



Ministry of Health & Family Welfare  
Government of India



A Report on Monitoring of Important Components of the  
Programme Implementation Plan under  
National Health Mission  
SOUTH TRIPURA DISTRICT, TRIPURA



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## CONTENTS

EXECUTIVE SUMMARY .....	7
<b>Chapter 1 Introduction</b>	
1.1 Introduction.....	10
1.2 Major objectives of monitoring & evaluation visit.....	11
1.3 Methodology .....	12
1.4 Demographic Profile.....	13
1.5 Health and Healthcare.....	15
<b>Chapter 2 Public Health Financing</b>	
2.1 State Programme Implementation Plan .....	16
2.2 District Health Action Plan.....	17
<b>Chapter 3 Public Health Planning &amp; Implementation</b>	
3.1 Health Infrastructure .....	21
3.2 Human Resource for Healthcare.....	23
3.3 Health Systems Strengthening .....	24
3.1.1 Referral Transport .....	24
3.1.2 Drugs and Diagnostics .....	24
3.1.3 HR Training as per RoP.....	25
<b>Chapter 4 National Health Mission Programmes</b>	
4.1 Reproductive, Maternal, Neonatal, Child and Adolescent Health.....	26
4.2 National Nutritional Programmes.....	27
4.3 Communicable Diseases Programmes.....	28
4.4 Non-Communicable Diseases Programme .....	28
4.5 Other National Programmes .....	30
<b>Chapter 5 Public Health Facility Assessment</b>	
5.1 District Hospital, South Tripura.....	31
5.2 Community Health Centers.....	33
5.3 Primary Health Centers.....	35
5.4 Sub-Health Center.....	37



**Chapter 6 Community Health**

6.1 Background: ..... 38

6.2 Community Interaction: ..... 38

**Chapter 7 Conclusion and Recommendations**

7.1 Conclusion ..... 40

7.2 Recommendations ..... 42

Annexures .....43



## TABLES & FIGURES

Table 1: List of institutions and facilities visited by the PRC-IEG Team, SouthTripura 2021-22 .....	13
Table 2: Key Demographic Indicators, India, Tripura and SouthTripura.....	14
Table 3 :Status of Key Health Indicators, Tripura and SouthTripura, 2021-22.....	43
Table 4: Details of resource envelope, Tripura, 2021-22.....	17
Table 5: Breakup of resource envelope, Tripura, NHM FY 2021-22.....	44
Table 6: Summary of Budget Approval, Tripura ,2021-22, (Rs. in Lakhs), 2021-22.....	45
Table 7: FMR wise budget received and Utilized, SouthTripura, 2021-22 .....	19
Table 8: Programme wise budget received and Utilized, SouthTripura, 2021-22.....	20
Table 9: Details of health facilities available in South Tripura, 2021-22 .....	46
Table 10: Status of social benefit scheme for ASHAs and ASHA Facilitators, 2021-22 .....	46
Table 11: Details of HR Training as per RoP approval, 2021-22 .....	25
Table 12: Details of RMNCHA+ programmes functional at the district level, 2021-22 .....	47
Table 13: Details of Communicable disease programmes implemented in the District. 2021-22.....	48
Table 14: Status of implementation of Comprehensive Primary Health Care (CPHC), 2021-22.....	29
Table 15: Availability of specialized services at CHC, 2021-22 .....	33
Table 16: Human resources availability at Community Health Centre, 2021-22 .....	33
Table 17: Human resources availability at Primary Health Centre, 2021-22 .....	33
Table 18: Status of health services at Primary Health Centre, 2021-22 .....	33
Figure 1: Building Blocks of Health Systems.....	12
Figure 2: District Map of Tripura .....	13
Figure 3: CHC Rajnagar .....	34
Figure 4: CHC Manubazar.....	34
Figure 5: PHC Paikhola .....	36
Figure 6: PHC BC Manu.....	36
Figure 7: HWC Gouranha Bazar.....	36
Figure 8: Beneficiary Interaction .....	39



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The Monitoring & Evaluation of National Health Mission Programme Implementation Plans would not have been possible without the active participation and insightful inputs by each and every Paramedical and Administrative staff, who form the public health system of South Tripura.

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## ABBREVIATIONS

<b>ANC</b>	Ante Natal Care
<b>ANM</b>	Auxiliary Nurse Midwife
<b>AYUSH</b>	Ayurveda, Yoga & Naturopathy, Unani, Siddha and Homoeopathy
<b>BMW</b>	Biomedical waste
<b>BSU</b>	Blood Storage Unit
<b>CMO</b>	Chief District Medical Officer
<b>CHC</b>	Community Health Centre
<b>DH</b>	District Hospital
<b>DPM</b>	District Programme Manager
<b>EMOC</b>	Emergency Obstetric Care
<b>FRU</b>	First Referral Unit
<b>HMIS</b>	Health Management Information System
<b>HWC</b>	Health & Wellness Centre
<b>IPD</b>	In Patient Department
<b>IUCD</b>	Intra Uterine Contraceptive Device
<b>JSSK</b>	Janani Shishu Suraksha Karyakram
<b>JSY</b>	Janani Suraksha Yojana
<b>LSAS</b>	Life Saving Anesthetic Skill
<b>M&amp;E</b>	Monitoring and Evaluation
<b>MDR</b>	Maternal Death Review
<b>MMU</b>	Mobile Medical Unit
<b>MOIC</b>	Medical Officer In- Charge
<b>NBCC</b>	New Born Care Corner
<b>NBSU</b>	New Born Stabilization Unit
<b>NHM</b>	National Health Mission
<b>NVBDCP</b>	National Vector Borne Disease Control Programme
<b>NSV</b>	No Scalpel Vasectomy
<b>OCP</b>	Oral Contraceptive Pill
<b>OPD</b>	Out Patient Department
<b>OPV</b>	Oral Polio Vaccines
<b>PIP</b>	Programme Implementation Plan
<b>PRC</b>	Population Research Centre
<b>PNC</b>	Post Natal Care
<b>PPP</b>	Public Private Partnership
<b>RBSK</b>	Rashtriya Bal Suraksha Karyakram
<b>RCH</b>	Reproductive Child Health
<b>RKS</b>	Rogi Kalyan Samiti
<b>SBA</b>	Skilled Birth Attendant
<b>SN</b>	Staff Nurse
<b>SNCU</b>	Special New Born Care Unit
<b>VHND</b>	Village Health and Nutrition Day



## EXECUTIVE SUMMARY

One of the salient factors that measure the progress of National Health Mission (NHM) remains the monitoring and evaluation activities undertaken by The Ministry of Health and Family Welfare on a continuous basis. It is expected that a timely and systematic assessment of the key components of NHM can be critical for further planning and resource allocation for any area. In this regard, the Ministry of Health and Family Welfare has assigned Population Research Centres (PRC), Delhi the task of quality monitoring of essential components of State Programme Implementation Plan under NHM.

This report focuses on the monitoring of essential components of NHM in South Tripura district of Tripura for the year 2021-22. The evaluation was carried out in the month of September 2022 and as part of the district level assessment, the following public health care facilities were visited by a two-member team from PRC: District Hospital South Tripura, CHC Manubazaar, CHC Rajnagar, PHC Paikhola, PHC Bir Chandra Manu, and HWC Gurangbazar. Interactions with district and block level health administrators were held to understand the challenges being faced by them in service provisioning. Further beneficiary interactions were held at each visited facility to understand the problems being faced by them in accessing the public health facilities. HMIS data was also verified for the District Hospital Ranking data validation purposes.

Following are the key findings and recommendations based on the monitoring visits and interactions with health officials at the site.

1. **Nonfunctional Truma Centre:** The district has built a trauma centre adjacent to the district hospital building but due to shortage of staff it has not yet become functional.
2. **No intensive care facility for sick new born:** The district does not have SNCU at any public health facility. Newborns with any complications are thus referred to either Gomati district or to Agartala.
3. **Quality assurance programmes not implemented:** Programmes for improving the quality of care at public health facilities have very limited implementation in the district. Laqshya and NQAS assessments have only been done at 2 public health facilities in the entire district. In-adequate staff knowledge on quality assurance mechanisms was observed during visit.
4. **No dedicated health programme for adolescents:** There is no dedicated health programme running for adolescents in the district. AFHC clinics have not been set up at any health facility and community programmes such as peer educators programme have not been implemented.
5. **Mobile Medical Units are not functional in the district.** There are several hard to reach areas with no health facility that could benefit from services of MMUs.



6. **Limited Ultrasound facility:** Ultrasound is only available at the district hospital. No other public or private facility offers ultrasound. It is very difficult for mothers from far off areas to reach DH for ultrasound and other checkups.
7. **Drugs and Diagnostics:** Poor implementation of Free Drugs and Diagnostics scheme; medical personnel at all health facilities reported frequent stock-outs. Out of pocket expenditure on drugs was also reported by some beneficiaries in the district.
8. **Specialists services:** Deployment of specialists is concentrated at the district level, leaving limited access to specialized services in interior areas.
9. **Shortage of data entry operators:** Data entry operators are assigned multiple health facilities and work on rotational basis. Being deputed at several facilities at one time hampers the quality of work done.
10. The MPW and ANMs have been given tablets to upload data on portals. However, they are not trained enough and find it cumbersome to do the same.
11. **Drug use among adolescents.** A public health issue reported by all medical staff is the growing propensity to consume drugs and other intoxicants among the youth in the State. The provision for counselling and treatment for the same is almost negligible.
12. **Teenage pregnancies:** Women getting pregnant before attaining the child bearing age was reported to be a very common phenomenon in the district. It was reportedly affecting both the mothers and child's health.
13. **Contractual nature of Jobs:** The NHM staff that is hired on contractual basis reported that they are underpaid and find it difficult to meet their ends. Also, the annual increment in their salaries is negligible leaving them with stagnant pay even after several years of being in service.
14. **MSSSKA Initiative:** The Tripura state government has launched a mixed approach of joint implementation of National Deworming Day, Iron Folic Acid Supplementation, Intensified Diarrhoea Control Fortnight, Poshan Abhiyaan, Social Awareness and Actions to Neutralize Pneumonia Successfully, Tetanus and Diphtheria Vaccination programmes under the banner of MSSSKA in all the districts.
15. **Mayer Ghar Initiative:** Mayer Ghar i.e. free residential facility for pregnant Mother has been established in high home delivery zones in the district. Under this initiative, pregnant women who are about to deliver are provided with free residential facility with food and other provisions.



## SOUTH TRIPURA DISTRICT HIGHLIGHTS, 2021-22

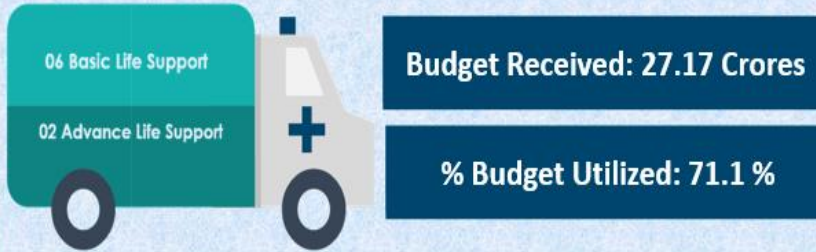
Number of delivery points with ultrasound facilities: **2**

% LaQshya certified Labor rooms to total Labor rooms : **3%**

% Kayakalp awarded facilities to total facilities: **12.5%**

Number of NQAS certified facilities: **1 PHC**

% Facilities reporting on HMIS Portal: **100%**



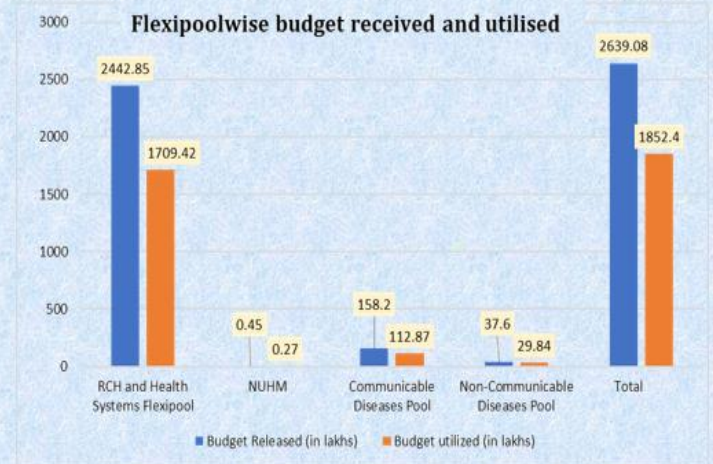
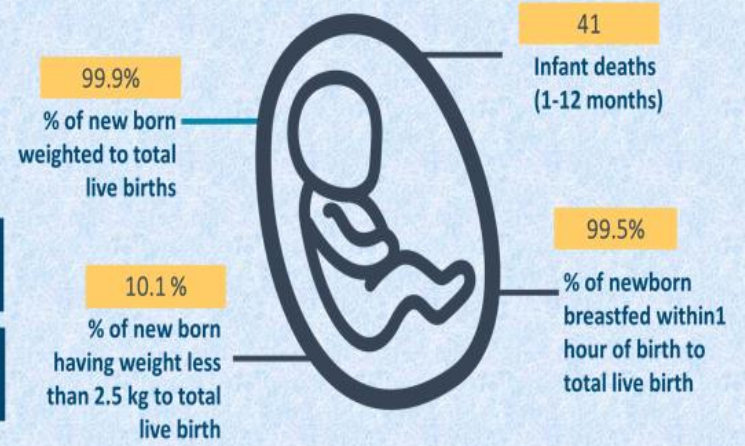
**75.5%** Pregnant women with 4 or more ANC checkups to total ANC registration

**99%** Institutional deliveries to total reported deliveries

**7.1%** C-section deliveries to total reported deliveries

**1** Maternal Deaths in the year 2021-22

**71.7%** Pregnant women given 180 IFA to total ANC registrations



## INTRODUCTION

### 1.1 Introduction

The National Health Mission was launched to make health care more accessible and affordable to all, especially who are vulnerable and underserved, it has now become one of the integral parts of the health service delivery in the country. People are being provided with promotive, preventive curative and rehabilitative services through primary health care delivery system. One of the salient factors that measure the progress of NHM remains the monitoring and evaluation activities undertaken by The Ministry of Health and Family Welfare on a continuous basis. It is expected that a timely and systematic assessment of the key components of NHM can be critical for further planning and resource allocation for any area. In this regard, the Ministry of Health and Family Welfare has assigned Population Research Centres (PRC) the task of quality monitoring of essential components of State Programme Implementation Plan under NHM.

State Programme Implementation Plan is a document prepared by States annually which helps them in identifying and quantifying their targets required for programme implementation, and propose strategies and activities to address the challenges in public health for the proposed year. A PIP is a need driven document prepared by consolidating information from various District Health Action Plans (DHAPs) submitted by districts under the State. Program Implementation Plans (PIPs) goes through a formal process of appraisal each year by MoHFW and with subsequent approval, the state's commence implementation. A holistic reporting of commitments made in the State PIP, forms an essential component of Monitoring and Evaluation of NHM progress.

This PIP monitoring report concerns the district of South Tripura in the state of Tripura. The report is prepared on the basis of field-based observations during visits to selected public health facilities in South Tripura and the interviews of CMO, District Health Officials, ANM and beneficiaries. The report highlights key observations made during the team's visit to these health facilities along with secondary data reviews and also brings forth essential inputs provided by the key personnel of NHM. It essentially throws lights on the overall status of the healthcare systems in the district, covering comprehensively the demographic profile of the district, health financing, physical health infrastructure in the district, followed by sections on human resource for healthcare, community health, and facility assessments.

## 1.2 Major objectives of monitoring & evaluation visit

- i. To review the status of implementation of key components of the programmes under the umbrella of NHM including maternal health care, infant health, child and adolescent healthcare services, family planning and communicable and non-communicable disease control programmes.
- ii. To assess the current condition of physical infrastructure and health service provision at selected District Hospital, CHCs, PHCs and SCs of the district.
- iii. To examine the status and availability of human resources for health including staffing position, vacancies and staff trainings at the selected health facilities.
- iv. To assess availability of finance for the NHM activities in the district. This includes assessing the utilization of NHM programme budgetary allocations on various components including utilization of untied funds at selected health facilities through Rogi Kalyan Samitis (RKS).
- v. To identify the gap between demand and supply of health service delivery under NHM programme based on the perspective of the community as well as the health service providers.

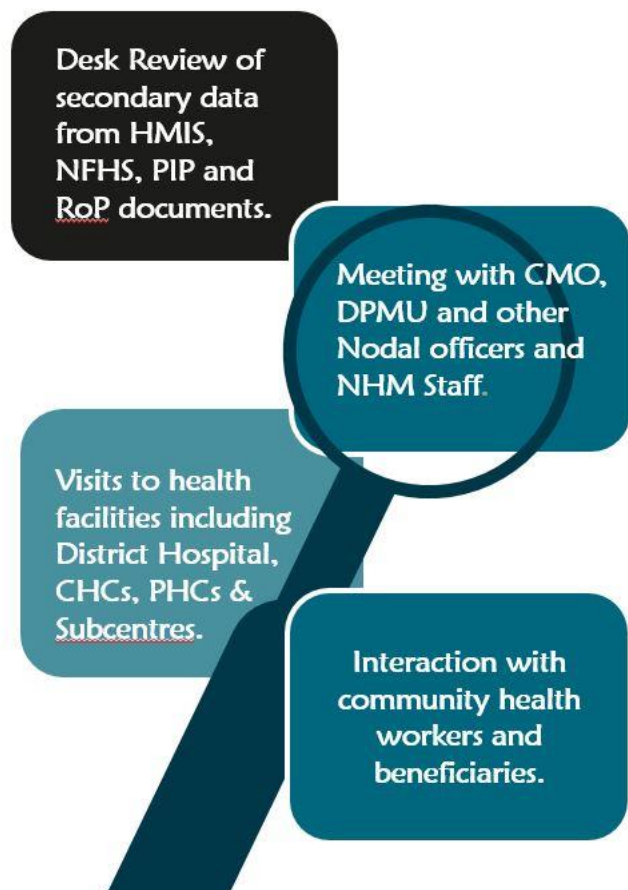
The report aims to cover all the building blocks of health system including service delivery, access to essential medicines, health workforce, health financing, health information system and leadership and governance. A snapshot of the important indicators across these blocks is presented in the form of district factsheet at the very beginning of the report.

