



Ministry of Health & Family Welfare
Government of India



National Health Mission

A Report on Monitoring of Important Components of the Programme Implementation Plan under National Health Mission

South Garo Hills District of Meghalaya, India



Submitted by

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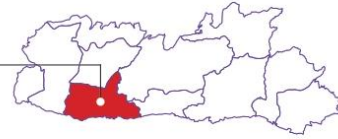
Acronyms and Abbreviations

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

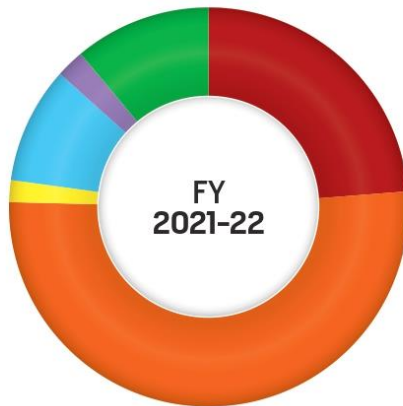
| | |
|--------|---|
| LSAS | Life Saving Anaesthesia Skill |
| MCH | Maternal and Child Health |
| MCTS | Mother and Child Tracking System |
| MOIC | Medical Officer In-Charge |
| NBCC | New Born Care Corner |
| NBSU | New Born Special Unit |
| NGO | Non-Government Organization |
| NHM | National Health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



NHM-PIP MONITORING SOUTH GARO HILLS DISTRICT HIGHLIGHTS



Break-up of Resource Envelope of NHM Program, Meghalaya



- RCH Flexible Pool (including RI, IPPI, NIDDCP) — 24%
- Health System Strengthening (HSS) under NRHM — 52%
- NUHM Flexible Pool — 2%
- NDCP Flexible Pool (NTEP, NVHCP, NVBDCP, NLEP, IDSP) — 9%
- NCD Flexible Pool (NPCB, NMHP, NPHCE, NTCP, NPCDCS, NPCCHH, PMNDP) — 2%
- Infrastructure Maintenance (including Direction and Administration) — 11%

INR **325.6 cr**
PIP Budget (Proposed)

INR **306.0 cr**
ROP Budget (Approvals)
(94% of the PIP budget)
excluding Infrastructure maintenance and
Immunization kind grants

Key MCH Indicators, South Garo Hills District, Meghalaya



88.3%
Institutional Births



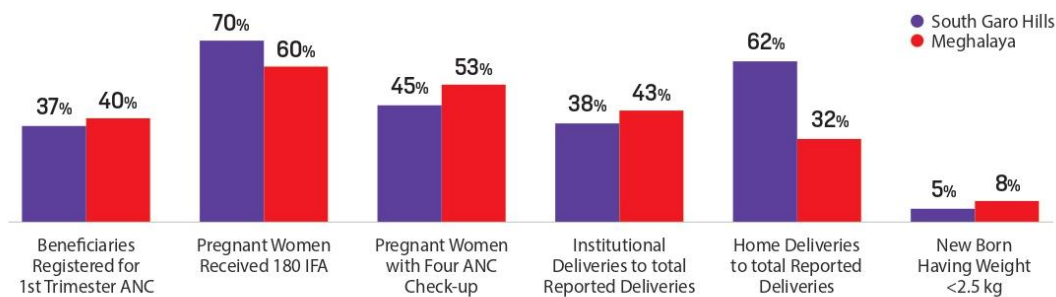
86.8%
Full Immunization Coverage



33.3%
Mother who had Four ANC Visits

Source: NFHS 2019-21

Key HMIS Indicators, South Garo Hills District, Meghalaya



South Garo Hills district has improved coverage of 1st trimester of ANC registration, pregnant women received 180 IFA tablets during 2021-22. The coverage of 4 ANC check-up was low (45%) as compared with state figure (53%) during 2021-22. Institutional deliveries were also low in the district while home deliveries were very high at 62% in 2021-22 as compared with state (32%). New born having less than 2.5 kg. weight was 5% in the district.

Source: Estimate based on HMIS Data (South Garo Hills District) FY 2021-22

Executive Summary

The Ministry of Health and Family Welfare (MoHFW), Government of India has assigned Population Research Centre (PRC) the task of quality monitoring of essential components of National Health Mission (NHM) State Programme Implementation Plan (PIP 2022-23). This report of Population Research Centre, Institute of Economic Growth, Delhi (PRC-IEG) presents the key findings from the concurrent monitoring of essential components of under NHM in South Garo Hills district, Meghalaya. The report provides information on coverage of services, constraints in service delivery and utilization of health services by the population in the catchment area.

The report is prepared on the basis of visits to the following public health facilities in South Garo Hills: Baghmara Civil Hospital, Community Health Centre, Chokpot, Primary Health Centre, Siju and Nongalbibra, Sub-Centre Nilwagre and Ganchikalak. Meetings were held with the District Medical & Health Officer (DM&HO) and the NHM Nodal Officials (ADMHO and RCH Nodal Officer). Interactions were also held with the Medical Officer-in-Charge (MOIC) of the selected health facilities, health care providers (ANM, ASHAs etc.) to understand the strengths and weakness of the facilities in service provisioning. HMIS data was also verified for the District Hospital Ranking data validation purposes.

Key Findings

- Comprehensive Abortion Care Services are not being provided in the district. One Medical Officer from Baghmara district hospital is under training this year. There are no safe abortion services at the sub-district level.
- Lack of specialized services (Medicine, Gynecologist, General Surgery and Anesthetist etc.), non-availability of SNCU and lack of laboratory services in the district hospital are major bottleneck in providing emergency obstetric care services such as emergency C-sections and major diagnostic tests for the patients.
- Adolescent Friendly Health Clinic (AFHC) have been set up across the CHC and PHCs level in the district. AFHC counsellors are posted at DH as well as at CHC and PHCs. However, there is lack IEC material and supply of equipment available at the facilities. In last six months, 835 adolescents were received counselling services at Civil hospital Baghmara.
- Weekly Iron & Folic Acid Supplementation (WIFS) is being implemented in schools and AWCs. Two blocks were covered under Peer Education programme which covered 60 villages. For that, 240 Peer educators are selected and trained in the district.

- The percentage of institutional deliveries has increased over time in the district. However, district reported high home delivery levels across the blocks. Such deliveries are mostly conducted by non-SBA trained staff which leads to high maternal and child deaths.
- FRU services is not being provided in civil hospital and CHC Chokpot due to non-availability of blood bank at DH and blood storage facility at CHC. For same services patients have to be referred to Shillong or Guwahati.
- IFA tablet is available and being provided to the pregnant women but consumption is very low due to poor counselling, and lack of follow up in difficult areas where transportation facility is not easily available.
- No SNCU is available in Baghmara Civil hospital, leading to high referral rate to Maternal and Child hospital in Tura, West Garo Hills district. NBCC at delivery points at PHC level are poorly managed and some facility do not have functional radiant warmers.
- There is no DEIC unit in the district. Screening for birth defects in new born during home visits by ASHAs and prompt referral need to be ensured in the state to reduce IMR and U5MR.
- Cold chain is maintained in facilities visited. But poor electricity supply and power back-up is found in the district which affects cold chain temperature reading.
- Universal screening of NCD is functioning well at civil hospital and CHC Chokpot. A total of 62423 targeted population was surveyed and 107 CBAC form filled by ASHAs during 2021-22. NCD screening is limited to Hypertension and Diabetes and follow up mechanism needs to be strengthened in the district.
- Under the Malaria elimination programme, the reported API for 2021 is about 1.7 which is greater than and calls for focused efforts for early diagnosis and complete treatment at all levels to reduce the morbidity. CBNAAT/TruNat is functional in health facilities visited.
- Annual Blood Examination Rate (ABER) for malaria is decreased from 32.01% in 2020-21 to 22.93% in 2021-22. It should be improved for better control of malaria in population.
- No blood bank and blood storage unit are established in the district. In case of emergency, patients are referred to Tura Civil Hospital which cater to the entire Garo Hills region. Non-availability of blood storage unit is major cause in operationalizing the FRUs in the district. One blood storage unit is under process and is awaiting license approval.
- Six Sub-Centres building are completed but it is not yet handed over. However, Construction of Rongasora SC is pending for more than two years in the district.

Chapter-1 Introduction

1.1 Background

The Ministry of Health and Family Welfare (MoHFW), Government of India has assigned Population Research Centre (PRC) the task of quality monitoring of essential components of National Health Mission (NHM) State Programme Implementation Plan (PIP 2022-23). Considering PIP as a priority activity, Population Research Centre, Institute of Economic Growth, Delhi (PRC-IEG) would identify critical concerns in implementation of NHM activities and also evolve suitable quality parameters to monitor the listed components.

This report presents the key findings from the concurrent monitoring of essential components of under NHM in South Garo Hills district. The overall objective is to monitor the functioning of National Health Mission in the district. Especially, the report aims to provide information on coverage of services, constraints in service delivery and utilization of health services by the population.

The report also provides insights on the status of utilization of health care services under NHM by the population in facility catchment areas. The report is expected to help NHM programme officials and health policymakers to comprehend the status of service delivery in South Garo Hills and assess the gaps and challenges for further improvements in service delivery.

The specific objectives of the study are as follows.

- To monitor the status and adequacy of physical infrastructure of selected DH, CHC, PHC and SC equivalent facilities in South Garo Hills district.
- To assess the availability of human resources and specialists along with their training status.
- To review service delivery status of institutional deliveries, antenatal care, post-natal care, immunization, and family planning services in the district. To understand the performance of incentive schemes such as JSSK and JSY of NHM.
- To review bio-medical waste management and infection control practices; community processes and activities related to ASHAs; functioning of disease control programme etc.
- To understand the budgetary allocations and utilization on various components including untied funds at selected health facilities through Rogi Kalyan Samiti (RKS).

The report is prepared on the basis of field observations and visits to the following public health facilities: Civil hospital Baghmara, CHC Chokpot, PHC Siju and Nongalbibra, SC-HWC, Nilwagre and Ganchikalak. Structured checklist was used to collect information on human resources,

infrastructure, funds utilization, training, health care services including drugs and equipment family planning, disease control programmes and other programmes under the umbrella of NHM including the National Urban Health Mission (NUMH) activities. Meetings were held with the District Medical & Health Officer (DM&HO) and the NHM Nodal Officials. Interactions were also held with the Medical Officer-In-Charge (MOIC) of the selected facilities, health care providers (ANM, ASHAs etc.) and other supporting staff to understand the strengths and weakness of the facilities in service provisioning. Review of relevant programmatic data and information available from the NHM nodal officials were also conducted. Health Management Information System (HMIS) data was verified for the District Hospital Ranking data validation purposes. Specific observations regarding the status of service provisioning are also monitoring and evaluation of field visit and the key components of NHM are included.

Table 1: List of institutions and facilities visited in South Garo Hills district

| Institution and facilities | Contact Person |
|---|--------------------------------|
| District Medical & Health Officer | Dr. Perosh R. Marak |
| DMCHO and RCH Nodal Officer | Dr. Rikrak Ch. Marak |
| Medical Superintendent (Civil Hospital, Baghmara) | Dr. Calvaryn R. Sangma |
| Medical Officer In-Charge, CHC Chokpot | Dr. Jimrich A. Marak |
| Medical Officer In-Charge, PHC Siju | Dr. Chinglenkhomba Khwairakpam |
| Medical Officer In-Charge, PHC Nongalbibra | Dr. Laster D. Sangma |
| District Programme Manager (DPM) | Mr. Goera Ch. Sangma |
| Block Programme Manager, Baghmara | Mr. Chevy Salniang Ch. Marak |
| Block Programme Manager, Chokpot | Mr. Anthony Ch. Sangma |
| District Accounts Manager | Smt. Jessica S. Momin |
| District Data Manager | Mr. Changchang Licky A. Sangma |

1.2 Demographic Profile

The South Garo Hills district lies in the southern part of the state of Meghalaya, and was created on 18th June, 1992. The district is hilly with difficult terrain with its headquarter at Baghmara, the only town in the district. It covers an area of 1887 sq. Km. It is bounded in the North by East Garo Hills, in the East by the west Khasi Hills district, in the West by West Garo Hills district and in the South by Bangladesh. The Garos belong to the Schedule Tribe within the state of Meghalaya. The ST population of the district constitutes the major part within the district. The district has three Community & Revenue Development Blocks namely; Baghmara, Chokpot, Gasuapara and Rongara and Baghmara is the district headquarter of the South Garo Hills district. As per the Census 2011, the total population of the South Garo Hills is 1.42 lakhs with a total male population of 73 Thousand. and female population of 69 Thousand. The population density is lower at 77 persons per square km as compared to the state and national population density

of 132 and 382 persons per square km, respectively. The literacy rate of the district is 71.7% which is slightly lower than the state average (74.4%). The male literacy rate is higher than the female literacy rate in South Garo Hills district. Decadal population growth rate of the district is 40.0% which is lower than the state average of 27.9%.

