102000 tests were done in-house, and 96240 tests were outsourced. In addition, a CT scan and 3 X-ray plants were available in the hospital, free of cost for BPL card holders. IGM administration reported an adequate supply of testing and rapid diagnostic kits. However, the hospital does not provide dialysis services, which are made available to the patients through outsourcing. IGM Hospital No equipment was found non-functional. All essential diagnostic services were available in-house free of cost at CHC, UPHC and PHC. X-ray plant was available in both the CHCs, though it was not working in Kherengbar CHC for many months. An adequate supply of testing and rapid diagnostic kits was reported by all visited health facilities.

5.4 PRADHAN MANTRI SURAKSHIT MATRITVA ABHIYAN (PMSMA)

A strong implementation of PMSMA has been observed in the District. ASHAs were actively involved in mobilizing pregnant women for timely ANC check-ups. The IGM Civil Hospital, CHCs, UPHCs, PHCS and SC provides PMSAMA services to pregnant women. Line listing of high-risk pregnancies by performing by performing Hepatitis, HIV, Diabetes, sepsis, TB, malaria and hypertension tests.

5.5 INSTITUTIONAL DELIVERY, JSY PAYMENTS (DBT) AND JSSK

Overall, 236 deliveries including 173 C-sections, were conducted at IGM Hospital in July 2022. Additionally, the delivery services were available all the visited CHC and PHC, except urban UPHC Asharampara. Moreover, 58 institution deliveries including four c-sections were performed in Kherengbar CHC. The condition of the labour rooms was good at all the health facilities, and the labour room in IGM was LaQshya Certified.

IGM Civil Hospital witnessed five maternal deaths in 2021-22 and two in 2020-21. In addition, the hospital observed 130 infant deaths in 2021-22 and 190 in 2020-21. Critical cases come from all the districts in the IGM hospital; this is why there are more maternal and child deaths here. Apart from this, there was no maternal & child death in any other health centre.

JSY has been paid for all the deliveries made to IGM till July 2020. In Jirania and Kherengbar CHCs, JSY had been paid for all the deliveries till July; Jirania CHC had paid JSY through DBT to 31 women in 2021-22 and 6 women till July in the current financial year. Many migrant laborers come to work in the Bricklin industry in Jirania and Ranirbazar, who neither have bank accounts nor proper documents, due to which they were not getting JSY DBT. Apart from that beneficiaries were being provided free ambulance facilities from homes to the facility, medicines, diet and Diagnostics under Janani Shishu Suraksha Karyakaram (JSSK). Though the pick up and drop back facilities for pregnant women and new-borns needs to improve.

5.6 IMMUNISATION SERVICES

Vaccines and hub cutters were available at all levels of health facilities. Vaccines and hub cutters were available at all the visited health facilities. Nurses and ANMs at IGM, CHCs, UPHCs, PHCs, and SCs were aware of the open vial policy. In the past three months, 1069 newborns in IGM Hospital, 15 in CHC Jirania, 166 in Kherengbar CHC, and 5 newborns in Ranirbajar PHC were immunized with birth dose.

5.7 FAMILY PLANNING AND ABORTION CARE

FPLMIS was implemented in all the visited health facilities except IGM Civil Hospital. Trained



providers for IUCD/PPIUCD were available, and it was being promoted at all the health facilities. Other available FP methods include Antara, Chaya and condoms. MOs, FP in charge, LHVs and ANMs provide counseling on FP services. Although Antara has only been introduced in the district this year, it is becoming popular among women. Additionally, the IGM performed 53, and Kherengbar CHC performed three sterilizations in July 2022. IGM and both the CHCs provide comprehensive abortion care (CAC) services.

5.8 ADOLESCENT HEALTH

The Adolescent Friendly Health Clinics were functional in the IGM, Jirania CHC and Ashrampara UPHC; Though, it was not functional at CHC Kherengbar and Ranirbajar. Adolescent counsellor and MOs provides services regarding sexual and reproductive health; 570 at IGM and 570

adolescents at Jirania CHC were counselled in the last six months. However, separate counsellor was not available in Asrampara UPHC.

5.9 TB ELIMINATION PROGRAMME

IGM Civil hospital does not provide TB-related services. Jirania CHC, Ranirbazar PHC and Ashrampara UPHC were designated Microscopy Centre (DMC). Anti-TB drugs were available at all the visited health facilities, and patients were taking drugs from the facilities. All the TB patients in visited facilities were tested for HIV and Diabetes Mellitus. However, the status of DBT installments under the Nikshay Poshan Yojana was unknown. In addition to the NIKSHAY Poshan Yojana, the Government of Tripura provide one-time financial support of 900 rupees to the patient at the end of the treatment.

5.10 QUALITY ASSURANCE AND CLEANLINESS

Kayakalp assessment for 2021-22 was done in IGM and it was awarded 71 percent score. The labor room and operation theatre were clean, and both were LaQshya certified, with scores of 81 and 75 percent score respectively. However, assessment for NQAS has not been initiated for IGM. Apart from this, all the visited CHC, PHC and UPHC had received Kayakalp award. Last year Ashrampara UPHC scored 94.4% in NQAS and was certified. Besides this, none of the CHCs and PHCs were NQAS certified.