**Figure 1: Building Blocks of Health Systems**



### 1.3 Methodology

The report is based on Primary data collected from health facility visits and secondary data collected from DPMU and CMO office as well as information collected from HMIS Web Portal for South Tripura District. Structured interview schedules were used for nodal officers and health facilities.



The assessment is based on observations made and information collected during: Round table meeting with CMO, DPMU and other Nodal officers and NHM staff, visits to health facilities and interactions with community health workers and beneficiaries

Prior to the assessment of health facilities, a meeting with key personnel of NHM, South Tripura was held. The interactions gave an enriching insight into the health situation of the district, key challenges being faced by the district, and a prospective way forward. The DPMU further elaborated the plan of visit to the health facilities.

Table 1 reports the list of institutions and facilities visited in the South Tripura district. The team interacted with key programme officials at the Office of the

CMO, the DPMU and discussed the status of the key activities.

Health facilities from all the three levels (at district, block and village level) were selected for supportive supervision after consultations with the CMO and the DPM. Further, to understand the health service providers' perspectives about the services delivery, in-depth discussions were done with the Chief Medical Officer, Block Medical Officer-in-Charge, Medical Officers, ANMs and ASHAs.

**Table 1: List of institutions and facilities visited by the PRC-IEG Team, South Tripura 2021-22**

Institutions and Facilities		Key Contact Person
Office of the Chief Medical Officer	CMO	Dr. Jagadish Ch Nama
District Programme Management Unit	DPM	Mr. Tapas Das
South Tripura District Hospital	CMS	Dr. J.S. Rieng
Community Health Centre, Manubazar	MOIC	Dr. Bebajyoti Majumder
Community Health Centre, Rajnagar	MOIC	Dr. Pranoy Barman
Primary Health Centre, Bir Chandra Manu	MOIC	Dr. Jayabati Reang
Primary Health Centre, Paikhola	MO	Dr. Anirban Biswas
Health and Wellness Centre, Gurangbazar	CHO	Mr. Arindam Bhadra

## 1.4 Demographic Profile

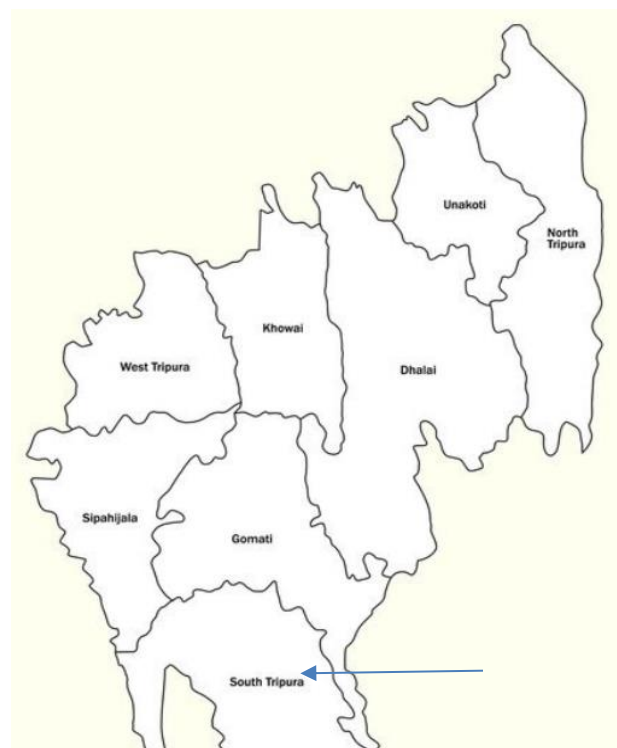


Figure 2: District Map of Tripura

The erstwhile South Tripura District was bifurcated in the year 2011 into present South Tripura District having its headquarter at Belonia and Gomati District having its headquarter at Udaipur.

The district of South Tripura has three sub divisions namely Belonia, Sabroom and Santirbazar and the district headquarter is located at Belonia, South Tripura. It is bounded by Bangladesh on south, east and west sides, by west Tripura district on north and northwestern sides and by Dhalai district on northeast side.

The total geographical area of the District is 1514.3Sq. km (approx). Although the district is situated in the southernmost tip of the State; it has the advantage of being connected with the State Capital through National Highway 44. The most commonly spoken languages here are

Bengali kokborok, chakma Mog and various dialects of the Tripuri language. Economy of South Tripura district is primarily based on agriculture, animal resource development and fisheries.

Table 2 lists the key demographic indicators of Tripura State and South Tripura district. There are 8 blocks and 169 villages in South Tripura. The Census of India (2011) provides the following highlights for the district. As per Census 2011, Tripura has population of 4.6 lakh. Total population of Tripura as per 2011 census is 461091 of which male and female are 234118 (51 per cent) and 218961 (49 per cent) respectively. The population of the district equals to around 13 per cent of the total population of Tripura. More than 90 percent of the population in the State resides in villages. Total of about 85 percent of the population in the district is literate and across gender, about 93percent males and 79 percent females are literate.

The sex ratio of the South Tripura District is 935 females per 1000 males and is lower compared to the state sex ratio of 960 females per 1000 males. Sex ratio for India stands at 943. South Tripura district is less densely populated as compared to the state of Tripura. It has population density of 299 persons per square kilometers compared to the state average of 350 persons per square kilometers.

**Table 2: Key Demographic Indicators, India, Tripura and South Tripura**

<b>Indicators</b>	<b>India</b>	<b>Tripura</b>	<b>South Tripura</b>
Total number of Blocks	6612	58	8
Total number of Villages	649481	887	169
Actual Population	1,21,08,54,977	3673917	461091
Male	623,270,58	18,74,376	234118
Female	58,75,84,719	17,99,541	218961
Urban Population %	31.16	26.2	8.2
Rural Population %	68.84	73.8	91.8
Male literacy rate (%)	80.9	97.22	93.39
Female literacy rate (%)	64.6	96	79.54
Density/ km <sup>2</sup>	382	350	299
Literates %	72.98	87.22	85.09
Sex Ratio (females per/000 male)	943	960	935
Child Sex Ratio (0-6 age)	914	-	938

Source: Census of India 2011, ORGI, GOI

## 1.5 Health and Healthcare

Table 3 (in Appendix) presents the health profile of South Tripura district for the year 2021-2022. It highlights the performance of major service delivery indicators and the subsequent health outcomes in terms of the quantifiable goals of NHM. In South Tripura, out of the number of pregnant women who registered for ANC, 85 percent of them registered in the first trimester which is higher than state average of 75 percent. Percentage of pregnant women who underwent 4 or more ANC check-ups to total ANC registration is 75.5. IFA supplementation was given to 71.7 percent of all women who registered for ANC while pregnant women given 360 Calcium tablets to total ANC registrations is 25.8 percent.

A vital component of Infant Health is proper delivery care. GoI recognizes Skilled Birth Attendant (SBA) as someone who can handle common obstetric and neonatal emergencies, hence form a crucial presence in times of such emergencies. As observed, the home deliveries are not SBA attended in South Tripura, and the reason cited for the same was that home deliveries only happen in the most remote areas and most of the delivery load is at the district hospital where it is difficult to reach in time. Provision should be made to start delivery service at the sub centres located in the remote areas. Pregnant women coming for ante natal checkups should be counselled on the importance of delivering in institutions while discouraging home deliveries. A total of about 99 per cent of all deliveries were observed to be institutional deliveries. However, the percentage of institutional deliveries to total ANC registrations is reported as 67 percent on HMIS which is lower.

With regards to Post Natal Care, 99.6 per cent of the new-borns were breast fed within 1 hour of delivery and 10 per cent of new-borns weighted less than 2.5kgs at birth. Out of the total women who delivered, approx. 2 percent of women were discharged in < 48 hours of delivery to total deliveries. The district reported a total of 1 maternal death, 37 still births, 1 child death and 41 infant deaths in the year 2021-22. There is not a single death due to sterilization in South Tripura district of Tripura. The prospect of IMR needs to be seen with respect to maternal and child health care. Encouraging progress in ante natal care, institutional deliveries, mother's education and immunization is highly recommended to achieve remarkable improvements in IMR in district.

Unmet need for family planning is a significant factor that contributes to population growth. Family planning services work in accordance to lower the unmet need. Female sterilization (Tubectomies) as a method of permanent family planning dominates the statistics with 100 percent of all sterilization conducted in 2021-22 in South Tripura. Total Sterilization Conducted was 232 in the district. Of the total deliveries conducted in the district, 3.7 percent females got IUCD insertions done.

## Chapter

## 02

## PUBLIC HEALTH FINANCING

**2.1 State Programme Implementation Plan**

Annual Program Implementation Plan (PIP) process facilitates the planning, approval and allocation of budgets of various programmes under the National Health Mission (NHM). State Programme Implementation Plan is a document to be prepared by States annually which helps them in identifying and quantifying their targets required for programme implementation, and propose strategies and activities to address the challenges in public health for the proposed year. A PIP is a need driven document prepared by consolidating information from various District Health Action Plans (DHAPs) submitted by districts under the State.

The documents are then finalized in the NPCC (National Programme Coordination Committed) meeting for administrative approval, resource envelope is created and accordingly conveyed to the state through the Record of Proceedings (RoP). The monitoring of PIPs enables measurement of physical and financial progress made by states against the approved PIPs.

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

The breakup of the total resource envelope (Appendix Table 5) shows that Rs. 50.14 Crore is allocated for RCH Flexible Pool (including RI, IPPI, NIDDCP), Rs. 111.12 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. 161.26 Crore.

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

**Table 4:** Details of Resource Envelope, Tripura, 2021-22

<b>Particulars</b>	<b>Rs. in Crore</b>
1. GoI Support (Flexible Pool allocation including Cash and Kind)	170.69
2. GoI Support for Incentive Pool based on the last year's performance (assuming no incentive/ reduction on account of performance)	28.92
3. GoI Support (under Infrastructure Maintenance)	38.61
Total GoI support	238.22
State Share (10%)	26.47
Total Resource Envelope	264.69

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

The total physical and financial outlay including infrastructure maintenance and immunization grants approved for Tripura for FY 2021-22 is Rs.34040 Lakhs (Appendix Table 6). The outlays are categorized in 18 different groups as per the financial management report (FMR) codes. Overall, 85% of the total proposed amount was approved.

Of the total outlay, 12.5% is allocated for human resources under the program. About 13.6% of the outlay is earmarked for community intervention. About 18.5% of the funds are allocated for procurements and 2.9% for facility-based services whereas 1.9% is allocated for community-based services. Further, 5% of the funds is allotted for referral transport services. Programme management also accounts for about 9% of total funds allocations. Tripura has received 3.16% of the total funds for training activities and 3.36% for untied funds. The proportion of funds received for innovations is 0.17% and for community-based service delivery is 1.97%.

## **2.2 District Health Action Plan**

Similar to State PIPs, the annual action plans for the district are called District Health Action Plan (DHAP). A DHAP depicts the need at sub district level units for programme implementation in terms of infrastructure, HR, procurement, various schemes running etc. and provides an overall budget required to execute those activities. The District Health Mission is responsible for the preparation of DHAP which is done by constituting a planning team responsible for providing overall guidance and support to the planning process.

Planning process under NRHM is follows a bottom up approach wherein inputs are taken from implementing levels starting at village to form Block Health Plans which are aggregated and consolidated to form DHAPs. For the financial year 2021-22, the district South Tripura had prepared and submitted the DHAP in the month of January and the approval for the same from the State was received in the month of April. For current financial year (2022-23), the DHAP was submitted in January but the approval was received in August.

Budget utilization is one of the key aspects to understand the progress of the NHM programmes and identify gaps and patterns in spending. In FY 2021-22, a total of Rs. 27.17 crores under the 18 FMR heads were available with South Tripura district of Tripura. Out of the total available budget, Rs. 19.32 crores are utilized (71 % utilization rate).

In 2021-22, Rs.4.55 crore was available for community interventions in the district and the utilization remained high at 95%. The district had Rs. 61.27 lakhs for facility-based service delivery and Rs 60.7 lakhs for community-based service delivery. Each accounts for about 2.2% share in the usual NHM budget of the district. Against the allotment, expenditure of Rs. 39.07 lakhs and Rs 58.91 lakhs is reported thus yielding a utilization rate of 63.8% for facility based and 97.1% for community based service delivery. Utilization rate is more than hundred percent for Infrastructure, Training, Printing and is close to hundred percent for procurements. Lowest utilization rates are for PPP. For Human Resources, fifty percent of the funds are utilized. No funds were available under the head Review, Research and Surveillance.

An analysis of programme-wise fund utilization for South Tripura district of Tripura shared by the DPMU provides the following insights. Overall, a total Rs.26.39 crores was released in FY 2021-22 for various components and activities out of which a total of Rs.18.52 crores (70.2%) was utilized. Out of the total release, Rs, 24.42 crore was allocated for RCH and Health Systems Flexipool, Rs. 0.45 lakhs were allocated for NUHM, Rs.1.58 crores toward communicable diseases pool and Rs.0.37 crores toward Non-Communicable Disease pool. The utilization rate across these categories is 69.97%, 60%, 71.34% and 79.36%, respectively.

**Table 7: FMR Wise Budget Received and Utilized for South Tripura, FY 2021-22**

<b>Indicator</b>	<b>Budget Released (in lakhs)</b>	<b>Budget utilized (in lakhs)</b>	<b>% Utilized</b>
1. FMR 1: Service Delivery: Facility Based	61.27	39.07	63.8
2. FMR 2: Service Delivery: Community Based	60.7	58.91	97.1
3. FMR 3: Community Intervention	454.64	431.92	95
4. FMR 4: Untied grants	174.65	170.78	97.8
5. FMR 5: Infrastructure	30.6	30.62	100.1
6. FMR 6: Procurement	90.79	90.23	99.4
7. FMR 7: Referral Transport	31	26.43	85.3
8. FMR 8: Human Resource (Service Delivery)	1432.44	750.71	52.4
9. FMR 9: Training	19.45	26.36	135.6
10. FMR 10: Review, Research and Surveillance	0	0	0
11. FMR 11: IEC-BCC	21.06	17.99	85.5
12. FMR 12: Printing	5.09	5.27	103.5
13. FMR 13: Quality	36.84	34.61	94
14. FMR 14: Drug Warehouse & Logistic	12.04	10.3	85.6
15. FMR 15: PPP	4.07	0.52	12.7
16. FMR 16: Programme Management	258.39	217.25	84.1
17. FMR 17: IT Initiatives for Service Delivery	20.35	18.64	91.6
18. FMR 18: Innovations	4	3.04	76.1
<b>Total</b>	<b>2717.37</b>	<b>1932.66</b>	<b>71.1</b>

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

Under RCH and Health Systems flexipool, utilization was highest (above 90%) for the Infrastructure (100%), Untied Funds (97.8%) and CPHC (96.3%). All other components show a utilization rate of more than fifty percent while the least utilization is for PPP (12%). Under the Communicable Diseases Pool, bulks of the funds are allotted for NVBDCP and NTEP. The utilization rates for the two are 66 % and 75% respectively. The district also received funds for IDSP and NLEP activities. While 86% of the funds under IDSP are utilized, the utilization rate is more than hundred percent for NLEP.

Under the NCD pool, the district was allotted Rs.37.6 lakhs for six selected programmes. This includes, NPCB+VI, NMHP, NTCP, NPCDCS, NOHP and NPPC. Full amounts were spent for NMHP and NOHP. Expenditures are incurred under NTCP (76% utilization rate), NPCB+VI (59%) and NPCDCS (81% utilization rate) and NPPC (utilization rate 72%). It is apparent that the utilization rates of funds under various programmes including communicable and NCD programmes are high.

Table 8: Programme Wise Budget Received and Utilized for South Tripura, FY 2021-22

Indicator	Budget Released (in lakhs)	Budget utilized (in lakhs)	% utilized
<b>1. RCH and Health Systems Flexipool</b>			
Maternal Health	80.65	49.42	61.3
Child Health	7.5	4.5	60
RBSK	22.76	16.56	72.7
Family Planning	4.45	3.35	75.2
PC-PNDT	0.6	0	0
Immunization	55.23	37.7	68.3
Untied Fund	174.65	170.78	97.8
Comprehensive Primary Healthcare (CPHC)	48.48	46.66	96.3
Infrastructure	30.6	30.62	100.1
ASHAs	400.64	351.22	87.7
HR	1456.89	901.52	61.9
Programme Management	67.22	41.85	62.3
Referral Transport	25	15.59	62.3
Procurement	25.79	15.63	60.6
Quality Assurance	36.84	22.61	61.4
PPP	4.07	0.52	12.7
NIDDCP	1.48	0.89	59.9
<b>2. NUHM</b>	<b>0.45</b>	<b>0.27</b>	<b>60</b>
<b>3. Communicable Diseases Pool</b>			
Integrated Disease Surveillance Programme	7.95	6.85	86.2
NVBDCP	84.5	55.82	66.1
National Leprosy Eradication Programme (NLEP)	1.75	1.82	104.3
National TB Elimination Programme (NTEP)	64	48.38	75.6
<b>4. Non-Communicable Diseases Pool</b>			
NPCB+VI	3.34	1.99	59.5
National Mental Health Program (NMHP)	3.61	3.61	100
National Tobacco Control Programme (NTCP)	8.5	6.47	76.2
NPCDCS	17.5	14.2	81.1
National Oral health programme (NOHP)	0.65	0.65	100
National Programme on palliative care (NPPC)	4	2.92	72.9
<b>Total</b>	<b>2639.08</b>	<b>1852.4</b>	<b>70.2</b>

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

**PUBLIC HEALTH PLANNING & IMPLEMENTATION****3.1 Health Infrastructure**

Infrastructure provides health system the foundation to deliver, evaluate and respond to community health needs. It is essential to effectively provide essential public health services. An adequate system is capable of providing preventive, diagnostic, and curative care, according to the requirements of the people being served. The Public Health Care Infrastructure under NHM includes Sub Health Centres at the most peripheral level, Primary Health Centres to provide an integrated curative and preventive health care, and Community Health Centres which serve as a referral centre for PHCs and also provides facilities for obstetric care and specialist consultations.

