



A REPORT ON MONITORING OF IMPORTANT COMPONENTS OF NHM PROGRAMME IMPLEMENTATION IN SOUTH WEST GARO HILLS, MEGHALAYA

Prof. Suresh Sharma
Ms. Purva Bhalla



Population Research Centre
Institute of Economic Growth
University of Delhi Enclave,
North Campus, Delhi – 110007

TABLE OF CONTENTS

LIST OF TABLES & FIGURES	2
ACKNOWLEDGMENT	3
LIST OF ABBREVIATIONS	4
CHAPTER-1 INTRODUCTION	8
1.1 Background and Objectives	8
1.2 Demographic profile	9
1.3. HMIS Service Delivery Indicators	10
1.4 Burden of Diseases among Adulthood	11
CHAPTER 2 PUBLIC HEALTH FINANCING	12
2.1 Record of proceedings, NHM South West Garo	12
2.2. District financial management report, South West Garo Hills	14
CHAPTER 3 PUBLIC HEALTH PLANNING AND IMPLEMENTATION	16
3.1 Health Infrastructure and Facilities	16
3.2 Human Resource for Health	17
3.3 Capacity Building- Training Status	19
CHAPTER 4 NATIONAL HEALTH MISSION PROGRAMMES	20
4.1 Reproductive, Maternal, New-born, Child and Adolescent Health (RMNC+A)	20
4.2 Communicable Diseases	21
4.3 Non-Communicable Diseases	22
CHAPTER 5 PUBLIC HEALTH FACILITY ASSESSMENT	23
5.1 AMPATI CIVIL HOSPITAL, SOUTH WEST GARO HILLS	23
5.2 COMMUNITY HEALTH CENTRE MAHENDRAGANJ	27
5.3 PRIMARY HEALTH CENTRE ZIKZAK and MELLIM	30
5.4 SUB-HEALTH CENTRE DAMALGRE and HULLUKONA	34
CHAPTER 6 CONCLUSION AND RECOMMENDATION	36
6.1 CONCLUSION	36
6.2 RECOMMENDATIONS	38
ANNEXURE-I	39
ANNEXURES II	40
District Profile- 2021-2022	40
District Hospital (DH)/ Sub-District Hospital (SDH) Level Checklist	58
Community Health Centre (CHC)/ U-CHC Level Checklist	68
Primary Health Centre (PHC/U-PHC) Level Checklist.....	76
Sub-Centre (SC) Level Checklist.....	84

LIST OF TABLES & FIGURES

Table 1: List of health care facilities visited in South West Garo Hills, Meghalaya	9
Table 2: Health Care Service Delivery Indicators of South West Garo Hills District, Meghalaya, 2021-22	10
Table 3: Breakup of resource envelope, NHM FY 2021-22, Meghalaya	13
Table 4: Summary of budget approval, 2021-22, (Rs. in Lakhs) – Meghalaya.....	14
Table 5: Financial Management Report, South West Garo Hills 2021-22	15
Table 6: Financial Management Report, South West Garo Hills 2021-22	15
Table 7: Health infrastructure available in South West Garo Hills across health agency, South West Garo Hills 2021-22	16
Table 8: Details of health facilities available, South West Garo Hills 2021-22	17
Table 9: Availability of human resource in South West Garo Hills 2021-22	18
Table 10: Status of social benefit scheme for ASHAs and ASHA Facilitators, South West Garo Hills 2021-22	19
Table 11: Details of RMNCHA+ programmes functional at the district level, South West Garo Hills 2021-22	20
Table 12: NVBDCP, NTEP, NLEP and IDSP services, South West Garo Hills 2021-22.....	21
Table 13: Non-Communicable Diseases Programme Implementation status in the South West Garo Hills District, 2021-22	22
Table 14: Status of health infrastructure, District Hospital, South West Garo Hills 2021-22	24
Table 15: Availability of specialized services at District Hospital Ampati, 2021-22	25
Table 16: Availability of Human resources at District Hospital Ampati, 2021-22	26
Table 17: Status of health infrastructure at Community Health Centre (CHC), 2021-22...	28
Table 18: Availability of specialized services at CHC, 2021-22.....	29
Table 19: Status of health services at Commuinty Health Centre, 2021-22	29
Table 20: Status of infrastructure, Primary Health Centre, 2021-22	32
Table 21: Human resources availability at Primary Health Centre	32
Table 22: Status of health services at Primary Health Centre, 2021-22	33
Table 23: Status of health services, Sub-Centre, 2021-22	35
Table A.1: Socio demographic Indicators of South West Garo, Meghalaya, and India.....	39
Table A.2: Details of Resource Envelope South West Garo Hills District, 2020-21.....	39
Table A.3: Status of implementation of Comprehensive Primary Health Centre, South West Garo Hills 2021-22.....	39

LIST OF FIGURES

Figure 1: Outline map of South West Garo Hills district in Meghalaya	9
Figure 2: Flexipool-wise share of State Resource Envelope, 2021-22 (in percent)	12
Figure 3: Civil Hospital Ampati	23
Figure 4: CHC Mahendraganj	27
Figure 5: PHC Zikzak	30
Figure 6: PHC Mellim	30
Figure 7: HWC Damalgre	34
Figure 8: SC Hullukona.....	34

ACKNOWLEDGMENT

The monitoring and evaluation of the National Health Mission (NHM) of program implementation plan (PIP) in South West Garo Hills district was successfully completed with the help and cooperation from the Department of Health & Family Welfare of Government of Meghalaya. We are thankful to the Chief District Medical Officer (CDMO) of South West Garo Hills, the NHM officials, the staff in South West Garo Hills and the support extended by medical officers and officials.

In particular, we are grateful to Dr. Malay Hajong, District Medical & Health Officer, South West Garo Hills district for the support provided to conduct the meetings and monitoring visits to the selected health facilities. We are thankful to Dr. Supurna Ray Hajong SDM&HO, Dr. Lycha Sr. DMO, Dr. Malgrik Samgor, DSO, Dr. Noreen Sangma, DIO, Dr. Mikrade D. Sangro M&HO, Mrs. Shirley Rangma, District Programme Officer (DPM), Mr. Ranjeet R. Marah DAM and Mr Roushen Kabir DDM for facilitating visits and discussions regarding functioning of the health services in the district.

We also duly acknowledge the support provided by the health staff in the selected health facilities. In particular, we would like to thank all the ANMs and ASHAs who discussed their experiences of service delivery in the community. We are also thankful to the beneficiaries who gave their time for interaction and responded to our questions with enthusiasm.

Last but not the least, we would like to thank the research and administrative staff of the Population Research Centre (PRC Delhi, IEG) for extending all the necessary support and coordination for the completion of this report.

November, 2022

Prof. Suresh Sharma
Ms. Purva Bhalla

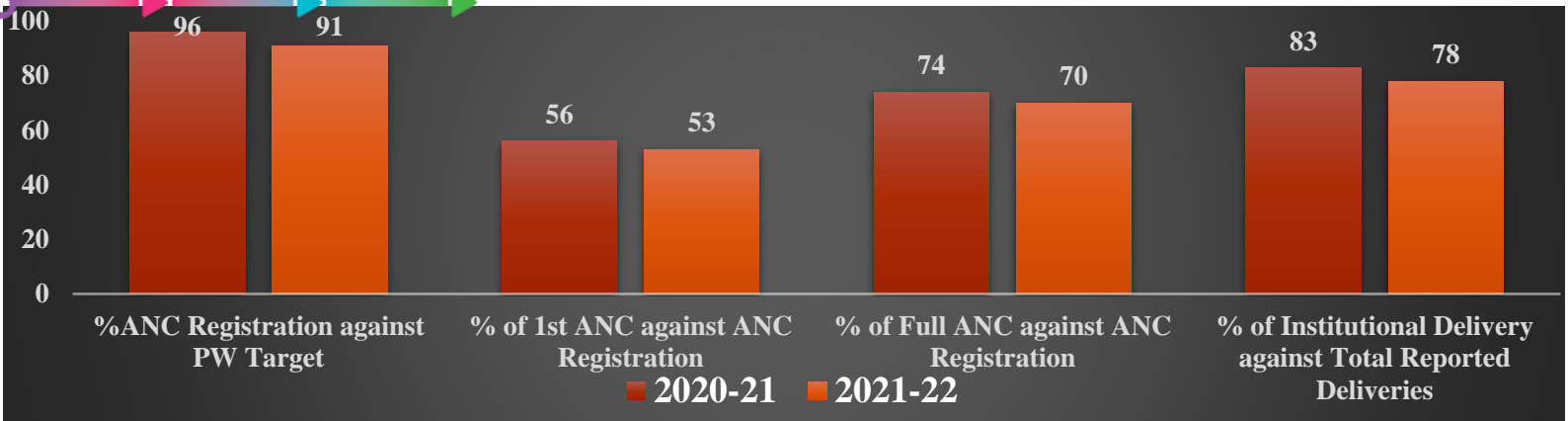
LIST OF ABBREVIATIONS

ANC	Ante Natal Care	F- IMNCI	Facility base IMNCI
ANM	Auxiliary Nurse Midwife	GOI	Government of India
ASHA	Accredited Social Health Activist	HIV	Human Immunodeficiency Virus
AYUSH	Ayurveda, Yoga & Naturopathy, Unani, Siddha and Homeopathy	HMIS	Health Management Information System
BB	Blood Bank	ICDS	Integrated Child Development Services
BMOC	Basic Emergency Obstetric Care	ICTC	Integrated Counseling and Testing Centre
BCC	Behaviour Change Communication	IEC	Information Education & Communication
BCG	Bacillus Calmette Guerin	IFA	Iron & Folic Acid
BPL	Below Poverty Line	IMNCI	Integrated Management of Neonatal and Childhood Illness
BSU	Blood Storage Unit	IPD	Indoor-Patients Department
CDO	Computer Data Entry Operator	IPHS	Indian Public Health Standards
CDMO	Chief District Medical Officer	IUCD	Intra Uterine Contraceptive Device
CGHS	Central Government Health Services	JSY	Janani Suraksha Yojna
EMOC	Emergency Obstetric Care	JSSK	Janani Shisu Suraksha Karyakram
ESIC	Employee State Insurance Corporation	LHV	Lady Health Visitor
EVA	Equine Viral Arthritis	MCH	Maternal and Child Health
DGD	Delhi Government Dispensary	MCTS	Mother and Child Tracking System
DOTS	Directly Observed Treatment Strategy	MH	Maternity Home
DPMU	District Program Management Unit	MIS	Management Information System
DPT	Diphtheria, Pertussis (whooping cough), Tetanus	MO	Medical Officer
OBG	Obstetrics Gynecology	MTP	Medical Termination of Pregnancy
PHN	Public Health Nurse	NBCC	New Born Care Corner
PIP	Programme Implementation Plan	NBSU	New Born Special Unit
PPIUCD	Post- Partum IUCD	NHM	National Health Mission
PNC	Post Natal Care	NGO	Non-Government Organisation
RCH	Reproductive & Child Health	NRHM	National Rural Health Mission
RKS	Rogi Kalyan Samiti	NUHM	National Urban Health Mission
RTI/STI	Reproductive tract infection/Sexually transmitted infection	NSSK	Navjat Shishu Surksha Karyakram
SBA	Skilled Birth Attendant (Special training course is available for SBA).	NSV	Non Scalpel Vasectomy
TT	Tetanus Toxoid	VHND	Village Health and Nutrition Day

SOUTH WEST GARO HILLS HIGHLIGHTS



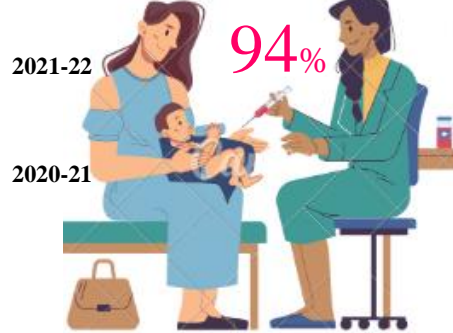
Pre- & Post Natal Health Care



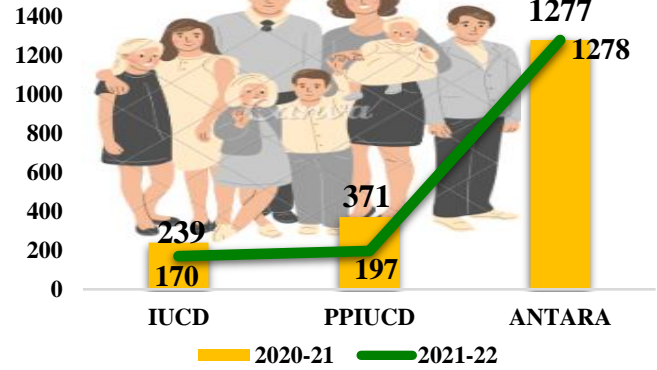
Full Immunization Target

Achieved

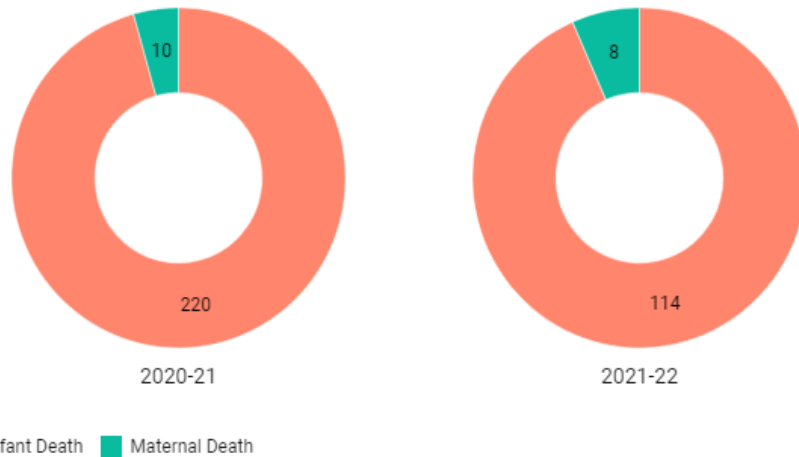
94%



FAMILY PLANNING



Maternal and Infant Death



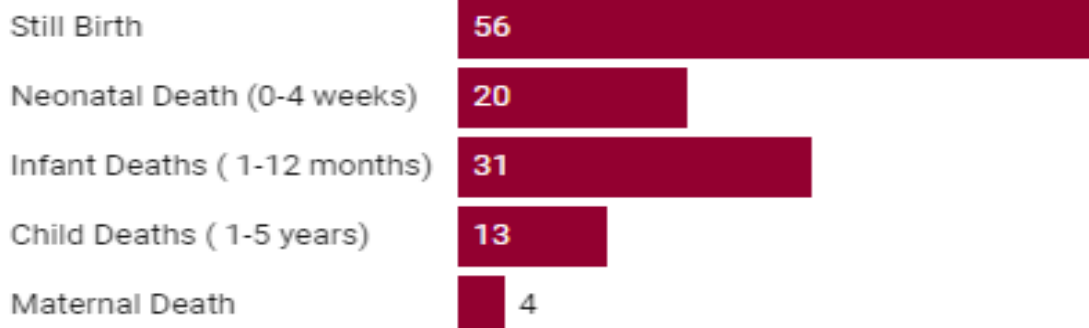
HIGHLIGHTS

Husbands in the area prohibit their children from receiving vaccinations because they fear the child may become ill and disturb them at night.

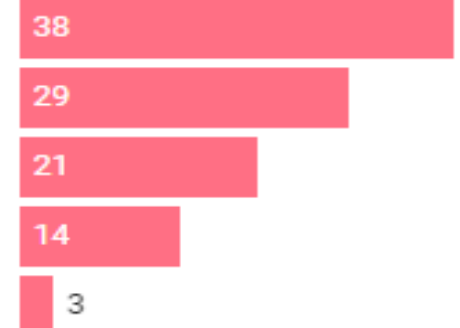
Beneficiaries or their families prefer home deliveries because if they go to the hospital then who will look after their children at home.

The Tura Civil Hospital is recommended for patients with mental health issues because there is only one psychiatrist in the Garo Hills.

April to Sep 2021-22



April to Sep 2022-23





EXECUTIVE SUMMARY

The report is prepared on the basis of visits to the following public health care facilities visited by the PRC-IEG Team: DH Civil Hospital, CHC Mahendraganj, PHC Zikzak, PHC Mellim, HWC Damalgre and SC Hullkona. Meetings were held with the Chief Medical Officer (CMO) and the nodal programme officers, the Block Medical Officer-in-Charge (MOIC), facility (MOs, CHO, ANMs, etc.) and community level health care providers (ASHAs, Anganwadi workers etc.) and other supporting staff. Interactions were conducted to understand the strengths and weakness of the facilities in service provisioning.

KEY CHALLENGES



Gynecologists, pediatricians, physiotherapist and anesthetists are not present in the district. NRC, DEIC, SNCU, and Blood bank are not functional in the district. The beneficiaries have to go to Tura in the West Garo Hills because neither a C-section facility nor an MCH wing are operating in the district.



Teenage pregnancies are prevalent, and home deliveries are common in the district. The average family size is 6 to 12 members.



Male involvement in community events is quite low, particularly during ANC registrations, VHND sessions, counselling sessions, and yoga days. Therefore, it is highly challenging to comprehend and offer advice to the male beneficiaries.



Due to a network issue that affects the entire district, there is a problem in the district with the uploading of data to the portal.



The main problem is language barrier because there are 4 different communities living in the district and speaking different languages including Khasi, Garo, Urdu, Bengali, and Koch. This problem exists with respect to printing of IEC material as no common language is there.



