



Ministry of Health & Family Welfare
Government of India



MONITORING OF NHM PROGRAMME IMPLEMENTATION PLAN IN SEPAHIJALA DISTRICT TRIPURA

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ABBREVIATIONS

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

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

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

EXECUTIVE SUMMARY

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

Best Practices

- The Mayer Ghar initiative facilitates optimal intrapartum and post-partum care for pregnant women and addresses accessibility, acceptability, affordability and related socio-cultural factors.
- The 'Mukhya Mantri Sustho Shaishab, Sustho Kaishore Abhiyan' (MSSSKA) was implemented for children and adolescents (0-19 years) in Tripura. Under MSSSKA, the district enforces four programmes for children and adolescents, i.e., Vitamin-A supplementation, IFA Supplementation, de-worming and diarrhoea control.
- Mukhyamantri Mission Drishti has been launched in Tripura to distribute free spectacles to patients suffering from presbyopia among the elderly.
- In addition to the NIKSHAY Poshan Yojana, the State Government provides one-time financial support of 900 rupees to the TB patient at the end of the treatment.

Challenges

- Patients have to move out of the state to cities like Kolkata, Silchar, Guwahati, Chennai and Bangalore for diseases that require experienced doctors, which puts a huge financial burden.
- Progress in providing comprehensive primary health care was lagging in district. There were not enough CHOs in the district who could handle HWCs, so the conversion of SCs to HWCs was very slow.
- Due to the non-availability of essential drugs, people had to buy medicines themselves. Drugs for high blood pressure and Diabetes were unavailable at many health facilities. Pregnant women were to go for diagnostics from private labs as all the test facilities were unavailable in the public health facilities; as a result, out-of-pocket expenditure increases.

- Home deliveries were very high in many pockets of the district, particularly among Muslims and Tribal women.
- The facility of C-section delivery was only available in one Health facility. Women had to go to the Gomti district or Agartala, in case of a complicated delivery.
- Marriage is practiced at a very young age in the district. Teenage pregnancy was a significant problem in almost all areas. There was a lack of counselling services regarding early marriages, teenage pregnancy and healthy spacing between children.
- The facility of injectable contraceptive Antara was provided from 2021-22 at four health centers. The contraceptives are not well-supplied and health facilities have to face their shortage many times during the year.
- The Peer education programme and RKSK were not functional in the district. Awareness and activities regarding RKSK, WIFS and PE were very limited.
- The district is far behind other districts of the state in quality assurance. NQAS Lakshya and Kayakalp Esemnet have not been started in most of the health facilities, and only a few health centers were certified.
- The use of smokeless tobacco among men and women is rampant in the district. Most people get addicted to tobacco from an early age and have to face ordinary to severe illnesses. The prevalence of injectable drugs is increasing very fast among the youth.

RECOMMENDATIONS

- **Need to provide emergency and critical care services in district:** There is need to provide emergency and critical care services in the district, so that patients do not have to go out in search of critical care service. There is also a need to provide C-section facilities in both the SDHs; so that women do not have to travel to other districts in case of complications.
- **Need to strengthen emergency referral services:** A high referral has been observed from CHC and PHC to SDH due to lack of specific services. Due to the non-availability of adequate emergency and critical care services in the district, there is a need to strengthen emergency referral services.
- **Need more CHOs and HWCs to provide comprehensive primary health care to all:** An adequate number of CHOs are needed in the district to properly conduct Ayushman Bharat-HWCs to provide comprehensive primary health care and to accelerate the conversion of PHCs and SCs to HWCs.

- **Need to ensure essential medicines and diagnostic services free or low cost:** In order to reduce the out-of-pocket expenses, there is a need to ensure the availability of essential medicines and necessary tests in the public health facilities at minimal cost or free.
- **Ensuring an uninterrupted supply of contraceptives:** Proper counselling and availability of multiple choices of contraception at the right time is essential to bring down the unmet need and motivate people to adopt the means of family planning.
- **Need to provide counselling regarding safe motherhood and ANCs:** There is a need to motivate women to choose an institutional setup for delivery by telling its benefits through proper IEC material, street plays, motivational stories. Exceptional efforts need to be made to make women aware of the range and quality of services provided under the ANC and the danger signs during pregnancy to minimise the complication.
- **Serious attempt to stop child marriages and frequent children bearing:** Adolescents' knowledge can be strengthened in this subject through peer education and RKSK, which is not functional in the district. At the same time, it is also necessary that ASHA, ANMs, counsellors and doctors make adolescents aware of the ill effects of early marriage, teenage pregnancy and repeated pregnancies on different occasions in different ways.
- **Need to accelerate internal and external assessment quality assurance programs:** The district needs to expedite the internal and external assessment under NQAS, Lakshya and Kayakalp. Implementing the Quality Assurance Program requires regular monitoring by the District Nodal Officers. Lack of knowledge among health workers regarding quality assurance which requires more training.
- **Intensive awareness and enforcement drive on tobacco use:** There is a need to sensitize the community and health workers to the harmful effects of tobacco. Collaboration with NGOs should be sought for targeted interventions to create community awareness. There is a need to impose strict penalties on tobacco use in public places. Also, there is a need for proper counseling and medication through outreach programs for tobacco addicts.
- **Intensive campaign against injectable drug use:** Social and local organizations need to keep an eye with the Government on the situation and fight the menace of drugs together. There is a need to raise awareness, especially among the youth, about the negative impact of injectable drugs. Health administration would not be able to fight the menace of drugs without the help of Civil society members and elected representatives.

CHAPTER 1: INTRODUCTION

1.1 BACKGROUND

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

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

1.2 OBJECTIVES

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

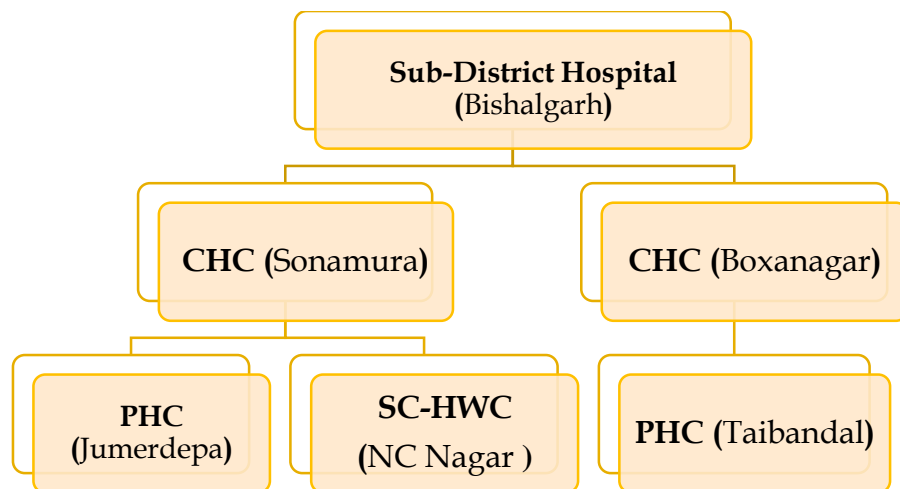
- To monitor the status of physical infrastructure of health facilities under NHM.
- To understand the availability and efficiency of human resource required for better service facilities.
- To understand the gap between Demand and supply of health service delivery under NHM.

- To assess functionality of equipment, supply and essential drugs, essential consumables etc.
- To analyze and ascertain the implementation and performance of different schemes under NHM.
- To analyze other important components namely service delivery, record maintenance, Biomedical Waste Management, referral transport 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 Sepahijala district of Tripura to PRC Delhi. The health profile of the district was discussed intensively, and higher authorities were interviewed on broad areas under NHM such as maternal health, child health, family planning, human resource, infrastructure etc. The report is based on both qualitative and quantitative surveys. Before visiting the field, structured questionnaires (Appendix) prepared on various critical aspects of NHM activities were sent to the respective facilities and nodal officers. Further, the questionnaire was cross-checked and discussed in detail during the visit. After a valuable discussion with the CMO and other health officials, a few selected facilities were visited. The healthcare facilities visited are depicted as below:

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



1.4 DEMOGRAPHIC PROFILE

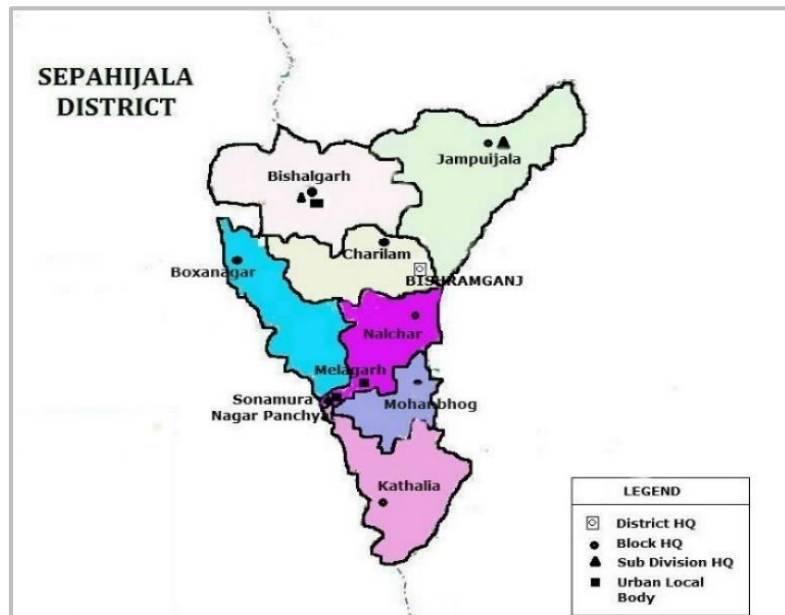
Tripura is India's third smallest state, located in the country's northeastern region. It has a land area of 10,486 square kilometers and is bounded on the north, south, and west by Bangladesh and on the east by the Indian states of Assam and Mizoram. Agartala is the capital of Tripura and is located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

Map 1.1: District Map of Tripura



Tripura has a population of 3673917 people, with 1874376 males and 1799541 females, according to the 2011 Indian census. It accounts for 0.3 percent of India's population. The state has a sex ratio of 961 females per thousand males, higher than the national average of 940. The population density is 350 inhabitants per square kilometer. Tripura's literacy rate was 87.8 percent and it was the third highest among all states. Tripura has the most primate species of any Indian state, with 19 ethnic groups and numerous subgroups. Sepahijala District was created in January 2012. The major towns in the district are Bishalgarh, Bishramganj, Melaghar and Sonamura. The district has 7 Blocks i.e., Bishalgarh, Charilam, Nalchar, Mohanbhog, Boxanagar, Kathalia and Jampuijala

Map 1.2: Map of Sepahijala district, Tripura



Sepahijala District has 5.43 Lakh populations in 2021-22; Of this, male population is 2.76 lakh and female population is 2.67 lakh. Total literacy rate is 94.6 percent in the district, which shows higher than state and national average. Sex ratio is 989 females and child sex ratio is 980.

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

Indicators	Sepahijala	Tripura	India
Population	542731	3673917	1,21,01,93,422
Male	275968	1874376	62,37,24,248
Female	266763	1799541	58,64,69,174
Decadal growth rate in (%)	-	14.84	17.6
Sex ratio	989	960	943
Child sex ratio	980	957	914
Literacy rate (%)	94.6	87.22	73.0
Male literacy rate (%)	-	91.53	80.9
Female literacy rate (%)	-	82.73	64.6
Urban population (%)	89.74	26.17	31.6
Rural population (%)	10.26	73.83	68.4
Schedule caste (%)	-	17.82	16.6
Schedule tribe (%)	-	31.76	8.2
Area (sq. KM)	1043	10,486	3,287,240
Population Density (per sq. KM)	520	350	914

Source: Census-2011, RGI; Directorate of Economics & Statistics Planning Department Government of Tripura, Estimated numbers (Sl. No 9-15) to be filled for the financial year 2021-22

1.5 HEALTH AND SERVICE DELIVERY INDICATORS FROM HMIS

Table 1.2 presents the health profile of the Sepahijala for the year 2020-2021. It highlights the performance of major service delivery indicators and the subsequent health outcomes in terms of the quantifiable goals of NHM. It analyses the input, output, and outcomes of the public health delivery system in the district with respect to various domains such as Maternal Health, Delivery Care, Child Health, Immunization Coverage, Family Planning and Facility Service Delivery. In Sepahijala, 76.2 percent of the ANC registrations occur in the first trimester and a proportion of 58.1 percent pregnant women receive four or more ANC check-ups. The coverage of 180 IFA tablets among pregnant women is 67.5 percent is lower than the state level coverage of 69.2 percent.

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

1. Maternal Health –Delivery care	Sepahijala	Tripura
% of beneficiaries registered for 1st trimester to total ANC registration	76.2	75.2
% of pregnant women with 4 or more ANC checkups to total ANC registration	58.1	79.4
% of pregnant women given 180 IFA to total ANC registrations	67.5	69.2
% Pregnant women given 360 Calcium tablets to Total ANC Registrations	5.1	21.2
% of SBA attended home deliveries to total home deliveries	0.4	2.1
% of institutional deliveries to total reported deliveries	88.2	90.1
% of institutional deliveries to total ANC registrations	43.1	78.9
% of C-Section deliveries to total institutional deliveries	4.5	25.9
% of women received 1st postpartum check-up after delivery	5.9	5.1
2. Newborn and Child Health		
% of newborn weighted to total live birth	99.1	99.3
% of newborn breast fed within 1 hour of birth to total live birth	98.9	97.2
% of newborns having weight less than 2.5 kg to total live birth	13.4	11.2
% of children discharged with target weight gain from NRC	14.5	34.1
Number of children (9-11 months) fully immunized	6726	48752
3. Family Planning		
n of emergency contraceptive pills distributed	135	5592
% of female sterilization to total sterilization	99.6	99.2
% of IUCD insertion to total institutional deliveries	0.2	0.7
Total Sterilization conducted	70	2874
4. Mortality Indicators		
Maternal death	0	88
Child (1-5 years) death	1	64
Infant (1-12 months) death	4	261
Still Birth	42	868

Source: HMIS Standard Report, 2021-22

In the district, 88.2 percent births are institutional deliveries with C-section deliveries accounting for 4.5 percent of the total institutional births which is lower than the state share. About 5.9 percent women have been discharged within 48 hours of the delivery.

The HMIS report shows that 98.9 percent of the new-borns are breastfed within the first hour of the birth. About 13.4 percent of the births are categorized as low birth weight babies (weight below 2.5 kg). The total number of fully immunized children of the district stands at 6726 respectively. The mortality indicators are also presented in the table-2 above. With regards to family planning, female sterilization is dominant method of family planning in the district with 99.6 percent of female sterilization conducted and 0.2 percent of IUCD insertions have been conducted with respect to institutional deliveries. Whereas, 135 emergency contraceptive pills were distributed in the district which is lower than the state.

The district reported no maternal deaths during 2021-22. The number of infant deaths reported is 4 whereas the number of still births reported is 42 which is relatively lower in the district.