With regards to Public health infrastructure, there is 1 District Hospital, 2 Sub-District Hospitals, 6 Community Health Centres (CHCs), 18 Primary Health Centres (PHCs), and 148 Sub Centres (SCs) in South Tripura District. An assessment of delivery points across the tiers of health facilities tells that no subcentre out of the 148 in the district are conducting deliveries and 3 out of 18 PHCs are conducting more than 10 deliveries per month. The delivery load at CHCs is also not very high with only 1 CHC conducting more than 20 deliveries per month. It is crucial that the district strengthens delivery points at the CHC level as the entire load of deliveries at present lies at the District Hospital.

The district health administration reported that a new building designated as Trauma Centre has been constructed but due to shortage of staff it is not yet functional.

Table 9 also exhibits the details of ancillary health infrastructure in the district. No public health facility in the district has an SNCU in place. Public health facilities with strengthened services for infant care and improved diagnostic services, especially with regards to ultrasound provisions, could definitely be an important consideration for the district's healthcare strengthening plans. All possible measures must be taken to ensure that the healthcare service availability and accessibility has a wider reach.

**Table 9: Details of health facilities available in South Tripura, 2021-22**

Facility Details	Operational
1. District Hospitals	1
No. of DH conducting > 50 deliveries /month	0
No. of DH conducting C-section	0
2. Sub-District Hospitals	2
3. Community Health Centers (CHC)	6
No. of CHCs conducting > 20 deliveries /month	1
4. Primary Health Centers (PHC)	18
No. of 24X7 PHCs conducting > 10 deliveries /month	0
5. Sub Centers (SC)	148
No. of SCs conducting >3 deliveries/month	0
6. Urban Primary Health Centers (U-PHC)	1
8. Special Newborn Care Units (SNCU)	0
9. Nutritional Rehabilitation Centers (NRC)	0
10. District Early intervention Center (DEIC)	0
11. First Referral Units (FRU)	1
12. Blood Bank	2
13. Blood Storage Unit (BSU)	1
14. No. of PHC converted to HWC	13
15. No. of U-PHC converted to HWC	0
16. Number of Sub Centre converted to HWC	122
17. Designated Microscopy Center (DMC)	0
18. Tuberculosis Units (TUs)	2
19. CBNAAT/TruNat Sites	1
20. Drug Resistant TB Centres	0
21. Functional Non-Communicable Diseases (NCD) Clinic at DH	1
22. Functional NCD Clinic at CHCs	5

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

Health and Wellness Centres (HWCs), under the ambit of Ayushman Bharat, are envisaged to deliver expanded range of services that go beyond maternal and child health care services to include care for non-communicable diseases, palliative and rehabilitative care, Oral, Eye and ENT care, mental health and first level care for emergencies and trauma, including free essential drugs and diagnostic services. Towards this vision, a number of Sub-centres and PHCs are being actively

converted into HWCs. In South Tripura, 122 SCs and 13 PHCs have been upgraded to a HWCs, implying a wider range of services for the community, and improved accessibility.

### 3.2 Human Resource for Healthcare

Human resources are one of the principle health system inputs with the knowledge, skills and motivation of these individuals deriving the performance and the outcomes of the healthcare delivery. Under NHM, financial support is provided to strengthen the health system including engagement of nurses, doctors and specialist on contractual basis based on the appraisal of requirements proposed by the States in their annual Programme Implementation Plans.

The number of health workers available in a district is a key indicator of that district's capacity to provide delivery and intervention. The district has 87 medical officers, 11 AYUSH medical officers, 3 OBGY, 3 pediatricians, 1 anesthetist 1 surgeon, 1 radiologist, 10 dentists, 226 staff nurses, 96 ANMs, 109 MPW, 35 pharmacists, 39 lab technicians and 137 CHOs. The estimates for sanctioned posts are not available with the district to estimate the percent of vacant positions. The district has 87 MOs in place. This translates to a health worker (MBBS Doctors) density of 18.8 doctors for a population of one lakh and the same for staff nurses is 49.

For most of the para medical staff under NHM, the hiring is contractual in nature. It was reported by several staff that the salary for contractual staff is quite low compared to the regular staff. Also the annual increment is almost negligible leaving them at stagnant salaries even after several years in service. For the staff to be motivated and to improve their performance, revisions in salary must be looked into.

The community health workforce acts as an interface between the community and the public health system. The district requirement of ASHA workers in accordance with the population norms is that of 1000 ASHAs. However, against the said number, 953 ASHAs are currently in place. A total of 93 villages are without designated ASHA worker.

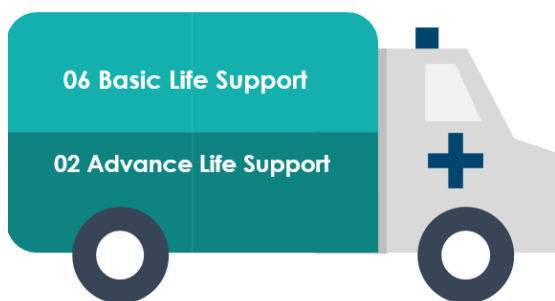
A notable number of ASHA workers in the district are insured under the Pradhan Mantri Jeevan Jyoti Bima Yojana (PMJJBY) (862 ASHAs) and Pradhan Mantri Suraksha Bima Yojana (PMSBY) (947 ASHAs). These are both governments backed insurance schemes. In a yet another social welfare scheme oriented towards pensions, 410 ASHA workers are registered beneficiaries of the Pradhan Mantri Shram Yogi Maandhan Yojana (PMSYMY).

One of the key elements of the National Rural Health Mission is the Village Health, Sanitation and Nutrition committee (VHSNC). The committee has been formed to take collective actions on issues related to health and its social determinants at the village level. They are particularly envisaged as being central to 'local level community action' under NRHM, which would develop to support the process of Decentralised Health Planning. A total of 169 Village Health Sanitation and Nutrition Committees (VHSNC) have been formed and training have been completed for all.

### 3.3 Health Systems Strengthening

#### 3.1.1 Referral Transport

Health system strengthening includes transport facilities provided by the district for safe and timely movement of patients. These include ambulances or any other form/mode of transport used to commute by the people of the community.



The district has 6 Basic Life Support (BLS) ambulances and 2 advance life support ambulances. There are no mobile medical units functioning in the district. The operational agency for ALS and BLS Referral ambulances is the State. Both the BLS and ALS vehicles are GPS fitted and an ambulance on average covers 2 trips per day. No new purchase of any referral transport has been made in the last

two years. Other vehicles include 2 ambulances stationed at SDH, 6 at CHC and 18 at PHC.

#### 3.1.2 Drugs and Diagnostics



The district has implemented 'Free Drug Services' and 'Free Diagnostic Services' for ALL. However, there were some concerns raised by the pharmacists at health facilities with regard to the supply of certain specific drugs. The medicines for which the district hospital faces shortage were reported to be budecot sulbutamol inhaler, Inj. Cyntocinon, Inj. Pepperacillint + Tazobactum, Inj. Etgophylline and Inj. Hydrocotision. CHC

Rajnagar reported shortage of Inj. cefotaxime 1gm and Inj. Ceftriaxone 1gm, Inj. Hydrocotision, and Inj. Deriphyline. At the Health and wellness centre, shortage was reported for Tab Dicyclomine and gentian violet. At PHC Paikhola shortage was reported for Inj. cefotaxime 1gm and Inj. Ceftriaxone 1gm.

### 3.1.3 HR Training as per RoP



Workforce training is another important component of health system strengthening. A properly trained and competent workforce is essential to any successful health care system. In the last financial year, some trainings have been planned and completed in the district. These include trainings on District Level orientation training on Kayakalp for CHO for HWC, IMNCI Training for ANMs / LHV's, District level Cold chain handlers Training, Training of Medical officers (Injectable Contraceptive Trainings), FP-LMIS training, VHSNC Module Training, Maternal Death Review Trainings, Capacity building under NLEP, Training of the PRI Bodies in relation to Jana Arogya Samity (JAS).

**Table 11: Details of HR training as per RoP approval, 2021-22**

<b>List of training (to be filled as per ROP approval)</b>	<b>Planned</b>	<b>Completed</b>
1. Training cum review meeting for HMIS & MCTS at Block level	Yes	Yes
2. District level Awareness cum internal accessor training	Yes	Yes
3. 'Swachh Bharat Abhiyan' training at SDH/ CHC	Yes	Yes
4. District Level orientation training on Kayakalp for CHO for HWC[SC]	Yes	Yes
5. IMNCI Training for ANMs / LHV's	Yes	Yes
6. District level Cold chain handlers Training	Yes	Yes
7. Training of Medical officers (Injectable Contraceptive Trainings)	Yes	Yes
8. Training of Nurses (Staff Nurse/LHV/ANM) (Injectable Contraceptive Trainings)	Yes	Yes
9. FP-LMIS training	Yes	Yes
10. Training on Finance	Yes	Yes
11. SCM Training	Yes	Yes
12. Training of the PRI Bodies in relation to Jana Arogya Samity (JAS)	Yes	Yes
13. VHSNC Module Training	Yes	Yes
14. VIA Training	Yes	Yes
15. BRIDGE Training	Yes	Yes
16. 3 days Immunization Training of Mos	Yes	Yes
17. Maternal Death Review Trainings	Yes	Yes
18. 4 days Trainings on IYCF MOs, SNs, ANMs of all DPs and SCs	Yes	Yes
19. Capacity building under NLEP	Yes	Yes
20. ASHA & MPWs, AWW & Community volunteers (1 day) on IDSP	Yes	Yes

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

## NATIONAL HEALTH MISSION PROGRAMMES

### 4.1 Reproductive, Maternal, Neonatal, Child and Adolescent Health

The Reproductive, Maternal, Child and Adolescent Health programme is at the heart of the flagship programme National Health Mission (NHM). Central tenets guiding this programme have been equity, universal care, entitlement and accountability. The aim is to protect the lives and safeguard the health of women, adolescents and children. RMNCH+A links maternal and child survival to other components namely, family planning, adolescent health, gender & PNDT. It also denotes inclusion of adolescence as a distinct 'life stage' in the overall strategy. Table 12(refer Appendix) provides details on several programmes running under RMNCH+A in the district.

The Janani Suraksha Yojana scheme is running in the district. During the visit, it was reported by medical officers that any delay in JSY incentive was mostly because of any discrepancies found in paperwork. Interaction with beneficiaries revealed that they were satisfactorily aware about the JSY scheme, and most of the availed the service.

JSSK has been implemented and is functional in South Tripura District. Beneficiaries are being provided free of cost consultation, drugs and referral transport. With respect to diet, the one's delivering at facilities level are being given food. Free referral transport is also being utilized by the beneficiaries wherein they are either provided the ambulance service or are reimbursed for the amount they spend on travel.

PMSMA programme is running in the district. ANC checkups are being provided on 9<sup>th</sup> of every month. Mothers who are found to be severely anemic during the checkups are given iron supplements. Also, it was observed that pregnant women are being distributed bananas and biscuits on the PMSMA day. Also, the mothers are instructed to take similar nutritious diet on daily basis. Another state initiative called MSSKA - a bouquet of four interventions focusing on mothers, children and adolescent's health in Tripura has been implemented.

Maternal Death Review (MDR) as a strategy has been spelt out clearly in the RCH –II National Programme Implementation Plan document. The importance of MDR lies in the fact that it provides detailed information on various factors at facility, district, community, regional and national level that are needed to be addressed to reduce maternal deaths. Analysis of these deaths

can identify the delays that contribute to maternal deaths at various levels and the information used to adopt measures to fill the gaps in service.

South Tripura observed 2 maternal deaths in the year 2020-21 and 1 maternal death in the year 2021-22. Maternal Death Review is reportedly being carried out in the district and reasons are being identified for both facility and community deaths. In the past year a training on reporting and conducting maternal death review has also been conducted.

HBNC is functioning in the district. As reported, all the 953 ASHA workers have HBNC kits. New-borns are being visited by ASHA workers. A total of 5233 new-borns have been visited by ASHA workers in the year 2021-22 under HBNC.

There are 7 RBSK teams sanctioned in the district, however only one team has all the HR in place. There are 6 vehicles available to RBSK teams. There are two blocks without a dedicated RBSK team. Average no of children screened per day per team is 100 approximately. Number of children born in delivery points screened for defects at birth is 51 in the last year. During the field visit, the monitoring team met two of the RBSK teams. The teams appeared quite motivated and were performing their work very efficiently. They reported that each team has one doctor, however the team composition should be such that there are at least two doctors in one team given the amount of workload.

## 4.2 National Nutritional Programmes

In the entire district, there is no NRC located at any public health facility. On enquiring it was reported that any child requiring NRC admission is referred to the State capital Agartala.

The Tripura state government has launched a mixed approach of joint implementation of National Deworming Day (NDD), Iron Folic Acid (IFA) Supplementation, Intensified Diarrhoea Control Fortnight (IDCF), Poshan Abhiyaan, Social Awareness and Actions to Neutralize Pneumonia Successfully (SAANS), Tetanus and Diphtheria Vaccination (TD10 and TD16) programmes under the banner of MSSSKA in all the districts. It has also been successfully implemented in the South Tripura District.

In the mixed approach (school/anganwadis and community-based door-to-door), the drug and supplements are being administered and distributed as per the administration protocol to the targeted children and adolescents between 0 to 19 years.

### 4.3 Communicable Diseases Programmes

Table 13 shows the status of implementation of four communicable disease programmes in the district. Integrated Disease Surveillance Programme (IDSP) has been implemented in the district with the rapid response team comprising of MBBS doctors, lab technicians, and field workers. There is one team at the district level and then there are teams at the facility levels. The IDSP data is used for surveillance of several communicable diseases and for outbreak investigations.

The micro and macro plan for National Vector Borne Disease Control Programme (NVBDCP) have been reported to be available at the district level and weekly epidemiological and entomological situations are monitored. There has been an increased boosted surveillance at ward village level and the annual blood examination rate has seen an increase compared to last year. Both LLIN distribution and Indoor Residual Spray (IRS) has been done in the last year.

National Tuberculosis Elimination Programme (NTEP) is functional in the district. Last year there were 193 eligible TB patients with UDST testing. Drugs for both, drug sensitive and drug resistance TB have been reported to be available. Number of patients notified from public sector was 203 in 2021-22. The treatment success rate is reported to be 87.4%. Number of MDR TB patients reported was 4 and treatment had been initiated for all. Beneficiaries are being paid under Nikshay Poshan Yojana. At facility level, screening for TB is being done for all symptomatic patients as well as their family members. Medicines and follow up care are being provided. The record keeping was up to date.

A total of 2 cases new cases were detected for leprosy in the year 2021-22 under the National Leprosy Eradication Programme (NLEP). The number of G2D cases was 1. Multi Drug Therapy was reported to be available without any interruption.

### 4.4 Non-Communicable Diseases Programme

The district has a high focus on the National Tobacco Control Programme (NTCP) under the Non-communicable disease programmes. The activities conducted under the NTCP for the year 2021-22 include School Programmes (45), College Programmes (3), Tobacco free School (15), Meeting (8), District Level Training (2) and PRI/Teacher/Police Personnel Training (2).

Comprehensive primary health care services are provided in the district under the Ayushman Bharat scheme. These services are provided through Health and Wellness Centre. The Health and Wellness Centre provides expanded range of services with major focus on the screening, prevention, control and management of Non-Communicable Disease (NCD) in the community.

**Table 14:** Status of implementation of Comprehensive Primary Health Care (CPHC), 2021-22

<b>Indicator</b>	<b>Planned</b>	<b>Completed</b>
1. Number of individuals enumerated	461091	436491
2. Number of CBAC forms filled	184484	180087
3. Number of HWCs started NCD screening:		
a. SHC- HWC	148	148
b. PHC- HWC	19	19
c. UPHC – HWC	0	0
4. Number of individuals screened for:		
a. Hypertension	184484	41590
b. Diabetes	184484	29917
c. Oral Cancer	184484	39263
d. Breast Cancer	-	17652
e. Cervical Cancer	184484	14529
5. Number of HWCs providing Teleconsultation services	148	137
6. Number of HWCs organizing wellness activities	148	148

Source: District Checklist, NHM PIP Monitoring

Table 14 shows the status of implementation of comprehensive primary health care in the district. A total of 148 SHC-HWCs and 19 PHC-HWCs have been reported to have started NCD screening.

Total number of individuals enumerated under the Comprehensive primary health care services is 436491 and 180087 CBAC forms have been filled. In the district, 148 SC-HWC and 19 PHC-HWC have started NCD screening. Under NCD screening, total 41590 for hypertension, 29917 for diabetes, 39263 for oral cancer and 17652 for breast cancer screening were completed. Given the low level of diagnosis and identification of NCD cases, it is important to improve the services for early identification of hypertensive and diabetic patients.