In the last financial year South West Garo hills did not receive RKS fund.



Since all trainings are currently online and the district is experiencing network issues, it is extremely challenging to join the meeting. Even the training falls below expectations.



District MCH is being built at Mahendraganj, which is on the border between Bangladesh and India. It also violates IPHS standards. Despite sending a letter to the state, nothing happened.



ANMs use the ANMOL tablet at the time of NCD screening rather than the RCH portal. Like RCH, the district also uses a SANGRA App. ANMs are instructed to use this app from higher authority. Though the RCH portal is not updated.



There are so many programs running from the central and with the crunch of the staff it is very difficult for the district to concentrate on a particular program.



On March 29, 2021, the district received funds for the last financial year. As a result, the district was unable to effectively use the funds.



There is a problem with the meetings because the state conducts 2-3 meetings in one go which makes it extremely challenging to attend all of them.



There is a Salary Dispensary, and new hires get paid more than those who have held the same post for the last five-seven years. It is being thought about “Equal work equal pay policy should implement at all level”. There shouldn't be any prejudice. The NHM staff works tirelessly till midnight, whether at the office or at home. NHM employees are given a rigorous task and are paid less than grade IV employees.

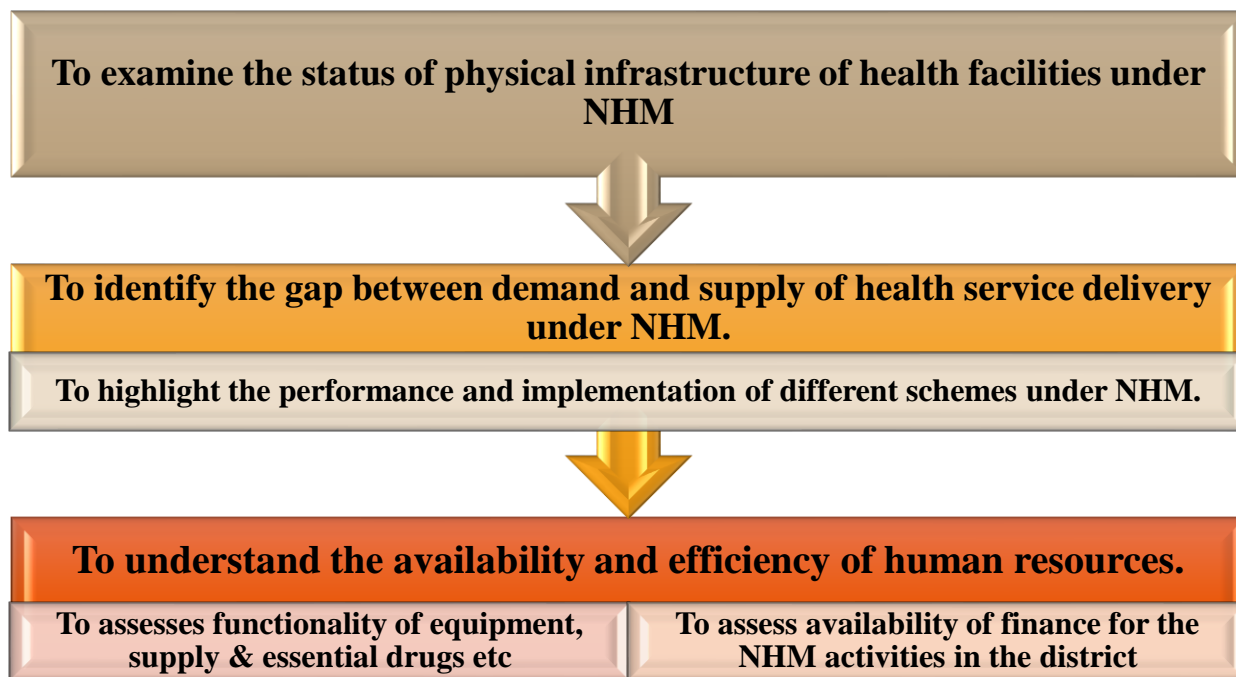


CHAPTER-1 INTRODUCTION

1.1 Background and Objectives

The Ministry of Health and Family Welfare (MoHFW) has assigned the task to Population Research Centres (PRCs) for quality monitoring of important components of NHM Programmes for the year 2021-22. While engaging with the work, PRCs would observe critical concerns in the implementation of NHM activities and also evolve suitable quality parameters to monitor the various components. This PIP monitoring report would specifically focus on the performance of the South West Garo Hills District of Meghalaya.

The report aims to capture the demographic indicators, health indicators, healthcare financing, and public health planning of the district and also discuss the healthcare programme such as RMNCAH+N, diseases control programmes and other health programs. The specific objectives of the report are as follow:



The report is prepared on the basis of field – based observations and visits to the following public health facilities in South West Garo Hills: DH Civil Hospital Ampati, CHC Mahendraganj, PHC Zikzak, PHC Mellim, HWC Damalgre and SC Hullkona. Structured checklists were used to collect information on various parameters such as human resources, infrastructure, funds utilization, training, health care services including drugs and equipments, disease control programmes and other programmes under the ambit of NHM including the National Urban Health Mission (NUHM) activities.

Meetings were held with the Chief District Medical Officer (CDMO) and the NHM Nodal Officials. Interactions were also held with the Medical Officer-In-Charge (MOIC) of the selected facilities, health care providers (ANM, ASHAs etc.) and other supporting staff to understand the strengths and weakness of the facilities in service provisioning.

The health care facilities visited to accomplish the objective. The objectives of the visits are enlisted in the table below:

Table 1: List of health care facilities visited in South West Garo Hills, Meghalaya

Facility Type	Name of the Facility
District Hospital (DH)	Civil Hospital Ampati
Community Health Centre (CHC)	Mahendraganj
Primary Health Centre (PHC)	Zikzak
Primary Health Centre (PHC)	Mellim
Health and Wellness Centre (HWC)	Damalgre
Sub-Centre (SC)	Hullkona

1.2 Demographic profile

Meghalaya emerged as a full-fledged State within the Union of India on 21st January 1972. ‘Meghalaya’ meaning ‘abode of clouds’ reflects the salubrity of its climate. The wettest places in the world are also located here. It has predominantly hilly terrain with foothills as plains and flood-prone areas. In Meghalaya, there are 07 blocks and 6026 villages. Out of which 02 blocks and 463 villages are in South West Garo Hills district. As per Census 2011, Meghalaya has population of 29.66 lakh. Total population of Meghalaya as per 2011 census is 2966889 of which male and female are 1874376 and 1799541 respectively Figure 1 shows the district map of Meghalaya with South West Garo Hills as one of the eleven districts in the State.

Figure 1: Outline map of South West Garo Hills district in Meghalaya

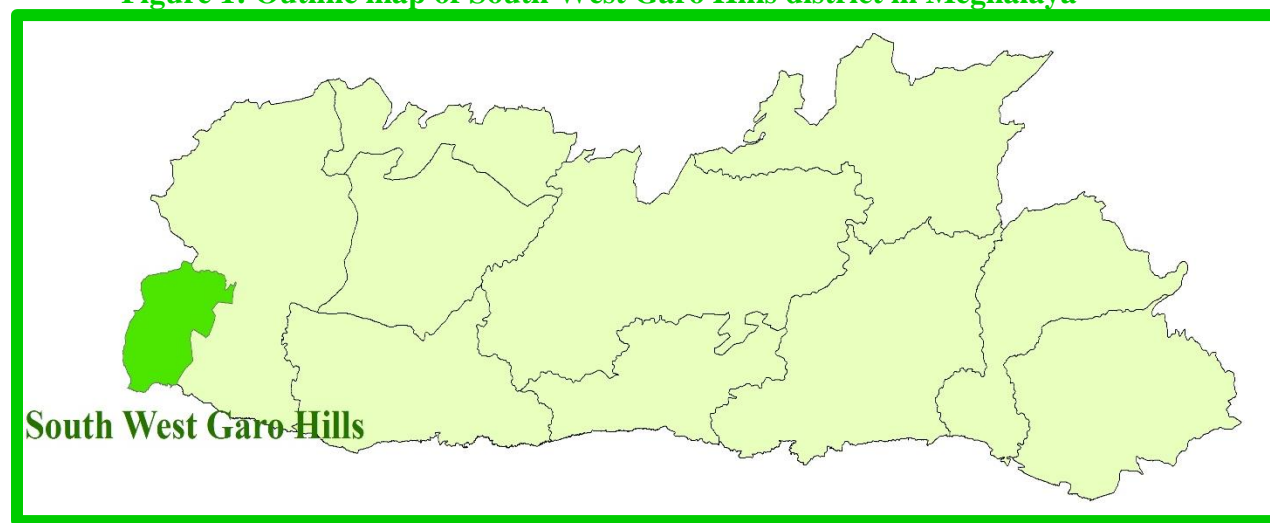


Table-A.1 shows the main demographic indicators scenario of the South West Garo Hills District, Meghalaya & India (Refer Annexure-1). South West Garo Hills District is one of the 11 (eleven) districts of the state of Meghalaya. South West Garo Hills came into existence as a district of the state of Meghalaya on 7 August 2012. It is a small district of just 822 sq kms with only 1,70,794 people.

The Southwest Garo Hills is carved out of West Garo Hills district and the areas under its jurisdiction are Betasing and Zikzak C&RD Blocks, villages from under Garobadha GS circle of Selsella block, Okkapara Songma GS circle and Chengkomgre GS circle under Gambegre block and Dokonggre GS circle under Rongram block.

1.3. HMIS Service Delivery Indicators

In South West Garo Hills, out of the total number of pregnant women who registered for ANC, 53.3 percent of them were registered in the first trimester. Percentage of pregnant women who underwent 4 or more ANC check-ups to total ANC registration is 71.8 percent.

Table 2: Health Care Service Delivery Indicators of South West Garo Hills District, Meghalaya, 2021-22

Maternal Health-Delivery Care	Meghalaya	South West Garo
% of beneficiaries registered for 1st trimester to total ANC registration	39.9	53.3
% Pregnant Women received 4 or more ANC checkups to Total Registration	52.9	71.8
% Pregnant women given 180 IFA to Total ANC Registrations	59.9	75.1
% Pregnant women given 360 Calcium tablets to Total ANC Registrations	53.5	69.4
% SBA attended Home Deliveries to Total Reported Home Deliveries	7.6	4.4
% of Institutional Deliveries to Total Reported Deliveries	43.3	78.3
% Institutional Deliveries to total ANC Registrations	43.6	64.4
% C-section Deliveries to reported Institutional Deliveries	7.7	0
% Women getting 1 st Post-Partum Check-up after delivery	19.8	60.6
2. Newborn and Child Health		
% Newborn weighed at Birth to Live Birth	97.4	99.9
% Newborn breast fed within 1 hour of birth to Total Live Birth	92.1	99.8
% of newborns having weight less than 2.5 kg to total live birth	7.9	9.5
% of children discharged with target weight gain from NRC	46.1	0
Number of Fully Immunized children (9-11 months)	68535	4159
3. Family Planning		
Number of emergency contraceptive pills distributed	1126	182
% Female Sterilization to Total sterilization	99.8	100
% of IUCD insertion to total institutional deliveries	1.5	5.7
Total Sterilization conducted	2232	45
4. Mortality Indicators		
Maternal Death	232	09
Child Death	507	28
Infant Death	1012	113
Still Birth	2322	101

Source: HMIS Standard Reports, 2021-22

IFA supplement was given to 75.1 percent of all women who registered for ANC while 360 Calcium tablets were distributed to total ANC registrations which is 69.4 percent.

Institutional deliveries are an important initiative by NHM for both mother and child care. It was found that 78.3 percent of all deliveries were observed to be institutional deliveries. With regards to Post Natal Care, 99.8 percent of the newborns were breast fed within 1 hour of delivery and 6.3 percent of newborns weighted less than 2.5 kgs at birth. Female sterilization (Tubectomies) as a method of permanent family planning dominates the statistics, no sterilization was conducted in 2021-22 in South West Garo Hills. The district reported a total of 09 maternal deaths, 28 child deaths, 101 still births and 113 infant deaths in the year 2021-22.

1.4 Burden of Diseases among Adulthood

In the district, there are 3 NCD clinics which are Generic, Modern and District Hospital. The main moto of the programme is to reduce the diseases like hypertension, diabetes and cancer. In the district, maximum number of hypertension cases in 32+ age group, Diabetes is 19 percent which is maximum in 32+ age group and Cancer is 0.5 percent. The District only detect the Cancer cases and transfer the cases to Tura in West Garo Hills. In the South West Garo Hills district maximum number of oral cancer are there among in male and female as both consume tobacco. Tobacco consumption is like a tradition in the district. In South West Garo Hills the consumption of Zarda is in the large quantity.



CHAPTER 2 PUBLIC HEALTH FINANCING

NHM is one of the most important initiatives of the GOI that visualize achievement of universal access to equitable, affordable & quality health care services that are accountable and responsive to people's needs. This initiative is directed towards financing and supporting the states to strengthen public health systems and healthcare delivery in India. Allocation of State NHM budget is based on Program Implementation Plans (PIPs) submitted by State governments which are approved by the Union government. Both Central and State Governments contribute in implementation of programs under NHM in a ratio of 60:40 for all States and UTs with legislature.

2.1 Record of proceedings, NHM South West Garo

For the financial year (FY) 2021-22, against a resource envelope of 234.48 Crore (calculated assuming state share of 10%), Meghalaya received administrative approval for an amount of Rs. 342.57 Crore (excluding IM and Immunization Kind Grants). The resource envelope for FY 2021-22 consists of union government's support of Rs. 160.68 Crore for flexible pool allocation including cash and kind, Rs. 26.97 Crore for incentive pool based on last year's performance and Rs. 23.38 Crore for infrastructure maintenance. The total support from Government of India is Rs. 211.03 Crore whereas the state share of 10% works out to be Rs. 23.45 Crore and the total resource envelope out to be Rs. 234.48 Crore.

Figure 2: Flexipool-wise share of State Resource Envelope, 2021-22 (in percent)

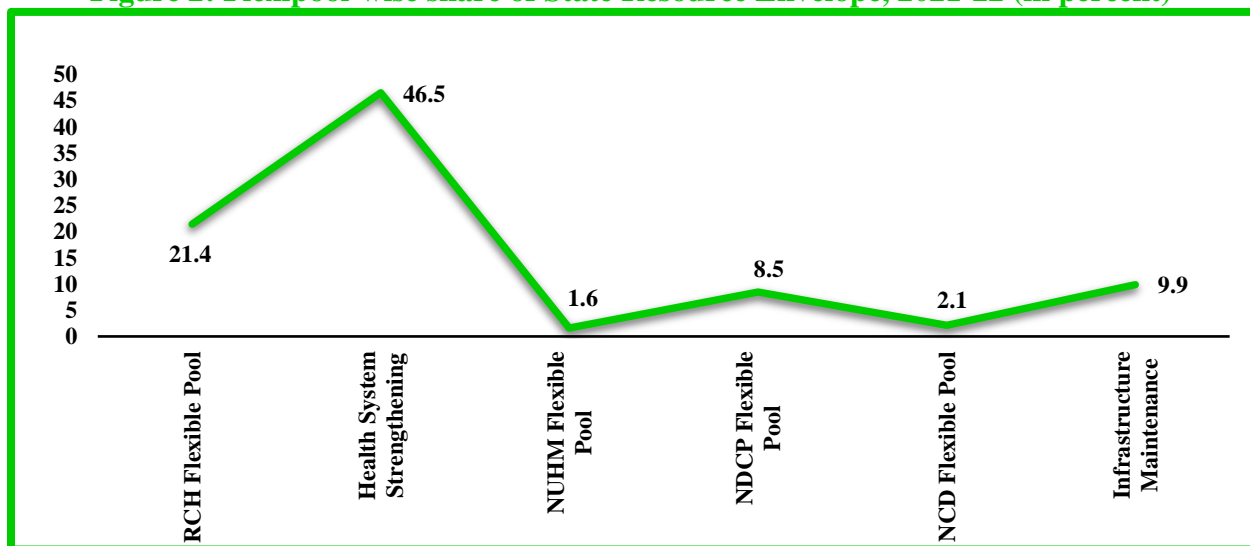


Figure 2 shows percentage distribution of budget allocations from the resource envelope according to Flexipool. It was observed that 21.4 percent of the budget is allocated for RCH Flexible Pool (including RI, IPPI, NIDDCP), 46.5 percent is allocated for Health System Strengthening (HSS) under NHM. The GOI contribution towards NUHM Flexible Pool, NDCP Flexible Pool and NCD

Flexible Pool is 1.6 percent, 8.5 percent and 2.1 percent respectively. Finally, about 9.9 percent of the GOI contribution under the total resource envelope is allocated towards infrastructure maintenance.

