



सत्यमेव जयते
Ministry of Health & Family Welfare
Government of India



A Report on
**MONITORING OF IMPORTANT COMPONENTS OF NHM PROGRAMME IN
TENGNOUNPAL DISTRICT, MANIPUR**



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TABLE OF CONTENT

	Page No.
Table of Content	i
List of Tables	iii
List of Figures	iv
ACKNOWLEDGEMENTS	5
Acronyms & Abbreviations	6
Executive Summary	7
Key Challenges	7
Recommendations.....	8
1. Background and Objectives	10
1.1 About National Health Mission (NHM).....	11
1.2 PIP-NHM	11
1.3 Objectives.....	12
1.4 Methodology	12
2. District Profile	14
Tengnoupal, Manipur	14
2.1 Administrative & Demographic Profile	15
2.2 HMIS Service Delivery Indicators	16
3. Public Health Planning	18
3.1 Status of Service Delivery	19
3.2 Health Infrastructure	19
Source: DPM Unit, Tengnoupal, Manipur.....	20
Source: DPM Unit, Tengnoupal, Manipur.....	21
3.3 Referral Transport Facility	21
Source: DPM Unit, Tengnoupal, Manipur.....	22
3.4 Availability of Human Resource.....	22
3.5 Budget Utilization	23
Source: DPM Unit, Tengnoupal, Manipur.....	23
4. Programme Implementation	25

4.1 Reproductive Maternal New-born Child and Adolescent Programmes (RMNCH+A)	26
4.2 Janani Suraksha Yojna (JSY).....	26
4.3 Janani Shishu Suraksha Karyakaram (JSSK).....	27
4.4 Maternal Death Review.....	27
4.5 Pradhan Mantri Surakshit Matritava Abhiyan (PMSMA)	27
4.6 Home Based New Born Care (HBNC)	28
4.7 Rashtriya Bal Swasthya Karyakarma (RBSK).....	28
Source: DPM Unit, Tengnoupal, Manipur.....	29
4.8 Family Planning	29
4.9 Community Process.....	30
4.10 Disease Control Programme.....	30
4.11 Comprehensive Primary Health Care (CPHC).....	31
Source: DPM Unit, Tengnoupal, Manipur.....	31
4.12 The National Tuberculosis Elimination Program (NTEP)	31
Source: DPM Unit, Tengnoupal, Manipur.....	32
4.13 The National Vector Borne Disease Control Programme (NVBDCP)	32
4.14 Nutrition.....	33
5. Service Availability at Health Facilities	34
5.1 Facility Wise Observations	35
5.2 SUB District hospital, Moreh, Tengnoupal	35
5.2.1 Challenges faced by Facility	36
5.3 The Primary Health centre, moreh, Tengnoupal	37
5.4 Primary Health centre, Tengnoupal	39
5.5 primary health and sub centre, Aimol Tampak	40
5.5.1 Sub-Centre-HWC, Saivom	41
5.6 Community Interaction	42
6. Appendix.....	45

LIST OF TABLES

	Page No.
Table 3.1 Facility Details, Tengenoupal District.....	21
Table 3.2 Details of referral transport in Tengenoupal district	22
Table 3.3 RCH and health system flexi pool, Tengenoupal	23
Table 4.1 Details of RBSK programme in Tengenoupal.....	29
Table 4.2 Details of ASHAs in Tengenoupal	30
Table 4.3 Implementation of comprehensive primary health care (CPHC) in Tengenoupal district	31
Table 4.4 Details of NTEP in Tengenoupal.....	32
Table 4.5 Details of NVBDCP in Tengenoupal District	33
Table 5.1 Physical Infrastructure at facilities visited during PIP, 2020-21	35
Table 5.2 Background Profile of Participants of community interaction in Tengenoupal	42

LIST OF FIGURES

Figure 1.1 List of facilities visited during PIP visit in Tengenoupal, Manipur	13
Figure 2.0.1. Map- Tengenoupal District, Manipur.....	15
Figure 3.1 Number of facilities at primary, secondary and tertiary level in Tengenoupal	20
Figure 3.2 NUmber of required Human resource in the district	22
Figure 5.1 sub district hopsital, moreh, Tengenoupal	37
Figure 5.2 Primary health centre, moreh , Tengenoupal	38
Figure 5.3 Primary Health Centre, Salempur, Tengenoupal	39
Figure 5.4 Primary Health and sub CENTRE, Tengenoupal.....	41
Figure 5.6 Sub-centre-HWC, Saivom, Tengenoupal.....	41
Figure 5.7 Community intraction in Tengenoupal district during PIP visit, 2020-21	43

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ACRONYMS & ABBREVIATIONS

ANC	Ante Natal Care	MDR	Maternal Death Review
ANM	Auxiliary Nurse Midwife	MMU	Mobile Medical Unit
AYUSH	Ayurveda, Yoga & Naturopathy, Unani, Siddha and Homoeopathy	MoHFW	Ministry of Health and Family Welfare
BEMOC	Basic Emergency Obstetric Care	MOIC	Medical Officer In- Charge
BMW	Biomedical waste	NBCC	New Born Care Corner
BSU	Blood Storage Unit	NBSU	New Born Stabilization Unit
CMO	Chief District Medical Officer	NSSK	Navjat Shishu Suraksha Karyakram
CHC	Community Health Centre	NSV	No Scalpel Vasectomy
DH	District Hospital	OCP	Oral Contraceptive Pill
DMPA	Depot Medroxyprogesterone Acetate	OPD	Out Patient Department
DPM	District Programme Manager	OPV	Oral Polio Vaccines
ECG	Electrocardiography	PIP	Programme Implementation Plan
EMOC	Emergency Obstetric Care	PNC	Post Natal Care
FRU	First Referral Unit	PPP	Public Private Partnership
HMIS	Health Management Information System	PRC	Population Research Centre
IEC	Information, Education and Communication	RBSK	Rashtriya Bal Suraksha Karyakram
IMEP	Infection Management and Environment Plan	RCH	Reproductive Child Health
IPD	In Patient Department	RKS	Rogi Kalyan Samiti
IUCD	Intra Uterine Contraceptive Device	RPR	Rapid Plasma Reagin
IYCF	Infant and Young Child Feeding	SBA	Skilled Birth Attendant
JSSK	Janani Shishu Suraksha Karyakram	SKS	Swasthya Kalyan Samiti
JSY	Janani Suraksha Yojana	SN	Staff Nurse
LHV	Lady Health Visitor	SNCU	Special New Born Care Unit
LSAS	Life Saving Anaesthetic Skill	TFR	Total Fertility Rate
LT	Laboratory Technician	TT	Tetanus Toxoid
M&E	Monitoring and Evaluation	VHND	Village Health and Nutrition Day
MCTS	Mother and Child Tracking System		

EXECUTIVE SUMMARY

The National Health Mission embodies the prime mission of the government of India for the Indian Health scenario holistically. The advancement of NHM is carried out by the Monitoring and Evaluation action which is also a significant determinant. This PIP visit focuses on quality monitoring of important components of NHM. Here, Population Research Centre (PRC), Delhi was expected to observe and comment on the status of the key areas mentioned in the Records of Proceedings (RoPs). The PRC, Delhi team undertook desk review of PIP document and used semi-structured interview schedules and observations checklist for the field study.

The following public health care facilities were visited by the PRC-IEG Team:

1. *Sub District Hospital, Moreh*
2. *PHC, Tengnoupal*
3. *PHC, Moreh*
4. *PHSC, SAIVOM*
5. *PHSC, AMOL Tampak*

The report therefore summarises the status of Public Health Care in Tengnoupal, Manipur during the financial year 2020-21 with regards to NHM and its components namely Maternal Health, Child Health, Family Planning, etc. The key gaps observed during the PRC, Delhi's team discussed below with regards to service delivery, infrastructure, RMNCH+A, Child Health, Quality, etc are discussed below:

KEY CHALLENGES

During PIP visit and interaction with NHM officials following are the gaps identified in health service delivery noted in Tengnoupal district

- During interaction with CMO, Medical officers, it came into notice that the irregularities of fund release is one of the biggest challenge in effective implementation of programmes. Officials pointed out that district did not receive untied fund since last two years. The current delivery of services being managed using previous years fund, that why most of the programmes are not running effectively in the district. The 50% of untied funds have been received by district two years back.
- The referral transport in the district found to be very poor. Being a hilly region, the health facilities are inaccessible for beneficiaries, hence institutional deliveries are very low in district. Before Covid1-19 there were only two ambulances in entire district. Currently, there is only three ambulances in the district. Further, most of the referral

vehicles being deployed in covid-19 vaccination. In such situation, in any urgent situation beneficiaries depends on personal or rented vehicle (as public transport in the district is not so good). Officials highlighted that there is two more ambulances required in district.

- During Interaction with health officials, it has been highlighted that there is huge shortage of specialist doctors and gynaecologists in entire district. Currently, there is not any gynaecologist and paediatrician in the district.
- There is huge HR crunch at administration and programme management level. There is only three nodal officers in the district, who are looking at multiple programmes and also serving as medical officers. This affects the implementation and proper monitoring of programmes in the district.
- Due to lack of fund the JSY payment is due since last three years for both ASHAs and Beneficiaries. This is very demoralising for both frontline workers and beneficiaries to avail public health facilities.
- The salary of staff and ASHAs honorarium is also irregular. This is very demotivating for health workers.
- In Tengenoupal it was observed that the post-delivery diet under JSSK scheme is not being provided at facilities. The health officials highlighted that they did not receive JSSK diet fund since few years. Hence, it difficult to manage diet without fund.
- During visit it has been observed that the conditions of labour room is not up to the mark. The labour room equipment's are old and rusted. Moreover, there are old style labour room chair are placed at facilities. These chair needs immediate replacement.
- It has been observed that record maintenance is very poor in the district. The ANC, Immunization and OPD registers are not updated since last six months, therefore it's difficult to track down facilities performance in various fields. Lack of staff has been highlighted as main reason behind poor records entry.
- The supply of essential drugs and consumables are irregular in district. The essential drugs are purchased using RKS funds.

RECOMMENDATIONS

- One of the key concerning issues with regards to budget in the state and district is with the “Release of Funds”. It was reported that at the initial stage the fund is being released from the central government and it thereby passes to the treasury of the Manipur state. However, there is a gap in the disbursement of funds from the treasury to the account

of State Mission Director which eventually leads to an issue in the delay of funds from the state to the district and finally to the respective block health facilities. Due to which timely payments such as salaries of the health personnel, ASHA incentives, JSY payment status etc is still lagging and is thereby affecting majority of the National Health Mission activities. Thus, some steps should be taken to solve the issue.

- Fund is crucial for running any programme. However, in district fund is one of the biggest challenge faced by officials in effective implementation of programme. It is strongly recommended that the united fund and ASHAs honorarium should be released regularly.
- Being located in hilly region referral transport play crucial role in accessibility of health services and reduce out of pocket expenditure on transport. There is two more ambulances required in the district.
- The issues of lack of infrastructure at primary level facilities have been highlighted by officials. During visit it has been observed that the physical infrastructure of facilities are not up to mark and very old. These buildings should be renovated according to IPHS norms. Further the equipment also very old, which should be replaced.
- There is only three delivery points in entire districts. There should be more designated delivery points in district to promote intuitional delivery.
- The guidelines concerning the filling up of vacant positions must be issued and the positions must be filled. Specifically, attempts must be made to appoint a gynaecologist in the district. Lack of doctors in the facilities discourage community to avail public health facilities. Further, this also bring a trust gap among community regarding public health facilities.
- ASHAs honorarium and incentives should be released timely, as they play an important role in bringing beneficiaries to public health facilities and make beneficiaries aware about healthy practices. The lack motivation for ASHAs slow down community process in district.
- The prevalence of vector borne diseases i.e. dengue, malaria is very high in the district. The preventive measures taking before the season and intuitional preparedness before surge of such cases can prevent deaths happening due to dengue in the district.
- It should be noted that during pandemic management, routine health services should not hampered. The facilities which already facing HR crunch, the staff diversion in COVID-19 duty leading to vacuum at primary health level.