## 4.5 Other National Programmes

- **Quality Assurance Programmes**

Quality Certification program for public health facilities has been launched with aim of recognizing the good performing facilities as well improving credibility of public hospitals in community. Certification is provided against National Quality Assurance Standards (NQAS) on meeting pre-determined criteria. National Quality Assurance Standards have been developed keeping in the specific requirements for public health facilities as well global best practices. Two health facilities namely the South Tripura District Hospital and Baikhora PHC are NQAS certified in the district.

- **Status of Kayakalp programme**

The kayakalp programme aims to promote cleanliness, hygiene and infection control practices in public healthcare facilities, through incentivizing and recognizing such public healthcare facilities that show exemplary performance in adhering to standard protocols of cleanliness and infection control. For the year 2021-22, the district received kayakalp award for the district hospital, 3 CHCs and 18 Sub Centres.

The major healthcare priorities for the district on the basis on programme-specific evaluations are:

- a) The district has high proportion of institutional births but there is a need to ensure full coverage of ANC registration in first trimester and four ANC visits.
- b) Timely provision of ultrasound for pregnant women.
- c) Providing critical care for sick new born.
- d) Counselling women on importance of institutional supervision for 48 hours post-delivery.
- e) Dedicated counselling for adolescents.
- f) Chronic diseases treatment and follow-up care.
- g) Expanded availability of Dental health services.
- h) Expanded screening for children with nutrition deficiency requiring NRC admissions.
- i) Expanding the quality assurance programmes at the earliest.

## PUBLIC HEALTH FACILITY ASSESSMENT

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



### 5.1 District Hospital, South Tripura

- It is a 100 bedded facility on records. There are no ICU beds available.
- In addition to the General OPD, IPD, ANC, Delivery, PNC, Immunization and Laboratory services, the facility also offers Pediatric, General Surgery, Anesthesiology, Ophthalmology, Dental, Imaging, Dialysis unit and emergency care.
- Blood Bank is available in the hospital and a total of 114 blood transfusions were done in the month of July 2022. Blood is issued free for patients belonging to BPL, elderly and JSSK Beneficiaries.
- The biomedical waste of the hospital is collected and disposed off using sharp pits and burial pits.
- The facility scored 81.5% in Kayakalp for the year 2021-2022 and received an award for the same.
- A total of 232 drugs are listed in the essential drug list displayed in OPD Area. The medicines for which the hospital faces shortage were reported to be budecot sulbutamol inhaler, Inj. Cyntocinon, Inj. Pepperacillint + Tazobactum, Inj. Etygophylline and Inj. Hydrocotision.
- All of the diagnostic services are free for beneficiaries. Laboratory tests are done 24\*7 and 22 different types of tests are performed in house while 65 types of tests are outsourced. A total of 26119 tests were performed in house and 14279 tests were outsourced in the year 2021-22.
- PM National Dialysis Programme has been implemented (outsourced) with dialysis services being free for all. CT Scan services are not available at the hospital.

- An average of 50 deliveries are performed every month. Number of C-section deliveries performed monthly is around 8 on average. A total of 7 child deaths and no maternal death were reported in the facility in 2021-22. Both JSY and JSSK are functional. All free entitlements under JSSK are being provided.
- For an effective and efficient functioning of a District hospital, the adequacy of human resources is essential. The facility has a total of 5 MBBS Medical Officers, 39 Staff nurses, 9 LTs, 5 Pharmacists. The specialists include 2 Medicines, 1 ObGy, 1 pediatrician, 1 Anesthetists, 1 Surgeon, 1 Orthopedics, 1 ENT and 1 Pathologist.

**Major Challenges:**

- The facility doesn't have SNCU and thus new sick born are being referred to gomati district and to Agartala.
- There is no pediatrician at the district hospital.
- Stock outs of essential drugs was reported to be frequent.
- There is non-availability of Hospital Manager at the DH. This is hampering the administrative work such as filing for quality care programmes such as NQAS and LaQshya.
- NRC and AFHC clinics are not present.
- Quality care certifications through NQAS have not been received.
- A separate building for trauma centre has been built in the hospital premises but is not functioning because of lack of health personnel.



## 1.2 Community Health Centers

Tables 14 and 15 provide the status of health infrastructure, service availability and human resource availability at the visited CHCs i.e. CHC Rajnagar and CHC Manubazar.

**Table 15: Availability of specialized services at CHC, 2021-22**

List of services	CHC	CHC
	RAJNAGAR	MANUBAZAR
Medicine	NO	YES
O&G	NO	NO
Pediatrician	NO	NO
General Surgery	NO	NO
Anesthesiology	NO	NO
Ophthalmology	NO	YES
Dental	YES	YES
Imaging Services (X – ray)	NO	YES
Imaging Services (USG)	NO	NO
Newborn Stabilization Unit	NO	YES
Tele-medicine/Consultation	NO	NO
Operation theatre	YES (MINOR)	NO
Availability of functional blood storage unit	NO	NO

Source: Facility Checklist, NHM PIP Monitoring

**Table 16: Human resources availability at Community Health Centre, 2021-22**

HR Positions	CHC RAJNAGAR	CHC MANUBAZAR
	Regular	Regular
MO (MBBS)	02	05
Medicine (Specialist)	0	0
OB & GY (Specialist)	0	0
Pediatrician (Specialist)	0	0
Anesthetist (Specialist)	0	0
Dentist	01	01
Staff Nurses/ GNMs	07	09
LTs	01	01
Pharmacist	03	01
Dental Technician/ Hygienist	0	0
EmOC trained doctor	0	01
LSAS trained doctor	0	0

Source: Facility Checklist, NHM PIP Monitoring

## CHC RAJNAGAR

### Major Challenges:

- Given the high delivery load and ANC checkups, the facility needs an ultrasound machine.
- A blood storage unit is required at the facility.
- There is no boundary wall around the facility.
- There is no dedicated health programme for adolescents.
- AYUSH facility is not there.

### Best Practices:

- Every Tuesday the facility observes “Matri Mangal” wherein the pregnant women are provided ANC Checkups.
- The facility has generated about 95% of the total PMJAY Cards to be given. Claim settlement rate is also very high and the facility has received an award for efficient functioning of PMJAY.
- The facility has purchased an autorickshaw from the RKS Fund and use it to provide transportation service to women who deliver at the institution.

## CHC MANUBAZAR

### Major Challenges:

- There is no electricity backup at the facility and the power cuts are frequent.
- The existing number of beds are short of the requirement given the daily IPD and delivery load.
- Though it is a CHC, yet there are no specialists at the facility.
- The facility faces a shortage of MPS and staff nurses.
- Imaging services such as X-Ray and Ultrasound are not available.



Figure 3: CHC RAJNAGAR



Figure 4: CHC MABUBAZAR

### 1.3 Primary Health Centers

Tables 16 and 17 provide the status of health infrastructure, service availability and human resource availability at the visited PHCs i.e. PHC Paikhola and PHC BC Manu.

**Table 17: Human resources availability at Primary Health Centre**

HR Positions	PHC PAIKHOLA	PHC BC MANU
	Regular	Regular
MO (MBBS)	02	02
MO (AYUSH)	0	0
SNs/ GNMs	05	05
ANM	01	01
LTs	01	01
Pharmacist	01	01
LHV/PHN	-	-
Ward Boy	-	-

Source: Facility Checklist, NHM PIP Monitoring

**Table 18: Status of health services at Primary Health Centre, 2021-22**

Drugs and diagnostics services	PHC PAIKHOLA	PHC BC MANU
Availability of list of essential medicines (EML)/ drugs (EDL)	YES	YES
EDL/EML display in OPD area	YES	NO
Implementation of DVDMS	YES	YES
Shortage of 5 priority drugs from EDL in last 30 days, if any	YES	YES
Drugs Available for Hypertension & Diabetic patients	YES	YES
Shortage of sufficient number of Hypertension & Diabetic in last 7 days	NO	YES
Availability of Testing kits/ Rapid Diagnostic Kits	YES	YES
Line listing of all high risk pregnancies	YES	YES
Availability of vaccines and hub cutter	YES	YES
Availability of trained provider for IUCD / PPIUCD	NO	YES

Source: Facility Checklist, NHM PIP Monitoring

### Major Challenges: PHC Paikhola

- The infrastructure of the facility is quite old and needs major repairs. There is water leakage during rains.
- Re-agents for lab tests are supplied in very limited quantity to the facility. Also, the facility does not have enough funds to procure the same from the market.
- There is no dental service available at the facility, however demand for the same is high.

### Major Challenges: PHC BC Manu

- The facility has no power backup and electric shutdowns are frequent.
- There is no water supply at the health facility. Water for daily needs is being managed with great difficulty.
- There is no internet connectivity.
- The main approach road to the facility is not maintained. The road is too steep.
- There are no public toilets.



Figure 5: PHC PAIKHOLA



Figure 6: PHC BC MANU



## 5.4 Sub-Health Center

The HWC Gouranha Bazar caters to a population of 2100 from 4 villages. The 30 years and above population is 844. The average OPD at the HWC is 18 to 20 cases per day. The services provide are care in pregnancy and child birth, Routine Immunization, Family planning counselling, tele medicine consultation, NCD screening and palliative care. Register is maintained for ANC, RI and Delivery.

Branding has been done at the HWC. There is no power backup and it was reported that at times the electricity cuts are for more than 3 days at a stretch. There is 1 ANM and 1 CHO posted at the HWC. 4 ASHA workers are attached to the HWC. Essential Drug List was displayed in the OPD area. A total of 16 drugs were available on the day of the visit. Drugs for hypertension and diabetes are available. Also, drugs for TB are provided at the centre. For Family planning, pills and condoms are actively promoted. Telemedicine facility is also provided at the HWC.



**Figure 7: HWC GOURANHA BAZAR**

## COMMUNITY HEALTH

### 6.1 Background:

India is in the early phase of an epidemiological transition which has become manifest in an increasing burden of morbidity and mortality due to non-communicable diseases (NCD) along with a continuing twin burden of communicable diseases and of malnutrition. With an intent to cater to these needs, there has been emphasis on designing comprehensive models of primary health care proposed to deliver comprehensive services close to the community in India. Several national programmes have been designed and rolled out at public health institutions to cater to specific health problems.

Against this backdrop, it is important to examine if community expectations from the public health facilities, resonate with the existing model of service provision. Thus, community perspectives on healthcare services being provided by public health facilities merit a stand-alone discussion in the report. Focus Group Discussions were held with the beneficiaries at the Public Health Facilities across the district. The discussions focused primarily on the perceived health needs of the community members, and how the services can be strengthened further to cater to the same. A summarized presentation of the FGDs is presented below:

### 6.2 Community Interaction:

<b>Health seeking behavior</b>	
Community perception:	For the treatment of what people called as “small ailments” like cold, cough, fever, generic pain, and skin infections, people reported going to the nearest public health Centres including HWCs and PHCs. Some reported that they resort to home remedies for small ailments.
<b>Access to health</b>	
Community perception:	For people living in remote and hard to reach areas, absence of all-weather roads and unavailability of public transport pose hindrance in reaching health facilities. For both rural and urban areas, difficulty in availing laboratory and imaging services was reported.
Healthcare Providers:	The availability of diagnostic services and specifically imaging is very limited.
<b>Behavior of health service providers</b>	

Community perception:	All providers including medical and para medical staff was reported to have a cordial behavior. No major issue/complaint in this regard was raised.
<b>Out of Pocket expenditure in public health facilities</b>	
Community perception:	The only component on which out of pocket expenditure was reported is travelling cost to and from the health facility and some reported spending on drugs. All other medical services are being provided for free in the visited health facilities.
<b>Coverage, Knowledge and skills of ASHA as perceived by the community</b>	
Community perception:	Work of ASHA workers was reported to be satisfactory. Pregnant women reported to being accompanied by ASHA workers for their ANC visits and delivery.
<b>Availability of services for Immunization, ANC, PNC, family planning services, Nutrition counseling and preferred facilities for each</b>	
Community perception:	During pregnancy, women said that with the help of ASHA workers, they registered for antenatal care at public facilities and used its immunization services.
Frontline worker perception:	All efforts being made to sensitize people on importance of family planning. Preferred methods include usage of Antara, Chaya and condoms.
<b>Screening for common NCDs (HT, DM) and preferred facilities for seeking treatment</b>	
Frontline worker perception:	Symptomatic people being tested for NCDs in the OPD. Dedicated days for testing all individuals above 30 years of age. Difficult to convince people to come for regular follow ups.
<b>What can be done to improve the healthcare provision?</b>	
Community perception:	Availability of specialists at CHCs, more diagnostic services at HWCs, PHCs and CHCs, public transportation to reach health facilities.
Healthcare Providers::	Filling up vacant post, improved availability of drugs and expanding diagnostic services and opening health facilities in remote areas.



**Figure 8: Beneficiary Interaction**

## CONCLUSION AND RECOMMENDATIONS

### 7.1 Conclusion

This report focuses on the monitoring of essential components of NHM in South Tripura district of Tripura for the year 2021-22. One of the salient factors that measure the progress of NHM remains the monitoring and evaluation activities undertaken by The Ministry of Health and Family Welfare on a continuous basis. It is expected that a timely and systematic assessment of the key components of NHM can be critical for further planning and resource allocation for any area.

The evaluation was carried out in the month of September 2022 and as part of the district level assessment, the following public health care facilities were visited by a two-member team from PRC: District Hospital South Tripura, CHC Manubazaar, CHC Rajnagar, PHC Paikhola, PHC Bir Chandra Manu and HWC Gurangbazar. Interactions with district and block level health administrators were held to understand the challenges being faced by them in service provisioning. Further beneficiary interactions were held at each visited facility to understand the problems being faced by them in accessing the public health facilities.

The report summarizes the status of Public Health Care provision in South Tripura, with regards to NHM and its components. It highlights key observations made during the team's visit to these health facilities along with secondary data reviews and also brings forth essential inputs provided by the key personnel of NHM. The report aims to cover all the building blocks of health system including service delivery, access to essential medicines, health workforce, health financing, health information system and leadership and governance.

**Health Service Delivery:** With regards to Public health infrastructure, there is 1 District Hospital, 2 Sub-District Hospitals, 6 Community Health Centres (CHCs), 18 Primary Health Centres (PHCs), and 148 Sub Centres (SCs) in South Tripura District. An assessment of delivery points across the tiers of health facilities tells that no subcenter out of the 148 in the district are conducting deliveries and 3 out of 18 PHCs are conducting more than 10 deliveries per month. The delivery load at CHCs is also not very high with only 1 CHC conducting more than 20 deliveries per month. It is crucial that the district strengthens delivery points at the CHC level as the entire load of deliveries at present lies at the District Hospital. No public health facility in the district has an SNCU in place.

The district health administration reported that a new building designated as Trauma Centre has been constructed but due to shortage of staff it is not yet functional.

Public health facilities with strengthened services for infant care and improved diagnostic services, especially with regards to SNCU and ultrasound provisions, could definitely be an important consideration for the district's healthcare strengthening plans.

**Health Financing:** For the financial year 2021-22, the district South Tripura had prepared and submitted the DHAP in the month of January and the approval for the same from the State was received in the month of April. For the said financial year, the approved budget for the district, accounted to approximately Rs. 27.17 crores. The amount spent in the financial year was 19.32 crores which translates into utilization rate of 71.1%.

**Health Workforce:** The number of health workers available in a district is a key indicator of that district's capacity to provide delivery and intervention. The district has 87 medical officers, 11 AYUSH medical officers, 3 OBGY, 3 pediatricians, 1 anesthetist 1 surgeon, 1 radiologist, 10 dentists, 226 staff nurses, 96 ANMs, 109 MPW, 35 pharmacists, 39 lab technicians and 137 CHOs. The estimates for sanctioned posts are not available with the district to estimate the percent of vacant positions. The district has 87 MOs in place. This translates to a health worker (MBBS Doctors) density of 18.8 doctors for a population of one lakh and the same for staff nurses is 49.

The district requirement of ASHA workers in accordance with the population norms is that of 1000 ASHAs. However, against the said number, 953 ASHAs are currently in place.

**Access to essential medicines:** The district has implemented 'Free Drug Services' and 'Free Diagnostic Services' for ALL. However, there were some concerns raised by the pharmacists at health facilities with regard to the supply of certain specific drugs. The medicines for which the district hospital faces shortage were reported to be budecot sulbutamol inhaler, Inj. Cyntocinon, Inj. Pepperacillint + Tazobactum, Inj. Etgophylline and Inj. Hydrocotision.

**Community health:** For the treatment of what people called as "small ailments" like cold, cough, fever, generic pain, and skin infections, people reported going to the nearest public health Centres including HWCs and PHCs. Some reported that they resort to home remedies for small ailments. For people living in remote and hard to reach areas, absence of all-weather roads and unavailability of public transport pose hindrance in reaching health facilities. For both rural and urban areas, difficulty in availing laboratory and imaging services was reported. The availability of diagnostic services and specifically imaging is very limited.

The priorities of the district include setting up a SNCU unit, timely provision for ultrasound for pregnant women, providing critical care for sick new born, counselling women on importance of institutional supervision for 48 hours post-delivery, dedicated counselling for adolescents, chronic diseases treatment and follow-up care, expanded screening for children with nutrition deficiency requiring NRC admissions and initiating the quality assurance programmes at the earliest.