Table 2: Key demographic indicators of South Garo Hills district, Meghalaya and India, 2011

| Indicators | South Garo Hills | Meghalaya | India |
|---------------------------------------|------------------|-----------|--------------|
| Population (Census 2011) | 142334 | 29,66,889 | 1.21 crore |
| Male | 73170 | 14,91,832 | 62,37,24,248 |
| Female | 69164 | 11,77,179 | 58,64,69,174 |
| Decadal growth rate (%) (Census 2011) | 41.0 | 27.9 | 17.6 |
| Literacy rate (%) | 71.7 | 74.4 | 73.0 |
| Male literacy rate (%) | 76.3 | 75.9 | 80.9 |
| Female literacy rate (%) | 67. | 72.9 | 64.6 |
| Sex ratio per 1000 males | 945 | 989 | 943 |
| Child sex ratio (0-6 years) | 974 | 970 | 914 |
| Population density (persons sq. Km.) | 77 | 132 | 382 |
| Area (in Sq. Km.) | 1887 | 22429 | 3,287,240 |
| Scheduled Tribes (ST) % | 94.3 | 86.1 | 8.6 |

Source: Census of India, 2011

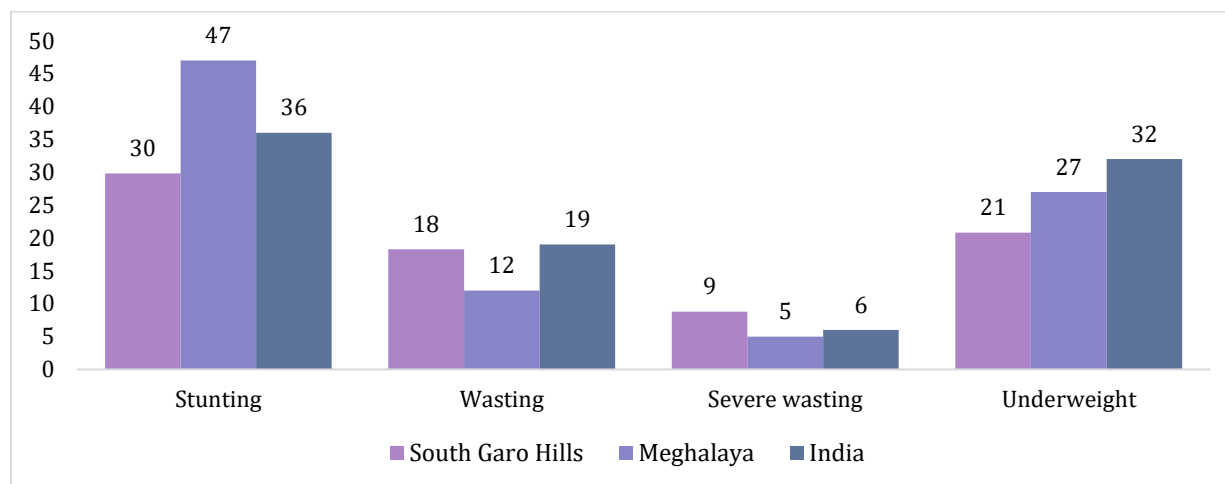
1.3 Maternal and Child Health

As per NFHS 2019-21, 68.7% mothers had antenatal check up in the first trimester and 33.3% had undertaken at least four ANC visits in South Garo Hills district. IFA consumption for 100 days or more was reported at 51.8% during pregnancy and only 14.6% mother consumed IFA 180 days or more during their pregnancy. A total of 88.3% births took place in institutional facilities and same proportion of births happening across public health facilities. Of the total births, 91.2% births were assisted by a skilled birth attendant whereas 4.7% births were through caesarean section (only public sector 5.3%). About 65.9% mothers received postnatal care from doctor or other skilled health personnel. The average out of pocket expenditure per delivery in public health facility was Rs. 2370. About 86.8% children aged 12-23 months are fully immunized (BCG, measles, and 3 doses each of polio and DPT). The coverage of 3 doses of polio is 94.7.6% and the coverage of 3 doses of Hepatitis B vaccine is 86.8%. The district has low prevalence of diarrhoea (5.4%) among children.

In South Garo Hills district, 6.6% women in the age group 15-49 years have a low body mass index (BMI < 18.5 kg/m²). In addition, 6.9% women are overweight or obese (BMI > 25.0 kg/m²). In case of anaemia, nearly 56.2% women age groups 15-49 years are anaemic. The anemia prevalence among non-pregnant women is 57.7%. However, 33.7% pregnant women age groups 15-49 years are anaemic in the district. The prevalence of high blood sugar among

women is 10% and hypertension (slightly above normal with systolic 140-159 mm of Hg and/or diastolic 90-99 mm of Hg) is 10.1% among those 15 years and above.

Figure 1: Status of child undernutrition (0-5 years) in South Garo Hills district, NFHS-2019-21



1.4 Status of Family services

As per NFHS-5 (2019-21), in South Garo Hills, 88.6% women are literate and 38.4% women have 10 or more years of schooling. Further, 10.2% of women aged 20-24 years were married before the age of 18 years. Nearly, 1.1% women age 15-19 years were already mother or pregnant at the time of the survey in the district. The use of any modern method of contraception was 33.3% with female sterilization having 3.8% coverage and only 2.8% reported using of condoms. Use of IUD/PPIUD (9.0%) and pills (15.8%) is also very low. Male sterilization is negligible. Overall, the total unmet need for family planning was 25% including a 14.4% unmet need for spacing.

1.5 HMIS Health Services

In South Garo Hills district, 36.6% of the ANC registrations occurred in the first trimester which is lower than state average. Pregnant women receiving 4 or more ANC registration was 44.9% in South Garo Hills and 52% in the state. The coverage of 180 IFA tablets among pregnant women is 69.9% in the district which is higher than the state proportion (59.8%) of IFA covered by the district during 2021-22. About 69.9% pregnant women received 360 calcium tablets in district whereas it is 53.4% at the state level. In the district, about 37.5% births are institutional deliveries to total reported deliveries in the district. The C-section births were accounting for only 0% to the total institutional births conducted in the district as a whole which is slightly lower than state average (7.6). Also, 47.5% of women received 1st post-partum check-up after delivery in the district which is higher than state average. The HMIS data shows that 99.7% of the new born are breastfed within the first hour of birth in South Garo Hills district. About 4.6%

of the new born were categorized as low birth weight baby (weight below 2.5 kg). A total of 3711 children (9-11 months) have been immunized in the district. 88.2% of children were discharged with target weight gain from the NRC in the district, whereas only 46.1% children were discharged with target gain from NRC in the state during 2021-22. No male sterilization is reported in the district during 2021-22. Female sterilization is dominant method of family planning in the district. Data shows that female sterilization was 0 in the district and 99% at the state level. Women used IUCD insertion to total institutional deliveries were 0.1% in the district. The mortality indicators were reported a total of 6 maternal deaths during 2021-22. While 82 infant and 14 child deaths were reported in the district during 2021-22 whereas the number of still births were 65 reported.

Table 3: HMIS health services indicators for South Garo Hills district, 2021-22

| HMIS indicators | South Garo Hills | Meghalaya |
|---|-------------------------|------------------|
| 1. Maternal Health | | |
| % of beneficiaries registered for 1st trimester to total ANC registration | 36.6 | 40.0 |
| % of pregnant women with 4 or more ANC checkups | 44.9 | 52.8 |
| % of pregnant women given 180 IFA to total ANC registrations | 69.9 | 59.8 |
| % Pregnant women given 360 Calcium tablets | 78.4 | 53.4 |
| a) Institutional and Home Deliveries | | |
| % of SBA attended home deliveries to total home deliveries | 9.1 | 7.6 |
| % of institutional deliveries to total reported deliveries | 37.5 | 43.3 |
| % of institutional deliveries to total ANC registrations | 24.8 | 43.5 |
| % of C-Section deliveries to total institutional deliveries | 0.0 | 7.6 |
| % of women received 1st post-partum checkup after delivery | 47.5 | 38.8 |
| 2. Newborn and Child Health | | |
| % of newborn weighted at birth to total live birth | 4.5 | 97.3 |
| % of newborn breast fed within 1 hour of birth to total live birth | 99.8 | 92.1 |
| % of newborns having weight less than 2.5 kg to total live birth | 4.6 | 7.9 |
| No of children admitted in NRC | 17 | 242 |
| % of children discharged with target weight gain from NRC | 88.2 | 46.1 |
| Number of children (9-11 months) fully immunized | 3711 | 68535 |
| 3. Family Planning | | |
| % of male sterilization to total sterilization | 0.0 | 0.2 |
| % of female sterilization to total sterilization | 0.0 | 99.7 |
| % of IUCD insertion to total institutional deliveries | 0.1 | 1.5 |
| Total Sterilization conducted | 0.0 | 2232 |
| 4. Mortality Indicators | | |
| Maternal death | 6 | 232 |
| Child (1-5 years) death | 14 | 507 |
| Infant (1-12 months) death | 82 | 1012 |
| Still Birth | 65 | 2011 |

Source: HMIS, South Garo Hills district, Meghalaya, 2021-22

Chapter-2 NHM Budget and Finance

2.1 State Resource Envelope and District Allocation

For the financial year 2021-22, against a resource envelope of Rs. 234.48 crore (calculated assuming state share of 10%) East Garo Hills district received administrative approval for an amount of Rs. 341.57 crore.

Table 4: Break-up of resource envelope (Rs. in crore) of NHM program for Meghalaya, 2021-22

| S.No. | Particulars | Amount (GoI Share) | Percent (GOI Share) | State share |
|----------|---|--------------------------|---------------------------|----------------|
| 1 | RCH Flexible Pool (including RI, IPPI, NIDDCP) | 50.11 | 23.75 | |
| 1(i) | RCH Flexible Pool (including RI, IPPI, NIDDCP) Cash Grant Support | 36.87 | 17.47 | |
| 1(ii) | RCH Flexible Pool (Kind Grant Support under Immunization) as per FY 2019-20 | 13.23 | 6.27 | |
| 2 | Health System Strengthening (HSS) under NRHM | 108.99 | 51.65 | |
| 2(i) | Other Health system Strengthening covered under NRHM | 91.78 | 43.49 | |
| 2(ii) | Comprehensive Primary Health Care under HSS | 11.21 | 5.31 | |
| 2(iii) | Additional ASHA Benefit Package including support to ASHA facilitators | 6.01 | 2.85 | |
| | Total NRHM-RCH Flexible Pool | 159.10 | 75.39 | |
| 3 | NUHM Flexible Pool | 3.73 | 1.77 | |
| 3(i) | Other Health System Strengthening covered under NUHM | 2.80 | 1.33 | |
| 3(ii) | Ayushman Bharat-Health & Wellness Centres under NUHM | 0.93 | 0.44 | 23.45 |
| 4 | NDCP Flexible Pool (NTEP, NVHCP, NVBDCP, NLEP, IDSP) | 19.98 | 9.47 | |
| 4(i) | NVBDCP (Cash & Kind) | 5.79 | 2.74 | |
| 4(ii) | NTEP (Cash & Kind) | 11.28 | 5.35 | |
| 4(iii) | NVHCP (Cash & Kind) | 1.44 | 0.68 | |
| 4(iv) | NLEP | 0.35 | 0.17 | |
| 4(v) | IDSP | 0.60 | 0.28 | |
| 4(vi) | National Rabies Control Programme (NRCP) | 0.52 | 0.25 | |
| 4(vii) | Programme for Prevention and Control of Leptospirosis (PPCL) | - | 0.0 | |
| 5 | NCD Flexible Pool (NPCB, NMHP, NPHCE, NTCP, NPCDCS, NPCCHH, PMNDP) | 4.84 | 2.29 | |
| 6 | Infrastructure Maintenance (including Direction and Administration) | 23.38 | 11.08 | |
| | Total Resource Envelope | 211.03 | 100.0 | 23.45 |
| | Grand Total Resource Envelope (Central Allocation + State Share) | 234.48 | | |

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

The total support from Government of India is Rs. 211.03 crore whereas the state share of 10% works out to be Rs. 23.45 crore. The resource envelope for FY 2021-22 consists of union government's support of Rs. 160.68 Crore for flexible pool allocation including cash and kind, Rs.

26.97 crore for incentive pool based on last year's performance and Rs. 23.38 crore for infrastructure maintenance.

The breakup of the total resource envelope shows that Rs. 50.11 crore is allocated for RCH Flexible Pool (including Routine Immunization (RI), Intensified Pulse Polio Immunization (IPPI), National Iodine Deficiency Disorders Control Programme (NIDDCP), Rs. 108.99 crore is allocated for Health System Strengthening (HSS) under NHM. Thus, the GOI contribution toward total NRHM-RCH Flexible Pool works out to be Rs. 159.10 crore. The GOI contribution toward NUHM Flexible Pool, National Disease Control Programme (NDCP) Flexible Pool and Non-Communicable Disease (NCD) Flexible Pool is Rs. 3.73 crore, Rs. 19.98 crore and Rs. 4.84 crore, respectively. Within NDCP Flexible Pool, bulk of the resources is allocated for NTEP (cash & kind) activities.

Table 5: FMR wise expenditure (in lakhs) in 2021-22, South Garo Hills, 2021-22

| FMR Codes | Budget Head | Budget released | Budget utilized | % Utilization |
|------------------|-------------------------------------|------------------------|------------------------|----------------------|
| 1 | Service Delivery-Facility Based | 22.2 | 22.6 | 101 |
| 2 | Service Delivery-Community Based | 15.8 | 15.8 | 100 |
| 3 | Community Interventions | 49.7 | 49.7 | 100 |
| 4 | Untied Fund | 16.4 | 16.4 | 100 |
| 5 | Infrastructure | 14.2 | 14.2 | 100 |
| 6 | Procurement | 10.7 | 10.7 | 100 |
| 7 | Referral Transport | 22.4 | 22.4 | 100 |
| 8 | Human Resources | 25.4 | 24.4 | 96.0 |
| 9 | Training | 32.3 | 34.1 | 105 |
| 10 | Reviews, Research and Surveillance | 6.1 | 6.1 | 100 |
| 11 | IEC/BCC | 14.3 | 18.3 | 127 |
| 12 | Printing | 1.6 | 1.6 | 100 |
| 13 | Quality Assurance | 0.1 | 0.1 | 100 |
| 14 | Drug Warehousing and Logistics | 8.5 | 8.5 | 100 |
| 15 | PPP | 1.0 | 1.0 | 100 |
| 16 | Programme Management | 19.2 | 24.5 | 127 |
| 17 | IT Initiatives for Service Delivery | 0.0 | 00 | 0.0 |
| 18 | Innovations (if any) | 11.56 | 11.56 | 100 |
| Total | | 271.4 | 281.9 | 103 |

Source: District Level Checklist, DPMU Office, South Garo Hills, 2022-23

The FMR budget heads of NHM received Rs. 271.4 lakhs in FY 2021-22 and expenditure incurred was about Rs. 281.9 lakh which translates more than 100% utilization rate against the total allotted budget. Most of FMR heads have been utilized the fund against the released budget for various budget heads. IT initiative for service delivery was not received any fund in 2021-22. However, heads like; PPP, quality assurance and printing was received minimal fund and utilized full fund during 2021-22. It was noticed that programme management and IEC/BCC was utilized higher fund against the released budget.