5.11 IT SERVICES, DATA REPORTING AND MAINTENANCE OF RECORDS

All visited health facilities were equipped with IT services like desktop/laptop and internet connection. All ANMs had functional tablets, although smartphones were only given to some ASHAs. Records of TB treatment card cases, TB notification register, malaria, palliative care, dengue, chikungunya and leprosy cases were excellent in CHCs and PHCs. Data is reported in P, S and L forms under IDSP from the health centers of the district. The maintenance of records at all the facilities was satisfactory, and all the registers regarding births, deaths, OPD and IPD were adequately maintained and updated. Data entry portal HMIS, MCTS and Nikshay portal were updated.

5.12 HUMAN RESOURCES

An updated list of proposed posts was unavailable in any health centres. No shortage of health workers was highlighted in IGM Hospital; However, both the CHCs were apprised of the shortage of medical officers. The post of data entry operator was vacant in UPHC. Additionally, available human resources at Ranirbazar PHC was less than the patients load. Ranirbazar PHC covers nearly 70 thousand population and around 250 patients per day.

5.13 FUND UTILIZATION AND RKS MEETINGS

The latest meeting of Rogi Kalyan Samiti (RKS) in all health institutions was held on August 18, and records of previous meetings were available. For the financial year 2021-22, IGM Hospital received about one crore and 11 lakh rupees under NHM, which was fully utilized. This amount was used for Maternal and Child Health Services, Family Planning and NICU.

CHC Jirania received Rs 70 lakh, CHC Kherengbar Rs 48 lakh, PHC Ranirbazar Rs 42 lakh, and UPHC Ashram Para Rs 68 lakh under the RKS fund. All these health centers had fully utilized the RKS fund.

CHAPTER 6: COMMUNITY HEALTH

A community interactions and focused group discussion was held at Ranir Pukur to understand the perception and behaviour of the community on the accessibility of public health services, lifestyle, living conditions, health-seeking behaviour, the behaviour of public health service providers and out-of-pocket expenditure.

6.1 COVERAGE KNOWLEDGE AND SKILLS OF ASHAs

The ASHA and Anganwadi workers were well known to the local residents and women, and their names and numbers were with almost all the women. Asha was actively engaged in distributing leaflets about family planning, ANC, and vaccination, as well as tuberculosis, malaria and other national programs in the community. Several women were unaware of the services provided under ANC, the danger signs during pregnancy, and the benefits of vaccination.

6.2 PREFERENCE OF HEALTH FACILITIES FOR MATERNAL AND CHILD HEALTH SERVICES

The district had several private hospitals and nursing homes that provided delivery care services. Families choose health institutions according to their economic status; However, for everyday diseases, ANC, vaccination of children and common diseases, only government institutions are approached. Women from lower socioeconomic backgrounds visit PHCs and CHCs of the area for normal deliveries and prefer IGM Hospital and Tripura Medical College in case of high-risk pregnancies. Apart from this, a large number of deliveries also take place in private nursing homes in the district.

6.3 HEALTH SEEKING BEHAVIOUR OF COMMUNITY

Proper treatment is available in CHCs, UPHCs and PHCs for minor fever, vaccination, ANC, PNC and delivery, but people face many problems with serious diseases, for which local residents go to IGM Civil Hospital, Tripura Medical College, Agartala Government Medical College and ILS Private Hospital. But due to the delay in treatment of severe diseases in the district and dissatisfaction with the treatment, people go outside the state to get proper treatment for severe diseases in cities like Kolkata, Silchar, Guwahati, Chennai and Bangalore.



Picture 6.1: Community interactions Raneer Pukur, West Tripura

6.4 BEHAVIOUR OF HEALTH CARE PROVIDERS

People express that the behavior of health workers in public health institutions is good. Health workers provide information about various diseases through outreach programs in the community, and ASHA motivates people to use the services of public health facilities. Few women expressed that due to high pressure in higher health institutions like IGM Civil Hospital, sometimes misbehavior is also done with the patients. There are many cases of seasonal diseases in the area; ASHA informs people about proper care and helps sick and old people in such situations.

6.5 ACCESSIBILITY TO DRUGS, DIAGNOSTICS, AND REFERRAL TRANSPORT

People in the area had access to free medicines and diagnoses; People were taking advantage of these freebies through local health centers. However, people often have to buy medicines themselves due to the non-availability of medicines and diagnostics in the hospital. Free ambulance services are available in the district, yet most people reported that people make their own arrangements to reach health facilities; Specifically, pregnant women work using free ambulance services.

6.6 SANITATION ENVIRONMENT AND LIFESTYLE

Most of the houses in the district have toilets built by themselves or with the government's help, and there is no practice of open defecation. Gas is mainly used for cooking in homes; However, firewood is also used for cooking in the remote villages of the district. There is no acute drinking water crisis; However, there are many large and small ponds and open drains in the district, and due to a lack of proper sanitation, there is a danger of mosquitoes breeding.

6.7 USE OF TOBACCO AND INJECTION DRUGS

The use of smokeless tobacco is rampant among men and women across the state, causing many health problems to the people. Most people get addicted to tobacco from an early age. Even many health workers were found using smokeless tobacco in hospitals. Health workers and people say that the prevalence of injectable drugs is increasing rapidly among the youth in both urban and rural areas. If proper steps are not taken in time, it can become a severe problem for the state. Although many organizations, social workers, and government officials are trying to save the youth from this through various outreach programmes, but the state must take concrete steps.