## 7.2 Recommendations

1. **Establishment of SNCU:** A functional SNCU forms an indispensable part of delivery services thus all efforts must be made to establish SNCU units so that lives are not lost in the referral process.
2. **Expansion of Quality Care programmes:** Process for expansion of NQAS and LaQshya certifications at all health facilities needs to be speeded up. The post of core Human Resource responsible for facilitating the process must be filled on priority basis.
3. There should be provision for dedicated data entry operators at all health facilities.
4. **Health Programme for adolescents:** A dedicated clinic for counselling of adolescents should be opened at the tertiary and secondary health care facilities. At the primary health care facilities, devoted days for counselling can be marked and the community workers can be assigned the role of making the adolescents in their area aware of the presence of counselling services. This is of utmost importance given the escalating situation of drug addiction among this age group.
5. **Strengthen the services of specialists:** Deployment of specialists is concentrated at the district level, leaving limited access to specialized services at CHCs. It is very difficult for the patients to reach district hospital for all availing specialized services. All efforts must be exerted to provide specialist services at the Community health center level.
6. **Functional Trauma Centre:** The process of hiring human resource for the trauma centre must be speeded to ensure full functioning of the trauma centre at the District Hospital.
7. **Improve supply of medicines:** The various health facilities reported acute shortage of several medicines. Improve supply of anti-diabetic, anti-hypertensive and anti-allergic medications. Timely indent, procurement and distribution of these essential medicines is necessary to provide services.
8. **Focus on counselling for combating teenage pregnancies:** Utilize VHND to counsel about right age of marriage, child bearing and to sensitize about the rising problem of drugs among adolescents. The VHND are often carried out at the community level and thus messages conveyed can reach larger audience.

## ANNEXURES

**Table 3: Status of Key Health Indicators, Tripura and South Tripura 2021-22**

<b>Maternal Health-Delivery Care</b>	<b>Tripura</b>	<b>South Tripura</b>
% of beneficiaries registered for 1st trimester to total ANC registration	75.2	85.8
% Pregnant Women received 4 or more ANC check-ups to Total Registration	79.5	75.5
% Pregnant women given 180 IFA to Total ANC Registrations	69.2	71.7
% Pregnant women given 360 Calcium tablets to Total ANC Registrations	21.3	25.8
% SBA attended Home Deliveries to Total Reported Home Deliveries	2.0	0.0
% of Institutional Deliveries to Total Reported Deliveries	90.1	99.0
% Institutional Deliveries to total ANC Registrations	78.9	67.7
% C-section Deliveries to reported Institutional Deliveries	25.9	7.1
% of women discharge in < 48 hours of delivery to total deliveries (Public)	5.1	1.5
<b>2. Newborn and Child Health</b>		
% Newborn weighed at Birth to Live Birth	99.3	99.9
% Newborn breast fed within 1 hour of birth to Total Live Birth	97.2	99.6
% of newborns having weight less than 2.5 kg to total live birth	11.2	10.1
% of children discharged with target weight gain from NRC	34.0	0.0
Number of Fully Immunized children (9-11 months)	48752	5783
<b>3. Family Planning</b>		
Number of emergency contraceptive pills distributed	5592	1378
% Female Sterilization (Tubectomies) to Total sterilization	99.2	100.0
% of IUCD insertion to total institutional deliveries	0.7	3.7
Total Sterilization conducted	2874	232
<b>4. Mortality Indicators</b>		
Maternal Death	88	01
Child Death	64	01
Infant Death	261	41
Still Birth	868	37

Source: HMIS, 2021-22

**Table 5: Breakup of resource envelope (in crores), NHM FY 2021-22, Tripura**

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

Source: Record of Proceedings (NHM Tripura2021-22), MoHFW

Table 6: Summary of budget approval, 2021-22, (Rs. in Lakhs) – Tripura

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

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

**Table 10: Status of social benefit scheme for ASHAs and ASHA Facilitators, 2021-22**

		<b>Observations</b>
<b>1</b>	<b>Status of ASHAs</b>	
1.1	Required as per population	1000
1.2	Selected ASHAs	953
1.3	No. of ASHAs covering more than 1500 (rural)/ 3000 (urban) population	19
1.4	No. of villages with no ASHA	93
1.5	No. of slum areas with no ASHA	Nil
<b>2</b>	<b>Status of social benefit scheme for ASHAs and ASHA Facilitators</b>	
2.1	No. of ASHAs enrolled for Pradhan Mantri Jeevan Jyoti Bima Yojana	862
2.2	No. of ASHA Facilitator enrolled for Pradhan Mantri Jeevan Jyoti Bima	48
2.3	No. of ASHAs enrolled for Pradhan Mantri Suraksha Bima Yojana	947
2.4	No. of ASHA facilitator enrolled for Pradhan Mantri Suraksha Bima Yojana	48
2.5	No. of ASHAs enrolled for Pradhan Mantri Shram Yogi Maandhan Yojana	410
2.6	ASHA facilitator enrolled for Pradhan Mantri Shram Yogi Maandhan Yojana	42
<b>3</b>	<b>Status of Mahila Arogya Samitis (MAS)</b>	
3.1	Formed	NA
3.2	Trained	NA
3.3	MAS account opened	NA
<b>4</b>	<b>Status of Village Health Sanitation and Nutrition Committee (VHSNC)</b>	
4.1	Formed	169
4.2	Trained	169
4.3	MAS account opened	0

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

Table 12: Details of RMNCHA+ programmes functional at the district level, 2021-22

<b>Janani Suraksha Yojana (JSY)</b>	<ul style="list-style-type: none"> <li>Total Deliveries 2021-22: Total: <b>4640</b> Institutional:<b>4597</b> Home Deliveries:<b>332</b> C-Section:<b>1945</b> JSY beneficiaries: -</li> </ul>																												
<b>Janani Shishu Suraksha Yojana (JSSK)</b>	<ul style="list-style-type: none"> <li>Total Delivery Point: <b>27</b></li> <li>No. of facilities where free diet is available for PW: <b>27</b></li> <li>No. of facilities where lab is functional for basic tests for PW: <b>27</b></li> </ul>																												
<b>Pradhan Mantri Surakshit Matritva Abhiyan (PMSMA)</b>	<ul style="list-style-type: none"> <li>Number of health facilities where current round of PMSMA was conducted: <ul style="list-style-type: none"> <li>a. DH: <b>1</b></li> <li>b. SDH: <b>2</b></li> <li>c. CHC/UPHC: <b>6</b></li> <li>d. PHC/UPHC: <b>19</b></li> <li>e. Private Clinics: <b>0</b></li> </ul> </li> </ul>																												
<b>Home Based Newborn Care (HBNC)</b>	<ul style="list-style-type: none"> <li>Total Newborns visited under HBNC: <b>5233</b></li> <li>Total no. of ASHAs with HBNC Kits:<b>953</b></li> </ul>																												
<b>Rashtriya Bal Swasthya Karyakram (RBSK)</b>	<ul style="list-style-type: none"> <li>Total No. of RBSK teams sanctioned: <b>7</b></li> <li>No. of teams with all HR in-place (full-team):<b>1</b></li> <li>No. of vehicles (on the road) for RBSK team:<b>6</b></li> <li>No. of teams per block:<b>1</b></li> <li>No. of blocks without dedicated teams:<b>2</b></li> <li>Number of children born in delivery points screened for defects at birth: <b>51</b></li> </ul>																												
<b>Maternal and Child Deaths</b>	<ul style="list-style-type: none"> <li>Number of maternal deaths 2021-22: <table border="1"> <thead> <tr> <th></th> <th>DH</th> <th>CHC</th> <th>PHC</th> <th>SC</th> <th>Other</th> <th>Total</th> </tr> </thead> <tbody> <tr> <td><b>2021-22</b></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>1.Deaths</td> <td><b>0</b></td> <td><b>0</b></td> <td><b>1</b></td> <td><b>0</b></td> <td><b>0</b></td> <td><b>1</b></td> </tr> <tr> <td>2. MDR</td> <td><b>0</b></td> <td><b>0</b></td> <td><b>1</b></td> <td><b>0</b></td> <td><b>0</b></td> <td><b>1</b></td> </tr> </tbody> </table> </li> <li>Number of Neonatal Deaths: <b>2</b></li> <li>Number of Total Child Deaths: <b>1</b></li> <li><b>Number of Child Death Review conducted:</b> <ul style="list-style-type: none"> <li>2020-21: <b>1</b></li> <li>2021-22: <b>1</b></li> </ul> </li> </ul>		DH	CHC	PHC	SC	Other	Total	<b>2021-22</b>							1.Deaths	<b>0</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>1</b>	2. MDR	<b>0</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>1</b>
	DH	CHC	PHC	SC	Other	Total																							
<b>2021-22</b>																													
1.Deaths	<b>0</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>1</b>																							
2. MDR	<b>0</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>1</b>																							

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

**Table 13: Details of Communicable disease programmes implemented in the District. 2021-22**

<b>1. National Vector Borne Disease Control Programme (NVBDCP)</b>	
• Micro plan and macro plan available at district level:	<b>YES</b>
• Annual Blood Examination Rate:	
○ 2019-20:	<b>16.11</b>
○ 2020-21:	<b>9.71</b>
○ 2021-22:	<b>17.39</b>
• Total LLIN distributed vs procured:	<b>YES</b>
• Weekly epidemiological and entomological situations are monitored:	<b>YES</b>
• No. of MDR rounds observed:	<b>NIL</b>
<b>2. National Tuberculosis Elimination Programme (NTEP)</b>	
• Target TB notification achieved:	<b>YES</b>
• Whether HIV Status of all TB patient is known:	<b>YES</b>
If No, no. of TB patients with known HIV status:	<b>NIL</b>
• Eligible TB patients with UDST testing:	<b>193</b>
• Whether drugs for both drug sensitive and drug resistance TB available	<b>YES</b>
• Patients notification from public sector	
	• No of patients notified: <b>203</b>
	• Treatment success rate: <b>87.5%</b>
	• No. of MDR TB Patients: <b>4</b>
	• Treatment initiation among MDR TB patients: <b>4</b>
• Patients notification from private sector	• No of patients notified: <b>NA</b>
<b>3. Implementation of National Leprosy Eradication Programme (NLEP)</b>	
No. of new cases detected:	<b>02</b>
No. of G2D cases:	<b>01</b>
MDT available without interruption:	<b>YES</b>
Reconstructive surgery for G2D cases being conducted:	<b>NO</b>
MCR footwear & selfcare kit available:	<b>YES</b>
<b>4. Integrated Disease Surveillance Programme (IDSP)</b>	
• Rapid Response Team (RRT) Constituted	<b>YES</b>
• Team Composition: 1 team at district level and 1 each at facility level	
• Outbreaks investigated:	
• 2020-21:	<b>NIL</b>
• 2021-22:	<b>NIL</b>
• Proportion (% out of total) of Pvt health facilities reporting weekly data of IDSP	<b>NA</b>
• We use IDSP data to analyze all the diseases trend regular basis, so that we can predict the trends in disease and find out if there IS any kind of possibility of outbreak or not.	

Source: District Checklist, NHM PIP Monitoring

## ANNEXURE 2



Ministry of Health & Family Welfare  
Government of India

Schedule for PIP MonitoringKey Correspondence: DPMU**A. District Profile**

A.1. Healthcare				
Indicator	Values		Source	
1. Name of the District				
2. Total number of Blocks				
3. Total number of Villages				
4. Total Population				
• Rural population				
• Urban population				
5. Literacy rate				
6. Sex Ratio				
7. Sex ratio at birth				
8. Population Density				
9. Estimated number of deliveries				
10. Estimated number of C-section				
11. Estimated numbers of live births				
12. Estimated number of eligible couples				
13. Estimated number of leprosy cases				
14. Target for public and private sector TB notification for the current year	Public:			
	Private:			
15. Estimated number of cataract surgeries to be conducted				
*Estimated numbers (Sl. No 9-15) to be filled for the financial year 2021-22				
Mortality Indicators:	Financial year (2021-21)		Financial Year (2021-22)	
	Estimated	Reported	Estimated	Reported
• Maternal Death				
• Child Death				

• Infant Death			
• Still birth			
• Deaths due to Malaria			
• Deaths due to sterilization procedure			
<b>A.2. Healthcare Infrastructure</b>			
<b>Facility Details</b>	<b>Sanctioned/ Planned</b>		<b>Operational</b>
1. District Hospitals			
2. Sub District Hospital			
3. Community Health Centers (CHC)			
4. Primary Health Centers (PHC)			
5. Sub Centers (SC)			
6. Urban Primary Health Centers (U-PHC)			
7. Urban Community Health Centers (U-CHC)			
8. Special Newborn Care Units (SNCU)			
9. Nutritional Rehabilitation Centres (NRC)			
10. District Early intervention Center (DEIC)			
11. First Referral Units (FRU)			
12. Blood Bank			
13. Blood Storage Unit (BSU)			
14. No. of PHC converted to HWC			
15. No. of U-PHC converted to HWC			
16. Number of Sub Centre converted to HWC			
17. Designated Microscopy Center (DMC)			
18. Tuberculosis Units (TUs)			
19. CBNAAT/TruNat Sites			
20. Drug Resistant TB Centres			
21. Functional Non-Communicable Diseases (NCD) clinic			
• At DH	_____	_____	_____
• At SDH	_____	_____	_____
• At CHC	_____	_____	_____
22. Institutions providing Comprehensive Abortion Care (CAC) services			
• Total no. of facilities	_____	_____	_____
• Providing 1st trimester services	_____	_____	_____
• Providing both 1st & 2nd trimester services	_____	_____	_____
<b>A.3 Infrastructure Construction Status Details</b>			
• Details of Construction pending for more than 2 years			
• Details of Construction completed but not handed over			

### B. Overview: Submission & approval timelines of DHAP

Year	Prepared & submitted any District Programme Implementation Plan (DPIP/ DHAP)	Submission date of DPIP/ DHAP	When you have received the approved DHAP from the State?	Date of Fund Release (1 <sup>st</sup> sanctioned against DHAP)

2021-22 (Previous FY)				
2022-23 (Current FY)				

### C. Service Availability

Indicator	Remarks/ Observation
<b>C.1. Drugs &amp; Diagnostics</b>	
1. Implementation of <b>Free drugs</b> services (if it is free for all)	
2. Implementation of <b>diagnostic services</b> (if it is free for all)	
• Number of lab tests notified	
<b>C.2. Status Of Delivery Points</b>	
• No. of SCs conducting >3 deliveries/month	
• No. of 24x7 PHCs conducting > 10 deliveries /month	
• No. of CHCs conducting > 20 deliveries /month	
• No. of DH/ District Women and child hospital conducting > 50 deliveries /month	
• No. of DH/ District Women and child hospital conducting C-section	
• No. of Medical colleges conducting > 50 deliveries per month	
• No. of Medical colleges conducting C-section	
• Number of institutes with <b>ultrasound facilities</b> (Public+Private)	Public: Private:
• Of these, how many are registered under PCPNDT act	Public: Private:
<b>C.3. National Health Programmes</b>	
3. <b>Pradhan Mantri Surakshit Matritva Abhiyan (PMSMA)</b>	<ul style="list-style-type: none"> <li>• No. issued MCP card and Safe Motherhood Booklet: _____</li> <li>• Number of health facilities where current round of PMSMA was conducted: <ul style="list-style-type: none"> <li>a. Medical College: _____</li> <li>b. DH: _____</li> <li>c. SDH: _____</li> <li>d. CHC/UCHC: _____</li> <li>e. PHC/UPHC: _____</li> <li>f. Private Clinics: _____</li> </ul> </li> </ul>
4. <b>Rashtriya Bal Suraksha Karyakram (RBSK)</b>	Total no. of RBSK teams sanctioned ..... No. of teams with all HR in-place (full-team) ..... No. of vehicles (on the road) for RBSK team ..... No. of Teams per Block ..... No. of block/s without dedicated teams .....