Table 6: Programme wise budget expenditure (in lakhs) in South Garo Hills district, 2021-22

| Indicator | Budget released | Budget utilized | % Utilization |
|---|------------------------|------------------------|----------------------|
| 1. RCH and Health Systems Flexi-pool | 603.8 | 357.7 | 59 |
| Maternal health | 115.7 | 38.3 | 33 |
| Child Health | 57.2 | 14.6 | 25 |
| RBSK | 24.1 | 25.1 | 104 |
| Family Planning | 14.1 | 1.4 | 9 |
| RKSK/ Adolescent health | 15.1 | 7.3 | 48 |
| PC-PNDT | 0.50 | 8.8 | 1760 |
| Immunization | 36.6 | 11.6 | 31 |
| Untied Fund | 77.1 | 16.4 | 21 |
| Comprehensive Primary Healthcare (CPHC) | 30.9 | 12.3 | 39 |
| Blood Services and Disorders | 0.0 | 0.0 | 0 |
| Infrastructure | 0.0 | 0.0 | 0 |
| ASHAs | 196.2 | 194.5 | 99 |
| HR | 0.0 | 0.0 | 0 |
| Programme Management | 1.4 | 1.4 | 100 |
| MMU | 11.4 | 3.1 | 27 |
| Referral Transport | 21.6 | 22.3 | 103 |
| Procurement | 0.0 | 0.0 | 0 |
| Quality Assurance | 1.9 | 0.6 | 31 |
| PPP | 0.0 | 0.0 | 0 |
| NIDDCP | 0.0 | 0.0 | 0 |
| 2. NUHM | NA | NA | NA |
| 3. Communicable Diseases Pool | 67.9 | 36.3 | 53 |
| Integrated Disease Surveillance Programme (IDSP) | 4.9 | 2.4 | 48 |
| National Vector Borne Disease Control Programme (NVBDCP) | 29.2 | 22.5 | 77 |
| National Leprosy Eradication Programme (NLEP) | 3.7 | 2.0 | 54 |
| National TB Elimination Programme (NTEP) | 30.1 | 9.4 | 31 |
| 4. Non-Communicable Diseases Pool | 22.6 | 13.6 | 60 |
| National Program for Control of Blindness and Vision Impairment | 2.8 | 1.5 | 53 |
| National Mental Health Program (NMHP) | 7.4 | 5.3 | 71 |
| National Programme for Health Care for the Elderly (NPHCE) | 2.4 | 1.5 | 62 |
| National Tobacco Control Programme (NTCP) | 2.1 | 0.5 | 23 |
| National Programme for Prevention and Control of Diabetes, CVD and Stroke | 5.4 | 3.7 | 68 |
| National Dialysis Programme | 0.0 | 0.0 | 0 |
| National Program for Climate Change and Human Health (NPCCHH) | 0.0 | 0.0 | 0 |
| National Oral health programme (NOHP) | 1.0 | 0.8 | 80 |
| National Programme on palliative care (NPPC) | 1.5 | 0.3 | 20 |
| National Programme for Prevention and Control of Fluorosis | 0.0 | 0.0 | 0 |
| National Rabies Control Programme (NRCP) | 0.0 | 0.0 | 0 |
| National Programme for Prevention and Control of Deafness | 0.0 | 0.0 | 0 |
| National programme for Prevention and Management of Burn & Injuries | 0.0 | 0.0 | 0 |
| Programme for Prevention and Control of Leptospirosis (PPCL) | 0.0 | 0.0 | 0 |
| Total | 694.3 | 407.6 | 58 |

Source: District Level Checklist, DPMU Office, South Garo Hills, 2022-23

Table 6 shows programme wise fund utilization in South Garo Hills district for the FY 2021-22. A total budget of Rs. 694.3 lakhs were released for NHM programme and Rs. 407.6 lakhs were spent on these programmes in 2021-22, which is nearly 58% utilization of the total released budget for South Garo Hills district. Under RCH and Health Systems Flexi-pool, utilization was highest under RBSK programme, programme management, referral transport followed by ASHA. Less utilization on family planning, untied fund and child health during 2021-22. The maternal health expenditure had a utilization level of 33% of the total given budget. Some of the budget heads had lower utilization than total allotments. For example; family planning (9%), untied fund (21%), child health (25%) and immunization (31%) have very low utilization during 2021-22.

South Garo Hills district did not receive the amount for blood services and disorders, infrastructure, procurement and NIDDCP activity during 2021-22. A total amount of Rs. 14.1 lakh was received for family planning programme and utilization was Rs. 1.4 lakh during the 2021-22 which is converted about 9% of the total budget. It was noted that less amount was also spent on Medical Mobile Unit (MMU) Rs. 3.1 lakh against Rs. 11.4 lakh budget was released, it is about 27% of the fund utilized. Most of RCH heads (RBSK, Programme management and referral transport) made full expenditure against the total budget received in 2021-22. No fund is received for NUHM programme in South Garo Hills district during 2021-22.

Under the Communicable Diseases programme, bulk of the funds are allotted for National TB Elimination Programme (NTEP) which is Rs. 30.1 lakh and utilization were Rs. 9.4 lakh during 2021-22 which is relatively very low utilization (31%) against the funds released. However, National Vector Borne Disease Control Programme (NVBDCP) has better utilization rate (77%) against the total fund received followed by Integrated Disease Surveillance Programme (48%) and National Leprosy Eradication Programme-NLEP (54%) during the 2021-22. Except NVBDCP, all three programmes (NTEP, IDSP and NLEP) show less than 60% expenditure of the total allotted budget in the district.

Under the NCD pool, the district was allotted Rs. 22.6 lakh for seven selected programmes that are operational in the district. Out of total fund, expenditure incurred less amount about Rs. 13.6 lakh under the Non-Communicable Disease which is about 60% utilization under this programme. These programmes are; NPCB+VI, NMHP, NPHCE, NTCP, NPCDCS, NOHP and NPPC. However, less expenditures are incurred under NPPC (20% utilization rate) and NTCP (23%). The highest budget was allocated to the National Mental Health Programme (7.4 lakh) and expenditure incurred only 5.3 lakh which is about 71% utilization of fund during 2021-22 followed by NPPCDCS (5.4 lakh released and only 3.7 lakh expenditure). It is apparent that the implementation of activities under various programmes including communicable and NCD programmes continue to be affected because of COVID-19 pandemic.

Chapter-3 Public Health Planning and Implementation

3.1 Health Infrastructure and Service Delivery

District has four blocks namely; Baghmara, Chokpot, Rongara and Gasuapara among these blocks, only one CHC in Chokpot. One civil hospital in Baghmara headquarter. Total six PHCs were functioning and 27 sub-centres. Baghmara block contains two PHCs (Siju and Nongalbibra) and 10 sub-centres. Similarly, Chokpot block have two PHCs (Chokpot and Silkigri) with nine sub-centres were functioning in the district.

Table 7: Operational health facilities in South Garo Hills district

| Facility Details | Planned/Operational |
|--|---------------------|
| 1. District Hospitals | 1 |
| 1a) No. of DH conducting > 50 deliveries /month | 1 |
| 1b) No. of DH conducting C-section | 0 |
| 2. Community Health Centres (CHC) | 1 |
| 2a) No. of CHCs / MH conducting > 20 deliveries /month | 0 |
| 3. Primary Health Centres (PHC) | 6 |
| 3a) No. of 24X7 PHCs conducting > 10 deliveries /month | 2 |
| 4. Sub Centres (SC) | 27 |
| 4a) No. of SCs conducting >3 deliveries/month | 4 |
| 5. Special New-born Care Units (SNCU) | NA |
| 6. Nutritional Rehabilitation Centres (NRC) | 1 |
| 7. District Early intervention Centre (DEIC) | NA |
| 8. First Referral Units (FRU) | NA |
| 9. Blood Bank | NA |
| 10. Blood Storage Unit (BSU) | 1/0 |
| 11. No. of PHC converted to HWC | 6 |
| 12. No. of U-PHC converted to HWC | 0 |
| 13. Number of Sub Centre converted in to HWC | 0 |
| 14. Designated Microscopy Centre (DMC) | 6 |
| 15. Tuberculosis Units (TUs) | 2 |
| 16. CBNAAT/ TruNat Sites | 1/4 |
| 17. Drug Resistant TB Centres | 1Baghmara |
| 18. Functional NCD Clinic at DH | 1 |
| 19. Functional NCD Clinic at CHCs / MH | 1 |
| 20. Institutions with ultrasound facilities (Public + Private) | 0 |
| 21. Of these, how many are registered under PCPNDT act | 0 |

Source: District Checklist, NHM PIP Monitoring, 2022-23

Table 7 summarizes the operational status of health care service delivery in South Garo Hills district, Meghalaya. However, as per the district monitoring checklist, South Garo Hills district has one Civil Hospital in Baghmara, one Community Health Centre (CHC) in Chokpot block, six Primary Health Centers (PHC) and 27 Sub-Centers. The Civil Hospital Baghmara is the only facility which was conducting more than 50 deliveries per month.

No Urban- Primary Health Centre were available in the district. District has no infrastructure for Early Intervention Centre (DEIC), children are referred to Tura Civil hospital in West Garo Hills district. One Nutritional Rehabilitation Centers is available but no Special Newborn Care Unit (SNCU) service is available at Civil Hospital for providing child health care services. District was not planned to convert the sub-centers as Health and Wellness Center.

However, all the primary health centers have been converted into HWC-PHC in the district. District has shortage of blood bank at Civil Hospital in South Garo Hills district even CHC has no blood storage unit available. District was functioning with four Designated Microscopy Center (DMC) which was provided screening and medicine to the TB patient in the district including public and private facility. District was running with six Tuberculosis Unit with one CBNAAT and four TruNet sites functioning in the district. One drug resistant TB centre was functioning in Baghmara. NCD clinic is functional at district hospital and CHCs. Comprehensive Abortion Care (CAC) services is not being provided in the district due to no MOs are trained for CAC service. Rangasora SC was sanctioned in 2008-09, but construction work pending more than two years. Similarly, construction work of six SCs have been completed for services but facilities were not handed over to the district hospital.

3.2 Human Resource for Health

The status of human resources in South Garo Hills district suggests shortage of specialist doctors like MO (MBBS), Pediatrician, Anesthetist, Surgeon and OBGY. Total 15 regular posts have been filled against 172 posts filled in the district, which showed that 12 post vacant. On other hand, 43 contractual posts have been sanctioned against all the posts were filled in the district. Some of the posts were directly appointed by Directorate of Health and Family Welfare under the state government of Meghalaya. Most of the regular posts were not filled specially for doctors. No radiologist post was filled against sanctioned post. Specialist posts (each one post for OBGY, Pediatrician, Anesthetists, Surgeon and Radiologist) were vacant against sanctioned post in the district. One surgeon was posted at district hospital but they deployed to Ganesh Das Hospital, Shillong. In case of paramedical staffs, one post vacant against 31 posts were sanctioned for staff nurse. Seven regular posts of lab technician were filled and two posts on contractual recruited in district. However, all the pharmacist's posts were filled the NHM programme, nine were working

as regular basis and seven posted on contractual basis. Similarly, 51 staff nurses are working against the 44 posts that have been sanctioned in the district (15 posts sanctioned under NHM and 22 SNs filled). Most of the staff nurses are engaged through NHM. A total of four Community Health Officer were posted at HWC centres against seven posts were sanctioned in the district. Total eight posts of AYUSH MO (3 regular and 5 contractual) were sanctioned and seven posts were occupied (2 regular and 5 contractual) in the district. One post of AYUSH pharmacist is posted under the NHM.

Table 8: Availability of human resources in South Garo Hills district, 2022

| Human Resources (Regular+ NHM+ other sources) | Sanctioned | | In-place | | Vacancy | |
|---|------------|-----------|------------|-----------|-----------|----------|
| | R | C | R | C | R | C |
| MO (MBBS) | 23 | 0 | 20 | 0 | 3 | 0 |
| OB&GY | 1 | 0 | 0 | 0 | 1 | 0 |
| Pediatrician | 1 | 0 | 0 | 0 | 1 | 0 |
| Anesthetists | 1 | 0 | 0 | 0 | 1 | 0 |
| Surgeon | 1 | 0 | 0 | 0 | 1 | 0 |
| Radiologists | 1 | 0 | 0 | 0 | 1 | 0 |
| Another specialist | 1 | 0 | 0 | 0 | 1 | 0 |
| ANMs | 51 | 25 | 48 | 25 | 3 | 0 |
| MPW (Male) | 23 | 0 | 22 | 0 | 1 | 0 |
| Staff Nurse | 31 | 3 | 30 | 3 | 1 | 0 |
| Lab technician | 8 | 2 | 7 | 2 | 1 | 0 |
| Pharmacists (Allopathic) | 9 | 7 | 9 | 7 | 0 | 0 |
| Radiographer/ X-ray technician | 3 | 0 | 2 | 0 | 1 | 0 |
| Dental /Surgeon/MO | 4 | 0 | 3 | 0 | 1 | 0 |
| CHO/ MLHP | 7 | 0 | 4 | 0 | 3 | 0 |
| Dental technician | 1 | 0 | 1 | 0 | 0 | 0 |
| Dental hygienist | 1 | 0 | 1 | 0 | 0 | 0 |
| CSSD technician | 0 | 0 | 0 | 0 | 0 | 0 |
| OT technician | 1 | 0 | 1 | 0 | 0 | 0 |
| AYUSH MO | 3 | 5 | 2 | 5 | 1 | 0 |
| AYUSH pharmacist | 1 | 0 | 1 | 0 | 0 | 0 |
| Total | 172 | 43 | 151 | 43 | 12 | 0 |

Source: District Checklist, NHM PIP Monitoring, 2022 Note: R-Regular, C-Contractual

3.3 Ayushman Bharat Programme

The Ayushman Bharat-Health and Wellness Centres (AC-HWC) was launched in 2018 under the Ayushman Bharat Programme to develop a more comprehensive range of services for all age groups. AB-HWCs provide free essential medicines and diagnostic services. To ensure delivery of Comprehensive Primary Health Care (CPHC) services, existing sub-centres are being converted into Health and Wellness Centre. The Health and Wellness Centre provides expanded

range of services such as pregnancy, childhood and adolescent services, family planning, care of ENT problems, oral health care, elderly services, emergency and mental health services. Apart from that major focus is on the screening, prevention, control and management of Non-Communicable Disease (NCD) in the community.