Table 3: Breakup of resource envelope, NHM FY 2021-22, Meghalaya

S.No.	Particulars	Amount (GoI Share)	Percent (GOI Share)	State share
1	RCH Flexible Pool (including RI, IPPI, NIDDCP)	50.11	21.4%	
(i)	RCH Flexible Pool (including RI, IPPI, NIDDCP) Cash Grant Support	36.87	-	
(ii)	RCH Flexible Pool (Kind Grant Support under Immunization) as per FY 2019-20	13.23	-	
2	Health System Strengthening (HSS) under NRHM	108.99	46.5%	
(i)	Other Health system Strengthening covered under NRHM	91.78	-	
(ii)	Comprehensive Primary Health Care under HSS	11.21	-	
(iii)	Additional ASHA Benefit Package including support to ASHA facilitators	6.01	-	
	Total NRHM-RCH Flexible Pool	159.10	-	
3	NUHM Flexible Pool	3.73	1.6%	
(i)	Health System Strengthening covered under NUHM (excluding CPHC)	2.80	-	
(ii)	Comprehensive Primary Health Care under NUHM	0.93	-	23.45
4	NDCP Flexible Pool (RNTCP, NVHCP, NVBDCP, NLEP, IDSP, NRCP, PPCL)	19.98	8.5%	
(i)	NVBDCP	5.79	-	
(ii)	RNTCP	11.28	-	
(iii)	NVHCP	1.44	-	
(iv)	NLEP	0.35	-	
(v)	IDSP	0.60	-	
(vi)	National Rabies Control Programme (NRCP)	0.52	-	
(vii)	Programme for Prevention and Control of Leptospirosis (PPCL)	-	-	
5	NCD Flexible Pool (NPCB& VI, NMHP, NPHCE, NTCP, NPCDCS, PMNDP, NPPCCHH)	4.84	2.1%	
6	Infrastructure Maintenance	23.38	9.9%	
	Total Resource Envelope	211.03	89.9%	23.45
	Grand Total Resource Envelope (Central Allocation + State Share)	234.48		

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

The breakup of the total resource envelope shows that Rs. 50.11 Crore is allocated for RCH Flexible Pool (including RI, IPPI, and NIDDCP), Rs. 108.99 Crore is allocated for Health System Strengthening (HSS) under NHM. Thus the GOI contribution towards total NRHM-RCH Flexible Pool works out to be Rs. 159.10 Crore. The GOI contribution towards NUHM Flexible Pool, NDCP Flexible Pool and NCD Flexible Pool is Rs. 3.73 Crore, Rs. 19.98 Crore and Rs. 4.84 Crore, respectively. Within NDCP Flexible Pool bulk of the resources are allocated for RNTCP activities. Finally, over Rs. 23.38 crore of the GOI contribution under the total resource envelope is allocated for infrastructure maintenance.

Table 4: Summary of budget approval, 2021-22, (Rs. in Lakhs) – Meghalaya

FMR	Budget head	Total amount proposed	Total amount approved	Share of total approvals	% approved to proposed	
1	U.1	Service Delivery - Facility Based	1848.26	1692.02	5.53	91.5
2	U.2	Service Delivery - Community Based	1319.84	1079.82	3.53	81.8
3	U.3	Community Interventions	4120.96	3867.54	12.64	93.9
4	U.4	Untied Fund	1270.2	1265.45	4.14	99.6
5	U.5	Infrastructure	2847.49	2833.32	9.26	99.5
6	U.6	Procurement	5459.5	5077.7	16.6	93.0
7	U.7	Referral Transport	866.36	866.36	2.83	100.0
8	U.8	Human Resources	7203.85	7077.61	23.13	98.2
9	U.9	Training and Capacity Building	1285.37	1166.3	3.81	90.7
10	U.10	Reviews, Research, Surveys and Surveillance	98.02	67.2	0.22	68.6
11	U.11	IEC/BCC	1348.46	978.86	3.2	72.6
12	U.12	Printing	449.04	378.98	1.24	84.4
13	U.13	Quality Assurance	217.2	211.24	0.69	97.3
14	U.14	Drug Warehousing and Logistics	328.49	299.97	0.98	91.3
15	U.15	PPP	354.81	348.11	1.14	98.1
16	U.16	Programme Management	3015.33	2910.83	9.51	96.5
17	U.17	IT Initiatives for strengthening Service Delivery	345.19	296.95	9.51	86.0
18	U.18	Innovations (if any)	179.56	177.44	0.58	98.8
Grand total			32557.92	30595.69	100	94.0
Total amount approved				30595.69		
Infrastructure maintenance				2338		
Immunization kind grants				1323		
Grand total approved including MI and Immunization kind grants FY 2021-22				34256.69		

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

2.2. District financial management report, South West Garo Hills

Budget utilisation under NHM is to operationalise an effective and accountable financial management system for budgeting, monitoring and utilisation of funds at central, state, district and block level. The detail of the budget utilisation is given in table 5, as per the Financial Management Report (FMR).

Maximum budget for untied funds and programme management has been utilized. The highest under-utilization rates are for infrastructure, transport and trainings. For these, more than 50 percent sanctioned budget lies unutilized. One of the major reasons cited for underutilization during the meeting with district officials was the delay in receipt of funds. It was also reported that the untimely disbursement of funds fails to cover the pre sanctioned loans due to audit loops, owing to which 100% utilisation has not been possible. The fund sanctioned to the district is always less, what the district demands. As per the given records it can be observed that, the maximum number of utilizations as per the FMR is in Human resources, followed by Quality assurance. No budget is utilized for community based, community intervention, infrastructure, procurement, review, research and surveillance, PPP and IT Initiatives for service delivery.

Table 5: Financial Management Report, South West Garo Hills 2021-22

Indicator	Budget Released (lakhs)	Budget utilized (lakhs)
1. Untied grants	82.93	42.16
2. Referral Transport	32.58	12.59
3. Human Resource (Service Delivery)	0.00	43.34
4. Training	18.88	11.98
5. IEC-BCC	6.71	6.42
6. Printing	2.23	1.76
7. Quality	2.42	1.75
8. Drug Warehouse & Logistic	57.39	19.94
9. Programme Management	0.26	7.76
10. Innovations	1.6	13.80

Source: CMHO, South West Garo Hills 2021-22

Budget utilisation under NHM is to operationalise an effective and accountable financial management system for budgeting, monitoring and utilisation of funds at central, state, district and block level. The detail programme-wise budget utilisation is given in Table 6 as per the Financial Management Report (FMR), South West Garo Hills.

Table 6: Financial Management Report, South West Garo Hills 2021-22

Indicator	Budget Released (in lakhs)	Budget utilized (in lakhs)
1. RCH and Health Systems Flexipool		
• Maternal Health	139.25	132.04
• Child Health	38.64	19.95
• RBSK	12.08	16.52
• Family Planning	11.37	6.46
• RKSK/ Adolescent health	34.54	20.80
• Immunization	14.96	20.02
• Untied Fund	82.93	42.16
• Comprehensive Primary Healthcare (CPHC)	116.92	84.11
• ASHAs	147.96	229.41
• HR	0.00	43.34
• Programme Management	0.26	7.76
• Referral Transport	32.58	12.59
• Quality Assurance	2.22	1.89
2. Communicable Diseases Pool		
• National Vector Borne Disease Control Programme (NVBDCP)	4.23	0.78
• National Leprosy Eradication Programme (NLEP)	3.72	2.07
3. Non-Communicable Diseases Pool		
• National Program for Control of Blindness and Vision Impairment (NPCB+VI)	0.75	0.00
• National Mental Health Program (NMHP)	11.50	7.40
• National Programme for Health Care for the Elderly (NPHCE)	3.02	1.78
• National Tobacco Control Programme (NTCP)	2.10	1.63
• National Programme for Prevention and Control of Diabetes, Cardiovascular Disease and Stroke (NPCDCS)	6.72	1.71
• National Oral health programme (NOHP)	1.00	0.81

Source: CMHO, South West Garo Hills 2021-2



CHAPTER 3 PUBLIC HEALTH PLANNING AND IMPLEMENTATION

This chapter affiliate information related to Public Health Planning, including comprehensive information on public health infrastructure, human resources for public health, and capitulating for HR on training status.

3.1 Health Infrastructure and Facilities

Health infrastructure of a district has a significant role in ensuring effective provision of all the services to the beneficiaries. All public health services depend on the presence of basic infrastructure. Every public health program-such as immunization, infectious disease monitoring, cancer and asthma prevention, maternal health-requires health professionals who are competent in cross-cutting and technical skills, up-to-date information systems, and public health organizations with the capacity to assess and respond to community health needs.

Table 7 presents the distribution of health facilities in South West Garo Hills. There are 1 DH, 1 CHC, 9 PHCs, and 28 HWCs in the district. Overall, the district has a total of 140 beds across these public health facilities which altogether cover a total of 5.65 lakh persons. In the district there are 28 HWCs, all HWCs are falling under hilly and tribal area for services.

Table 7: Health infrastructure available in South West Garo Hills across health agency, South West Garo Hills 2021-22

Health Facility	Facilities	Bed Count	Population Covered	Area
DH	01	100	224632	Tribal
CHC	01	30	35260	Tribal
PHC	09	10	171243	Tribal
HWC	28	-	133910	Tribal

Source: Facility Master Report, South West Garo Hills 2021-22

The below table 8 describes the details of health facility available in the South West Garo Hills district. In the district there is 1 District Hospital and Community health center, 09 Primary Health Centre are operational and provide general services like: OPD, immunization, ANC check-up and family planning services at the centre and three deliveries are conducting at the facility. On the other hand, 27 health sub centres are functioning in the district and only in few centres delivery service facility is available in the HSC. In the district there is no NRC, SNCU, DEIC, Blood Bank, DMC and Drug resistant TB centre.

Further, one CBNAAT and TruNat sites are available for collection of sputum for testing. NCD clinic service is operational in the community health centre. In the South West Garo Hills district people avail the ultrasound services as it is available in the district hospital.

Table 8: Details of health facilities available, South West Garo Hills 2021-22

Facility Details	Sanctioned/ Planned	Operational
1. District Hospitals	1	1
2. Sub District Hospital	0	0
3. Community Health Centers (CHC)	01	01
4. Primary Health Centers (PHC)	09	09
5. Sub Centers (SC)	27	27
6. Urban Primary Health Centers (U-PHC)	0	0
7. Urban Community Health Centers (U-CHC)	0	0
8. Special Newborn Care Units (SNCU)	0	0
9. Nutritional Rehabilitation Centres (NRC)	0	0
10. District Early intervention Center (DEIC)	NA	NA
11. First Referral Units (FRU)	01	01
12. Blood Bank	NA	NA
13. Blood Storage Unit (BSU)	01	01
14. No. of PHC converted to HWC	09	09
15. No. of U-PHC converted to HWC	-	-
16. Number of Sub Centre converted to HWC	27	27
17. Designated Microscopy Center (DMC)	-	-
18. Tuberculosis Units (TUs)	02	02
19. CBNAAT/TruNat Sites	03	03
20. Drug Resistant TB Centres	NA	NA
21. Functional Non-Communicable Diseases (NCD) clinic		
• At DH		
• At SDH	01	01
• At CHC	0	0
	01	01
22. No. of Institute with Ultrasound facilities		
• Public	01	01
• Private	0	0

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

3.2 Human Resource for Health

To encourage the States to fill up existing vacancies in South West Garo Hills district, the states are being incentivized to ensure rational deployment of health human resource. Manpower distribution is also to be put on the web in public domain. The number of health workers available in a district is a key indicator of that district's capacity to provide delivery and intervention.

Table 9 provides the human resource availability in South West Garo Hills District. In the district at present there are 82 ANMs, 11 MPW (Male), 37 Staff Nurse, 10 Lab Technician, 13 Allopathic pharmacist, 16 MO (MBBS), 1 surgeon, 1 dental hygienist, 1 dental technician, 3 Dentist, 2 Radiographer/ X-ray technician, 41 CHO , 12 AYUSH MO, 4 RBSK Pharmacist and 2 other specialists. In the district, there is no OBGY, Paediatrician, anaesthetist, radiologist, CSSD technician, OT technician and AYUSH Pharmacist.

Table 9: Availability of human resource in South West Garo Hills 2021-22

Staff details at public facility (Regular+ NHM+ other sources)	Sanctioned	In-place
ANM	82	82
MPW (Male)	11	11
Staff Nurse	37	37
Lab technician	10	10
Pharmacist (Allopathic)	13	13
MO (MBBS)	16	16
OBGY	0	0
Pediatrician	0	0
Anesthetist	0	0
Surgeon	1	1
Radiologists	0	0
Other Specialists	1	1
Dentists/ Dental Surgeon/ Dental MO	3	3
Dental technician	1	1
Dental Hygienist	1	1
Radiographer/ X-ray technician	2	2
CSSD Technician	0	0
OT technician	0	0
CHO/ MLHP	41	37
AYUSH MO	12	12
AYUSH Pharmacist	0	0 (4) RBSK Pharmacist

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

A total of 462 ASHAs are working in the district. Social benefit schemes were implemented in October, 2018 for ASHAs and ASHA facilitators meeting the eligibility criteria to be covered under the Pradhan Mantri Jeevan Jyoti Bima Yojana (Accident Insurance), the age criteria is 18-50 years and annual premium of average Rs. 330 will be paid by the government. A total of 11 ASHAs enrolled in Pradhan Mantri Jeevan Jyoti Bima Yojana (PMJJBY). The number of ASHA Facilitator enrolled for Pradhan Mantri Jeevan Jyoti Bima Yojana are 5. The number of ASHAs enrolled under this scheme are 61. Whereas, a total of 61 ASHAs have been enrolled for Pradhan Mantri Suraksha Bima Yojana. A total of 7 ASHAs Facilitator are covered under Pradhan Mantri Suraksha Bima Yojana respectively in South West Garo Hills district. In South West Garo Hills district, Mahila Arogya Samiti (MAS) is not functional. In the district proper training have been given for VHSNC.

Table 10: Status of social benefit scheme for ASHAs and ASHA Facilitators, South West Garo Hills 2021-22

Key Indicators		Observations
1	Status of ASHAs	
1.1	Total working	463
1.2	Sanctioned Post	462
1.3	Position Vacant	01
1.4	ASHA Facilitator	17
1.5	No. of ASHAs covering more than 1500 (rural)/ 3000 (urban) population	4
1.6	No. of villages/ slum areas with no ASHA	1
2	Status of social benefit scheme for ASHAs and ASHA Facilitators	
2.1	No. of ASHAs enrolled for Pradhan Mantri Jeevan Jyoti Bima Yojana	11
2.2	No. of ASHA Facilitator enrolled for Pradhan Mantri Jeevan Jyoti Bima Yojana	05
2.3	No. of ASHAs enrolled for Pradhan Mantri Suraksha Bima Yojana	61
2.4	No. of ASHA facilitator enrolled for Pradhan Mantri Suraksha Bima Yojana	07
2.5	No. of ASHAs enrolled for Pradhan Mantri Shram Yogi Maandhan Yojana	73
2.6	ASHA facilitator enrolled for Pradhan Mantri Shram Yogi Maandhan Yojana	09
3	Status of Mahila Arogya Samitis (MAS)	
3.1	Formed] Not Operational
3.2	Trained	
3.3	MAS account opened	
4	Status of Village Health Sanitation and Nutrition Committee (VHSNC)	
4.1	Formed	462
4.2	Trained	462
4.3	MAS account opened	-

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

3.3 Capacity Building- Training Status

In the district a brief of trainings were received in the last financial year i.e., 2020-21 as per the ROP approval. In total, 12 trainings were conducted across various programs and sub-divisions which include maternal health, child health, family planning, IMEP and RKSK. For maternal health, training was provided regarding BeMOC training for MOs/IMOs and Dakshata training; child health training regarding IMNCI, 4 days training IYCF and SAANS training and for family planning training was being provided for PPIUCD and FPLMIS.



CHAPTER 4 NATIONAL HEALTH MISSION PROGRAMMES

4.1 Reproductive, Maternal, New-born, Child and Adolescent Health (RMNC+A)

The Janani Suraksha Yojana has a weak implementation status in the South West Garo Hills district. This is associated with factors such as low JSY incentive for urban areas, limited interest among beneficiaries to claim JSY, inadequate documentation and high proportion of migrant population. However, all the delivery points in the district implement the Janani Shishu Suraksha Karyakram (JSSK). The PMSMA activities are conducted at the DH, SDH and PHC facilities.

Table 11: Details of RMNCHA+ programmes functional at the district level, South West Garo Hills 2021-22

Janani Suraksha Yojana (JSY)	<ul style="list-style-type: none"> Total Deliveries 2021-22: 1174 Total JSY Beneficiaries 2021-22 Public: 1175 																																																	
Janani Shishu Suraksha Yojana (JSSK)	<ul style="list-style-type: none"> Total Delivery Points: 16 No. of facilities where free diet is available for PW: 02 No. of facilities where lab is functional for basic tests for PW: 02 																																																	
Pradhan Mantri Surakshit Matritva Abhiyan (PMSMA)	<ol style="list-style-type: none"> No. issued MCP card and Safe Motherhood Booklet: 488 Number of health facilities where current round of PMSMA was conducted: <ol style="list-style-type: none"> Medical College: NA DH: 01 SDH: NA CHC/UHC: 01 PHC/UPHC: 09 Private Clinics: 0 																																																	
Home Based Newborn Care (HBNC)	<ul style="list-style-type: none"> Total Newborns visited under HBNC: 4894 Total No. of ASHAs trained in Module 6 & 7: - 462 Total no. of ASHAs with HBNC Kits: 462 																																																	
Rashtriya Bal Swasthya Karyakram (RBSK)	<ul style="list-style-type: none"> Total No. of RBSK teams sanctioned: 04 No. of teams with all HR in-place (full-team): 04 No. of vehicles (on the road) for RBSK team: 04 on hiring No. of teams per block: 02 No. of blocks without dedicated teams: 0 Average no. of children screened per day per team: 100 Number of children born in delivery points screened for defect at birth: 2805 																																																	
Maternal and Child Deaths	<ul style="list-style-type: none"> Number of maternal deaths 2021-22: <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <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>2021-22</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>1. Deaths</td> <td>02</td> <td>01</td> <td>0</td> <td>0</td> <td>05</td> <td>08</td> </tr> <tr> <td>2. MDR</td> <td>08</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>2020-21</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>1. Deaths</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>2. MDR</td> <td>10</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table> Number of Neonatal Deaths: 41 Number of Total Child Deaths: 28 Number of Child Death Review conducted: <ul style="list-style-type: none"> 2020-21: 12 2021-22: 12 		DH	CHC	PHC	SC	Other	Total	2021-22							1. Deaths	02	01	0	0	05	08	2. MDR	08						2020-21							1. Deaths							2. MDR	10					
	DH	CHC	PHC	SC	Other	Total																																												
2021-22																																																		
1. Deaths	02	01	0	0	05	08																																												
2. MDR	08																																																	
2020-21																																																		
1. Deaths																																																		
2. MDR	10																																																	

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

The 462 ASHAs of the district have conducted a total of 4894 HBNC visits. 462 ASHAs have drug kits and 462 ASHAs have HBNC kits. JSY and JSSK is functional in the district.