Indicator	Remarks/ Observation	
	Average no of children screened per day per team .....	
	Number of children born in delivery points screened for defects at birth .....	
<b>5. Special Newborn Care Units (SNCU)</b>	<ul style="list-style-type: none"> <li>• Total number of beds               <ul style="list-style-type: none"> <li>• In radiant warmer _____</li> <li>• Stepdown care _____</li> <li>• Kangaroo Mother Care (KMC) unit _____</li> </ul> </li> <li>• Number of <b>non-functional radiant warmer</b> for more than a week _____</li> <li>• Number of <b>non-functional phototherapy unit</b> for more than a week _____</li> </ul>	
	<b>Inborn</b>	<b>Out born</b>
<ul style="list-style-type: none"> <li>• Admissions ( 2021-22)</li> </ul>		
<ul style="list-style-type: none"> <li>• Defects at birth</li> </ul>		
<ul style="list-style-type: none"> <li>• Discharged</li> </ul>		
<ul style="list-style-type: none"> <li>• Referral</li> </ul>		
<ul style="list-style-type: none"> <li>• LAMA</li> </ul>		
<ul style="list-style-type: none"> <li>• Died</li> </ul>		

<b>6. Newborn Stabilization Unit (NBSU)</b>	<b>Inborn</b>	<b>Out born</b>
<ul style="list-style-type: none"> <li>• Admission (2021-22)</li> </ul>		
<ul style="list-style-type: none"> <li>• Discharged</li> </ul>		
<ul style="list-style-type: none"> <li>• Referral</li> </ul>		
<ul style="list-style-type: none"> <li>• LAMA</li> </ul>		
<ul style="list-style-type: none"> <li>• Died</li> </ul>		
<b>7. Nutrition Rehabilitation Centers (NRC)</b>	<ul style="list-style-type: none"> <li>• Total Admissions (2021-22) .....</li> <li>• Discharged .....</li> <li>• Referral/ Medical transfer .....</li> <li>• LAMA .....</li> <li>• Died .....</li> <li>• <b>Admission</b> <ul style="list-style-type: none"> <li>• Bilateral pitting oedema .....</li> <li>• MUAC&lt;115 mm .....</li> <li>• &lt;-3SD WFH .....</li> <li>• with Diarrhea .....</li> <li>• ARI/ Pneumonia .....</li> <li>• TB .....</li> <li>• HIV .....</li> <li>• Fever .....</li> <li>• Nutrition related disorder .....</li> <li>• Others .....</li> </ul> </li> </ul>	

	<ul style="list-style-type: none"> <li>• <b>Admission to NRC Referred by</b> <ul style="list-style-type: none"> <li>• Frontline worker .....</li> <li>• Self .....</li> <li>• Ref from VCDC/ CTC .....</li> <li>• RBSK .....</li> <li>• Pediatric ward/ emergency .....</li> </ul> </li> </ul>
<p><b>8. Home Based Newborn Care (HBNC)</b></p>	<ul style="list-style-type: none"> <li>• <b>Status of availability of HBNC kit with ASHAs</b> <ul style="list-style-type: none"> <li>&gt; Total No. of ASHAs: _____</li> <li>&gt; No. of ASHAs with HBNC kits: _____</li> <li>&gt; Reasons of Non-provision: _____</li> </ul> </li> </ul> <hr/> <hr/> <ul style="list-style-type: none"> <li>• Total Newborns visited under HBNC: _____</li> </ul> <ul style="list-style-type: none"> <li>• <b>Status of availability of drug kit with ASHAs:</b> <ul style="list-style-type: none"> <li>&gt; Total No. of ASHAs: _____</li> <li>&gt; No. of ASHAs with drug kits: _____</li> <li>&gt; Reasons of Non-provision: _____</li> </ul> </li> </ul> <hr/> <hr/>
<p><b>9. Peer Education (PE) programme (Adolescent Health) &amp; Weekly Iron Folic Acid Supplementation (WIFS)</b></p>	<ul style="list-style-type: none"> <li>• No. of Blocks covered under Peer Education (PE) programme: .....</li> <li>• No. of villages covered under PE programme: .....</li> <li>• No. of Peer Educators: .....</li> <li>• No. of Adolescent Friendly Clinic (AFC) meetings held: .....</li> <li>• WIFS stockout: .....</li> </ul>
<p><b>10. Mobile Medical Unit (MMU) (on the road) and micro-plan</b></p>	<ul style="list-style-type: none"> <li>• No. of Mobile Medical Unit (MMU) (on the road) and micro-plan _____</li> <li>• MMU team Composition _____</li> </ul> <hr/> <hr/> <ul style="list-style-type: none"> <li>• List of Services provided by MMU _____</li> </ul> <hr/> <hr/> <ul style="list-style-type: none"> <li>• No. of <b>trips</b> per MMU/month .....</li> <li>• No. of <b>camp</b>s per MMU/month .....</li> <li>• No. of <b>villages</b> covered .....</li> <li>• Average number of <b>OPD</b> per MMU per month .....</li> <li>• Average no. of <b>lab investigations</b> per MMU per month .....</li> </ul>

	<ul style="list-style-type: none"> <li>Avg. no. of <b>X-ray</b> per MMU per month .....</li> <li>Avg. no. of <b>blood smears collected / Rapid Diagnostic Tests (RDT) done for Malaria</b>, per MMU/month .....</li> <li>Avg. no. of <b>sputum collected</b> for TB detection per MMU per month .....</li> <li>Average Number of <b>patients referred</b> to higher facilities .....</li> <li>Payment pending (if any) .....</li> </ul> <p>If yes, since when and reasons thereof</p>																					
<p><b>11. Universal health screening</b></p> <ul style="list-style-type: none"> <li>No. of patients screened, diagnosed, and treated for:           <ul style="list-style-type: none"> <li>Hypertension</li> <li>Diabetes</li> <li>Oral cancer</li> <li>Breast Cancer</li> <li>Cervical cancer</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>If conducted, what is the target population .....</li> <li>Number of Community Based Assessment Checklist (CBAC) forms filled till date .....</li> </ul> <table border="1" data-bbox="906 758 1398 961"> <thead> <tr> <th>Screened</th> <th>Diagnosed</th> <th>Treated</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table>	Screened	Diagnosed	Treated																		
Screened	Diagnosed	Treated																				
<p><b>12. Integrated Disease Surveillance Programme (IDSP)</b></p>	<ul style="list-style-type: none"> <li>Rapid Response Team (RRT) Constituted: Y/N</li> <li>Team Composition: .....</li> <li>Outbreaks investigated:           <ul style="list-style-type: none"> <li>2021-21: .....</li> <li>2021-22: .....</li> </ul> </li> <li>Proportion (% out of total) of Pvt health facilities reporting weekly data of IDSP .....</li> <li>How is IDSP data utilized? Elaborate.            _____            _____            _____</li> </ul>																					
<p><b>13. National Viral Hepatitis Control Program (NVHCP)</b></p>	<ul style="list-style-type: none"> <li>% of health workers immunized against Hep B .....</li> <li>Number of treatment sites and Model Treatment Center (MTC) for viral hepatitis .....</li> </ul>																					
<p><b>14. If District notified a State Mental Health Authority (SMHA)</b></p>	<ul style="list-style-type: none"> <li>If District notified a <b>State Mental Health Authority (SMHA)</b>  <input type="checkbox"/> Yes      <input type="checkbox"/> No</li> </ul>																					

					<input type="checkbox"/> No SMHA in place <input type="checkbox"/> No Mental Health Service or Facility in the district	
<b>15. Vehicle for Referral Transport</b>						
<ul style="list-style-type: none"> <li><b>Details of Referral Transport – Number and Distribution:</b></li> </ul>						
Stationed at:	BLS	ALS	PTA	Kilkari	Neonatal	Others
Medical College						
DH						
SDH						
CHC						
PHC						
Others						
<ul style="list-style-type: none"> <li><b>Details of Referral Transport – Performance Indicators:</b></li> </ul>						
Year	Ambulances Purchased	Total Cases	Pregnant Women	Accident Cases	Referral from one health facility to another	Others
2020-21						
2021-22						
				<b>ALS</b>	<b>BLS</b>	
<ul style="list-style-type: none"> <li>Operational agency (State/ NGO/ PPP)</li> </ul>						
<ul style="list-style-type: none"> <li>If the ambulances are GPS fitted and handled through centralized call centre</li> </ul>						
<ul style="list-style-type: none"> <li>Average number of calls received per day</li> </ul>						
<ul style="list-style-type: none"> <li>Average number of trips per ambulance per day</li> </ul>						
<ul style="list-style-type: none"> <li>Average km travelled per ambulance per day</li> </ul>						
<ul style="list-style-type: none"> <li>Key reasons for low utilization (if any)</li> </ul>						
<ul style="list-style-type: none"> <li>No. of transport vehicle/102 vehicle (on the road)</li> </ul>						
<ul style="list-style-type: none"> <li>If the vehicles are GPS fitted and handled through centralized call centre</li> </ul>						
<ul style="list-style-type: none"> <li>Average number of trips per ambulance per day</li> </ul>						
<ul style="list-style-type: none"> <li>Average km travelled per ambulance per day</li> </ul>						
<ul style="list-style-type: none"> <li>Key reasons for low utilization (if any)</li> </ul>						
<ul style="list-style-type: none"> <li></li> </ul>						
<b>16. National Fluorosis Control Programme</b>				<ul style="list-style-type: none"> <li>Key activities performed in 2021-22 as per ROP:</li> </ul>		
<b>17. National Iron Deficiency Disorders Control Programme</b>				<ul style="list-style-type: none"> <li>Key activities performed in 2021-22 as per ROP:</li> </ul>		
<b>18. National Tobacco Control Programme</b>				<ul style="list-style-type: none"> <li>Key activities performed in 2021-22 as per ROP:</li> </ul>		
<b>19. National Vector Borne Disease Control Programme (NVBDCP)</b>				<ul style="list-style-type: none"> <li>Micro plan and macro plan available at district level</li> </ul> <p style="text-align: right;"><b>Y/N</b></p>		

	<ul style="list-style-type: none"> <li>• Annual Blood Examination Rate: <ul style="list-style-type: none"> <li>○ 2019-20: .....</li> <li>○ 2020-21: .....</li> <li>○ 2021-22: .....</li> <li>○ Reason for increase/ decrease (as per the trend of last 3 years) .....</li> </ul> </li> <li>• LLIN distribution status .....</li> <li>• IRS .....</li> <li>• Anti-larval methods .....</li> <li>• Contingency plan for epidemic preparedness .....</li> <li>• Weekly epidemiological and entomological situations are monitored .....</li> <li>• No. of MDR rounds observed .....</li> <li>• No. of blocks achieved elimination status for Lymphatic Filariasis i.e. mf rate &lt;1% .....</li> </ul>
<p><b>20. National Tuberculosis Elimination Programme (NTEP)</b></p> <ul style="list-style-type: none"> <li>• Patients notification from public sector (2021-22)</li> <li>• Patients notification from private sector (2021-22)</li> </ul>	<ul style="list-style-type: none"> <li>• Target TB notification achieved Y/N</li> <li>• Whether HIV Status of all TB patient is known: <ul style="list-style-type: none"> <li><input type="checkbox"/> Yes/ <input type="checkbox"/> No</li> <li>If No, no. of TB patients with known HIV status _____</li> </ul> </li> <li>• Eligible TB patients with UDST testing .....</li> <li>• Whether drugs for both drug sensitive and drug resistance TB available .....</li> <li>• No of patients notified: .....</li> <li>• Treatment success rate: .....</li> <li>• No. of MDR TB Patients: .....</li> <li>• Treatment initiation among MDR TB patients: .....</li> <li>• No of patients notified: .....</li> <li>• Treatment success rate: .....</li> <li>• No. of MDR TB Patients: .....</li> <li>• Treatment initiation among MDR TB patients: .....</li> <li>• Beneficiaries paid under Nikshay Poshan Yojana <input type="checkbox"/> Yes/ <input type="checkbox"/> No</li> <li>• Active Case Finding conducted as per planned for the year <input type="checkbox"/> Yes/ <input type="checkbox"/> No</li> </ul>
<p><b>21. Implementation of National Leprosy Eradication Programme (NLEP)</b></p>	<ul style="list-style-type: none"> <li>No. of new cases detected .....</li> <li>No. of G2D cases .....</li> <li>MDT available without interruption Y/N</li> <li>Reconstructive surgery for G2D cases being conducted Y/N</li> </ul>

	MCR footwear & selfcare kit avl Y/N
22. ASHAs	<p><b>Number of ASHAs</b></p> <ul style="list-style-type: none"> <li>• Required as per population .....</li> <li>• Selected .....</li> <li>• No. of ASHAs covering more than 1500 (rural) population .....</li> <li>• No. of ASHAs covering more than 3000 (urban) population .....</li> <li>• Villages with no ASHA .....</li> <li>• Slum areas with no ASHA .....</li> </ul> <p><b>Status of social benefit scheme for ASHAs and ASHA Facilitators (if available)</b></p> <ul style="list-style-type: none"> <li>• No. of <b>ASHAs</b> enrolled for Pradhan Mantri Jeevan Jyoti Bima Yojana (<b>PMJJBY</b>) .....</li> <li>• No. of <b>ASHA Facilitator</b> enrolled for Pradhan Mantri Jeevan Jyoti Bima Yojana (<b>PMJJBY</b>) .....</li> <li>• No. of <b>ASHAs</b> enrolled for Pradhan Mantri Suraksha Bima Yojana (<b>PMSBY</b>) .....</li> <li>• No. of <b>ASHA Facilitators</b> enrolled for Pradhan Mantri Suraksha Bima Yojana (<b>PMSBY</b>) .....</li> <li>• No. of <b>ASHAs</b> enrolled for Pradhan Mantri Shram Yogi Maandhan Yojana (<b>PMSYMY</b>) .....</li> <li>• No. of <b>ASHA Facilitators</b> enrolled for Pradhan Mantri Shram Yogi Maandhan Yojana (<b>PMSYMY</b>) .....</li> <li>• Any other state specific scheme .....</li> </ul>
23. Mahila Arogya Samitis (MAS)-	<p><b>Status of Mahila Arogya Samitis (MAS)-</b></p> <ol style="list-style-type: none"> <li>a. Formed</li> <li>b. Trained</li> <li>c. MAS account opened</li> <li>d. Samiti addresses issues related to.....</li> </ol>
24. Village Health Sanitation and Nutrition Committee (VHSNC)	<p><b>Status of Village Health Sanitation and Nutrition Committee (VHSNC):</b></p> <ol style="list-style-type: none"> <li>a. Formed:</li> <li>b. Trained:</li> <li>c. MAS account opened:</li> </ol>
25. Kayakalp and Quality Assurance	<ul style="list-style-type: none"> <li>• No. of facilities quality certified NQAS .....</li> <li>LaQshya .....</li> <li>• Status of Kayakalp programme- No. of awarded DH CHC</li> </ul>

	PHC SC..... <ul style="list-style-type: none"> <li>Activities performed by District Level Quality Assurance Committee (DQAC)</li> </ul> ..... ..... ..... ..... .....		
<b>26. Maternal and Child Health</b>	<ul style="list-style-type: none"> <li><b>Number of maternal deaths reported at:</b>            DH: _____            SDH: _____            CHC: _____            PHC: _____            SC: _____            Prime reason for the maternal death.....</li> <li><b>Number of Maternal Death Review conducted</b> <ul style="list-style-type: none"> <li>2020-21: _____</li> <li>2021-22: _____</li> </ul> </li> </ul>		
	<ul style="list-style-type: none"> <li>Number of Neonatal Deaths: _____</li> <li>Number of Total Child Deaths: _____</li> <li><b>Number of Child Death Review conducted</b> <ul style="list-style-type: none"> <li>2020-21: _____</li> <li>2021-22: _____</li> </ul> </li> </ul>		
<b>C.4. Healthcare Systems</b>			
<b>27. Payment status:</b>	<b>No. of beneficiaries</b>	<b>Backlog</b>	<b>DBT status</b>
<ul style="list-style-type: none"><li>JSY beneficiaries</li></ul>			
<ul style="list-style-type: none"><li>ASHA payment:</li></ul>			
<ul style="list-style-type: none"><li><ul style="list-style-type: none"><li>A- Routine and recurring at increased rate of Rs. 2000 pm</li></ul></li></ul>			
<ul style="list-style-type: none"><li><ul style="list-style-type: none"><li>B- Incentive under NTEP</li></ul></li></ul>			
<ul style="list-style-type: none"><li><ul style="list-style-type: none"><li>C- Incentives under NLEP</li></ul></li></ul>			
<ul style="list-style-type: none"><li>Payment of ASHA facilitators as per revised norms (of a minimum of Rs. 300 per visit)</li></ul>			
<ul style="list-style-type: none"><li>Patients incentive under NTEP programme</li></ul>			
<ul style="list-style-type: none"><li>Provider's incentive under NTEP programme</li></ul>			
<ul style="list-style-type: none"><li>FP compensation/ incentive</li></ul>			
<b>28. Recruitment for any staff position/ cadre conducted at district level</b>			
<b>29. Details of recruitment</b>	<b>Previous year (2020-21)</b>	<b>Current Year (2021-22)</b>	

	Regular cadre	NHM	Regular cadre	NHM
• Total no. of posts vacant at the beginning of FY				
• Among these, no. of posts filled by state				
• Among these, no. of posts filled at district level				
<b>30. If state has comprehensive (common for regular and contractual HR) Human Resource Information System (HRIS) in place</b>				
<b>31. If grievance redressal mechanism in place: Y/N</b>	<ul style="list-style-type: none"> <li>• Whether call center and toll-free number available.....</li> <li>• Percentage of complains resolved out of the total complains registered in current FY.....</li> </ul>			
<b>32. Mera-Aaspatal (Attach Mera Aspataal performance report)</b>	<ul style="list-style-type: none"> <li>• Implemented in how many facilities..... DH.....CHC.....PHC</li> <li>• Total Responses collected:</li> <li>• % reported Very Satisfied:</li> <li>• % reported Satisfied:</li> <li>• % reported not satisfied:</li> <li>• Total response for dis-satisfied: Dissatisfied with staff behaviors... Dissatisfied with cleanliness..... Dissatisfied with cost of treatment..... of</li> <li>• Dissatisfied with quality of treatments..... of</li> <li>• With other reason .....</li> </ul>			

#### D. Implementation of CPHC

Status as on: 31<sup>st</sup> March, 2022

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

#### E. Status of HRH

Status as on: \_\_\_\_\_

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

#### F. State of Fund Utilization

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

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

Indicator	Budget Released (in lakhs)	Budget utilized (in lakhs)	Reason for low utilization (if less than 60%)
1. FMR 1: Service Delivery: Facility Based			
2. FMR 2: Service Delivery: Community Based			
3. FMR 3: Community Intervention			
4. FMR 4: Untied grants			
5. FMR 5: Infrastructure			
6. FMR 6: Procurement			
7. FMR 7: Referral Transport			

8. FMR 8: Human Resource (Service Delivery)			
9. FMR 9: Training			
10. FMR 10: Review, Research and Surveillance			
11. FMR 11: IEC-BCC			
12. FMR 12: Printing			
13. FMR 13: Quality			
14. FMR 14: Drug Warehouse & Logistic			
15. FMR 15: PPP			
16. FMR 16: Programme Management			
17. FMR 17: IT Initiatives for Service Delivery			
18. FMR 18: Innovations			

### Programme Wise

Status of Expenditure (Financial year 2021-22):

Indicator	Budget Released (in lakhs)	Budget utilized (in lakhs)	Reason for low utilization (if less than 60%)
<b>1. RCH and Health Systems Flexipool</b>			
• Maternal Health			
• Child Health			
• RBSK			
• Family Planning			
• RKSK/ Adolescent health			
• PC-PNDT			
• Immunization			
• Untied Fund			
• Comprehensive Primary Healthcare (CPHC)			
• Blood Services and Disorders			
• Infrastructure			
• ASHAs			
• HR			
• Programme Management			
• MMU			
• Referral Transport			
• Procurement			
• Quality Assurance			
• PPP			
• NIDDCP			
<b>2. NUHM</b>			
<b>3. Communicable Diseases Pool</b>			

Indicator	Budget Released (in lakhs)	Budget utilized (in lakhs)	Reason for low utilization (if less than 60%)
<ul style="list-style-type: none"> <li>Integrated Disease Surveillance Programme (IDSP)</li> </ul>			
<ul style="list-style-type: none"> <li>National Vector Borne Disease Control Programme (NVBDCP)</li> </ul>			
<ul style="list-style-type: none"> <li>National Leprosy Eradication Programme (NLEP)</li> </ul>			
<ul style="list-style-type: none"> <li>National TB Elimination Programme (NTEP)</li> </ul>			
<b>4. Non-Communicable Diseases Pool</b>			
<ul style="list-style-type: none"> <li>National Program for Control of Blindness and Vision Impairment (NPCB+VI)</li> </ul>			
<ul style="list-style-type: none"> <li>National Mental Health Program (NMHP)</li> </ul>			
<ul style="list-style-type: none"> <li>National Programme for Health Care for the Elderly (NPHCE)</li> </ul>			
<ul style="list-style-type: none"> <li>National Tobacco Control Programme (NTCP)</li> </ul>			
<ul style="list-style-type: none"> <li>National Programme for Prevention and Control of Diabetes, Cardiovascular Disease and Stroke (NPCDCS)</li> </ul>			
<ul style="list-style-type: none"> <li>National Dialysis Programme</li> </ul>			
<ul style="list-style-type: none"> <li>National Program for Climate Change and Human Health (NPCCHH)</li> </ul>			
<ul style="list-style-type: none"> <li>National Oral health programme (NOHP)</li> </ul>			
<ul style="list-style-type: none"> <li>National Programme on palliative care (NPPC)</li> </ul>			
<ul style="list-style-type: none"> <li>National Programme for Prevention and Control of Fluorosis (NPPCF)</li> </ul>			
<ul style="list-style-type: none"> <li>National Rabies Control Programme (NRCP)</li> </ul>			
<ul style="list-style-type: none"> <li>National Programme for Prevention and Control of Deafness (NPPCD)</li> </ul>			
<ul style="list-style-type: none"> <li>National programme for Prevention and Management of Burn &amp; Injuries</li> </ul>			

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

### G. Status of trainings

Status as on: \_\_\_\_\_

List of training (to be filled as per ROP approval)	Planned	Completed
21.		
22.		
23.		
24.		
25.		
26.		
27.		
28.		
29.		
30.		
31.		
32.		
33.		
34.		
35.		