Table 9: Implementation of CPHC in South Garo Hills district, 2022

| Indicators | Planned | Completed |
|---|-----------------|------------------|
| 1. Number of individuals enumerated | NA | NA |
| 2. Number of CBAC forms filled | 59811 | 107 |
| 3. Number of HWCs started NCD screening | | 27 |
| 3.1 SHC- HWC | NA | 15 |
| 3.2 PHC- HWC | 6 | 6 |
| 3.3 UPHC - HWC | NA | 0 |
| 4. Number of individuals screened for: | Screened | Diagnosed |
| 4.1 Hypertension | 2084 | 316 |
| 4.2 Diabetes | 2084 | 24 |
| 4.3 Oral Cancer | 0 | 0 |
| 4.4 Breast Cancer | 0 | 0 |
| 4.5 Cervical Cancer | 0 | 0 |
| 5. Number of HWCs providing Tele-consultation services | | 6 |
| 6. HWCs organizing wellness activities | | 6 |
| 7. Universal health screening conducted | | Yes |
| 7.1. If conducted, what is the target population | 59811 | |
| 7.2. No. of CBAC form filled till date | 107 | |
| 8. If grievance redressal mechanism in place | | Yes |
| 9. If Mera-Aspatal has been implemented | | Yes |

Source: District Checklist, NHM PIP Monitoring, 2022

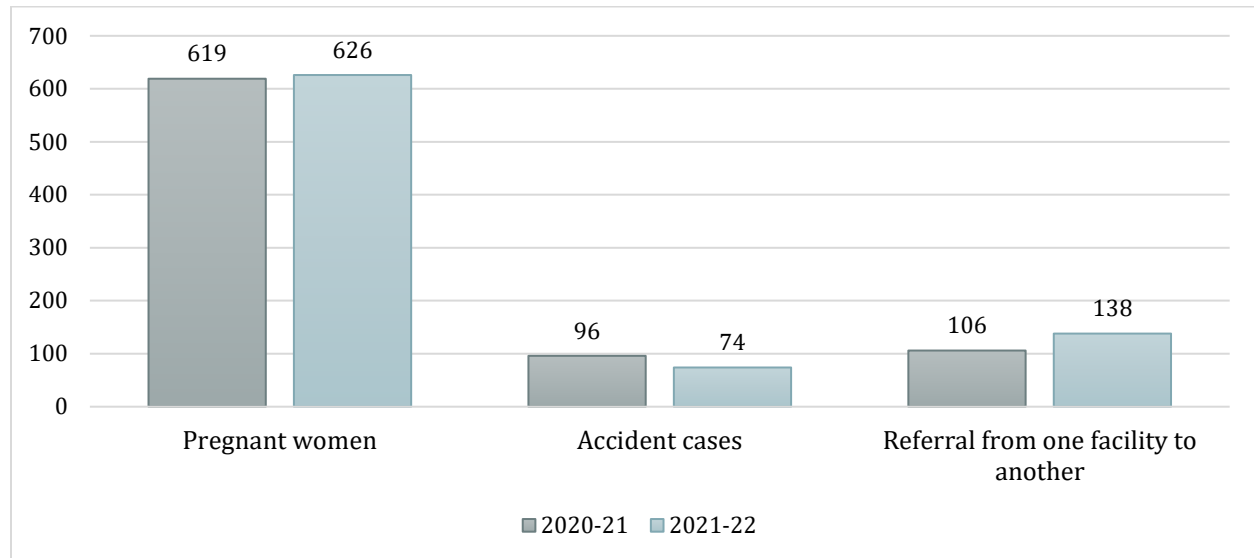
In above table, the information regarding the comprehensive primary health centre in the district 2021-22 is ascertained. There was no information available for number of individuals are planned to be enumerated through survey but only 107 CBAC forms are filled against 59811 CBAC were targeted in the district. NCD screening is being provided by PHC-HWC, no sub-centre has facility for the screening. Only six PHC-HWC started NCD screening. Under NCD screening, a total of 316 diagnosed for hypertension and 24 for diabetes against 2084 individual screened. No oral, breast and cervical cancer were screened in the district. A total of 6 HWC providing tele-consultation services and also wellness activities are conducted by HWC.

3.4 Emergency Services

Emergency services is the primary responsibility to access the health facility by the patients. Under the National Health Mission (NHM), technical and financial support is provided to States/UTs to strengthen their healthcare systems including support for ambulance services. A

total of 10 ambulances are BLS have been stationed at civil hospital, CHC and PHCs. One ambulance was available at CHC and eight ambulances are available at PHCs. Figure 2 provides performance indicators of referral transport in East Garo Hills district. It was observed that the 1144 pregnant women have received the ambulance service in 2021-22 and 756 PW availed services in 2022-23. Whereas, the number of accident cases were more in 2022-23 with 31 cases and 21 cases in 2021-22. Total 201 cases were referred from one facility to another in 2021-22.

Figure 2: Performance indicators of referral transport, South Garo Hills



Source: District Checklist, NHM PIP Monitoring, 2022

3.5 Quality Assurance Programme

Quality certification programme for public health facilities has been launched with an objective of recognized the good performing facilities as well as improving credibility of public hospital in community. In South Garo Hills district, CHC Chokpot has certified for National Quality Assurance Standard (NQAS) in 2021-22. NQAS are currently available for district hospital, CHCs, PHCs and Urban PHCs. However, out of six PHCs, only one PHC (Moheskola) was awarded under the Kayakalp programme. No sub-centres were initiated the Kayakalp programme due to lack of proper infrastructure and space constrained. District has no c-section and FRU facility even at CHC Chokpot. District hospital has scored 64.4% under Kayakalp in 2021-22. On the other hand, CHC Chokpot was received 53% scored for Kayakalp which is low score for award. In the district, LaQshya programme was not implemented in district hospital and CHC. The main reason was labour room of the district is very old and not as per the IPHS norm.

Chapter-4 NHM Programmes and Interventions

4.1 RMNCH+A Services

The Reproductive, Maternal, Newborn, Child and Adolescent Health (RMNCH+A) strategy is built upon the continuum of care concept and aim to improve health infrastructure, referral transport and supply chain management.

Table 10: Status of NRC, RBSK and SNCU programmes in South Garo Hills, 2021-22

| Intervention / Activities | Indicator status | |
|---|---|-----------------|
| Nutrition Rehabilitation Centers (NRC) | 1 NRC at Civil hospital | |
| Total admission (2021-22) | 12 | |
| Discharged | 12 | |
| Referral / medical transfer | 1 | |
| LAMA / Died | 0/0 | |
| Admission | | |
| Bilateral pitting oedema | 2 | |
| MUAC<115 mm | 12 | |
| <-3SD WFH | 12 | |
| Diarrhea | 3 | |
| Fever | 12 | |
| Nutritional related disorder | 12 | |
| ARI/Pneumonia | 8 | |
| Referred by | | |
| Referred by Frontline worker | 2 | |
| By OPD / Pediatric ward | 7 | |
| RBSK | 3 | |
| Self | 1 | |
| Rashtriya Bal Swasthya Karyakram (RBSK) | Implemented | |
| Total No. of RBSK teams sanctioned | 2 | |
| No. of team with all HR in-place | 16 | |
| No. of vehicles (on the road) for RBSK teams | 8 | |
| Average no. of children born in delivery points screened for defects at birth | 714 | |
| Average no. of children screened per day per team | 32 | |
| Special Newborn Care Unit (SNCU) | Not available | |
| NBSU | In-born | Out-born |
| Admissions | 8 | 0 |
| Discharged | 5 | 0 |
| Defects at birth | 0 | 0 |
| Referral | 1 | 0 |
| LAMA | 0 | 0 |
| Died | 0 | 0 |
| Home Based New-born Care (HBNC) | Total number of ASHA: 663 | |
| | Total no. of ASHAs with HBNC kits: 501 | |
| | Total no. of newborn visited under HBNC: NA | |

Source: District Performa, NHM PIP South Garo Hills, 2022

National Rehabilitation Centre is functioning at civil hospital Baghmara in South Garo Hills district. Under NRC programme, a total of 12 malnourished children are admitted in civil hospital. Out of total admission, all the children have been discharged from the hospital and one child had referred to other facility. The major cause of admission was severe wasting (SAM, 12 newborns) followed by fever, nutritional disorder and bilateral pitting oedema during 2021-22. Seven SAM children were referred by pediatric ward followed by RBSK and frontline workers.

RBSK programme was functioning and eight teams are working in four blocks sanctioned in the district. Each team of RBSK has full members in every block. Total 32 staffs were posted under RBSK (MOs-16, Pharmacist-6, lab technician-2 and ANMs-8). Eight vehicles on the road for RBSK teams. RBSK team screened on an average 32 children per team in 2021-22. Average 714 children (April to September 2022) born in delivery points have been screened for defects at birth in 2021-22. Special new born care units (SNCU) was not available in the district. Children have to referred in Tura hospital in West Garo Hills district. New born stabilization unit was available at PHC level where delivery was conducted. Total eight children have been admitted in unit. Of these, five children were discharged and two died. Under the HBNC, a total of 663 ASHAs are working in the district and 501 ASHAs have received the HBNC and drug kits. There was no information provided about newborns visited under HBNC by ASHAs.

4.2 National Disease Control Programmes

In the district, Integrated Disease Surveillance Programme (IDSP), National Vector Borne Disease Control Programme (NVBDCP), National Tuberculosis Elimination Programme (NTEP) and National Leprosy Elimination Programme (NLEP) programmes were operational. Rapid response team are being constituted under the Integrated Disease Surveillance Programme (IDSP). The team comprises of Medical specialist, District Surveillance Officer, District Malaria Officer (DMO), Epidemiologist, Food safety officer, AH & Veterinary Officer, Lab Technician and Staff Nurses in the district. Under the NVBDCP, micro plan is available at district hospital. Annual blood examination rate (ABER) was decreased from 24.2% in 2019-20 to 22.9% in 2021-22 in the district. ABER was higher in 2020-21 at 32.0%. The reason for increase or decrease was past three years intensive surveillance has been carried with the aim to eliminate malaria by 2028 in the district. Active follow up of positive cases and adequate supply of logistics and anti-malaria drugs and better capacitation of ASHAs and health workers have contributed in increasing the surveillance and decrease of malaria positive cases. Under National Tuberculosis Elimination Programme (NTEP), No target of TB notification was achieved by the district in 2021-22. Under the programme, drugs for both drug sensitive and resistance TB were made available. Public sector notified a total number of notified patients were 73 in 2021-22 by local health authorities

while there was no notified TB patient by private sector in the district. Of the total notified cases, treatment success rate was 85% in 2021-22 in public.

Table 11: IDSP, NVBDCP, NTEP and NLEP services, South Garo Hills district, 2022

| National Disease Control Programmes | | Observations |
|--|---|--|
| 1 | Implementation of Integrated Disease Surveillance Programme | Yes |
| 1.1 | Rapid response team constituted and composition of the team | Yes, 07 members |
| 1.2 | No. of outbreaks investigated in previous and current year | 1 in 2021-22 |
| 2 | Implementation of National Vector Borne Disease Control Programme (NVBDCP) | Yes |
| 2.1 | Micro plan and macro plan available at district level | Yes |
| 2.2 | Annual Blood Examination Rate | |
| | 2019-20 | 24.2% |
| | 2020-21 | 32.0% |
| | 2021-22 | 22.9% |
| 2.3 | Reason for increase/ decrease (trend of last 3 years to be seen) | Over the past three years intensive surveillance has been carried with the aim to eliminate malaria by 2028 in the district. Active follow up of positive cases. |
| 2.4 | Long Lasting Impregnated Bed nets (LLIN) distribution | Yes, 89004 |
| 2.5 | Indoor Residual Spray (IRS) for Malaria control | Yes, 60% of the population |
| 2.4 | Anti-larval methods | Yes |
| 2.5 | Contingency plan for epidemic preparedness | Yes |
| 2.6 | No. of MDR rounds observed | 2 rounds in 2021-22 |
| 3 | Implementation of National Tuberculosis Elimination Programme | Yes |
| 3.1 | Target TB notification achieved | No |
| 3.2 | Whether HIV Status of all TB patient is known | Yes |
| 3.3 | Whether drugs for both drug sensitive and drug resistance TB available | Yes |
| 3.4 | Eligible TB patients with UDST testing | Yes |
| 3A | Patients notification from public sector | |
| | No of patients notified | 73, 2021-22 |
| | Treatment success rate | 85% |
| | No. of MDR TB Patients | 0 |
| | Treatment initiation among MDR TB patients | 0 |
| 3B | Patients notification from private sector | |
| | No of patients notified | 0 |
| | Treatment success rate | 0 |
| | No. of MDR TB Patients | 0 |
| | Treatment initiation among MDR TB patients | 0 |
| 3C | Beneficiaries paid under Nikshay Poshan Yojana | Yes |
| 4 | Implementation of National Leprosy Eradication Programme (NLEP) | Yes |
| | No. of new cases detected | 0 |
| | No. of G2D cases | 0 |
| | MDT available without interruption | Yes |
| | MCR footwear and self-care kit available | Yes |

Source: District Performa, NHM PIP South Garo Hills, 2022

No MDR-TB patients identified by public sector in 2021-22. Under National Leprosy Eradication Programme, no new cases were detected but none are diagnosed with Grade 2 Disabilities (G2D). The reconstruction surgery for G2D cases being conducted. The MCR footwear and self-care kits are available.

4.3 Community Process

The community processes involve the ASHAs and Village Health Sanitation and Nutrition Committees and related support structure. ASHAs play important role to create awareness and provide information to the community.