CHAPTER 2: PUBLIC HEALTH FINANCING

2.1. STATE RESOURCE ENVELOPE

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

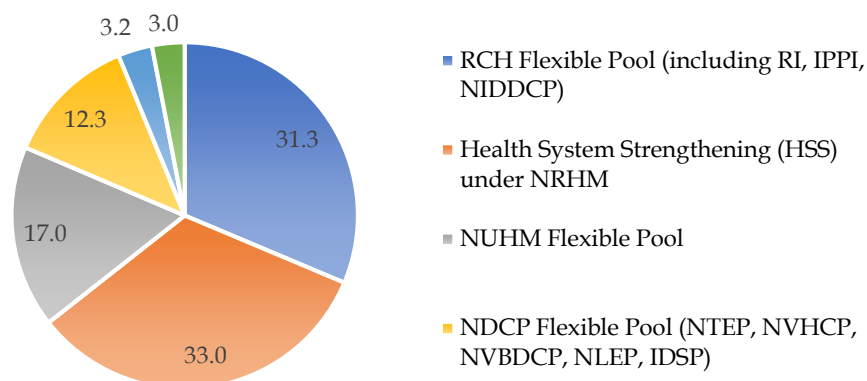


Figure 2.1: FMR wise share of NHM budget allotted to Tripura, 2021-22

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

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

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

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

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

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

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

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

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

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

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

2.2 BUDGET UTILIZATION

The details of the budget utilization in the district are presented in table 2.3. In 2021-22, 14.8 Crore rupees were released, and 12.1 Crore rupees were utilized (82%) by the Sepahijala district. The highest amount was released under Programme management, Community intervention and Human resources. The maximum Utilization of the FMR-wise budget has been noticed under

FMR 2: Service Delivery: Community Based (97%), FMR 8: Human Resource (Service Delivery) (97%) and FMR 13: Quality (90%). Utilization of the released budget was also more than 80 percent under FMR 3: Community Intervention (89%), FMR 12: Printing (82%) and FMR 5: Infrastructure. The lowest Utilization of budget has been witnessed under FMR 1: Service Delivery: Facility Based (40%), FMR 11: IEC-BCC (49%) and FMR 9: Training (50%).

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

Indicator	Budget Released (in lakhs)	Budget utilized (in lakhs)	Reason for low utilization
FMR 1: Service Delivery: Facility Based	61,18,000	24,80,519	40%
FMR 2: Service Delivery: Community Based	53,85,000	52,02,745	97%
FMR 3: Community Intervention	4,37,32,000	3,89,13,841	89%
FMR 4: Untied grants	1,21,35,000	68,46,502	56%
FMR 5: Infrastructure	1,35,000	1,07,360	80%
FMR 6: Procurement	42,32,450	22,06,328	52%
FMR 7: Referral Transport	16,80,000	10,37,135	62%
FMR 8: Human Resource (Service Delivery)	4,30,78,000	4,16,94,503	97%
FMR 9: Training	20,52,000	10,28,429	50%
FMR 10: Review, Research and Surveillance	00	00	
FMR 11: IEC-BCC	11,73,000	5,70,486	49%
FMR 12: Printing	4,78,000	3,92,762	82%
FMR 13: Quality	26,00,000	23,40,678	90%
FMR 14: Drug Warehouse & Logistic	9,14,000	6,05,265	66%
FMR 15: PPP	00	00	
FMR 16: Programme Management	2,40,29,000	1,76,95,706	74%
FMR 17: IT Initiatives for Service Delivery	2,00,000	1,21,319	61%
FMR 18: Innovations	00	00	
Total	14,79,41,450	12,12,43,578	82%

Table 2.4 shows the details of programme wise Status of Expenditure of NHM budget in Sepahijala district during 2021-22. Around 82 percent of the fund was utilized under RCH and Health Systems Flexipool, 94 percent under Communicable Diseases Pool and 92 percent by Non-Communicable Diseases Pool. The highest utilization of funds under RCH and Health Systems Flexipool was done for Untied Fund (98%), Human Resources (97%), followed by Quality Assurance (90%) and maternal health (86%). National TB Elimination Programme (NTEP) utilized 88 percent of funds, which was lowest under the Communicable Diseases pool. Additionally, only two programmes, National Tobacco Control Programme (NTCP) and National Programme for Prevention and Control of Diabetes, Cardiovascular Disease and Stroke (NPCDCS) received fund under Non-communicable diseases pool.

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

Indicator	Budget Released (in lakhs)	Budget utilized (in lakhs)	Reason for low utilization
RCH and Health Systems Flexipool	14,44,29,918	11,89,77,632	82%
Maternal Health	85,46,000	73,89,662	86%
Child Health	11,85,000	5,29,870	49%
RBSK	16,20,000	11,90,683	73%
Family Planning	2,95,000	1,72,979	59%
RKSK/ Adolescent health	53,000	33,205	63%
PC-PNDT	00	00	
Immunization	11,09,468	10,89,846	98%
Untied Fund	1,21,35,000	68,46,502	56%
Comprehensive Primary Healthcare (CPHC)	00	00	
Blood Services and Disorders	00	00	
Infrastructure	1,35,000	1,07,360	80%
ASHAs	4,37,32,000	3,66,39,395	84%
HR	4,30,78,000	4,16,94,503	97%
Programme Management	2,40,29,000	1,76,95,706	74%
MMU	00	00	
Referral Transport	16,80,000	10,37,135	62%
Procurement	42,32,450	22,06,328	52%
Quality Assurance	26,00,000	23,40,678	90%
PPP	00	00	
NIDDCP		3,780	
NUHM	-	-	-
Communicable Diseases Pool	92,09,776	86,26,909	94%
Integrated Disease Surveillance Programme (IDSP)	5,93,176	5,66,383	95%
National Vector Borne Disease Control Programme (NVBDCP)	37,01,000	36,87,361	95%
National Leprosy Eradication Programme (NLEP)	1,70,600	1,79,392	105%
National TB Elimination Programme (NTEP)	47,45,000	41,93,773	88%
Non-Communicable Diseases Pool	25,64,610	23,50,098	92%
National Program for Control of Blindness and Vision Impairment (NPCB+VI)	00	00	
National Mental Health Program (NMHP)	00	00	
National Programme for Health Care for the Elderly (NPHCE)	00	00	
National Tobacco Control Programme (NTCP)	9,78,035	8,12,233	83%
National Programme for Prevention and Control of Diabetes, Cardiovascular Disease and Stroke (NPCDCS)	15,86,575	15,37,865	97%
National Dialysis Programme	00	00	
National Oral health programme	00	00	
National Programme on palliative care	00	00	
National Programme for Prevention and Control of Fluorosis	00	00	
National Rabies Control Programme	00	00	
National Programme for Prevention and Control of Deafness	00	00	
Programme for Prevention and Control of Leptospirosis	00	00	

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

2.3 DISTRICT HEALTH ACTION PLAN (DHAP)

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

CHAPTER 3: PUBLIC HEALTH PLANNING

3.1 HEALTH INFRASTRUCTURE

At present, no district hospital is functional in Sipahijala. Two Sub-district hospital and four Community health Centers were serving in the district. Additionally, 15 PHC and 142 Sub centers were operating. Two operational first referral units (FRUs), one blood bank and one blood storage unit were available in the district. Moreover, there were six Designated Microscopy Centers (DMC), two Tuberculosis Units (TUs), one CBNAAT/TruNat site and two Drug Resistant TB Centers in Sipahijala. In addition, two NCD clinics were operating at the SDH and four at CHC Level facilities. Two public institutions provide comprehensive abortion care services (CAC) and first & second-trimester services. All 15 PHCs in the district have been converted into HWCs; In contrast, only 20 sub-centres were converted into HWCs.

An Urban Primary Health Centers, a Special Newborn Care Units (SNCU) and a DH have been planned for the future in the district, which are not functional at present. Additionally, the construction of the MCH Wing at Sonmura SDH (Melaghar) has been pending for more than two years. Simultaneously the construction of HWCs at Bordowal and Jatrapur and PHC at Madhupur has been completed but not yet handed over. Furthermore, the district has no Nutritional Rehabilitation Centers (NRC) or District Early Intervention Center (DEIC).

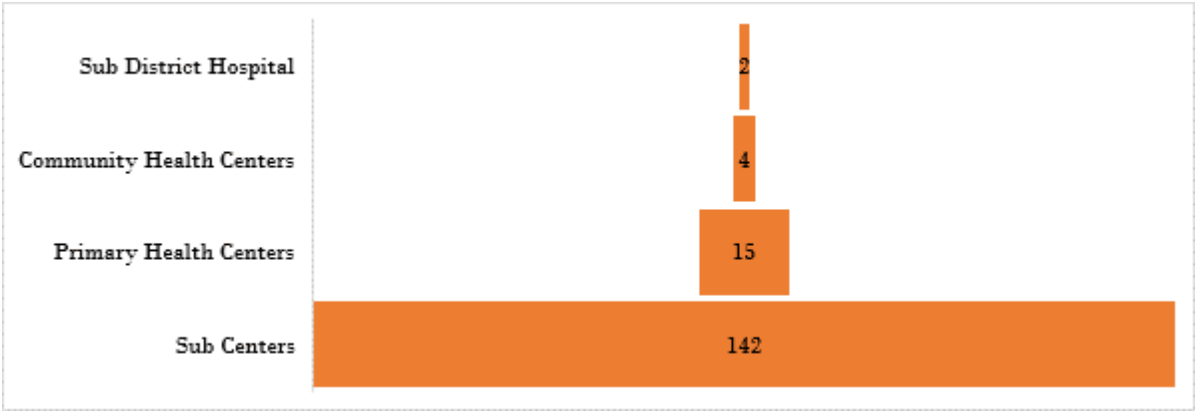


Figure 3.1: Details of Public Health Infrastructure in Sepahijala, 2021-22

One out of two Sub district hospitals of Sepahijala were NQAS and LaQshya certified in the district. Apart from that, one out of four CHCs, seven out of fifteen PHCs and only one out of 142

Sub centres was Kayakalp awarded. However, regular meetings for expediting quality assurance-related matters, supportive supervision and monitoring, gap analysis and processes for providing suitable solutions for closing and settling compensation claims have been initiated in the district.

Mera Asptal is a mobile application for receiving patient feedback for the services received in the Hospital, which helps the government to make appropriate decisions to enhance the quality of healthcare delivery in public facilities. This application is in use on two CHCs of the district. Out of all the feedback the patients provided, 54 percent were very satisfied with the services offered in the hospital, 26 percent were satisfied, and 10 percent were not satisfied.

Mahila Arogya Samiti (MAS) has been formed, and their training has also been done; Simultaneously, accounts have been opened for these Mahila Arogya Samitis. Apart from this, the district has also constituted 169 Village Health Sanitation and Nutrition Committees (VHSNC).

3.2 FREE DRUGS & DIAGNOSTIC

Drugs and Diagnostic are not free for whole population. Although free medicines have been implemented, due to the non-availability of essential drugs, people have to buy medicines mostly by themselves. Health institutions charge for certain diagnostic services including blood. Free medicine, diet and diagnostics services are implemented under JSSK for pregnant women and newborns.

3.3 HUMAN RESOURCE FOR HEALTHCARE AND TRAINING

However, the number of sanctioned staff details was unavailable in the district, though the CMO and other health officials highlighted the acute shortage of human resources in almost every facility across the district. A total of 85 MO (MBBS), 2 OBGY, 1 EmOC trained doctor, 2 Pediatricians, only 1 Anesthetist and 3 other specialists were posted in the district. Apart from this 16 Dentists/ Dental Surgeon/ Dental MO, 25 AYUSH MO were posted at PHCs/CHCs/SDHs and 20 CHO/ MLHP were posted at SCs/HWCs. Apart from these high skilled medical staff, 242 ANMs, 136 MPW (Male), and 180 Staff Nurse were providing medical support services. Additionally, 26 Lab technicians, 31 Pharmacists (Allopathic), 6 AYUSH Pharmacists, 2 Radiographer/ X-ray technicians and 2 OT technicians were engaged at all the health facilities in the district for drug distribution and diagnostic services.

ASHAs were posted in all the villages of the district, and the total number was 934. However, none of the ASHAs were covering a population of more than 1500. A total of 620 ASHAs were enrolled in Pradhan Mantri Jeevan Jyoti Bima Yojana (PMJJBY), 623 in Pradhan Mantri Suraksha Bima Yojana (PMSBY), and 230 ASHAs were enrolled in Pradhan Mantri Shram Yogi Maandhan Yojana (PMSYMY). Additionally, 47 ASHA Facilitators were enrolled in Pradhan Mantri Jeevan Jyoti Bima Yojana (PMJJBY), 50 in Pradhan Mantri Suraksha Bima Yojana (PMSBY), and 33 in Pradhan Mantri Shram Yogi Maandhan Yojana (PMSYMY).

Tripura have a comprehensive (common for regular and contractual HR) Human Resource Information System (HRIS). The lack of human Resource was one of the major concerns of the district. A total of 20 posts under NHM have been vacant since 2020, however, no recruitment has been done at the district or state level in the last two years under NHM.

As per the plan, 30 training sessions were scheduled in the last financial year as per the ROP, of which 27 were conducted. District officials informed that various training on Family planning, maternal and child health, Immunization, Cold chain, RKSK, PNMT, Quality assurance, Kayakalp, Finance, HMIS/MCTS, NVBDCP, NTEP and NTCP were completed in 2021-22; however, training on Lab. Tech, Dakshata and IYCF for MO & SN could not be completed.

3.4 REFERRAL TRANSPORT

Health infrastructure also includes the transport facilities provided by the district for patients' safe and timely movement. There are six transport vehicles/102 vehicles in the district, of which 3 BLS were stationed at CHCs, one on PHC and two BLS were stationed at SDH. All these vehicles were GPS-fitted. In the year 2020-21, 2524, and during 2021-22, 3493 pregnant women used the referral transport services of the district. There was no advance life support (ALS), PTA, Kilkari or Neonatal specific referral transport available in the district.

CHAPTER 4: IMPLEMENTATION OF NATIONAL PROGRAMME

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

In Sepahijala, there were 3818 deliveries in 2021-22, slightly fewer than in 2020-21. However, home deliveries were 11 percent in 2020-21, which came down to seven percent in 2021-22. In order to reduce home deliveries Mayor Ghar programme has been started in all the districts of Tripura; under which the labor room is equipped with all facilities. This programme is being operated in interior and tribal areas to reduce home delivery and thereby cut down on maternal and infant deaths. However, the facility of c-section delivery is available only on one Health facility (Bishalgarh SDH) in the entire district.

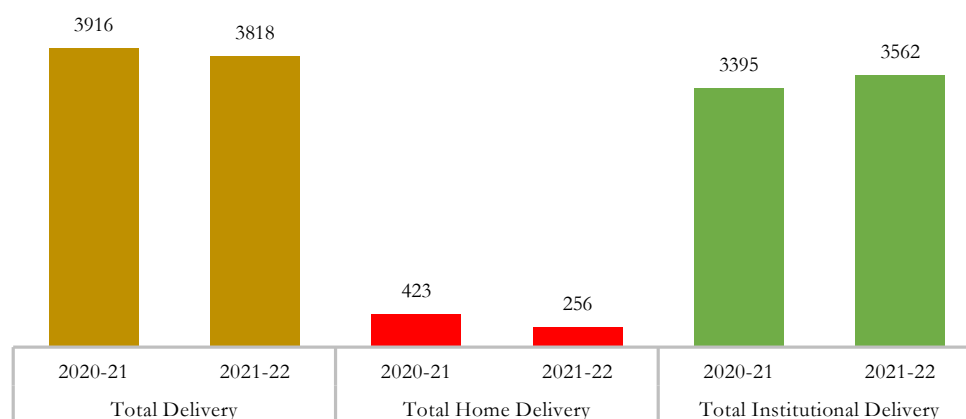


Figure 4.1: Home and Institutional deliveries and in Sepahijala, 2020-21 and 2021-22

Still in the area of many health institutions proportion of home deliveries is very high, and institutional deliveries are less than 75 percent, i.e., Dhanpur PHC (42%), Boxanagar CHC (56%), Dayarampara PHC (63%), Matinagar PHC (63%), Melaghar SDH (73%) and SBM PHC (75%).