6.8 EARLY MARRIAGE AND TEENAGE PREGNANCY

Marriage in the district takes place at a very young age; In Muslim and tribal communities, it is customary to get married as early as 16 - 17 years of age. The concept of the delayed and healthy interval is not known to these young women, due to which girls become pregnant at an early age, which is harmful to the child and the mother. There was a lack of counseling services regarding early marriage, teen pregnancy and healthy spacing between children in the community.

CHAPTER 7: CONCLUSION AND RECOMMENDATION

The Population Research Centre, Delhi, commenced monitoring the NHM Programme Implementation Plan (PIP) in the West Tripura District of Tripura. The team was expected to conduct a field visit to the District for quality checks and further improvement of the different components of NHM. This chapter explains the monitoring and evaluation findings and recommendations based on field visits and interaction with health officials of the West Tripura District.

7.1 BEST PRACTICES

- The Mayer Ghar initiative facilitates optimal intrapartum and post-partum care for pregnant women and addresses accessibility, acceptability, affordability and related socio-cultural factors.
- The 'Mukhya Mantri Sustho Shaishab, Sustho Kaishore Abhiyan' (MSSSKA) was implemented for children and adolescents (0-19 years) by the Government of Tripura. Under MSSSKA, the district enforces four programmes for children and adolescents, i.e., Vitamin-A supplementation, Iron Folic Acid (IFA) Supplementation, de-worming and diarrhoea control.
- Mukhyamantri Mission Drishti has been launched in Tripura to distribute free spectacles to patients suffering from presbyopia among the elderly. The glasses are distributed through the PHC level and sub-centres, where the eye support/trained person checks the strength required for the patient and issues the spectacles.
- In addition to the NIKSHAY Poshan Yojana, the State Government provides one-time financial support of 900 rupees to the TB patient at the end of the treatment.
- Data entry on Health Management Information System was up-to-date, HMIS figures for deliveries, out patients, inpatients etc were matched with Hospital records and the figures were identical.

7.2 CHALLENGES

- Many health facilities are old, hence new building are required for few Health Sub-Centre, PHC and CHC. There is lack of space in UPHCs, which required vertical extension. No health training institute or space is available even for capacity building programme for District.

- The district had no Nutritional Rehabilitation Center (NRC) and District Early Intervention Center (DEIC).
- Home delivery has also been observed in few localities, Kanchanmala, Ranirbazar, Mandai, Hezamara PHC, and Mohanpur CHC.
- 1st trimester registration of PW not up to the mark at Hezamara PHC, Ashrampara UPHC, Agartala Puranigam UPHC and Bhati Abhoynagar UPHC. Pregnant Women given Complete Immunization was less as per target PW at Narsingarh PHC, Ashrampara UPHC, Paschim Bhubanban UPHC and Agartala Puranigam UPHC.
- The prevalence of the birth dose was only 89 percent of the total institutional deliveries; however, it was less than 80 percent in few pockets of District. Likewise, the level of full immunization was 76 percent in West Tripura; However, in some areas of the district, it was less than 50 percent in the area of four PHCs/UPHCs.
- Marriage in the district takes place at a very young age; In Muslim and tribal communities, it is customary to get married as early as 16 - 17 years of age. The concept of the delayed and healthy interval is not known to these young women, due to which girls become pregnant at an early age, which is harmful to the child and the mother. There was a lack of counseling services regarding early marriage, teen pregnancy and healthy spacing between children in the community.
- Health workers reported that contraceptives are not in good supply and face shortages during the year. However, FPLMIS was also not being used by all health facilities and ASHAs.
- There was a lack of information about the diseases caused by tobacco use. Even doctors, nurses and health officials in hospitals were found to be addicted to non-smoking tobacco. The use of smokeless tobacco among men and women is rampant in the district. Most people get addicted to tobacco from an early age and have to face ordinary to severe illnesses.
- The prevalence of injectable drugs is increasing very fast among the youth. It may become a severe problem for the state if the proper step is not taken on time. Although many organizations are trying to save the youth from addiction, there is a need to take concrete steps by the state in this regard.

7.3 RECOMMENDATIONS

- **Need for constructing new buildings for health facilities:** New buildings are needed for old health sub-centres, PHCs and CHCs. The UPHC itself is space-constrained, requiring vertical expansion. There is also no health training institute or space available for a capacity building program for the district.
- **Need to ensure essential medicines and diagnostic services free or low cost:** In order to reduce the out-of-pocket expenses of the patients, there is a need to ensure the availability of essential medicines in the public health facilities in the district at minimal cost or free. At the same time, it is necessary to make all the necessary tests available in public health institutions.
- **Ensuring an uninterrupted supply of contraceptives:** The supply of contraceptive methods keeps getting interrupted. It is necessary that proper counselling and availability of multiple choices of contraception at the right time to bring down the unmet need and motivate people to adopt the means of family planning.
- **Measures to prevent child marriage and repeated childbearing:** There is a need to initiate a public campaign with the help of the community and various departments of the district to eliminate the practice of early marriage. Adolescents' knowledge can be strengthened in this subject through peer education and RKSK, which is not functional in the district. At the same time, it is also necessary that ASHA, ANMs, counsellors and doctors make adolescents aware of the ill effects of early marriage, teenage pregnancy and repeated pregnancies on different occasions in different ways.
- **Intensive awareness and enforcement drive on tobacco use:** There is a need to sensitize the community and health workers to the harmful effects of tobacco. Collaboration with NGOs should be sought for targeted interventions to create community awareness. There is a need to impose strict penalties on tobacco use in public places. Also, there is a need for proper counselling and medication through outreach programs for tobacco addicts.
- **Collective campaign against injection drug use:** Social organizations need to keep an eye on the situation with the Government and fight the menace of drugs together. There is a need to raise awareness, especially among the youth, about the negative impact of injectable drugs. Health administration would not be able to fight the menace of drugs without the help of Civil society members and elected representatives.