Table 12: Key indicators for ASHA and ASHA facilitators, South Garo Hills district, 2022

| Sl.no. | Key indicators | Number |
|----------|--|--------|
| 1 | Status of ASHAs | |
| 1.1 | ASHAs required as per population | 681 |
| 1.2 | Selected ASHAs | 663 |
| 1.3 | No. of ASHAs covering more than 1500 (rural) population | 0 |
| 1.4 | Villages with no ASHA | 18 |
| 2 | Status of social benefit scheme for ASHAs and ASHA Facilitators | |
| 2.1 | ASHAs enrolled for Pradhan Mantri Jeevan Jyoti Bima Yojana (PMJJBY) | 20 |
| 2.2 | ASHA Facilitator enrolled for PMJJBY | 3 |
| 2.3 | ASHAs enrolled for Pradhan Mantri Suraksha Bima Yojana (PMSBY) | 20 |
| 2.4 | ASHA facilitator enrolled for PMSBY | 3 |
| 2.5 | ASHAs enrolled for Pradhan Mantri Shram Yogi Maandhan Yojana (PMSYMY) | 24 |
| 2.6 | ASHA facilitator enrolled for PMSYMY | 3 |
| 3 | Status of Mahila Arogya Samitis (MAS) | |
| 3.1 | MAS Formed | NA |
| 3.2 | MAS Trained | NA |
| 3.3 | MAS account opened | NA |
| 4 | Status of Village Health Sanitation and Nutrition Committee (VHSNC) | |
| 4.1 | VHSNC Formed | 663 |
| 4.2 | VHSNC Trained | 553 |

Source: District Performa, NHM PIP South Garo Hills, 2022

A total of 681 ASHAs were required as per the population norm but 663 ASHAs have been selected in the district whereby each ASHA can serve a population of 1000 in rural areas. Total 18 villages are available without ASHAs in the district. On the other hand, 20 ASHAs were covered under the Pradhan Mantri Jeevan Jyoti Bima Yojana (PMJJBY) and Pradhan Mantri Suraksha Bima Yojana (PMSBY) in the district. However, only three ASHA Facilitator were covered under PMSBY and PMJJBY scheme. However, 24 ASHAs were enrolled under PMSYMY. Mahila Arogya Samiti (MAS) was not formed. Total 663 VHSNC have formed and 553 were trained in 2022

Chapter-5 Public Health Facilities Monitoring Assessment

5.1 Civil Hospital Baghmara, South Garo Hills District

- Civil Hospital Baghmara is functioning with 100 bedded facility. It is upgraded to civil hospital from the CHC. It is providing limited services at this early phase of its functioning. The approach road towards the hospital is in poor condition and ambulances take more than the specified time to reach the hospital.
- The building of the hospital is very old and structure is not as per the IPHS norm. There is a need to follow up with proper planning and construction to provide more services in the hospital.
- Civil Hospital Baghmara provides limited of specialized services like; Medicine, Dental, USG, Emergency service and X-ray to the patients.
- Sick Newborn Care Unit (SNCU) service was not available in the district. For that service, children are referred to Maternal & Child Health hospital Tura which is 109 km. away from the South Garo Hills district and road connectivity is very bad.
- Civil hospital Baghmara has not initiated FRU services. However, in South Garo Hills district, even CHC Chokpot is unable to provide emergency obstetric care and specialist services, and for the same services patients have to either travel to Tura Civil hospital in West Garo Hills district or Shillong.
- Civil hospital conducts only normal delivery services. OT is available but not functional due to lack of manpower and lack of blood storage facility.
- Shortage of portable X-ray machine, ECG and USG services, non- availability of Blood Banks and poor road connectivity are some of the major factors responsible for high OOPE and poor maternal health indicators in the district.
- A total of 97 drugs are available during visited the hospital. In addition, Online Drugs and Vaccine management system (DVDMS) is non-functional for supply chain management.
- Total eight RBSK teams are available in the district. District has four blocks (Baghmara, Chokpot, Gasuapara and Rongara); each block has two teams. All the teams have full HR in place and eight mobile vehicles were available during the visit.
- RBSK team is well versed with screening protocol and are conducting regular screening visits to schools and AWCs. Average of 32 children were screened per day per team and 714 children have screened in delivery points for defect at birth from April to September 2022.

- NCD screening is limited to Hypertension and Diabetes in the district hospital. Total 220 cases of Hypertension and 4 cases of Diabetes have been confirmed in year 2021-22. No fixed day for NCD clinic is conducted by the facility.
- National Oral Health Programme is functioning well at the civil hospital Baghmara. Dental services like; dental check-up, extractions, root canal treatment, oral prophylaxis and temporary restoration are being provided in the hospital. Average monthly dental OPD was 100 to 130 patients. Support staff like dental surgeon and dental hygienist/assistant post is in-position at the hospital.
- Adolescent Friendly Health Clinic is functioning at Civil hospital and counsellor provide counselling services to the female. Total 835 adolescent females have received counselling services in last six months.
- Tele-consultation / medicine service is not yet initiated in the civil hospital. CT scan facility was not available in the hospital.
- National Tobacco Control Programme is functional in the district. In most of the facilities, hoarding and signboards are in place and displayed in suitable location in the premises of health facilities and IEC material is well displayed across facilities.
- Weekly data entry of P and L form is reported on IHIP portal under IDSP programme at the district hospital.
- District hospital has DOTS microscopy lab centre and OPD samples are tested for TB. All the TB patients are tested for both HIV and Diabetes Mellitus. Nikshay Poshan Yojana is implemented and out of 24, 22 patients receive incentive through DBT in 2021-22.
- Kayakalp programme is implemented at Civil hospital and received 64.4% score. LaQshya programme is not implemented as building structure is very old.
- Eight cases are referred from district to higher level of facility for complication with pregnancy in October 2022.
- District hospital has two ambulances but more ambulances are required to address gaps due to poor road connectivity and frequent breakdown of ambulance.
- No maternal death was reported at the hospital in 2020-21. Total five child deaths were reported in 2021-22.
- District hospital was functioning with four regular MO-MBBS, 27 staff nurses and two lab technicians on contract basis.

- A total of 97 drugs were available in EDL list but DVDMS is not being implemented at the facility.

Table 13: Services available at civil hospital, South Garo Hills district, 2022-23

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

Source: District Checklist, NHM PIP Monitoring, 2022

Table 14: Status of infrastructure at civil hospital, SGH, 2022

| Infrastructure indicators | Yes/No |
|---|--------|
| 24*7 running water facility | Y |
| Clean functional toilets available (separate for Male and female) | Y |
| Drinking water facility available | Y |
| OPD waiting area has sufficient sitting arrangement | Y |
| Facility is geriatric and disability friendly (ramps etc.) | Y |
| ASHA rest room is available | N |
| Drug storeroom with rack is available | Y |
| Power backup (Complete Hospital / Part of the hospital) | Y |
| Availability of delivery services | Y |
| If facility is designated as FRU, whether C-section are performed | Y |
| PMSMA services provided on 9 th of every month | Y |

Source: District Checklist, NHM PIP Monitoring, 2022

Table 15: Emergency services available at civil hospital, Baghmara, SGH, 2022

| Emergency services | Yes/No | Key information |
|---|---------------|---|
| General emergency | Y | All the services were provided under the general emergency room |
| Facility available for-Triage | N | |
| Facility available for-Resuscitation | N | |
| Facility available for-Stabilization | N | |
| OT services available | | |
| If Yes, types of OT services available | Y | But not functional |
| If yes, Single general OT | Y | |
| Elective OT-Major (General) | N | |
| Elective OT-Major (Ortho) | N | |
| Obstetrics & Gynaecology OT | N | |
| Ophthalmology / ENT OT | N | |
| Emergency OT | N | |
| Other services | | |
| Availability of functional blood bank | N | Available at civil Hospital |
| Whether blood is issued free or user fee charged | Y | Free for BPL, Elderly and JSSK |
| Biomedical waste management practices | Y | Sharp and deep burial pits |
| Line listing of high-risk pregnancies | Y | |
| Whether facility have register for entering births and deaths | Y | |
| Comprehensive abortion care (CAC) available | Y | |
| Availability of vaccine and hub cutter | Y | |

Source: District Checklist, NHM PIP Monitoring, 2022-23

5.2 Community Health Centre, Chokpot

- CHC Chokpot is functioning with 30 bedded facility and lack of clean drinking water is noticed during the visit. The facility has drug store room and power back-up.
- Four MO (MBBS), six SNs and one each of dentist, lab technician and Pharmacist were posted at the facility. No specialist posts were filled up despite having sanctioned posts.
- CHC provides OPD, IPD, lab tests, emergency services, dental and newborn care services. Tele-medicine service is not implemented at the facility.
- CHC is not designated as FRU i.e., C-section service is not being provided due to non-availability of Gynecologist, Pediatrician and Anesthetist and no blood storage unit. Only normal delivery services are conducted in limited numbers by the facility. In last month (October 2022), 19 deliveries were conducted.
- CHC Chokpot has a map displayed at the facility for nearby villages and health facilities. In addition, emergency contact numbers are displayed on the outer walls of the CHC.

- In the last six months, a total of 186 individuals for hypertension, 64 diabetes, 186 oral cancer and 54 breast cancer were screened and 72 patients were found positive of hypertension.
- Adolescent Friendly Health Clinic (AFHC) was functioning and providing counselling services to males and females separately. In six months, only four adolescents were counseled.
- CHC Chokpot is Designated Microscopy Centre (DMC) for screening of TB patients through CBNAAT/TruNat machine. Average 5.6% of OPD whose samples were tested for TB in last six month.
- No new case was detected by field worker in last one year under the leprosy eradication programme. The community surveillance is being conducted once in a month in villages.
- CHC Chokpot received the NHM fund of Rs. 1,33,82,068 and utilized Rs. 1,28,58,380 during FY 2021-22.
- Under the CHC, some of the villages reported low immunization due to social stigma and also hard to reach areas. Immunization teams are engaged in the villages during dry season and motivated the people to utilize the services.
- The facility has insufficient quarter for the staff. However, irregular/ low voltage supply of electricity which was difficult to recharge the power back up system and also affect monitoring of cold chin temperature.
- Documentation of TB cases, TB notification registered, Malaria, Palliative cases, Dengue & Chikungunya and Leprosy records are well maintained.
- High Risk Pregnancies and other services is poor throughout the facilities except Civil Hospital Aizawl.
- The facility has implemented Kayakalp programme and scored 53% in 2021-22. CHC has not initiated LaQshya and NQAS activity.
- Essential drug list was available and displayed on OPD area. Total 95 drugs were available on day of visit and DVDMS was implemented for supply chain management system.
- Shortage of drugs like; Cap. Omeprazole, tablet PCM 500mg, Cefixime tablet, Cetirizine tablet and Vitamin B Complex capsule from the EDL in last 30 days.
- Family planning services were available at facility. Oral Contraceptive Pills, Condoms and Chhaya are mostly used methods. FP-LMIS implementation has been initiated.
- Major equipment like; X-ray machine, Phototherapy and Semi-Automatic Analyzer was not available at CHC Chokpot.

Table 16: Availability of specialized services at CHC Chokpot

| Services | CHC-Chokpot |
|---|--------------------|
| Medicine | No |
| Obstetrics & Gynaecologist | No |
| Paediatrician | No |
| General Surgery | No |
| Anaesthesiology | No |
| Ophthalmology | No |
| Dental | Yes |
| Imaging Services (X – ray) | No |
| Imaging Services (USG) | No |
| New-born Stabilization Unit | Yes |
| Tele-medicine/Consultation services available | No |
| Operation theatre | No |
| Availability of functional blood storage unit | No |

Source: District Checklist, NHM PIP Monitoring, 2022-23

Table 17: Emergency, OT, TB programme and other services at CHC Chokpot

| Emergency and OT services | CHC- Chokpot |
|--|---------------------|
| General emergency | No |
| Facility available for-Triage | No |
| Facility available for-Resuscitation | No |
| Facility available for-Stabilization | No |
| OT services available | No |
| If Yes, major OT available | NA |
| Minor OT available | NA |
| Drugs and Diagnostic | |
| Availability of list of essential medicines (EML)/ drugs | Yes |
| DVDMS or similar supply chain management system | Yes |
| Availability of essential diagnostics | Yes (In-house) |
| X-ray services is available | No |
| Is the X-ray machine AERB certified | No |
| Maintenance of records | |
| Maintenance of records on TB cases | Yes |
| TB notification registers | Yes |
| Maintenance of records on Malaria cases | Yes |
| Maintenance of records on Palliative cases | No |
| Maintenance of records on Dengue and Chikungunya | Yes |
| Maintenance of records on Leprosy cases | Yes |
| Other services | |
| Line listing of high-risk pregnancies | Yes |
| Facility have register for entering births and deaths | Yes |
| Comprehensive abortion care (CAC) service available | No |
| Availability of trained provider for IUCD / PPIUCD | Yes |
| FP-LMIS has been implemented | Yes |
| Availability of Adolescent Friendly Health Clinic (AFHC) | Yes |
| Whether facility has fixed day for NCD clinic | Yes |
| Reporting of weekly data in P, S and L form under IDSP | Yes |
| Are service provider trained in cancer services? | Yes |

Source: District Checklist, NHM PIP Monitoring, 2022-23

Figure 3: Pictures of visited civil hospital, Baghmara and CHC Chokpot, SGH 2022



5.3 Primary Health Centre, Siju

- PHC Siju has 10 bedded facility, it is working with PPP mode. It is difficult to access from the road and the referral point is civil hospital Williamnagar which is at a distance of 54 km. The

facility is furnished with all the basic amenities such as drinking water, clean toilet, waiting area, drug store room with rack and power backup (solar system).

- The facility provides OPD, ANC, PNC, Immunization, family planning, sputum collection, leprosy programme, emergency services, lab tests and JSY/JSSK services.
- Tele-medicine/consultation services are being provided at PHC Siju. No fixed day for NCD clinic was available. IT facilities like four desktop and functional tablets has been given to all ANMs. Total 30 ASHAs have smartphone and 11 ASHAs are pending. Internet facility is unstable.
- In case of biomedical waste management, facility has sharp pit, deep burial pit and also a system of vermi composing for waste material of the facility.
- Wellness related activities have been initiated twice in a month. Screening for Oral, Breast and Cervical cancer is not being undertaken at PHC Siju.
- Line-listing of pregnant women for severe anaemia and High-Risk Pregnancy is available. 78 children were immunized with birth dose at the facility in last three month.
- Family planning services were available at facility. Oral Contraceptive Pills, Emergency Contraceptive Pills, Condoms and Chhaya are mostly used methods. FP-LMIS has been implemented but staff was not trained to operate the system.
- One MO (MBBS), three staff nurses, five ANM, and one Pharmacist and one lab technician has been employed and running the facility. Four ward boys were posted at the facility.
- Documentation of delivery, High Risk Pregnancies and other services is poor throughout the facilities except Civil Hospital Aizawl.
- Essential Drug List (EDL) is available and displayed in OPD areas at the facility. A total of 81 drugs are available on the day of visit. DVDMS system is implemented by the facility for supply chain management.
- Shortage of drugs like; Tramadol Oral, Adrenaline Injection, Amikacin Injection and ACT-AL for malaria from the EDL in last 30 days.
- Some of the instruments like; Boiler (sterilization), BP Apparatus and Stethoscope were non-functional for more than seven days.
- Normal delivery service was available and 83 deliveries have been conducted from August to October 2022. Also, facility scored 65% under Kayakalp programme in 2021-22 and completed internal assessment in October 2022.