1. BACKGROUND AND OBJECTIVES

1.1 ABOUT NATIONAL HEALTH MISSION (NHM)

National Health Mission was first launched in April 12, 2005 as National Rural Health Mission to address the health needs of rural population. Under mission many unique practices were encouraged like innovations in healthcare delivery practices, flexible financing to the states with strengthened monitoring and evaluation component for better health outcomes and health indicators of the states.

The vision of the NHM is the “Attainment of Universal Access to Equitable, Affordable and Quality health care services, accountable and responsive to people’s needs, with effective inter-sectoral convergent action to address the wider social determinants of health”. NHM focuses on decentralized health planning, service delivery, creating knowledge hubs within district hospitals, strengthening secondary level care at district hospitals, expanding outreach services, improving community processes and behavior change communication, human resources development, public health management, and health management information systems.

A key outcome of NHM is to reduce Out of Pocket expenditures. Health outcomes, output and process indicators are monitored through large scale surveys conducted periodically with evaluations, use of HMIS data, and periodic reviews done. The main aim is to create a fully functional, decentralized and community owned system with greater inter- sectoral coordination so that wider social determinant factors affecting health of people like water, sanitation, nutrition, gender and education are also equally addressed.

1.2 PIP-NHM

A state PIP is a comprehensive document comprising of situation analysis, Goals and strategies and corresponding costs. States prepare Program Implementation Plans (PIPs) on an annual basis which goes through a formal process of appraisal each year by MoHFW and with subsequent approval, the states commence implementation. A holistic reporting of commitments made in the State PIP, forms an essential component of Monitoring and Evaluation of NHM progress.

The strength of the monitoring and evaluation systems for various national health programmes is integral to its strengthening. PRC, Delhi has time and again provided a continuous flow of good quality information on inputs, outputs and outcome indicators which are deemed essential for monitoring the progress of NHM at closer intervals.

This PIP monitoring report concerns the district of Tengenoupal in Manipur. The report provides a review of key population, socio-economic, health and service delivery indicators of the Tengenoupal District. The report also deals with health infrastructure and human resource of the district and provides insights on MCH service delivery including JSSK and JSY schemes, Family Planning, ARSH, bio-medical waste management, referral transport, ASHA scheme, communicable, non-communicable diseases and status of HMIS and MCTS. The finding in the report is based on the interaction with CM & HO, District Health Officials, ANM and beneficiaries.

1.3 OBJECTIVES

Below are the key objectives of this PIP monitoring and evaluation:

- a) To monitor the status of infrastructure of public health facilities under NHM Programme.
- b) To understand the availability and efficiency of human resource.
- c) To analyse implementation and performance of different schemes (RMNCH+A) under NHM.
- d) To analyse other important components namely service delivery, record maintenance, biomedical waste management, referral transports system, IEC material, disease control programme etc.
- e) To assess availability of finance for the NHM activities in the district.

1.4 METHODOLOGY

The report is based on Primary data collected from health facility visits as well as secondary data collected from DPM and CMO office as well as information collected from HMIS Web Portal for Tengenoupal district, 2020-21. Structure interview schedules were used for nodal officers and health facilities.

The assessment is based on observations made and information collected during:

- a) Round table meeting with CMO, DPM and other Nodal officers and NHM staff
- b) Visits to health facilities
- c) Beneficiary interactions

Prior to the assessment of health facilities, a meeting with key personnel of NHM, Tengnoupal was held. The interactions gave an enriching insight into the health situation of the district, key challenges that lay ahead, and a prospective way forward. The DPM further elaborated the plan of visit to the health facilities.

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

FIGURE 1.1 LIST OF FACILITIES VISITED DURING PIP VISIT IN TENGNOUPAL, MANIPUR

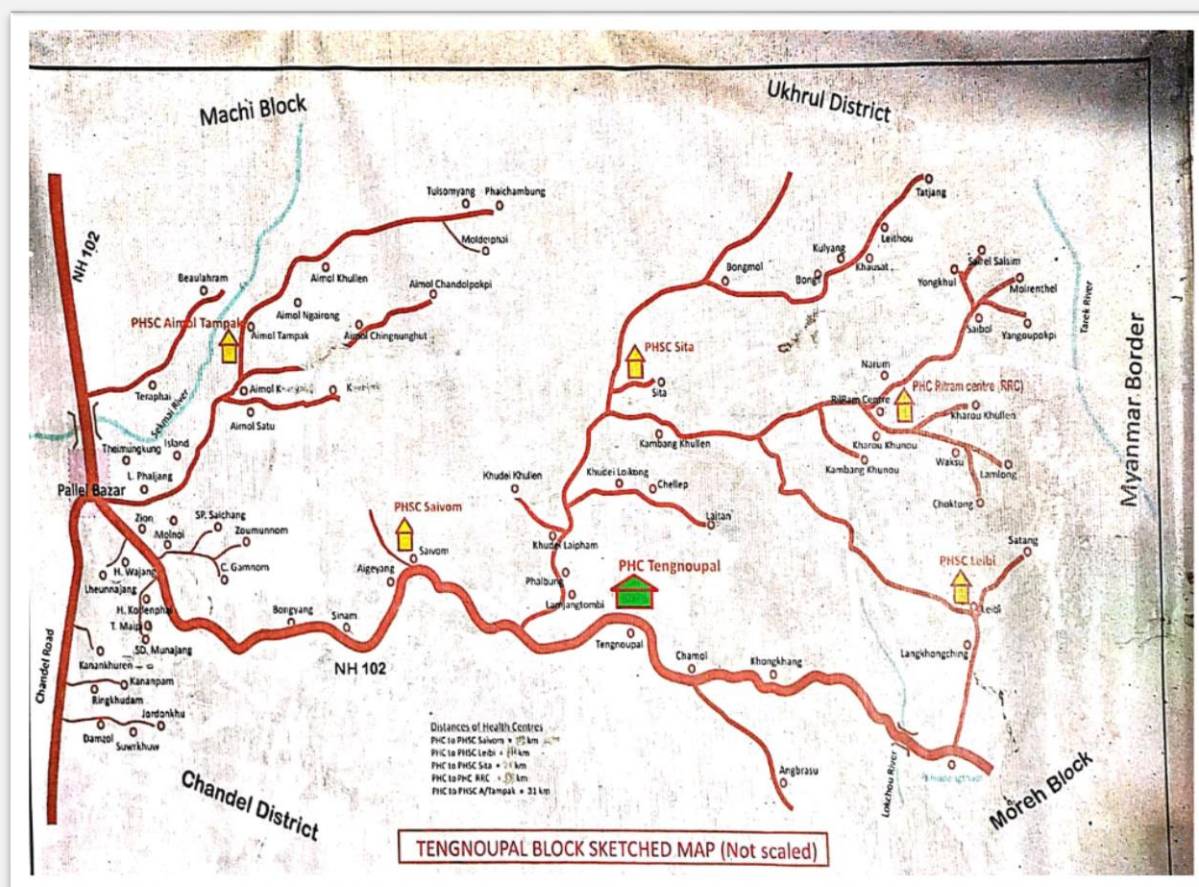
District Women and Child Hospital, Tengnoupal
Urban Community Health Centre, Tengnoupal
Urban Primary Health Centre-Health and Wellness Centre, Mausampur
Community Health Centre, Saurikh
Primary Health Centre, Madi
Sub-Centre- Health and Wellness Centre, Sharifpur

2. DISTRICT PROFILE TENGNOUNPAL, MANIPUR

2.1 ADMINISTRATIVE & DEMOGRAPHIC PROFILE

Tengnoupal is one of the 16 districts of Manipur state in North East India. The area covered under its present jurisdiction was part of Tengnoupal district, formed in 1974. However, later the district HQ was shifted to Chandel and district was also renamed as Chandel. Recently, in 2016, Tengnoupal was carved out of Chandel district comprising Tengnoupal, Machi and Moreh sub-divisions.

FIGURE 2.1 MAP- TENGNOUPAL DISTRICT, MANIPUR



The district is home to about 56 thousand people, among them about 30 thousand (51%) are male and about 29 thousand (49%) are female. 15% of the whole population are from general caste, 1% are from schedule caste and 84% are schedule tribes. Child (aged under 6 years) population of Tengnoupal district is 12%, among them 52% are boys and 48% are girls. The population density of district is 49.3 per square km. The literacy rate of district stands 76.2 percent. There are total 207 villages in the district.

TABLE 2.0 SOCIO-DEMOGRAPHIC PROFILE OF TENGNOUNPAL & MANIPUR

<i>Indicator</i>	<i>Tengnoupal</i>
Total number of Blocks	3
Total number of Villages	207
Total Population	56333
Rural population	56333
Literacy rate	76.2
Sex Ratio	461
Population Density	49.3
Estimated number of deliveries	850
Estimated number of C-section	127
Estimated numbers of live births	822
Estimated number of eligible couples	7533
Estimated number of leprosy cases	4
Target for public and private sector TB notification for the current year	Public : 70 ; Private: 100
Estimated number of cataract surgeries to be conducted	200

Source: Census of India, 2011

2.2 HMIS SERVICE DELIVERY INDICATORS

Table 2.2 provides a brief health profile of the district as reported by through the Health Management Information System (HMIS) portal. About 69.14 percent women registered for ANC in 1st trimester and received 4 and more ANC checkups, which is higher than state percentage. 91 percent women in district received IFA tablets out of all women registered for ANC, however this stands very low in state 44.56. The share of home deliveries is quite high in district 79 percent much higher than the state average (20.03). About 93 percent home deliveries in district attended by SBA as against to 12.15 percent in state. In district only 21 percent deliveries are Institutional deliveries, whereas in state institutional deliveries are 79.97 percent. About 100 percent institutional deliveries conducted at public health facility which is higher than the state average (67.01). Out of all women registered for ANC in district only 8.72 percent delivered in health facility, which is almost 42.79 percent for state. In district C-section conducted at private health facility is almost negligible. Almost all c-section deliveries are conducted at public health facility. However, in state 60 percent c-section deliveries performed at private health facilities.

Among child health diseases diarrhoea is more prevalent among children aged 0-5 years. Out of all fully immunized children more children (102.7 percent) infant have received BCG dose in district, however in state this stands 96.23. Among family planning methods only condoms distributed data available, in year 2020-21, 705 condoms were distributed in district. The

percentage share of AYUSH OPD to total OPD is 21 in district which is quite in low in state (7.14 percent), which highlights the alternative way of medicine is gaining much popularity in district compare to state.