During 2021-22, 2006 women were eligible for JSY DBT, of which only 978 had benefited. Beneficiaries were being provided free ambulance facility from homes to the facility, medicines, diet and Diagnostics under Janani Shishu Suraksha Karyakaram (JSSK). In 2021-22, under the JSSK in the district, 3243 women were provided free pick up, and 3243 facilities and 4500 women and newborns were provided free drugs.



Figure 4.2: Status of JSY in Sepahijala, 2021-22

PW are to go for Diagnostics from private labs as all the test facilities are not available in Health Facilities like CHC/PHC. Sometimes Medicines for Children are not available at Health Facilities which need to be procured from local markets as a result out of pocket expenditure increases.

In the case of home delivery, the proportion of Home Based Newborn Care (HBNC) visits also increased over the previous year; 71 percent of newborns were visited seven times for health check-ups in 2020-21; the proportion here increased to 91 percent in 2021-22. HBNC and drug kits were available with 930 ASHAs in the district.

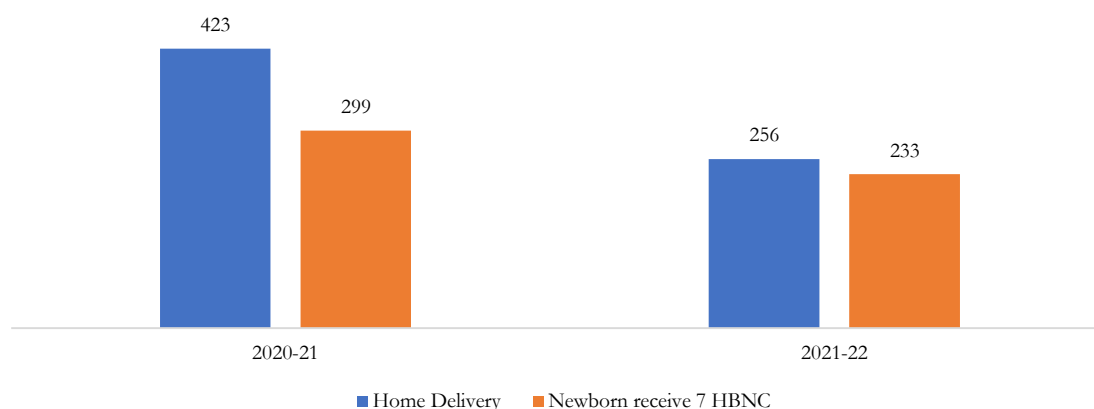


Figure 4.3: Home deliveries and HBNC Visits in Sepahijala, 2021-22

Pradhan Mantri Surakshit Matritva Abhiyan (PMSMA) activities were being conducted at both the SDH, two CHCs and 15 PHCs in the District. Under PMSMA, comprehensive, quality antenatal care is provided to all pregnant women on the 9th of every month.

The district had no Special Newborn Care Unit (SNCU) and Nutritional Rehabilitation Center (NRC). However, there was a Neonatal Stabilization Unit (NBSU) in the district, in which 49 inborn and outborn admission took place; 41 were cured and discharged, and four were referred in 2021-22.

The healthy gap between children was not being followed in the community. Teenage pregnancy was a significant problem in almost all areas; In 2020-21, 27 percent of all

pregnancies were teenage pregnancies, and this proportion increased to 32 percent in 2021-22. The highest prevalence of teenage pregnancies was observed in Kamalnagar PHC (52%) and Nidaya PHC (44%). In the areas of Melaghar SDH, Boxanagar CHC, and Microsapara PHC, this ratio was more than 40 percent.

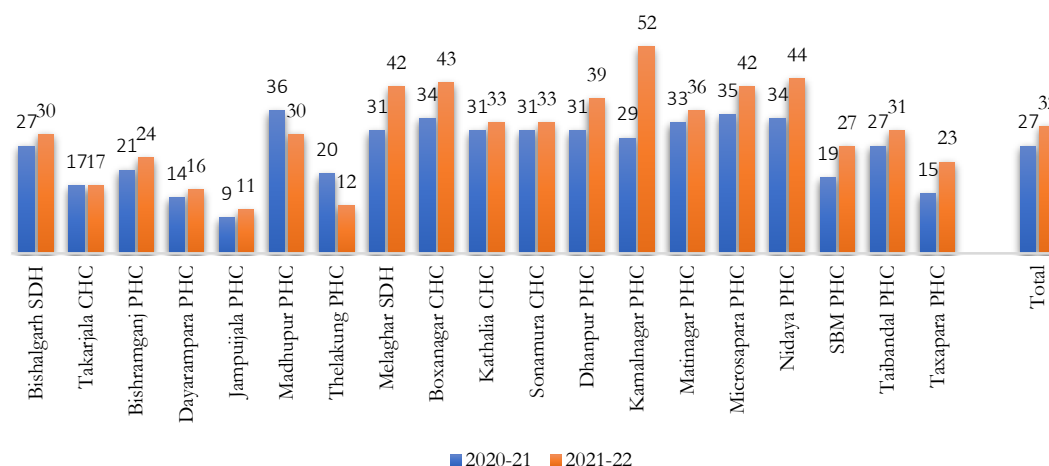


Figure 4.4: Proportion (%) of Teenage Pregnancy in Sepahijala, 2020-21 and 2021-22

Routine immunization sessions are being conducted in the district; Additional immunization activities have been undertaken to cover missed children. The percentage of OPV "0" and HEPA "0" doses for institutional deliveries have shown an increase as compared to the previous year. However, the percentage of Full Immunization has marginally decreased in the current financial year. The level of the birth dose was only 50 percent of the total institutional deliveries in the areas of Dayarampara, Dhanpur, Microsapara and Nidaya PHCs. Likewise, the percentage of Full Immunization in Microsapara (18%) and Taibandal PHC (41%) was highly unsatisfactory.

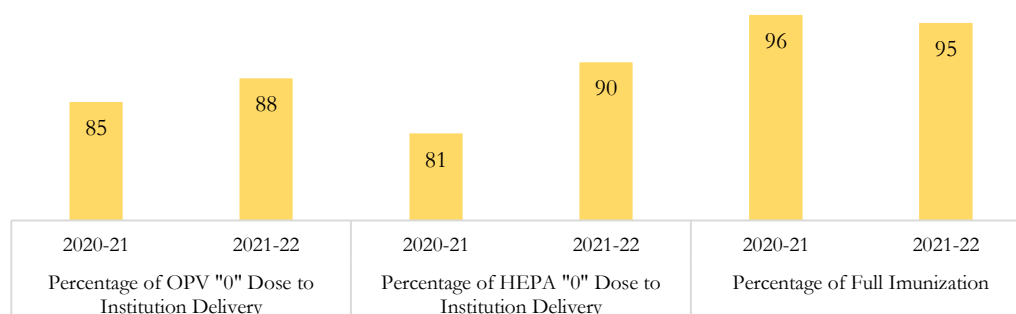


Figure 4.5: percentage of OPV 0, HEPA 0 doses and full immunization in Sepahijala, 2020-21 and 2021-22

No maternal and Neonatal deaths were reported at any facility; however, seven child deaths were observed in Sipahijala in 2021-22 and 14 in 2021-22. All the child deaths were reviewed in both the years.

The RBSK program in the district is being run through 6 teams, although no team is complete. In this financial year, around 250 children were screened per day per team, and 3546 children born in delivery centers were screened. Awareness and activities regarding RKSK, WIFS and peer educators are very limited in the district. PE programs are not being conducted in any block, and only 2 Adolescent Friendly Clinic (AFC) meetings have been held in the district this year.

The 'Mukhya Mantri Sustho Shaishab, Sustho Kaishore Abhiyan' (MSSSKA) implemented by the Government of Tripura was conducting special drives in the district to enforce four programmes for children and adolescents, i.e., de-worming and diarrhoea control.

4.2 FAMILY PLANNING SERVICES

A total of 53 females and six male sterilizations were performed in 2021-22; in the previous year, this number was 81 and 4. Female sterilization facility was available on both the SDHs of the district, whereas male sterilization facility was available on only one SDH. Similarly, IUCD/PAIUCD/PPIUCD insertion facility was available only on the SDH and one CHC; In 2021-22, 22 women availed of these methods as against 41 in 2020-21. PPUICD uptake was low and pills were used more than any other modern method. in the district. The facility of injectable contraceptive Antara is being provided from 2021-22 at four health centers in the district, and this year 79 people took the first dose of Antara. However, many health workers expressed that contraceptives are not well-supplied and have to face their shortage many times during the year.

4.3 DISEASE CONTROL PROGRAMME

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

4.4 COMMUNICABLE DISEASES

Micro and macro plans were available at the district level to control vector-borne disease under the National Vector Borne Disease Control Programme (NVBDCP). Annual blood examination rate under NVBDCP was 18 percent during 2020-21 and 2021-22. The district fulfilled the target of LLIN distribution to protect against mosquitoes, and 1000 noslarvivorous fish were released from the state to eliminate mosquito larvae. The district has a contingency plan for pandemic preparedness, and weekly epidemiological and entomological conditions are monitored.

Targets of TB notification have been achieved under National Tuberculosis Elimination Programme (NTEP). The HIV Status of all 298 TB patient were known. 291 TB patients were Eligible for UDST testing. Additionally, drugs for both drug-sensitive and drug resistant TB were available. 301 TB Patients were notified from the public sector in 2021-22, of which 8 were MDR TB Patients, and all were getting treatment. The treatment success rate for TB was 85 percent in the district. 291 TB Patients were paid under NikshayPoshan Yojana. Additionally, the district conducts active case finding two times a year. Additionally, raids to declared tobacco-free zone, awareness activities at the school and college level, and district-level training were done last year under National Tobacco Control Programme (NTCP).

There were three G2D leprosy cases in the district, and only one new case was detected last year under the National Leprosy Eradication Program (NLEP). Multi-drug therapy (MDT) was available without interruption.

4.5 NON-COMMUNICABLE DISEASES

A total of 20 SHC-HWCs and 15 PHC-HWCs have started NCD screening in the district. 15 HWCs provide teleconsultation services, and 35 HWCs conduct wellness activities. The district's target population for universal health screening was 186536, and 162152 Community-based assessment checklist (CBAC) forms were filled until the visit. 8855 people were screened for hypertension, 7931 for diabetes and 3992 for oral cancer in various health facilities in the district. Of these, 7449 cases of hypertension and 2538 cases of diabetes, and three cases of oral cancer were diagnosed; all the cases of these symptoms were treated in 2021-22. Additionally, 1652 women were screened for Breast Cancer and 1051ere screened for Cervical cancer; of which one case of Breast Cancer was diagnosed and treated.

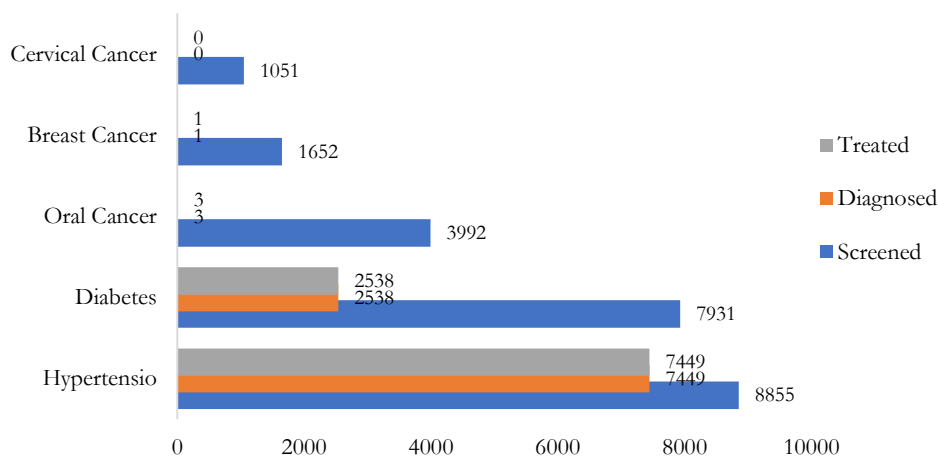


Figure 4.6: Screening, Diagnosis and treatment of NCDs in Sepahijala, 2021-22

4.6 MISSION DRISHTI

Chief Minister Mission Drishti has been introduced in Tripura to distribute free spectacles to patients suffering from Presbyopia among the elderly. The spectacles distributed through the PHC level and sub-centres where the eye support/trained person check the required strength for the patient and issue the spectacles. As a part of this programme, the district received 3818 spectacles from the state and 2127 were distributed free of cost.

4.7 COMPREHENSIVE PRIMARY HEALTH CARE SERVICES (CPHC)

The district has started the operation of Ayushman Bharat - Health and Wellness Centers to provide comprehensive primary health care. But its progress is very slow in Sipahijala compared to other districts. There are not enough CHOs in the district who can handle HWCs, so the conversion of SCs to HWCs is also very slow.

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

The team visited six facilities in the Sepahijala district; one Sub-District Hospital in Bishalgarh, two Community Health Centres in Sonamura and Boxanaga, two Primary Health Centres in Jumerdepa and Taibandal, and one Sub-Centre in NC Nagar. Additionally a community interactions and focused group discussion was held in Taibandal village to understand the perception and behaviour of the community on the accessibility of public health services, lifestyle, living conditions, health-seeking behaviour, the behaviour of public health service providers and out-of-pocket expenditure.

5.1 CONDITION OF HEALTH INFRASTRUCTURE

Sepahijala does not have a District Hospital. The CMO office was constructed in the district in the last financial year, and the proposal for a new district hospital has been approved. Only two Subdistrict Hospitals are the highest level of secondary care health facilities. SDH Bishalgarh was more overcrowded than usual, and the hospital space was insufficient as per the pressure of the administrative and health facilities. In addition, visited CHC Sonamura, CHC Boxanagar and SBM PHC Jumerdepa are operating in the newly constructed building. Both the hospitals have been built according to the new parameters, which have enough space. Though Taibandal PHC is running in an old and small building, the condition of the building is excellent; it is getting Kayakalp and NQAS awards and first place in the district over the last many years. During the visit, it was found that a new building has been made for this PHC; however, it is not in use yet.

However, doctors have to face a lot of problems due to the non-availability of a residential facility in SDH. The newly constructed Boxanagar CHC and SBM PHC Jumerdepa does not have a boundary wall due to a fear of unwanted elements and incidents of theft. The road leading to Taibandal PHC has been terrible for many years. The condition of the labour room at SBM PHC Jumerdepa was not good. The cleanliness of the PHC was poor due to a lack of sanitation staff.

5.2 AVAILABILITY OF SPECIALIZED SERVICES

Medicine, O&G, General Surgery, Anesthesiology, Ophthalmology, Dental, Pathology lab, X-ray, USG, pediatric OPD, SNCU, Labour Room Complex, ICU, TB ward, Family Planning services,

Operation theatres for single general and O&G were available in the SDH. Furthermore, SDH provides triage, resuscitation and stabilization facilities under Emergency services. However, District Early Intervention Center (DEIC) was not available in the district, and only one DEIC was functional in Tripura, which was situated in Gomti District. A well-functional Blood Bank (free for all) was available in SDH Bishalgadh. At the visit, 32 units were available, and 28 blood transfusions were done in July 2022.



Picture 5.1: PHC Taibandal in Sepahijala

Apart from General, OPD, ANC, Delivery, PNC, Immunization, Family Planning and Laboratory services, only dental facilities were available at CHC Sonmura and dental, X-ray, and neonatal stabilization units were available at CHC Boxanagar. OPD, IPD, Eye OPD, Dental OPD, 24*7 delivery, ANC, PNC, vaccination, FP, Pathology and MCH dispensary were available in both the PHCs.