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

#### H. 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

<b>Date of Visit</b>	
<b>Next Referral Point</b>	Facility: Distance:

Indicator	Remarks/ Observation		
1. OPD Timing			
2. Condition of infrastructure/ building  Please comment on the condition and tick the appropriate box	Comments:  <input type="checkbox"/> 24*7 running water facility <input type="checkbox"/> Facility is geriatric and disability friendly (ramps etc.) <input type="checkbox"/> Clean functional toilets available (separate for Male and female) <input type="checkbox"/> Drinking water facility available <input type="checkbox"/> OPD waiting area has sufficient sitting arrangement <input type="checkbox"/> ASHA rest room is available <input type="checkbox"/> Drug storeroom with rack is available  Power backup: <input type="checkbox"/> Complete Hospital/ <input type="checkbox"/> Part of the hospital  Last major renovation done in (Year): _____		
3. Number of functional in-patient beds	_____  No of ICU Beds available:		
4. List of Services available			
<ul style="list-style-type: none"> <li>Specialized services available in addition to General OPD, ANC, Delivery, PNC, Immunization, FP, Laboratory services</li> </ul>	Sl.	Service	Y/N
	1	Medicine	
	2	O&G	
	3	Pediatric	
	4	General Surgery	
	5	Anesthesiology	
	6	Ophthalmology	
	7	Dental	
	8	Imaging Services (X – ray)	
	9	Imaging Services (USG)	
	10	District Early Intervention Centre (DEIC)	
	11	Nutritional Rehabilitation Centre (NRC)	
	12	SNCU/ Mother and Newborn Care Unit (MNCU)	
	13	Comprehensive Lactation Management Centre (CLMC) / Lactation Management Unit (LMU)	
	14	Neonatal Intensive Care Unit (NICU)	
15	Pediatric Intensive Care Unit (PICU)		

Indicator	Remarks/ Observation																										
	16	Labour Room Complex																									
	17	ICU																									
	18	Dialysis Unit																									
	19	Emergency Care																									
	20	Burn Unit																									
	22	Teaching block (medical, nursing, paramedical)																									
	22	Skill Lab																									
5. Emergency	General emergency: <b>or</b> 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 cases 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: Others:																										
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: _____ If No, availability of blood storage unit:-----																										
9. Whether blood is issued free, or user-fee is being charged	<input type="checkbox"/> Free for BPL <input type="checkbox"/> Free for elderly <input type="checkbox"/> Free for JSSK beneficiaries <input type="checkbox"/> Free for all																										
10. Biomedical waste management practices	1. Sharp pit 2. Deep Burial pit 3. Incinerator 4. Using Common Bio Medical Treatment plant 5. Other																										
11. Details of HR available in the facility (Sanctioned and In-place)	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:60%;"></th> <th style="width:10%;">HR</th> <th style="width:10%;">San.</th> <th style="width:10%;">Regular</th> <th style="width:10%;">Cont.</th> </tr> </thead> <tbody> <tr> <td>MO (MBBS)</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td rowspan="3">Specialist</td> <td>Medicine</td> <td></td> <td></td> <td></td> </tr> <tr> <td>ObGy</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Pediatrician</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>					HR	San.	Regular	Cont.	MO (MBBS)					Specialist	Medicine				ObGy				Pediatrician			
		HR	San.	Regular	Cont.																						
	MO (MBBS)																										
	Specialist	Medicine																									
ObGy																											
Pediatrician																											

Indicator	Remarks/ Observation			
		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"> <li>• Desktop/ Laptop available: <input type="checkbox"/>Yes/ <input type="checkbox"/>No</li> <li>• Internet connectivity: <input type="checkbox"/>Yes/ <input type="checkbox"/>No</li> </ul> Quality/strength of internet connection: _____			
13. Kayakalp (for year 2021-22)	Initiated: _____ score: Facility _____ Award received: _____			
14. NQAS (for year 2021-22)	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( Drugs & Vaccine Management Distribution System) or similar supply chain management system	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If other, which one _____			
18. Shortage of 5 priority drugs from EDL in last 30 days, if any	1			
	2			
	3			
	4			
	5			
19. Availability of Essential Consumables:	<input type="checkbox"/> Sufficient <input type="checkbox"/> Minimal <input type="checkbox"/> Acute shortage <b>List the consumables for with there was shortage</b> In last 6 months how many times there was shortage _____ <span style="float: right;">Supply Shortage</span>			

Indicator	Remarks/ Observation
20. Availability of essential diagnostics	<input type="checkbox"/> In-house <input type="checkbox"/> Outsourced/ <input type="checkbox"/> Both/ Mixed <span style="float: right;">PPP</span>
<ul style="list-style-type: none"> <li>In-house tests (For 2021-22)</li> </ul>	Number of Tests available:----- Total number of tests performed during Apr 2021- March 22: _____  Days & Timing on which tests are done:
<ul style="list-style-type: none"> <li>Outsourced/ PPP (For 2021-22)</li> </ul>	Number of Tests available:----- Total number of tests performed during Apr 2021- March 22: _____  Days & Timing on which tests are done:
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 If not, charges for lab tests, X-Ray, USG, CT, etc
24. Availability of Testing kits/ Rapid Diagnostic Kits	<input type="checkbox"/> Sufficient <span style="float: right;">Supply</span> <input type="checkbox"/> Minimal <span style="float: right;">Shortage</span> <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"> <li>Whether the services are free for all</li> </ul>	<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 If not, charges for lab tests, X-Ray, USG, CT, etc
<ul style="list-style-type: none"> <li>Number of patients provided dialysis service</li> </ul>	<input type="radio"/> Previous year (2020-21)_____

Indicator	Remarks/ Observation
	○ Current FY (2021-22) _____
26. If there is any shortage of major instruments/ equipment ( <b>List the Equipments</b> )	
27. Average downtime of equipment. Details of equipment are nonfunctional for more than 7 days	
28. Availability of delivery services	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
<ul style="list-style-type: none"> <li>If the facility is designated as FRU, whether C-sections are performed</li> </ul>	<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"> <li>Comment on the condition of:</li> </ul>	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 <sup>th</sup> of every month	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, how are high risks identified on 9 <sup>th</sup> 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: (2020-21) Current year: (2021-22)

Indicator	Remarks/ Observation		
36. Number of Child Death reported in the facility	Previous year: (2020-21) Current year: (2021-22)		
37. If Comprehensive Abortion Care (CAC) services available	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
38. Availability of vaccines and hub cutter	<input type="checkbox"/> Yes/ <input type="checkbox"/> No Nurses/ ANM aware about open vial policy: <input type="checkbox"/> Yes/ <input type="checkbox"/> No		
39. Number of newborns immunized with birth dose at the facility in last 3 months			
40. Newborns breastfed within one hour of birth (observe if practiced and women are being counselled)			
41. Status of functionality of DEIC	<input type="checkbox"/> Fully functional with all staff in place <input type="checkbox"/> Functional with few vacancies (approx. 20%-30%) <input type="checkbox"/> Functional with more than 50% vacancies <input type="checkbox"/> Not functional/ All posts vacant		
42. Number of sterilizations performed in last one month	Male: Female:		
43. Availability of trained provider for IUCD/ PPIUCD	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
44. Who counsels on FP services?			
45. Please comment on utilization of other FP services			
46. FPLMIS has been implemented	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
47. Availability of functional Adolescent Friendly Health Clinic	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, who provides counselling to adolescents: _____ Separate male and female counselors available: <input type="checkbox"/> Yes/ <input type="checkbox"/> No <b>Total No of Adolescents counseled in last 6 months</b> _____		
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 2021-2022:		<b>Screened</b>	<b>Confirmed</b>
	a. Hypertension		
	b. Diabetes		
	c. Oral Cancer		
	d. Breast Cancer		
e. Cervical Cancer			
51. Whether reporting weekly data in P, S and L form under IDSP	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
1. Status of TB elimination programme	Facility is designated as Designated Microscopy Centre (DMC): <input type="checkbox"/> Yes/ <input type="checkbox"/> No		
	If yes, percent of OPD whose samples were tested for TB (microscopy) in last 6 month (average) _____		

Indicator	Remarks/ Observation
	<p>If anti-TB drugs available at the facility: <input type="checkbox"/>Yes/ <input type="checkbox"/>No</p> <p>If yes, are there any patients currently taking anti-TB drugs from the facility: <input type="checkbox"/>Yes/ <input type="checkbox"/>No</p> <p>Availability of CBNAAT/ TruNat: <input type="checkbox"/>Yes/ <input type="checkbox"/>No</p> <p>Percent of patients tested through CBNAAT/TruNat for Drug resistance in the last 6 months _____</p> <p>Are all TB patients tested for HIV? <input type="checkbox"/>Yes/ <input type="checkbox"/>No</p> <p>Are all TB patients tested for Diabetes Mellitus: <input type="checkbox"/>Yes/ <input type="checkbox"/>No</p> <p>Percent of TB Patients for whom DBT installments have been initiated under Nikshay Poshan Yojana in the last 6 months:</p>
52. Maintenance of records on	<ul style="list-style-type: none"> <li>• TB Treatment Card cases (both for drug sensitive and drug resistant cases): <input type="checkbox"/>Yes/ <input type="checkbox"/>No</li> <li>• TB Notification Registers: <input type="checkbox"/>Yes/ <input type="checkbox"/>No</li> <li>• Malaria cases: <input type="checkbox"/>Yes/ <input type="checkbox"/>No</li> <li>• Palliative cases: <input type="checkbox"/>Yes/ <input type="checkbox"/>No</li> <li>• Cases related to Dengue and Chikungunya: <input type="checkbox"/>Yes/ <input type="checkbox"/>No</li> <li>• Leprosy cases: <input type="checkbox"/>Yes/ <input type="checkbox"/>No</li> </ul>
53. How much fund was received and utilized by the facility under NHM?	<p>Fund Received last year (2021-22)</p> <p>Fund utilized last year: (2021-22)</p> <p>Items/ Activities whose expenditure is met out of the RKS/ Untied Fund regularly:</p> <p>Reasons for underutilization of fund (if any)</p>
54. Status of data entry in (match with physical records)	<p>HMIS: <input type="checkbox"/>Updated/ <input type="checkbox"/>Not updated</p> <p>MCTS: <input type="checkbox"/>Updated/ <input type="checkbox"/>Not updated</p> <p>IHIP: <input type="checkbox"/>Updated/ <input type="checkbox"/>Not updated</p> <p>HWC Portal: <input type="checkbox"/>Updated/ <input type="checkbox"/>Not updated</p> <p>Nikshay Portal: <input type="checkbox"/>Updated/ <input type="checkbox"/>Not updated</p>
55. Frequency of RKS meeting Last meeting held on (date):	
<ul style="list-style-type: none"> <li>• Availability of ambulance services in the area</li> </ul>	<p><input type="checkbox"/>Own ambulance available (Number)_____</p> <p><input type="checkbox"/>DH/ SDH has contracted out ambulance services (Number)_____</p> <p><input type="checkbox"/>Ambulances services with Centralized call centre</p> <p><input type="checkbox"/> Government ambulance services are not available</p> <p>Comment (if any):</p>
<ul style="list-style-type: none"> <li>• How many cases from CHC, PHC, SC, referred to in last month?</li> </ul>	<p>Number:</p> <p>CHC</p> <p>PHC</p> <p>SC</p> <p>Types of cases referred in:</p>

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



Ministry of Health & Family Welfare  
Government of India



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

#### Service Delivery:

<b>Name of facility visited</b>	
<b>Facility Type</b>	<input type="checkbox"/> CHC/ <input type="checkbox"/> U-CHC
<b>FRU</b>	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
<b>Standalone/ Co-located</b>	<input type="checkbox"/> Standalone/ <input type="checkbox"/> Co-located Co-located with (if applicable):
<b>Accessible from nearest road head</b>	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
<b>Date of Visit</b>	
<b>Next Referral Point</b>	Facility: Distance:
Indicator	Remarks/ Observation
3. OPD Timing	
4. Whether the facility is functioning in PPP mode	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
5. 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		
6. Number of functional in-patient beds			
7. List of Services available			
<ul style="list-style-type: none"> <li>Specialized services available in addition to General OPD, ANC, Delivery, PNC, Immunization, FP, Laboratory services</li> </ul>	Sl.	Service	Y/N
	1	Medicine	
	2	O&G	
	3	Pediatric	
	4	General Surgery	
	5	Anesthesiology	
	6	Ophthalmology	
	7	Dental	
	8	Imaging Services (X – ray)	
	9	Imaging Services (USG)	
10	Newborn Stabilization Unit		
<ul style="list-style-type: none"> <li>If any of the specialists are available 24*7</li> </ul>	<input type="checkbox"/> Yes available <input type="checkbox"/> Yes, available only on-call <input type="checkbox"/> Not available		
<ul style="list-style-type: none"> <li>Emergency</li> </ul>	General <b>or</b> facilities available 1. 2. 3. Stabilization		emergency:  for: Triage Resuscitation
8. Tele-medicine/Consultation services available	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, average case per day _____		
9. Operation Theatre available	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, Major: Minor:		
10. 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: _____		
11. 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		
12. Biomedical waste management practices	Sharp pit: Deep Burial pit: Other System, if any:		

13. Details of HR available in the facility (Sanctioned and In-place)	<b>HR</b>		<b>San.</b>	<b>Reg.</b>	<b>Cont.</b>
	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					
14. IT Services	<ul style="list-style-type: none"> <li>Desktop/ Laptop available: <input type="checkbox"/>Yes/ <input type="checkbox"/>No</li> <li>Internet connectivity: <input type="checkbox"/>Yes/ <input type="checkbox"/>No</li> </ul> Quality/strength of internet connection: _____				
15. Kayakalp (2021-22)	Initiated: _____ Facility _____ score: Award received: _____				
16. NQAS (2021-22)	Assessment done: _____ Internal/State Facility score: Certification Status: _____				
17. LaQshya	Labour Room: _____ Operation Theatre: _____				
18. 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) _____				
19. Implementation of DVDMS or similar supply chain management system	<input type="checkbox"/> Yes/ <input type="checkbox"/> No				
	If other, which one_____				
20. Shortage of 5 priority drugs from EDL in last 30 days, if any	1				
	2				
	3				
	4				
	5				
21. Availability of Essential Consumables:	<input type="checkbox"/> Sufficient <input type="checkbox"/> Minimal <input type="checkbox"/> Acute shortage				Supply Shortage
	In last 6 months how many times there was shortage_____				
	List the consumables for which there has been shortage_____				