4.2 Communicable Diseases

Under National Vector Borne Disease Control Programme (NVBDCP) micro and macro plan is available in the district. Over the period of time there is decrease in annual blood examination. In South West Garo Hills weekly epidemiological and entomological situations are monitored. Rapid response team are being constituted under the Integrated Disease Surveillance Programme (IDSP). IDSP data is utilized as to assess the disease clustering, to provide feedback to the health facilities on the disease and also helps to generate the disease alert.

Table 12: NVBDCP, NTEP, NLEP and IDSP services, South West Garo Hills 2021-22

1. National Vector Borne Disease Control Programme (NVBDCP)	
<ul style="list-style-type: none"> • Micro plan and macro plan available at district level: Yes • Annual Blood Examination Rate: <ul style="list-style-type: none"> ○ 2019-20: 21.5 ○ 2020-21: 13.8 ○ 2021-22: 17.0 • Total LLIN distributed vs procured: 118049 • IRS: Done • Anti-larval methods: Released Gamonsia fishes • Weekly epidemiological and entomological situations are monitored: Yes • No. of MDR rounds observed: NA • No. of blocks achieved elimination status for Lymphatic Filariasis i.e. mf rate <1%: NA 	
2. National Tuberculosis Elimination Programme (NTEP)	
<ul style="list-style-type: none"> • Target TB notification achieved : Yes • Whether HIV Status of all TB patient is known: Yes If No, no. of TB patients with known HIV status: • Eligible TB patients with UDST testing: 283 • Whether drugs for both drug sensitive and drug resistance TB available: Yes 	
<ul style="list-style-type: none"> • Patients notification from public sector 	<ul style="list-style-type: none"> • No of patients notified: 78-105 • Treatment success rate: 84% / 91% • No. of MDR TB Patients: 3-7 • Treatment initiation among MDR TB patients: Yes
<ul style="list-style-type: none"> • Patients notification from private sector 	<ul style="list-style-type: none"> • No of patients notified: NA • Treatment success rate: 84% • No. of MDR TB Patients: 07 • Treatment initiation among MDR TB patients: Yes
3. Implementation of National Leprosy Eradication Programme (NLEP)	
No. of new cases detected: 03 No. of G2D cases: 03 MDT available without interruption: Yes Reconstructive surgery for G2D cases being conducted: No MCR footwear & self-care kit available: Yes	
4. Integrated Disease Surveillance Programme (IDSP)	
<ul style="list-style-type: none"> • Rapid Response Team (RRT) Constituted: Yes • Team Composition: 07 • Outbreaks investigated: • 2020-21: 03 • 2021-22: 04 	

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

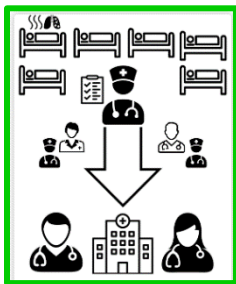
4.3 Non-Communicable Diseases

The following NCD programmes under NHM were reported to be functional in the South West Garo Hills district. However, these activities were affected because of COVID-19 in 2021-22.

Table 13: Non-Communicable Diseases Programme Implementation status in the South West Garo Hills District, 2021-22

Non-Communicable Diseases Programme	Status of Implementation
1. National Programme for prevention & Control of Cancer, Diabetes, Cardiovascular Diseases & stroke (NPCDCS)	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No
2. National Programme For Control Of Blindness & Visual Impairment(NPCBVI)	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No
3. National Mental Health Programme (NMHP)	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No
4. National Programme for healthcare of Elderly(NPHCE)	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No
5. National Programme for the Prevention & Control of Deafness (NPPCD)	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No
6. National Tobacco Control Programme (NTCP)	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No
7. National Oral Health Programme(NOHP)	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. National Programme for Palliative care (NPPC)	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No
9. National Programme for Prevention & Management of Burn Injuries (NPPMBI)	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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



CHAPTER 5 PUBLIC HEALTH FACILITY ASSESSMENT

The observations made by the monitoring team during the visit to various health facilities in South West Garo Hills 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 AMPATI CIVIL HOSPITAL, SOUTH WEST GARO HILLS

Civil Hospital Ampati is 81 bedded and the average OPD load of 70 patients per day. The facility has 24 by 7 running water and availability of drinking water all the time. Clean and functional separate toilets are for male and female. There is availability of all the drugs and proper storeroom with rack and well maintained data for the expiry medicine.

- + The facility not having geriatric and disability friendly ramp. There is a sufficient arrangement of OPD waiting area for the patients.
- + In the DH, 30-40 deliveries are conducted per month and C-section is not conducted in the facility. People have to go to Tura Civil Hospital, DMCH West Garo Hills which is 44km away from Ampati.
- + JSY regular payment are being processed. For JSSK diet per patient is 100rs and are providing 3 times meal to the beneficiaries like milk, egg, fruits, rice, vegetables etc. The DH provides all free services such as delivery care, diet, drugs and consumables, diagnostics, blood services, referral transport and drop back services. However, the coverage of referral transport from home to facility and drop back facilities after delivery is negligible. In the facility, all mothers were asked to stay for 48 hours after birth and provided diet free of cost. However JSY payments weren't made before discharge. Such payments were initiated through PFMS.
- + In the DH, 2 operational ambulances are available at the facility by 24X7 but the condition of the ambulance is very outdated. The availability services are there with centralized call centre but the road activity and network issue is the major hassles for district hospital.
- + PMSMA services are provided on 9th of every month, the issues are regarding High BP, Anemia, Excess bleeding, passage issue, infection and PIH.
- + 2 maternal deaths were occurred at the facility in the current and last financial year. The cause of death was anemia and also no timely checkup was taken place as people are living in tea areas which is very far from the facility. Maternal Death Review Report had been submitted to CMO office.



Figure 3: Civil Hospital Ampati

- + There were 9 Child Deaths occurred at the facility in the last financial year due to low birth weight, sepsis, asymptomatic and proper review had been done at the DH.
- + Adolescent Friendly Health Clinic are available at the DH. ARSH counsellor is available at the facility. There is no separate counselor for male and female and around 129 adolescents counseled in the last 6 months.
- + There are total 30 staff at the facility and per shift 2 staff is always available at the desk.
- + All the services are available in the hospital for the beneficiaries like X ray, USG, Dialysis, OPD services, Clinical pathology, ICTC, DEIC, OST clinic, JSSY, CT-Scan, Vaccination, DPHL, IPP, ECG, MCH, CBC, OT etc. All the specialized services are available in addition General OP, ANC, Delivery, Immunization, FP, and Laboratory services like medicine, O&G, Pediatric, General Surgery, Ophthalmology, Dental, Imaging Services (X-Ray), USG, Labour Room Complex, and Emergency Care except NRC, DEIC, MNCU, NICU, PICU, Dialysis Unit, Anesthesiology, Telemedicine, NICU, PICU and Burn Unit which is not functioning at the DH.

Table 14: Status of health infrastructure, District Hospital, South West Garo Hills 2021-22

Infrastructure	Yes/No
Accessible from nearest road head	Yes
24*7 running water facility	Yes
Clean functional toilets available (separate for Male and female)	Yes
Drinking water facility available	Yes
OPD waiting area has sufficient sitting arrangement	Yes
Facility is geriatric and disability friendly (ramps etc.)	No
ASHA rest room is available	No
Drug storeroom with rack is available	No
Power backup (Complete Hospital / Part of the hospital)	Yes
Availability of delivery services	Yes
If facility is designated as FRU, whether C-section are performed	No
Functional newborn care corner (radiant warmer neo-natal ambu bag)	Yes
PMSMA services provided on 9 th of every month	Yes
Number of functional in-patient beds	79

Source: District Hospital Checklist, South West Garo Hills 2021-22

- + The laundry services are not up to the mark and even the staff nurse is not satisfied with their work performance. The laundry cost of per bedsheet is 20rs.
- + Regular supply of water is the major issue as geographically it is a hilly area.
- + There are 2 lab technicians in the facility to conduct 33 tests and 6-7 culture tests. COVID test is done on regular basis.
- + In the facility there is a shortage of 5 priority EDL drugs like Ceftriazone Injection, Vitamin K Injection, Mannitol Injection, Metronidazole Infusion and Aspirin tablet from last 30 days. There is no regular supply of medicine at DH. Expired medicines are disposed-off in condemnation unit for expiry medicine.

Table 15: Availability of specialized services at District Hospital Ampati, 2021-22

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

Source: District Hospital Checklist, South West Garo Hills 2021-22






- + There is a shortage of major instruments like caesarean set, D&C set, delivery set, surgical instrument, laparoscopy set, MVA, multipara monitor, fumigator and VE in the district hospital.
- + For high-risk pregnancies, correct line listing and an accurate MDR report are completed and sent to the CMO office.
- + In the district hospital, 106 newborns immunized with birth dose in the last 3 months and proper newborns breastfed within one hour of birth is also done.
- + In contrast to IUCD/PPICUD, Antara is more accepted in the community. At the time of the ANC check-up, proper counselling is given. Nevertheless, the typical family size in the community is still between 5 and 10 members.
- + For NCD proper screening is being done for hypertension and diabetes. The maximum number of confirmed cases are from hypertension which is 208 and for diabetes it is 193.
- + All the untied funds have been received and 100% fund are being utilized by the facility to maintain and repair of the facility, printing and stationary, computer and furniture.
- + All records were available, updated and correctly filed in line listing Performa. Also all IEC materials were correctly displayed.

Table 16: Availability of Human resources at District Hospital Ampati, 2021-22

HR Positions	Sanction	Regular	Contractual
MO (MBBS)	-	-	-
Medicine (Specialist)	03	03	0
Ob & Gy (Specialist)	02	02	0
Pediatrician (Specialist)	01	01	0
Anesthetist (Specialist)	-	02	0
Surgeon (Specialist)	-	01	0
Ophthalmologist (Specialist)	-	01	0
Orthopedics (Specialist)	-	01	0
Radiologist (Specialist)	0	0	0
Pathologist (Specialist)	-	01	0
Others (Specialist)	-	04	0
Dentist	-	01	0
Staff Nurses/ GNMs	-	46	0
LTs	-	05	03
Pharmacist	-	03	01
Dental Technician/ Hygienist	-	0	0
Hospital/ Facility Manager	-	0	0
EmOC trained doctor	-	01	0
LSAS trained doctor	-	0	0
Microbiologist	-	01	0
ENT	-	01	0

Source: District Hospital Checklist, South West Garo Hills 2021-22

Major Key Challenges for DH South West Garo Hills

-  **The hospital's emergency room, radiology, laboratory, outpatient department, pharmacy, and maternity ward all need more space because there aren't enough rooms**
-  **There is no availability of CT in the district hospital, so out of pocket expenditure is going on for the beneficiaries as they are going to Tura for the checkup.**
-  **The district hospital does not have gynecologist, pediatric and anesthesiologist so there is no C-section conducted in the hospital.**
-  **No services are available for cancer patients in the district hospital. The beneficiaries are travelling to Tura, West Garo Hills for their treatment.**
-  **In some designated remote areas many home deliveries are happening because people still adhere to old customs. Even quacks are widely accepted in the community.**



5.2 COMMUNITY HEALTH CENTRE MAHENDRAGANJ

CHC Mahendraganj caters to a catchment population of 37,000 approx. and 61 villages. It is a 30 bedded CHC and includes 3 sub centres, 61 ASHAs, 10 ANMs and 7 Staff nurses.

- + There are no active cases of malaria, very few cases of Tb.
- + 70 OPD visits each day at CHC, most for skin diseases, cough, and cold. There are also 30–40 deliveries per month, or 1-2 deliveries per day. There is an adequate supply of medicine at the facility. There is a proper knowledge of cleanliness, including ODF and hand washing, providing the community through VHND session or at the time visiting the facility. The members of the community are in extremely poor economic status.
- + IUCD and PPICUD are less popular choices for family planning methods, with ANTARA being more popular. Some patients have taken till 3 doses for ANTARA. Earlier the average family was 7-12 children but now it has come to 4-5 children in a family.
- + For biomedical waste CHC has both sharp and burial pits. In the facility, all mothers are asked to stay for 48 hours after birth and are provided diet free of cost. However JSY payments weren't made before discharge.
- + PMSMA services are provided on 9th of every month in the CHC as they do routine checkup including BP, weight, Hb and also Gravida checkup. The facility do refer cases like high risk pregnancy to higher concerned authority. The major reason of high risk pregnancy is Gravida, no spacing and anemia.
- + The mothers are counselled by supervisors at their ANC registrations and VHND sessions; occasionally, the MO even makes a surprise visit in the field. The facility does not have a counsellor on board.
- + Even the dropout rate is particularly high in the community, which has a high percentage of teenage pregnancies.
- + The RI's 95% target was achieved in the previous financial year. Up to the second quarter of the current financial year, it is 57%. There are two RBSK teams, and adequate screening is conducted in AWW centres and in schools.
- + For COVID vaccination for above 60 plus population 1st dose 95.2 % and 2nd dose 95% target had been achieved. For 15-18 years 80% target achieved for the doses and 12-14 years only 42% and 21% target has been achieved (just now the drive has started in the community).
- + There is just one outdated ambulance available at the facility. The MO does monthly follow-ups in addition to correctly maintaining all registers.



Figure 4: CHC Mahendraganj

- + Although ASHA's payment is not delayed, recipients' payments are delayed because they lack a bank account and the necessary identification documents to open an account.
- + For NCD proper screening is being done for hypertension and diabetes. The maximum number of confirmed cases are from hypertension which is 134 and for diabetes it is 21.
- + The facility has one big generator and 3 invertors for power back.
- + Since the community members do not visit the facility for their children's checkups because they adhere to traditional customs and a significant percentage of Mahendraganj residents embrace quacks, there were 16 child deaths during the last financial year.
- + All records were available, updated and correctly filled in line listing Performa and well maintained. There was continuous running water, clean toilets for men and women, a working labor room with an adjacent bathroom, and a suggestion and complaint box were also available at the CHC.

Major Key Challenges for CHC Mahendraganj





-  **While the beneficiaries are ready for sterilization, their husbands or in-laws are not.**
-  **Male participation is very less at the community level, particularly for the health programmes. They hardly accompany their wife during ANC registrations, nor do they show up for VHND sessions or yoga classes held at the facility or in the community.**
-  **There is just one outdated ambulance available at the facility, and the MO does monthly follow-ups in addition to correctly maintaining all registers.**
-  **Males in the community consume alcohol and other drugs at very high rates. There are incidences of violence in the community that go unreported.**

Table 17: Status of health infrastructure at Community Health Centre (CHC), 2021-22

Condition of infrastructure	CHC Mahendraganj
Accessible from nearest road head	Yes
24*7 running water facility	Yes
Facility is geriatric and disability friendly (ramps etc.)	Yes
Clean functional toilets available (separate for Male and female)	Yes
Drinking water facility available	Yes
OPD waiting area has sufficient sitting arrangement	Yes
ASHA rest room is available	Yes
Drug storeroom with rack is available	Yes
Branding of the health facility	Yes
Power backup	Yes

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

Table 18: Availability of specialized services at CHC, 2021-22

HR Positions	CHC Mahendraganj		
	San.	Reg.	Cont.
MO (MBBS)	03	03	
MO (AYUSH)	-	-	
Dentist	01	01	
SNs/ GNMs	07	05	02
LTs	02	02	
Pharmacist	01	01	
Dentist Assistant/Hygienist	-	-	
EmOC Trained Doctor	-	-	
LSAS Trained Doctor	-	-	

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

Table 19: Status of health services at Commuinity Health Centre, 2021-22

Drugs and diagnostics services	CHC Mahendraganj
Availability of list of essential medicines (EML)/ drugs (EDL)	Yes
EDL/EML display in OPD area	Yes
Implementation of DVDMS	Yes
Shortage of 5 priority drugs from EDL in last 30 days, if any	No
Drugs Available for Hypertension & Diabetic patients	Yes
Shortage of sufficient number of Hypertension & Diabetic in last 7 days	No
Availability of Testing kits/ Rapid Diagnostic Kits	Yes
Line listing of all high risk pregnancies	Yes
Availability of vaccines and hub cutter	Yes
Availability of trained provider for IUCD / PPIUCD	Yes
Whether reporting weekly data in P and L form under IDSP	Yes
Maintenance of Records	
Maintenance of records on TB cases (drug sensitive/resistant cases)	Yes
Maintenance of records on Malaria cases	Yes
Maintenance of records on Palliative cases	Yes
Maintenance of records on Dengue and Chikungunya	Yes
Maintenance of records on Leprosy cases	Yes

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



5.3 PRIMARY HEALTH CENTRE ZIKZAK and MELLIM



Figure 5: PHC Zikzak



Figure 6: PHC Mellim

- + **PHC Zikzak** the average OPD is 40-50 per day and cater 16000 population and 38 villages. It is a 10 bedded facility. There is one sub center under the PHC Zikzak. The average delivery load is 20-40 per month. All OPD services are available at the facility and 24X7 emergency services are also available. Referral services, in-patients, patient diet supply, laboratory services, delivery services, family planning services all services are available at the PHC Zikzak. JSY payments are updated till august. The facility has an in-house kitchen for JSSK, and the beneficiary receives a free diet. The facility conducts PMSMS activities on the 9th of every month. Since agriculture is their primary occupation, the majority of the community members don't receive routine checkups. They are generally severely anemic. For RI's till October only 50% target have been achieved. The supply of medicine is sufficient in the facility. For COVID vaccination 97% target have been achieved. Staff nurses, ANMs, and MO are providing counselling as there is no designated FP counsellor at the facility. At the time of ANC registrations and during VHND sessions, eligible couples are given FP counselling. People are more accepting to injectable methods of family planning, and many choose ANTARA. The community does not prefer IUCD and PPICUD. In the community, families often have 8 to 9 children. The Tura MCH Hospital receives referrals for cases of teenage pregnancy and high risk pregnancy from the Zikzak community. There is an issue of continuous running water inside the facility, they are handling it from an external tube well. For BMW the facility having sharp and deep burial pits. In the facility the labor room is too small and congested as they are not able to conduct 2 deliveries at a same time. There is generator-equipped facility for power backup. An internal evaluation has been conducted for Kayakalp. There is only one ambulance at the PHC, and it is in fine condition with a well-kept register. All the beneficiaries are completely aware of the JSSK services, including the facility of free drop-off and pick-up, free diet, and free medicines. The JSY payments for the ASHAs have been completed through the end of September, but there is a significant backlog for the beneficiaries since they lack a bank account or other documentations. In the facility there is an availability of in house kitchen. ASHAs, ANMs, staff nurses and MO are providing family planning counselling to the beneficiaries. RKS meetings have been conducted. Till date there

are 12 active cases of TB patients in Zikzak and proper medication are taking place. The Nikshay portal is updated. There is no availability of AYUSH doctor at the facility. The RBSK crew is present, and they are looking for the 4 D's as well as the teenagers who are not enrolled in school. In the facility 15 tests are conducted. Since adequate screening is conducted and LLIN is distributed to every family, there are no vector-borne disease cases in the community, however the LLIN's quality is not good.

