



Ministry of Health & Family Welfare
Government of India



A REPORT ON MONITORING OF IMPORTANT COMPONENTS OF NHM PROGRAMME IMPLEMENTATION IN PAKKE KESSANG DISTRICT, ARUNACHAL PRADESH

Dr. Gudakesh
Ms. Jyoti



POPULATION RESEARCH CENTRE
INSTITUTE OF ECONOMIC GROWTH

OCTOBER 2021

Table of Contents

<i>Table of Contents</i>	<i>i</i>
<i>List of Tables</i>	<i>ii</i>
<i>List of Figures</i>	<i>ii</i>
ACKNOWLEDGEMENT	<i>iii</i>
ACRONYMS AND ABBREVIATION	<i>iv</i>
EXECUTIVE SUMMARY	<i>vi</i>
BACKGROUND AND OBJECTIVES	2
INTRODUCTION	2
OBJECTIVES	2
METHODOLOGY	3
AN OVERVIEW OF KEY DEMOGRAPHIC AND HEALTH INDICATORS OF PAKKE KESSANG	5
POPULATION AND HOUSEHOLD PROFILE	5
OPERATIONAL OF HEALTH FACILITY.....	6
HMIS SERVICE DELIVERY INDICATORS.....	6
PUBLIC HEALTH PLANNING, SERVICE DELIVERY AND BUDGET UTILIZATION	10
DISTRICT HEALTH ACTION PLAN (DHAP).....	10
HEALTH INFRASTRUCTURE.....	10
AVAILABILITY OF SERVICES	11
TRANSPORT SERVICE AND MOBILE MEDICAL UNIT (MMU).....	11
HUMAN RESOURCE	11
STATUS OF TRAININGS	12
IMPLEMENTATION OF NATIONAL PROGRAMMES	15
MATERNAL HEALTH.....	15
CHILD HEALTH	16
FAMILY PLANNING SERVICES.....	16
DISEASE CONTROL PROGRAMME.....	17
INTEGRATED DISEASE SURVEILLANCE PROGRAMME (ISDP)	17
COMPREHENSIVE PRIMARY HEALTH CARE (CPHC)	18
STATUS OF SERVICE DELIVERY AT THE SELECTED HEALTH FACILITIES	20
COMMUNITY HEALTH CENTRE, PAKKE-KESSANG	20
PRIMARY HEALTH CENTRE /HWC, RILLOH	22
SUB CENTRE /HWC, PALIN	24
COMMUNITY HEALTH CENTRE, SEIJOSA	26
PRIMARY HEALTH CENTRE (PHC)/HWC VEO	28
SUB-CENTER, NITI-DARLONG	30
Service Availability As Perceived By The Community	31
CONCLUSION AND RECOMMENDATIONS	34
ANNEXURES	37

List of Tables

AN OVERVIEW OF KEY DEMOGRAPHIC AND HEALTH INDICATORS OF PAKKE KESSANG.....	5
TABLE 2.1: KEY DEMOGRAPHIC INDICATORS OF PAKKE KESSANG AND ARUNACHAL PARDESH	5
TABLE 2.2: NUMBER OF HEALTH FACILITIES IN PAKKE KESSANG, 2020-21	6
TABLE 2.3: STATUS OF KEY MATERNAL AND CHILD HEALTH INDICATORS, PAKKE KESSANG,....	6
PUBLIC HEALTH PLANNING, SERVICE DELIVERY AND BUDGET UTILIZATION	10
TABLE 3.1: DETAIL OF HEALTH FACILITY AVAILABLE IN PAKKE KESSANG	10
TABLE 3.3: AVAILABILITY OF DELIVERY CARE SERVICES IN THE DISTRICT, 2020-21	11
TABLE 3.3: AVAILABILITY OF HUMAN RESOURCE IN PAKKE KESSANG.....	12
TABLE 3.4: STATUS OF HEALTH TRAININGS IN PAKKE KESSANG	13

List of Figures

BACKGROUND AND OBJECTIVES	2
FIGURE 1.1: LIST OF FACILITIES VISITED DURING PIP VISIT	3
AN OVERVIEW OF KEY DEMOGRAPHIC AND HEALTH INDICATORS OF PAKKE KESSANG.....	5
FIGURE 2.1: OUTLINE MAP OF PAKKE KESSANG DISTRICT, ARUNACHALPRADESH	6
STATUS OF SERVICE DELIVERY AT THE SELECTED HEALTH FACILITIES	20
FIGURE 5.1: COMMUNITY HEALTH CENTRE PAKKE KESSANG.....	20
FIGURE 5.2: LABOUR ROOM, CHC PAKKE KESSANG.....	21
FIGURE 5.3: PRIMARY HEALTH CENTRE/ HWC, RILLOH.....	22
FIGURE 5.4: SUB- CENTRE/ HWC, PALIN.....	22
FIGURE 5.5: COMMUNITY HEALTH CENTRE SEIJOSA	27
FIGURE 5.6: PRIMARY HEALTH CENTRE VEO	28
FIGURE 5.7: SUB-CENTRE HEALTH ANITI DARLONG.....	30
FIGURE 5.8: COMMUNITY INTERACTION AT RILLO.....	31

ACKNOWLEDGEMENT

The Monitoring and Evaluation of NHM PIP in Pakke Kessang district of Arunachal Pradesh was successfully completed due to the help and cooperation received from district NHM staff and support extended by officials from state medical, health and family welfare department. We wish to extend, first, our immense gratitude to, Shri D.K. Ojha, Deputy Director General (Stat), Ministry of Health and Family Welfare, Government of India for trusting Population Research Centre, Institute of Economic Growth, Delhi with the work of monitoring of the important components of NHM Programme Implementation Plan. We are also thankful to Mrs. Anjali Rawat, Director (Stat) Ministry of Health and Family Welfare, for her unstinting support.

I also express my sincere thanks to Prof. Suresh Sharma, Head, Population Research Centre, Institute of Economic Growth (IEG), Delhi, for reviewing the report, providing constructive feedback and contribution at every stage till the completion of the report.

We are grateful to Dr. Yagling Perme, District Medical Officer (DMO), without whose support and cooperation the evaluation would not be possible. We would further like to thank Dr. Apa Rimo, District RCH Officer (DRCHO) of Pakke Kessang, for investing his full efforts in facilitating the visits to health facilities.

The Monitoring & Evaluation of National Health Mission Programme Implementation Plans would not have been possible without the active participation and insightful inputs by each and every Medical, Paramedical and Administrative staff, who form the public health system of Pakke Kessang. Last but not the least, I would like to thank the PRC-IEG staff for extending support for the completion of this report.

Dr. Gudakesh
Ms. Jyoti

Population Research Centre
Institute of Economic Growth
New Delhi

ACRONYMS AND ABBREVIATION

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

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

Executive Summary

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

Hence, the report focuses on monitoring all the essential components of NHM in the Pakke Kessang district for the year 2020-21. The monitoring was carried out in October to encapsulate and analyze the status of NHM activities in the district. The report puts forward the key observations made during the PRC, Delhi team visit to various health facilities of the district, i.e., two Community Health Centres (CHCs) in Pakke Kessang and Seijosa, two Primary Health Centres (PHC) in Rilloh and Vio, and two Sub-Centres/HWC Palin and Niti Darlong. A meeting was conducted with DMO, DRCHO and other district health officials to understand the efforts, achievements and challenges in implementing the NHM programmes. A focus group discussion was also done in Rilloh Village to understand their perspectives of public health services, lifestyle, out-of-pocket expenditure, etc.

OBSERVATIONS

- The District has two CHCs, three PHCs, and 14 SCs. All the health care facilities are running in government buildings.
- Most of the facilities were severely short of IEC; almost all the facilities did not have a drug list, no information related to immunization, information about JSY, JSSK, and many other programs was lacking.
- Since the formation of this district, it has not received any funds under NHM. Health staff has to pay the money from their pocket to run the programmes. NHM have only partial impact on the health services of the district.
- Presently the construction of two 20 bedded CHCs at Pakke Kessang, and Seijoa is in progress, which are being constructed in place of the old CHCs.

- The proportion of institutional deliveries in the district is very low. Only two delivery points are working in the district; however, arrangements electricity, water, human resources, essential equipment, medicines and diagnosis was not proper at these facilities.
- There is a huge problem of electricity, internet and mobile network in the entire district itself, due to which people have to face problem in reaching facilities, dissemination of information. During the monsoon season, the roads get affected by landslides, so accessing essential medicines and equipment to health facilities is a major challenge.

KEY RECOMMENDATION

- The lack of HR affecting the performance of NHM programmes in the district. Therefore, it is advocated that guidelines need to be issued regarding filling the vacancies, and the positions must be filled.
- All the health facilities need to be maintained and refurbished. There is a shortage of staff quarters for the medical staff at the health facilities in the district and lack of essential resources like electricity, water and mobile network.
- Toilet facilities and drinking water supply are one of the major problems in all the facilities of Pakke Kessang. It should be ensured that the toilets are cleaned and maintained regularly.
- One of the main problems of the district is the shortage of ambulances and other vehicles. Because of this, patients cannot be transferred from one place to another. Apart from this, there is a problem in the promotion of programs and routine immunization. Therefore it is necessary to have adequate ambulances in the district.
- There is no office for the health department in the district. Presently the District Health Officer and other staff are temporarily working from a women's Hostel. An office of the health department should be constructed at the earliest for the proper operation of the programmes.
- The district came into existence three years back, and there is a lack of health facilities due to being cut off from other districts and capital. For the last two years, the district is not getting any funds under NHM. The district needs additional funds for the smooth implication of the health programmes.

Chapter 1

BACKGROUND AND OBJECTIVES

BACKGROUND AND OBJECTIVES

1.1 INTRODUCTION

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

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

1.2 OBJECTIVES

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

- To monitor the status of physical infrastructure of health facilities under NHM Programme.
- To understand the availability and efficiency of human resource required for better service facilities.
- To understand the gap between Demand and supply of health service delivery under NHM programme.
- To assesses functionality of equipment, supply and essential drugs, essential consumables etc.