The SDH runs the NCD clinic six days a week, although the service providers were not trained in cancer. Both the CHCs, Sonamura and Boxnagar and SBM PHC Jumerdepa, run daily NCD clinics, and service providers at these facilities were trained in cancer services. However, one day a week was scheduled for NCD clinics at PHC Taibandal.

Table 5.1: Summary of NCD screening at visited health facilities, 2021-22, (Rs. in Lakhs) – Tripura

	Status	SDH Bishalgarh	CHC Sonamura	CHC Boxnagar	PHC Taibandal	PHC Jumerdepa	SC NC Nagar
Hypertension	Screened	2245	140	1675	1671	550	324
	Diagnosed	1359	0	100	135	408	0
Diabetes	Screened	254	119	1890	215	177	324
	Diagnosed	107	0	92	2	135	0
Oral Cancer	Screened	0	0	0	60	50	0
	Diagnosed	0	0	0	0	0	0
Breast Cancer	Screened	0	2	0	15	48	0
	Diagnosed	0	0	0	1	0	0
Cervical Cancer	Screened	584	0	0	17	12	0
	Diagnosed	28	0	0	0	0	0

5.3 AVAILABILITY OF DRUGS AND DIAGNOSTIC

A total of 183 essential drugs (EDL) were available in the SDH Bishalgarh at the time visit, and drug information was listed on the wall. The procurement, inventory management and distribution of medicines, sutures and surgical items in the hospital were operated through the State specific portal. SDH reported a shortage of many essential drugs i.e., Pheniramine, Tramadol, Ambrodil 500 mg, Diazepam and Metformin 500 mg etc. Only 64 essential Drugs were available in the Sonamura CHC and 135 Drugs were available in the Boxnagar CHC. Additionally, 176 drugs Jumerdepa PHC, 72 in the Taibandal and 12 drugs from EDL were available in the SN Nagar SC on the day of visit. Shortage of Ceftriaxon 1 gm, Iv. RL, Iv. DNS, Iv. NS and Amoxycilline 500, Albenda 400 mg and Ranitidine were reported by the CHS and PHCs of the district. Amlodipine 2.5/5 mg, Metformin 50 mg, Atenolol 50 mg and Glimepiride 1/2 mg were not available for high blood pressure and Diabetes at PHCs. However, drugs for high blood pressure and Diabetes were not available for high blood pressure and diabetes at SN Nagar SC. Drug information was listed in the OPD area of all the visited facilities and in case of shortage, SDH and CHCs purchases the medicine from the local market.

SDH Bishalgarh reported a minimal shortage of essential consumables. Likewise, SBM PHC in Jumerdepa was also facing an acute shortage of essential consumables because of high footfall; PHC had to arrange consumables from health facilities, and sometimes Ayushman funds were used to purchase consumables. Apart from this, the supply of essential consumables was sufficient in the visited hospitals.

All essential diagnostic services were freely available in the SDH, CHCs, and PHCs. More than 1300 tests were done at SDH during the last financial year. One digital x-ray plant was available in the SDH, and two were not functional. Additionally, SDH does not provide CT scan and Dialysis services, and patients have to go to its Gomti or Agartala. CHC Boxnagar and the other two PHCs do not provide X-ray services. All the visited health facilities reported a sufficient supply of testing and rapid diagnostic kits except CHC Boxnagar. SDH Bishalgarh reported a shortage of Cardiocography machine. USG machine at SDH Bishalgarh and Semi auto analyser at Taibandal PHC were non-functional for more than seven days.

5.4 PRADHAN MANTRI SURAKSHIT MATRITVA ABHIYAN (PMSMA)

The SDH, CHCs, PHCs, DGD and SC provides PMSAMA services to pregnant women. Line listing of high-risk pregnancies by performing by performing Hepatitis, HIV, Diabetes, sepsis, TB, malaria and hypertension tests.

5.5 INSTITUTIONAL DELIVERY, JSY PAYMENTS (DBT) AND JSSK

Overall, 774 deliveries were conducted at SDH Bishalgarh during the last year. Additionally, all CHCs and PHSs perform deliveries except Uрмаi PHC of the District.

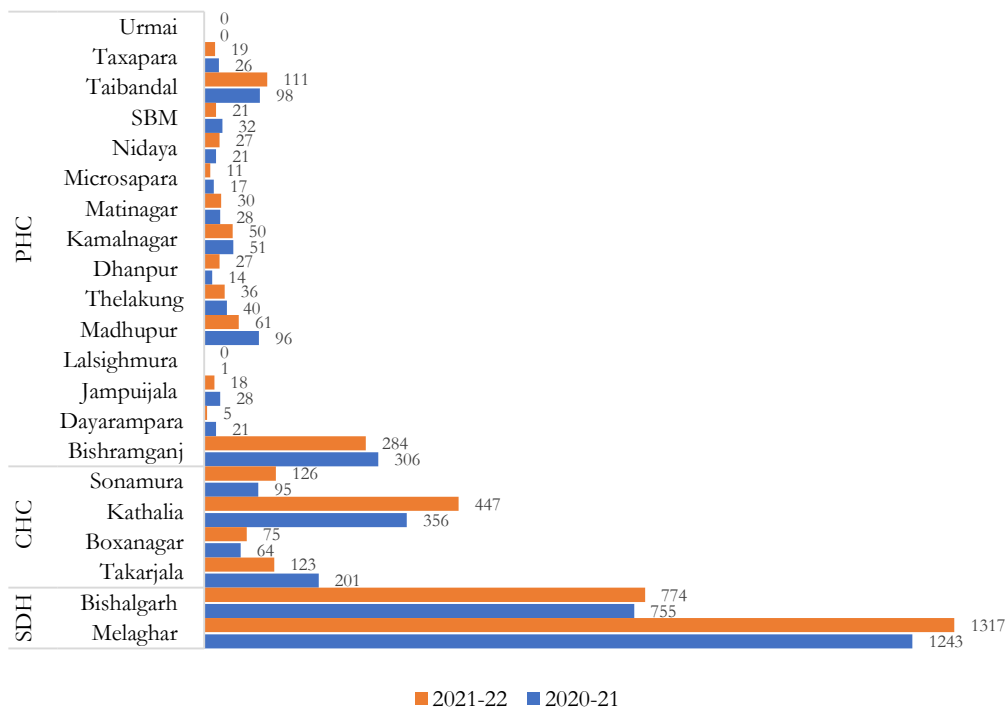


Figure 5.1: Institutional deliveries at various health facilities in Sepahijala, 2020-21 and 2021-22

Seventy deliveries were performed in Boxnagar CHC, 136 in Sonamura CHC, 21 in SBM PHC and 111 in Taibandal PHC during the last financial year. The condition of the labour rooms was good at all the health facilities, and the SDH labour room in Bishalgarh SDH was LaQshya Certified. The facility for C-sections was available only at SDH Bishalgarh. In case of a complicated delivery, women have to go to the Gomti district hospital or health facility in Agartala. No maternal and child deaths were observed in the visited health facilities during 2021-22; only one child death was reported in Taibandal PHC in 2020-21.

JSY of more than one lakh rupees has been paid in the SDH till last December 2021; whereas, in the current year, 1.5 lakh rupees has not been paid due to non-allocation of funds from the state. While JSY payments up to August 2022 had been made on both CHCs and PHCs. Additionally, all services under JSSK were provided in the district. Given that not all testing facilities were available in healthcare facilities like CHCs/PHCs, pregnant women had to commute to private laboratories for diagnosis. Sometimes medicines for children not available at health facilities have to be procured from local markets, resulting in increased out-of-pocket expenditures.



Picture 5.2: Labour room at Bishalgarh SDH, Sepahijala

5.6 IMMUNISATION SERVICES

Vaccines and hub cutters were available at all levels of health facilities. Nurses and ANMs at SDH, CHCs, PHCs, and SCs were aware of the open vial policy. In the past three months, 150 newborns in SDH, 39 in CHC Sonamura, 32 in Boxnagar CHC, 32 in Taibandal and 4 in PHC SBM PHC were immunized with birth dose.

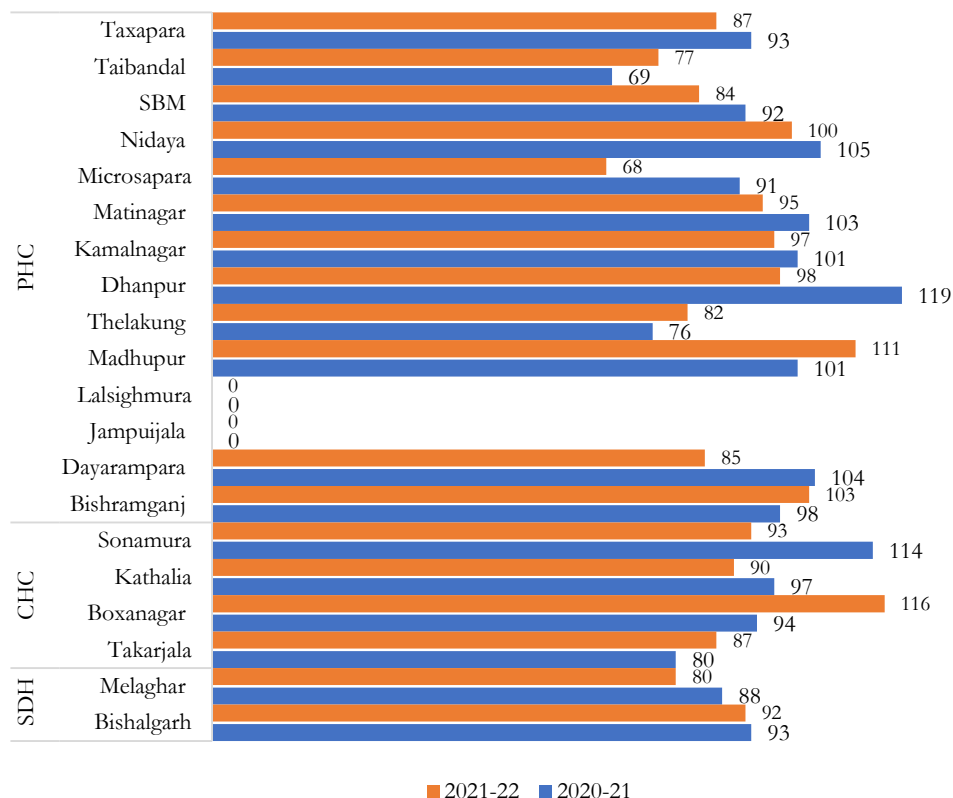


Figure 5.2: summary of full Immunisation (%) at various health facilities in Sepahijala, 2020-21 and 2021-22

5.7 FAMILY PLANNING AND ABORTION CARE

FPLMIS was implemented in all the visited health facilities. Trained providers for IUCD/PPIUCD were available, and it was being promoted at all the health facilities. Other available FP methods include Antara, Chaya and condoms. MOs, FP in charge, LHVs and ANMs provide counselling on FP services. Although Antara has only been introduced in the district this year, it is becoming popular among women. Additionally, the SDH performed 27 sterilization in the last month. SDH and both the CHCs also provides comprehensive abortion care (CAC) services.

5.8 ADOLESCENT HEALTH

The Peer education programme and RKSK were not functional in the district. Awareness and activities regarding RKSK, WIFS and peer educators are very limited in the district. PE programs are not being conducted in any block. The Adolescent Friendly Health Clinic was functional in the SDH, CHCs and SBM PHC. Adolescent counsellor provides services regarding sexual and reproductive health at SDH; 1959 adolescents have been counselled in the last six months at Bishalgarh. IFA tablet distribution was done under Weekly Iron Folic Acid supplementation.

5.9 TB ELIMINATION PROGRAMME

SDH Bishalgarh, CHC at Sonamura and Boxnagar, and PHC Taibandal were designated as Designated Microscopy Centre (DMC). Anti-TB drugs were available at all the health facilities, and patients were taking drugs from the facilities. A CBNAAT/TruNat was available at SDH, and 228 OPD samples were tested for TB (microscopy) in the last six months. All the TB Patients at SDH, CHC, and PHCs tested for HIV and Diabetes Mellitus. DBT instalments under Nikshay Poshan Yojana have been done for 90 percent of TB patients in the last six months. In addition to the NIKSHAY Poshan Yojana, the Government of Tripura provide one-time financial support of 900 rupees to the patient at the end of the treatment.

5.10 QUALITY ASSURANCE AND CLEANLINESS

Kayakalp assessment for 2020-21 was done in SDH and got the award of Rs.1 lakh with almost 90%. SDH had a score of 79% in the NQAS. The labor room and operation theater were clean, and both were LaQshya certified, with scores of 88 and 86%, respectively. Kayakalp was started in both CHCs, and SBM PHC and evaluation was done at the district level. Taibandal PHC, on the other hand, has been receiving the Kayakalp award for the last four years, with the first award in the district; Last year, its score was 94% which was second in the entire state. Last year Taibandal PHC scored 92.5% in NQAS and was also NQAS certified. However, the progress of quality assessment was not found to be good in other health institutions of the district.

5.11 IT SERVICES, DATA REPORTING AND MAINTENANCE OF RECORDS

All the visited health facilities were equipped with IT services like desktop/laptop and internet connection. However, internet connectivity in few pockets of district was very poor. All ANMs had functional tablets, although not all ASHAs were provided with smartphones at both PHCs

and SC. Records of TB treatment card cases, TB notification register, Malaria, Palliative care, Dengue, Chikungunya, and Leprosy cases were being malintend at SDH, CHCS and PHCs. Reporting of data in P, S and L forms is done under IDSP from SDH, CHC and PHC every week. Record maintenance at the all the facility was found satisfactory, and all registers about birth, death, OPD, and IPD were well maintained and updated. Data entry portals HMIS, MCTS and Nikshya portal were updated.

5.12 AMBULANCE SERVICES

SDH had four own and one 102 ambulances; all ambulance services were centralized call centers. Both the CHCs also had two ambulances, and both the PHCs had one ambulance each. A high referral has been observed from CHC and PHC to SDH due to lack of specific services. Due to the non-availability of adequate emergency and critical care services in the district, there is a need to strengthen emergency referral services at all level of Hospitals.

5.13 HUMAN RESOURCES

SDH officials could not provide an updated list of proposed posts at the time of the Visit. Six MO (MBBS), one O&G, one Paediatrician, and one anaesthetist and Ophthalmologist were posted in the SDH. Besides one regular and one contractual dentist, 24 staff nurses/GNMs, 7 LTs, and five pharmacists were also posted in SDH. One MO at the SDH was EmOC trained. However, the hospital administration conveyed a shortage of medical officers at SDH. Doctors posted at SDH are sent upstairs to PHCs, which increases the load on SDH; Sometimes, OT and the labor room are also affected by this sudden shift. Similarly, CHC Boxnagar pointed out the shortage of Staff Nurses, Taibandal PHC pointed out the shortage of ASHAs, ANMs, Night/Security Guards, and SBM PHC highlighted the shortage of Staff Nurses, MPW/ ANMs, CHOs and Office staff. CHOs are not posted uniformly, almost all the CHOs are posted in the Bishalgarh block, and there are no CHOs in other places.