TABLE 2.0 HEALTH CARE SERVICE DELIVERY INDICATORS IN TENGNOUNPAL DISTRICT, 2020-21

Health and Health Care Delivery Services Indicators	Manipur	Tengnoupal
<i>Maternal Health</i>		
Total number of Pregnant women registered for ANC	38904	768
% 1st trimester registration to total ANC registrations	52.83	69.14
% Of Pregnant women who received 4 or more check-ups to total ANC registrations	36.21	40.89
% Of Pregnant women given 180 IFA to total ANC registration	44.56	91.02
<i>Delivery Care</i>		
<i>a) Home Deliveries</i>		
Number of Home Deliveries	6223	253
% Home delivery to total reported deliveries	20.03	79.06
% SBA attended home deliveries to total reported Home Deliveries	12.15	93.281
<i>b) Institutional Deliveries</i>		
Institutional deliveries (public inst. + Pvt inst.)	24844	67
% Institutional deliveries to total reported deliveries	79.97	20.94
% Deliveries conducted at public institutions to total institutional deliveries	67.01	100
% Deliveries conducted at Private institutions to total institutional deliveries	32.99	0
% Institutional deliveries to total ANC registrations	42.79	8.72
<i>c) C-section and Completed Deliveries (Public and Private Facilities)</i>		
% C-section deliveries (public + private) to reported institutional (public+ private) deliveries	9131	0.625
% C-section deliveries conducted at public facilities to deliveries conducted at public facilities	25.06	100
% C-section deliveries conducted at private facilities to deliveries conducted at private facilities	60.5	0
<i>d) PNC Care</i>		
% Women getting 1st post-partum check-up between 48 hours and 14 days to Total reported deliveries	28.51	29.6875
% New-born's breast fed within 1 hour of birth to total live birth	87.28	93.15
% new-borns weighed at birth to live birth	97.79	97.2
<i>Child Health</i>		
Number of fully immunized children (9-11 months)	32299	593
Number of cases of Pneumonia (0-5 years)	182	0
Number of cases of Diarrhoea (0-5 years)	4313	48
% Infants received BCG to reported live birth	96.23	102.7
<i>IPD</i>		
OPD (Allopathy +AYUSH)	722855	8474
% AYUSH OPD to Total OPD	7.14	21.34
% IPD to OPD	0.28	4.65

Source: HMIS Standard Report, 2020-21

3. PUBLIC HEALTH PLANNING

3.1 STATUS OF SERVICE DELIVERY

This section will highlight the status of service delivery in the Tengenoupal district based on field observations and data received from field visit. The important component of service delivery which have been taken into consideration are infrastructure, human resource and for capacity building various trainings are being provided to the health personnel and front line workers so that they are properly trained.

3.2 HEALTH INFRASTRUCTURE

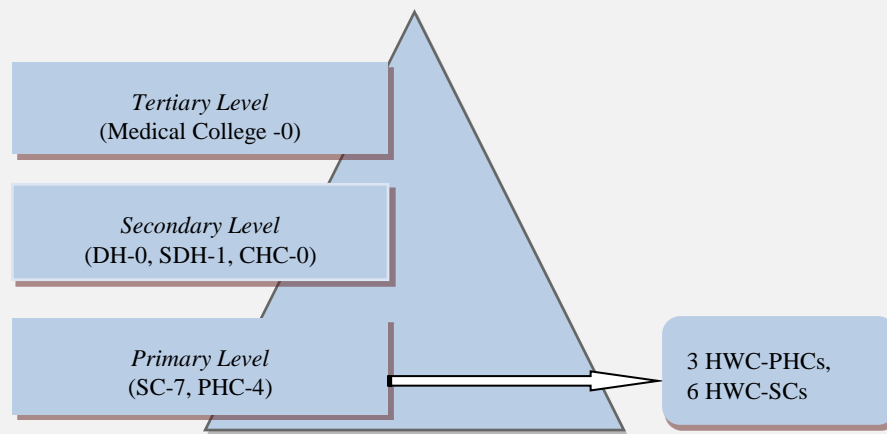
According to Indian Public Health Standards (IPHS), healthcare infrastructure in India comprise of three main levels i.e. primary, secondary and tertiary healthcare. At primary level are *sub-centres* and *primary health centres (PHCs)*. A *sub-centre* is designed to serve rural area with population of 5000 people (or 3000 in a remote, dangerous location). *Sub-centres* also works as point to raise awareness among population and focus on preventive measures. Few *sub-centres* also function as designated delivery point.

A Community Health Centre is also funded by state governments and accepts patients referred from Primary Health Centres. It serves 120,000 people in urban areas or 80,000 people in remote areas. Patients from these agencies can be transferred to general hospitals for further treatments. Thus, CHC's are also first referral units, or FRUs, which are required to have obstetric care, new born/childcare, and blood storage capacities at all hours every day of the week.

District Hospitals are the final referral centres for the primary and secondary levels of the public health system. It is expected that at least one hospital is in each district of India. There are normally anywhere between 75 and 500 beds, depending on population demand.

Looking at the distribution of all three levels of health facilities in Tengenoupal, being a new district which recently came into existence the tertiary and secondary level health facilities are not present in the district. There is only one Sub-district hospital present in Moreh block. Further, at primary level district has 7 sub-centres and 4 primary health centres. In the district there total 9 health and wellness centres are functional which includes 3 PHCs and 6 SCs. During PIP visit it has been reported by officials that one sub-centre does not have building (khaungal SC), it is running in tent house.

FIGURE 3.1 NUMBER OF FACILITIES AT PRIMARY, SECONDARY AND TERTIARY LEVEL IN TENGNOUNPAL



SOURCE: DPM UNIT, TENGNOUNPAL, MANIPUR

As presented in table 3.1, in Tengenoupal district, the district is facing huge challenge related to health infrastructure. It has been five years since district came into existence, however there is still administrative lacuna in proper functioning of public health services. Being a new district the secondary and tertiary health care is completely missing in district, except one Sub-district hospital at Moreh. There are total 4 primary health centres in district out of which 3 have been converted to health and wellness centres. Further, out of 9 sub-centres, 6 are functioning as health and wellness centres. In district one microscopy centre is available, however two other microscopy centres are sanctioned for the district. In district one drug resistant TB centre is also available.

As reported by DPM unit, there is only three delivery points in entire district. Further, it have been highlighted by health officials that due to hilly terrain and lack of sufficient referral vehicle the institutional deliveries are very less in the district. The institutional deliveries has noted further decline during COVID-19 pandemic, as most of the public health system diverted to COVID care.

TABLE 3.1 FACILITY DETAILS, TENGNOUNPAL DISTRICT

<i>Facility Details</i>	<i>Sanctioned/ Planned</i>	<i>Operational</i>
District Hospitals	0	0
Sub District Hospital	1	1
Community Health Centers (CHC)	0	0
Primary Health Centers (PHC)	4	4
Sub Centers (SC)	9	7
Urban Primary Health Centers (U-PHC)		
Urban Community Health Centers (U-CHC)		
Special Newborn Care Units (SNCU)	1	1
Nutritional Rehabilitation Centres (NRC)		
District Early intervention Center (DEIC)		
First Referral Units (FRU)	1	1
Blood Bank	1	0
Blood Storage Unit (BSU)	1	0
No. of PHC converted to HWC	3	3
No. of U-PHC converted to HWC	0	0
Number of Sub Centre converted to HWC	6	6
Designated Microscopy Center (DMC)	3	1
Tuberculosis Units (TUs)	3	3
CBNAAT/TruNaat Sites	0	0
Drug Resistant TB Centres	1	1
Functional Non-Communicable Diseases (NCD) clinic		
At DH		
At SDH	1	1
At CHC		
Institutions providing Comprehensive Abortion Care (CAC) services		
Total no. of facilities	0	0
Providing 1st trimester services	0	0
Providing both 1st & 2nd trimester services	0	0

SOURCE: DPM UNIT, TENGNOUNPAL, MANIPUR

3.3 REFERRAL TRANSPORT FACILITY

As reported from DPM unit, there are total 3 referral vehicles available in Tengenoupal district. All referral vehicle is given by government. Two are equipped with basic life support (BLS) and one is equipped with advance life support. The health officials highlighted that being hilly region, the number of referral transport is not sufficient. Further, before covid-19 there were only two ambulances. The average number of calls received for BLS referral is 0-1 per day and average distance travelled by ambulance per day is 100 km.

TABLE 3.2 DETAILS OF REFERRAL TRANSPORT IN TENGNOUNPAL DISTRICT

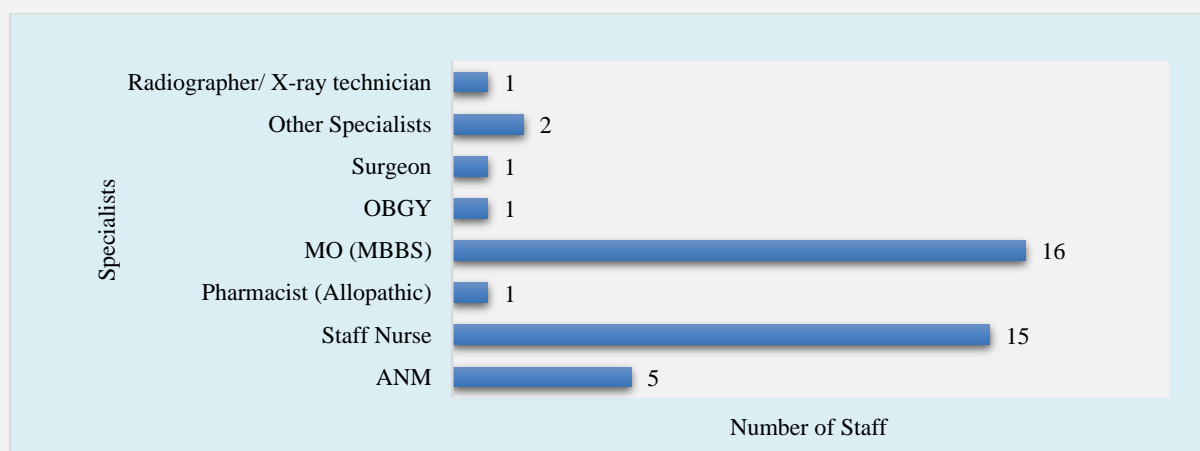
<i>Vehicle for Referral Transport</i>		
No. of Basic Life Support (BLS) (on the road) and their distribution	3 (1=108, 2=102)	
No. of Advanced Life Support (ALS) (on the road) and their distribution	1	
	BLS	ALS
Operational agency (State/ NGO/ PPP)	State	State
If the ambulances are GPS fitted and handled through centralized call centre	No	No
Average number of calls received per day	0-1	0
Average number of trips per ambulance per day	0-1	0
Average km travelled per ambulance per day	100-200	

SOURCE: DPM UNIT, TENGNOUNPAL, MANIPUR

3.4 AVAILABILITY OF HUMAN RESOURCE

Discussion with DPMs and other health officials clearly cited manpower crunch as a significant limiting factor affecting the effective implementation of NHM in the district. The fig. below highlight that there is huge shortage of Medical officers and staff nurses in the district. During discussion it has been highlighted by health officials that most of the community people prefer delivery in presence of gynaecologist, however at present there is no gynaecologist posted in the district. In absence of specialists home deliveries are very prominent in the district. Moreover, in general the district suffer with huge crunch of specialists. Further, at administrative level it has been noted that state needs more nodal officers for effective implementation of programmes. Interaction with Mission Director highlighted that there are very few nodal officers in the state, who are looking at multiple programmes at the same time. This affects the efficiency of programme implementation.

FIGURE 3.2 NUMBER OF REQUIRED HUMAN RESOURCE IN THE DISTRICT



Source: Source: DPM Unit, Tegnoupal, Manipur

3.5 BUDGET UTILIZATION

Budget utilisation under NHM is to operationalize an effective and accountable financial management system for budgeting, monitoring and utilisation of funds at central, state, district and block level. During our PIP visit we found that only 30 percent fund have been received by district for financial year 2020-21. Due to lack of fund majority of programmes are not functioning in the district. Moreover, discussion with CMO and DPM highlighted that few programmes are running using last year's fund. Using last year's fund ASHAs incentives have been released for the year 2020-21.