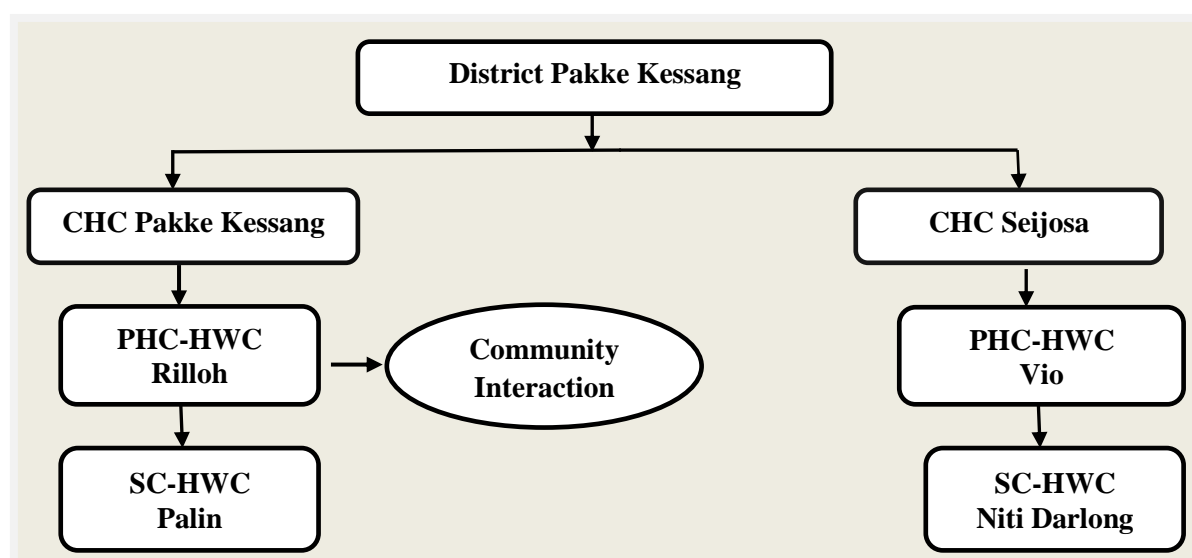
- To analyze and ascertain the implementation and performance of different scheme under NHM.
- To analyze other important components namely service delivery, record maintenance, Biomedical Waste Management, referral transports system, IEC material, disease control programme etc.
- To assess the availability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

1.3 METHODOLOGY

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

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

Figure 1.1: List of Facilities Visited during PIP Visit



Chapter 2

An Overview of Key Demographic and Health Indicators of Pakke Kessang

AN OVERVIEW OF KEY DEMOGRAPHIC AND HEALTH INDICATORS OF PAKKE KESSANG

2.1 POPULATION AND HOUSEHOLD PROFILE

Arunachal Pradesh is located in the extreme north-eastern corner of the country. It is bordered by Bhutan on the west, China on the north and north-east, Myanmar on the east and south-east and the Indian States Assam and Nagaland to its south. Formerly State was known as the North East Frontier Agency (before independence), the area was part of Assam until it was made the Indian union territory of Arunachal Pradesh in 1972, and in 1987 it became an Indian state. Administratively the State is divided into 25 districts and the capital is Itanagar. The State has a territory of 83,743 square kilometer, which is about 2.6 percent of India's land area and a third of the size of North-East India. Arunachal Pradesh is largest State area wise in North-East India, but its population is 0.11 percent of India's population and only 2.9 percent of the population of North-East India. As per Census 2011, Arunachal Pradesh has a population of 13.84 Lakh, and the decadal population growth was 26.03 percent. Out of total population of Arunachal Pradesh, 22.94% people live in urban regions. The population density in Arunachal is 17 people per square kilometer (2011 Census). Arunachal Pradesh is home to 26 major tribes and 110 sub-tribes and minor tribes. The more prominent tribes are Nyishi, Adi, Tagin, Apatani, Mishmi, Khampti, Tangsa, Nocte, Wangcho, Monpa, Aka, and Miji. The literacy rate in Arunachal Pradesh is 65.4 percent as per the 2011 population census.

Table 2.1: Key demographic indicators of Pakke Kessang, Arunachal Pradesh and India

Indicators	India	Arunachal Pradesh	Pakke Kessang
Population	1,210,193,442	1,383,727	11137
Urban population (%)	31.6	22.9	0.0
Rural population (%)	16.6	77.1	100.0
Density/km ²	382	17	16
Sex Ratio (per/1000)	940	938	1005
Area (sq. km)	3,287,240	83,743	1,932
Literates (%)	74.0	65.4	44.1

SOURCE: CENSUS OF INDIA, 2011 AND DISTRICT CHECKLIST, NHM PIP MONITORING 2021

Pakke-Kessang district was part of the neighboring district, East Kameng, and was created out of its five southernmost administrative units in 2018. Pakke-Kessang is the 25th district of Arunachal Pradesh. The district headquarters is located at Lemmi. Pakke-Kessang is bordered by West Kameng on the west, East Kameng on the northwest, Sonitpur and Biswanath

(Assam) to its south and Papum Pare to the southeast. Pakke Kessang has two developmental blocks and 60 villages. As of the 2011 census, Pakke Kessang has a population of 1113 and hundred percent population live in rural areas. The district's total literacy rate is 44.1 percent, which is lower than the state (65.4%) and the national average (74.0%). The district has a sex ratio of 1005 females per 1000 males. Pakke Kessang district administers an area of 1932 sq km, and in 2011 the population density of the district was 16 persons per sq km.

Figure 2.1: Outline Map of Pakke Kessang, Arunachal Pradesh



Note: Map not to scale

2.2 OPERATIONAL OF HEALTH FACILITY

Table 2.2 presents the distribution of health facilities in Pakke Kessang. There is no District Hospital in the District. Two Community Health Centre (CHC), three Primary Health Centre (PHC) and 14 Sub-Centre (SC) are functional in Pakke Kessang. Overall, the district has only 14 beds across all public health.

Table 2.2: Number of Health Facilities in Pakke Kessang, 2020-21

	Facilities	Bed Count
DH	-	-
CHC	2	12
PHC	3	2
SC	14	-

SOURCE: DISTRICT CHECKLIST, NHM PIP MONITORING 2021

2.3 HMIS SERVICE DELIVERY INDICATORS

Table 2.3 highlights the performance of major service delivery indicators and the

subsequent health outcomes regarding the quantifiable goals related to Maternal Health, Child Health, Delivery care, Family Planning, Adult Health, etc., under NHM in the Pakke Kessang district during 2020-21. In the Pakke Kessang district, 102 pregnant women registered for ANC, in which about 30 percent of the ANC registrations occur in the first trimester. However, only 16 percent of pregnant women receive four or more ANC check-ups. The coverage of 180 IFA tablets among pregnant women is about 54 percent.

Only 15 deliveries were conducted in Pakke Kessang, of which five were conducted at home. In the district, 75 percent of births are institutional deliveries. Nearly 15 percent of women went for institutional delivery who registered for ANC. About 75 percent of women are discharged within 48 hours of the delivery, which is higher than the State average. Regarding Post Natal Care, only 15 percent of women received the 1st post-partum check-up within 48 hours and 14 days of delivery which was one third of the State average. In addition, 85 percent of the newborns were breastfed within 1 hour of delivery, while all newborns were weighed at birth.

In terms of Child Health and immunization services, 62 children of 9-11 months were fully immunized in the district. Further, only 45 percent of infants received BCG, and less than two percent received Measles among all fully immunized infants. Diarrhoea was the most prevalent childhood disease in the district; 45 children suffered from diarrhoea during the year.

Sterilization IUCD, Antara is not available in the district. Though 506 condom pieces and 641 oral pills were distributed in the last financial year. No maternal, child, infant death and still birth reported during 2020-21. The volume of OPD services was 4,183 for the past year, whereas the district provides care for 26 IPD cases in a year.

Table 2.3: Status of key maternal and child health indicators, Pakke Kessang, HMIS 2020-21

Health Care Service Delivery Indicators	Arunachal Pradesh	Pakke Kessang
Maternal Health		
Total number of Pregnant women registered for ANC	32403	102
% 1st trimester registration to total ANC registrations	35.2	30.39
% Of Pregnant women who received 4 or more check-ups to total ANC registrations	28.91	15.69
% Of Pregnant women given 180 IFA to total ANC registration	53.69	53.92
Delivery Care		
a) Home Deliveries		
Number of Home Deliveries	1752	5
% Home delivery to total reported deliveries	8.75	25
% SBA attended home deliveries to total reported Home Deliveries	45.6	100
% Newborns received 7 Home Based Newborn Care (HBNC) visits to Total Reported Home Deliveries	58.8	40
Institutional Deliveries		
Institutional deliveries	18260	15
% Institutional deliveries to total reported deliveries	91.2	75
% Institutional deliveries to total ANC registrations	56.35	14.71
% Women discharged in less than 48 hours of delivery to Total Reported Deliveries at public institutions	61.3	75
C-section and Completed Deliveries (Public Facilities)		
% C-section deliveries to reported institutional deliveries	22.8	0
Post-Natal Care		
% Women getting 1st post-partum check-up between 48 hours and 14 days to Total reported deliveries	35.33	15
% New-born's breast fed within 1 hour of birth to total live birth	82.4	85
% new-borns weighed at birth to live birth	97.7	100
Child Health		
Number of fully immunized children (9-11 months)	19286	62
Infants received Measles to full Immunisation %	100.9	1.61
Infants received BCG to full immunisation %	108.5	45.16
Number of cases of Pneumonia (0-5 years)	140	0
Number of cases of Diarrhoea (0-5 years)	4436	42
Family Planning		
Total Sterilizations conducted	588	0
% Male Sterilizations to total sterilizations	0	0
% Female Sterilizations to total sterilizations	100	0
Number of beneficiaries given 4 or more than 4 doses of Injectable (Antara program)	99	0
Number of Combined Oral Pill cycles distributed	39699	641
Condoms distributed	52556	506
Other Services		
IPD	51440	26
OPD (Allopathy +AYUSH)	1244786	4183
% IPD to OPD	4.13	0.62
Mortality Indicators		
Maternal Death	14	0
Child Death	14	0
Infant Death	90	0
Still Birth	231	0

SOURCE : HMIS STANDARD REPORT APRIL 2020 – MARCH 2021

Chapter 3

Public Health Planning, Service Delivery and Budget Utilization

PUBLIC HEALTH PLANNING, SERVICE DELIVERY AND BUDGET UTILIZATION

3.1 DISTRICT HEALTH ACTION PLAN

DMO informed that the district has prepared District Programme Implementation Plan (PIP) for the current financial year and has submitted it to the states. However, it was incomplete. For the last two years, the district is not getting any funds under NHM. Starting from its creation to 2019-20, the district has not received the approved District Health Action Plan (DHAP) from the State. However, the DMO said that the district has received the approved District Health Action Plan (DHAP) for 2020-21 from the State but has not received any funds.

3.2 HEALTH INFRASTRUCTURE

Public health infrastructure provides the capacity to prevent disease, promote health, and prepare for and respond to both acute and chronic health needs. Infrastructure is the foundation for planning, delivering, evaluating, and improving public health. The performance of any public health programme depends on the presence of basic infrastructure.

Table 3.1 presents the details of planned and operational Health Infrastructure in the District. Pakke Kessang has no district hospital or sub-district hospital. Only two Community Health Centres (CHCs), three Primary Health Centres (PHCs), and 14 sub-centers (SCs) are operational in the District. During the last financial year, one PHC and six sub-centres were converted into health & wellness centre in the District (HWCs).

Table 3.1: Detail of health facility available in Pakke Kessang

Facility Details	Sanctioned/ Planned	Operational
District Hospitals	-	-
Community Health Centres (CHC)	2	2
Primary Health Centres (PHC)	3	3
Sub Centres (SC)	14	14
Special Newborn Care Units (SNCU)	-	-
Nutritional Rehabilitation Centres (NRC)	-	-
District Early intervention Centre (DEIC)	-	-
First Referral Units (FRU)	-	-
Blood Bank	-	-
Blood Storage Unit (BSU)	-	-
No. of PHC converted to HWC	6	6
Number of Sub Centre converted to HWC	-	-
Designated Microscopy Centre (DMC)	-	-

SOURCE: DISTRICT CHECKLIST, NHM PIP MONITORING 2021

Pakke Kessang has no SNCU, NRC, DEIC, FRUs, blood bank or blood storage units. Additionally, the district does not have any designated microscopy centre (DMC) or Tuberculosis Units (TUs). Non-Communicable Diseases (NCD) clinic is not functional at any public health facility.