5.14 FUND UTILIZATION AND RKS MEETINGS

Rogi Kalyan Samiti (RKS) meetings at all health institutions were found to be held as per schedule, and records of previous meetings were available. For the financial year 2021-22, SDHs and CHCs got Rs 5 lakh, Rs 1.75 lakh for PHCs and Rs 20 thousand for SCs under the RKS fund. For the financial year 2021-22, SDHs and CHCs got Rs 5 lakh as RKS fund, Rs 1.75 lakh for PHCs and Rs 20,000 for SCs. Out of which of the visited facilities, Bishalgarh SDH, Sonmura and

Boxnagar CHC, SBM PHC and SN Nagar SC had utilized the RKS funds. In contrast, Taibandal PHC utilized only about 80 percent of its RKS fund.

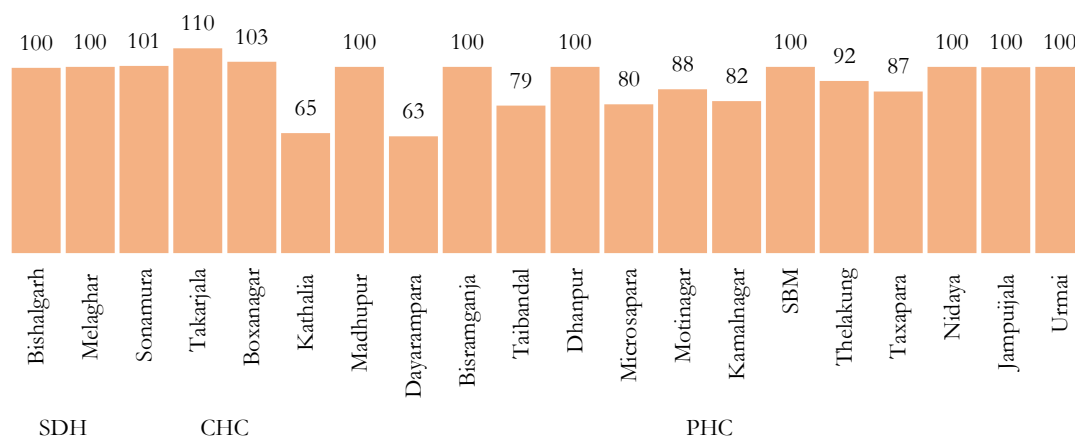


Figure 5.3: Health Institution Wise RKS Fund Expenditure, Financial Year 2021-22

Four health institutions in the district had fully utilized their NHM program funds. None of the health institutions visited by the team had fully utilized the NHM Program fund. In the financial year 2021-22, Bishalgarh SDH utilized 82 percent of its NHM Program fund, Sonmura CHC 81 percent, Boxnagar CHC 90 percent, SBM PHC 98 percent and Taibandal PHC up to 87 percent.

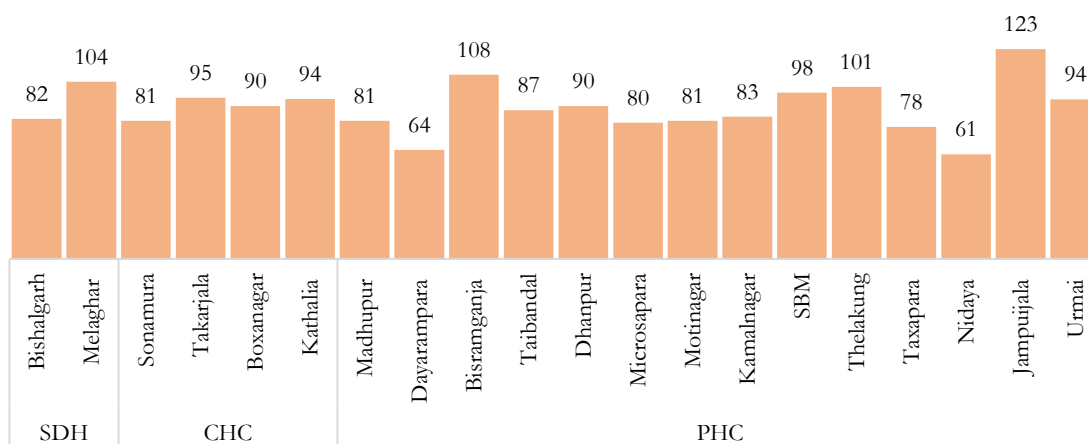


Figure 5.4: Health Institution Wise NHM program Fund Expenditure, Financial Year 2021-22

CHAPTER 6: COMMUNITY HEALTH

Additionally a community interactions and focused group discussion was held in Taibandal village to understand the perception and behaviour of the community on the accessibility of public health services, lifestyle, living conditions, health-seeking behaviour, the behaviour of public health service providers and out-of-pocket expenditure.

6.1 COVERAGE KNOWLEDGE AND SKILLS OF ASHAs

The local residents were well acquainted with ASHA and the Anganwadi workers. ASHA was trained for couples for family planning, women for ANC and children below five years for vaccination. The women were unaware of the range and quality of services provided under the ANC and danger signs during pregnancy. Less awareness was found about contraceptive choices, essential neonatal care and IYCF in the community.

6.2 PREFERENCE OF HEALTH FACILITIES FOR MATERNAL AND CHILD HEALTH SERVICES

There is no private hospital in the district that provides delivery care services. Therefore, most women visit PHCs and CHCs in the area for normal delivery and prefer district SDHs in case of high-risk pregnancies. Only Bishalgarh SDH provides C-section delivery care in the district. In the case of a complicated delivery, women have to face a lot of problems; for this, they are referred either to the district hospital in Gomti or the IGM state hospital in Agartala, both of which are very far from the Sepahijila District. In many areas of the district, mainly border and tribal-dominated areas, the level of home delivery is also very high, and there is a lot of hesitation among people to come to the hospital.

People depend on PHCs and CHCs in the area for day-to-day illnesses, ANC and vaccination of children. Asha expressed that there is hesitation to vaccinate children in many areas, but with constant efforts, the situation is improving. However, some families still do not vaccinate their children, and this situation is very poor near the border and tribal-dominated areas. ASHA and Anganwadi workers make such people aware of the benefits of vaccines.

6.3 HEALTH SEEKING BEHAVIOUR OF COMMUNITY

Appropriate treatment is available in a government hospital for minor fever and delivery, but people face many problems with severe diseases, which require experienced doctors. Low-

income families in the district are not able to get proper treatment for severe illnesses. According to the severity of the disease, the people choose government hospitals of different levels. People first go to the district government hospitals for any illnesses, but they have to visit the hospitals of Agartala or Gomti district due to dissatisfaction with the treatment. Sometimes people go outside the state to get proper treatment for severe diseases in cities like Kolkata, Silchar, Guwahati, Chennai and Bangalore.



Picture 6.1: Community interactions in Taibandal village, Sepahiajala

6.4 BEHAVIOUR OF HEALTH CARE PROVIDERS

People believed that the behavior of the doctors in the local PHC was very good. The health workers give information about various diseases, and ASHAs motivate people to use the services of public hospitals. There are many cases of seasonal diseases in the area; ASHAs guide people about proper care and help sick people in such situations.

6.5 ACCESSIBILITY TO DRUGS, DIAGNOSTICS, AND REFERRAL TRANSPORT

There are few government health schemes in the area. Although free ambulance services are available in the district, many people make their own arrangements to reach health facilities. Medicines and diagnostics are available free of cost to people in nearby government hospitals; However, sometimes, people have to buy drugs themselves.

6.6 SANITATION ENVIRONMENT AND LIFESTYLE

Households in urban areas have toilets, and none practice open defecation, although open defecation is also reported in tribal-dominated areas. People mainly cook on gas; Firewood is

also used for cooking in the tribal-dominated areas of the villages. Crisis of drinking water has been reported in hilly areas of the district, and people use river water in some seasons.

6.7 USE OF TOBACCO AND INJECTION DRUGS

The use of smokeless tobacco among men and women is rampant throughout the state, due to which people have to face many health problems. Most people get addicted to tobacco from an early age. Health workers and people informed that the prevalence of injectable drugs is increasing very fast among the youth. It may become a severe problem for the state if the proper step is not taken on time. Although many organizations are trying to save the youth from this, but there is a need to take concrete steps by the state in this regard.

6.8 EARLY MARRIAGE AND TEENAGE PREGNANCY

In most communities of the district, marriage is practiced at a very young age; in Muslim and tribal communities, it is customary to do marriages below the age of 16 - 17 years. The concept of delayed and healthy spacing is not known to these young women, causing girls to conceive at an early age, which is harmful to the child and mother. There was a lack in counseling services in regarding early marriages, teenage pregnancy and Healthy spacing between children in the community.

CHAPTER 7: CONCLUSION AND RECOMMENDATION

The Population Research Centre, Delhi, commenced monitoring the NHM Programme Implementation Plan (PIP) in the Sepahijala District of Tripura. The team was expected to conduct a field visit to the District for quality checks and further improvement of the different components of NHM. The District has two sub- District hospital, four Community Health Canters, and 14 PHCs. This chapter explains the monitoring and evaluation findings and recommendations based on field visits and interaction with health officials of the Sepahijala District.

7.1 BEST PRACTICES

- The Mayer Ghar initiative facilitates optimal intrapartum and post-partum care for pregnant women and addresses accessibility, acceptability, affordability and related socio-cultural factors.
- The 'Mukhya Mantri Sustho Shaishab, Sustho Kaishore Abhiyan' (MSSSKA) was implemented for children and adolescents (0-19 years) by the Government of Tripura. Under MSSSKA, the district enforces four programmes for children and adolescents, i.e., Vitamin-A supplementation, Iron Folic Acid (IFA) Supplementation, de-worming and diarrhoea control.
- In this financial year, around 250 children were screened per day per team, and 3546 children born in delivery centers were screened.
- Mukhyamantri Mission Drishti has been launched in Tripura to distribute free spectacles to patients suffering from presbyopia among the elderly. The glasses are distributed through the PHC level and sub-centres, where the eye support/trained person checks the strength required for the patient and issues the spectacles.
- In addition to the NIKSHAY Poshan Yojana, the State Government provides one-time financial support of 900 rupees to the TB patient at the end of the treatment.

7.2 CHALLENGES

- People have to face many problems getting treatment for serious diseases due to the non-availability of the district hospital. In the absence of proper treatment in the district, patients have to go to Agartala or Gomti district. People move out of the state

to cities like Kolkata, Silchar, Guwahati, Chennai and Bangalore for diseases that require experienced doctors, which puts a huge financial burden on them.

- The district has started the operation of Ayushman Bharat - HWC to provide comprehensive primary health care. However, the progress was lagging in Sipahijala compared to other districts. There were not enough CHOs in the district who could handle HWCs, so the conversion of SCs to HWCs was very slow.
- The district had no Special Newborn Care Unit (SNCU) and Nutritional Rehabilitation Center (NRC). District Early Intervention Center (DEIC).
- Although free medicines have been implemented in the district; still drugs and Diagnostic services were not free for all. Due to the non-availability of essential drugs, people had to buy medicines themselves. Drugs for high blood pressure and Diabetes were unavailable at many health facilities.
- Free medicine, diet and diagnostics services were implemented under JSSK for pregnant women and newborns. Pregnant women were to go for diagnostics from private labs as all the test facilities were unavailable in Health Facilities. Sometimes medicines for children are unavailable at Health Facilities, which need to be procured from local markets; as a result, out-of-pocket expenditure increases.
- Home deliveries were very high in many pockets of the district, particularly among Muslims and Tribal women. Institutional deliveries were less than 75 percent, i.e., Dhanpur PHC, Boxanagar CHC, Dayarampara PHC, Matinagar PHC, Melaghar SDH and SBM PHC.
- The facility of c-section delivery was only available in one Health facility (Bishalgarh SDH) in the entire district. In case of a complicated delivery, women have to go to the Gomti district or Agartala.
- In most communities of the district, marriage is practiced at a very young age; in Muslim and tribal communities, it is customary to do marriages below the age of 16 - 17 years. Teenage pregnancy was a significant problem in almost all areas; In 2020-21, 27 percent of all pregnancies were teen pregnancies, and this proportion increased to 32 percent in 2021-22. There was a lack of counseling services regarding early marriages, teenage pregnancy and Healthy spacing between children in the community.
- There was a lack of awareness about vaccination in the community. The level of the birth dose was only 50 percent of the total institutional deliveries in the areas of

Dayarampara, Dhanpur, Microsapara and Nidaya PHCs. Likewise, the percentage of Full Immunization in Microsapara and Taibandal PHC was highly unsatisfactory.

- The facility of injectable contraceptive Antara was provided from 2021-22 at four health centers in the district. However, many health workers expressed that contraceptives are not well-supplied and have to face their shortage many times during the year.
- The information about the means of family planning in the community was also not proper. The facility of injectable contraceptive Antara was provided from 2021-22 at four health centers in the district. However, many health workers expressed that contraceptives are not well-supplied and have to face their shortage many times during the year.
- The Peer education programme and RKSK were not functional in the district. Awareness and activities regarding RKSK, WIFS and peer educators are very limited in the district. PE programs were not being conducted in any block.
- The district is far behind other districts of the state in quality assurance. NQAS Lakshya and Kayakalp Esemnet have not been started in most of the health facilities, and only a few health centers are certified. Health officials of the district were not adequately trained in quality assurance and lacked knowledge.
- There was a lack of information about the diseases caused by tobacco use. Even doctors, nurses and health officials in hospitals were found to be addicted to non-smoking tobacco. The use of smokeless tobacco among men and women is rampant in the district. Most people get addicted to tobacco from an early age and have to face ordinary to severe illnesses.
- The prevalence of injectable drugs is increasing very fast among the youth. It may become a severe problem for the state if the proper step is not taken on time. Although many organizations are trying to save the youth from addiction, there is a need to take concrete steps by the state in this regard.

7.3 RECOMMENDATIONS

- **Need to provide emergency and critical care services in secondary-level facilities:** There is a need of such a DH in the district, where patients can get proper treatment for severe diseases, and they do not have to go out of the district in search of experienced doctors and critical care services so that the patient can be saved from substantial financial burden. There is also a need to provide C-section facilities in both

the SDHs; so that women do not have to travel hundreds of kilometers to other districts in case of complications.

- **Need to strengthen emergency referral services:** A high referral has been observed from CHC and PHC to SDH due to lack of specific services. Due to the non-availability of adequate emergency and critical care services in the district, there is a need to strengthen emergency referral services at all level of Hospitals.
- **Need more CHOs and HWCs to provide comprehensive primary health care to all:** An adequate number of CHOs are needed in the district to properly conduct Ayushman Bharat-HWCs to provide comprehensive primary health care and to accelerate the conversion of PHCs and SCs to HWCs.
- **Need to ensure essential medicines and diagnostic services free or low cost:** In order to reduce the out-of-pocket expenses of the patients, there is a need to ensure the availability of essential medicines in the public health facilities in the district at minimal cost or free. At the same time, it is necessary to make all the necessary tests available in public health institutions.
- **Ensuring an uninterrupted supply of contraceptives:** The facility of Antara was not available in the district before 2021. At the same time, the supply of other contraceptive methods keeps getting interrupted in between. It is necessary that proper counselling and availability of multiple choices of contraception at the right time to bring down the unmet need and motivate people to adopt the means of family planning.
- **Need to provide counselling regarding safe motherhood, ANCs and Immunization:** Although there has been a significant reduction in home delivery in the district, but it is still practiced in many areas. There is a need to motivate women to choose an institutional setup for delivery by telling its benefits through proper IEC material, street plays, motivational stories, and songs. Exceptional efforts need to be made to make women aware of the range and quality of services provided under the ANC and the danger signs during pregnancy to minimise the complication during pregnancy.
- **Serious attempt to stop child marriage and frequent children bearing:** There is a need to initiate a public campaign with the help of the community and various departments of the district to eliminate the practice of early marriage. Adolescents' knowledge can be strengthened in this subject through peer education and RKSK, which is not functional in the district. At the same time, it is also necessary that ASHA, ANMs, counselors and doctors make adolescents aware of the ill effects of early

marriage, teenage pregnancy and repeated pregnancies on different occasions in different ways.