22. Availability of essential diagnostics	<input type="checkbox"/> In-house <input type="checkbox"/> Outsourced/ <input type="checkbox"/> Both/ Mixed <span style="float: right;">PPP</span>
<ul style="list-style-type: none"> <li>In-house tests (for 2021-22)</li> </ul>	Timing: Total number of tests performed: _____ Details of tests performed:
<ul style="list-style-type: none"> <li>Outsourced/ PPP (for 2021-22)</li> </ul>	Timing: Total number of tests performed: _____ Details of tests performed:
23. 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
24. 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
25. Availability of Testing kits/ Rapid Diagnostic Kits	<input type="checkbox"/> Sufficient <input type="checkbox"/> Minimal <input type="checkbox"/> Acute shortage (List the name of kits for which there is shortage) <span style="float: right;">Supply Shortage</span>
26. If there is any shortage of major instruments/ equipment (List the Name of Equipment)	
27. Average downtime of equipment. Details of equipment are nonfunctional for more than 7 days	
28. Availability of delivery services	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
<ul style="list-style-type: none"> <li>If the facility is designated as FRU, whether C-sections are performed</li> </ul>	<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"> <li>Comment on condition of:</li> </ul>	Labour room: OT: Functional New-born care corner (functional radiant warmer with neonatal 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 <sup>th</sup> of every month	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, how are high risks identified on 9 <sup>th</sup> ?  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: <b>2020-21</b> ____ Current year: <b>2021-22</b> __		
36. Number of Child Death reported in the facility	<b>2020-21:</b> <b>2021-22:</b>		
37. If Comprehensive Abortion Care (CAC) services available	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
38. Availability of vaccines and hub cutter	<input type="checkbox"/> Yes/ <input type="checkbox"/> No Nurses/ ANM aware about open vial policy: <input type="checkbox"/> Yes/ <input type="checkbox"/> No		
39. Number of newborns immunized with birth dose at the facility in last 3 months			
40. Newborns breastfed within one hour of birth (observe if practiced and women are being counselled)			
41. Number of sterilizations performed in last one month	Male__ Female____		
42. Availability of trained provider for IUCD/ PPIUCD	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
43. Who counsels on FP services?			
44. Please comment on utilization of other FP services			
45. FPLMIS has been implemented	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
46. Availability of functional Adolescent Friendly Health Clinic	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, who provides counselling to adolescents: _____ Separate male and female counselors available: <input type="checkbox"/> Yes/ <input type="checkbox"/> No Number of Adolescents counseled in last 6 months _____		
47. Whether facility has fixed day NCD clinic	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If Yes, how many days in a week: _____ days		
48. Are service providers trained in cancer services?	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
		<b>Screened</b>	<b>Confirmed</b>
a. Hypertension			

49. Number of individuals screened for the following in last 6 months:	b. Diabetes		
	c. Oral Cancer		
	d. Breast Cancer		
	e. Cervical Cancer		
50. Are service providers trained in cancer services?	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
51. Whether reporting weekly data in P, S and L form under IDSP	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
52. 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"> <li>• investigations within public sector for TB testing? <input type="checkbox"/>Yes/ <input type="checkbox"/>No</li> <li>• investigations within public sector for other tests? <input type="checkbox"/>Yes/ <input type="checkbox"/>No</li> <li>• outsourced testing? <input type="checkbox"/>Yes/ <input type="checkbox"/>No</li> </ul>		
	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		
53. 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:		
54. Maintenance of records on	<ul style="list-style-type: none"> <li>• TB Treatment Card cases (both for drug sensitive and drug resistant cases): <input type="checkbox"/>Yes/ <input type="checkbox"/>No</li> <li>• TB Notification Registers: <input type="checkbox"/>Yes/ <input type="checkbox"/>No</li> <li>• Malaria cases: <input type="checkbox"/>Yes/ <input type="checkbox"/>No</li> <li>• Palliative cases: <input type="checkbox"/>Yes/ <input type="checkbox"/>No</li> <li>• Cases related to Dengue and Chikungunya: <input type="checkbox"/>Yes/ <input type="checkbox"/>No</li> <li>• Leprosy cases: <input type="checkbox"/>Yes/ <input type="checkbox"/>No</li> </ul>		
	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)		
55. How much fund was received and utilized by the facility under NHM?	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		

57. Frequency of RKS meeting (check and obtain minutes of last meeting held)	
58. Availability of ambulance services in the area	<input type="checkbox"/> CHC own ambulance available Number____ <input type="checkbox"/> CHC has contracted out ambulance services Number_____ <input type="checkbox"/> Ambulances services with Centralized call centre <input type="checkbox"/> Government ambulance services are not available Comment (if any):
• How many cases from sub centre/ PHC were referred to this CHC last month?	Number: Sub centre PHC  Types of cases referred in:
• How many cases from the CHC were referred to the DH last month?	Number: Types of cases referred out:
59. Key challenges in the facility and the root causes	
<b>Challenge</b>	<b>Root causes</b>
a)	
b)	
c)	
d)	
e)	



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

#### Service Delivery:

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

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

	<ul style="list-style-type: none"> <li>All ANMs have functional Tablets: <input type="checkbox"/>Yes/ <input type="checkbox"/>No</li> <li>Smart phones given to all ASHAs: <input type="checkbox"/>Yes/ <input type="checkbox"/>No</li> <li>Internet connectivity: <input type="checkbox"/>Yes/ <input type="checkbox"/>No</li> </ul> Quality/strength of internet connection: _____
11. Kayakalp (2021-22)	Initiated: _____ score: _____ Facility _____ Award received: _____
12. NQAS (2021-22)	Assessment _____ done: _____ Internal/State Facility _____ score: _____ Certification Status: _____
13. Availability of list of essential medicines (EML)/ drugs (EDL)	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
	If yes, total number of drugs in EDL _____  EDL displayed in OPD Area: <input type="checkbox"/> Yes/ <input type="checkbox"/> No  No. of drugs available on the day of visit (out of the EDL) _____
14. Implementation of DVDMS or similar supply chain management system	<input type="checkbox"/> Yes/ <input type="checkbox"/> No  If other, which one _____
15. Shortage of 5 priority drugs from EDL in last 30 days, if any	1
	2
	3
	4
	5
16. Drugs Available for Hypertension & Diabetic patients:	1
	2
	3
17. Shortage of sufficient number of Hypertension & Diabetic in last 7 days	1
	2
	3
18. Availability of Essential Consumables:	<input type="checkbox"/> Sufficient <input type="checkbox"/> Minimal <input type="checkbox"/> Acute shortage In last 6 months how many times there was shortage _____ (Also list the consumables for which there was shortage) <span style="float: right;">Supply Shortage</span>
19. Availability of essential diagnostics	<input type="checkbox"/> In-house <input type="checkbox"/> Outsourced/ <input type="checkbox"/> Both/ Mixed <span style="float: right;">PPP</span>
<ul style="list-style-type: none"> <li>In-house tests <b>For 2021-22</b></li> </ul>	Timing: Total number of tests performed: _____ Details of tests performed: _____
<ul style="list-style-type: none"> <li>Outsourced/ PPP <b>For 2021-22</b></li> </ul>	Timing: Total number of tests performed: _____ Details of tests performed: _____
20. X-ray services is available	<input type="checkbox"/> Yes/ <input type="checkbox"/> No

	If Yes, type & nos. of functional X-ray machine is available in the hospital: Is the X-ray machine AERB certified: <input type="checkbox"/> Yes/ <input type="checkbox"/> No
21. Whether diagnostic services (lab, X-ray etc.) are free for all	<input type="checkbox"/> Free for BPL <input type="checkbox"/> Free for elderly <input type="checkbox"/> Free for JSSK beneficiaries <input type="checkbox"/> Free for all
22. Availability of Testing kits/ Rapid Diagnostic Kits	<input type="checkbox"/> Sufficient <span style="float: right;">Supply</span> <input type="checkbox"/> Minimal <span style="float: right;">Shortage</span> <input type="checkbox"/> Acute shortage
23. If there is any shortage of major instruments/ equipment	List of Equipment
24. Average downtime of equipment. Details of equipment are nonfunctional for more than 7 days	
25. Availability of delivery services	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
• If yes, details	Comment on condition of labour room: Functional New-born care corner (functional radiant warmer with neo-natal ambu bag): <input type="checkbox"/> Yes/ <input type="checkbox"/> No
26. Status of JSY payments	Payment is up to date: <input type="checkbox"/> Yes/ <input type="checkbox"/> No Average delay: Payment done till: Reasons for delay:
27. Availability of JSSK entitlements	<input type="checkbox"/> Yes/ <input type="checkbox"/> No  If yes, whether all entitlements being provided <input type="checkbox"/> Free delivery services (Normal delivery/ C-section) <input type="checkbox"/> Free diet <input type="checkbox"/> Free drugs and consumables <input type="checkbox"/> Free diagnostics <input type="checkbox"/> Free blood services <input type="checkbox"/> Free referral transport (home to facility) <input type="checkbox"/> Free referral transport (drop back from facility to home) <input type="checkbox"/> No user charges
28. Line listing of high-risk pregnancies	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
29. Number of normal deliveries in last three month	
30. Availability of Daksh/ Dakshta trained/SBA trained MO/SN/ANM in Labour Room	<input type="checkbox"/> Yes <input type="checkbox"/> No
31. Practice related to Respectful Maternity Care	
32. Number of Maternal Death reported in the facility	Previous year:2020-2021 Current FY:2021-2022
33. Number of Child Death reported in the facility	Previous year: Current year:

34. Availability of vaccines and hub cutter	<input type="checkbox"/> Yes/ <input type="checkbox"/> No Nurses/ ANM aware about open vial policy: <input type="checkbox"/> Yes/ <input type="checkbox"/> No		
35. Number of newborns immunized with birth dose at the facility in last 3 months			
36. Newborns breastfed within one hour of birth (observe if practiced and women are being counselled)			
37. Number of sterilizations performed in last one month	Male Female		
38. Availability of trained provider for IUCD/ PPIUCD	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
39. Who counsels on FP services?			
40. Please comment on utilization of other FP services			
41. FPLMIS has been implemented	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
42. Availability of functional Adolescent Friendly Health Clinic	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, who provides counselling to adolescents: _____ Separate male and female counselors available: <input type="checkbox"/> Yes/ <input type="checkbox"/> No		
43. Whether facility has fixed day NCD clinic	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If Yes, how many days in a week: _____ days		
44. Are service providers trained in cancer services?	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
45. Number of individuals screened for the following in last 6 months:		<b>Screened</b>	<b>Confirmed</b>
	a. Hypertension		
	b. Diabetes		
	c. Oral Cancer		
	d. Breast Cancer		
e. Cervical Cancer			
46. Whether wellness activities are performed	<input type="checkbox"/> Yes/ <input type="checkbox"/> No Frequency:		
47. Whether reporting weekly data in P and L form under IDSP	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
48. Distribution of Long lasting Insecticidal nets (LLIN) in high-risk areas	No. of LLIN distributed per household: <input type="checkbox"/> 1 per family/ <input type="checkbox"/> Others (Specify): _____		
49. Status of TB elimination programme	Facility is designated as Designated Microscopy Centre (DMC): <input type="checkbox"/> Yes/ <input type="checkbox"/> No		
	If yes, percent of OPD whose samples were tested for TB (microscopy) in last 6 month (average) _____		
	If anti-TB drugs available at the facility: <input type="checkbox"/> Yes/ <input type="checkbox"/> No		
	If yes, are there any patients currently taking anti-TB drugs from the facility: <input type="checkbox"/> Yes/ <input type="checkbox"/> No		
Percent of patients tested through CBNAAT/TruNat for Drug resistance in the last 6 months _____			

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

• How many cases from the PHC were referred to the CHC last month?	Number: Types of cases referred out:
<b>56. Key challenges in the facility and the root causes</b>	
<b>Challenge</b>	<b>Root causes</b>
a)	
b)	
c)	
d)	
e)	
<b>Only for U-PHC</b>	
57. Population enumeration initiated for slum population	<input type="checkbox"/> Not yet initiated <input type="checkbox"/> Initiated <input type="checkbox"/> Completed
58. Number of CBAC forms filled (NUHM)	
59. Is Specialist services provided at U-PHC?	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, specialist services are provided through: <input type="checkbox"/> Teleconsultation/ <input type="checkbox"/> Clinic Schedule: <input type="checkbox"/> Fixed/ <input type="checkbox"/> Rotational Type of specialist services available: <input type="checkbox"/> OBGY, <input type="checkbox"/> Pediatrics, <input type="checkbox"/> Medicine, <input type="checkbox"/> Dermatology, <input type="checkbox"/> Ophthalmology, Others_____
60. UHNDs Conducted:	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, no. of UHND conducted per month_____
61. Special Outreach camps conducted:	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, no. of UHND conducted during last quarter_____ Type of specialties provided during special outreach camps: _____



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### Sub-Centre (SC) Level Checklist

#### Service Delivery: Sub Centre

<b>Name of facility visited</b>	
<b>Whether the facility has been converted to HWC</b>	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
<b>Standalone/ Co-located</b>	<input type="checkbox"/> Standalone/ <input type="checkbox"/> Co-located Co-located with (if applicable):

<b>Accessible from nearest road head</b>	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
<b>Date of Visit</b>	
<b>Next Referral Point</b>	Facility: Distance:

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

Indicator	Remarks/ Observation	
8. Shortage of 5 priority drugs from EDL in last 30 days, if any	1	
	2	
	3	
	4	
	5	
9. Drugs Available for Hypertension & Diabetic patients:	1	
	2	
	3	
10. Shortage of sufficient number of Hypertension & Diabetic in last 7 days	1	
	2	
	3	
11. Are CHOs dispensing medicines for hypertension and diabetes at SHC-HWC	<input type="checkbox"/> Yes/ <input type="checkbox"/> No	
12. Availability of Testing kits/ Rapid Diagnostic Kits	<input type="checkbox"/> Sufficient <input type="checkbox"/> Minimal <input type="checkbox"/> Acute shortage List of Kits (Shortage)_____ Supply Shortage	
13. Availability of:	<ul style="list-style-type: none"> <li>• BP instrument: <input type="checkbox"/>Yes/ <input type="checkbox"/>No. If yes, Type: _____</li> <li>• Thermometer: <input type="checkbox"/>Yes/ <input type="checkbox"/>No</li> <li>• Contraceptives: <input type="checkbox"/>Yes/ <input type="checkbox"/>No. If yes, Type: _____</li> <li>• Glucometer: <input type="checkbox"/>Yes/ <input type="checkbox"/>No</li> </ul>	
14. Line listing of all Pregnant women in the area	<input type="checkbox"/> Yes/ <input type="checkbox"/> No <ul style="list-style-type: none"> <li>• High risk women identified: <input type="checkbox"/>Yes/ <input type="checkbox"/>No</li> <li>• MCP cards duly filled: <input type="checkbox"/>Yes/ <input type="checkbox"/>No</li> </ul>	
15. Number of Maternal Death Review conducted	Previous year:2020-21 Current year:2021-22	
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"> <li>• Awareness of ANM on vaccine schedule: <input type="checkbox"/>Yes/ <input type="checkbox"/>No</li> <li>• Awareness about open vial policy: <input type="checkbox"/>Yes/ <input type="checkbox"/>No</li> </ul>	
18. Availability of micro-plan for immunization	<input type="checkbox"/> Yes/ <input type="checkbox"/> No	
19. Follow up of:	SNCU discharge babies: <input type="checkbox"/> Yes/ <input type="checkbox"/> No LBW babies: <input type="checkbox"/> Yes/ <input type="checkbox"/> No	
20. Line listing of all eligible couple in the area	<input type="checkbox"/> Yes/ <input type="checkbox"/> No	
21. Availability of trained provider for IUCD/ PPIUCD	<input type="checkbox"/> Yes/ <input type="checkbox"/> No	
22. Please comment on utilization of other FP services		

Indicator	Remarks/ Observation		
23. Number of individuals above 30 years of age in the HWC population			
24. Number of CBAC forms filled in last 6 months			
25. Report for number of individuals for whom CBAC form has been filled in last six months.	Score with below 4: 4 and above score:		
26. Whether universal screening of NCD has started	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
27. Number of individuals screened for the following in last 6 months:			<b>Screened</b>
	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 From From other govt. facilities: From pvt. Chemist shop: (Average OOP/month)		SC-HWC: PHC: (Specify)
30. Status of use of:	<ul style="list-style-type: none"> <li>• Tele-consultation services</li> <li>• HWC App</li> </ul> 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:	<b>Indicators</b>		<b>2020-21</b>
	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		
34. ASHA Interaction			
<ul style="list-style-type: none"> <li>• Status of availability of Functional HBNC Kits (weighing scale/ digital thermometer/ blanket or warm bag)</li> </ul>			

Indicator	Remarks/ Observation
<ul style="list-style-type: none"> <li>Status of availability of Drug Kits (Check for PCM/ Amoxicillin/ IFA/ ORS/ Zinc/ IFA Syrup/ Cotrimoxazole)</li> </ul>	
<ul style="list-style-type: none"> <li>ASHA Incentives: Any Time lag /Delay in Payment after submission of voucher.               <ul style="list-style-type: none"> <li>Average delay</li> </ul> </li> </ul>	
<ul style="list-style-type: none"> <li>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)</li> </ul>	
35. Number of Village Health & Sanitation days conducted in last 6 months	
36. Incentives:	<ul style="list-style-type: none"> <li>Performance Incentives is disbursed to CHOs on monthly basis: <input type="checkbox"/>Yes/ <input type="checkbox"/>No</li> <li>Team-based incentive being disbursed for all HWC staffs: <input type="checkbox"/>Yes/ <input type="checkbox"/>No</li> </ul>
37. Frequency of VHSNC/ MAS meeting (check and obtain minutes of last meeting )	
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"> <li>TB cases: <input type="checkbox"/>drug sensitive/ <input type="checkbox"/>drug resistant cases/ <input type="checkbox"/>both</li> <li>Malaria cases: <input type="checkbox"/>Yes/ <input type="checkbox"/>No</li> <li>Palliative cases: <input type="checkbox"/>Yes/ <input type="checkbox"/>No</li> <li>Cases related to Dengue and Chikungunya: <input type="checkbox"/>Yes/ <input type="checkbox"/>No</li> <li>Leprosy cases: <input type="checkbox"/>Yes/ <input type="checkbox"/>No</li> </ul>
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"> <li>How many cases from the Sub Centre were referred to PHC in last month?</li> </ul>	Number:  Types of cases referred out:
42. Key challenges in the facility and the root causes	
<b>Challenge</b>	<b>Root causes</b>
a)	
b)	
c)	
d)	
e)	