3.3 AVAILABILITY OF SERVICES

Table 3.2 presents the availability of health services in the Pakke Kessang district. The District provides free facility of medicines and diagnostic services for all. Institutional delivery services are available only at CHCs; however, the CHC (Pakke-Kessang and Seijosa) are not performing more than 20 deliveries per month. Additionally, the facility of delivery is not available at any PHCs or SCs. The facility of C-section and ultrasound were not available in the District. PMSMA is organized on the 9th of every month in both the CHCs.

Table 3.2: Availability of delivery care services in the district, 2020-21

Indicator	Observation
Implementation of Free drugs services (if it is free for all)	Yes
Implementation of diagnostic services (if it is free for all)	Yes
Status of delivery points	
• No. of SCs conducting >3 deliveries/month	Nil
• No. of 24X7 PHCs conducting > 10 deliveries /month	Nil
• No. of CHCs conducting > 20 deliveries /month	Nil (only CHC are conducting deliveries)
Number of institutes with ultrasound facilities (Public+Private)	
• Of these, how many are registered under PCPNDT act	Nil
Details of Pradhan Mantri Surakshit Matritva Abhiyan PMSMA activities performed	2 Facilities (ongoing at both the CHC)

SOURCE: DISTRICT CHECKLIST, NHM PIP MONITORING 2021

3.4 TRANSPORT SERVICE AND MOBILE MEDICAL UNIT (MMU)

The availability of reliable transport facilities is an essential social determinant of health that influences access to appropriate healthcare. However, District does not have any Basic Life Support (BLS) or Advanced Life Support (ALS) vehicles. Transport facilities in the District consist of one ambulance of 108 which is designated for CHC Seijosa and vehicles at CHC Pakke Kessang.

The provision of a Mobile Medical Unit (MMU) in each District is one of the strategies to improve access and reach underserved areas by taking healthcare to the people's doorstep. However, No MMUs are functional in the District.

3.5 HUMAN RESOURCE

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

Table 3.3 depicts the status of human resource availability in Pakke Kessang district. Overall, a significant shortage of skilled human resources was observed across the district. Two post of MO are vacant out of four sanctioned posts. All the post of Dentists/ Dental Surgeon/ Dental MOs, Dental technician, Lab technician, Pharmacist (Allopathic), MPW (Male) and AYUSH MO are vacant in the district. However, all the posts of ANM and Staff Nurse were filled. No EMOC/ LASA trained doctor were available in Pakke Kessang.

Table 3.3: Availability of Human Resource in Pakke Kessang

Staff details at public facility (Regular+ NHM+ other sources)	Sanctioned	In-place	Vacancy (%)
ANM	19	19	100
MPW (Male)	6	-	0
Staff Nurse	29	29	100
Lab technician	8	-	0
Pharmacist (Allopathic)	2	-	0
MO (MBBS)	4	2	50
OBGY	Nil	-	-
Pediatrician	Nil	-	-
Anesthetist	Nil	-	-
Surgeon	Nil	-	-
Radiologists	Nil	-	-
Other Specialists	Nil	-	-
Dentists/ Dental Surgeon/ Dental MO	1	-	0
Dental technician	1	-	0
Radiographer/ X-ray technician	Nil	-	-
OT technician	Nil	-	-
CHO/ MLHP	Nil	-	-
AYUSH MO	3	-	0
AYUSH Pharmacist	Nil	-	-

SOURCE: DISTRICT CHECKLIST, NHM PIP MONITORING 2021

The State does not have a comprehensive (common for regular and contractual HR) Human Resource Information System (HRIS). Also, no recruitment took place under regular or NHM in the district in the past and current financial years.

3.9 STATUS OF TRAININGS

Regular training is essential for health workers to deliver better services. Table 3.4 provides the training status in the previous financial year; a total of six training has been completed on various programmes and issues, i.e., Covid-19, Routine Immunization, SAANS, VPD, IHIP, IDCF, NDD, MR (Fever & Rash) and Training of ANMOL.

Table 3.4: Status of health trainings in Pakke Kessang

List of training (to be filled as per ROP approval)	Completed
Covid-19 Training	Yes
Routine Immunization Training	Yes
SAANS Training	Yes
VPD Training	Yes
IHIP Training	Yes
IDCF	Yes
NDD Training	Yes
MR (Fever & Rash) Training	Yes
ANMOLS Training	Yes

SOURCE: DISTRICT CHECKLIST, NHM PIP MONITORING 2021

Chapter 4

Implementation of National Programmes

IMPLEMENTATION OF NATIONAL PROGRAMMES

4.1 MATERNAL HEALTH

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

Janani Suraksha Yojana (JSY) aims to reduce maternal and neonatal mortality by promoting institutional delivery among poor pregnant women. Poor performing states of the country have made significant progress in institutional delivery after implementing the JSY, which provides cash assistance for giving birth in a health facility. In Pakke Kessang, 87 women were benefitted from JSY and opted for institutional facilities for delivery in the last financial year. All these women and ASHA have received JSY incentives.

Home delivery is also very much in practice in the most of the areas of the district. The main reason for this could also be the presence of only two delivery points in the district. However, an ANM at SC Plain pointed out that people do not like to come to health facilities for delivery; however, they request health workers visit their homes to assist delivery.

The families used to move to Itanagar or nearby districts to get better delivery facilities. The condition of the delivery point at both CHC was terrible, during the visit. The gallery leading to the labour room was rough, and the cleanliness outside was not proper.

JSSK is a flagship initiative of the Government to ensure free services to all pregnant women and sick newborns. It has been launched to reduce out-of-pocket expenditure (OOPE) during childbirth (normal and cesarean deliveries) for mothers and neonates accessing public health institutions. Under JSSK, women and sick newborns are entitled to free transport, drugs, diagnostics, blood and c-section delivery, and diet.

The MO of Pakke Kesang CHC said that food is not provided to the beneficiaries in the district. Only free medicines and diagnostics are provided under JSSK. Rarely do people come to this CHC for delivery, so it is not possible to arrange food. He also informed that CHC is not getting any funds for JSSK.

PMSMA aims to improve the quality and coverage of antenatal care (ANC) services to reduce MMR and infant deaths, especially for rural and hard to reach places and women of unprivileged and vulnerable populations. The essential feature of this programme is providing ANC services by OBGYN specialists with help from private sector doctors on the 9th of every month. PMSMA activities are being performed at both the CHCs of the District.

4.2 CHILD HEALTH

Special Newborn Care Unit (SNCU) and **Newborn Stabilization Units (NBSUs)** provide Facility-based newborn care at CHCs and the District Hospital. Newborn Care Corners (NBCCs) situated in labor rooms also provide newborn care. SNCUs and NBSUs provide the services for babies born within facilities and sick and small babies delivered at other health facilities. However, District does not have SNCU or NBSU. Newborn Care Corners (NBCCs) were available in labour room of both CHC.

Home Based Newborn Care (HBNC) is a strategy adopted by government of India to overcome the burden of newborn deaths in the first week of life, it provides continuum of care through ASHAs for newborn and post-natal mothers. However, HBNC is not introduced in the district. However, this initiative may prove good for the district as most deliveries occur in the homes.

Under NHM, **Nutritional Rehabilitation Centres (NRCs)** have been established to administer facility-based care for children with severe acute malnutrition (SAM) and medical complications. SAM children are referred by frontline workers and admitted to NRCs. The Health Officials of the district told that there is no NRC in any district of the Arunachal Pradesh. They further pointed out that the main reason for not having NRC in the state is that the level of malnutrition is very low in almost the entire State.

Rashtriya Bal Swasthya Karyakram (RBSK), an ambitious and free of cost initiative of NHM, involves screening children from birth to 18 years of age for 4 Ds- Defects at birth, Diseases, Deficiencies and Development delays. Two RBSK teams are sanctioned in the district; however no teams are working with full HR. Two MOs and only one Pharmacist is working in both the teams. Only one vehicle is designated for the RBSK team. On average, 80 children were screened per day per team. Additionally, 28 children born in delivery points screened for defects at birth under RBSK in the last six months.

4.3 FAMILY PLANNING SERVICES

Family planning is necessary for universal access to sexual and reproductive health components of SDGs and is a vital indicator for tracing progress on improving maternal

health. India still has a substantial proportion of couples with unmet needs. It is necessary to provide contraceptive information and a basket of choice to attain their desired number of children through their preferred contraceptive methods. ASHA and health workers are reaching out to women about planning methods and encouraging them to adopt suitable family planning methods. Condom and Chaya are preferred methods by women in the district.

4.4 DISEASE CONTROL PROGRAMME

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

Vector-borne diseases, mainly malaria, are very much prevalent in Pakke Kessang. There is a micro and macro plan available at the district level to control vector-borne disease. District has completed the target of annual blood examination rate and epidemiological situations are monitored weekly. However, LLIN distribution and IRS activities are not implemented in the State.

The government started the Revised **National Tuberculosis Control Programme** with the objective of universal access to early quality diagnosis and quality TB care for all TB patients. The purpose of RNTCP is to achieve a rapid reduction in TB cases and mortality. Though, no program is being conducted in the district under the TB control program, nor is patients regularly identified.

Similarly, National Leprosy Control Programme (NLEP), National Fluorosis Control Programme, National Iron Deficiency Disorders Control Programme, National Tobacco Control Programme are not functional in the District.

4.5 INTEGRATED DISEASE SURVEILLANCE PROGRAMME (ISDP)

Integrated Disease Surveillance Programme (ISDP) aimed to strengthen surveillance for infectious diseases to quickly recognize and respond to outbreaks. IDSP implementation has been fruitful in the district. IHIP portal launched in Apr. 2021 & used to collect data about disease Surveillance. Four rapid response teams are constituted under IDSP. Previous year total COVID-19 positive cases were 132 and current year total positive cases are 452.

4.6 COMPREHENSIVE PRIMARY HEALTH CARE (CPHC)

The existing SCs and PHCs are being converted into Health and Wellness Centres (HWCs) under Ayushman Bharat to ensure comprehensive Primary Health Care (CPHC) services. HWCs are envisaged to deliver a range of services, bringing healthcare closer to the homes of people. Six PHC and SCs converted to HWCs started NCD screening. During the last financial year, 4,533 individuals were screened for various NCDs; however, only 145 CBAC forms were filled. Apart from screening, six HWCs organize wellness activities, and district administration is planning to start teleconsultation services.

Chapter 5

STATUS OF SERVICE DELIVERY AT THE SELECTED HEALTH FACILITIES

STATUS OF SERVICE DELIVERY AT THE SELECTED HEALTH FACILITIES

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

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

5.1 COMMUNITY HEALTH CENTRE, PAKKE KESSANG

CHC Pakke Kessang is a standalone facility and Tomo Riba Institute of Health And Medical Sciences (TRIHMS) works as the next referral point for CHC. TRIHMS is situated in Itangar which is more than 120 kilometres from the Pakke Kessang. The CHC is easily accessible from the nearest road, and it was running in the government building. However, its building is quite old, and maintenance was not proper. A new building is being constructed near it, and later CHC will be shifted to the new building.