TABLE 3.3 RCH AND HEALTH SYSTEM FLEXI POOL, TENGNOUNPAL

<i>Indicator</i>	<i>Budget Released (in lakhs)</i>	<i>Budget utilized (in lakhs)</i>	<i>Reason for low utilization (if less than 60%)</i>
<i>RCH and Health Systems Flexipool</i>			
Maternal Health	0	2,46,900	
Child Health	0	38950	
RBSK	0	712800	
Family Planning	0	5000	
RKSK/ Adolescent health	0	0	
PC-PNDT	0	0	
Immunization	150000	441435	With Previous Year Fund
Untied Fund	0	141400	Previous Year fund
<i>Comprehensive Primary Healthcare (CPHC)</i>			
Blood Services and Disorders	0	0	
Infrastructure	0	0	
ASHAs		2997700	Previous Year fund
HR	2705313	2705313	
Programme Management	0	233950	Previous Year fund
MMU	0	0	
Referral Transport	0	61000	Previous Year fund
Procurement	0	0	
Quality Assurance	0	0	
PPP	0	0	
NIDDCP	0	0	
<i>Non-Communicable Diseases Pool</i>			
Oral Health Programme	100000	50000	

SOURCE: DPM UNIT, TENGNOUNPAL, MANIPUR

The other programmes which have been covered with last year's funds are maternal health, child health, RBSK, family planning, immunization, referral transport, programme management and human resource. For the financial year 2020-21 the budget only released for

immunization, human resource and oral health programme. Lack of budget and irregularities in budget release has been cited as one of the biggest challenge in effective programme implementation in district. During field visit it has been observed that due to budget shortage the programmes like JSSK diet, JSY, Adolescent health, NTEP are not running in district.

4. PROGRAMME IMPLEMENTATION

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

The reproductive, maternal, child and adolescent health programme is one of the vital component of National Health Mission. The aims of the programme is to protect the lives of and safeguard the health of women, adolescents and children and this has been the driving force for reaching out to the maximum numbers, in the remotest corners of the country through constant innovation and calibration of interventions.

The rigorous efforts made under the programme have yielded rich and quick dividends, evident in improved IMR and MMR. One of the most important steps that the Government of India has taken to fulfil its commitment to improving maternal health and child survival is the articulation of a comprehensive approach and linking together a set of initiatives and strategies that address each life stage.

4.2 JANANI SURAKSHA YOJNA (JSY)

JSY is safe motherhood initiative under national rural health mission, which aims reducing maternal and neo-natal mortality through promoting institutional delivery. The Yojana, launched on 12th April 2005, by the Hon'ble Prime Minister, is being implemented in all states and UTs with special focus on low performing states. JSY is a 100 % centrally sponsored scheme and it integrates cash assistance with delivery and post-delivery care.

ASHAs play a key role in linking beneficiaries to the health system for safe and institutional delivery by providing incentive for institutional deliveries to both ASHA and beneficiaries. The key features of the scheme are discussed below:

The scheme focuses on states which have poor performance of institutional deliveries and high maternal and neo-natal mortality. Under the scheme each beneficiary registered, and tracked for by ASHA/ AWW for ante-natal check-ups, post-delivery check-ups. Beneficiaries and ASHA workers also given cash assistance for each birth.

In Tengenoupal, the incentives of JSY is pending since last three years. The officials highlighted that the last money under JSY have been received in 2018-19, since then there is huge backlog of beneficiaries and ASHAs incentives due to irregularities of funds under the programme. Further, it has been noted that ASHAs incentive backlog is also due to not availability of ASHAs back account. Due to hilly region, the banks are located far away, hence the amount of

money invested in account opening and withdrawing of money is more than the incentives of ASHAs. However, under JSY, there is provision of direct transfer of money in beneficiaries account, therefore huge backlog is in the state. According to data given by DPM unit Tengenoupal district 65 mothers and 190 ASHAs payment is due.

4.3 JANANI SHISHU SURAKSHA KARYAKARAM (JSSK)

To complement JSY, Government of India launched Janani Shishu Suraksha Karyakram (JSSK) on 1st June, 2011 to eliminate out of pocket expenditure for pregnant women and sick new- borns and infants on drugs, diet, diagnostics, user charges, referral transport, etc. The scheme entitles all pregnant women delivering in public health institutions to absolutely free and no expense delivery including Caesarean section. Similar entitlements have been put in place for all sick new-borns & infants accessing public health facilities.

In Tengenoupal district, at facilities which are conducting deliveries, JSSK diet is not being given since last two years at ant facility. The lack of fund and infrastructure has been cited as one of the main reason behind it. Further, there are very less institutional deliveries happening in district, and officers reported that majority of beneficiaries prefer home cooked food.

However, during field visit it has been noted that in few CHCs the JSSK diet is not being provided. Less number of deliveries at these facilities have been cited as main reason for not giving diet at facilities.

4.4 MATERNAL DEATH REVIEW

Maternal Death Review (MDR) as a strategy has been spelt out clearly in the RCH –II National Programme Implementation Plan document. The importance of MDR lies in the fact that it provides detailed information on various factors at facility, district, community, regional and national level that are needed to be addressed to reduce maternal deaths. Analysis of these deaths can identify the delays that contribute to maternal deaths at various levels and the information used to adopt measures to fill the gaps in service. In Tengenoupal district, no maternal and child death reported during 2020-21.

4.5 PRADHAN MANTRI SURAKSHIT MATRITAVA ABHIYAN (PMSMA)

The programme has been launched by the Ministry of Health & Family Welfare (MoHFW), Government of India with aim to provide assured, comprehensive and quality antenatal care, free of cost, universally to all pregnant women on the 9th of every month. PMSMA guarantees

a minimum package of antenatal care services to women in their 2nd / 3rd trimesters of pregnancy at designated government health facilities.

During field visit it has been observed that programme is running smoothly in district at all facilities. ANC checkups are being given to pregnant women on every second Tuesday of the month. Under the programmes health officials also do line listing for high risk pregnancies i.e. severely anaemic, diabetic. However, it has been observed through records of facilities that there is no high risk pregnancies reported in the district.

4.6 HOME BASED NEW BORN CARE (HBNC)

Under National Rural Health Mission, Home Based New Born Care is being implemented since 2011 for reduction of neonatal mortality in rural areas. The guidelines on Home Based Newborn Care were revised in 2014. Home Based Newborn Care scheme for reduction of neonatal mortality, has incentivized Accredited Social Health Activist (ASHA) for making visits to all newborns and their mothers according to specified schedule up to 42 days of life. The incentive amounts to a total of Rs. 250 for six visits in case of institutional delivery and seven visits in case of home delivery, subject to the following:

- a) Recording of weight of the newborn in Mother Child Protection (MCP) card
- b) Ensuring BCG, 1st dose of OPV and DPT vaccination
- c) Both the mother and the newborn are safe till 42 days of the delivery, and
- d) Registration of birth has been done

Since in Tengenupal district the home deliveries are very high the preparedness for During Interaction with AHSA workers and beneficiaries, it has been noted that ASHA immediately visit to the any reported home delivery to provide HBNC services. Further, ASHA also received trainings regarding guidelines for providing HBNC services. Currently in Tengenupal district, there are 207 ASHAs out of which 163 ASHAs are equipped with HBNC kits. The DPM unit reported that currently HBNS drug kits are not available in the district. Total 225 newborns have been visited by ASHAs under home based new born care.

4.7 RASHTRIYA BAL SWASTHYA KARYAKARMA (RBSK)

National Health Mission has ensured significant progress in reducing child mortality. However, a dire need prevails to improve survival outcome which would be reached by early detection and management of childhood conditions in a comprehensive manner.

TABLE 4.1 DETAILS OF RBSK PROGRAMME IN TENGNOUNPAL

<i>RBSK</i>	
Total no. of RBSK teams sanctioned	3
No. of teams with all HR in-place (full-team)	3
No. of vehicles (on the road) for RBSK team	3
No. of Teams per Block	3
No. of block/s without dedicated teams	1
Average no of children screened per day per team	10-15
Number of children born in delivery points screened for defects at birth	0

SOURCE: DPM UNIT, TENGNOUNPAL, MANIPUR

Rashtriya Bal Swasthya Karyakram (RBSK) is an important initiative aiming at early identification and early intervention for children from birth to 18 years to cover 4 ‘D’s viz. Defects at birth, Deficiencies, Diseases, Development delays including disability. Child Health Screening and Early Intervention Services under RBSK envisages to cover 30 selected health conditions for Screening, early detection and free management.

There are currently total 3 RBSK teams in Tengenoupal district with 4 members in each team. All teams have one vehicle assigned to them. There is one team in each block in Tengenoupal district. It is reported by DPM unit that every day average 10-15 children are being screened by RBSK teams. However, during COVID-19 pandemic, no child screening was done due to shut down of schools. Further, officials reported that during pandemic RBSK team members are deployed in Covid-19 duty. Now, with opening of schools child screening have been revamped in district.

4.8 FAMILY PLANNING

Family planning provides a choice & freedom to Women for deciding their Family size number of children and determines the spacing of pregnancies. A woman’s freedom to choose “When to become pregnant” has a direct impact on her health and well-being as well as the neonate. This could be achieved only by providing basket of choices for contraceptive methods. By reducing rates of unintended pregnancies, family planning also reduces the need for unsafe abortions.

In Tengenoupal district, the acceptance of male and female sterilization is negligible. Health officials highlighted that being a tribal dominating region, beneficiaries has less acceptance for permanent methods. Despite, awareness campaign for family planning methods, the acceptance

for family planning methods is very low. The most popular methods in the districts are Condoms, Oral Contraceptive Pills. ANTARA has been recently introduced in district, however the acceptance for method is very low.

4.9 COMMUNITY PROCESS

ASHAs have been established as the first port of call for all health related and allied activities at the community level. Community health workers like ASHAs play strategic role in the delivery of public health. The bottom up approach of NHM especially draws attention to the role of ASHAs all the more. They help in educating and mobilizing the masses to adopt healthy behaviours.

TABLE 4.2 DETAILS OF ASHAS IN TENGNOUNPAL

	<i>Number of ASHAs</i>
Total No of ASHAs	207
No. of ASHAs covering more than 1500 (rural)/ 3000 (urban) population	6
No. of villages/ slum areas with no ASHA	6
No of ASHAs enrolled for PMJJBY	8
Pradhan Mantri Suraksha Bina Yojna (PMSBY)	7
Pradhan Mantri Shram Yogi Maandhan Yojna (PMSYMY)	10
Pradhan Mantri Shram Yogi Maandhan Yojana (PMSYMY)	5

Source: DPM Unit, Tengenoupal, Manipur

The broad working status of ASHAs is highlighted in Table 4.3. At present, a total of 207 ASHAs are in the district. There are 6 AHSAs in the districts who are serving more than 1500/3000 population. In district ASHA have received training up to seventh module. Fig 5.2 highlights that 7 ASHAs are enrolled under PMSBY scheme and 8 ASHA worker enrolled under PMJJBY.

4.10 DISEASE CONTROL PROGRAMME

Several National Health Programmes such as the National Vector Borne Diseases Control, Leprosy Eradication, TB Control, Blindness Control and Iodine Deficiency Disorder Control Programmes, etc come under the umbrella of National Disease Control Programme (NDCP). The status of some communicable and non-communicable diseases in the district has been discussed below.

4.11 COMPREHENSIVE PRIMARY HEALTH CARE (CPHC)

It's evident from table 5.5 that total 1124 CBAC forms were filled in the district. Deployment of ASHAs in COVID-19 duty were reported as main reason behind not able to achieve target. Almost all planned SHC-HWC and PHC-HWC, UPHC-HWC are screening for non-communicable diseases. For the year 2020-21 total 2080 people were screened for diabetes, 2171 screened for hypertension, 0 were screened for cervical cancer, 1038 for oral cancer, 281 for breast cancer, which is very less than planned number of people. For awareness building wellness and yoga sessions have been organised in HWCs. Recently, under the Chief Ministers *health for all programme*, NCD screening is being done through outreach camps, where confirmed cases will be redirected to available doctors at district hospital through video call. There are 6 health and wellness centres in the districts which are providing tele-medicines services.