ANNEXURES



**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		
1. District Hospitals				
2. Sub District Hospital				
3. Community Health Centers (CHC)				
4. Primary Health Centers (PHC)				
5. Sub Centers (SC)				
6. Urban Primary Health Centers (U-PHC)				
7. Urban Community Health Centers (U-CHC)				
8. Special Newborn Care Units (SNCU)				
9. Nutritional Rehabilitation Centres (NRC)				
10. District Early intervention Center (DEIC)				
11. First Referral Units (FRU)				
12. Blood Bank				
13. Blood Storage Unit (BSU)				
14. No. of PHC converted to HWC				

15. No. of U-PHC converted to HWC		
16. Number of Sub Centre converted to HWC		
17. Designated Microscopy Center (DMC)		
18. Tuberculosis Units (TUs)		
19. CBNAAT/TruNat Sites		
20. Drug Resistant TB Centres		
21. Functional Non-Communicable Diseases (NCD) clinic <ul style="list-style-type: none"> • At DH • At SDH • At CHC 	_____	_____
22. Institutions providing Comprehensive Abortion Care (CAC) services <ul style="list-style-type: none"> • Total no. of facilities • Providing 1st trimester services • Providing both 1st & 2nd trimester services 	_____	_____

Overview: 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_____
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 • 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 (I st sanctioned against DHAP)
2021-22				
2022-23				

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	
• No. of SCs conducting >3 deliveries/month	
• No. of 24x7 PHCs conducting > 10 deliveries /month	
• No. of CHCs conducting > 20 deliveries /month	
• No. of DH/ District Women and child hospital conducting > 50 deliveries /month	
• No. of DH/ District Women and child hospital conducting C-section	
• No. of Medical colleges conducting > 50 deliveries per month	
• No. of Medical colleges conducting C-section	
• Number of institutes with ultrasound facilities (Public+Private)	Public: Private:
• Of these, how many are registered under PCPNDT act	Public: Private:
C.3. National Health Programmes	
3. Pradhan Mantri Surakshit Matritva Abhiyan (PMSMA)	1. No. issued MCP card and Safe Motherhood Booklet: _____
	2. Number of health facilities where current round of PMSMA was conducted:
	a. Medical College: _____
	b. DH: _____
	c. SDH: _____

Indicator		Remarks/ Observation	
	d. CHC/UHC: _____ 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"> Total number of beds In radiant warmer _____ Stepdown care _____ Kangaroo Mother Care (KMC) unit _____ Number of non-functional radiant warmer for more than a week Number of non-functional phototherapy unit for more than a week 		
		Inborn	Out born
	• Admissions (2021-22)		
	• Defects at birth		
	• Discharged		
	• Referral		
	• LAMA		
	• Died		
		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 Bilateral pitting oedema MUAC<115 mm <-3SD WFH with Diarrhea ARI/ Pneumonia TB HIV Fever Nutrition related disorder Others Admission to NRC Referred by Frontline worker Self Ref from VCDC/ CTC RBSK Pediatric ward/ emergency 		
8. Home Based Newborn Care (HBNC)	<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)	<ul style="list-style-type: none"> No. of Blocks covered under Peer Education (PE) programme: 		

Indicator	Remarks/ Observation																																																	
& Weekly Iron Folic Acid Supplementation (WIFS)	<ul style="list-style-type: none"> 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) If yes, since when and reasons thereof																																																	
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 Diabetes Oral cancer Breast Cancer Cervical cancer 	<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" data-bbox="759 1025 1251 1234"> <thead> <tr> <th>Screened</th> <th>Diagnosed</th> <th>Treated</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table>	Screened	Diagnosed	Treated																																														
Screened	Diagnosed	Treated																																																
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 Pvthealth facilities reporting weekly data of IDSP How is IDSP data utilized? Elaborate. 																																																	
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"> <thead> <tr> <th>Stationed at:</th> <th>BLS</th> <th>ALS</th> <th>PTA</th> <th>Kilkari</th> <th>Neonatal</th> <th>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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<ul style="list-style-type: none"> Details of Referral Transport – Performance Indicators: 																																																		