Figure 5.1: Community Health Centre Pakke Kessang



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

- The building lacked cleanliness; The MO informed that CHC does not have any staff to clean the wards and toilets. The painting of walls and wards was not being done for many years. The facility does not have a drinking and running water supply. No waiting area for OPD was maid, drug stores, electricity backup were not available in the CHC. Additionally, tele-medicine services or consultation services are not in practices.
- The services available at the CHC were General OPD, ANC, PNC, immunization, FP, minor operation and labour room. In addition sharp pit was available in the CHC; however, deep burial pit was not made for biomedical waste management.
- Condition of labour room was poor and only one delivery was performed in CHC during last month. C-section is not performed in the CHC. PMSMA services are provided to pregnant women on the 9th of every month and line listing of high risk pregnancies is done.

Figure 5.2: Labour Room, CHC Pakke Kessang



- CHC is facing huge HR crunch but MO does not have any information regarding sanctioned post.
- CHC was equipped with a laptop and internet connection. However, data entry portals, HMIS, FPLMIS, IDSP and IHIP etc were not updated.

- No records JSY payments were available in the CHC and JSSK entitlements are not being provided to beneficiaries.
- Facility has registers for entering births and deaths; though maternal and child deaths reported in the facility during previous and current year.
- Kayakalp, NQAS and LaQshya were not initiated in the CHC.
- Total 100 essential medicines (EML)/ Drugs (EDL) were available in the CHC, but drug information was not listed. No essential diagnostic services were available in the CHC. Drugs and Vaccines Distribution System (DVDMS) were implemented in the CHC to procure and distribute medicines.
- IUCD/PPIUCD services, Antara or sterilization facilities were not available in the CHC; CHC provides Condom, Mala-N, Chaaya and oral pills. Adolescent Friendly Clinic was not functional in the CHC.
- Vaccines and hub cutters were available in the CHC; however, in the past three months, only one newborn was immunized with the birth dose.
- The NCD clinic was not functioning in the CHC, nor was screening for non-communicable diseases is done.
- Earlier CHC was designated as DMC; however, in present Anti-TB drugs were not available and samples were not collected or tested for TB (microscopy) in the last six months. TB records were not available in the CHC.
- In the last month, five cases have been referred in last month from this CHC.
- Only one ambulance was available in the CHC, which was donated by an NGO.
- CHC Pakke Kessang is not getting any fund for last two years under NHM.

5.2 PRIMARY HEALTH CENTRE/HWC, RILLOH

PHC Rilloh is located almost 36 kilometers from the CHC Pakke Kessang and has been updated as a Health and Wellness Centre (HWC). PHC is standalone and easily accessible from the main road. It is running in the Government buildings.

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

- The hospital was clean, lit and well painted. The facility did not have drinking and running water. The OPD waiting area did not have adequate seating, nor was it old age and disability friendly.
- Drugstore racks were available, and drugs were kept in an orderly manner. There was no electricity in the PHC, and no backup was available for electricity. Branding was done appropriately according to the guidelines, and a list of services was available.

- The PHC does not provide OPD services, institutional delivery, Telemedicine services. Sharp pit burial pit was available for biomedical waste management. However, deep burial pit was not made.

Figure 5.3: Primary Health Centre/ HWC Rilloh



- PHC is functional with 11 staff but MO is posted. Two GNM, one LT and eight other staff are working in the PHC.
- IT services like desktop/laptop, tablet and internet connection is not available at the PHC. Data entry portals, HMIS, FPLMIS, IHIP, and HWC portal were not being updated from PHC. Record maintenance at the facility was very poor and registers about OPD, ANC and immunization were not updated. Records of Malaria, dengue, chikunguniya and leprosy were updated.
- Total 100 essential medicines (EML)/ Drugs (EDL) were available in the PHC, and drug information was listed in the OPD area. DVDMS was not implemented in the PHC for the procurement and distribution of medicines. PHC reported a minimal shortage of essential consumables.
- Amlodipine and Atenolol were available at PHC for Hypertension and diabetes patients. However, PHC reported a shortage of Amlodipine in last seven days. shortage of Amlodipine, Paracetamol, medrol and cough syrup were reported in the last 30 days. Additionally, essential diagnostic services are not available in the PHC and there was acute shortage of pregnancy testing kits.

- Vaccines and hub cutters are available in the PHC, and Nurses and ANMs were aware of the open vial policy. In the last three months, all three newborns have been immunized with birth dose at the facility and breastfed within one hour of birth. Delivery services were not available at PHC; however, ANM assisted three home deliveries during last three months. High-risk pregnancies were not being listed.
- IUCD/PPIUCD services were not available in PHC. Only OCP and condoms were being provided. ANM, GNM and MO counsels on FP services.
- NCD clinic was not functioning; however, 40 individuals were screened for hypertension during the OPD in the last six months, of whom ten were diagnosed with hypertension. PHC is a health and wellness centre; however, welfare activities are not being performed.
- Reporting of P and L from is in practices under IDSP. One long lasting insecticide nets (LLIN) has been distributed to every family.
- In the last month, three accidental cases have been referred from PHC to CHC. No ambulance service was available at PHC.
- PHC Rilloh is not getting any fund for last two years under NHM.
- Less supply of drugs, non availability of delivery and emergency services because of no electricity connection were the main challenge reported by ANM of PHC.
- MCP cards were not available in the PHC, and because of this, RI records were not maintained.

5.5 SUB-CENTRE /HWC, PALIN

Palin is located 70 kilometers away from CHC Pakke-Kessang and district headquarters. It is very much isolated and not easily accessible from the main road. Following are the observations made during the visit:

- SC was working in an old and poorly maintained building. The cleanliness condition was very poor. The services available in SC-HWC were ANC, PNC, immunization and General OPD etc.
- There was no running and drinking water facility in the SC. There was not enough seating in the OPD waiting area, and racks were also available in the drugstore. Medicines were scattered on the ground. There was no provision of electricity in the SC, and no power backup was available.
- The branding of HWC was not done as per the guidelines, and there was no a designated area for yoga and wellness activities.

Figure 5.4: Sub-Centre Health and Wellness Palin



- The CHO and ANM did not have a tablets, and ASHAs did not have smart phones for data feeding, and neither was the internet in the SC.
- The list of EDLs was not displayed. A total of 21 EDL were available on the day of the visit.
- BP instrument, Thermometer, Glucometer and Contraceptives (condoms, EC pills) were available at SC.
- Line listing of High-risk pregnancies and the eligible couple were also being done in the area of SC.
- No maternal and Child deaths have been observed in the current and previous years.
- Vaccines and hub cutters were available in the SC, and they had a micro-plan for immunization.
- Chaya, Mala D and condom are being provided by SC. CHO informed that Mala D and Chaya are the most preferred method in the area.
- Universal screening for NCD was not in progress in the coverage area of SC. No CBAC forms have been filled in the last six months. ASHAs are not aware of filling the CBAC form, and they need training about it.
- SC conducts Village Health & Sanitation days and participate in VHSNC meetings.
- SC Palin is not getting any fund for last two years under NHM

5.4 COMMUNITY HEALTH CENTRE, SEIJOSA

CHC Seijosa is located about 274 kilometers from the district headquarter Pakke Kessang. CHC is easily accessible from the nearest road. It is a 10-bedded facility; the average OPD load is 15-20 per day. A 20-bedded hospital building is under construction and the present building is dismantled.

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

- The CHC is running with all the essential amenities, such as having a 24-hour water supply backed with an electricity connection. There was a large waiting area and sitting arrangement.
- The services available at the CHC were General OPD, ANC, PNC, Immunization, FP, Labour Room and general emergency. No specialist and Tele-medicine/consultation services were functional in the CHC.
- Sharp and deep burial pits were not available in the CHC; Mo in charge informed that biomedical waste arrangements have been dismantled for construction of new CHC building.
- Three regular MOs, one regular and seven contractual SNs/GNMs, one regular and two contractual LTs, one contractual dental assistant and three EmOC trained doctors are posted at CHC.
- DVDMS was implemented and total 180 drugs were available but information was not listed on the wall inside the CHC. CHC reported a minimal shortage of essential consumables.
- Essential diagnosis services were in-house and outsourced. During last financial year, 9500 test of COVID-19, TB and delivery were done in within the CHC. A minimal shortage of testing kits were observed, however, facility have sufficient COVID-19 testing kits. USG, X-ray and full flagged lab were not available in the facility.
- Delivery services were available at PHC and it was designated as FRU. Six deliveries conducted in last three months including two c-section. Vaccines and hub cutters were available in the CHC, and in the past three months, six newborns were immunized with the birth dose and breastfed within one hour of birth.
- Records of JSY payments were not updated in the CHC. However, free delivery services, no cost for drugs, diagnosis, and free referral transport are provided under JSSK. MO in charge reported that free diet is not possible because of the unavailability of the kitchen and funds.

- The PMSMA activities are provided on the 9th of every month to identify and listing of high-risk anemic patients and provide them with IFA tablets.
- IUCD/PPIUCD was available in the CHC. Additionally, OCP and Condom were also provided. MO informed that women are not interested in permanent method. CHC had comprehensive abortion care (CAC) services.
- CHC was equipped with IT services like desktop/laptop and internet connection. Data entry portals, HMIS, IDSP and FPLMIS were updated. Records of TB, Malaria, and Palliative and Leprosy cases were maintained in the CHC.

Figure 5.5: Community Health Centre Seijosa



- Anti-TB drugs were available, and patients are currently taking anti TB drugs from the CHC. All the TB patients tested for HIV and Diabetes Mellitus. Sample transport mechanisms for investigations within the public sector for TB testing and other tests are available at CHC.
- CHC Seijosa not getting any fund under NHM from last two years and last RKS meeting was held in 2019.
- Three cases of stroke, diabetes ad mellitus with hypertension have been referred in last month from this CHC. Additionally, CHC owns two ambulances for the facility.
- CHC is not connected by road with Sidhi district. For medicines and equipment, the staff has to travel through two districts of Assam and two districts of Arunachal Pradesh, which takes 7-8 hours.

5.6 PRIMARY HEALTH CENTRE (PHC)/HWC VEO

PHC Veo is located 40 kilometers from the CHC, Pakke Kessang. PHC is standalone and functions in an old government building. Following observations made during the visit:

- The PHC building and infrastructure are old and in need of repair. Drinking and running water facility was not available in the facility, nor was there adequate seating arrangement in the OPD waiting room. There were no racks in the drugstore, and medicines were scattered. There was no electricity connection in the hospital, and neither was there any alternative facility. Water drips from the roof during the rainy season.
- The PHC staff pointed out that the original PHC building is dismantled and non-functional, requiring serious repairs; otherwise, a new building is required. We are doing our daily OPD at the HWC building temporarily.
- The services available at the facility are ANC, PNC, Family planning and General OPD. The average OPD load of PHC was 5-6 per day. PHC does not provide IPD, deliveries services, NCD Clinics or Tele-medicine/Consultation.

Figure 5.6: Primary Health Centre Veo



- A huge crunch of medical staff has been observed, most of the posts are vacant, and only one LT operates PHC.