- **Need to accelerate internal and external assessment quality assurance programs:** The district needs to expedite the internal and external assessment under NQAS, Lakshya and Kayakalp. Implementing the Quality Assurance Program requires regular monitoring by the District Nodal Officers. Lack of knowledge among health workers regarding quality assurance which requires more training.
- **Intensive awareness and enforcement drive on tobacco use:** There is a need to sensitize the community and health workers to the harmful effects of tobacco. Collaboration with NGOs should be sought for targeted interventions to create community awareness. There is a need to impose strict penalties on tobacco use in public places. Also, there is a need for proper counseling and medication through outreach programs for tobacco addicts.
- **Intensive campaign against injectable drug use:** Social organizations need to keep an eye on the situation with the Government and fight the menace of drugs together. There is a need to raise awareness, especially among the youth, about the negative impact of injectable drugs. Health administration would not be able to fight the menace of drugs without the help of Civil society members and elected representatives.

ANNEXURES



**Ministry of Health & Family Welfare
Government of India**



Schedule for PIP Monitoring

Key Correspondence: DPMU

District Profile- 2021-2022

A.1. Healthcare				
Indicator	Values	We have to mention the source ourselves in column (As we need district details as per census 2011 or the current date)		
1. Name of the District				
2. Total number of Blocks				
3. Total number of Villages				
4. Total Population				
• Rural population				
• Urban population				
5. Literacy rate				
6. Sex Ratio				
7. Sex ratio at birth				
8. Population Density				
9. Estimated number of deliveries (2021-22)				
10. Estimated number of C-section (2021-22)				
11. Estimated numbers of live births (2021-22)				
12. Estimated number of eligible couples (2021-22)				
13. Estimated number of leprosy cases (2021-22)				
14. Target for public and private sector TB notification for the current year (2021-22)				
15. Estimated number of cataract surgeries to be conducted (2021-22)				
Mortality Indicators:	Financial year (2020-21)		Financial Year (2021-22)	
	Estimated	Reported	Estimated	Reported
• Maternal Death				
• Child Death				
• Infant Death				
• Still birth				
• Deaths due to Malaria				
• Deaths due to sterilization procedure				
A.2. Healthcare Infrastructure				
Facility Details	Sanctioned/ Planned		Operational	
1. District Hospitals				
2. Sub District Hospital				
3. Community Health Centers (CHC)				
4. Primary Health Centers (PHC)				
5. Sub Centers (SC)				
6. Urban Primary Health Centers (U-PHC)				

7. Urban Community Health Centers (U-CHC)		
8. Special Newborn Care Units (SNCU)		
9. Nutritional Rehabilitation Centres (NRC)		
10. District Early intervention Center (DEIC)		
11. First Referral Units (FRU)		
12. Blood Bank		
13. Blood Storage Unit (BSU)		
14. No. of PHC converted to HWC		
15. No. of U-PHC converted to HWC		
16. Number of Sub Centre converted to HWC		
17. Designated Microscopy Center (DMC)		
18. Tuberculosis Units (TUs)		
19. CBNAAT/TruNat Sites		
20. Drug Resistant TB Centres		
21. Functional Non-Communicable Diseases (NCD) clinic		
• At DH	_____	_____
• At SDH	_____	_____
• At CHC	_____	_____
22. Institutions providing Comprehensive Abortion Care (CAC) services		
• Total no. of facilities	_____	_____
• Providing 1st trimester services	_____	_____
• Providing both 1st & 2nd trimester services	_____	_____

Overview: Submission & Approval timeliness of DHAP

Indicator	Remarks/ Observation
1. Whether the district has prepared any District Programme Implementation Plan (PIP) for current year and has submitted it to the states (verify)	
2. Whether the District has received the approved District Health Action Plan (DHAP) from the state (verify).	If yes, date of release _____
3. Date of first release of fund against DHAP	
4. Infrastructure: Construction Status	
• Details of Construction pending for more than 2 years	
• Details of Construction completed but not handed over	

A.3 Infrastructure Construction Status Details

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

Service Availability

Indicator	Remarks/ Observation
C.1. Drugs & Diagnostics	
1. Implementation of Free drugs services (if it is free for all)	
2. Implementation of diagnostic services (if it is free for all)	
• Number of lab tests notified	
C.2. Status Of Delivery Points	
• No. of SCs conducting >3 deliveries/month	

Indicator		Remarks/ Observation	
• No. of 24x7 PHCs conducting > 10 deliveries /month			
• No. of CHCs conducting > 20 deliveries /month			
• No. of DH/ District Women and child hospital conducting > 50 deliveries /month			
• No. of DH/ District Women and child hospital conducting C-section			
• No. of Medical colleges conducting > 50 deliveries per month			
• No. of Medical colleges conducting C-section			
• Number of institutes with ultrasound facilities (Public+Private)		Public: Private:	
• Of these, how many are registered under PCPNDT act		Public: Private:	
C.3. National Health Programmes			
3. Pradhan Mantri Surakshit Matritva Abhiyan (PMSMA)	1. No. issued MCP card and Safe Motherhood Booklet: _____		
	2. Number of health facilities where current round of PMSMA was conducted: a. Medical College: _____ b. DH: _____ c. SDH: _____ d. CHC/UHC: _____ e. PHC/UPHC: _____ f. Private Clinics: _____		
4. Rashtriya Bal Suraksha Karyakram (RBSK)	Total no. of RBSK teams sanctioned		
	No. of teams with all HR in-place (full-team)		
	No. of vehicles (on the road) for RBSK team		
	No. of Teams per Block		
	No. of block/s without dedicated teams		
	Average no of children screened per day per team		
	Number of children born in delivery points screened for defects at birth		
5. Special Newborn Care Units (SNCU)	<ul style="list-style-type: none"> • Total number of beds <ul style="list-style-type: none"> • In radiant warmer _____ • Stepdown care _____ • Kangaroo Mother Care (KMC) unit _____ • Number of non-functional radiant warmer for more than a week _____ • Number of non-functional phototherapy unit for more than a week _____ 		
		Inborn	Out born
	• Admissions (2021-22)		
	• Defects at birth		
	• Discharged		
	• Referral		
	• LAMA		
	• Died		
	6. Newborn Stabilization Unit (NBSU)	Inborn	Out born
	• Admission (2021-22)		
• Discharged			
• Referral			
• LAMA			
• Died			
7. Nutrition Rehabilitation Centers (NRC)	<ul style="list-style-type: none"> • Total Admissions (2021-22),..... • Discharged • Referral/ Medical transfer 		

Indicator	Remarks/ Observation
	<ul style="list-style-type: none"> • LAMA • Died • Admission <ul style="list-style-type: none"> • Bilateral pitting oedema • MUAC<115 mm • <'-3SD WFH • with Diarrhea • ARI/ Pneumonia • TB • HIV • Fever • Nutrition related disorder • Others • Admission to NRC Referred by <ul style="list-style-type: none"> • Frontline worker • Self • Ref from VCDC/ CTC • RBSK • Pediatric ward/ emergency
8. Home Based Newborn Care (HBNC)	<ul style="list-style-type: none"> • Status of availability of HBNC kit with ASHAs >Total No. of ASHAs > No. of ASHAs with HBNC kits: > Reasons of Non-provision: • Total Newborns visited under HBNC: • Status of availability of drug kit with ASHAs: > Total No. of ASHAs: > No. of ASHAs with drug kits: > Reasons of Non-provision:_____
9. Peer Education (PE) programme (Adolescent Health) & Weekly Iron Folic Acid Supplementation(WIFS)	<ul style="list-style-type: none"> • No. of Blocks covered under Peer Education (PE) programme: • No. of villages covered under PE programme: • No. of Peer Educators: • No. of Adolescent Friendly Clinic (AFC) meetings held: • WIFS stockout:
10. Mobile Medical Unit (MMU) (on the road) and micro-plan	<ul style="list-style-type: none"> • No. of Mobile Medical Unit (MMU) (on the road) and micro-plan • MMU team Composition • List of Services provided by MMU • No. of trips per MMU/month • No. of camps per MMU/month • No. of villages covered • Average number of OPD per MMU per month • Average no. of lab investigations per MMU per month • Avg. no. of X-ray per MMU per month • Avg. no. of blood smears collected / Rapid Diagnostic Tests (RDT) done for Malaria, per MMU/month • Avg. no. of sputum collected for TB detection per MMU per month • Average Number of patients referred to higher facilities • Payment pending (if any) <p>If yes, since when and reasons thereof</p>

Indicator	Remarks/ Observation																					
11. Universal health screening <ul style="list-style-type: none"> • No. of patients screened, diagnosed, and treated for: <ul style="list-style-type: none"> ○ Hypertension ○ Diabetes ○ Oral cancer ○ Breast Cancer ○ Cervical cancer 	<ul style="list-style-type: none"> • If conducted, what is the target population • Number of Community Based Assessment Checklist (CBAC) forms filled till date <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 33%;">Screened</th> <th style="width: 33%;">Diagnosed</th> <th style="width: 33%;">Treated</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table>	Screened	Diagnosed	Treated																		
Screened	Diagnosed	Treated																				
12. Integrated Disease Surveillance Programme (IDSP)	<ul style="list-style-type: none"> • Rapid Response Team (RRT) Constituted: Y/N • Team Composition: • Outbreaks investigated: <ul style="list-style-type: none"> • 2019-20: • 2020-21: • Proportion (% out of total) of Pwthealth facilities reporting weekly data of IDSP • How is IDSP data utilized? Elaborate. 																					

13. National Viral Hepatitis Control Program (NVHCP)	<ul style="list-style-type: none"> • % of health workers immunized against Hep B • Number of treatment sites and Model Treatment Center (MTC) for viral hepatitis
14. If District notified a State Mental Health Authority (SMHA)	<ul style="list-style-type: none"> • If District notified a State Mental Health Authority (SMHA) <ul style="list-style-type: none"> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No SMHA in place <input type="checkbox"/> No Mental Health Service or Facility in the district

15. Vehicle for Referral Transport																																																							
<ul style="list-style-type: none"> • Details of Referral Transport – Number and Distribution: <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 20%;">Stationed at:</th> <th style="width: 10%;">BLS</th> <th style="width: 10%;">ALS</th> <th style="width: 10%;">PTA</th> <th style="width: 10%;">Kilkari</th> <th style="width: 10%;">Neonatal</th> <th style="width: 10%;">Others</th> </tr> </thead> <tbody> <tr><td>Medical College</td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td>DH</td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td>SDH</td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td>CHC</td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td>PHC</td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td>Others</td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>							Stationed at:	BLS	ALS	PTA	Kilkari	Neonatal	Others	Medical College							DH							SDH							CHC							PHC							Others						
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<ul style="list-style-type: none"> • Details of Referral Transport – Performance Indicators: <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;">Year</th> <th style="width: 15%;">Ambulances Purchased</th> <th style="width: 10%;">Total Cases</th> <th style="width: 10%;">Pregnant Women</th> <th style="width: 10%;">Accident Cases</th> <th style="width: 20%;">Referral from one health facility to another</th> <th style="width: 10%;">Others</th> </tr> </thead> <tbody> <tr><td>2019-20</td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td>2020-21</td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>							Year	Ambulances Purchased	Total Cases	Pregnant Women	Accident Cases	Referral from one health facility to another	Others	2019-20							2020-21																																		
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				ALS		BLS																																																	
<ul style="list-style-type: none"> ○ Operational agency (State/ NGO/ PPP) ○ If the ambulances are GPS fitted and handled through centralized call centre ○ Average number of calls received per day ○ Average number of trips per ambulance per day ○ Average km travelled per ambulance per day ○ Key reasons for low utilization (if any) 																																																							
<ul style="list-style-type: none"> • No. of transport vehicle/102 vehicle (on the road) 																																																							

○ If the vehicles are GPS fitted and handled through centralized call centre	
○ Average number of trips per ambulance per day	
○ Average km travelled per ambulance per day	
○ Key reasons for low utilization (if any)	
16. National Fluorosis Control Programme	<ul style="list-style-type: none"> Key activities performed in 2020-21 as per ROP:
17. National Iron Deficiency Disorders Control Programme	<ul style="list-style-type: none"> Key activities performed in 2020-21 as per ROP:
18. National Tobacco Control Programme	<ul style="list-style-type: none"> Key activities performed in 2020-21 as per ROP:
19. National Vector Borne Disease Control Programme (NVBDCP)	<ul style="list-style-type: none"> Micro plan and macro plan available at district level Y/N Annual Blood Examination Rate: <ul style="list-style-type: none"> ○ 2018-19: ○ 2019-20: ○ 2020-21: ○ Reason for increase/ decrease (as per the trend of last 3 years) LLIN distribution status IRS Anti-larval methods Contingency plan for epidemic preparedness Weekly epidemiological and entomological situations are monitored No. of MDR rounds observed No. of blocks achieved elimination status for Lymphatic Filariasis i.e. mf rate <1%
20. National Tuberculosis Elimination Programme (NTEP)	<ul style="list-style-type: none"> Target TB notification achieved Y/N Whether HIV Status of all TB patient is known: <ul style="list-style-type: none"> <input type="checkbox"/> Yes/ <input type="checkbox"/> No If No, no. of TB patients with known HIV status _____ Eligible TB patients with UDST testing Whether drugs for both drug sensitive and drug resistance TB available No of patients notified: Treatment success rate: No. of MDR TB Patients: Treatment initiation among MDR TB patients: <ul style="list-style-type: none"> No of patients notified: Treatment success rate: No. of MDR TB Patients: Treatment initiation among MDR TB patients: <ul style="list-style-type: none"> Beneficiaries paid under NikshayPoshan Yojana <input type="checkbox"/> Yes/ <input type="checkbox"/> No Active Case Finding conducted as per planned for the year <input type="checkbox"/> Yes/ <input type="checkbox"/> No
21. Implementation of National Leprosy Eradication Programme (NLEP)	<ul style="list-style-type: none"> No. of new cases detected No. of G2D cases MDT available without interruption Y/N Reconstructive surgery for G2D cases being conducted Y/N MCR footwear & selfcare kit avl Y/N
22. ASHAs	Number of ASHAs <ul style="list-style-type: none"> Required as per population Selected No. of ASHAs covering more than 1500 (rural) population No. of ASHAs covering more than 3000 (urban) population