Indicator						Remarks/ Observation	
Year	Ambulances Purchased	Total Cases	Pregnant Women	Accident Cases	Referral from one health facility to another	Others	
2019-20							
2020-21							
				ALS		BLS	
o Operational agency (State/ NGO/ PPP)							
o If the ambulances are GPS fitted and handled through centralized call centre							
o Average number of calls received per day							
o Average number of trips per ambulance per day							
o Average km travelled per ambulance per day							
o Key reasons for low utilization (if any)							
• No. of transport vehicle/102 vehicle (on the road)							
o If the vehicles are GPS fitted and handled through centralized call centre							
o Average number of trips per ambulance per day							
o Average km travelled per ambulance per day							
o 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"> o 2018-19: o 2019-20: o 2020-21: o Reason for increase/ decrease (as per the trend of last 3 years) • LLIN distribution status • IRS • Anti-larval methods • Contingency plan for epidemic preparedness • Weekly epidemiological and entomological situations are monitored • No. of MDR rounds observed • No. of blocks achieved elimination status for Lymphatic Filariasis i.e. mf rate <1% 					
20. National Tuberculosis Elimination Programme (NTEP)		<ul style="list-style-type: none"> • Target TB notification achieved Y/N • Whether HIV Status of all TB patient is known: <input type="checkbox"/> Yes/ <input type="checkbox"/> No • If No, no. of TB patients with known HIV status _____ • Eligible TB patients with UDST testing • Whether drugs for both drug sensitive and drug resistance TB available • No of patients notified: • Treatment success rate: • No. of MDR TB Patients: • Treatment initiation among MDR TB patients: <ul style="list-style-type: none"> • No of patients notified: • Treatment success rate: • No. of MDR TB Patients: • Treatment initiation among MDR TB patients: <ul style="list-style-type: none"> • Beneficiaries paid under NikshayPoshan Yojana <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 					
21. Implementation of National Leprosy Eradication Programme (NLEP)		No. of new cases detected No. of G2D cases MDT available without interruption Y/N Reconstructive surgery for G2D cases being conducted Y/N MCR footwear & selfcare kit avl Y/N					
22. ASHAs		Number of ASHAs <ul style="list-style-type: none"> • Required as per population 					

Indicator		Remarks/ Observation		
	<ul style="list-style-type: none"> Selected No. of ASHAs covering more than 1500 (rural) population No. of ASHAs covering more than 3000 (urban) population Villages with no ASHA Slum areas with no ASHA 			
	Status of social benefit scheme for ASHAs and ASHA Facilitators (if available) <ul style="list-style-type: none"> No. of ASHAs enrolled for Pradhan Mantri Jeevan JyotiBima Yojana (PMJJBY) No. of ASHA Facilitator enrolled for Pradhan Mantri Jeevan JyotiBima Yojana (PMJJBY) No. of ASHAs enrolled for Pradhan Mantri Suraksha Bima Yojana (PMSBY) No. of ASHA Facilitators enrolled for Pradhan Mantri Suraksha Bima Yojana (PMSBY) No. of ASHAs enrolled for Pradhan MantriShram Yogi Maandhan Yojana (PMSYMY) No. of ASHA Facilitators enrolled for Pradhan MantriShram Yogi Maandhan Yojana (PMSYMY) Any other state specific scheme 			
23. MahilaArogyaSamitis (MAS)-	Status of MahilaArogyaSamitis (MAS)- <ol style="list-style-type: none"> Formed Trained MAS account opened Samiti addresses issues related to..... 			
24. Village Health Sanitation and Nutrition Committee (VHSNC)	Status of Village Health Sanitation and Nutrition Committee (VHSNC): <ol style="list-style-type: none"> Formed: Trained: MAS account opened: 			
25. Kayakalp and Quality Assurance	<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: _____ 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
<ul style="list-style-type: none"> JSY beneficiaries ASHA payment: <ul style="list-style-type: none"> 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				

Indicator	Remarks/ Observation			
	(2020-21)		(2021-22)	
	Regular cadre	NHM	Regular cadre	NHM
29. Details of recruitment				
<ul style="list-style-type: none"> Total no. of posts vacant at the beginning of FY Among these, no. of posts filled by state Among these, no. of posts filled at district level 				
30. If state has comprehensive (common for regular and contractual HR) Human Resource Information System (HRIS) in place				
31. If grievance redressal mechanism in place: Y/N				<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-Aspatal (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%)
1. FMR 1: Service Delivery: Facility Based			
2. FMR 2: Service Delivery: Community Based			
3. FMR 3: Community Intervention			
4. FMR 4: Untied grants			
5. FMR 5: Infrastructure			
6. FMR 6: Procurement			
7. FMR 7: Referral Transport			
8. FMR 8: Human Resource (Service Delivery)			
9. FMR 9: Training			
10. FMR 10: Review, Research and Surveillance			
11. FMR 11: IEC-BCC			
12. FMR 12: Printing			
13. FMR 13: Quality			
14. FMR 14: Drug Warehouse & Logistic			
15. FMR 15: PPP			
16. FMR 16: Programme Management			
17. FMR 17: IT Initiatives for Service Delivery			
18. FMR 18: Innovations			

Programme Wise

Status of Expenditure (Financial year 2021-22):

Indicator	Budget Released (in lakhs)	Budget utilized (in lakhs)	Reason for low utilization (if less than 60%)
1. RCH and Health Systems Flexipool			
• Maternal Health			
• Child Health			
• RBSK			
• Family Planning			
• RKSK/ Adolescent health			
• PC-PNDT			
• Immunization			
• Untied Fund			
• Comprehensive Primary Healthcare (CPHC)			
• Blood Services and Disorders			
• Infrastructure			
• ASHAs			
• HR			
• Programme Management			
• MMU			
• Referral Transport			