- PHC does not provide delivery services; but PHC staff last month helped a pregnant woman deliver at home and newborn was immunized with birth doses and breastfed within one hour of birth. High-risk pregnancies were being listed at the PHC. Additionally, vaccines and hub cutters were also available in the PHC and ANM aware about open vial policy.
- Total 62 EML/ EDL were available in the PHC on the day of the visit, but list of EDL was not available. DVDMS was implemented for drug procurement.
- No drug was available for high blood pressure and Diabetes. Shortage of Tab./Inj. PCM, Tab./ Inj. Diclo, Amlodipine, Antiemetic/ Antibiotic and Pantop tab/injections reported in last 30 days. However, LTs reported a minimal Shortage of priority drugs and essential consumables.
- Very few diagnostics services were performed in the PHC and PHC faced acute shortage of testing kits/ rapid diagnostic kits.
- IUCD/PPIUCD was not available in PHC and condom was less accepted in the area. Oral contraceptive is much preferred method which was provided by PHC. ASHA, ANM and MO counsel counsels on FP services. However, PHC reported an acute shortage of oral contraceptive medicine and pregnancy test kit.
- Adolescent Friendly Health Clinic and NCD Clinic were not functioning in the PHC. However, health officials said that wellness activities are done in PHC.
- Reporting of P and L form under IDSP is done weekly, and one long lasting insecticide net (LLIN) has been distributed to every family.
- PHC is not designated as DMC, anti-TB drugs are not available and there is no sample transport mechanism TB testing. Apart from that, Leprosy eradication programme was also not functional in the facility.
- IT services like desktop/laptop, internet connection, tablet (ANM) and smartphone (ASHA) were not available in PHC. Data entry is not done from PHC for portals, i.e., HMIS, FPLMIS, IHIP and HWC. Register of TB Treatment Card Cases, TB Notification, Malaria, Palliative & Leprosy Cases, OPD, IPD etc., were not maintained.
- PHC Veo is not getting any fund for last two years under NHM.
- No electricity connection, poor network, no accommodation facilities for staffs are major challenges of PHC.
- PHC staff has to travel 30 KM in East Kaming district everyday to maintain the records of SCs and PHC because of poor network and no electricity.
- Due to road blockage due to landslides during the monsoon every year, it is difficult to maintain the free flow of routine vaccinations.

- Health staffs have to go on foot for vaccination programmes because there is no road connectivity between SCs and PHC.
- There was no proper pipeline connection for water, no drainage system at facilities, and no proper branding at PHC.

5.7 SUB-CENTRE, NITI-DARLONG

Niti-Darlong is located in Seijosa, and it is only one kilometer away from CHC. Sub-center is standalone and easily accessible from the main road. Following are the observations made during the visit:

- SC was running in a very old Government building whose condition was terrible. The building needed immediate repairs, and the cleaning arrangements of the Shafa were also not proper. Services of ANC, Vaccination, and General OPD were available in SC.
- The SC has 24*7 running water facilities. The OPD waiting area had adequate sitting arrangements, and drug storerooms were available. Electricity power backup was available in SC. However, the medicine rack was not available in the facility.

Figure 5.7: Sub Centre Niti-Darlong



- One ANM, one MPW (male), four ASHAs and six other staffs were posted at this SC.
- ANM does not have functional tablet and ASHAs do not have smart phones for data feeding; though, SC have good internet connection.

- The list of EDLs was not available in the SC. Aanti TB drugs were not available. ANM informed that SC faced a shortage of PCM, ORS, Dexona, Avil and Antibiotic in the last 30 days. She reported a delay in the supply of drugs, essential consumables and testing kits.
- BP instrument (mercury), Thermometer, and Contraceptives (Mala D N, condoms, EC pills) were available at SC. However, Glucometer was not available.
- Line listing of High-risk pregnancies and the eligible couple were also being done in the area of SC.
- No maternal and Child deaths have been observed in the current and previous years.
- Vaccines and hub cutters were available in the SC, and they had a micro-plan for immunization.
- Mala D, ECP and condom are being provided by SC. ANM informed that Mala D and ECP are the most preferred method in the area.
- There were 237 people above 30 years of age in the SC area, but no CBAC forms have been filled in the last six months.
- SC conducts Village Health & Sanitation days and organizes VHSNC meeting every month. Also, ANM and SC staff participates in VHSNC meetings.
- SC is not getting any fund for last two years under NHM.

5.7 SERVICE AVAILABILITY AS PERCEIVED BY THE COMMUNITY

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

The findings of the FGD with the community are highlighted below:

- Pakke Kessang is one of the tribal dominated districts of Arunachal Pradesh. The settlement in the district is very scattered, and some areas of the district are still inaccessible due to lack of roads. Health workers have to go through many challenges in reaching people living in remote and jungles. Non-availability of roads and illiteracy are major hurdles in motivating people to access the nearest facility.
- The tribal community has profound faith in its cultural practices. They believe in Exorcist or quack for any disease or cure. Such practice results in the severe illness of the patients, and some of them even lose their lives.

Figure 5.8: Community interaction at PHC-HWC Rilloh



- Most of the ASHAs are illiterate; only a few have attended elementary education. Due to which it is difficult for them to fill the community based Assessment checklist form under the universal health screening programme.
- Both LPG and biofuel are used for cooking in the district, but biofuel is used more due to unavailability and high LPG cost. In forest areas and remote rural areas where there is no availability of LPG, biofuel is the primary means of cooking. Most of the households were using iodized salt.
- Tomo Riba Institute of Health and Medical Sciences in is approached for specialized treatment and complicated cases. Both public and private facilities are used depending on service requirements and availability.
- Roads are not accessible in most of the areas. Ambulance services are often delayed due to the rugged terrain.
- ASHAs informed that the community do not want to come hospital for deliveries. Delivery services are also very much poor in public health facilities and no private facility is available in the district.

Chapter 6

Conclusion and Recommendations

CONCLUSION AND RECOMMENDATIONS

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

The District has two CHCs, three PHCs, and 14 SCs. All the health care facilities are running in government buildings. Most of the facilities were severely short of IEC; almost all the facilities did not have a drug list, no information related to immunization, information about JSY, JSSK, and many other programs was lacking. There are two quantities in the district. There massive crunch of MOs., specialists, ANM, MPW (Male), Staff Nurse, Lab Technician, Pharmacist (Allopathic & AYUSH), Medical Officer (Allopathic & AYUSH), OBGY, Pediatrician, Anesthetist, Surgeon, Radiologist and other specialists.

Since the formation of this district, it has not received any funds under NHM. District medical officer informed that health staff has to pay the money from their pocket to run the programmes. The schemes coming under NHM have only had a partial impact on the health services of the district. There is a need for improvement in the family planning program on institutional delivery, maternal and child health services, non-communicable and vector-borne diseases. For this, the district has sufficient funds, due to which the spread of these facilities has gained momentum.

Presently the construction of two 20 bedded CHCs at Pakke Kessang, and Seijoa is in progress, which are being constructed in place of the old CHCs. Apart from this, the work of setting up an oxygen plant in CHC Pakke Kessang.

Consumption of alcohol is prevalent in the local community. People in the area suffer from many serious diseases caused by alcohol. The tribal community has profound faith in its cultural practices. They still believe in Exorcist or quack for any disease or cure.

The proportion of institutional deliveries in the district is very low; people are not aware of Janani Suraksha Yojana (JSY) and Janani Shishu Suraksha Karyakram (JSSK). In the absence of delivery points, most people prefer to deliver at home or move to Itanagar for better facilities. There is a dearth of electricity, water, human resources, necessary equipment, medicines, and tests on the district's health facilities.

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

Recruitment of Staff: During the meeting with DMO and conversation with district health officials, it was revealed that the paucity of human resources affects the NHM in the district. Most of the facilities lack HR, affecting the quality of work and putting more burdens on the existing staff, and more cases are being referred to higher facilities. Therefore, it is advocated that guidelines need to be issued regarding filling the vacancies, and the positions must be filled.

Construction and Maintenance of More Facilities: All the facilities seen need to be maintained and refurbished. There is a shortage of staff quarters for the medical staff at the health facilities in the district. There is a lack of essential resources like electricity, water and mobile network. There is a need for much improvement in the facilities to provide better facilities to the people and motivate them to come to the health facilities.

Sanitation Measures: Toilet facilities and drinking water supply are one of the major problems in all the facilities of Pakke Kessang. It should be ensured that the toilets are cleaned and maintained regularly.

Training of frontline workers: Due to COVID-19, no training was conducted in the last financial year in the district. Regular training is necessary to provide better services to ASHAs, ANMs and other frontline workers. Keeping in view the situation of COVID-19, training of all health workers should be started through digital means as soon as possible.

Additional incentives for ASHAs: Pakke Kessang district is included in the aspirational districts of NITI Aayog, so there is a need to pay more attention to health indicators here. There is the direct and indirect contribution of ASHA workers in the implementation of all

national programs. Tribal-dominated areas like Pakke Kessang, where villages are remote and inaccessible, many villages with forestry and various settlements are also divided into large areas. ASHA workers face many difficulties in carrying out their work. At the same time, their incentive amount is also reduced. In such a situation, there is a need to give additional incentives or salaries to the ASHAs working in these fields to work with more enthusiasm.

Electricity, mobile and poor road network: There is a huge problem of electricity, internet and mobile network in the entire district itself, due to which people have to face problem in reaching facilities, dissemination of information. During the monsoon season, the district roads get affected by landslides, so accessing essential medicines and equipment to health facilities is a major challenge.

Lack of Ambulances: One of the main problems of the district is the shortage of ambulances and other vehicles. Because of this, patients cannot be transferred from one place to another. Apart from this, there is a problem in the promotion of programs and routine immunization.

No office of Health Department: There is no office for the health department in the district. Presently the District Health Officer and other staff are temporarily working from a women's Hostel. An office of the health department should be constructed at the earliest for the proper operation of the programmes.

Lack of funds: The district came into existence three years back, and there is a lack of health facilities due to being cut off from other districts and capital. For the last two years, the district is not getting any funds under NHM. The district needs additional funds for the smooth implication of the health programmes.