Major Key Challenges for PHC Zikzak



Acceptance of Quacks are very high in the community.



Hospital building is old and does not have sufficient rooms for all the staff.



PHC Zikzak do not get sufficient supply for medical equipments and drugs for the beneficiaries.



It is very difficult to manage the situation at the time of the VHND session or at the facility since the community members are not cooperative with the staff.

- + PHC Mellim** is a 10 bedded facility with average OPD of 20 patients per day and average 20 deliveries per month. The catchment population is 22733 and 5 SCs and 52 villages come under PHC. Since the facility doesn't have access to running water around-the-clock, they make use of a bore well. For family planning people are preferring OCP, IUCD and most of the people prefer ANTARA and there is less acceptance of PPIUCD in the community. The average family size is 5-6 children. In the facility, there are no maternal deaths or child deaths. High risk pregnancies do occur, and the causes include anaemia, teenage pregnancies, and multipara pregnancies in the facility. Teenage pregnancies are occurring in the community, but there aren't any anaemia cases among them because early ANC registrations and checkups are being encouraged. There is no family planning counsellor in the facility, the MO conducts counselling sessions; at VHND meetings. ANMs and ASHAs are also present to provide counselling to the beneficiaries. The community's educational attainment is quite low, and even the dropout rates are very high. Due to the husbands' unwillingness to use condoms or for their wives to contraceptives, there is very less acceptability of contraceptives in the community. The facility has a kitchen in-house, and the MO also does a surprise food tasting. Home deliveries are taken place in the community. Proper MDR is performed for the maternal death. Five children died in the PHC during recent financial year as a result of illness, cough, respiratory problems, preterm birth and low birth weight. In terms of NCD, there are 74 confirmed cases of hypertension, and the beneficiaries are given the appropriate medications. The facility conducts PMSMS activities on the 9th of every month as there is no Yoga instructor

in the facility. The facility has 4 active TB cases, and it provides the necessary medications and follow-up care. COVID vaccination acceptance is very less in the community.





Major Key Challenges for PHC Mellim	
	The facility has not received enough funds to pay ASHAs and beneficiaries, there is a backlog for JSY payments.
	Condition of the staff quarter is not good to stay.
	The ambulance is in poor condition and is likely to be condemned.
	One of the factors contributing to the high rate of child deaths is the community's high acceptance of quacks.

Table 20: Status of infrastructure, Primary Health Centre, 2021-22

Condition of infrastructure	PHC Zikzak	PHC Mellim
Accessible from nearest road head	Yes	Yes
24*7 running water facility	No	No
Facility is geriatric and disability friendly (ramps etc.)	Yes	Yes
Clean functional toilets available (separate for Male and female)	Yes	No
Drinking water facility available	Yes	No
OPD waiting area has sufficient sitting arrangement	Yes	No
ASHA rest room is available	Yes	No
Drug storeroom with rack is available	Yes	Yes
Branding of the health facility	Yes	Yes
Power backup	Yes	Yes

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

Table 21: Human resources availability at Primary Health Centre

HR Positions	PHC Zikzak			PHC Mellim		
	San.	Reg.	Cont.	San.	Reg.	Cont.
MO (MBBS)	02	02		02		
MO (AYUSH)	0	0		-		
SNs/ GNMs	05	05		02		01
ANM	07	07		06		06
LTs	01	01		01		
Pharmacist	01	01		01		
LHV/PHN	-			01		
Others	34	33		05		01

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

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

Drugs and diagnostics services	PHC Zikzak	PHC Mellim
Availability of list of essential medicines (EML)/ drugs (EDL)	Yes	Yes
EDL/EML display in OPD area	Yes	Yes
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	No
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	Yes	Yes
Whether reporting weekly data in P and L form under IDSP	Yes	Yes
Maintenance of Records		
Maintenance of records on TB cases (drug sensitive/resistant cases)	Yes	Yes
Maintenance of records on Malaria cases	Yes	Yes
Maintenance of records on Palliative cases	No	No
Maintenance of records on Dengue and Chikungunya	Yes	Yes
Maintenance of records on Leprosy cases	Yes	No

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



5.4 SUB-HEALTH CENTRE DAMALGRE and HULLUKONA



Figure 7: HWC Damalgre



Figure 8: SC Hullukona

- + **HWC Damalgre** catchment population is 7939. In HR there are 20 ASHAs, 2 ANM and 1 CHO in HWC. The average OPD at the facility is 20 patients per month. PMSMA activities are conducted at Health and Wellness centre like monthly check up, ANC, Blood sugar test, HIV test and teenage anemia on 9th of every month. There is no maternal death but five child deaths at the facility because of low birth weight. Proper VHND sessions are also conducted at the community. PHC Mellim is 12 km away from the facility. Health camps and counselling are also organized in Damalgre. There is no vector borne disease in Damalgre. For NCD screening, there are 59 confirmed cases of hypertension and 19 of diabetes and proper medication and follow-up is done by HWC. For FP, traditional methods are accepted by the community like OCP, condoms and injectable. At the facility there is no drinking water available and there is no power backup. Till now 7th module training is being given to ASHAs and they have all the knowledge for their activities. In the last six months, the facility held 10 sessions for village health and sanitation.

Major Key Challenges of Sub Center Damalgre

- 👉 Infrastructure of the facility is not in good condition and staff quarter is not good to stay.
- 👉 There is no power backup and drinking water supply at the facility.
- 👉 Leaking from the toilet walls as it's a very old building.

- + **SC Hullukona** catchment population is 3685 covering 8 villages and 7 AWW. In HR there are 8 ASHAs, 2 ANMs, 1 MPW and 1 CHO in SC. The average OPD at the facility is 7-8 patients per day. There is no delivery conducting at the facility as there is no water supply and power backup. RBSK team conduct session in schools and AWW centres. PMSMA activities are conducted at Sub centre like monthly check up, ANC, Blood sugar test, HIV test and teenage

anemia on 9th of every month. There is no maternal death but 4 infant deaths because of low birth weight. Proper VHND sessions are also conducted at the community. Health camps and counselling are organized in Hullukona regarding menstrual hygiene and acne issues. Number of individuals screened of NCD are 188 and 9 confirmed cases of hypertension. For FP traditional methods are accepted by the community like OCP, condoms and injectable. The average family size in the community is 7-8 children. 7th module training is being given to ASHAs and they have all the knowledge for their activities. At the facility ASHA have filled 37 CBAC. Biomedical waste are buried in deep pits.

Major Key Challenges of Sub Center Hullukona



-  There is no power backup, drinking and running water supply at the facility.
-  ANMOL tablets are functional but due to connectivity issue data does not synchronize easily.

Table 23: Status of health services, Sub-Centre, 2021-22

Drugs and diagnostics services	HWC Damalgre	SC Hullukona
Availability of list of essential medicines (EML)/ drugs (EDL)	Yes	Yes
EDL/EML display in OPD area	Yes	No
Availability of anti-TB drugs at SC	Yes	No
Shortage of 5 priority drugs from EDL in last 30 days, if any	Yes	Yes
Availability of Testing kits/ Rapid Diagnostic Kits	Yes	Yes
Availability of BP instrument	Yes	Yes
Availability of Thermometer	Yes	No
Availability of Contraceptives	Yes	Yes
Availability of Glucometer	Yes	Yes
Availability of vaccines and hub cutter	Yes/Yes	Yes/Yes
Availability of micro-plan for immunization	No	Yes
Follow up of SNCU discharge babies by ASHA	Yes	Yes
Follow up of LBW babies by ASHA	Yes	Yes
Line listing of all eligible couple in the area	Yes	Yes
Availability of trained provider for IUCD / PPIUCD	Yes	Yes
Whether universal screening of NCD has started	Yes	Yes
Whether reporting weekly data in S form under IDSP	Yes	Yes
Whether CHOs and HWC staffs are involved in VHSNC / MAS meeting	Yes	Yes
Maintenance of Records		
Maintenance of records on TB cases (drug sensitive/resistant cases)	No	No
Maintenance of records on Malaria cases	Yes	Yes
Maintenance of records on Palliative cases	No	Yes
Maintenance of records on Dengue and Chikungunia	No	Yes
Maintenance of records on Leprosy cases	No	Yes
Performance based incentives is disbursed to CHOs on monthly basis	Yes	No
Team-based incentives is disbursed for all HWC staffs	Yes	Yes

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



CHAPTER 6 CONCLUSION AND RECOMMENDATION

6.1 CONCLUSION

The Population Research Centre, Delhi undertook the monitoring of NHM Programme Implementation Plan in South West Garo Hills District of Meghalaya. The report is prepared on the basis of field based observations and visits to the following public health facilities in South West Garo: DH Ampati, CHC Mahendraganj, PHC Zikzak, PHC Mellim, SC Damalgre and SC Hullukona. Meetings were held with the Chief District Medical Officer (CDMO) and the NHM Nodal Officials. Interactions were held with health officials regarding selected facilities, health care providers (ANM, ASHAs etc.) and other supporting staff to understand the strengths and weakness of the facilities in service provisioning. Health Management Information System (HMIS) data was verified for the District Hospital Ranking data validation purpose.



In the district, PHC Zikzak has the second-highest number of PPIUCD insertions.



In the district there is only one adolescent counsellor. In the CHC and PHC, ANMs are trained. In the district there are 4 RBSK teams and all are working full-fledged.



In the district, there are 480 Peer Educators and they are covering 2 blocks and 120 villages in their programmes in which WIFS stock-out is also there. In the current financial year 12 adolescent friendly clinic meetings are held in the district.



There are 9 PHCs in the district, all of them have ambulances, and however, five of them are in bad condition. Such ambulances are unable to enter with challenging terrain areas.



In the district, the National Mental Health Program is being implemented. They have a community nurse, a social worker, and a medical record assistant. A health education programme and VHND session both are conducted as an awareness campaign. Depression and anxiety are the causes of poor mental health. Both men and women attend the session, however there are generally more women.



For Routine Immunization, the district achieved 93% target in the previous financial year, but the 100% target could not be reached due to a calculation error.



Due to the lack of COVID cases, the community no longer believes in the disease, hence there is hesitation regarding COVID vaccination. The district is holding counselling sessions for

child immunisation, but men are not allowing their wives to take their children for RI and VHND sessions because the vaccine would cause the child to have fever, the entire night he will cry, which will interrupt their sleep, and the next day they have to go to work.



For TB, two laptops were given out in the year 2015 from the state, however as of right now, neither laptop is functional. The state has been notified of this issue for a very long time, but no reply has been received.



The district's drug abuse is being managed by a Church Organization.



Since only screening is being done in the district, cases of Hepatitis B and C are referred to Tura for treatment because there is no specialist.



The district is uncertain about the fund because it never receives the exact amount it sends to ROP. As a result, there is a lot of out of pocket expenditure.



In the district ASHA have problems with filling the CBAC form because they aren't given the appropriate training.



The beneficiaries are receiving proper JSSK services, whether it is picking and drop services from home to facility and free diet.



MOs, ANMs, and ASHAs give them necessary information during their VHND sessions or at the time of their ANC registrations.



In the South West Garo Hills they are using **Digital signature** for approval.



There is no backlog in the ASHAs payment but for the beneficiaries there is a backlog as they don't have their bank account or id proof.



The district has 11 active mental health programmes. In the district, there are a lot of suicidal incidents, notably among teenagers and the elderly.



The district has 4 leprosy cases that are still active.



Due to the community's consumption of sodium bicarbonate in food, the district has a very high prevalence of cases of hypertension.



In the district, anaemia, which affects 50% of pregnant women, is the main factor in high-risk pregnancies.



The district has started a programme from October in all the sub centers “**one specific day for men**” in order to help them understand their difficulties and the value of their health by doing proper NCD screenings and yoga sessions.



6.2 RECOMMENDATIONS



Health camps alone won't transform people's mindset; all other institutions, including homes, schools, and societal leaders, must take the initiative. There should be the involvement of school teachers as the ambassador for counselling the adolescents regarding the early pregnancies and teenage marriages.



To make sure that the State's people have access to a sufficient and high-quality healthcare infrastructure and services, the State Government may increase budget allocation and expenditure for healthcare services.



The State Government may ensure the existence of a blood bank in DH, and make them functional with required manpower and equipment.



Given that health is a state responsibility, the state government may develop a policy to address the lack of human resources in the state health sector and raise the standard of service.



The State Government must also take proactive measures, such as providing special allowances, availability of accommodation, etc., to encourage doctors to accept jobs in the State's rural and hilly regions.

ANNEXURE-I

Table A.1: Socio demographic Indicators of South West Garo Hills, Meghalaya, and India

	India	Meghalaya	South West Garo
Total number of Blocks	6612	07	02
Total number of Villages	649481	6026	463
Actual Population	1,21,08,54,977	2966889	263200
Urban Population %	31.16	20.07	-
Rural Population %	68.84	79.93	2.11
Male	623,270,58	149832	-
Female	58,75,84,719	1475057	-
Density/ km2	382	132	257
Literates %	72.98	74.43	57
Sex Ratio (females per/000 male)	943	989	947
Child Sex Ratio (0-6 age)	914	970	-

Source: Census of India 2011

Table A.2: Details of Resource Envelope South West Garo Hills District, 2020-21

Particulars	Rs. in Crore
1. GoI Support (Flexible Pool allocation including Cash and Kind)	160.68
2. GoI Support for Incentive Pool based on the last year's performance (assuming no incentive/reduction on account of performance)	26.97
3. GoI Support (under Infrastructure Maintenance)	23.38
Total GoI support	211.03
State Share (40%)	23.45
Total Resource Envelope	234.48

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

Table A.3: Status of implementation of Comprehensive Primary Health Centre, South West Garo Hills 2021-22

Indicator	Planned	Completed
1. Number of individuals enumerated	211632	148142
2. Number of CBAC forms filled	78303	53304
3. Number of HWCs started NCD screening:		
a. SHC- HWC	a. 27	a. 27
b. PHC- HWC	b. 09	b. 09
c. UPHC – HWC	c.	c.
4. Number of individuals screened for:		
a. Hypertension	a. 78303	a. 2968
b. Diabetes	b. 78303	b. 1683
c. Oral Cancer	c. 78303	c. 2959
d. Breast Cancer	d. 31321	d. 1488
e. Cervical Cancer	e. 31321	e. 702
5. Number of HWCs providing Teleconsultation services	23	23
6. Number of HWCs organizing wellness activities	36	36

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

ANNEXURES II



Schedule for PIP Monitoring Key Correspondence: DPMU

District Profile- 2021-2022

A.1. Healthcare				
Indicator	Values		We have to mention the source ourselves in column (As we need district details as per census 2011 or the current date)	
1. Name of the District				
2. Total number of Blocks				
3. Total number of Villages				
4. Total Population				
<ul style="list-style-type: none"> Rural population Urban population 				
5. Literacy rate				
6. Sex Ratio				
7. Sex ratio at birth				
8. Population Density				
9. Estimated number of deliveries (2021-22)				
10. Estimated number of C-section (2021-22)				
11. Estimated numbers of live births (2021-22)				
12. Estimated number of eligible couples (2021-22)				
13. Estimated number of leprosy cases (2021-22)				
14. Target for public and private sector TB notification for the current year (2021-22)				
15. Estimated number of cataract surgeries to be conducted (2021-22)				
Mortality Indicators:	Financial year (2020-21)		Financial Year (2021-22)	
	Estimated	Reported	Estimated	Reported
<ul style="list-style-type: none"> Maternal Death 				