TABLE 4.3 IMPLEMENTATION OF COMPREHENSIVE PRIMARY HEALTH CARE (CPHC) IN TENGNOUNPAL DISTRICT

<i>Indicator</i>	<i>Planned</i>	<i>Completed</i>
Number of individuals enumerated	20843	5361
Number of CBAC forms filled		1124
Number of HWCs started NCD screening		
a. SHC- HWC		6
b. PHC- HWC		3
c. UPHC – HWC		0
Number of individuals screened for:		
a. Hypertension		2171
b. Diabetes		2080
c. Oral Cancer		1038
e. Breast Cancer		281
Number of HWCs providing Tele-consultation services	6	6
Number of HWCs organizing wellness activities	6	6

SOURCE: DPM UNIT, TENGNOUNPAL, MANIPUR

4.12 THE NATIONAL TUBERCULOSIS ELIMINATION PROGRAM (NTEP)

Tuberculosis (TB) is an infectious disease caused by *Mycobacterium Tuberculosis* bacteria. It spreads through air when a person suffering from tuberculosis cough, sneeze or spit. TB remains to be major public health problem in India. TB control efforts are initiated countrywide since 1962 with inception of National TB Control Programme.

Under TB elimination programme total 115 beneficiaries target have been achieved. Out of all 126 patients 125 are with known HIV status. 115 patients have been notified from public sector and 115 notified by private sector. The treatment success rate for TB patients is 85 percent for both public sector and private sector.

TABLE 4.4 DETAILS OF NTEP IN TENGNOUNPAL

<i>Implementation of National Tuberculosis Elimination Programme (NTEP)</i>	
Target TB notification achieved	Public : 74, Private: 41
Whether HIV Status of all TB patient is known	Yes If No, no. of TB patients with known HIV status __125/126
Eligible TB patients with UDST testing	NIL
Whether drugs for both drug sensitive and drug resistance TB available	Yes
Patients notification from public sector	No of patients notified: 115 Treatment success rate: 85% No. of MDR TB Patients: 1 Treatment initiation among MDR TB patients: 1
Patients notification from private sector	No of patients notified: 115 Treatment success rate: 85% No. of MDR TB Patients: 0 Treatment initiation among MDR TB patients: 0
Beneficiaries paid under Nikshay Poshan Yojana	NIL (No fund released)
Active Case Finding conducted as per planned for the year	Yes

Source: DPM Unit, Tengenoupal, Manipur

4.13 THE NATIONAL VECTOR BORNE DISEASE CONTROL PROGRAMME (NVBDCP)

It is an umbrella programme for prevention and control of malaria and other vector borne diseases viz., Lymphatic Filariasis, Kala-azar, Japanese Encephalitis, Chikungunya and Dengue with special focus on the vulnerable groups of the society. Under the programme, it is ensured that the disadvantaged and marginalised sections benefit from the delivery of services so that the desired National Health Policy and Rural Health Mission goals are achieved.

Implementation of NVBDCP in Tengenoupal district as reported from DPM office. The micro and macro plan for NVBDCP have been reported to be available at the district level. The frequent spray of MLO in localities and raised community awareness contributed to reduction in vector borne diseases in the district Tengenoupal. The annual blood examination rate for 2019-20 was 17.6 and 2020-21 is 13.5. The reduction in blood examination rate has noted due to COVID pandemic. For the year 2020-21, 47992 LLIN has been distributed under the programme.

TABLE 4.5 DETAILS OF NVBDCP IN TENGNOUNPAL DISTRICT

<i>Implementation of National Vector Borne Disease Control Programme (NVBDCP)</i>	
Micro plan and macro plan available at district level	LLIN Microplan Available
Annual Blood Examination Rate	2019-20: 17.6 2020-21 : 13.5
Reason for increase/ decrease (trend of last 3 years to be seen)	Due to Covid Pandemic
LLIN distribution status	47992 distributed, 100 percent distributed
IRS	NA
Anti-larval methods	Spraying of pyrethrine, gambusia fish, levivorous fish
Contingency plan for epidemic preparedness	Yes
Weekly epidemiological and entomological situations are monitored	Yes
No. of MDR rounds observed	Monthly district review done once in a month

Source: DPM Unit, Tengenoupal, Manipur

4.14 NUTRITION

Nutrition is acknowledged as one of the most effective entry points for human development, poverty reduction and economic development, with high economic returns. Nutrition is central to the achievement of other National and Global Sustainable Development Goals. It is critical to prevent under nutrition, as early as possible, across the life cycle, to avert irreversible cumulative growth and development deficits. Factors contributing to under nutrition during infancy and childhood are low birth weight and poor breast feeding. In Tengenoupal being a new district there is no centres for nutrition rehabilitation.

5.SERVICE AVAILABILITY AT HEALTH FACILITIES

5.1 FACILITY WISE OBSERVATIONS

The observations made by the monitoring team during the visit to various health facilities are presented in this chapter. The points summarise the broad status of the health facilities with regards to infrastructure, service delivery, manpower, drugs and equipment, etc.

Table below presents key observations on infrastructure made during PIP visit

TABLE 5.1 PHYSICAL INFRASTRUCTURE AT FACILITIES VISITED DURING PIP, 2020-21

S. No.	Physical Infrastructure Indicators	S DH, Moreh	PHC, Tengnoupal	PHC, Moreh	PHSC AMO L Taipak	SC-Saivom
1	Whether located at an easily accessible area?	Yes	Yes	Yes	Yes	Yes
2	Regular electric supply available?	Yes	Yes	No	Yes	No
3	Round the clock piped water supply?	NO	No	NO	Yes	Yes
4	Proper waste disposal system as per National Guidelines?	Yes	Yes	yes	Yes	Yes
5	Is drugstore room with rack available?	Yes	Yes	Yes	Yes	Yes
7	Is there Power Back UP	Yes	Yes	Yes	Yes	No
8	Clean and functional toilets	Yes	Yes	Yes	No	Yes
9	Number of functional inpatient beds	30	10	06	NIL	NIL
11	Branding			Yes		Yes

Source: PIP visit, 2020-21

5.2 SUB DISTRICT HOSPITAL, MOREH, TENGNOUPAL

During field visit to facility the following points have been noted:

- The sub-district hospital was earlier running as community health centre, which later became sub-district hospital after existence of Tengnoupal district.
- The facility is running in a government building, which does not have sufficient space for staff and doctors. Moreover, the facility requires renovation as the electric wiring is very poor.
- OPD, emergency, delivery, NCD clinic, immunisation, STI/RTI clinic and adolescent counselling services are given at facility.
- The sub-district hospital is 20 bedded facility and the average OPD load is 40/month.
- The average delivery load at facility is 6-7/month.
- The facility received Kayakalp runner up award in year 2020-21, however the award money for same year has not been received yet. The facility scored 79.1 percent in Kayakalp assessment.

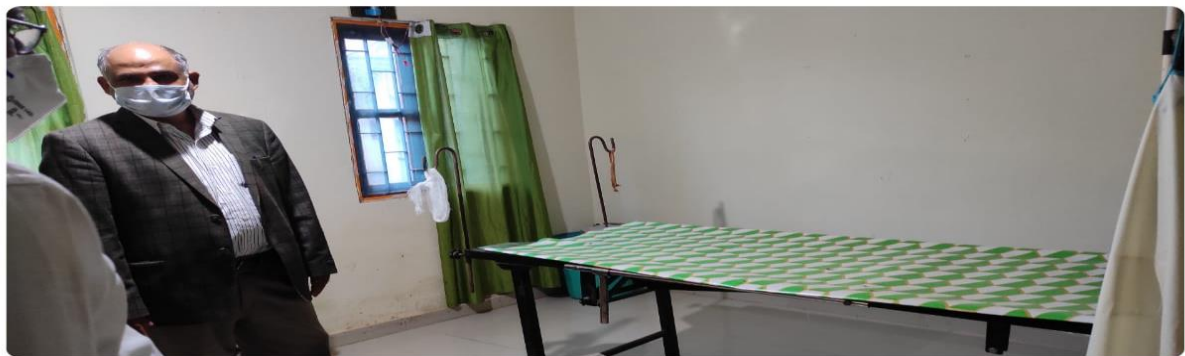
- The JSSK diet is not given at facility, as health officials reported that JSSK budget has not received since last two years.
- In house diagnostic facility is not available. 53 diagnostic tests are being done through outsourcing with Krishna diagnostic.
- The JSY payment is also due since 08/06/2020. The lack of budget has been cited as main reason behind delay in JSY payments for ASHAs and beneficiary.
- There is acute shortage of essential consumables (gloves, biomedical waste gloves, sanitizers) has been reported by facility due to irregular supply.
- There are 5 still births have been reported by facility for the year 2020-21.
- The facility designated microscopy centre, however due to lack of expert the microscopy centre is not functional.
- Health officials at facility reported that, there is need for sonography and x-ray machine, as facility cater entire population of district.
- For financial year 2020-21, the facility received 10 lakhs (CCC+Isolation ward) +4 lakhs RKS fund. Out of which 14 lakhs 47000 has been utilised. The fund have been utilized for repairing work, Kayakalp assessment preparedness, stationary items, electricity and water pump etc.
- At present there are 2 dentists, 16 staff nurses, 4 LTs, 3pharmacist and 1 EMOC doctor are posted at facility. The health officials highlighted huge HR crunch and gynaecologist is urgently required at facility.
- Shortage of drugs have been highlighted as one of the major challenge by staff posted at facility. The drugs like Antropine, Diclomine, Soidium Bicarbonate, calcium, metro nidazole are in insufficient supply.
- The hospital was converted to dedicated covid care centre during first and second wave of pandemic.

5.2.1 CHALLENGES FACED BY FACILITY

- One gynaecologist is urgently required, as facility cater huge population of district.
- The health officials at facility reported that irregular supply of fund create barrier in effective programme implementation. Moreover the supply of medicines and other essential consumables should be timely and regular.
- The building of facility is very old and requires renovation. The electric wiring at facility is very poor, which needs renovation according to need to health facility guidelines.

- The space under facility is very less. There is no area for parking of vehicles.
- Being located in hilly terrain, the facility needs extra fund for mobility of health officials and referral transport.
- The labour room equipment's are very old and rusted. The labour chair is very old, which requires replacement.

FIGURE 5.1 SUB DISTRICT HOSPITAL, MOREH, TENGNOUNPAL



Source: PIP visit, 2020-21

5.3 THE PRIMARY HEALTH CENTRE, MOREH, TENGNOUNPAL

- The facility is running in government building and have sufficient space. However, ceiling is very old. The plaster coming of ceiling has been observed during visit.
- Moreh PHC is 6 bedded facility, provided ANC, PNC, OPD, Delivery, emergency, minor OT and Immunization services. The emergency and delivery services are being provided 24*7 at facility.
- The average OPD load at facility is 10-20/day and average delivery load is 1/delivery per week.
- There is no provision of JSSK diet at facility, further JSY payment is also due since last two years due to lack of funds.

- The facility has dedicated NCD clinic. For the year 2020-21 823 people have screened for hypertension, diabetes, oral cancer, breast cancer, cervical cancer. Out of all people screened for Non Communicable diseases, 32 confirmed with hypertension, 27 with diabetes.
- The preferred family planning methods are oral contraceptive pills and condoms. The acceptance for sterilization and ANTARA is very negligible.
- The base ambulance is not available at facility, however, state ambulance on call is available within an hour of reaching time.
- The diagnostic services are available on PPP mode in collaboration with Krishna diagnostics.
- The common bio medical waste collection vehicles comes at facility every week. The bio-medical waste pits are not available at facility.
- The facility is Kayakalp awarded, however the award money yet not received by facility.
- Currently there are 3 MO, 2 SNs, 4ANMs, 2 LTs and 1 pharmacists are posted at facility. During interaction with health officials it has been highlighted that there is need for gynaecologist as there is no gynaecologist available in entire district.