	<ul style="list-style-type: none"> Villages with no ASHA Slum areas with no ASHA 																																
	<p>Status of social benefit scheme for ASHAs and ASHA Facilitators (if available)</p> <ul style="list-style-type: none"> No. of ASHAs enrolled for Pradhan Mantri Jeevan JyotiBima Yojana (PMJJBY) No. of ASHA Facilitator enrolled for Pradhan Mantri Jeevan JyotiBimaYojana (PMJJBY) No. of ASHAs enrolled for Pradhan Mantri Suraksha Bima Yojana (PMSBY) No. of ASHA Facilitators enrolled for Pradhan Mantri Suraksha Bima Yojana (PMSBY) No. of ASHAs enrolled for Pradhan MantriShram Yogi Maandhan Yojana (PMSYMY) No. of ASHA Facilitators enrolled for Pradhan MantriShram Yogi Maandhan Yojana (PMSYMY) Any other state specific scheme _____ 																																
23. MahilaArogyaSamitis (MAS)-	<p>Status of MahilaArogyaSamitis (MAS)-</p> <ol style="list-style-type: none"> Formed Trained MAS account opened Samiti addresses issues related to..... 																																
24. Village Health Sanitation and Nutrition Committee (VHSNC)	<p>Status of Village Health Sanitation and Nutrition Committee (VHSNC):</p> <ol style="list-style-type: none"> Formed: Trained: MAS account opened: 																																
25. Kayakalp and Quality Assurance	<ul style="list-style-type: none"> No. of facilities quality certified (NQAS, LaQshya) Status of Kayakalp programme- No. of awarded DH, CHC, PHC, SC..... Activities performed by District Level Quality Assurance Committee (DQAC)..... 																																
26. Maternal and Child Health	<ul style="list-style-type: none"> Number of maternal deaths reported at: DH: _____ SDH: _____ CHC: _____ PHC: _____ SC: _____ Prime reason for the maternal death..... Number of Maternal Death Review conducted <ul style="list-style-type: none"> 2020-21: _____ 2021-22: _____ Number of Neonatal Deaths: _____ Number of Total Child Deaths: _____ Number of Child Death Review conducted <ul style="list-style-type: none"> 2020-21: _____ 2021-22: _____ 																																
C.4. Healthcare Systems																																	
27. Payment status:	<table border="1"> <thead> <tr> <th></th> <th>No. of beneficiaries</th> <th>Backlog</th> <th>DBT status</th> </tr> </thead> <tbody> <tr> <td>• JSY beneficiaries</td> <td></td> <td></td> <td></td> </tr> <tr> <td>• ASHA payment:</td> <td></td> <td></td> <td></td> </tr> <tr> <td>○ A- Routine and recurring at increased rate of Rs. 2000 pm</td> <td></td> <td></td> <td></td> </tr> <tr> <td>○ B- Incentive under NTEP</td> <td></td> <td></td> <td></td> </tr> <tr> <td>○ C- Incentives under NLEP</td> <td></td> <td></td> <td></td> </tr> <tr> <td>• Payment of ASHA facilitators as per revised norms (of a minimum of Rs. 300 per visit)</td> <td></td> <td></td> <td></td> </tr> <tr> <td>• Patients incentive under NTEP programme</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>		No. of beneficiaries	Backlog	DBT status	• JSY beneficiaries				• ASHA payment:				○ A- Routine and recurring at increased rate of Rs. 2000 pm				○ B- Incentive under NTEP				○ C- Incentives under NLEP				• Payment of ASHA facilitators as per revised norms (of a minimum of Rs. 300 per visit)				• Patients incentive under NTEP programme			
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<ul style="list-style-type: none"> • Provider's incentive under NTEP programme • FP compensation/ incentive 				
28. Recruitment for any staff position/ cadre conducted at district level				
29. Details of recruitment	Previous year (2020-21)		Current Year (2021-22)	
	Regular cadre	NHM	Regular cadre	NHM
<ul style="list-style-type: none"> • Total no. of posts vacant at the beginning of FY • Among these, no. of posts filled by state • Among these, no. of posts filled at district level 				
30. If state has comprehensive (common for regular and contractual HR) Human Resource Information System (HRIS) in place				
31. If grievance redressal mechanism in place: Y/N	<ul style="list-style-type: none"> • Whether call center and toll-free number available..... • Percentage of complains resolved out of the total complains registered in current FY..... 			
32. Mera-Aaspatal (Attach MeraAspatal performance report)	<ul style="list-style-type: none"> • Implemented in how many facilities..... DH.....CHC.....PHC • Total Responses collected: • % reported Very Satisfied: • % reported Satisfied: • % reported not satisfied: • Total response for dis-satisfied: Dissatisfied with staff behaviors... Dissatisfied with cleanliness..... Dissatisfied with cost of treatment..... Dissatisfied with quality of treatments..... With other reason 			

Implementation of CPHC

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

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

Status of HRH

Status as on: _____

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

State of Fund Utilization

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

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

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

Programme Wise

Status of Expenditure (Financial year 2021-22):

Indicator	Budget Released (in lakhs)	Budget utilized (in lakhs)	Reason for low utilization (if less than 60%)
1. RCH and Health Systems Flexipool			
• Maternal Health			
• Child Health			
• RBSK			
• Family Planning			
• RKSK/ Adolescent health			
• PC-PNDT			
• Immunization			
• Untied Fund			
• Comprehensive Primary Healthcare (CPHC)			
• Blood Services and Disorders			
• Infrastructure			
• ASHAs			
• HR			
• Programme Management			
• MMU			
• Referral Transport			
• Procurement			
• Quality Assurance			
• PPP			
• NIDDCP			
2. NUHM			
3. Communicable Diseases Pool			
• Integrated Disease Surveillance Programme (IDSP)			
• National Vector Borne Disease Control Programme (NVBDCP)			
• National Leprosy Eradication Programme (NLEP)			
• National TB Elimination Programme (NTEP)			
4. Non-Communicable Diseases Pool			
• National Program for Control of Blindness and Vision Impairment (NPCB+VI)			
• National Mental Health Program (NMHP)			
• National Programme for Health Care for the Elderly (NPHCE)			
• National Tobacco Control Programme (NTCP)			
• National Programme for Prevention and Control of Diabetes, Cardiovascular Disease and Stroke (NPCDCS)			
• National Dialysis Programme			
• National Program for Climate Change and Human Health (NPCCHH)			
• National Oral health programme (NOHP)			
• National Programme on palliative care (NPPC)			
• National Programme for Prevention and Control of Fluorosis (NPPCF)			
• National Rabies Control Programme (NRCP)			
• National Programme for Prevention and Control of Deafness (NPPCD)			

Indicator	Budget Released (in lakhs)	Budget utilized (in lakhs)	Reason for low utilization (if less than 60%)
<ul style="list-style-type: none"> National programme for Prevention and Management of Burn & Injuries 			
<ul style="list-style-type: none"> Programme for Prevention and Control of Leptospirosis (PPCL) 			

Status of trainings

Status as on: _____

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

Date:

Name:

Signature:

Designation:



Ministry of Health & Family Welfare
Government of India



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

Service Delivery:

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

Indicator	Remarks/ Observation																																																
1. OPD Timing																																																	
2. Condition of infrastructure/ building	Comments:																																																
Please comment on the condition and tick the appropriate box	<input type="checkbox"/> 24*7 running water facility <input type="checkbox"/> Facility is geriatric and disability friendly (ramps etc.) <input type="checkbox"/> Clean functional toilets available (separate for Male and female) <input type="checkbox"/> Drinking water facility available <input type="checkbox"/> OPD waiting area has sufficient sitting arrangement <input type="checkbox"/> ASHA rest room is available <input type="checkbox"/> Drug storeroom with rack is available Power backup: <input type="checkbox"/> Complete Hospital/ <input type="checkbox"/> Part of the hospital Last major renovation done in (Year): _____																																																
3. Number of functional in-patient beds	_____																																																
4. List of Services available	No of ICU Beds available:																																																
<ul style="list-style-type: none"> Specialized services available in addition to General OPD, ANC, Delivery, PNC, Immunization, FP, Laboratory services 	<table border="1"> <thead> <tr> <th>Sl.</th> <th>Service</th> <th>Y/N</th> </tr> </thead> <tbody> <tr><td>1</td><td>Medicine</td><td></td></tr> <tr><td>2</td><td>O&G</td><td></td></tr> <tr><td>3</td><td>Pediatric</td><td></td></tr> <tr><td>4</td><td>General Surgery</td><td></td></tr> <tr><td>5</td><td>Anesthesiology</td><td></td></tr> <tr><td>6</td><td>Ophthalmology</td><td></td></tr> <tr><td>7</td><td>Dental</td><td></td></tr> <tr><td>8</td><td>Imaging Services (X – ray)</td><td></td></tr> <tr><td>9</td><td>Imaging Services (USG)</td><td></td></tr> <tr><td>10</td><td>District Early Intervention Centre (DEIC)</td><td></td></tr> <tr><td>11</td><td>Nutritional Rehabilitation Centre (NRC)</td><td></td></tr> <tr><td>12</td><td>SNCU/ Mother and Newborn Care Unit (MNCU)</td><td></td></tr> <tr><td>13</td><td>Comprehensive Lactation Management Centre (CLMC) / Lactation Management Unit (LMU)</td><td></td></tr> <tr><td>14</td><td>Neonatal Intensive Care Unit (NICU)</td><td></td></tr> <tr><td>15</td><td>Pediatric Intensive Care Unit (PICU)</td><td></td></tr> </tbody> </table>	Sl.	Service	Y/N	1	Medicine		2	O&G		3	Pediatric		4	General Surgery		5	Anesthesiology		6	Ophthalmology		7	Dental		8	Imaging Services (X – ray)		9	Imaging Services (USG)		10	District Early Intervention Centre (DEIC)		11	Nutritional Rehabilitation Centre (NRC)		12	SNCU/ Mother and Newborn Care Unit (MNCU)		13	Comprehensive Lactation Management Centre (CLMC) / Lactation Management Unit (LMU)		14	Neonatal Intensive Care Unit (NICU)		15	Pediatric Intensive Care Unit (PICU)	
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Indicator	Remarks/ Observation				
	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 3. Incinerator 4. Using Common Bio Medical Treatment plant 5.				
11. Details of HR available in the facility (Sanctioned and In-place)	HR		San.	Reg.	Cont.
	MO (MBBS)				
	Specialists	Medicine			
		ObGy			
		Pediatrician			
		Anesthetist			
		Surgeon			
		Ophthalmologist			
		Orthopedic			
		Radiologist			
		Pathologist			
	Others				
	Dentist				
	Staff Nurses/ GNMs				
	LTs				
	Pharmacist				
Dental Technician/ Hygienist					
Hospital/ Facility Manager					
EmOC trained doctor					
LSAS trained doctor					

Indicator	Remarks/ Observation			
	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	1			
	2			
	3			
	4			
	5			
19. Availability of Essential Consumables:	<input type="checkbox"/> Sufficient Supply <input type="checkbox"/> Minimal Shortage <input type="checkbox"/> Acute shortage List the consumables for with there was shortage In last 6 months how many times there was shortage_____			
20. Availability of essential diagnostics	<input type="checkbox"/> In-house <input type="checkbox"/> Outsourced/ PPP <input type="checkbox"/> Both/ Mixed			
<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			

Indicator	Remarks/ Observation
24. Availability of Testing kits/ Rapid Diagnostic Kits	<input type="checkbox"/> Sufficient Supply <input type="checkbox"/> Minimal Shortage <input type="checkbox"/> Acute shortage
25. Implementation of PM-National Dialysis programme	<input type="checkbox"/> Yes/ <input type="checkbox"/> No <input type="checkbox"/> In-house <input type="checkbox"/> Outsourced/ PPP Total number of tests performed: _____
<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 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:

Indicator	Remarks/ Observation																		
36. Number of Child Death reported in the facility	Previous year: Current year:																		
37. If Comprehensive Abortion Care (CAC) services available	<input type="checkbox"/> Yes/ <input type="checkbox"/> No																		
38. Availability of vaccines and hub cutter	<input type="checkbox"/> Yes/ <input type="checkbox"/> No Nurses/ ANM aware about open vial policy: <input type="checkbox"/> Yes/ <input type="checkbox"/> No																		
39. Number of newborns immunized with birth dose at the facility in last 3 months																			
40. Newborns breastfed within one hour of birth (observe if practiced and women are being counselled)																			
41. Status of functionality of DEIC	<input type="checkbox"/> Fully functional with all staff in place <input type="checkbox"/> Functional with few vacancies (approx. 20%-30%) <input type="checkbox"/> Functional with more than 50% vacancies <input type="checkbox"/> Not functional/ All posts vacant																		
42. Number of sterilizations performed in last one month																			
43. Availability of trained provider for IUCD/ PPIUCD	<input type="checkbox"/> Yes/ <input type="checkbox"/> No																		
44. Who counsels on FP services?																			
45. Please comment on utilization of other FP services																			
46. FPLMIS has been implemented	<input type="checkbox"/> Yes/ <input type="checkbox"/> No																		
47. Availability of functional Adolescent Friendly Health Clinic	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, who provides counselling to adolescents: _____ Separate male and female counselors available: <input type="checkbox"/> Yes/ <input type="checkbox"/> No Total No of Adolescents counseled in last 6 months _____																		
48. Whether facility has fixed day NCD clinic	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If Yes, how many days in a week: _____ days																		
49. Are service providers trained in cancer services?	<input type="checkbox"/> Yes/ <input type="checkbox"/> No																		
50. Number of individuals screened for the following in last 6 months:	<table border="1"> <thead> <tr> <th></th> <th>Screened</th> <th>Confirmed</th> </tr> </thead> <tbody> <tr> <td>a. Hypertension</td> <td></td> <td></td> </tr> <tr> <td>b. Diabetes</td> <td></td> <td></td> </tr> <tr> <td>c. Oral Cancer</td> <td></td> <td></td> </tr> <tr> <td>d. Breast Cancer</td> <td></td> <td></td> </tr> <tr> <td>e. Cervical Cancer</td> <td></td> <td></td> </tr> </tbody> </table>		Screened	Confirmed	a. Hypertension			b. Diabetes			c. Oral Cancer			d. Breast Cancer			e. Cervical Cancer		
	Screened	Confirmed																	
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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, Immunization, FP, Laboratory services 	Sl.	Service	Y/N
	1	Medicine	
	2	O&G	
	3	Pediatric	
	4	General Surgery	
	5	Anesthesiology	
	6	Ophthalmology	
	7	Dental	
	8	Imaging Services (X – ray)	
	9	Imaging Services (USG)	
10	Newborn Stabilization Unit		
<ul style="list-style-type: none"> If any of the specialists are available 24*7 	<input type="checkbox"/> Yes available <input type="checkbox"/> Yes, available only on-call <input type="checkbox"/> Not available		
<ul style="list-style-type: none"> Emergency 	General emergency: or facilities available for: 1. Triage		

	2. Resuscitation 3. Stabilization																																																																								
9. Tele-medicine/Consultation services available	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, average case per day _____																																																																								
10. Operation Theatre available	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, Major: Minor:																																																																								
11. Availability of functional Blood Storage Unit	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, number of units of blood currently available: _____ No. of blood transfusions done in last month: _____																																																																								
12. Whether blood is issued free, or user-fee is being charged	<input type="checkbox"/> Free for BPL <input type="checkbox"/> Free for elderly <input type="checkbox"/> Free for JSSK beneficiaries <input type="checkbox"/> Free for all																																																																								
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22. Availability of Essential Consumables:	<input type="checkbox"/> Sufficient Supply <input type="checkbox"/> Minimal Shortage <input type="checkbox"/> Acute shortage In last 6 months how many times there was shortage _____ List the consumables for which there has been shortage _____
23. Availability of essential diagnostics	<input type="checkbox"/> In-house <input type="checkbox"/> Outsourced/ PPP <input type="checkbox"/> Both/ Mixed
• In-house tests (for 2020-21)	Timing: Total number of tests performed: _____ Details of tests performed:
• Outsourced/ PPP (for 2020-21)	Timing: Total number of tests performed: _____ Details of tests performed:
24. X-ray services is available	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If Yes, type & nos. of functional X-ray machine is available in the hospital: Is the X-ray machine AERB certified: <input type="checkbox"/> Yes/ <input type="checkbox"/> No
25. Whether diagnostic services (lab, X-ray, USG etc.) are free for all	<input type="checkbox"/> Free for BPL <input type="checkbox"/> Free for elderly <input type="checkbox"/> Free for JSSK beneficiaries <input type="checkbox"/> Free for all
26. Availability of Testing kits/ Rapid Diagnostic Kits	<input type="checkbox"/> Sufficient Supply <input type="checkbox"/> Minimal Shortage <input type="checkbox"/> Acute shortage (List the name of kits for which there is shortage)
27. If there is any shortage of major instruments/ equipment (List the Name of Equipment)	
28. Average downtime of equipment. Details of equipment are nonfunctional for more than 7 days	
29. Availability of delivery services	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
• If the facility is designated as FRU, whether C-sections are performed	<input type="checkbox"/> Yes/ <input type="checkbox"/> No Number of normal deliveries performed in last month: _____ No. of C-sections performed in last month: _____
• Comment on condition of:	Labour room: OT: Functional New-born care corner (functional radiant warmer with neonatal ambu bag): <input type="checkbox"/> Yes/ <input type="checkbox"/> No
30. Status of JSY payments	Payment is up to date: <input type="checkbox"/> Yes/ <input type="checkbox"/> No Average delay: Payment done till: Reasons for delay:
31. Availability of JSSK entitlements	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, whether all entitlements being provided <input type="checkbox"/> Free delivery services (Normal delivery/ C-section) <input type="checkbox"/> Free diet <input type="checkbox"/> Free drugs and consumables <input type="checkbox"/> Free diagnostics <input type="checkbox"/> Free blood services <input type="checkbox"/> Free referral transport (home to facility) <input type="checkbox"/> Free referral transport (drop back from facility to home)