Indicator	Budget Released (in lakhs)	Budget utilized (in lakhs)	Reason for low utilization (if less than 60%)
• 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)			
• 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	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 	<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>District Early Intervention Centre (DEIC)</td><td></td></tr> <tr><td>11</td><td>Nutritional Rehabilitation Centre (NRC)</td><td></td></tr> <tr><td>12</td><td>SNCU/ Mother and Newborn Care Unit (MNCU)</td><td></td></tr> <tr><td>13</td><td>Comprehensive Lactation Management Centre (CLMC) / Lactation Management Unit (LMU)</td><td></td></tr> <tr><td>14</td><td>Neonatal Intensive Care Unit (NICU)</td><td></td></tr> <tr><td>15</td><td>Pediatric Intensive Care Unit (PICU)</td><td></td></tr> <tr><td>16</td><td>Labour Room Complex</td><td></td></tr> <tr><td>17</td><td>ICU</td><td></td></tr> <tr><td>18</td><td>Dialysis Unit</td><td></td></tr> <tr><td>19</td><td>Emergency Care</td><td></td></tr> <tr><td>20</td><td>Burn Unit</td><td></td></tr> <tr><td>21</td><td>Teaching block (medical, nursing, paramedical)</td><td></td></tr> <tr><td>22</td><td>Skill Lab</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	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	
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Indicator	Remarks/ Observation				
5. Emergency	General emergency: or facilities available for: 1. Triage 2. Resuscitation 3. Stabilization				
6. Tele-medicine/Consultation services available	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, average case per day _____				
7. Operation Theatre available	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, Single general OT: Elective OT-Major (General): Elective OT-Major (Ortho): Obstetrics & Gynecology OT: Ophthalmology/ENT OT: Emergency OT:				
8. Availability of functional Blood Bank	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, number of units of blood currently available: _____ No. of blood transfusions done in last month: _____				
9. Whether blood is issued free, or user-fee is being charged	<input type="checkbox"/> Free for BPL <input type="checkbox"/> Free for elderly <input type="checkbox"/> Free for JSSK beneficiaries <input type="checkbox"/> Free for all				
10. Biomedical waste management practices	1. Sharp pit 2. Deep Burial pit 3. Incinerator 4. Using Common Bio Medical Treatment plant 5.				
11. Details of HR available in the facility (Sanctioned and In-place)	HR				
	MO (MBBS)		San.	Reg.	Cont.
	Specialists	Medicine			
		ObGy			
		Pediatrician			
		Anesthetist			
		Surgeon			
		Ophthalmologist			
		Orthopedic			
		Radiologist			
	Pathologist				
	Others				
	Dentist				
	Staff Nurses/ GNMs				
	LTs				
Pharmacist					
Dental Technician/ Hygienist					
Hospital/ Facility Manager					
EmOC trained doctor					
LSAS trained doctor					
Others					
12. IT Services	<ul style="list-style-type: none"> • Desktop/ Laptop available: <input type="checkbox"/> Yes/ <input type="checkbox"/> No • Internet connectivity: <input type="checkbox"/> Yes/ <input type="checkbox"/> No Quality/strength of internet connection: _____ 				
13. Kayakalp	Initiated: Facility score: Award received:				
14. NQAS	Assessment done: Internal/State Facility score: Certification Status:				
15. LaQshya	Labour Room: Operation Theatre:				
	<input type="checkbox"/> Yes/ <input type="checkbox"/> No				

Indicator	Remarks/ Observation										
16. Availability of list of essential medicines (EML)/ drugs (EDL)	If yes, total number of drugs in EDL _____ EDL displayed in OPD Area: <input type="checkbox"/> Yes/ <input type="checkbox"/> No No. of drugs available on the day of visit (out of the EDL) _____										
17. Implementation of DVDMS or similar supply chain management system	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If other, which one _____										
18. Shortage of 5 priority drugs from EDL in last 30 days, if any	<table border="1"> <tr><td>1</td><td></td></tr> <tr><td>2</td><td></td></tr> <tr><td>3</td><td></td></tr> <tr><td>4</td><td></td></tr> <tr><td>5</td><td></td></tr> </table>	1		2		3		4		5	
1											
2											
3											
4											
5											
19. Availability of Essential Consumables:	<input type="checkbox"/> Sufficient Supply <input type="checkbox"/> Minimal Shortage <input type="checkbox"/> Acute shortage List the consumables for with there was shortage In last 6 months how many times there was shortage _____										
20. Availability of essential diagnostics	<input type="checkbox"/> In-house <input type="checkbox"/> Outsourced/ PPP <input type="checkbox"/> Both/ Mixed										
• 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 If Yes, type & nos. of functional X-ray machine is available in the hospital: Is the X-ray machine AERB certified: <input type="checkbox"/> Yes/ <input type="checkbox"/> No										
22. CT scan services available	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes: <input type="checkbox"/> In-house/ <input type="checkbox"/> PPP Out of Pocket expenditures associated with CT Scan services (if any, approx. amount per scan): _____										
23. Whether diagnostic services (lab, X-ray, USG etc.) are free for all	<input type="checkbox"/> Free for BPL <input type="checkbox"/> Free for elderly <input type="checkbox"/> Free for JSSK beneficiaries <input type="checkbox"/> Free for all										
24. Availability of Testing kits/ Rapid Diagnostic Kits	<input type="checkbox"/> Sufficient Supply <input type="checkbox"/> Minimal Shortage <input type="checkbox"/> Acute shortage										
25. Implementation of PM-National Dialysis programme	<input type="checkbox"/> Yes/ <input type="checkbox"/> No <input type="checkbox"/> In-house <input type="checkbox"/> Outsourced/ PPP Total number of tests performed: _____										
• Whether the services are free for all	<input type="checkbox"/> Free for BPL <input type="checkbox"/> Free for elderly <input type="checkbox"/> Free for JSSK beneficiaries <input type="checkbox"/> Free for all										
• Number of patients provided dialysis service (for 2020-21)	o Previous year _____ o Current FY _____ <i>*Calculate the approximate no. of patients provided dialysis per day</i>										
26. If there is any shortage of major instruments/ equipment (List the Equipments)											
27. Average downtime of equipment. Details of equipment are nonfunctional for more than 7 days											
28. Availability of delivery services	<input type="checkbox"/> Yes/ <input type="checkbox"/> No										
• 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: _____										