5.4 Primary Health Centre, Nongalbibra

- Facility has 12 bedded functional hospital. Basic infrastructure like; clean drinking water, drug store room and power backup with inverter. The ramp facility is available for elderly and divyangs.
- The facility provides normal delivery care services and 54 deliveries have been conducted in last three months (August to October 2022). JSY or JSSK payment to beneficiaries as well as ASHAs were completed till October 2022, one-month lag of payments delayed reported by facility due to internet connectivity issues.
- C-section cases are referred to Williamnagar hospital, which is 30 km. away from the centre. Radiant warmer in labour room was not working during visit.
- Essential Drug List (EDL) is available and properly displayed at the facility. A total of 94 drugs are available on the day of visit.
- Shortage of several drugs like Metronidazole 400mg, Cefixime 100mg, Azithromycin 500mg, Omeprazole 10mg and Cetirizine 5mg from EDL is noted in last 30 days.
- Facility is functioning with two MO-MBBS, one MO-Ayush, three SNs (1 is contractual), two ANMs and one lab technician is available at the PHC to provide their services. No pharmacist is available.
- Tele-medicine or consultation service is not being provided by the facility. Tablets were given to ANMs. Only smart phones have given to 30 ASHAs under the PHC area.
- PHC Nongalbibra is providing delivery services to the community and had also maintained complete line listing of pregnant women, high risk pregnancies, home deliveries, immunization due list, sick new-born, maternal and child deaths.
- Family planning services were available at facility. Choice of Oral Contraceptive Pills and injectable Antara was most preferred methods among the eligible couple.
- Staff Nurse and ANM was provided family counselling. These providers have been trained in IUCD/PPIUCD. FP-LMIS implementation has been implemented.
- No X-ray service was available at facility. Minimal shortage of testing kits/rapid diagnostic kit, observed during field visit.
- No maternal death was reported in 2020-21, one death reported in 2021-22. However, two child deaths have been reported in 2021-22.

- 54 new born immunized with birth dose at the facility including five sub-centres. No fixed NCD clinic day available. Facility is designated as Designated Microscopy Centre and currently patients were taking anti-TB drugs from the facility.

Figure 4: Pictures of visited PHC-Siju and Nongalbibra, SGH district 2022



Primary Health Centre, Siju, South Garo Hills (SGH)

ANC ward at PHC Siju

Labour room, PHC Siju

Transit Home at PHC Siju

Primary Health Centre, Nongalbibra, SGH

PNC ward, PHC Nongalbibra

5.5 Sub-Centre, Nilwagre

- Sub-Centre is located near the India-Bangladesh border. The road connectivity is very poor. The referral point is Baghmara civil hospital which is 12 km distance from the centre. The building is in poor condition having tin shaded roof top of SC. Space constraint is the major problem of the centre.
- SC is functioning with two ANMs on contractual basis, one MPW-Male and 11 ASHAs. Facility is providing OPD, ANC check-up, immunization, family planning, adolescent care services whereas delivery and complicated cases are referred to Civil hospital Baghmara.
- There are a total of 1234 individuals above 30 years of age in the HWC population but only nine CBAC form has been filled in last six months.
- Family planning services is very low as community has not accepted the method provided by health facility. OCP, Injectable Antara and condom was utilized for services. No trained provider was available for IUCD and PPIUCD.
- Tele-consultation services are not available at the facility. Nine hypertension, diabetes, oral and breast cancer have been screened.
- No Essential Drug List (EDL) is available and displayed in OPD areas at the facility. No anti-TB drugs are available on the day of visit.
- Wellness activities are not performed at HSC due to space constraints. Line listing of all pregnant women is recorded along with high risk women identified by ASHAs.
- Availability of drug kits with PCM, Amoxicillin, IFA, Zinc, ORS, IFA syrup and Cotrimoxazole and ASHAs have HBNC kits (weighing scale and digital thermometer).
- The sub-centre has maintained the record of TB cases (both cases drug sensitive and drug resistant), malaria, palliative, leprosy and dengue & chikungunya cases.
- Sub-centre has received Rs. 10,000 under RKS/untied fund and this fund has been utilized for purchasing light bulb, bucket, mug, broom, wiper etc. in 2021-22.
- Village Health Sanitation & Nutrition Day was conducted at AWC as well as at SC. Total 48 VHSND have been conducted in last six months.
- SC was following the micro plan for immunization in the field. ASHAs followed up of SNCU and LBW discharged in their respective areas. However, ASHAs did not get target for Routine Immunization session due to refusal by some identified villages in the areas.

- Minimal shortage of rapid testing kits (RTK) reported by SC. Availability of vaccine and hub cutter in the facility. ANM has awareness about open vial policy.
- Nine child deaths were reported by SC during 2021-22 as these were home deliveries and these newborn did not receive immediate treatment after birth. No maternal death was reported.

5.6 Sub-Centre, Ganchikalak

- Sub-Centre Ganchikalak is located near to road side and the referral point is CHC Chokpot which is 12 km. away from the facility. Drinking water facility was available at facility.
- SC is functioning with three ANMs (one ANM on contractual), three MPW-Male, and 58 ASHAs. Facility is providing only OPD, ANC check-up, immunization and family planning.
- Village Health Sanitation & Nutrition Day is conducted at AWC as well as at SC. Total 165 VHSND have been conducted in last six months.
- A total of 3116 individuals above 30 years of age under the HWC population. But only one CBAC form has been filled in last six months. 36 individuals were screened and two confirmed for hypertension in last six months.
- A total of 49 presumptive TB patients were identified and referred for testing, only three TB patients are diagnosed and are taking treatment under sub-centre area out of the total presumptive cases in 2021-22.
- Wellness activities is not conducted at SC. Line listing of all pregnant women, high risk pregnancy is conducted by ASHAs.
- A total of 111 deliveries were reported in 2021-22, out of total, 90 deliveries conducted at home. In 2022 (April to October), out of 79 deliveries, 61 were home based deliveries.

Figure 5: Visited SC, Nilwagre and Ganchikalak in South Garo Hills district



Meeting with Staff at Sub-Centre, Nilwagre, SGH

Sub-Centre, Ganchikalak

Table 18: Status of SC-HWC health services and records, SGH district, 2022

| Indicators | Nilwagre | Nongalbibra |
|---|-----------------|--------------------|
| Infrastructure | | |
| Condition of building | Poor condition | Good |
| Clean drinking water facility available | Yes | No |
| Specified or separate space for yoga / welfare activities | No | No |
| Power backup with inverter | No | Yes |
| Key services at SC | | |
| Availability of list of essential medicines (EML)/ drugs | No | Yes |
| EDL/EML display in OPD area | No | No |
| Availability of anti-TB drugs at facility | No | No |
| Shortage of 5 priority drugs from EDL in last 30 days, if any | No | Yes |
| Availability of Testing kits/ Rapid Diagnostic Kits | No | No, shortage |
| Availability of delivery services | No | No |
| Tele-medicine / Consultation services available | No | No |
| Availability of vaccines and hub cutter | Yes | Yes |
| Availability of trained provider for IUCD / PPIUCD | No | No |
| Availability of Vaccine and hub cutter | Yes | Yes |
| Whether Universal screening of NCD has started | Yes | Yes |
| Whether reporting weekly data in S form under IDSP | Yes | No |
| Whether wellness activities are performed | No | No |
| Line listing of all pregnant women in the areas | Yes | Yes |
| Line listing of all eligible couple in the areas | Yes | Yes |
| Availability of Equipment | | |
| BP instrument | Yes, Manual | Yes, digital |
| Thermometer | Yes | Yes |
| Contraceptive | Yes | Yes |
| Glucometer | Yes | Yes |
| Maintenance of Records | | |
| Maintenance of records on TB cases (drug sensitive/resistant cases) | Yes | No |
| Maintenance of records on Malaria cases | Yes | No |
| Maintenance of records on Palliative cases | Yes | No |
| Maintenance of records on Dengue and Chikungunya | Yes | No |
| Maintenance of records on Leprosy cases | Yes | No |

Source: Sub-Centre Checklist, NHM PIP 2022, SGH district

Chapter-6 Conclusion and Recommendations

6.1 Conclusion

The report is based on monitoring visits to Civil Hospital Baghmara, Community Health Centre Chokpot, Primary Health Centre, Siju and Nongalbibra, Sub-Centre, Nilwagre and Ganchikalak in South Garo Hills district, Meghalaya. Meetings were held with the District Medical & Health Officer (DMHO) and the NHM Nodal Officials (RCH Nodal Officer, National Programmes level Nodal Officer). Interactions were also held with the Medical Officer In-Charge (MOIC) of the selected health facilities and health care providers (ANM, ASHAs etc.) in the district.

As per NFHS 2019-21, 68.7% mothers had antenatal check up in the first trimester and 33.3% had undertaken at least four ANC visits in South Garo Hills district. IFA consumption for 100 days or more was reported at 51.8% during pregnancy and only 14.6% mother consumed IFA 180 days or more during their pregnancy. A total of 88.3% births took place in institutional facilities which is same for the public health institution in NFHS-5. Of the total births, 91.2% births were assisted by a skilled birth attendant whereas 4.7% births were through caesarean section (only public sector 5.3%). The average out of pocket expenditure per delivery in public health facility was Rs. 2370. The district has low prevalence of diarrhoea (5.4%) among children.

In case of health infrastructure, district has one civil hospital in Baghmara, it is the headquarter of the district. District has only one Community Health Centres in Chokpot. There are four blocks in the district namely; Baghmara, Chokpot, Gasuapara and Siju. CHC provides only normal delivery and no facility for C-section service. Civil hospital is not the referral point for any major complications and they are referred to Shillong or Guwahati. The higher referral of the district is Tura Civil hospital in West Garo Hills district and North Eastern Indira Gandhi Regional Institute of Health & Medical Sciences, Shillong which is about 90 km and 250 km, respectively. There are six PHCs and 27 SCs functioning and no urban health centre is available in the district. Civil hospital has no SNCU services for the children. Most of the services were not available in the district, depend on near district Guwahati in Assam.

All the Primary Health Centre (6 PHC) are operational and provide general services like: OPD, immunization, ANC check-up, family planning services, screening of sputum, limited delivery care services and malaria testing at the respective area by ASHAs. Total 27 sub-centres are functional in the district. No blood storage facility is available at CHC and PHCs level. Blood bank facility was not available in civil hospital Baghmara. The implementation of JSY and JSSK services to provide free diet, medicine and ambulance facility is available for pregnant women. No SNCU service was available at civil hospital. PMSMA was conducted on 9th of every month at civil

hospital and all the PHCs. Two PHCs have conducted more than 10 deliveries per month in district. Out of 27 SCs, four SCs were conducted more than three deliveries in a month. RBSK have eight teams in the district. District have four blocks; each block has two teams with full capacity. Teams were managed to screened 32 children on an average per day per team in 2021-22. However, 714 children were screened in delivery points for defect at birth.

Under communicable diseases control programme, district did not achieve target of TB notification in the district during 2021-22. The district has achieved 85% treatment success rate in 2021-22 from public sector and no private sector was engaged in TB notification. No new leprosy case was detected in 2021-22. IEC activities were conducted for awareness of leprosy programme in community. For NVBDCP programme, Malaria is the major public health problem in the district. In 2021, 284 Malaria cases were detected in the district. Annual parasite incidence (API) was 1.7 which is more than 1 in the district. There is a need to focus on reducing malaria cases through strengthening monitoring and surveillance of identified areas. For reducing the malaria cases, district has used two methods like; Indoor Residual Spray (IRS) and Long-Lasting Insecticidal Nets (LLIN) distribution. In 2022, district has completed 66.7% house sprays and 57% rooms are completed with IRS (DDT spray) spray. Overall, 60% of population are protected in the houses. Under the IDSP programme, surveillance report is being updated through P, L and S form in IHIP portal on a daily basis. The data are being analysed and are used for feedback to the reporting units and also detect for any outbreak.

Under the Non-communicable disease, total seven NCD programmes are functional in the district as follow; National Programme for Health Care for the Elderly (NPHCE), National Program for Control of Blindness and Vision Impairment (NPCB+VI), National Mental Health Program (NMHP), National Tobacco Control Programme (NTCP), National Programme for Prevention and Control of Diabetes, Cardiovascular Disease and Stroke (NPCDCS), National Oral Health Programme and National Programme on Palliative Care (NPPC).

In the district, a total of 663 ASHAs are working against 681 were required as per population norm. 18 villages have no ASHAs in the district. In 2021-22, eight maternal deaths reported by CHC (1), PHCs (2) and SCs (5). While 15 neonatal and 40 child deaths have been reported in the district during 2021-22. A total of 744 mothers and 59 sick infants were received free drugs and diagnostic services. Under RKSK programme, two blocks were covered under peer education programme which is covered 60 villages. District has 240 peer educators and eight meeting held under adolescent friendly clinic in 2021-22. Total eight ambulances were available in the district.

6.2 Recommendations

Strengthening of C-section services at CHC Chokpot: C-section services are conducted only at Civil hospital Williamnagar where they have limited resources and space crunch to handle high delivery load. In this regard, there should be availability of C-section facility at the DH and the CHCs to reduce the burden of high out of pocket expenditure. Also, it is more difficult to commute in hill areas to reach the civil hospital which is far from the facility. Besides this, specialised services should also be initiated as well as expanded (Medicine, Surgery, Anaesthesiology ultrasound imaging services) at the public health facilities.

Ensure the Regular Training of Medical Staffs: Major health staffs including Medical Officers, Staff Nurses, ANMs and ASHAs needs to be trained in CEmONC, SBA, NSSK, Dakshata and programmes related training. Accelerating NSSK training of SNs, ANMs and refresher training for ANMs and ASHAs on essential newborn care/ home-based newborn care is recommended.

Strengthening Logistic and Supply System at Primary Level: It has been reported by the medical staff at the primary level health facilities that certain equipment's and instruments are in short supply in the facilities. Service utilization at primary level (PHC and SC level) is widely dependent on availability of medicines and diagnostic services. CHC Chokpot and PHCs reported shortage of rapid testing kits and consumable drugs during the visit. Therefore, supply of medicines and testing kits needs to be ensured for reduction of disease burden in the community.

Reduce the high home deliveries in the district: In order to decrease the number of home deliveries it is recommended that transit home should be established in the district which provides stay facilities for accompanying persons. This would increase institutional deliveries and facilitate monitoring of ANC and delivery care of all the pregnant women.

Increase Utilization of Family Planning Services: It was observed that family planning indicators can be improved in the district. Low utilization of the methods and no participation of male in the programmes are major concerns. Therefore, efforts to include community leaders and religious leaders for advocacy of family planning services can be considered. In addition, ASHAs orientation should be organised in monthly meetings regarding family planning methods to motivate the community in the field.