FIGURE 5.2 PRIMARY HEALTH CENTRE, MOREH , TENGNOUNPAL



Source: PIP visit, 2020-21

5.4 PRIMARY HEALTH CENTRE, TENGNOUNPAL

During field visit to facility the following points have been noted:

- The facility covers 14000 population of the area. There are 3 sub-centres and 77 villages and 77 ASHAs comes under the facility's serving area.
- At facility OPD, delivery, ANC, PNC, immunization, AHFC, STI/RTI and emergency services are available between 10:00 am to 2:00 pm.
- The average OPD load is 5-6/day and institutional deliveries are very low due to hilly terrain and lack of ambulances.
- The facility is running in government owned building which has 24*7 water supply, power backup, drug storeroom with racks, clean functional toilets. However the drinking water supply is not available at facility. At facility drinking water is being purchased from water tanker facility using RKS funds.
- For biomedical waste management CBWT (Shrija Hospital) comes every week.
- Under universal health screening 126 people have been screened for hypertension and 16 confirmed for same. 110 people have been screened for diabetes and 7 cases have been confirmed for same.
- The labour room of facility is not up to mark in terms of maintenance and equipments. The delivery chair is also very old and rusted.
- The lack of ambulance is one of the main reasons highlighted behind low institutional deliveries in the area.

FIGURE 5.3 PRIMARY HEALTH CENTRE, SALEMPUR, TENGNOUNPAL



Source: PIP visit, 2020-21

5.5 PRIMARY HEALTH AND SUB CENTRE, AIMOL TAMPAK

During field visit to facility the following points have been noted:

- The facility is running in a newly built government building, which has ample of space and very well managed. It located in valley area.
- The facility serves 6320 population and 35 villages. There are currently 35 ASHAs and 3 ANMs serving the area.
- The average OPD is 100/month and no deliveries are being conducted at facility.
- Among family planning methods condoms and oral contraceptives pills are most preferred methods by community members.
- Pregnant women are being examined at facility on every second Thursday of month under PMSMA.
- The health officials at facility reported that the supply of NCD drugs is irregular at facility since last three months.
- The JSY payment is due since last two years for both ASHAs and beneficiaries.
- The biomedical waste management burial pits are available at the back of facility.
- The facility does not permanent drinking water supply. They buy drinking water from tank services.

- The wellness activities are being organised at facility every Saturday i.e. Yoga sessions and exercise sessions.

FIGURE 5.4 PRIMARY HEALTH AND SUB CENTRE, TENGNOUNPAL



Source: PIP visit, 2020-21

- Under universal health screening 119 people have been screened for hypertension and diabetes, out all 1 person confirmed for hypertension and 2 for diabetes. At facility only 20-20 CBAC forms has been filled for 2020-21.
- The surgical equipment are very old and rusted at facility. In case of any emergency case it's very difficult to manage.
- For financial year 2020-21, the facility did not receive untied fund, hence delivering services is very difficult.

5.5.1 SUB-CENTRE-HWC, SAIVOM

During field visit to facility the following points have been noted:

- The facility is running in a government building, which has ample of space and very well managed. It is located in hilly area.
- The facility covers 624 population of three villages. Three ASHAs, 2 ANMs and 1 MPW is working under facility.
- The facility provides OPD, ANC, Immunization and NCD screening services.

FIGURE 5.5 SUB-CENTRE-HWC, SAIVOM, TENGNOUNPAL



Source: PIP visit, 2020-21

- The average OPD load is 40-46/month. No delivery service is being provided at facility.
- The ANC is being provided to women on second Thursday of the month. The VHNDs are being organised at every month, where community awareness about nutrition, institutional deliveries are being provided.
- The round the clock drinking water facility is not available at facility. Moreover, the electricity connection also required at facility.

5.6 COMMUNITY INTERACTION

During PIP visit the team interacted with local community members to understand their perspectives of public health services, their preference, out of pocket expenditure, lifestyle etc. This section presents summary of community interaction done at Saivom village at MCHND. The background profile of all the community member participated in discussion is given below:

TABLE 5.2 BACKGROUND PROFILE OF PARTICIPANTS OF COMMUNITY INTERACTION IN TENGNROUPAL

Sr. No.	ID	Age	Sex	Marital Status	Caste	Health Services	Frontline Worker /Beneficiary	Catchment Area
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						Currently Available		
1	ID1	25	female	Married	General	ANC Services	Beneficiary	-
2	ID2	26	female	Married	General	-	Beneficiary	-
3	ID3	22	female	Married	SC	ANC services	Beneficiary	
4	ID4	34	female	Married	OBC		Beneficiary	
5	ID5	34	female	Married	OBC	Seasonal Sickness	Beneficiary	-

Source: PIP visit, 2020-21

5.6.1.1 Summary of beneficiary interaction

- Mostly community member interacted with us highlighted that they prefer to go to private facilities for delivery, particularly those who are economically well off. Community members who cannot afford transportation cost to reach health facility prefer home deliveries. Further, they highlighted that ASHA visits are not very consistent in community.
- For child immunization most beneficiaries visit nearest sub-centre.
- The ambulance services are reported to be very poor and takes a lot of time to reach. Hence, most of the beneficiaries prefer their own transportation.
- The primary source of drinking water is ground water accessed through hand pump. The quality of water is fine as reported by community members.
- Iodine deficiency is not seen anywhere as iodine salt is being consumed by the members of the community.
- People are well aware about importance of ANC, PNC and Hygiene. However, the low institutional deliveries are due to inaccessible health facilities and lack of specialists at health facility.
- The consumption of gutka, tobacco and alcohol among male and female both has been reported by community member.
- The cases of open defecation are very rare. Almost all households have toilets inside household boundary.
- Dengue, malaria cases are low in community. Community members reported that they have been given LLIN by facilities.
- Community members reported that they timely receive food ration from Anganwadi centres.

FIGURE 5.6 COMMUNITY INTRACTION IN TENGNOUNPAL DISTRICT DURING PIP VISIT, 2020-21



Source: PIP visit, 2020-21

6.APPENDIX



Ministry of Health & Family Welfare
Government of India



Schedule for PIP Monitoring

District Profile

The profile is to be filled based on secondary data and sent to state/ district for validation prior to the visit

Indicator	Remarks/ Observation	
Name of District		
Total number of Blocks		
Total number of Villages		
Total Population		
Rural population		
Urban population		
Literacy rate		
Sex Ratio		
Sex ratio at birth		
Population Density		
Estimated number of deliveries		
Estimated number of C-section		
Estimated numbers of live births		
Estimated number of eligible couples		
Estimated number of leprosy cases		
Target for public and private sector TB notification for the current year		
Estimated number of cataract surgeries to be conducted		
Mortality Indicators:	Previous year	Current FY

	Estimated	Reported	Estimated	Reported
Maternal Death				
Child Death				
Infant Death				
Still birth				
Deaths due to Malaria				
Deaths due to sterilization procedure				
Facility Details	Sanctioned/ Planned		Operational	
District Hospitals			3	
Sub District Hospital				
Community Health Centers (CHC)			11	
Primary Health Centers (PHC)			35	
Sub Centers (SC)			189	
Urban Primary Health Centers (U-PHC)				
Urban Community Health Centers (U-CHC)				
Special Newborn Care Units (SNCU)				
Nutritional Rehabilitation Centres (NRC)				
District Early intervention Center (DEIC)				
First Referral Units (FRU)				
Blood Bank				
Blood Storage Unit (BSU)				
No. of PHC converted to HWC				
No. of U-PHC converted to HWC				
Number of Sub Centre converted to HWC				
Designated Microscopy Center (DMC)				
Tuberculosis Units (TUs)				
CBNAAT/TruNat Sites				
Drug Resistant TB Centres				
Functional Non-Communicable Diseases (NCD) clinic				
At DH				
At SDH				
At CHC				

Institutions providing Comprehensive Abortion Care (CAC) services		
Total no. of facilities		
Providing 1st trimester services		
Providing both 1st & 2nd trimester services		

Overview: DHAP

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

Service Availability

Indicator	Remarks/ Observation
Implementation of Free drugs services (if it is free for all)	
Implementation of diagnostic services (if it is free for all)	
Number of lab tests notified	
Status of delivery points	
No. of SCs conducting >3 deliveries/month	
No. of 24X7 PHCs conducting > 10 deliveries /month	
No. of CHCs conducting > 20 deliveries /month	
No. of DH/ District Women and child hospital conducting > 50 deliveries /month	

Indicator	Remarks/ Observation	
No. of DH/ District Women and child hospital conducting C-section		
No. of Medical colleges conducting > 50 deliveries per month		
No. of Medical colleges conducting C-section		
Number of institutes with ultrasound facilities (Public+Private)		
Of these, how many are registered under PCPNDT act		
Details of Pradhan Mantri Surakshit Matritva Abhiyan PMSMA activities performed		
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		
Special Newborn Care Units (SNCU)		
Total number of beds 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
Admission		
Defects at birth		
Discharged		

Indicator	Remarks/ Observation	
Referral		
LAMA		
Died		
Newborn Stabilization Unit (NBSU)		
	Inborn	Out born
Admission		
Discharged		
Referral		
LAMA		
Died		
Nutrition Rehabilitation Centers (NRC)		
Admission		
Bilateral pitting oedema		
MUAC<115 mm		
<'3SD WFH		
with Diarrhea		
ARI/ Pneumonia		
TB		
HIV		
Fever		
Nutrition related disorder		
Others		
Referred by		
Frontline worker		
Self		
Ref from VCDC/ CTC		
RBSK		
Pediatric ward/ emergency		
Discharged		
Referral/ Medical transfer		
LAMA		
Died		
Home Based Newborn Care (HBNC)		

Indicator	Remarks/ Observation
Status of availability of HBNC kit with ASHAs	
Newborns visited under HBNC	
Status of availability of drug kit with ASHAs	
Number of Maternal Death Review conducted Previous year Current FY	
Number of Child Death Review conducted Previous year Current FY	
Number of blocks covered under Peer Education (PE) programme	
No. of villages covered under PE programme	
No. of PE selected	
No. of Adolescent Friendly Clinic (AFC) meetings held	
Weekly Iron Folic Acid Supplementation (WIFS) stockout	
No. of Mobile Medical Unit (MMU) (on the road) and micro-plan	
No. of trips per MMU per month	
No. of camps per MMU per 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 investigations per MMU per month	
Avg. no. of blood smears collected / Rapid Diagnostic Tests (RDT) done for Malaria, per MMU per 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) If yes, since when and reasons thereof	

Indicator	Remarks/ Observation	
Vehicle for Referral Transport		
No. of Basic Life Support (BLS) (on the road) and their distribution		
No. of Advanced Life Support (ALS) (on the road) and their distribution		
	ALS	BLS
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)		
Universal health screening		
If conducted, what is the target population		
Number of Community Based Assessment Checklist (CBAC) forms filled till date		
No. of patients screened, diagnosed, and treated for: Hypertension Diabetes Oral cancer Breast Cancer Cervical cancer		
If State notified a State Mental Health Authority		

Indicator	Remarks/ Observation		
If grievance redressal mechanism in place			
Whether call center and toll-free number available			
Percentage of complains resolved out of the total complains registered in current FY			
If Mera-aaspatal has been implemented			
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			
Implementation of Integrated Disease Surveillance Programme (IDSP)			
If Rapid Response Team constituted, what is the composition of the team No. of outbreaks investigated in previous year and in current FY			
How is IDSP data utilized			
Proportion (% out of total) of Pvt health facilities reporting weekly data of IDSP			
Implementation of National Vector Borne Disease Control Programme (NVBDCP)			
Micro plan and macro plan available at district level			
Annual Blood Examination Rate			
Reason for increase/ decrease (trend of last 3 years to be seen)			
LLIN distribution status			
IRS			

Indicator	Remarks/ Observation
Anti-larval methods	
Contingency plan for epidemic preparedness	
Weekly epidemiological and entomological situations are monitored	
No. of MDR rounds observed	
No. of districts achieved elimination status for Lymphatic Filariasis i.e. mf rate <1%	
Implementation of National Tuberculosis Elimination Programme (NTEP)	
Target TB notification achieved	
Whether HIV Status of all TB patient is known	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If No, no. of TB patients with known HIV status _____
Eligible TB patients with UDST testing	
Whether drugs for both drug sensitive and drug resistance TB available	
Patients notification from public sector	No of patients notified: Treatment success rate: No. of MDR TB Patients: Treatment initiation among MDR TB patients:
Patients notification from private sector	No of patients notified: Treatment success rate: No. of MDR TB Patients: Treatment initiation among MDR TB patients:
Beneficiaries paid under Nikshay Poshan Yojana	
Active Case Finding conducted as per planned for the year	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
Implementation of National Leprosy Eradication Programme (NLEP)	
No. of new cases detected	
No. of G2D cases	
MDT available without interruption	
Reconstructive surgery for G2D cases being conducted	