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		
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		

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

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 Please comment on the condition and tick the appropriate box	Comments: <input type="checkbox"/> 24*7 running water facility <input type="checkbox"/> Facility is geriatric and disability friendly (ramps etc.) <input type="checkbox"/> Clean functional toilets available (separate for Male and female) <input type="checkbox"/> Drinking water facility available <input type="checkbox"/> OPD waiting area has sufficient sitting arrangement <input type="checkbox"/> ASHA rest room is available <input type="checkbox"/> Drug storeroom with rack is available Power backup: <input type="checkbox"/> Complete Hospital/ <input type="checkbox"/> Part of the hospital																																	
7. Number of functional in-patient beds																																		
8. List of Services available																																		
<ul style="list-style-type: none"> 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	
	Sl.	Service	Y/N																															
	1	Medicine																																
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	8	Imaging Services (X – ray)																																
9	Imaging Services (USG)																																	
10	Newborn Stabilization Unit																																	
<ul style="list-style-type: none"> If any of the specialists are available 24*7 	<input type="checkbox"/> Yes available <input type="checkbox"/> Yes, available only on-call <input type="checkbox"/> Not available																																	
<ul style="list-style-type: none"> Emergency 	General emergency: or facilities available for: 1. Triage 2. Resuscitation 3. Stabilization																																	
9. Tele-medicine/Consultation services available	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, average case per day _____																																	
10. Operation Theatre available	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, Major: _____ Minor: _____																																	

11. Availability of functional Blood Storage Unit	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, number of units of blood currently available: _____ No. of blood transfusions done in last month: _____				
12. Whether blood is issued free, or user-fee is being charged	<input type="checkbox"/> Free for BPL <input type="checkbox"/> Free for elderly <input type="checkbox"/> Free for JSSK beneficiaries <input type="checkbox"/> Free for all				
13. Biomedical waste management practices	Sharp pit: Deep Burial pit: Other System, if any:				
14. Details of HR available in the facility (Sanctioned and In-place)	HR		San.	Reg.	Cont.
	MO (MBBS)				
	Specialists	Medicine			
		ObGy			
		Pediatrician			
		Anesthetist			
	Dentist				
	SNs/ GNMs				
	LTs				
	Pharmacist				
	Dental Assistant/ Hygienist				
	Hospital/ Facility Manager				
EmOC trained doctor					
LSAS trained doctor					
Others					
15. IT Services	<ul style="list-style-type: none"> Desktop/ Laptop available: <input type="checkbox"/> Yes/ <input type="checkbox"/> No Internet connectivity: <input type="checkbox"/> Yes/ <input type="checkbox"/> No Quality/strength of internet connection: _____				
16. Kayakalp	Initiated: Facility score: Award received:				
17. NQAS	Assessment done: Internal/State Facility score: Certification Status:				
18. LaQshya	Labour Room: Operation Theatre:				
19. Availability of list of essential medicines (EML)/ drugs (EDL)	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, total number of drugs in EDL _____ EDL displayed in OPD Area: <input type="checkbox"/> Yes/ <input type="checkbox"/> No No. of drugs available on the day of visit (out of the EDL) _____				
20. Implementation of DVDMS or similar supply chain management system	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If other, which one _____				
21. Shortage of 5 priority drugs from EDL in last 30 days, if any	1				
	2				
	3				
	4				
	5				
22. Availability of Essential Consumables:	<input type="checkbox"/> Sufficient Supply <input type="checkbox"/> Minimal Shortage <input type="checkbox"/> Acute shortage In last 6 months how many times there was shortage _____ List the consumables for which there has been shortage _____				
23. Availability of essential diagnostics	<input type="checkbox"/> In-house <input type="checkbox"/> Outsourced/ PPP <input type="checkbox"/> Both/ Mixed				
• In-house tests (for 2020-21)	Timing: Total number of tests performed: _____ Details of tests performed:				
• Outsourced/ PPP (for 2020-21)	Timing: Total number of tests performed: _____ Details of tests performed:				

24. X-ray services is available	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If Yes, type & nos. of functional X-ray machine is available in the hospital: Is the X-ray machine AERB certified: <input type="checkbox"/> Yes/ <input type="checkbox"/> No
25. Whether diagnostic services (lab, X-ray, USG etc.) are free for all	<input type="checkbox"/> Free for BPL <input type="checkbox"/> Free for elderly <input type="checkbox"/> Free for JSSK beneficiaries <input type="checkbox"/> Free for all
26. Availability of Testing kits/ Rapid Diagnostic Kits	<input type="checkbox"/> Sufficient Supply <input type="checkbox"/> Minimal Shortage <input type="checkbox"/> Acute shortage (List the name of kits for which there is shortage)
27. If there is any shortage of major instruments/ equipment (List the Name of Equipment)	
28. Average downtime of equipment. Details of equipment are nonfunctional for more than 7 days	
29. Availability of delivery services	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
• If the facility is designated as FRU, whether C-sections are performed	<input type="checkbox"/> Yes/ <input type="checkbox"/> No Number of normal deliveries performed in last month: _____ No. of C-sections performed in last month: _____
• Comment on condition of:	Labour room: OT: Functional New-born care corner (functional radiant warmer with neo-natal ambu bag): <input type="checkbox"/> Yes/ <input type="checkbox"/> No
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		
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 		
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		
56. How much fund was received and utilized by the facility under NHM?	<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 		
	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
Government of India