Annexure-I: DH Checklist



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: |

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

| Indicator | Remarks/ Observation | | | | | | | | | | | | |
|--|--|-----|---------|-----|---|----------|--|---|-----|--|---|-----------|--|
| 1. OPD Timing | | | | | | | | | | | | | |
| 2. Condition of infrastructure/ building Please comment on the condition and tick the appropriate box | Comments: <input type="checkbox"/> 24*7 running water facility <input type="checkbox"/> Facility is geriatric and disability friendly (ramps etc.) <input type="checkbox"/> Clean functional toilets available (separate for Male and female) <input type="checkbox"/> Drinking water facility available <input type="checkbox"/> OPD waiting area has sufficient sitting arrangement <input type="checkbox"/> ASHA rest room is available <input type="checkbox"/> Drug storeroom with rack is available Power backup: <input type="checkbox"/> Complete Hospital/ <input type="checkbox"/> Part of the hospital Last major renovation done in (Year): _____ | | | | | | | | | | | | |
| 3. Number of functional in-patient beds | _____ No of ICU Beds available: | | | | | | | | | | | | |
| 4. List of Services available | | | | | | | | | | | | | |
| <ul style="list-style-type: none"> • Specialized services available in addition to General OPD, ANC, Delivery, PNC, Immunization, FP, Laboratory services | <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;">Sl.</th> <th style="width: 70%;">Service</th> <th style="width: 20%;">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> </tbody> </table> | Sl. | Service | Y/N | 1 | Medicine | | 2 | O&G | | 3 | Pediatric | |
| Sl. | Service | Y/N | | | | | | | | | | | |
| 1 | Medicine | | | | | | | | | | | | |
| 2 | O&G | | | | | | | | | | | | |
| 3 | Pediatric | | | | | | | | | | | | |

| Indicator | Remarks/ Observation |
|---|--|
| | 4 General Surgery 5 Anesthesiology 6 Ophthalmology 7 Dental 8 Imaging Services (X - ray) 9 Imaging Services (USG) 10 District Early Intervention Centre (DEIC) 11 Nutritional Rehabilitation Centre (NRC) 12 SNCU/ Mother and Newborn Care Unit (MNCU) 13 Comprehensive Lactation Management Centre (CLMC) / Lactation Management Unit (LMU) 14 Neonatal Intensive Care Unit (NICU) 15 Pediatric Intensive Care Unit (PICU) 16 Labour Room Complex 17 ICU 18 Dialysis Unit 19 Emergency Care 20 Burn Unit 21 Teaching block (medical, nursing, paramedical) 22 Skill Lab |
| 5. Emergency | General emergency: or facilities available for: 1. Triage 2. Resuscitation 3. Stabilization |
| 6. Tele-medicine/Consultation services available | <input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, average case per day _____ |
| 7. Operation Theatre available | <input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, Single general OT: Elective OT-Major (General): Elective OT-Major (Ortho): Obstetrics & Gynecology OT: Ophthalmology/ENT OT: Emergency OT: |
| 8. Availability of functional Blood Bank | <input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, number of units of blood currently available: _____ No. of blood transfusions done in last month: _____ |
| 9. Whether blood is issued free, or user-fee is being charged | <input type="checkbox"/> Free for BPL <input type="checkbox"/> Free for elderly <input type="checkbox"/> Free for JSSK beneficiaries <input type="checkbox"/> Free for all |
| 10. Biomedical waste management practices | 1. Sharp pit 2. Deep Burial pit 3. Incinerator |

| Indicator | Remarks/ Observation | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|------|------|-------|------|-------|-----------|--|--|--|--|-------------|----------|--|--|--|--|------|--|--|--|--|--------------|--|--|--|--|-------------|--|--|--|--|---------|--|--|--|--|-----------------|--|--|--|--|------------|--|--|--|--|-------------|--|--|--|--|-------------|--|--|--|--|--------|--|--|--|--|---------|--|--|--|--|--------------------|--|--|--|--|-----|--|--|--|--|------------|--|--|--|--|------------------------------|--|--|--|--|----------------------------|--|--|--|--|---------------------|--|--|--|--|---------------------|--|--|--|--|--------|--|--|--|
| | 4. Using Common Bio Medical Treatment plant 5. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11. Details of HR available in the facility (Sanctioned and In-place) | <table border="0" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;"></td> <td style="width: 15%; text-align: center;">HR</td> <td style="width: 15%; text-align: center;">San.</td> <td style="width: 15%; text-align: center;">Reg.</td> <td style="width: 15%; text-align: center;">Cont.</td> </tr> <tr> <td>MO (MBBS)</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Specialists</td> <td>Medicine</td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>ObGy</td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>Pediatrician</td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>Anesthetist</td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>Surgeon</td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>Ophthalmologist</td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>Orthopedic</td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>Radiologist</td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>Pathologist</td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>Others</td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>Dentist</td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>Staff Nurses/ GNMs</td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>LTs</td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>Pharmacist</td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>Dental Technician/ Hygienist</td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>Hospital/ Facility Manager</td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>EmOC trained doctor</td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>LSAS trained doctor</td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>Others</td> <td></td> <td></td> <td></td> </tr> </table> | | 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 | | | | | Others | | | |
| | 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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 19. Availability of Essential Consumables: | <input type="checkbox"/> Sufficient Supply <input type="checkbox"/> Minimal Shortage <input type="checkbox"/> Acute shortage | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| Indicator | Remarks/ Observation |
|--|--|
| | In last 6 months how, many times there was shortage_____ |
| 20. Availability of essential diagnostics | <input type="checkbox"/> In-house <input type="checkbox"/> Outsourced/ PPP <input type="checkbox"/> Both/ Mixed |
| <ul style="list-style-type: none"> In-house tests | Timing: Total number of tests performed: _____ Details of tests performed: |
| <ul style="list-style-type: none"> Outsourced/ PPP | Timing: Total number of tests performed: _____ Details of tests performed: |
| 21. X-ray services is available | <input type="checkbox"/> Yes/ <input type="checkbox"/> No If Yes, type & nos. of functional X-ray machine is available in the hospital: Is the X-ray machine AERB certified: <input type="checkbox"/> Yes/ <input type="checkbox"/> No |
| 22. CT scan services available | <input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes: <input type="checkbox"/> In-house/ <input type="checkbox"/> PPP Out of Pocket expenditures associated with CT Scan services (if any, approx. amount per scan): _____ |
| 23. Whether diagnostic services (lab, X-ray, USG etc.) are free for all | <input type="checkbox"/> Free for BPL <input type="checkbox"/> Free for elderly <input type="checkbox"/> Free for JSSK beneficiaries <input type="checkbox"/> Free for all |
| 24. Availability of Testing kits/ Rapid Diagnostic Kits | <input type="checkbox"/> Sufficient Supply <input type="checkbox"/> Minimal Shortage <input type="checkbox"/> Acute shortage |
| 25. Implementation of PM-National Dialysis programme | <input type="checkbox"/> Yes/ <input type="checkbox"/> No <input type="checkbox"/> In-house <input type="checkbox"/> Outsourced/ PPP Total number of tests performed: _____ |
| <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 | <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 | |
| 27. Average downtime of equipment. Details of | |

| Indicator | Remarks/ Observation |
|--|---|
| 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: |
| 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 |

| Indicator | Remarks/ Observation | | |
|--|--|----------|-----------|
| 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 | | |
| 48. Whether facility has fixed day NCD clinic | <input type="checkbox"/> Yes/ <input type="checkbox"/> No If Yes, how many days in a week: _____ days | | |
| 49. Are service providers trained in cancer services? | <input type="checkbox"/> Yes/ <input type="checkbox"/> No | | |
| 50. Number of individuals screened for the following in last 6 months: | | Screened | Confirmed |
| | a. Hypertension | | |
| | b. Diabetes | | |
| | c. Oral Cancer | | |
| | d. Breast Cancer | | |
| e. Cervical Cancer | | | |
| 51. 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 Nikshay Poshan Yojana in the last 6 months: _____ | | | |
| 52. Maintenance of records on | <ul style="list-style-type: none"> TB Treatment Card cases (both for drug sensitive and drug resistant cases): <input type="checkbox"/> Yes/ <input type="checkbox"/> No | | |

| Indicator | Remarks/ Observation |
|--|---|
| | <ul style="list-style-type: none"> • 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 <input type="checkbox"/> DH/ SDH has contracted out ambulance services <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 referred to in last month? | Number: Types of cases referred in: |
| • How many cases were referred out last month? | Number: Types of cases referred out: |
| 3. Key challenges observed in the facility and the root causes | |
| Challenge | Root causes |
| a) | |
| b) | |
| c) | |
| d) | |

Annexure-II: CHC Checklist



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: |

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

| Indicator | Remarks/ Observation | | | | | | | | | |
|---|--|-----|---------|-----|---|----------|--|---|-----|--|
| 4. OPD Timing | | | | | | | | | | |
| 5. Whether the facility is functioning in PPP mode | <input type="checkbox"/> Yes/ <input type="checkbox"/> No | | | | | | | | | |
| 6. Condition of infrastructure/ building | Comments: | | | | | | | | | |
| Please comment on the condition and tick the appropriate box | <input type="checkbox"/> 24*7 running water facility <input type="checkbox"/> Facility is geriatric and disability friendly (ramps etc.) <input type="checkbox"/> Clean functional toilets available (separate for Male and female) <input type="checkbox"/> Drinking water facility available <input type="checkbox"/> OPD waiting area has sufficient sitting arrangement <input type="checkbox"/> ASHA rest room is available <input type="checkbox"/> Drug storeroom with rack is available Power backup: <input type="checkbox"/> Complete Hospital/ <input type="checkbox"/> Part of the hospital | | | | | | | | | |
| 7. Number of functional in-patient beds | | | | | | | | | | |
| 8. List of Services available | | | | | | | | | | |
| <ul style="list-style-type: none"> • Specialized services available in addition to General OPD, ANC, | <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 5%;">Sl.</th> <th style="width: 40%;">Service</th> <th style="width: 55%;">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> </tbody> </table> | Sl. | Service | Y/N | 1 | Medicine | | 2 | O&G | |
| Sl. | Service | Y/N | | | | | | | | |
| 1 | Medicine | | | | | | | | | |
| 2 | O&G | | | | | | | | | |

| Indicator | Remarks/ Observation | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|---|------|------|-------|------|-------|-----------|--|--|--|--|-------------|----------|--|--|--|--|------|--|--|--|--|--------------|--|--|--|--|-------------|--|--|--|---------|--|--|--|--|-----------|--|--|--|--|-----|--|--|--|--|------------|--|--|--|--|-----------------------------|--|--|--|--|----------------------------|--|--|--|--|---------------------|--|--|--|--|---------------------|--|--|--|--|--------|--|--|--|--|
| Delivery, PNC, Immunization, FP, Laboratory services | 3 Pediatric 4 General Surgery 5 Anesthesiology 6 Ophthalmology 7 Dental 8 Imaging Services (X – ray) 9 Imaging Services (USG) 10 Newborn Stabilization Unit | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <ul style="list-style-type: none"> If any of the specialists are available 24*7 | <input type="checkbox"/> Yes available <input type="checkbox"/> Yes, available only on-call <input type="checkbox"/> Not available | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <ul style="list-style-type: none"> Emergency | General emergency: or facilities available for: 1. Triage 2. Resuscitation 3. Stabilization | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9. Tele-medicine/Consultation services available | <input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, average case per day _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10. Operation Theatre available | <input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, Major: Minor: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11. Availability of functional Blood Storage Unit | <input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, number of units of blood currently available: _____ No. of blood transfusions done in last month: _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 12. Whether blood is issued free, or user-fee is being charged | <input type="checkbox"/> Free for BPL <input type="checkbox"/> Free for elderly <input type="checkbox"/> Free for JSSK beneficiaries <input type="checkbox"/> Free for all | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 13. Biomedical waste management practices | Sharp pit: Deep Burial pit: Other System, if any: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 14. Details of HR available in the facility (Sanctioned and In-place) | <table border="0" style="width: 100%;"> <tr> <td style="width: 30%;"></td> <td style="width: 20%;">HR</td> <td style="width: 10%;">San.</td> <td style="width: 10%;">Reg.</td> <td style="width: 10%;">Cont.</td> </tr> <tr> <td>MO (MBBS)</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Specialists</td> <td>Medicine</td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>ObGy</td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>Pediatrician</td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>Anesthetist</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Dentist</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>SNs/ GNMs</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>LTs</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Pharmacist</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Dental Assistant/ Hygienist</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Hospital/ Facility Manager</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>EmOC trained doctor</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>LSAS trained doctor</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Others</td> <td></td> <td></td> <td></td> <td></td> </tr> </table> | | HR | San. | Reg. | Cont. | MO (MBBS) | | | | | Specialists | Medicine | | | | | ObGy | | | | | Pediatrician | | | | | Anesthetist | | | | Dentist | | | | | SNs/ GNMs | | | | | LTs | | | | | Pharmacist | | | | | Dental Assistant/ Hygienist | | | | | Hospital/ Facility Manager | | | | | EmOC trained doctor | | | | | LSAS trained doctor | | | | | Others | | | | |
| | HR | San. | Reg. | Cont. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| MO (MBBS) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Specialists | Medicine | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | ObGy | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Pediatrician | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Anesthetist | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Dentist | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SNs/ GNMs | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| LTs | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Pharmacist | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Dental Assistant/ Hygienist | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Hospital/ Facility Manager | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| EmOC trained doctor | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| LSAS trained doctor | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Others | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 15. IT Services | <ul style="list-style-type: none"> Desktop/ Laptop available: <input type="checkbox"/>Yes/ <input type="checkbox"/>No Internet connectivity: <input type="checkbox"/>Yes/ <input type="checkbox"/>No Quality/strength of internet connection: _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| Indicator | Remarks/ Observation |
|---|--|
| 16. Kayakalp | Initiated: Facility score: Award received: |
| 17. NQAS | Assessment done: Internal/State Facility score: Certification Status: |
| 18. LaQshya | Labour Room: Operation Theatre: |
| 19. Availability of list of essential medicines (EML)/ drugs (EDL) | <input type="checkbox"/> Yes/ <input type="checkbox"/> No |
| | If yes, total number of drugs in EDL_____ |
| | EDL displayed in OPD Area: <input type="checkbox"/> Yes/ <input type="checkbox"/> No |
| | No. of drugs available on the day of visit (out of the EDL) _____ |
| 20. Implementation of DVDMS or similar supply chain management system | <input type="checkbox"/> Yes/ <input type="checkbox"/> No If other, which one_____ |
| 21. Shortage of 5 priority drugs from EDL in last 30 days, if any | 1 2 3 4 5 |
| 22. Availability of Essential Consumables: | <input type="checkbox"/> Sufficient Supply <input type="checkbox"/> Minimal Shortage <input type="checkbox"/> Acute shortage In last 6 months how many times there was shortage_____ |
| 23. Availability of essential diagnostics | <input type="checkbox"/> In-house <input type="checkbox"/> Outsourced/ PPP <input type="checkbox"/> Both/ Mixed |
| • In-house tests | Timing: Total number of tests performed: _____ Details of tests performed: |
| • Outsourced/ PPP | 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 |