Annexure



Ministry of Health & Family Welfare
Government of India



Schedule for PIP Monitoring

A. District Profile

Indicator	Remarks/ Observation			
1. Name of District				
2. Total number of Blocks				
3. Total number of Villages				
4. Total Population				
• Rural population				
• Urban population				
5. Literacy rate				
6. Sex Ratio				
7. Sex ratio at birth				
8. Population Density				
9. Estimated number of deliveries				
10. Estimated number of C-section				
11. Estimated numbers of live births				
12. Estimated number of eligible couples				
13. Estimated number of leprosy cases				
14. Target for public and private sector TB notification for the current year				
15. Estimated number of cataract surgeries to be conducted				
16. Mortality Indicators:	Previous year (2019-20)		Current FY (2020-21)	
	Estimated	Reported	Estimated	Reported
• Maternal Death				
• Child Death				
• Infant Death				
• Still birth				
• Deaths due to Malaria				
• Deaths due to sterilization procedure				
17. Facility Details	Sanctioned/ Planned		Operational	
1. District Hospitals				
2. Sub District Hospital				
3. Community Health Centre s (CHC)				
4. Primary Health Centre s (PHC)				
5. Sub Centre s (SC)				
6. Urban Primary Health Centre s (U-PHC)				
7. Urban Community Health Centre s (U-CHC)				
8. Special Newborn Care Units (SNCU)				
9. Nutritional Rehabilitation Centres (NRC)				
10. District Early intervention Centre (DEIC)				

11. First Referral Units (FRU)		
12. Blood Bank		
13. Blood Storage Unit (BSU)		
14. No. of PHC converted to HWC		
15. No. of U-PHC converted to HWC		
16. Number of Sub Centre converted to HWC		
17. Designated Microscopy Centre (DMC)		
18. Tuberculosis Units (TUs)		
19. CBNAAT/TruNat Sites		
20. Drug Resistant TB Centres		
21. Functional Non-Communicable Diseases (NCD) clinic <ul style="list-style-type: none"> • 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 		

B. Overview: DHAP

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

C. Service Availability

Indicator	Remarks/ Observation
1. Implementation of Free drugs services (if it is free for all)	
2. Implementation of diagnostic services (if it is free for all) <ul style="list-style-type: none"> • Number of lab tests notified 	
3. Status of delivery points	
<ul style="list-style-type: none"> • No. of SCs conducting >3 deliveries/month 	
<ul style="list-style-type: none"> • No. of 24X7 PHCs conducting > 10 deliveries /month 	
<ul style="list-style-type: none"> • No. of CHCs conducting > 20 deliveries /month 	
<ul style="list-style-type: none"> • No. of DH/ District Women and child hospital conducting > 50 deliveries /month 	
<ul style="list-style-type: none"> • No. of DH/ District Women and child hospital 	

Indicator	Remarks/ Observation	
conducting C-section		
<ul style="list-style-type: none"> No. of Medical colleges conducting > 50 deliveries per month 		
<ul style="list-style-type: none"> No. of Medical colleges conducting C-section 		
4. Number of institutes with ultrasound facilities (Public+Private)		
<ul style="list-style-type: none"> Of these, how many are registered under PCPNDT act 		
5. Details of Pradhan Mantri SurakshitMatritva Abhiyan PMSMA activities performed		
6. RBSK		
<ul style="list-style-type: none"> Total no. of RBSK teams sanctioned 		
<ul style="list-style-type: none"> No. of teams with all HR in-place (full-team) 		
<ul style="list-style-type: none"> No. of vehicles (on the road) for RBSK team 		
<ul style="list-style-type: none"> No. of Teams per Block 		
<ul style="list-style-type: none"> No. of block/s without dedicated teams 		
<ul style="list-style-type: none"> Average no of children screened per day per team 		
<ul style="list-style-type: none"> Number of children born in delivery points screened for defects at birth 		
7. 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 		
<ul style="list-style-type: none"> Number of non-functional radiant warmer for more than a week 		
<ul style="list-style-type: none"> Number of non-functional phototherapy unit for more than a week 		
	Inborn	Out born
<ul style="list-style-type: none"> Admission 		
<ul style="list-style-type: none"> Defects at birth 		
<ul style="list-style-type: none"> Discharged 		
<ul style="list-style-type: none"> Referral 		
<ul style="list-style-type: none"> LAMA 		
<ul style="list-style-type: none"> Died 		
8. Newborn Stabilization Unit (NBSU)		
	Inborn	Out born
<ul style="list-style-type: none"> Admission 		
<ul style="list-style-type: none"> Discharged 		
<ul style="list-style-type: none"> Referral 		
<ul style="list-style-type: none"> LAMA 		
<ul style="list-style-type: none"> Died 		
9. Nutrition Rehabilitation Centre s (NRC)		
<ul style="list-style-type: none"> Admission Bilateral pitting oedema MUAC<115 mm <'-3SD WFH with Diarrhea ARI/ Pneumonia TB HIV 		

Indicator	Remarks/ Observation
<ul style="list-style-type: none"> • Fever • Nutrition related disorder • Others 	
<ul style="list-style-type: none"> • Referred by • Frontline worker • Self • Ref from VCDC/ CTC • RBSK • Pediatric ward/ emergency 	
<ul style="list-style-type: none"> • Discharged 	
<ul style="list-style-type: none"> • Referral/ Medical transfer 	
<ul style="list-style-type: none"> • LAMA 	
<ul style="list-style-type: none"> • Died 	
10. Home Based Newborn Care (HBNC)	
<ul style="list-style-type: none"> • Status of availability of HBNC kit with ASHAs 	
<ul style="list-style-type: none"> • Newborns visited under HBNC 	
<ul style="list-style-type: none"> • Status of availability of drug kit with ASHAs 	
11. Number of Maternal Death Review conducted	
<ul style="list-style-type: none"> • Previous year • Current FY 	
12. Number of Child Death Review conducted	
<ul style="list-style-type: none"> • Previous year • Current FY 	
13. Number of blocks covered under Peer Education (PE) programme	
14. No. of villages covered under PE programme	
15. No. of PE selected	
16. No. of Adolescent Friendly Clinic (AFC) meetings held	
17. Weekly Iron Folic Acid Supplementation (WIFS) stockout	
18. No. of Mobile Medical Unit (MMU) (on the road) and micro-plan	
<ul style="list-style-type: none"> • No. of trips per MMU per month 	
<ul style="list-style-type: none"> • No. of camps per MMU per month 	
<ul style="list-style-type: none"> • No. of villages covered 	
<ul style="list-style-type: none"> • Average number of OPD per MMU per month 	
<ul style="list-style-type: none"> • Average no. of lab investigations per MMU per month 	
<ul style="list-style-type: none"> • Avg. no. of X-ray investigations per MMU per month 	
<ul style="list-style-type: none"> • Avg. no. of blood smears collected / Rapid Diagnostic Tests (RDT) done for Malaria, per MMU per month 	
<ul style="list-style-type: none"> • Avg. no. of sputum collected for TB detection per MMU per month 	
<ul style="list-style-type: none"> • Average Number of patients referred to higher facilities 	
<ul style="list-style-type: none"> • Payment pending (if any) • If yes, since when and reasons thereof 	
19. Vehicle for Referral Transport	
<ul style="list-style-type: none"> • No. of Basic Life Support (BLS) (on the road) and their distribution 	
<ul style="list-style-type: none"> • No. of Advanced Life Support (ALS) (on the road) and their distribution 	

Indicator	Remarks/ Observation		
	ALS	BLS	
<ul style="list-style-type: none"> Operational agency (State/ NGO/ PPP) 			
<ul style="list-style-type: none"> If the ambulances are GPS fitted and handled through centralized call centre 			
<ul style="list-style-type: none"> Average number of calls received per day 			
<ul style="list-style-type: none"> Average number of trips per ambulance per day 			
<ul style="list-style-type: none"> Average km travelled per ambulance per day 			
<ul style="list-style-type: none"> Key reasons for low utilization (if any) 			
<ul style="list-style-type: none"> No. of transport vehicle/102 vehicle (on the road) 			
<ul style="list-style-type: none"> If the vehicles are GPS fitted and handled through centralized call centre 			
<ul style="list-style-type: none"> Average number of trips per ambulance per day 			
<ul style="list-style-type: none"> Average km travelled per ambulance per day 			
<ul style="list-style-type: none"> Key reasons for low utilization (if any) 			
20. Universal health screening			
<ul style="list-style-type: none"> If conducted, what is the target population 			
<ul style="list-style-type: none"> Number of Community Based Assessment Checklist (CBAC) forms filled till date 			
<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 			
21. If State notified a State Mental Health Authority			
22. If grievance redressal mechanism in place			
<ul style="list-style-type: none"> Whether call centre and toll-free number available 			
<ul style="list-style-type: none"> Percentage of complains resolved out of the total complains registered in current FY 			
23. If Mera-aaspatal has been implemented			
24. Payment status:	No. of beneficiaries	Backlog	DBT status
<ul style="list-style-type: none"> JSY beneficiaries 			
<ul style="list-style-type: none"> 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 			
<ul style="list-style-type: none"> Payment of ASHA facilitators as per revised norms (of a minimum of Rs. 300 per visit) 			
<ul style="list-style-type: none"> Patients incentive under NTEP programme 			
<ul style="list-style-type: none"> Provider's incentive under NTEP programme 			
<ul style="list-style-type: none"> FP compensation/ incentive 			
25. Implementation of Integrated Disease Surveillance Programme (IDSP)			
<ul style="list-style-type: none"> If Rapid Response Team constituted, what is the composition of the team No. of outbreaks investigated in previous year 			

Indicator	Remarks/ Observation
and in current FY	
<ul style="list-style-type: none"> How is IDSP data utilized 	
<ul style="list-style-type: none"> Proportion (out of total) of Pvt health facilities reporting weekly data of IDSP 	
26. Implementation of National Vector Borne Disease Control Programme (NVBDCP)	
<ul style="list-style-type: none"> Micro plan and macro plan available at district level 	
<ul style="list-style-type: none"> Annual Blood Examination Rate 	
<ul style="list-style-type: none"> Reason for increase/ decrease (trend of last 3 years to be seen) 	
<ul style="list-style-type: none"> LLIN distribution status 	
<ul style="list-style-type: none"> IRS 	
<ul style="list-style-type: none"> Anti-larval methods 	
<ul style="list-style-type: none"> Contingency plan for epidemic preparedness 	
<ul style="list-style-type: none"> Weekly epidemiological and entomological situations are monitored 	
<ul style="list-style-type: none"> No. of MDR rounds observed 	
<ul style="list-style-type: none"> No. of districts achieved elimination status for Lymphatic Filariasis i.e. mf rate <1 	
27. Implementation of National Tuberculosis Elimination Programme (NTEP)	
<ul style="list-style-type: none"> Target TB notification achieved 	
<ul style="list-style-type: none"> 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_____
<ul style="list-style-type: none"> Eligible TB patients with UDST testing 	
<ul style="list-style-type: none"> Whether drugs for both drug sensitive and drug resistance TB available 	
<ul style="list-style-type: none"> Patients notification from public sector 	No of patients notified: Treatment success rate: No. of MDR TB Patients: Treatment initiation among MDR TB patients:
<ul style="list-style-type: none"> Patients notification from private sector 	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 	
<ul style="list-style-type: none"> Active Case Finding conducted as per planned for the year 	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
28. Implementation of National Leprosy Eradication Programme (NLEP)	
<ul style="list-style-type: none"> No. of new cases detected 	
<ul style="list-style-type: none"> No. of G2D cases 	
<ul style="list-style-type: none"> MDT available without interruption 	
<ul style="list-style-type: none"> Reconstructive surgery for G2D cases being conducted 	
<ul style="list-style-type: none"> MCR footwear and self-care kit available 	
29. Number of treatment sites and Model Treatment Centre (MTC) for viral hepatitis	
30. Percent of health workers immunized against Hep B	
31. Key activities performed in current FY as per ROP under National Fluorosis Control Programme	