• Child Death				
• Infant Death				
• Still birth				
• Deaths due to Malaria				
• Deaths due to sterilization procedure				
A.2. Healthcare Infrastructure				
Facility Details	Sanctioned/ Planned		Operational	
23. District Hospitals				
24. Sub District Hospital				
25. Community Health Centers (CHC)				
26. Primary Health Centers (PHC)				
27. Sub Centers (SC)				
28. Urban Primary Health Centers (U-PHC)				
29. Urban Community Health Centers (U-CHC)				
30. Special Newborn Care Units (SNCU)				
31. Nutritional Rehabilitation Centres (NRC)				
32. District Early intervention Center (DEIC)				
33. First Referral Units (FRU)				
34. Blood Bank				
35. Blood Storage Unit (BSU)				
36. No. of PHC converted to HWC				
37. No. of U-PHC converted to HWC				
38. Number of Sub Centre converted to HWC				
39. Designated Microscopy Center (DMC)				
40. Tuberculosis Units (TUs)				
41. CBNAAT/TruNat Sites				
42. Drug Resistant TB Centres				
43. Functional Non-Communicable Diseases (NCD) clinic				
• At DH	_____	_____	_____	_____
• At SDH	_____	_____	_____	_____
• At CHC	_____	_____	_____	_____
44. Institutions providing Comprehensive Abortion Care (CAC) services				
• Total no. of facilities	_____	_____	_____	_____

<ul style="list-style-type: none"> • Providing 1st trimester services • Providing both 1st & 2nd trimester services 	_____	_____
	_____	_____

Overview: Submission & Approval timeliness of DHAP

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

A.3 Infrastructure Construction Status Details

Year	Prepared & submitted any district Programme Implementation Plan (DPIP/ DHAP)	Submission date of DPIP/ DHAP	When you have received the approved DHAP?	Date of Fund Release (1 st sanctioned against DHAP)
2021-22 (Previous FY)				
2022-23 (Current FY)				

Service Availability

Indicator	Remarks/ Observation
C.1. Drugs & Diagnostics	
1. Implementation of Free drugs services (if it is free for all)	
2. Implementation of diagnostic services (if it is free for all)	
<ul style="list-style-type: none"> • Number of lab tests notified 	
C.2. Status Of Delivery Points	
<ul style="list-style-type: none"> • No. of SCs conducting >3 deliveries/month 	

Indicator	Remarks/ Observation
<ul style="list-style-type: none"> No. of 24x7 PHCs conducting > 10 deliveries /month 	
<ul style="list-style-type: none"> No. of CHCs conducting > 20 deliveries /month 	
<ul style="list-style-type: none"> No. of DH/ District Women and child hospital conducting > 50 deliveries /month 	
<ul style="list-style-type: none"> No. of DH/ District Women and child hospital conducting C-section 	
<ul style="list-style-type: none"> No. of Medical colleges conducting > 50 deliveries per month 	
<ul style="list-style-type: none"> No. of Medical colleges conducting C-section 	
<ul style="list-style-type: none"> Number of institutes with ultrasound facilities (Public+Private) 	Public: Private:
<ul style="list-style-type: none"> Of these, how many are registered under PCPNDT act 	Public: Private:
C.3. National Health Programmes	
3. Pradhan Mantri Surakshit Matritva Abhiyan (PMSMA)	3. No. issued MCP card and Safe Motherhood Booklet: _____ 4. Number of health facilities where current round of PMSMA was conducted: a. Medical College: _____ b. DH: _____ c. SDH: _____ d. CHC/UHC: _____ e. PHC/UPHC: _____ f. Private Clinics: _____
4. Rashtriya Bal Suraksha Karyakram (RBSK)	Total no. of RBSK teams sanctioned No. of teams with all HR in-place (full-team) No. of vehicles (on the road) for RBSK team No. of Teams per Block No. of block/s without dedicated teams Average no of children screened per day per team Number of children born in delivery points screened for defects at birth

Indicator	Remarks/ Observation	
5. Special Newborn Care Units (SNCU) <ul style="list-style-type: none"> • Admissions (2021-22) • Defects at birth • Discharged • Referral • LAMA • Died 	<ul style="list-style-type: none"> • Total number of beds <ul style="list-style-type: none"> • In radiant warmer _____ • Stepdown care _____ • Kangaroo Mother Care (KMC) unit _____ • Number of non-functional radiant warmer for more than a week _____ • Number of non-functional phototherapy unit for more than a week _____ 	
	Inborn	Out born

6. Newborn Stabilization Unit (NBSU)	Inborn	Out born
• Admission (2021-22)		
• Discharged		
• Referral		
• LAMA		
• Died		

7. Nutrition Rehabilitation Centers (NRC)	<ul style="list-style-type: none"> • Total Admissions (2021-22)..... • Discharged • Referral/ Medical transfer • LAMA • Died 	
	<ul style="list-style-type: none"> • Admission • Bilateral pitting oedema • MUAC<115 mm • <' -3SD WFH • with Diarrhea • ARI/ Pneumonia • TB • HIV • Fever • Nutrition related disorder 	

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

	<ul style="list-style-type: none"> • No. of trips per MMU/month • No. of camps per MMU/month • No. of villages covered • Average number of OPD per MMU per month • Average no. of lab investigations per MMU per month • Avg. no. of X-ray per MMU per month • Avg. no. of blood smears collected / Rapid Diagnostic Tests (RDT) done for Malaria, per MMU/month • Avg. no. of sputum collected for TB detection per MMU per month • Average Number of patients referred to higher facilities • Payment pending (if any) <p>If yes, since when and reasons thereof</p>																		
<p>11. Universal health screening</p> <ul style="list-style-type: none"> • No. of patients screened, diagnosed, and treated for: <ul style="list-style-type: none"> ○ Hypertension ○ Diabetes ○ Oral cancer ○ Breast Cancer ○ Cervical cancer 	<ul style="list-style-type: none"> • If conducted, what is the target population • Number of Community Based Assessment Checklist (CBAC) forms filled till date <table border="1" data-bbox="873 1354 1364 1575"> <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> </tbody> </table>	Screened	Diagnosed	Treated															
Screened	Diagnosed	Treated																	
<p>12. Integrated Disease Surveillance Programme (IDSP)</p>	<ul style="list-style-type: none"> • Rapid Response Team (RRT) Constituted: Y/N • Team Composition: • Outbreaks investigated: <ul style="list-style-type: none"> • 2019-20: • 2020-21: • Proportion (% out of total) of Pvthealth facilities reporting weekly 																		

	data of IDSP • How is IDSP data utilized? Elaborate. _____ _____ _____
--	---

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

15. Vehicle for Referral Transport						
<ul style="list-style-type: none"> • Details of Referral Transport – Number and Distribution: 						
Stationed at:	BLS	ALS	PTA	Kilkari	Neonatal	Others
Medical College						
DH						
SDH						
CHC						
PHC						
Others						
<ul style="list-style-type: none"> • Details of Referral Transport – Performance Indicators: 						
Year	Ambulances Purchased	Total Cases	Pregnant Women	Accident Cases	Referral from one health facility to another	Others
2019-20						
2020-21						
				ALS	BLS	
<ul style="list-style-type: none"> ○ Operational agency (State/ NGO/ PPP) 						

○ If the ambulances are GPS fitted and handled through centralized call centre		
○ Average number of calls received per day		
○ Average number of trips per ambulance per day		
○ Average km travelled per ambulance per day		
○ Key reasons for low utilization (if any)		
• No. of transport vehicle/102 vehicle (on the road)		
○ If the vehicles are GPS fitted and handled through centralized call centre		
○ Average number of trips per ambulance per day		
○ Average km travelled per ambulance per day		
○ Key reasons for low utilization (if any)		
16. National Fluorosis Control Programme	• Key activities performed in 2020-21 as per ROP:	
17. National Iron Deficiency Disorders Control Programme	• Key activities performed in 2020-21 as per ROP:	
18. National Tobacco Control Programme	• Key activities performed in 2020-21 as per ROP:	
19. National Vector Borne Disease Control Programme (NVBDCP)	<ul style="list-style-type: none"> • Micro plan and macro plan available at district level Y/N • Annual Blood Examination Rate: <ul style="list-style-type: none"> ○ 2018-19: ○ 2019-20: ○ 2020-21: ○ Reason for increase/decrease (as per the trend of last 3 years) 	

	<ul style="list-style-type: none"> • Treatment success rate: • No. of MDR TB Patients: • Treatment initiation among MDR TB patients: • Beneficiaries paid under NikshayPoshan Yojana <input type="checkbox"/> Yes/ <input type="checkbox"/>No • Active Case Finding conducted as per planned for the year <input type="checkbox"/> Yes/ <input type="checkbox"/>No
21. Implementation of National Leprosy Eradication Programme (NLEP)	No. of new cases detected No. of G2D cases MDT available without interruption Y/N Reconstructive surgery for G2D cases being conducted Y/N MCR footwear & selfcare kit avl Y/N

22. ASHAs	Number of ASHAs <ul style="list-style-type: none"> • Required as per population • Selected • No. of ASHAs covering more than 1500 (rural) population • No. of ASHAs covering more than 3000 (urban) population • Villages with no ASHA • Slum areas with no ASHA
	Status of social benefit scheme for ASHAs and ASHA Facilitators (if available) <ul style="list-style-type: none"> • No. of ASHAs enrolled for Pradhan Mantri Jeevan JyotiBima Yojana (PMJJBY) • No. of ASHA Facilitator enrolled for Pradhan Mantri Jeevan

	<p>JyotiBimaYojana (PMJJBY) </p> <ul style="list-style-type: none"> • No. of ASHAs enrolled for Pradhan Mantri Suraksha Bima Yojana (PMSBY) • No. of ASHA Facilitators enrolled for Pradhan Mantri Suraksha Bima Yojana (PMSBY) • No. of ASHAs enrolled for Pradhan MantriShram Yogi Maandhan Yojana (PMSYMY) • No. of ASHA Facilitators enrolled for Pradhan MantriShram Yogi Maandhan Yojana (PMSYMY) • Any other state specific scheme
<p>23. MahilaArogyaSamitis (MAS)-</p>	<p>Status of MahilaArogyaSamitis (MAS)-</p> <ol style="list-style-type: none"> a. Formed b. Trained c. MAS account opened d. Samiti addresses issues related to.....
<p>24. Village Health Sanitation and Nutrition Committee (VHSNC)</p>	<p>Status of Village Health Sanitation and Nutrition Committee (VHSNC):</p> <ol style="list-style-type: none"> a. Formed: b. Trained: c. MAS account opened:
<p>25. Kayakalp and Quality Assurance</p>	<ul style="list-style-type: none"> • No. of facilities quality certified (NQAS, LaQshya) • Status of Kayakalp programme- No. of awarded DH, CHC, PHC, SC..... • Activities performed by District Level Quality Assurance Committee (DQAC)

26. Maternal and Child Health	<ul style="list-style-type: none"> • Number of maternal deaths reported at: DH: _____ SDH: _____ CHC: _____ PHC: _____ SC: _____ Prime reason for the maternal death..... • Number of Maternal Death Review conducted <ul style="list-style-type: none"> • 2020-21: _____ • 2021-22: _____
	<ul style="list-style-type: none"> • Number of Neonatal Deaths: _____ • Number of Total Child Deaths: _____ • Number of Child Death Review conducted <ul style="list-style-type: none"> • 2020-21: _____ • 2021-22: _____

C.4. Healthcare Systems

27. Payment status:	No. of beneficiaries	Backlog	DBT status
• JSY beneficiaries			
• ASHA payment:			
○ A- Routine and recurring at increased rate of Rs. 2000 pm			
○ B- Incentive under NTEP			
○ C- Incentives under NLEP			
• Payment of ASHA facilitators as per revised norms (of a minimum of Rs. 300 per visit)			
• Patients incentive under NTEP programme			
• Provider's incentive under NTEP programme			
• FP compensation/ incentive			
28. Recruitment for any staff position/ cadre conducted at district level			
29. Details of recruitment	Previous year (2020-21)	Current Year (2021-22)	

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

Implementation of CPHC

Status as on: 31st March, 2020

Indicator	Planned	Completed
7. Number of individuals enumerated		
8. Number of CBAC forms filled		
9. Number of HWCs started NCD screening: <ul style="list-style-type: none"> d. SHC- HWC e. PHC- HWC f. UPHC – HWC 		
10. Number of individuals screened for: <ul style="list-style-type: none"> f. Hypertension g. Diabetes 		

h. Oral Cancer i. Breast Cancer j. Cervical Cancer		
11. Number of HWCs providing Teleconsultation services		
12. Number of HWCs organizing wellness activities		

Status of HRH

Status as on: _____

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

State of Fund Utilization

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

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

Indicator	Budget Released (in lakhs)	Budget utilized (in lakhs)	Reason for low utilization (if less than 60%)
11. FMR 1: Service Delivery: Facility Based			
12. FMR 2: Service Delivery: Community Based			
13. FMR 3: Community Intervention			
14. FMR 4: Untied grants			
15. FMR 5: Infrastructure			
16. FMR 6: Procurement			
17. FMR 7: Referral Transport			
18. FMR 8: Human Resource (Service Delivery)			
19. FMR 9: Training			
20. FMR 10: Review, Research and Surveillance			
21. FMR 11: IEC-BCC			
22. FMR 12: Printing			
23. FMR 13: Quality			
24. FMR 14: Drug Warehouse & Logistic			
25. FMR 15: PPP			
26. FMR 16: Programme Management			
27. FMR 17: IT Initiatives for Service Delivery			
28. 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%)
4. RCH and Health Systems Flexipool			
• Maternal Health			
• Child Health			
• RBSK			

Indicator	Budget Released (in lakhs)	Budget utilized (in lakhs)	Reason for low utilization (if less than 60%)
• 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			
5. NUHM			
6. Communicable Diseases Pool			
• Integrated Disease Surveillance Programme (IDSP)			
• National Vector Borne Disease Control Programme (NVBDCP)			
• National Leprosy Eradication Programme (NLEP)			
• National TB Elimination Programme (NTEP)			
7. Non-Communicable Diseases Pool			
• National Program for Control of Blindness and Vision Impairment (NPCB+VI)			

Indicator	Budget Released (in lakhs)	Budget utilized (in lakhs)	Reason for low utilization (if less than 60%)
• National Mental Health Program (NMHP)			
• National Programme for Health Care for the Elderly (NPHCE)			
• National Tobacco Control Programme (NTCP)			
• National Programme for Prevention and Control of Diabetes, Cardiovascular Disease and Stroke (NPCDCS)			
• National Dialysis Programme			
• National Program for Climate Change and Human Health (NPCCHH)			
• National Oral health programme (NOHP)			
• National Programme on palliative care (NPPC)			
• National Programme for Prevention and Control of Fluorosis (NPPCF)			
• National Rabies Control Programme (NRCP)			
• National Programme for Prevention and Control of Deafness (NPPCD)			
• National programme for Prevention and Management of Burn & Injuries			
• Programme for Prevention and Control of Leptospirosis (PPCL)			

Status of trainings

Status as on: _____

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

Date:

Name:

Signature:

Designation:



राष्ट्रीय स्वास्थ्य मिशन

District
(DH)/ Sub-District



सत्यमेव जयते

Ministry of Health & Family Welfare
Government of India



जनसंख्या अनुसंधान केंद्र
(लोकः समस्ताः सुखिनो भवन्तु)

Hospital
Hospital (SDH) Level

Checklist

Service Delivery:

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

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

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

Indicator	Remarks/ Observation				
10. Biomedical waste management practices	1. Sharp pit 2. Deep Burial pit 3. Incinerator 4. Using Common Bio Medical Treatment plant 5.				
11. Details of HR available in the facility (Sanctioned and In-place)	HR		San.	Reg.	Cont.
	MO (MBBS)				
	Specialists	Medicine			
		ObGy			
		Pediatrician			
		Anesthetist			
		Surgeon			
		Ophthalmologist			
		Orthopedic			
		Radiologist			
		Pathologist			
	Others				
	Dentist				
	Staff Nurses/ GNMs				
	LTs				
Pharmacist					
Dental Technician/ Hygienist					
Hospital/ Facility Manager					
EmOC trained doctor					
LSAS trained doctor					
Others					
12. IT Services	<ul style="list-style-type: none"> • Desktop/ Laptop available: <input type="checkbox"/>Yes/ <input type="checkbox"/>No • Internet connectivity: <input type="checkbox"/>Yes/ <input type="checkbox"/>No Quality/strength of internet connection: _____				
13. Kayakalp	Initiated: Facility score: Award received:				
14. NQAS	Assessment done: Internal/State Facility score: Certification Status:				
15. LaQshya	Labour Room: Operation Theatre:				
16. Availability of list of essential medicines (EML)/ drugs (EDL)	<input type="checkbox"/> Yes/ <input type="checkbox"/> No				
	If yes, total number of drugs in EDL _____				