Indicator	Remarks/ Observation
MCR footwear and self-care kit available	
Number of treatment sites and Model Treatment Center (MTC) for viral hepatitis	
Percent of health workers immunized against Hep B	
Key activities performed in current FY as per ROP under National Fluorosis Control Programme	
Key activities performed in current FY as per ROP under National Iron Deficiency Disorders Control Programme	
Key activities performed in current FY as per ROP under National Tobacco Control Programme	
Number of ASHAs Required as per population Selected No. of ASHAs covering more than 1500 (rural)/ 3000 (urban) population No. of villages/ slum areas with no ASHA	
Status of social benefit scheme for ASHAs and ASHA Facilitators (if available) No. of ASHAs enrolled for Pradhan Mantri Jeevan Jyoti Bima Yojana (PMJJBY) No. of ASHA Facilitator enrolled for Pradhan Mantri Jeevan Jyoti Bima Yojana (PMJJBY) No. of ASHAs enrolled for Pradhan Mantri Suraksha Bima Yojana (PMSBY) No. of ASHA Facilitators enrolled for Pradhan Mantri Suraksha Bima Yojana (PMSBY) No. of ASHAs enrolled for Pradhan Mantri Shram Yogi Maandhan Yojana (PMSYMY) No. of ASHA Facilitators enrolled for Pradhan Mantri Shram Yogi Maandhan Yojana (PMSYMY) Any other state specific scheme _____ _____	

Indicator	Remarks/ Observation			
Status of Mahila Arogya Samitis (MAS)- Formed Trained MAS account opened				
Status of Village Health Sanitation and Nutrition Committee (VHSNC) Formed Trained MAS account opened				
Number of facilities quality certified				
Status of Kayakalp and Swachh Swasth Sarvatra (SSS)				
Activities performed by District Level Quality Assurance Committee (DQAC)				
Recruitment for any staff position/ cadre conducted at district level				
Details of recruitment	Previous year		Current FY	
	Regular cadre	NHM	Regular cadre	NHM
Total no. of posts vacant at the beginning of FY				
Among these, no. of posts filled by state				
Among these, no. of posts filled at district level				
If state has comprehensive (common for regular and contractual HR) Human Resource Information System (HRIS) in place				

Implementation of CPHC

Status as on: _____

Indicator	Planned	Completed
Number of individuals enumerated		
Number of CBAC forms filled		
Number of HWCs started NCD screening: SHC- HWC PHC- HWC		

UPHC – HWC		
Number of individuals screened for: Hypertension Diabetes Oral Cancer Breast Cancer Cervical Cancer		
Number of HWCs providing Teleconsultation services		
Number of HWCs organizing wellness activities		

Status of HRH

Status as on: _____

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			
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 as on: _____ to _____

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

FMR 16: Programme Management			
FMR 16.1: PM Activities Sub Annexure			
FMR 17: IT Initiatives for Service Delivery			
FMR 18: Innovations			

Programme Wise

Status of Expenditure as on: _____ to _____

Indicator	Budget Released (in lakhs)	Budget utilized (in lakhs)	Reason for low utilization (if less than 60%)
RCH and Health Systems Flexipool			
Maternal Health			
Child Health			
RBSK			
Family Planning			
RKSK/ Adolescent health			
PC-PNDT			
Immunization			
Untied Fund			
Comprehensive Primary Healthcare (CPHC)			
Blood Services and Disorders			
Infrastructure			
ASHAs			
HR			
Programme Management			
MMU			
Referral Transport			
Procurement			
Quality Assurance			

Indicator	Budget Released (in lakhs)	Budget utilized (in lakhs)	Reason for low utilization (if less than 60%)
PPP			
NIDDCP			
NUHM			
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)			
Non-Communicable Diseases Pool			
National Program for Control of Blindness and Vision Impairment (NPCB+VI)			
National Mental Health Programme (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)			



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

Service Delivery:

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

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

Indicator	Remarks/ Observation
OPD Timing	
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)

Indicator	Remarks/ Observation		
	<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): _____		
Number of functional in-patient beds	_____ No of ICU Beds available:		
List of Services available			
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)	
12	SNCU/ Mother and Newborn Care Unit (MNCU)		

Indicator	Remarks/ Observation		
	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	
Emergency	General emergency: or facilities available for: 1. Triage 2. Resuscitation 3. Stabilization		
Tele-medicine/Consultation services available	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, average case per day _____		
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:		
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: _____		

Indicator	Remarks/ Observation																																																																											
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																																																																											
Biomedical waste management practices	1. Sharp pit 2. Deep Burial pit 3. Incinerator 4. Using Common Bio Medical Treatment plant 5.																																																																											
Details of HR available in the facility (Sanctioned and In-place)	<table border="1"> <thead> <tr> <th data-bbox="616 685 1007 741">HR</th> <th data-bbox="1007 685 1142 741">San.</th> <th data-bbox="1142 685 1278 741">Reg.</th> <th data-bbox="1278 685 1402 741">Cont.</th> </tr> </thead> <tbody> <tr> <td data-bbox="616 741 1007 797">MO (MBBS)</td> <td></td> <td></td> <td></td> </tr> <tr> <td data-bbox="616 797 775 1368" rowspan="10">Specialists</td> <td data-bbox="775 797 1007 853">Medicine</td> <td></td> <td></td> </tr> <tr> <td data-bbox="775 853 1007 909">ObGy</td> <td></td> <td></td> </tr> <tr> <td data-bbox="775 909 1007 965">Pediatrician</td> <td></td> <td></td> </tr> <tr> <td data-bbox="775 965 1007 1021">Anesthetist</td> <td></td> <td></td> </tr> <tr> <td data-bbox="775 1021 1007 1077">Surgeon</td> <td></td> <td></td> </tr> <tr> <td data-bbox="775 1077 1007 1155">Ophthalmologist</td> <td></td> <td></td> </tr> <tr> <td data-bbox="775 1155 1007 1211">Orthopedic</td> <td></td> <td></td> </tr> <tr> <td data-bbox="775 1211 1007 1267">Radiologist</td> <td></td> <td></td> </tr> <tr> <td data-bbox="775 1267 1007 1323">Pathologist</td> <td></td> <td></td> </tr> <tr> <td data-bbox="775 1323 1007 1368">Others</td> <td></td> <td></td> </tr> <tr> <td data-bbox="616 1368 1007 1424">Dentist</td> <td></td> <td></td> <td></td> </tr> <tr> <td data-bbox="616 1424 1007 1480">Staff Nurses/ GNMs</td> <td></td> <td></td> <td></td> </tr> <tr> <td data-bbox="616 1480 1007 1536">LTs</td> <td></td> <td></td> <td></td> </tr> <tr> <td data-bbox="616 1536 1007 1592">Pharmacist</td> <td></td> <td></td> <td></td> </tr> <tr> <td data-bbox="616 1592 1007 1671">Dental Technician/ Hygienist</td> <td></td> <td></td> <td></td> </tr> <tr> <td data-bbox="616 1671 1007 1727">Hospital/ Facility Manager</td> <td></td> <td></td> <td></td> </tr> <tr> <td data-bbox="616 1727 1007 1783">EmOC trained doctor</td> <td></td> <td></td> <td></td> </tr> <tr> <td data-bbox="616 1783 1007 1839">LSAS trained doctor</td> <td></td> <td></td> <td></td> </tr> <tr> <td data-bbox="616 1839 1007 1895">Others</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	HR	San.	Reg.	Cont.	MO (MBBS)				Specialists	Medicine			ObGy			Pediatrician			Anesthetist			Surgeon			Ophthalmologist			Orthopedic			Radiologist			Pathologist			Others			Dentist				Staff Nurses/ GNMs				LTs				Pharmacist				Dental Technician/ Hygienist				Hospital/ Facility Manager				EmOC trained doctor				LSAS trained doctor				Others			
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IT Services	Desktop/ Laptop available: <input type="checkbox"/> Yes/ <input type="checkbox"/> No Internet connectivity: <input type="checkbox"/> Yes/ <input type="checkbox"/> No																																																																											

Indicator	Remarks/ Observation
	Quality/strength of internet connection: _____
Kayakalp	Initiated: Facility score: Award received:
NQAS	Assessment done: Internal/State Facility score: Certification Status:
LaQshya	Labour Room: Operation Theatre:
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) _____
Implementation of DVDMS or similar supply chain management system	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If other, which one _____
Shortage of 5 priority drugs from EDL in last 30 days, if any	1
	2
	3
	4
	5
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 _____
Availability of essential diagnostics	<input type="checkbox"/> In-house <input type="checkbox"/> Outsourced/ PPP <input type="checkbox"/> Both/ Mixed
In-house tests	Timing: Total number of tests performed: _____

Indicator	Remarks/ Observation
	Details of tests performed:
Outsourced/ PPP	Timing: Total number of tests performed: _____ Details of tests performed:
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
CT scan services available	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes: <input type="checkbox"/> In-house/ <input type="checkbox"/> PPP Out of Pocket expenditures associated with CT Scan services (if any, approx. amount per scan): _____
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
Availability of Testing kits/ Rapid Diagnostic Kits	<input type="checkbox"/> Sufficient <input type="checkbox"/> Minimal <input type="checkbox"/> Acute shortage Supply Shortage
Implementation of PM-National Dialysis programme	<input type="checkbox"/> Yes/ <input type="checkbox"/> No <input type="checkbox"/> In-house <input type="checkbox"/> Outsourced/ PPP

Indicator	Remarks/ Observation
	Total number of tests performed: _____
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
Number of patients provided dialysis service	Previous year _____ Current FY _____ <i>*Calculate the approximate no. of patients provided dialysis per day</i>
If there is any shortage of major instruments/ equipment	
Average downtime of equipment. Details of equipment are nonfunctional for more than 7 days	
Availability of delivery services	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
If the facility is designated as FRU, whether C-sections are performed	<input type="checkbox"/> Yes/ <input type="checkbox"/> No Number of normal deliveries performed in last month: _____ No. of C-sections performed in last month: _____
Comment on the condition of:	Labour room: OT: Functional New-born care corner (functional radiant warmer with neo-natal ambu bag): <input type="checkbox"/> Yes/ <input type="checkbox"/> No
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:

Indicator	Remarks/ Observation
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
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:
Line listing of high-risk pregnancies	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
Practice related to Respectful Maternity Care	
Whether facility have registers for entering births and deaths	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
Number of Maternal Death reported in the facility	Previous year: Current year:
Number of Child Death reported in the facility	Previous year: Current year:
If Comprehensive Abortion Care (CAC) services available	<input type="checkbox"/> Yes/ <input type="checkbox"/> No

Indicator	Remarks/ Observation		
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		
Number of newborns immunized with birth dose at the facility in last 3 months			
Newborns breastfed within one hour of birth (observe if practiced and women are being counselled)			
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		
Number of sterilizations performed in last one month			
Availability of trained provider for IUCD/ PPIUCD	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
Who counsels on FP services?			
Please comment on utilization of other FP services			
FPLMIS has been implemented	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
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		
Whether facility has fixed day NCD clinic	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If Yes, how many days in a week: _____ days		
Are service providers trained in cancer services?	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
Number of individuals screened for the following in last 6 months:		Screened	Confirmed
	Hypertension		
	Diabetes		