Indicator	Remarks/ Observation			
32. Key activities performed in current FY as per ROP under National Iron Deficiency Disorders Control Programme				
33. Key activities performed in current FY as per ROP under National Tobacco Control Programme				
34. Number of ASHAs <ul style="list-style-type: none"> • Required as per population • Selected • No. of ASHAs covering more than 1500 (rural)/ 3000 (urban) population • No. of villages/ slum areas with no ASHA 				
35. 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 Jyoti Bima Yojana (PMJJBY) • No. of ASHA Facilitator enrolled for Pradhan Mantri Jeevan Jyoti Bima Yojana (PMJJBY) • No. of ASHAs enrolled for Pradhan Mantri Suraksha Bima Yojana (PMSBY) • No. of ASHA Facilitators enrolled for Pradhan Mantri Suraksha Bima Yojana (PMSBY) • No. of ASHAs enrolled for Pradhan Mantri Shram Yogi Maandhan Yojana (PMSYMY) • No. of ASHA Facilitators enrolled for Pradhan Mantri Shram Yogi Maandhan Yojana (PMSYMY) • Any other state specific scheme_____ 				
36. Status of Mahila Arogya Samitis (MAS)- <ol style="list-style-type: none"> a. Formed b. Trained c. MAS account opened 				
37. Status of Village Health Sanitation and Nutrition Committee (VHSNC) <ol style="list-style-type: none"> a. Formed b. Trained c. MAS account opened 				
38. Number of facilities quality certified				
39. Status of Kayakalp and Swachh SwasthSarvatra (SSS)				
40. Activities performed by District Level Quality Assurance Committee (DQAC)				
41. Recruitment for any staff position/ cadre conducted at district level				
42. Details of recruitment <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 	Previous year (2019-20)		Current FY (2020-21)	
	Regular cadre	NHM	Regular cadre	NHM
43. If state has comprehensive (common for regular and contractual HR) Human Resource Information System (HRIS) in place				

D. Implementation of CPHC

Status as on: _____

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

E. Status of HRH

Status as on: _____

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

• EmOC trained doctors				
------------------------	--	--	--	--

F. State of Fund Utilization

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

Status of Expenditure as on: _____ to _____

Indicator	Budget Released (in lakhs)	Budget utilized (in lakhs)	Reason for low utilization (if less than 60)
1. 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			
• FMR 16.1: PM Activities Sub Annexure			
17. FMR 17: IT Initiatives for Service Delivery			
18. FMR 18: Innovations			

Programme Wise

Status of Expenditure as on: _____ to _____

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			

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

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

G. Status of trainings

Status as on: _____

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.		



Ministry of Health & Family Welfare
Government of India



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

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 Please comment on the condition and tick the appropriate box	Comments: <input type="checkbox"/> 24*7 running water facility <input type="checkbox"/> Facility is geriatric and disability friendly (ramps etc.) <input type="checkbox"/> Clean functional toilets available (separate for Male and female) <input type="checkbox"/> Drinking water facility available <input type="checkbox"/> OPD waiting area has sufficient sitting arrangement <input type="checkbox"/> ASHA rest room is available <input type="checkbox"/> Drug storeroom with rack is available Power backup: <input type="checkbox"/> Complete Hospital/ <input type="checkbox"/> Part of the hospital Last major renovation done in (Year): _____						
3. Number of functional in-patient beds	_____ No of ICU Beds available:						
4. List of Services available							
• Specialized services available in addition to General OPD, ANC,	<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> </tbody> </table>	Sl.	Service	Y/N	1	Medicine	
Sl.	Service	Y/N					
1	Medicine						

Indicator	Remarks/ Observation		
Delivery, PNC, Immunization, FP, Laboratory services	2	O&G	
	3	Pediatric	
	4	General Surgery	
	5	Anesthesiology	
	6	Ophthalmology	
	7	Dental	
	8	Imaging Services (X – ray)	
	9	Imaging Services (USG)	
	10	District Early Intervention Centre (DEIC)	
	11	Nutritional Rehabilitation Centre (NRC)	
	12	SNCU/ Mother and Newborn Care Unit (MNCU)	
	13	Comprehensive Lactation Management Centre (CLMC) / Lactation Management Unit (LMU)	
	14	Neonatal Intensive Care Unit (NICU)	
	15	Pediatric Intensive Care Unit (PICU)	
	16	Labour Room Complex	
	17	ICU	
	18	Dialysis Unit	
	19	Emergency Care	
	20	Burn Unit	
	21	Teaching block (medical, nursing, paramedical)	
	22	Skill Lab	
	5. Emergency	General emergency: or facilities available for: 1. Triage 2. Resuscitation 3. Stabilization	
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		

Indicator	Remarks/ Observation																																																																																																				
	3. Incinerator 4. Using Common Bio Medical Treatment plant 5.																																																																																																				
11. Details of HR available in the facility (Sanctioned and In-place)	<table border="1"> <thead> <tr> <th colspan="2" data-bbox="608 215 1002 248">HR</th> <th data-bbox="1002 215 1134 248">San.</th> <th data-bbox="1134 215 1273 248">Reg.</th> <th data-bbox="1273 215 1417 248">Cont.</th> </tr> </thead> <tbody> <tr> <td colspan="2" data-bbox="608 248 1002 282">MO (MBBS)</td> <td></td> <td></td> <td></td> </tr> <tr> <td data-bbox="608 282 772 636" rowspan="9">Specialists</td> <td data-bbox="772 282 1002 315">Medicine</td> <td></td> <td></td> <td></td> </tr> <tr> <td data-bbox="772 315 1002 349">ObGy</td> <td></td> <td></td> <td></td> </tr> <tr> <td data-bbox="772 349 1002 383">Pediatrian</td> <td></td> <td></td> <td></td> </tr> <tr> <td data-bbox="772 383 1002 416">Anesthetist</td> <td></td> <td></td> <td></td> </tr> <tr> <td data-bbox="772 416 1002 450">Surgeon</td> <td></td> <td></td> <td></td> </tr> <tr> <td data-bbox="772 450 1002 483">Ophthalmologist</td> <td></td> <td></td> <td></td> </tr> <tr> <td data-bbox="772 483 1002 517">Orthopedic</td> <td></td> <td></td> <td></td> </tr> <tr> <td data-bbox="772 517 1002 551">Radiologist</td> <td></td> <td></td> <td></td> </tr> <tr> <td data-bbox="772 551 1002 584">Pathologist</td> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="2" data-bbox="608 584 1002 618">Others</td> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="2" data-bbox="608 618 1002 651">Dentist</td> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="2" data-bbox="608 651 1002 685">Staff Nurses/ GNMs</td> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="2" data-bbox="608 685 1002 719">LTs</td> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="2" data-bbox="608 719 1002 752">Pharmacist</td> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="2" data-bbox="608 752 1002 786">Dental Technician/ Hygienist</td> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="2" data-bbox="608 786 1002 819">Hospital/ Facility Manager</td> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="2" data-bbox="608 819 1002 853">EmOC trained doctor</td> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="2" data-bbox="608 853 1002 887">LSAS trained doctor</td> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="2" data-bbox="608 887 1002 949">Others</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>				HR		San.	Reg.	Cont.	MO (MBBS)					Specialists	Medicine				ObGy				Pediatrian				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				
HR		San.	Reg.	Cont.																																																																																																	
MO (MBBS)																																																																																																					
Specialists	Medicine																																																																																																				
	ObGy																																																																																																				
	Pediatrian																																																																																																				
	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: _____																																																																																																				
16. Availability of list of essential medicines (EML)/ drugs (EDL)	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, total number of drugs in EDL, _____ EDL displayed in OPD Area: <input type="checkbox"/> Yes/ <input type="checkbox"/> No No. of drugs available on the day of visit (out of the EDL) _____																																																																																																				
17. Implementation of DVDMS or similar supply chain management system	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If other, which one _____																																																																																																				
18. Shortage of 5 priority drugs from EDL in last 30 days, if any	<table border="1"> <tbody> <tr> <td data-bbox="608 1691 715 1724">1</td> <td data-bbox="715 1691 1273 1724"></td> <td data-bbox="1273 1691 1417 1724"></td> </tr> <tr> <td data-bbox="608 1724 715 1758">2</td> <td data-bbox="715 1724 1273 1758"></td> <td data-bbox="1273 1724 1417 1758"></td> </tr> <tr> <td data-bbox="608 1758 715 1792">3</td> <td data-bbox="715 1758 1273 1792"></td> <td data-bbox="1273 1758 1417 1792"></td> </tr> <tr> <td data-bbox="608 1792 715 1825">4</td> <td data-bbox="715 1792 1273 1825"></td> <td data-bbox="1273 1792 1417 1825"></td> </tr> <tr> <td data-bbox="608 1825 715 1859">5</td> <td data-bbox="715 1825 1273 1859"></td> <td data-bbox="1273 1825 1417 1859"></td> </tr> </tbody> </table>				1			2			3			4			5																																																																																				
1																																																																																																					
2																																																																																																					
3																																																																																																					
4																																																																																																					
5																																																																																																					
19. Availability of Essential Consumables:	<input type="checkbox"/> Sufficient <input type="checkbox"/> Minimal <input type="checkbox"/> Acute shortage List the consumables for with there was shortage <div style="text-align: right;">Supply Shortage</div>																																																																																																				

Indicator	Remarks/ Observation
	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
<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:
21. X-ray services is available	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If Yes, type & nos. of functional X-ray machine is available in the hospital: Is the X-ray machine AERB certified: <input type="checkbox"/> Yes/ <input type="checkbox"/> No
22. CT scan services available	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes: <input type="checkbox"/> In-house/ <input type="checkbox"/> PPP Out of Pocket expenditures associated with CT Scan services (if any, approx. amount per scan): _____
23. Whether diagnostic services (lab, X-ray, USG etc.) are free for all	<input type="checkbox"/> Free for BPL <input type="checkbox"/> Free for elderly <input type="checkbox"/> Free for JSSK beneficiaries <input type="checkbox"/> Free for all
24. Availability of Testing kits/ Rapid Diagnostic Kits	<input type="checkbox"/> Sufficient <input type="checkbox"/> Minimal <input type="checkbox"/> Acute shortage Supply 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: _____
<ul style="list-style-type: none"> 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
<ul style="list-style-type: none"> Number of patients provided dialysis service (for 2020-21) 	<ul style="list-style-type: none"> ○ Previous year_____ ○ 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	

Indicator	Remarks/ Observation
for more than 7 days	
28. Availability of delivery services	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
<ul style="list-style-type: none"> If the facility is designated as FRU, whether C-sections are performed 	<input type="checkbox"/> Yes/ <input type="checkbox"/> No Number of normal deliveries performed in last month: _____ No. of C-sections performed in last month: _____
<ul style="list-style-type: none"> Comment on 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	

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

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



Ministry of Health & Family Welfare
Government of India



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

Service Delivery:

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

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

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

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

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

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

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

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

Service Delivery:

Name of facility visited		
Facility Type		<input type="checkbox"/> PHC/ <input type="checkbox"/> U-PHC
Whether the facility has been converted to HWC		<input type="checkbox"/> Yes/ <input type="checkbox"/> No
Standalone/ Co-located		<input type="checkbox"/> Standalone/ <input type="checkbox"/> Co-located Co-located with (if applicable):
Accessible from nearest road head		<input type="checkbox"/> Yes/ <input type="checkbox"/> No
Date of Visit		
Next Referral Point		Facility: Distance:
Indicator	Remarks/ Observation	
1. OPD Timing		
<ul style="list-style-type: none"> For U-PHC, check if evening/morning OPD/Clinics being conducted 	<input type="checkbox"/> Yes/ <input type="checkbox"/> No	
2. Whether the facility is functioning in PPP mode	<input type="checkbox"/> Yes/ <input type="checkbox"/> No	
3. Condition of infrastructure/ building	Comments:	
Please comment on the condition and tick the appropriate box	<input type="checkbox"/> 24*7 running water facility <input type="checkbox"/> Facility is geriatric and disability friendly (Ramps etc.) <input type="checkbox"/> Clean functional toilets available (separate for Male and female) <input type="checkbox"/> Drinking water facility available <input type="checkbox"/> OPD waiting area has sufficient sitting arrangement <input type="checkbox"/> ASHA rest room is available <input type="checkbox"/> Drug storeroom with rack is available <input type="checkbox"/> Power backup <input type="checkbox"/> Branding	
4. Number of functional in-patient beds		
5. List of Services available		
6. If 24*7 delivery services available	<input type="checkbox"/> Yes/ <input type="checkbox"/> No	
7. Tele-medicine/Consultation services available	<input type="checkbox"/> Yes/ <input type="checkbox"/> No	
	If yes, average case per day _____	
8. Biomedical waste management practices	Sharp pit: Deep Burial pit:	