Indicator	Remarks/ Observation															
	EDL displayed in OPD Area: <input type="checkbox"/> Yes/ <input type="checkbox"/> No No. of drugs available on the day of visit (out of the EDL) _____															
17. Implementation of DVDMS or similar supply chain management system	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If other, which one _____															
18. Shortage of 5 priority drugs from EDL in last 30 days, if any	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 5%; text-align: center;">1</td> <td style="width: 85%;"></td> <td style="width: 10%;"></td> </tr> <tr> <td style="text-align: center;">2</td> <td></td> <td></td> </tr> <tr> <td style="text-align: center;">3</td> <td></td> <td></td> </tr> <tr> <td style="text-align: center;">4</td> <td></td> <td></td> </tr> <tr> <td style="text-align: center;">5</td> <td></td> <td></td> </tr> </table>	1			2			3			4			5		
1																
2																
3																
4																
5																
19. Availability of Essential Consumables:	<input type="checkbox"/> Sufficient Supply <input type="checkbox"/> Minimal Shortage <input type="checkbox"/> Acute shortage List the consumables for with there was shortage In last 6 months how many times there was shortage _____															
20. Availability of essential diagnostics	<input type="checkbox"/> In-house <input type="checkbox"/> Outsourced/ PPP <input type="checkbox"/> Both/ Mixed															
<ul style="list-style-type: none"> • In-house tests (For 2020-21) 	Timing: Total number of tests performed: _____ Details of tests performed:															
<ul style="list-style-type: none"> • Outsourced/ PPP (For 2020-21) 	Timing: Total number of tests performed: _____ Details of tests performed:															
21. X-ray services is available	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If Yes, type & nos. of functional X-ray machine is available in the hospital: Is the X-ray machine AERB certified: <input type="checkbox"/> Yes/ <input type="checkbox"/> No															
22. CT scan services available	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes: <input type="checkbox"/> In-house/ <input type="checkbox"/> PPP															

Indicator	Remarks/ Observation
	Out of Pocket expenditures associated with CT Scan services (if any, approx. amount per scan): _____
23. Whether diagnostic services (lab, X-ray, USG etc.) are free for all	<input type="checkbox"/> Free for BPL <input type="checkbox"/> Free for elderly <input type="checkbox"/> Free for JSSK beneficiaries <input type="checkbox"/> Free for all
24. Availability of Testing kits/ Rapid Diagnostic Kits	<input type="checkbox"/> Sufficient Supply <input type="checkbox"/> Minimal Shortage <input type="checkbox"/> Acute shortage
25. Implementation of PM-National Dialysis programme	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
	<input type="checkbox"/> In-house <input type="checkbox"/> Outsourced/ PPP
	Total number of tests performed: _____
<ul style="list-style-type: none"> Whether the services are free for all 	<input type="checkbox"/> Free for BPL <input type="checkbox"/> Free for elderly <input type="checkbox"/> Free for JSSK beneficiaries <input type="checkbox"/> Free for all
<ul style="list-style-type: none"> Number of patients provided dialysis service (for 2020-21) 	<ul style="list-style-type: none"> ○ Previous year _____ ○ Current FY _____ <i>*Calculate the approximate no. of patients provided dialysis per day</i>
26. If there is any shortage of major instruments/ equipment (List the Equipments)	
27. Average downtime of equipment. Details of equipment are nonfunctional for more than 7 days	
28. Availability of delivery services	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
<ul style="list-style-type: none"> If the facility is designated as FRU, whether C-sections are performed 	<input type="checkbox"/> Yes/ <input type="checkbox"/> No Number of normal deliveries performed in last month: _____ No. of C-sections performed in last month: _____
<ul style="list-style-type: none"> Comment on the condition of: 	Labour room: OT:

Indicator	Remarks/ Observation
	Functional New-born care corner (functional radiant warmer with neo-natal ambu bag): <input type="checkbox"/> Yes/ <input type="checkbox"/> No
29. Status of JSY payments	Payment is up to date: <input type="checkbox"/> Yes/ <input type="checkbox"/> No Average delay: Payment done till: Reasons for delay:
30. Availability of JSSK entitlements	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, whether all entitlements being provided <input type="checkbox"/> Free delivery services (Normal delivery/ C-section) <input type="checkbox"/> Free diet <input type="checkbox"/> Free drugs and consumables <input type="checkbox"/> Free diagnostics <input type="checkbox"/> Free blood services <input type="checkbox"/> Free referral transport (home to facility) <input type="checkbox"/> Free referral transport (drop back from facility to home) <input type="checkbox"/> No user charges
31. PMSMA services provided on 9 th of every month	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, how are high risks identified on 9 th ? If No, reasons thereof:
32. Line listing of high-risk pregnancies	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
33. Practice related to Respectful Maternity Care	
34. Whether facility have registers for entering births and deaths	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
35. Number of Maternal Death reported in the facility	Previous year: Current year:
36. Number of Child Death reported in the facility	Previous year: Current year:

Indicator	Remarks/ Observation	
37. If Comprehensive Abortion Care (CAC) services available	<input type="checkbox"/> Yes/ <input type="checkbox"/> No	
38. Availability of vaccines and hub cutter	<input type="checkbox"/> Yes/ <input type="checkbox"/> No Nurses/ ANM aware about open vial policy: <input type="checkbox"/> Yes/ <input type="checkbox"/> No	
39. Number of newborns immunized with birth dose at the facility in last 3 months		
40. Newborns breastfed within one hour of birth (observe if practiced and women are being counselled)		
41. Status of functionality of DEIC	<input type="checkbox"/> Fully functional with all staff in place <input type="checkbox"/> Functional with few vacancies (approx. 20%-30%) <input type="checkbox"/> Functional with more than 50% vacancies <input type="checkbox"/> Not functional/ All posts vacant	
42. Number of sterilizations performed in last one month		
43. Availability of trained provider for IUCD/ PPIUCD	<input type="checkbox"/> Yes/ <input type="checkbox"/> No	
44. Who counsels on FP services?		
45. Please comment on utilization of other FP services		
46. FPLMIS has been implemented	<input type="checkbox"/> Yes/ <input type="checkbox"/> No	
47. Availability of functional Adolescent Friendly Health Clinic	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, who provides counselling to adolescents: _____ Separate male and female counselors available: <input type="checkbox"/> Yes/ <input type="checkbox"/> No Total No of Adolescents counseled in last 6 months_____	
48. Whether facility has fixed day NCD clinic	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If Yes, how many days in a week: _____ days	
49. Are service providers trained in cancer services?	<input type="checkbox"/> Yes/ <input type="checkbox"/> No	
	Screened	Confirmed
a. Hypertension		

Indicator	Remarks/ Observation		
50. Number of individuals screened for the following in last 6 months:	b. Diabetes		
	c. Oral Cancer		
	d. Breast Cancer		
	e. Cervical Cancer		
51. Whether reporting weekly data in P, S and L form under IDSP	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
1. Status of TB elimination programme	Facility is designated as Designated Microscopy Centre (DMC): <input type="checkbox"/> Yes/ <input type="checkbox"/> No		
	If yes, percent of OPD whose samples were tested for TB (microscopy) in last 6 month (average) _____		
	If anti-TB drugs available at the facility: <input type="checkbox"/> Yes/ <input type="checkbox"/> No		
	If yes, are there any patients currently taking anti-TB drugs from the facility: <input type="checkbox"/> Yes/ <input type="checkbox"/> No		
	Availability of CBNAAT/ TruNat: <input type="checkbox"/> Yes/ <input type="checkbox"/> No Percent of patients tested through CBNAAT/TruNat for Drug resistance in the last 6 months _____		
	Are all TB patients tested for HIV? <input type="checkbox"/> Yes/ <input type="checkbox"/> No		
	Are all TB patients tested for Diabetes Mellitus: <input type="checkbox"/> Yes/ <input type="checkbox"/> No		
52. Maintenance of records on	• TB Treatment Card cases (both for drug sensitive and drug resistant cases): <input type="checkbox"/> Yes/ <input type="checkbox"/> No		
	• TB Notification Registers: <input type="checkbox"/> Yes/ <input type="checkbox"/> No		
	• Malaria cases: <input type="checkbox"/> Yes/ <input type="checkbox"/> No		
	• Palliative cases: <input type="checkbox"/> Yes/ <input type="checkbox"/> No		
	• Cases related to Dengue and Chikungunya: <input type="checkbox"/> Yes/ <input type="checkbox"/> No		
	• Leprosy cases: <input type="checkbox"/> Yes/ <input type="checkbox"/> No		
53. How much fund was received and utilized by the facility under NHM?	Fund Received last year:		
	Fund utilized last year:		
	Items/ Activities whose expenditure is met out of the RKS/ Untied Fund regularly:		
Reasons for underutilization of fund (if any)			

Indicator	Remarks/ Observation
54. Status of data entry in (match with physical records)	HMIS: <input type="checkbox"/> Updated/ <input type="checkbox"/> Not updated MCTS: <input type="checkbox"/> Updated/ <input type="checkbox"/> Not updated IHIP: <input type="checkbox"/> Updated/ <input type="checkbox"/> Not updated HWC Portal: <input type="checkbox"/> Updated/ <input type="checkbox"/> Not updated Nikshay Portal: <input type="checkbox"/> Updated/ <input type="checkbox"/> Not updated
55. Frequency of RKS meeting (check and obtain minutes of last meeting held)	
2. Availability of ambulance services in the area	<input type="checkbox"/> Own ambulance available (Number)_____
	<input type="checkbox"/> DH/ SDH has contracted out ambulance services (Number)_____
	<input type="checkbox"/> Ambulances services with Centralized call centre
	<input type="checkbox"/> Government ambulance services are not available
	Comment (if any):
• How many cases from CHC, PHC, SC, referred to in last month?	Number: CHC PHC SC Types of cases referred in:
• How many cases were referred out last month?	Number: Types of cases referred out:
3. Key challenges in the facility and the root causes	
Challenge	Root causes
a)	
b)	
c)	
d)	
e)	



Ministry of Health & Family Welfare
Government of India



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

Service Delivery:

Name of facility visited			
Facility Type		<input type="checkbox"/> CHC/ <input type="checkbox"/> U-CHC	
FRU		<input type="checkbox"/> Yes/ <input type="checkbox"/> No	
Standalone/ Co-located		<input type="checkbox"/> Standalone/ <input type="checkbox"/> Co-located Co-located with (if applicable):	
Accessible from nearest road head		<input type="checkbox"/> Yes/ <input type="checkbox"/> No	
Date of Visit			
Next Referral Point		Facility: Distance:	
Indicator	Remarks/ Observation		
4. OPD Timing			
5. Whether the facility is functioning in PPP mode	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
6. Condition of infrastructure/ building	Comments:		
Please comment on the condition and tick the appropriate box	<input type="checkbox"/> 24*7 running water facility <input type="checkbox"/> Facility is geriatric and disability friendly (ramps etc.) <input type="checkbox"/> Clean functional toilets available (separate for Male and female) <input type="checkbox"/> Drinking water facility available <input type="checkbox"/> OPD waiting area has sufficient sitting arrangement <input type="checkbox"/> ASHA rest room is available <input type="checkbox"/> Drug storeroom with rack is available		
	Power backup: <input type="checkbox"/> Complete Hospital/ <input type="checkbox"/> Part of the hospital		
7. Number of functional in-patient beds			
8. List of Services available			
<ul style="list-style-type: none"> Specialized services available in addition to General OPD, ANC, Delivery, PNC, Immunization, FP, Laboratory services 	Sl.	Service	Y/N
	1	Medicine	
	2	O&G	
	3	Pediatric	
	4	General Surgery	

	5	Anesthesiology		
	6	Ophthalmology		
	7	Dental		
	8	Imaging Services (X – ray)		
	9	Imaging Services (USG)		
	10	Newborn Stabilization Unit		
• If any of the specialists are available 24*7	<input type="checkbox"/> Yes available <input type="checkbox"/> Yes, available only on-call <input type="checkbox"/> Not available			
• Emergency	General emergency: or facilities available for: 1. Triage 2. Resuscitation 3. Stabilization			
9. Tele-medicine/Consultation services available	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, average case per day_____			
10. Operation Theatre available	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, Major: Minor:			
11. Availability of functional Blood Storage Unit	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, number of units of blood currently available: _____ No. of blood transfusions done in last month: _____			
12. Whether blood is issued free, or user-fee is being charged	<input type="checkbox"/> Free for BPL <input type="checkbox"/> Free for elderly <input type="checkbox"/> Free for JSSK beneficiaries <input type="checkbox"/> Free for all			
13. Biomedical waste management practices	Sharp pit: Deep Burial pit: Other System, if any:			
14. Details of HR available in the facility (Sanctioned and In-place)	HR		San.	Reg.
	MO (MBBS)			
	Specialists	Medicine		
		ObGy		
		Pediatrician		
		Anesthetist		
	Dentist			
SNs/ GNMs				
LTs				

	Pharmacist			
	Dental Assistant/ Hygienist			
	Hospital/ Facility Manager			
	EmOC trained doctor			
	LSAS trained doctor			
	Others			
15. IT Services	<ul style="list-style-type: none"> • Desktop/ Laptop available: <input type="checkbox"/>Yes/ <input type="checkbox"/>No • Internet connectivity: <input type="checkbox"/>Yes/ <input type="checkbox"/>No Quality/strength of internet connection: _____			
16. Kayakalp	Initiated: Facility score: Award received:			
17. NQAS	Assessment done: Internal/State Facility score: Certification Status:			
18. LaQshya	Labour Room: Operation Theatre:			
19. Availability of list of essential medicines (EML)/ drugs (EDL)	<input type="checkbox"/> Yes/ <input type="checkbox"/> No			
	If yes, total number of drugs in EDL _____ EDL displayed in OPD Area: <input type="checkbox"/> Yes/ <input type="checkbox"/> No No. of drugs available on the day of visit (out of the EDL) _____			
20. Implementation of DVDMS or similar supply chain management system	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If other, which one _____			
21. Shortage of 5 priority drugs from EDL in last 30 days, if any	1			
	2			
	3			
	4			
	5			
22. Availability of Essential Consumables:	<input type="checkbox"/> Sufficient Supply <input type="checkbox"/> Minimal Shortage <input type="checkbox"/> Acute shortage In last 6 months how many times there was shortage _____ List the consumables for which there has been shortage _____			

23. Availability of essential diagnostics	<input type="checkbox"/> In-house <input type="checkbox"/> Outsourced/ PPP <input type="checkbox"/> Both/ Mixed
<ul style="list-style-type: none"> In-house tests (for 2020-21) 	Timing: Total number of tests performed: _____ Details of tests performed:
<ul style="list-style-type: none"> Outsourced/ PPP (for 2020-21) 	Timing: Total number of tests performed: _____ Details of tests performed:
24. X-ray services is available	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If Yes, type & nos. of functional X-ray machine is available in the hospital: Is the X-ray machine AERB certified: <input type="checkbox"/> Yes/ <input type="checkbox"/> No
25. Whether diagnostic services (lab, X-ray, USG etc.) are free for all	<input type="checkbox"/> Free for BPL <input type="checkbox"/> Free for elderly <input type="checkbox"/> Free for JSSK beneficiaries <input type="checkbox"/> Free for all
26. Availability of Testing kits/ Rapid Diagnostic Kits	<input type="checkbox"/> Sufficient Supply <input type="checkbox"/> Minimal Shortage <input type="checkbox"/> Acute shortage (List the name of kits for which there is shortage)
27. If there is any shortage of major instruments/ equipment (List the Name of Equipment)	
28. Average downtime of equipment. Details of equipment are nonfunctional for more than 7 days	
29. Availability of delivery services	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
<ul style="list-style-type: none"> If the facility is designated as FRU, whether C-sections are performed 	<input type="checkbox"/> Yes/ <input type="checkbox"/> No

	Number of normal deliveries performed in last month: _____ No. of C-sections performed in last month: _____
• Comment on condition of:	Labour room: OT: Functional New-born care corner (functional radiant warmer with neo-natal ambu bag): <input type="checkbox"/> Yes/ <input type="checkbox"/> No
30. Status of JSY payments	Payment is up to date: <input type="checkbox"/> Yes/ <input type="checkbox"/> No Average delay: Payment done till: Reasons for delay:
31. Availability of JSSK entitlements	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, whether all entitlements being provided <input type="checkbox"/> Free delivery services (Normal delivery/ C-section) <input type="checkbox"/> Free diet <input type="checkbox"/> Free drugs and consumables <input type="checkbox"/> Free diagnostics <input type="checkbox"/> Free blood services <input type="checkbox"/> Free referral transport (home to facility) <input type="checkbox"/> Free referral transport (drop back from facility to home) <input type="checkbox"/> No user charges
32. PMSMA services provided on 9 th of every month	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, how are high risks identified on 9 th ? If No, reasons thereof:
33. Line listing of high-risk pregnancies	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
34. Practice related to Respectful Maternity Care	
35. Whether facility have registers for entering births and deaths	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
36. Number of Maternal Death reported in the facility	Previous year: 2019-20 _____ Current year: 2020-21 _____

37. Number of Child Death reported in the facility	Previous year: Current year:		
38. If Comprehensive Abortion Care (CAC) services available	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
39. Availability of vaccines and hub cutter	<input type="checkbox"/> Yes/ <input type="checkbox"/> No Nurses/ ANM aware about open vial policy: <input type="checkbox"/> Yes/ <input type="checkbox"/> No		
40. Number of newborns immunized with birth dose at the facility in last 3 months			
41. Newborns breastfed within one hour of birth (observe if practiced and women are being counselled)			
42. Number of sterilizations performed in last one month	Male__ Female_____		
43. Availability of trained provider for IUCD/ PPIUCD	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
44. Who counsels on FP services?			
45. Please comment on utilization of other FP services			
46. FPLMIS has been implemented	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
47. Availability of functional Adolescent Friendly Health Clinic	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, who provides counselling to adolescents: _____ Separate male and female counselors available: <input type="checkbox"/> Yes/ <input type="checkbox"/> No Number of Adolescents counseled in last 6 months_____		
48. Whether facility has fixed day NCD clinic	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If Yes, how many days in a week: _____ days		
49. Are service providers trained in cancer services?	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
50. Number of individuals screened for the following in last 6 months:		Screened	Confirmed
	a. Hypertension		
	b. Diabetes		
	c. Oral Cancer		
	d. Breast Cancer		
	e. Cervical Cancer		