| Indicator | Remarks/ Observation |
|--|---|
| 27. If there is any shortage of major instruments/ equipment | |
| 28. Average downtime of equipment. Details of equipment are nonfunctional for more than 7 days | |
| 29. Availability of delivery services | <input type="checkbox"/> Yes/ <input type="checkbox"/> No |
| <ul style="list-style-type: none"> If the facility is designated as FRU, whether C-sections are performed | <input type="checkbox"/> Yes/ <input type="checkbox"/> No Number of normal deliveries performed in last month: ____ No. of C-sections performed in last month: _____ |
| <ul style="list-style-type: none"> Comment on condition of: | Labour room: OT: Functional New-born care corner (functional radiant warmer with neo-natal ambu bag): <input type="checkbox"/> Yes/ <input type="checkbox"/> No |
| 30. Status of JSY payments | Payment is up to date: <input type="checkbox"/> Yes/ <input type="checkbox"/> No Average delay: Payment done till: Reasons for delay: |
| 31. Availability of JSSK entitlements | <input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, whether all entitlements being provided <input type="checkbox"/> Free delivery services (Normal delivery/ C-section) <input type="checkbox"/> Free diet <input type="checkbox"/> Free drugs and consumables <input type="checkbox"/> Free diagnostics <input type="checkbox"/> Free blood services <input type="checkbox"/> Free referral transport (home to facility) <input type="checkbox"/> Free referral transport (drop back from facility to home) <input type="checkbox"/> No user charges |
| 32. PMSMA services provided on 9 th of every month | <input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, how are high risks identified on 9 th ? If No, reasons thereof: |
| 33. Line listing of high-risk pregnancies | <input type="checkbox"/> Yes/ <input type="checkbox"/> No |
| 34. Practice related to Respectful Maternity Care | |
| 35. Whether facility have registers for entering births and deaths | <input type="checkbox"/> Yes/ <input type="checkbox"/> No |
| 36. Number of Maternal Death reported in the facility | Previous year: Current year: |
| 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 | |

| Indicator | Remarks/ Observation | | |
|---|--|----------|-----------|
| 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 | | | |
| 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 | | |
| 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 | | |
| 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: | | |

| Indicator | Remarks/ Observation |
|---|--|
| | 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 <input type="checkbox"/> CHC has contracted out ambulance services <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: 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 observed in the facility and the root causes | |
| Challenge | Root causes |
| a) | |
| b) | |
| c) | |
| d) | |

Annexure-III: PHC Checklist



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



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

Service Delivery:

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

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

| Indicator | Remarks/ Observation |
|--|---|
| A. OPD Timing | |
| a. For U-PHC, check if evening/morning OPD/Clinics being conducted | <input type="checkbox"/> Yes/ <input type="checkbox"/> No |
| B. Whether the facility is functioning in PPP mode | <input type="checkbox"/> Yes/ <input type="checkbox"/> No |
| C. Condition of infrastructure/ building | Comments: |
| Please comment on the condition and tick the appropriate box | <input type="checkbox"/> 24*7 running water facility <input type="checkbox"/> Facility is geriatric and disability friendly (Ramps etc.) <input type="checkbox"/> Clean functional toilets available (separate for Male and female) <input type="checkbox"/> Drinking water facility available <input type="checkbox"/> OPD waiting area has sufficient sitting arrangement <input type="checkbox"/> ASHA rest room is available <input type="checkbox"/> Drug storeroom with rack is available <input type="checkbox"/> Power backup <input type="checkbox"/> Branding |
| D. Number of functional in-patient beds | |
| E. List of Services available | |
| F. If 24*7 delivery services available | <input type="checkbox"/> Yes/ <input type="checkbox"/> No |

| Indicator | Remarks/ Observation |
|--|--|
| G. Tele-medicine/Consultation services available | <input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, average case per day_____ |
| H. Biomedical waste management practices | Sharp pit: Deep Burial pit: Other System, if any: |
| I. Details of HR available in the facility (Sanctioned and In-place) | HR MO (MBBS) MO (AYUSH) SNs/ GNMs ANM LTs Pharmacist Public Health Manager (NUHM) LHV/PHN Others |
| J. 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: _____ |
| K. Kayakalp | Initiated: Facility score: Award received: |
| L. NQAS | Assessment done: Internal/State Facility score: Certification Status: |
| M. 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) _____ |
| N. Implementation of DVDMS or similar supply chain management system | <input type="checkbox"/> Yes/ <input type="checkbox"/> No If other, which one_____ |
| O. Shortage of 5 priority drugs from EDL in last 30 days, if any | 1 2 3 4 5 |
| P. Drugs Available for Hypertension & Diabetic patients: | 1 2 3 |
| Q. Shortage of sufficient number of Hypertension & Diabetic in last 7 days | 1 2 3 |

| Indicator | Remarks/ Observation |
|---|---|
| R. 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_____ |
| S. Availability of essential diagnostics | <input type="checkbox"/> In-house <input type="checkbox"/> Outsourced/ PPP <input type="checkbox"/> Both/ Mixed |
| • In-house tests | Timing: Total number of tests performed: _____ Details of tests performed: |
| • Outsourced/ PPP | Timing: Total number of tests performed: _____ Details of tests performed: |
| T. 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 |
| U. 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 |
| V. Availability of Testing kits/ Rapid Diagnostic Kits | <input type="checkbox"/> Sufficient Supply <input type="checkbox"/> Minimal Shortage <input type="checkbox"/> Acute shortage |
| W. If there is any shortage of major instruments/ equipment | |
| X. Average downtime of equipment. Details of equipment are nonfunctional for more than 7 days | |
| Y. 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 |
| Z. 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: |
| AA. 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 |

| Indicator | Remarks/ Observation | | |
|---|---|----------|-----------|
| BB. Line listing of high-risk pregnancies | <input type="checkbox"/> Yes/ <input type="checkbox"/> No | | |
| CC. Number of normal deliveries in last three month | | | |
| DD. Availability of Daksh/ Dakshta trained/SBA trained MO/SN/ANM in Labour Room | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| EE. Practice related to Respectful Maternity Care | | | |
| FF. Number of Maternal Death reported in the facility | Previous year: Current FY: | | |
| GG. Number of Child Death reported in the facility | Previous year: Current year: | | |
| HH. 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 | | |
| II. Number of newborns immunized with birth dose at the facility in last 3 months | | | |
| JJ. Newborns breastfed within one hour of birth (observe if practiced and women are being counselled) | | | |
| KK. Number of sterilizations performed in last one month | | | |
| LL. Availability of trained provider for IUCD/ PPIUCD | <input type="checkbox"/> Yes/ <input type="checkbox"/> No | | |
| MM. Who counsels on FP services? | | | |
| NN. Please comment on utilization of other FP services | | | |
| OO. FPLMIS has been implemented | <input type="checkbox"/> Yes/ <input type="checkbox"/> No | | |
| PP. 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 | | |
| QQ. Whether facility has fixed day NCD clinic | <input type="checkbox"/> Yes/ <input type="checkbox"/> No If Yes, how many days in a week: _____ days | | |
| RR. Are service providers trained in cancer services? | <input type="checkbox"/> Yes/ <input type="checkbox"/> No | | |
| SS. 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 | | |
| TT. Whether wellness activities are performed | <input type="checkbox"/> Yes/ <input type="checkbox"/> No Frequency: | | |
| UU. Whether reporting weekly data in P and L form under IDSP | <input type="checkbox"/> Yes/ <input type="checkbox"/> No | | |
| VV. 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): _____ | | |

| Indicator | Remarks/ Observation |
|---|--|
| WW. 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 Nikshay Poshan Yojana in the last 6 months: _____ |
| XX. 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: _____ |
| YY. 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 |
| ZZ. 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) |
| AAA. 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 |
| BBB. Frequency of RKS meeting (check and obtain minutes of last meeting held) | |
| CCC. Availability of ambulance services in the area | <input type="checkbox"/> PHC own ambulance available <input type="checkbox"/> PHC has contracted out ambulance services <input type="checkbox"/> Ambulances services with Centralized call centre <input type="checkbox"/> Government ambulance services are not available |
| | Comment (if any): |

| Indicator | Remarks/ Observation |
|--|--|
| • 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: |
| DDD. Key challenges observed in the facility and the root causes | |
| Challenge | Root causes |
| a) | |
| b) | |
| c) | |
| d) | |
| e) | |
| Only for U-PHC | |
| EEE. Population enumeration initiated for slum population | <input type="checkbox"/> Not yet initiated <input type="checkbox"/> Initiated <input type="checkbox"/> Completed |
| FFF. Number of CBAC forms filled (NUHM) | |
| GGG. 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: |
| HHH. UHNDs Conducted: | <input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, no. of UHND conducted per month: |
| III. 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: |

Annexure-VI: HSC Checklist



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



Sub-Centre (SC) Level Checklist

Service Delivery: Sub Centre

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

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

| Indicator | Remarks/ Observation | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--|------|-------|------|-------|-----------------|--|--|--|----------|--|--|--|-----------|--|--|--|------|--|--|--|--------|--|--|--|
| 1. List of Services available | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2. Condition of infrastructure/ building Please comment on the condition and tick the appropriate box | Comments: <input type="checkbox"/> 24*7 running water facility <input type="checkbox"/> Facility is geriatric and disability friendly <input type="checkbox"/> Clean functional toilets available (separate for Male and female) <input type="checkbox"/> Drinking water facility available <input type="checkbox"/> OPD waiting area has sufficient sitting arrangement <input type="checkbox"/> ASHA rest room is available <input type="checkbox"/> Drug storeroom with rack is available <input type="checkbox"/> Branding <input type="checkbox"/> Specified area for Yoga / welfare activities <input type="checkbox"/> Power backup | | | | | | | | | | | | | | | | | | | | | | | | |
| 3. Biomedical waste management practices | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4. Details of HR available in the facility (Sanctioned and In-place) | <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">HR</td> <td style="width: 10%;">San.</td> <td style="width: 10%;">Reg.</td> <td style="width: 10%;">Cont.</td> </tr> <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> </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 | | | | | | | | | | | | | | | | | | | | | | | | |

| Indicator | Remarks/ Observation |
|---|--|
| | <ul style="list-style-type: none"> Internet connectivity: <input type="checkbox"/>Yes/ <input type="checkbox"/>No Quality/strength of internet connection: |
| 6. Availability of list of essential medicines (EML)/ drugs (EDL) | <input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, total number of drugs in EDL: EDL displayed in OPD Area: <input type="checkbox"/> Yes/ <input type="checkbox"/> No No. of drugs available on the day of visit (out of the EDL) |
| 7. Are anti-TB drugs available at the SHC? | <input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, are there any patients currently taking anti-TB drugs from the SHC? <input type="checkbox"/> Yes/ <input type="checkbox"/> No |
| 8. Shortage of 5 priority drugs from EDL in last 30 days, if any | 1 2 3 4 5 |
| 9. Drugs Available for Hypertension & Diabetic patients: | 1 2 3 |
| 10. Shortage of sufficient number of Hypertension & Diabetic in last 7 days | 1 2 3 |
| 11. Are CHOs dispensing medicines for hypertension and diabetes at SHC-HWC | <input type="checkbox"/> Yes/ <input type="checkbox"/> No |
| 12. Availability of Testing kits/ Rapid Diagnostic Kits | <input type="checkbox"/> Sufficient Supply <input type="checkbox"/> Minimal Shortage <input type="checkbox"/> Acute 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: Current year: |
| 16. Number of Child Death Review conducted | Previous year: Current year: |
| 17. Availability of vaccines and hub cutter | <input type="checkbox"/> Yes/ <input type="checkbox"/> No <ul style="list-style-type: none"> Awareness of ANM on vaccine schedule: <input type="checkbox"/>Yes/ <input type="checkbox"/>No Awareness about open vial policy: <input type="checkbox"/>Yes/ <input type="checkbox"/>No |
| 18. Availability of micro-plan for immunization | <input type="checkbox"/> Yes/ <input type="checkbox"/> No |
| 19. Follow up of: | SNCU discharge babies: <input type="checkbox"/> Yes/ <input type="checkbox"/> No LBW babies: <input type="checkbox"/> Yes/ <input type="checkbox"/> No |
| 20. Line listing of all eligible couple in the area | <input type="checkbox"/> Yes/ <input type="checkbox"/> No |
| 21. Availability of trained provider for IUCD/ PPIUCD | <input type="checkbox"/> Yes/ <input type="checkbox"/> No |

| Indicator | Remarks/ Observation | | |
|---|--|-----------|--------------|
| 22. Please comment on utilization of other FP services | | | |
| 23. Number of individuals above 30 years of age in the HWC population | | | |
| 24. Number of CBAC forms filled in last 6 months | | | |
| 25. Report for number of individuals for whom CBAC form has been filled in last six months. | Score with below 4: 4 and above score: | | |
| 26. Whether universal screening of NCD has started | <input type="checkbox"/> Yes/ <input type="checkbox"/> No | | |
| 27. Number of individuals screened for the following in last 6 months: | | Screened | Confirmed |
| | a. Hypertension | | |
| | b. Diabetes | | |
| | c. Oral Cancer | | |
| | d. Breast Cancer | | |
| 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 | Last year | Current year |
| | 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) | | | |

| Indicator | Remarks/ Observation |
|--|---|
| <ul style="list-style-type: none"> Status of availability of Drug Kits (Check for PCM/ Amoxicillin/ IFA/ ORS/ Zinc/ IFA Syrup/ Cotrimoxazole) | |
| <ul style="list-style-type: none"> ASHA Incentives: Any Time lag /Delay in Payment after submission of voucher. <ul style="list-style-type: none"> Average delay | |
| <ul style="list-style-type: none"> ASHA is aware about provision of incentives under NTEP (Informant Incentives, Treatment Supporter Incentives) and Nikshay Poshan 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 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 observed in the facility and the root causes | |
| Challenge | Root causes |
| a) | |
| b) | |
| c) | |
| d) | |