	Other System, if any:			
9. Details of HR available in the facility (Sanctioned and In-place)	HR	San.	Reg.	Cont.
	MO (MBBS)			
	MO (AYUSH)			
	SNs/ 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 • Internet connectivity: <input type="checkbox"/>Yes/ <input type="checkbox"/>No Quality/strength of internet connection: _____			
11. Kayakalp	Initiated: _____ score: _____ Facility _____ Award received: _____			
12. NQAS	Assessment done: _____ Internal/State score: _____ Facility _____ Certification Status: _____			
13. Availability of list of essential medicines (EML)/ drugs (EDL)	<input type="checkbox"/> Yes/ <input type="checkbox"/> No			
	If yes, total number of drugs in EDL _____			
	EDL displayed in OPD Area: <input type="checkbox"/> Yes/ <input type="checkbox"/> No			
14. Implementation of DVDMS or similar supply chain management system	No. of drugs available on the day of visit (out of the EDL) _____			
	<input type="checkbox"/> Yes/ <input type="checkbox"/> No			
15. Shortage of 5 priority drugs from EDL in last 30 days, if any	If other, which one _____			
	1			
	2			
	3			
	4			
16. Drugs Available for Hypertension & Diabetic patients:	5			
	1			
	2			
17. Shortage of sufficient number of Hypertension & Diabetic in last 7 days	3			
	1			
	2			
18. Availability of Essential Consumables:	<input type="checkbox"/> Sufficient <input type="checkbox"/> Minimal <input type="checkbox"/> Acute shortage			Supply Shortage
	In last 6 months how many times there was shortage _____ (Also list the consumables for which there was shortage)			

19. Availability of essential diagnostics	<input type="checkbox"/> In-house <input type="checkbox"/> Outsourced/ <input type="checkbox"/> Both/ Mixed	PPP
<ul style="list-style-type: none"> 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 <input type="checkbox"/> Minimal <input type="checkbox"/> Acute shortage	Supply Shortage
23. If there is any shortage of major instruments/ equipment	List of Equipment	
24. Average downtime of equipment. Details of equipment are nonfunctional for more than 7 days		
25. Availability of delivery services	<input type="checkbox"/> Yes/ <input type="checkbox"/> No	
<ul style="list-style-type: none"> If yes, details 	Comment on condition of labour room: Functional New-born care corner (functional radiant warmer with neo-natal ambu bag): <input type="checkbox"/> Yes/ <input type="checkbox"/> No	
26. Status of JSY payments	Payment is up to date: <input type="checkbox"/> Yes/ <input type="checkbox"/> No Average delay: Payment done till: Reasons for delay:	
27. Availability of JSSK entitlements	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, whether all entitlements being provided <input type="checkbox"/> Free delivery services (Normal delivery/ C-section) <input type="checkbox"/> Free diet <input type="checkbox"/> Free drugs and consumables	

	<input type="checkbox"/> Free diagnostics <input type="checkbox"/> Free blood services <input type="checkbox"/> Free referral transport (home to facility) <input type="checkbox"/> Free referral transport (drop back from facility to home) <input type="checkbox"/> No user charges		
28. Line listing of high-risk pregnancies	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
29. Number of normal deliveries in last three month			
30. Availability of Daksh/ Dakshta trained/SBA trained MO/SN/ANM in Labour Room	<input type="checkbox"/> Yes <input type="checkbox"/> No		
31. Practice related to Respectful Maternity Care			
32. Number of Maternal Death reported in the facility	Previous year:2019-2020 Current FY:2020-2021		
33. Number of Child Death reported in the facility	Previous year: Current year:		
34. Availability of vaccines and hub cutter	<input type="checkbox"/> Yes/ <input type="checkbox"/> No Nurses/ ANM aware about open vial policy: <input type="checkbox"/> Yes/ <input type="checkbox"/> No		
35. Number of newborns immunized with birth dose at the facility in last 3 months			
36. Newborns breastfed within one hour of birth (observe if practiced and women are being counselled)			
37. Number of sterilizations performed in last one month	Male Female		
38. Availability of trained provider for IUCD/ PPIUCD	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
39. Who counsels on FP services?			
40. Please comment on utilization of other FP services			
41. FPLMIS has been implemented	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
42. Availability of functional Adolescent Friendly Health Clinic	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, who provides counselling to adolescents: _____ Separate male and female counselors available: <input type="checkbox"/> Yes/ <input type="checkbox"/> No		
43. Whether facility has fixed day NCD clinic	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If Yes, how many days in a week: _____ days		
44. Are service providers trained in cancer services?	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
45. Number of individuals screened for the following in last 6 months:		Screened	Confirmed
	a. Hypertension		
	b. Diabetes		
	c. Oral Cancer		
	d. Breast Cancer		

	e. Cervical Cancer		
46. Whether wellness activities are performed	<input type="checkbox"/> Yes/ <input type="checkbox"/> No Frequency:		
47. Whether reporting weekly data in P and L form under IDSP	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
48. Distribution of Long lasting Insecticidal nets (LLIN) in high-risk areas	No. of LLIN distributed per household: <input type="checkbox"/> 1 per family/ <input type="checkbox"/> Others (Specify): _____		
49. Status of TB elimination programme	Facility is designated as Designated Microscopy Centre (DMC): <input type="checkbox"/> Yes/ <input type="checkbox"/> No		
	If yes, percent of OPD whose samples were tested for TB (microscopy) in last 6 month (average) _____		
	If anti-TB drugs available at the facility: <input type="checkbox"/> Yes/ <input type="checkbox"/> No		
	If yes, are there any patients currently taking anti-TB drugs from the facility: <input type="checkbox"/> Yes/ <input type="checkbox"/> No		
	Percent of patients tested through CBNAAT/TruNat for Drug resistance in the last 6 months _____		
	Is there a sample transport mechanism in place for: <ul style="list-style-type: none"> • investigations within public sector for TB testing? <input type="checkbox"/>Yes/ <input type="checkbox"/>No • investigations within public sector for other tests? <input type="checkbox"/>Yes/ <input type="checkbox"/>No • outsourced testing? <input type="checkbox"/>Yes/ <input type="checkbox"/>No 		
	Are all TB patients tested for HIV? <input type="checkbox"/> Yes/ <input type="checkbox"/> No		
	Are all TB patients tested for Diabetes Mellitus: <input type="checkbox"/> Yes/ <input type="checkbox"/> No		
50. Status on Leprosy eradication programme	Nos. of new case detected by Field Worker in last 12 months: Out of those, how many are having Gr. II deformity: Frequency of Community Surveillance:		
	Percent of TB Patients for whom DBT installments have been initiated under NikshayPoshan Yojana in the last 6 months:		
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:
<ul style="list-style-type: none"> 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> </tbody> </table>	HR	San.	Reg.	Cont.	ANM/ MPW Female				MPW Male				MLHP/ CHO			
HR	San.	Reg.	Cont.														
ANM/ MPW Female																	
MPW Male																	
MLHP/ CHO																	

Indicator	Remarks/ Observation			
	ASHA			
	Others			
5. IT Services	<ul style="list-style-type: none"> • 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	1			
	2			
	3			
	4			
	5			
9. Drugs Available for Hypertension & Diabetic patients:	1			
	2			
	3			
10. Shortage of sufficient number of Hypertension & Diabetic in last 7 days	1			
	2			
	3			
11. Are CHOs dispensing medicines for hypertension and diabetes at SHC-HWC	<input type="checkbox"/> Yes/ <input type="checkbox"/> No			
12. Availability of Testing kits/ Rapid Diagnostic Kits	<input type="checkbox"/> Sufficient <input type="checkbox"/> Minimal <input type="checkbox"/> Acute shortage List of Kits (Shortage)_____			Supply Shortage
13. Availability of:	<ul style="list-style-type: none"> • 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 			

Indicator	Remarks/ Observation		
	<ul style="list-style-type: none"> MCP cards duly filled: <input type="checkbox"/>Yes/ <input type="checkbox"/>No 		
15. Number of Maternal Death Review conducted	Previous year:2019-20 Current year:2020-21		
16. Number of Child Death Review conducted	Previous year: Current year:		
17. Availability of vaccines and hub cutter	<input type="checkbox"/> Yes/ <input type="checkbox"/> No <ul style="list-style-type: none"> Awareness of ANM on vaccine schedule: <input type="checkbox"/>Yes/ <input type="checkbox"/>No Awareness about open vial policy: <input type="checkbox"/>Yes/ <input type="checkbox"/>No 		
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	2020-21
	Number of presumptive TB patients identified:		
	Number of presumptive TB patients referred for testing		
	Number of TB patients diagnosed out of the presumptive patients referred		
	Number of TB patients taking treatment under the Sub centre area		
34. ASHA Interaction			
<ul style="list-style-type: none"> • Status of availability of Functional HBNC Kits (weighing scale/ digital thermometer/ blanket or warm bag) 			
<ul style="list-style-type: none"> • Status of availability of Drug Kits (Check for PCM/ Amoxicillin/ IFA/ ORS/ Zinc/ IFA Syrup/ Cotrimoxazole) 			
<ul style="list-style-type: none"> • ASHA Incentives: Any Time lag /Delay in Payment after submission of voucher. <ul style="list-style-type: none"> ○ Average delay 			
<ul style="list-style-type: none"> • ASHA is aware about provision of incentives under NTEP (Informant Incentives, Treatment Supporter Incentives) and NikshayPoshan Yojana (₹500 per month incentive to the TB patient for the duration of treatment) 			
35. Number of Village Health & Sanitation days conducted in last 6 months			
36. Incentives:	<ul style="list-style-type: none"> • Performance Incentives is disbursed to CHOs on monthly basis: <input type="checkbox"/>Yes/ <input type="checkbox"/>No • Team-based incentive being disbursed for all HWC staffs: <input type="checkbox"/>Yes/ <input type="checkbox"/>No 		
37. Frequency of VHSNC/ MAS meeting (check and obtain minutes of last meeting held)			
38. Whether CHOs and HWC staffs are involved in VHSNC/ MAS meeting	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
39. Maintenance of records on	<ul style="list-style-type: none"> • TB cases: <input type="checkbox"/>drug sensitive/ <input type="checkbox"/>drug resistant cases/ <input type="checkbox"/>both • Malaria cases: <input type="checkbox"/>Yes/ <input type="checkbox"/>No • Palliative cases: <input type="checkbox"/>Yes/ <input type="checkbox"/>No • Cases related to Dengue and Chikungunya: <input type="checkbox"/>Yes/ 		

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

Community Level Checklist

Community Level

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

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

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

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