	<input type="checkbox"/> No user charges		
32. PMSMA services provided on 9 th of every month	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, how are high risks identified on 9 th ? If No, reasons thereof:		
33. Line listing of high-risk pregnancies	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
34. Practice related to Respectful Maternity Care			
35. Whether facility have registers for entering births and deaths	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
36. Number of Maternal Death reported in the facility	Previous year: 2019-20____ Current year:2020-21__		
37. Number of Child Death reported in the facility	Previous year: Current year:		
38. If Comprehensive Abortion Care (CAC) services available	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
39. Availability of vaccines and hub cutter	<input type="checkbox"/> Yes/ <input type="checkbox"/> No Nurses/ ANM aware about open vial policy: <input type="checkbox"/> Yes/ <input type="checkbox"/> No		
40. Number of newborns immunized with birth dose at the facility in last 3 months			
41. Newborns breastfed within one hour of birth (observe if practiced and women are being counselled)			
42. Number of sterilizations performed in last one month	Male__ Female____		
43. Availability of trained provider for IUCD/ PPIUCD	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
44. Who counsels on FP services?			
45. Please comment on utilization of other FP services			
46. FPLMIS has been implemented	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
47. Availability of functional Adolescent Friendly Health Clinic	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, who provides counselling to adolescents: _____ Separate male and female counselors available: <input type="checkbox"/> Yes/ <input type="checkbox"/> No Number of Adolescents counseled in last 6 months _____		
48. Whether facility has fixed day NCD clinic	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If Yes, how many days in a week: _____ days		
49. Are service providers trained in cancer services?	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
50. Number of individuals screened for the following in last 6 months:		Screened	Confirmed
	a. Hypertension		
	b. Diabetes		
	c. Oral Cancer		
	d. Breast Cancer		
51. Are service providers trained in cancer services?	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
52. Whether reporting weekly data in P, S and L form under IDSP	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
53. Status of TB elimination programme	Facility is designated as Designated Microscopy Centre (DMC): <input type="checkbox"/> Yes/ <input type="checkbox"/> No		
	If yes, percent of OPD whose samples were tested for TB (microscopy) in last 6 month (average) _____		
	If anti-TB drugs available at the facility: <input type="checkbox"/> Yes/ <input type="checkbox"/> No		
	If yes, are there any patients currently taking anti-TB drugs from the facility: <input type="checkbox"/> Yes/ <input type="checkbox"/> No		

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



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

Service Delivery:

Name of facility visited					
Facility Type		<input type="checkbox"/> PHC/ <input type="checkbox"/> U-PHC			
Whether the facility has been converted to HWC		<input type="checkbox"/> Yes/ <input type="checkbox"/> No			
Standalone/ Co-located		<input type="checkbox"/> Standalone/ <input type="checkbox"/> Co-located Co-located with (if applicable):			
Accessible from nearest road head		<input type="checkbox"/> Yes/ <input type="checkbox"/> No			
Date of Visit					
Next Referral Point		Facility: Distance:			
Indicator		Remarks/ Observation			
1. OPD Timing For U-PHC, check if evening/morning OPD/Clinics being conducted		<input type="checkbox"/> Yes/ <input type="checkbox"/> No			
2. Whether the facility is functioning in PPP mode		<input type="checkbox"/> Yes/ <input type="checkbox"/> No			
3. Condition of infrastructure/ building Please comment on the condition and tick the appropriate box		Comments: <input type="checkbox"/> 24*7 running water facility <input type="checkbox"/> Facility is geriatric and disability friendly (Ramps etc.) <input type="checkbox"/> Clean functional toilets available (separate for Male and female) <input type="checkbox"/> Drinking water facility available <input type="checkbox"/> OPD waiting area has sufficient sitting arrangement <input type="checkbox"/> ASHA rest room is available <input type="checkbox"/> Drug storeroom with rack is available <input type="checkbox"/> Power backup <input type="checkbox"/> Branding			
4. Number of functional in-patient beds					
5. List of Services available					
6. If 24*7 delivery services available		<input type="checkbox"/> Yes/ <input type="checkbox"/> No			
7. Tele-medicine/Consultation services available		<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, average case per day _____			
8. Biomedical waste management practices		Sharp pit: Deep Burial pit: Other System, if any:			
9. Details of HR available in the facility (Sanctioned and In-place)		HR	San.	Reg.	Cont.
		MO (MBBS)			
		MO (AYUSH)			
		SNs/ GNMs			
		ANM			

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

	<input type="checkbox"/> Free for all
22. Availability of Testing kits/ Rapid Diagnostic Kits	<input type="checkbox"/> Sufficient Supply <input type="checkbox"/> Minimal Shortage <input type="checkbox"/> Acute shortage
23. If there is any shortage of major instruments/ equipment	List of Equipment
24. Average downtime of equipment. Details of equipment are nonfunctional for more than 7 days	
25. Availability of delivery services	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
• If yes, details	Comment on condition of labour room: Functional New-born care corner (functional radiant warmer with neo-natal ambu bag): <input type="checkbox"/> Yes/ <input type="checkbox"/> No
26. Status of JSY payments	Payment is up to date: <input type="checkbox"/> Yes/ <input type="checkbox"/> No Average delay: Payment done till: Reasons for delay:
27. Availability of JSSK entitlements	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, whether all entitlements being provided <input type="checkbox"/> Free delivery services (Normal delivery/ C-section) <input type="checkbox"/> Free diet <input type="checkbox"/> Free drugs and consumables <input type="checkbox"/> Free diagnostics <input type="checkbox"/> Free blood services <input type="checkbox"/> Free referral transport (home to facility) <input type="checkbox"/> Free referral transport (drop back from facility to home) <input type="checkbox"/> No user charges
28. Line listing of high-risk pregnancies	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
29. Number of normal deliveries in last three month	
30. Availability of Daksh/ Dakshta trained/SBA trained MO/SN/ANM in Labour Room	<input type="checkbox"/> Yes <input type="checkbox"/> No
31. Practice related to Respectful Maternity Care	
32. Number of Maternal Death reported in the facility	Previous year:2019-2020 Current FY:2020-2021
33. Number of Child Death reported in the facility	Previous year: Current year:
34. Availability of vaccines and hub cutter	<input type="checkbox"/> Yes/ <input type="checkbox"/> No Nurses/ ANM aware about open vial policy: <input type="checkbox"/> Yes/ <input type="checkbox"/> No
35. Number of newborns immunized with birth dose at the facility in last 3 months	
36. Newborns breastfed within one hour of birth (observe if practiced and women are being counselled)	
37. Number of sterilizations performed in last one month	Male Female
38. Availability of trained provider for IUCD/ PPIUCD	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
39. Who counsels on FP services?	
40. Please comment on utilization of other FP services	
41. FPLMIS has been implemented	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
42. Availability of functional Adolescent Friendly Health Clinic	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, who provides counselling to adolescents: _____ Separate male and female counselors available: <input type="checkbox"/> Yes/ <input type="checkbox"/> No

43. Whether facility has fixed day NCD clinic	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If Yes, how many days in a week: _____ days		
44. Are service providers trained in cancer services?	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
45. Number of individuals screened for the following in last 6 months:		Screened	Confirmed
	a. Hypertension		
	b. Diabetes		
	c. Oral Cancer		
	d. Breast Cancer		
e. Cervical Cancer			
46. Whether wellness activities are performed	<input type="checkbox"/> Yes/ <input type="checkbox"/> No Frequency: _____		
47. Whether reporting weekly data in P and L form under IDSP	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
48. Distribution of Long lasting Insecticidal nets (LLIN) in high-risk areas	No. of LLIN distributed per household: <input type="checkbox"/> 1 per family/ <input type="checkbox"/> Others (Specify): _____		
49. Status of TB elimination programme	Facility is designated as Designated Microscopy Centre (DMC): <input type="checkbox"/> Yes/ <input type="checkbox"/> No		
	If yes, percent of OPD whose samples were tested for TB (microscopy) in last 6 month (average) _____		
	If anti-TB drugs available at the facility: <input type="checkbox"/> Yes/ <input type="checkbox"/> No		
	If yes, are there any patients currently taking anti-TB drugs from the facility: <input type="checkbox"/> Yes/ <input type="checkbox"/> No		
	Percent of patients tested through CBNAAT/TruNat for Drug resistance in the last 6 months _____		
	Is there a sample transport mechanism in place for:		
	<ul style="list-style-type: none"> • investigations within public sector for TB testing? <input type="checkbox"/>Yes/ <input type="checkbox"/>No • investigations within public sector for other tests? <input type="checkbox"/>Yes/ <input type="checkbox"/>No • outsourced testing? <input type="checkbox"/>Yes/ <input type="checkbox"/>No 		
	Are all TB patients tested for HIV? <input type="checkbox"/> Yes/ <input type="checkbox"/> No Are all TB patients tested for Diabetes Mellitus: <input type="checkbox"/> Yes/ <input type="checkbox"/> No		
50. Status on Leprosy eradication programme	Nos. of new case detected by Field Worker in last 12 months:		
	Out of those, how many are having Gr. II deformity: Frequency of Community Surveillance: _____		
51. Maintenance of records on	<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):
• How many cases from sub centre were referred to this PHC last month?	Number: Types of cases referred in:
• How many cases from the PHC were referred to the CHC last month?	Number: Types of cases referred out:
56. Key challenges in the facility and the root causes	
Challenge	Root causes
a)	
b)	
c)	
d)	
e)	
Only for U-PHC	
57. Population enumeration initiated for slum population	<input type="checkbox"/> Not yet initiated <input type="checkbox"/> Initiated <input type="checkbox"/> Completed
58. Number of CBAC forms filled (NUHM)	
59. Is Specialist services provided at U-PHC?	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, specialist services are provided through: <input type="checkbox"/> Teleconsultation/ <input type="checkbox"/> Clinic Schedule: <input type="checkbox"/> Fixed/ <input type="checkbox"/> Rotational Type of specialist services available: <input type="checkbox"/> OBGY, <input type="checkbox"/> Pediatrics, <input type="checkbox"/> Medicine, <input type="checkbox"/> Dermatology, <input type="checkbox"/> Ophthalmology, Others_____
60. UHNDs Conducted:	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, no. of UHND conducted per month_____
61. Special Outreach camps conducted:	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, no. of UHND conducted during last quarter_____ Type of specialties provided during special outreach camps: _____



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Sub-Centre (SC) Level Checklist

Service Delivery: Sub Centre

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

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

Indicator	Remarks/ Observation
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 Supply <input type="checkbox"/> Minimal Shortage <input type="checkbox"/> Acute shortage List of Kits (Shortage)_____
13. Availability of:	<ul style="list-style-type: none"> • BP instrument: <input type="checkbox"/>Yes/ <input type="checkbox"/>No. If yes, Type: _____ • Thermometer: <input type="checkbox"/>Yes/ <input type="checkbox"/>No • Contraceptives: <input type="checkbox"/>Yes/ <input type="checkbox"/>No. If yes, Type: _____ • Glucometer: <input type="checkbox"/>Yes/ <input type="checkbox"/>No
14. Line listing of all Pregnant women in the area	<input type="checkbox"/> Yes/ <input type="checkbox"/> No <ul style="list-style-type: none"> • High risk women identified: <input type="checkbox"/>Yes/ <input type="checkbox"/>No • MCP cards duly filled: <input type="checkbox"/>Yes/ <input type="checkbox"/>No
15. Number of Maternal Death Review conducted	Previous year:2019-20 Current year:2020-21
16. Number of Child Death Review conducted	Previous year: Current year:
17. Availability of vaccines and hub cutter	<input type="checkbox"/> Yes/ <input type="checkbox"/> No Awareness of ANM on vaccine schedule: <input type="checkbox"/> Yes/ <input type="checkbox"/> No Awareness about open vial policy: <input type="checkbox"/> Yes/ <input type="checkbox"/> No
18. Availability of micro-plan for immunization	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
19. Follow up of:	SNCU discharge babies: <input type="checkbox"/> Yes/ <input type="checkbox"/> No LBW babies: <input type="checkbox"/> Yes/ <input type="checkbox"/> No
20. Line listing of all eligible couple in the area	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
21. Availability of trained provider for IUCD/ PPIUCD	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
22. Please comment on utilization of other FP services	

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

Indicator	Remarks/ Observation
○ Average delay	
<ul style="list-style-type: none"> ASHA is aware about provision of incentives under NTEP (Informant Incentives, Treatment Supporter Incentives) and NikshayPoshan Yojana (₹500 per month incentive to the TB patient for the duration of treatment) 	
35. Number of Village Health & Sanitation days conducted in last 6 months	
36. Incentives:	<ul style="list-style-type: none"> Performance Incentives is disbursed to CHOs on monthly basis: <input type="checkbox"/>Yes/ <input type="checkbox"/>No Team-based incentive being disbursed for all HWC staffs: <input type="checkbox"/>Yes/ <input type="checkbox"/>No
37. Frequency of VHSNC/ MAS meeting (check and obtain minutes of last meeting held)	
38. Whether CHOs and HWC staffs are involved in VHSNC/ MAS meeting	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
39. Maintenance of records on	<ul style="list-style-type: none"> TB cases: <input type="checkbox"/>drug sensitive/ <input type="checkbox"/>drug resistant cases/ <input type="checkbox"/>both Malaria cases: <input type="checkbox"/>Yes/ <input type="checkbox"/>No Palliative cases: <input type="checkbox"/>Yes/ <input type="checkbox"/>No Cases related to Dengue and Chikungunya: <input type="checkbox"/>Yes/ <input type="checkbox"/>No Leprosy cases: <input type="checkbox"/>Yes/ <input type="checkbox"/>No
40. How much fund was received and utilized by the facility under NHM?	Fund Received last year:
	Fund utilized last year:
	Items/ Activities whose expenditure is met out of the RKS/ Untied Fund regularly:
	Reasons for underutilization of fund (if any)
41. Availability of ambulance services in the area	
<ul style="list-style-type: none"> How many cases from the Sub Centre were referred to PHC in last month? 	Number: Types of cases referred out:
42. Key challenges in the facility and the root causes	
Challenge	Root causes
a)	
b)	
c)	
d)	
e)	