51. Are service providers trained in cancer services?	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
52. Whether reporting weekly data in P, S and L form under IDSP	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
53. Status of TB elimination programme	Facility is designated as Designated Microscopy Centre (DMC): <input type="checkbox"/> Yes/ <input type="checkbox"/> No		
	If yes, percent of OPD whose samples were tested for TB (microscopy) in last 6 month (average) _____		
	If anti-TB drugs available at the facility: <input type="checkbox"/> Yes/ <input type="checkbox"/> No		
	If yes, are there any patients currently taking anti-TB drugs from the facility: <input type="checkbox"/> Yes/ <input type="checkbox"/> No		
	Percent of patients tested through CBNAAT/TruNat for Drug resistance in the last 6 months _____		
	Is there a sample transport mechanism in place for: <ul style="list-style-type: none"> • investigations within public sector for TB testing? <input type="checkbox"/>Yes/ <input type="checkbox"/>No • investigations within public sector for other tests?<input type="checkbox"/>Yes/ <input type="checkbox"/>No • outsourced testing? <input type="checkbox"/>Yes/ <input type="checkbox"/>No 		
	Are all TB patients tested for HIV? <input type="checkbox"/> Yes/ <input type="checkbox"/> No		
	Are all TB patients tested for Diabetes Mellitus: <input type="checkbox"/> Yes/ <input type="checkbox"/> No		
54. Status on Leprosy eradication programme	Nos. of new case detected by Field Worker in last 12 months:		
	Out of those, how many are having Gr. II deformity: Frequency of Community Surveillance:		
55. Maintenance of records on	• TB Treatment Card cases (both for drug sensitive and drug resistant cases): <input type="checkbox"/> Yes/ <input type="checkbox"/> No		
	• TB Notification Registers: <input type="checkbox"/> Yes/ <input type="checkbox"/> No		
	• Malaria cases: <input type="checkbox"/> Yes/ <input type="checkbox"/> No		
	• Palliative cases: <input type="checkbox"/> Yes/ <input type="checkbox"/> No		
	• Cases related to Dengue and Chikungunya: <input type="checkbox"/> Yes/ <input type="checkbox"/> No		
	• Leprosy cases: <input type="checkbox"/> Yes/ <input type="checkbox"/> No		
56. How much fund was received and utilized by the facility under NHM?	Fund Received last year:		
	Fund utilized last year:		
	Items/ Activities whose expenditure is met out of the RKS/ Untied Fund regularly:		

	Reasons for underutilization of fund (if any)
57. Status of data entry in (match with physical records)	HMIS: <input type="checkbox"/> Updated/ <input type="checkbox"/> Not updated MCTS: <input type="checkbox"/> Updated/ <input type="checkbox"/> Not updated IHIP: <input type="checkbox"/> Updated/ <input type="checkbox"/> Not updated HWC Portal: <input type="checkbox"/> Updated/ <input type="checkbox"/> Not updated Nikshay Portal: <input type="checkbox"/> Updated/ <input type="checkbox"/> Not updated
58. Frequency of RKS meeting (check and obtain minutes of last meeting held)	
59. Availability of ambulance services in the area	<input type="checkbox"/> CHC own ambulance available Number_____
	<input type="checkbox"/> CHC has contracted out ambulance services Number_____
	<input type="checkbox"/> Ambulances services with Centralized call centre <input type="checkbox"/> Government ambulance services are not available Comment (if any):
• 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:
60. Key challenges in the facility and the root causes	
Challenge	Root causes
a)	
b)	
c)	
d)	
e)	



Primary
Centre (PHC/U-PHC)

Ministry of Health & Family Welfare
Government of India

Health
Level Checklist

Service Delivery:

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

4. Number of functional in-patient beds				
5. List of Services available				
6. If 24*7 delivery services available	<input type="checkbox"/> Yes/ <input type="checkbox"/> No			
7. Tele-medicine/Consultation services available	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, average case per day _____			
8. Biomedical waste management practices	Sharp pit: Deep Burial pit: Other System, if any:			
9. Details of HR available in the facility (Sanctioned and In-place)	HR	San.	Reg.	Cont.
	MO (MBBS)			
	MO (AYUSH)			
	SNs/ GNMs			
	ANM			
	LTs			
	Pharmacist			
	Public Health Manager (NUHM)			
	LHV/PHN			
	Others			
10. IT Services	<ul style="list-style-type: none"> • Desktop/ Laptop available: <input type="checkbox"/> Yes/ <input type="checkbox"/> No • All ANMs have functional Tablets: <input type="checkbox"/> Yes/ <input type="checkbox"/> No • Smart phones given to all ASHAs: <input type="checkbox"/> Yes/ <input type="checkbox"/> No • Internet connectivity: <input type="checkbox"/> Yes/ <input type="checkbox"/> No Quality/strength of internet connection: _____			
11. Kayakalp	Initiated: Facility score: Award received:			
12. NQAS	Assessment done: Internal/State Facility score: Certification Status:			
13. Availability of list of essential medicines (EML)/ drugs (EDL)	<input type="checkbox"/> Yes/ <input type="checkbox"/> No			
	If yes, total number of drugs in EDL _____			
	EDL displayed in OPD Area: <input type="checkbox"/> Yes/ <input type="checkbox"/> No No. of drugs available on the day of visit (out of the EDL) _____			

14. Implementation of DVDMS or similar supply chain management system	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If other, which one _____	
15. Shortage of 5 priority drugs from EDL in last 30 days, if any	1	
	2	
	3	
	4	
	5	
16. Drugs Available for Hypertension & Diabetic patients:	1	
	2	
	3	
17. Shortage of sufficient number of Hypertension & Diabetic in last 7 days	1	
	2	
	3	
18. Availability of Essential Consumables:	<input type="checkbox"/> Sufficient Supply <input type="checkbox"/> Minimal Shortage <input type="checkbox"/> Acute shortage In last 6 months how many times there was shortage _____ (Also list the consumables for which there was shortage)	
19. Availability of essential diagnostics	<input type="checkbox"/> In-house <input type="checkbox"/> Outsourced/ PPP <input type="checkbox"/> Both/ Mixed	
• In-house tests For 2020-21	Timing: Total number of tests performed: _____ Details of tests performed:	
• Outsourced/ PPP For 2020-21	Timing: Total number of tests performed: _____ Details of tests performed:	
20. X-ray services is available	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If Yes, type & nos. of functional X-ray machine is available in the hospital: Is the X-ray machine AERB certified: <input type="checkbox"/> Yes/ <input type="checkbox"/> No	

21. Whether diagnostic services (lab, X-ray etc.) are free for all	<input type="checkbox"/> Free for BPL <input type="checkbox"/> Free for elderly <input type="checkbox"/> Free for JSSK beneficiaries <input type="checkbox"/> Free for all
22. Availability of Testing kits/ Rapid Diagnostic Kits	<input type="checkbox"/> Sufficient Supply <input type="checkbox"/> Minimal Shortage <input type="checkbox"/> Acute shortage
23. If there is any shortage of major instruments/ equipment	List of Equipment
24. Average downtime of equipment. Details of equipment are nonfunctional for more than 7 days	
25. Availability of delivery services	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
<ul style="list-style-type: none"> If yes, details 	Comment on condition of labour room: Functional New-born care corner (functional radiant warmer with neo-natal ambu bag): <input type="checkbox"/> Yes/ <input type="checkbox"/> No
26. Status of JSY payments	Payment is up to date: <input type="checkbox"/> Yes/ <input type="checkbox"/> No Average delay: Payment done till: Reasons for delay:
27. Availability of JSSK entitlements	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, whether all entitlements being provided <input type="checkbox"/> Free delivery services (Normal delivery/ C-section) <input type="checkbox"/> Free diet <input type="checkbox"/> Free drugs and consumables <input type="checkbox"/> Free diagnostics <input type="checkbox"/> Free blood services <input type="checkbox"/> Free referral transport (home to facility) <input type="checkbox"/> Free referral transport (drop back from facility to home) <input type="checkbox"/> No user charges
28. Line listing of high-risk pregnancies	<input type="checkbox"/> Yes/ <input type="checkbox"/> No

29. Number of normal deliveries in last three month	
30. Availability of Daksh/ Dakshta trained/SBA trained MO/SN/ANM in Labour Room	<input type="checkbox"/> Yes <input type="checkbox"/> No
31. Practice related to Respectful Maternity Care	
32. Number of Maternal Death reported in the facility	Previous year:2019-2020 Current FY:2020-2021
33. Number of Child Death reported in the facility	Previous year: Current year:
34. Availability of vaccines and hub cutter	<input type="checkbox"/> Yes/ <input type="checkbox"/> No Nurses/ ANM aware about open vial policy: <input type="checkbox"/> Yes/ <input type="checkbox"/> No
35. Number of newborns immunized with birth dose at the facility in last 3 months	
36. Newborns breastfed within one hour of birth (observe if practiced and women are being counselled)	
37. Number of sterilizations performed in last one month	Male Female
38. Availability of trained provider for IUCD/ PPIUCD	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
39. Who counsels on FP services?	
40. Please comment on utilization of other FP services	
41. FPLMIS has been implemented	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
42. Availability of functional Adolescent	<input type="checkbox"/> Yes/ <input type="checkbox"/> No

Friendly Health Clinic	If yes, who provides counselling to adolescents: _____ Separate male and female counselors available: <input type="checkbox"/> Yes/ <input type="checkbox"/> No		
43. Whether facility has fixed day NCD clinic	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If Yes, how many days in a week: _____ days		
44. Are service providers trained in cancer services?	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
45. Number of individuals screened for the following in last 6 months:		Screened	Confirmed
	a. Hypertension		
	b. Diabetes		
	c. Oral Cancer		
	d. Breast Cancer		
e. Cervical Cancer			
46. Whether wellness activities are performed	<input type="checkbox"/> Yes/ <input type="checkbox"/> No Frequency: _____		
47. Whether reporting weekly data in P and L form under IDSP	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
48. Distribution of Long lasting Insecticidal nets (LLIN) in high-risk areas	No. of LLIN distributed per household: <input type="checkbox"/> 1 per family/ <input type="checkbox"/> Others (Specify): _____		
49. Status of TB elimination programme	Facility is designated as Designated Microscopy Centre (DMC): <input type="checkbox"/> Yes/ <input type="checkbox"/> No		
	If yes, percent of OPD whose samples were tested for TB (microscopy) in last 6 month (average) _____		
	If anti-TB drugs available at the facility: <input type="checkbox"/> Yes/ <input type="checkbox"/> No		
	If yes, are there any patients currently taking anti-TB drugs from the facility: <input type="checkbox"/> Yes/ <input type="checkbox"/> No		
	Percent of patients tested through CBNAAT/TruNat for Drug resistance in the last 6 months _____		
	Is there a sample transport mechanism in place for:		
	<ul style="list-style-type: none"> • investigations within public sector for TB testing? <input type="checkbox"/>Yes/ <input type="checkbox"/>No • investigations within public sector for other tests? <input type="checkbox"/>Yes/ <input type="checkbox"/>No • outsourced testing? <input type="checkbox"/>Yes/ <input type="checkbox"/>No 		
	Are all TB patients tested for HIV? <input type="checkbox"/> Yes/ <input type="checkbox"/> No Are all TB patients tested for Diabetes Mellitus: <input type="checkbox"/> Yes/ <input type="checkbox"/> No		
Percent of TB Patients for whom DBT installments have been initiated under NikshayPoshan Yojana in the last 6 months: _____			

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

<ul style="list-style-type: none"> How many cases from the PHC were referred to the CHC last month? 	Number: Types of cases referred out:
56. Key challenges in the facility and the root causes	
Challenge	Root causes
a)	
b)	
c)	
d)	
e)	
Only for U-PHC	
57. Population enumeration initiated for slum population	<input type="checkbox"/> Not yet initiated <input type="checkbox"/> Initiated <input type="checkbox"/> Completed
58. Number of CBAC forms filled (NUHM)	
59. Is Specialist services provided at U-PHC?	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, specialist services are provided through: <input type="checkbox"/> Teleconsultation/ <input type="checkbox"/> Clinic Schedule: <input type="checkbox"/> Fixed/ <input type="checkbox"/> Rotational Type of specialist services available: <input type="checkbox"/> OBGY, <input type="checkbox"/> Pediatrics, <input type="checkbox"/> Medicine, <input type="checkbox"/> Dermatology, <input type="checkbox"/> Ophthalmology, Others_____
60. UHNDs Conducted:	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, no. of UHND conducted per month_____
61. Special Outreach camps conducted:	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, no. of UHND conducted during last quarter_____ Type of specialties provided during special outreach camps: _____ =



Sub-
Level Checklist

Ministry of Health & Family Welfare
Government of India

Centre (SC)

Service Delivery: Sub Centre

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

Indicator	Remarks/ Observation
1. List of Services available	
2. Condition of infrastructure/ building	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 <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

Indicator	Remarks/ Observation			
	<input type="checkbox"/> Power backup			
3. Biomedical waste management practices				
4. Details of HR available in the facility (Sanctioned and In-place)	HR	San.	Reg.	Cont.
	ANM/ MPW Female			
	MPW Male			
	MLHP/ CHO			
	ASHA			
	Others			
5. IT Services	<ul style="list-style-type: none"> • Functional Tablet/ laptop with CHO: <input type="checkbox"/>Yes/ <input type="checkbox"/>No • Electronic Tablets with MPWs (ANM): <input type="checkbox"/>Yes/ <input type="checkbox"/>No • Smart phones given to all ASHAs: <input type="checkbox"/>Yes/ <input type="checkbox"/>No • Internet connectivity: <input type="checkbox"/>Yes/ <input type="checkbox"/>No Quality/strength of internet connection: _____			
6. Availability of list of essential medicines (EML)/ drugs (EDL)	<input type="checkbox"/> Yes/ <input type="checkbox"/> No			
	If yes, total number of drugs in EDL_____			
	EDL displayed in OPD Area: <input type="checkbox"/> Yes/ <input type="checkbox"/> No			
No. of drugs available on the day of visit (out of the EDL) _____				
7. Are anti-TB drugs available at the SHC?	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, are there any patients currently taking anti-TB drugs from the SHC? <input type="checkbox"/> Yes/ <input type="checkbox"/> No			
8. Shortage of 5 priority drugs from EDL in last 30 days, if any	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			

Indicator	Remarks/ Observation
11. Are CHOs dispensing medicines for hypertension and diabetes at SHC-HWC	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
12. Availability of Testing kits/ Rapid Diagnostic Kits	<input type="checkbox"/> Sufficient Supply <input type="checkbox"/> Minimal Shortage <input type="checkbox"/> Acute shortage List of Kits (Shortage)_____
13. Availability of:	<ul style="list-style-type: none"> • BP instrument: <input type="checkbox"/>Yes/ <input type="checkbox"/>No. If yes, Type: _____ • Thermometer: <input type="checkbox"/>Yes/ <input type="checkbox"/>No • Contraceptives: <input type="checkbox"/>Yes/ <input type="checkbox"/>No. If yes, Type: _____ • Glucometer: <input type="checkbox"/>Yes/ <input type="checkbox"/>No
14. Line listing of all Pregnant women in the area	<input type="checkbox"/> Yes/ <input type="checkbox"/> No <ul style="list-style-type: none"> • High risk women identified: <input type="checkbox"/>Yes/ <input type="checkbox"/>No • MCP cards duly filled: <input type="checkbox"/>Yes/ <input type="checkbox"/>No
15. Number of Maternal Death Review conducted	Previous year:2019-20 Current year:2020-21
16. Number of Child Death Review conducted	Previous year: Current year:
17. Availability of vaccines and hub cutter	<input type="checkbox"/> Yes/ <input type="checkbox"/> No <ul style="list-style-type: none"> • Awareness of ANM on vaccine schedule: <input type="checkbox"/>Yes/ <input type="checkbox"/>No • Awareness about open vial policy: <input type="checkbox"/>Yes/ <input type="checkbox"/>No
18. Availability of micro-plan for immunization	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
19. Follow up of:	SNCU discharge babies: <input type="checkbox"/> Yes/ <input type="checkbox"/> No LBW babies: <input type="checkbox"/> Yes/ <input type="checkbox"/> No
20. Line listing of all eligible couple in the area	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
21. Availability of trained provider for IUCD/ PPIUCD	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
22. Please comment on utilization of other FP services	
23. Number of individuals above 30 years of age in the HWC population	
24. Number of CBAC forms filled in last 6 months	

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

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

Indicator	Remarks/ Observation
40. How much fund was received and utilized by the facility under NHM?	Fund Received last year:
	Fund utilized last year:
	Items/ Activities whose expenditure is met out of the RKS/ Untied Fund regularly:
	Reasons for underutilization of fund (if any)
41. Availability of ambulance services in the area	
<ul style="list-style-type: none"> How many cases from the Sub Centre were referred to PHC in last month? 	Number: Types of cases referred out:
42. Key challenges in the facility and the root causes	
Challenge	Root causes
a)	
b)	
c)	
d)	
e)	