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

Service Delivery:

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

	<ul style="list-style-type: none"> 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:			
• investigations within public sector for TB testing? <input type="checkbox"/> Yes/ <input type="checkbox"/> No			
• investigations within public sector for other tests? <input type="checkbox"/> Yes/ <input type="checkbox"/> No			
• outsourced testing? <input type="checkbox"/> Yes/ <input type="checkbox"/> No			

	Are all TB patients tested for HIV? <input type="checkbox"/> Yes/ <input type="checkbox"/> No Are all TB patients tested for Diabetes Mellitus: <input type="checkbox"/> Yes/ <input type="checkbox"/> No Percent of TB Patients for whom DBT installments have been initiated under NikshayPoshan Yojana in the last 6 months:
50. Status on Leprosy eradication programme	Nos. of new case detected by Field Worker in last 12 months: Out of those, how many are having Gr. II deformity: Frequency of Community Surveillance:
51. Maintenance of records on	<ul style="list-style-type: none"> • TB Treatment Card cases (both for drug sensitive and drug resistant cases): <input type="checkbox"/>Yes/ <input type="checkbox"/>No • TB Notification Registers: <input type="checkbox"/>Yes/ <input type="checkbox"/>No • Malaria cases: <input type="checkbox"/>Yes/ <input type="checkbox"/>No • Palliative cases: <input type="checkbox"/>Yes/ <input type="checkbox"/>No • Cases related to Dengue and Chikungunya: <input type="checkbox"/>Yes/ <input type="checkbox"/>No • Leprosy cases: <input type="checkbox"/>Yes/ <input type="checkbox"/>No
52. How much fund was received and utilized by the facility under NHM?	Fund Received last year: Fund utilized last year:
	Items/ Activities whose expenditure is met out of the RKS/ Untied Fund regularly:
	Reasons for underutilization of fund (if any)
53. Status of data entry in (match with physical records)	HMIS: <input type="checkbox"/> Updated/ <input type="checkbox"/> Not updated MCTS: <input type="checkbox"/> Updated/ <input type="checkbox"/> Not updated IHIP: <input type="checkbox"/> Updated/ <input type="checkbox"/> Not updated HWC Portal: <input type="checkbox"/> Updated/ <input type="checkbox"/> Not updated Nikshay Portal: <input type="checkbox"/> Updated/ <input type="checkbox"/> Not updated
54. Frequency of RKS meeting (check and obtain minutes of last meeting held)	
55. Availability of ambulance services in the area	<input type="checkbox"/> PHC own ambulance available Number _____ <input type="checkbox"/> PHC has contracted out ambulance services Number _____ <input type="checkbox"/> Ambulances services with Centralized call centre <input type="checkbox"/> Government ambulance services are not available Comment (if any):
	<ul style="list-style-type: none"> • How many cases from sub centre were referred to this PHC last month? Number: Types of cases referred in: • How many cases from the PHC were referred to the CHC last month? Number: Types of cases referred out:
56. Key challenges in the facility and the root causes	
Challenge	Root causes
a)	
b)	
c)	
d)	
e)	
Only for U-PHC	
57. Population enumeration initiated for slum population	<input type="checkbox"/> Not yet initiated <input type="checkbox"/> Initiated <input type="checkbox"/> Completed
58. Number of CBAC forms filled (NUHM)	
59. Is Specialist services provided at U-PHC?	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, specialist services are provided through: <input type="checkbox"/> Teleconsultation/ <input type="checkbox"/> Clinic Schedule: <input type="checkbox"/> Fixed/ <input type="checkbox"/> Rotational Type of specialist services available: <input type="checkbox"/> OBGY, <input type="checkbox"/> Pediatrics, <input type="checkbox"/> Medicine, <input type="checkbox"/> Dermatology, <input type="checkbox"/> Ophthalmology, Others _____
60. UHNDs Conducted:	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, no. of UHND conducted per month _____
61. Special Outreach camps conducted:	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, no. of UHND conducted during last quarter _____ Type of specialties provided during special outreach camps: _____



Ministry of Health & Family Welfare
Government of India



Sub-Centre (SC) Level Checklist

Service Delivery: Sub Centre

Name of facility visited	
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 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	<table border="1"> <tbody> <tr> <td>1</td> <td></td> </tr> <tr> <td>2</td> <td></td> </tr> <tr> <td>3</td> <td></td> </tr> <tr> <td>4</td> <td></td> </tr> </tbody> </table>	1		2		3		4																	
1																									
2																									
3																									
4																									

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

Indicator	Remarks/ Observation		
31. Whether wellness activities are performed	<input type="checkbox"/> Yes/ <input type="checkbox"/> No Frequency:		
32. Whether reporting weekly data in S form under IDSP	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
33. Status of Tuberculosis in the area:	Indicators		2019-20
	Number of presumptive TB patients identified:		2020-21
	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 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)			