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

Indicator	Remarks/ Observation
	Reasons for underutilization of fund (if any)
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
Frequency of RKS meeting (check and obtain minutes of last meeting held)	
Availability of ambulance services in the area	<input type="checkbox"/> Own ambulance available <input type="checkbox"/> DH/ SDH has contracted out ambulance services <input type="checkbox"/> Ambulances services with Centralized call centre <input type="checkbox"/> Government ambulance services are not available Comment (if any):
How many cases from referred to in last month?	Number: Types of cases referred in:
How many cases were referred out last month?	Number: Types of cases referred out:
Key challenges observed in the facility and the root causes	
Challenge	Root causes

Indicator	Remarks/ Observation



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

Service Delivery:

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

Next Referral Point	Facility: Distance:
---------------------	------------------------

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

Indicator	Remarks/ Observation												
OPD Timing													
Whether the facility is functioning in PPP mode	<input type="checkbox"/> Yes/ <input type="checkbox"/> No												
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												
Number of functional in-patient beds													
List of Services available													
Specialized services available in addition to General OPD, ANC, Delivery, PNC, Immunization, FP, Laboratory services	<table border="1"> <thead> <tr> <th>Sl.</th> <th>Service</th> <th>Y/N</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>Medicine</td> <td></td> </tr> <tr> <td>2</td> <td>O&G</td> <td></td> </tr> <tr> <td>3</td> <td>Pediatric</td> <td></td> </tr> </tbody> </table>	Sl.	Service	Y/N	1	Medicine		2	O&G		3	Pediatric	
Sl.	Service	Y/N											
1	Medicine												
2	O&G												
3	Pediatric												

Indicator	Remarks/ Observation																					
	<table border="1"> <tr> <td data-bbox="603 259 683 297">4</td> <td data-bbox="691 259 1153 297">General Surgery</td> <td data-bbox="1161 259 1391 297"></td> </tr> <tr> <td data-bbox="603 309 683 347">5</td> <td data-bbox="691 309 1153 347">Anesthesiology</td> <td data-bbox="1161 309 1391 347"></td> </tr> <tr> <td data-bbox="603 358 683 396">6</td> <td data-bbox="691 358 1153 396">Ophthalmology</td> <td data-bbox="1161 358 1391 396"></td> </tr> <tr> <td data-bbox="603 407 683 445">7</td> <td data-bbox="691 407 1153 445">Dental</td> <td data-bbox="1161 407 1391 445"></td> </tr> <tr> <td data-bbox="603 456 683 495">8</td> <td data-bbox="691 456 1153 495">Imaging Services (X – ray)</td> <td data-bbox="1161 456 1391 495"></td> </tr> <tr> <td data-bbox="603 506 683 544">9</td> <td data-bbox="691 506 1153 544">Imaging Services (USG)</td> <td data-bbox="1161 506 1391 544"></td> </tr> <tr> <td data-bbox="603 555 683 593">10</td> <td data-bbox="691 555 1153 593">Newborn Stabilization Unit</td> <td data-bbox="1161 555 1391 593"></td> </tr> </table>	4	General Surgery		5	Anesthesiology		6	Ophthalmology		7	Dental		8	Imaging Services (X – ray)		9	Imaging Services (USG)		10	Newborn Stabilization Unit	
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	<p>General _____ emergency:</p> <p>or _____ available _____ for:</p> <p>facilities _____ available _____ for:</p> <p>1. _____ Triage</p> <p>2. _____ Resuscitation</p> <p>3. Stabilization</p>																					
Tele-medicine/Consultation services available	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, average case per day _____																					
Operation Theatre available	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, Major: Minor:																					
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: _____																					
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																					
Biomedical waste management practices	Sharp pit: Deep Burial pit: Other System, if any:																					

Indicator	Remarks/ Observation				
Details of HR available in the facility (Sanctioned and In-place)	HR	San.	Reg.	Cont.	
	MO (MBBS)				
	Specialists	Medicine			
		ObGy			
		Pediatrician			
		Anesthetist			
	Dentist				
	SNs/ GNMs				
	LTs				
	Pharmacist				
	Dental Assistant/ Hygienist				
	Hospital/ Facility Manager				
	EmOC trained doctor				
LSAS trained doctor					
Others					
IT Services	Desktop/ Laptop available: <input type="checkbox"/> Yes/ <input type="checkbox"/> No Internet connectivity: <input type="checkbox"/> Yes/ <input type="checkbox"/> No Quality/strength of internet connection: _____				
Kayakalp	Initiated: _____ Facility score: _____ Award received: _____				
NQAS	Assessment done: _____ Internal/State Facility score: _____ Certification Status: _____				
LaQshya	Labour Room: _____ Operation Theatre: _____				
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) _____				

Indicator	Remarks/ Observation															
Implementation of DVDMS or similar supply chain management system	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If other, which one _____															
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: 50px; text-align: center;">1</td> <td style="width: 300px;"></td> <td style="width: 50px;"></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																
Availability of Essential Consumables:	<input type="checkbox"/> Sufficient <input type="checkbox"/> Minimal <input type="checkbox"/> Acute shortage In last 6 months how many times there was shortage_____ Supply Shortage															
Availability of essential diagnostics	<input type="checkbox"/> In-house <input type="checkbox"/> Outsourced/ <input type="checkbox"/> Both/ Mixed PPP															
In-house tests	Timing: Total number of tests performed: _____ Details of tests performed:															
Outsourced/ PPP	Timing: Total number of tests performed: _____ Details of tests performed:															
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:															

Indicator	Remarks/ Observation
	Is the X-ray machine AERB certified: <input type="checkbox"/> Yes/ <input type="checkbox"/> No
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
Availability of Testing kits/ Rapid Diagnostic Kits	<input type="checkbox"/> Sufficient <input type="checkbox"/> Minimal <input type="checkbox"/> Acute shortage <div style="text-align: right;">Supply Shortage</div>
If there is any shortage of major instruments/ equipment	
Average downtime of equipment. Details of equipment are nonfunctional for more than 7 days	
Availability of delivery services	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
If the facility is designated as FRU, whether C-sections are performed	<input type="checkbox"/> Yes/ <input type="checkbox"/> No Number of normal deliveries performed in last month: _____ No. of C-sections performed in last month: _____
Comment on condition of:	Labour room: OT: Functional New-born care corner (functional radiant warmer with neo-natal ambu bag): <input type="checkbox"/> Yes/ <input type="checkbox"/> No
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:

Indicator	Remarks/ Observation
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
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:
Line listing of high-risk pregnancies	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
Practice related to Respectful Maternity Care	
Whether facility have registers for entering births and deaths	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
Number of Maternal Death reported in the facility	Previous year: Current year:
Number of Child Death reported in the facility	Previous year: Current year:

Indicator	Remarks/ Observation		
If Comprehensive Abortion Care (CAC) services available	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
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		
Number of newborns immunized with birth dose at the facility in last 3 months			
Newborns breastfed within one hour of birth (observe if practiced and women are being counselled)			
Number of sterilizations performed in last one month			
Availability of trained provider for IUCD/ PPIUCD	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
Who counsels on FP services?			
Please comment on utilization of other FP services			
FPLMIS has been implemented	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
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		
Whether facility has fixed day NCD clinic	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If Yes, how many days in a week: _____ days		
Are service providers trained in cancer services?	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
Number of individuals screened for the following in last 6 months:		Screened	Confirmed
	Hypertension		
	Diabetes		

Indicator	Remarks/ Observation
	Oral Cancer
	Breast Cancer
	Cervical Cancer
Are service providers trained in cancer services?	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
Whether reporting weekly data in P, S and L form under IDSP	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
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: investigations within public sector for TB testing? <input type="checkbox"/> Yes/ <input type="checkbox"/> No investigations within public sector for other tests? <input type="checkbox"/> Yes/ <input type="checkbox"/> No outsourced testing? <input type="checkbox"/> Yes/ <input type="checkbox"/> No
	Are all TB patients tested for HIV? <input type="checkbox"/> Yes/ <input type="checkbox"/> No Are all TB patients tested for Diabetes Mellitus: <input type="checkbox"/> Yes/ <input type="checkbox"/> No
	Percent of TB Patients for whom DBT installments have been initiated under Nikshay Poshan Yojana in the last 6 months:
1. 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:
2. 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
	Fund Received last year: Fund utilized last year:

Indicator	Remarks/ Observation
3. How much fund was received and utilized by the facility under NHM?	Items/ Activities whose expenditure is met out of the RKS/ Untied Fund regularly:
	Reasons for underutilization of fund (if any)
4. 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
5. Frequency of RKS meeting (check and obtain minutes of last meeting held)	
6. Availability of ambulance services in the area	<input type="checkbox"/> CHC own ambulance available <input type="checkbox"/> CHC has contracted out ambulance services <input type="checkbox"/> Ambulances services with Centralized call centre <input type="checkbox"/> Government ambulance services are not available
	Comment (if any):
• How many cases from sub centre/ PHC were referred to this CHC last month?	Number: Types of cases referred in:
• How many cases from the CHC were referred to the DH last month?	Number: Types of cases referred out:
7. Key challenges observed in the facility and the root causes	
Challenge	Root causes
a)	
b)	
c)	
d)	
e)	

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

Service Delivery:

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

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

Indicator	Remarks/ Observation
OPD Timing	
For U-PHC, check if evening/morning OPD/Clinics being conducted	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
Whether the facility is functioning in PPP mode	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
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

Indicator	Remarks/ Observation			
	<input type="checkbox"/> Drug storeroom with rack is available <input type="checkbox"/> Power backup <input type="checkbox"/> Branding			
Number of functional in-patient beds				
List of Services available				
If 24*7 delivery services available	<input type="checkbox"/> Yes/ <input type="checkbox"/> No			
Tele-medicine/Consultation services available	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, average case per day _____			
Biomedical waste management practices	Sharp pit: Deep Burial pit: Other System, if any:			
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			
IT Services	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: _____			
Kayakalp	Initiated: Facility score: Award received:			
NQAS	Assessment done: Internal/State score: Facility score: Certification Status:			

Indicator	Remarks/ Observation	
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) _____	
Implementation of DVDMS or similar supply chain management system	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If other, which one_____	
Shortage of 5 priority drugs from EDL in last 30 days, if any	1	
	2	
	3	
	4	
	5	
Drugs Available for Hypertension & Diabetic patients:	1	
	2	
	3	
Shortage of sufficient number of Hypertension & Diabetic in last 7 days	1	
	2	
	3	
Availability of Essential Consumables:	<input type="checkbox"/> Sufficient <input type="checkbox"/> Minimal <input type="checkbox"/> Acute shortage Supply Shortage In last 6 months how many times there was shortage_____	
Availability of essential diagnostics	<input type="checkbox"/> In-house <input type="checkbox"/> Outsourced/ <input type="checkbox"/> Both/ Mixed PPP	
In-house tests	Timing: Total number of tests performed: _____ Details of tests performed:	
Outsourced/ PPP	Timing: Total number of tests performed: _____ Details of tests performed:	

Indicator	Remarks/ Observation
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
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
Availability of Testing kits/ Rapid Diagnostic Kits	<input type="checkbox"/> Sufficient <input type="checkbox"/> Minimal <input type="checkbox"/> Acute shortage Supply Shortage
If there is any shortage of major instruments/ equipment	
Average downtime of equipment. Details of equipment are nonfunctional for more than 7 days	
Availability of delivery services	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
If yes, details	Comment on condition of labour room: Functional New-born care corner (functional radiant warmer with neo-natal ambu bag): <input type="checkbox"/> Yes/ <input type="checkbox"/> No
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:
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

Indicator	Remarks/ Observation
	<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
Line listing of high-risk pregnancies	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
Number of normal deliveries in last three month	
Availability of Daksh/ Dakshta trained/SBA trained MO/SN/ANM in Labour Room	<input type="checkbox"/> Yes <input type="checkbox"/> No
Practice related to Respectful Maternity Care	
Number of Maternal Death reported in the facility	Previous year: Current FY:
Number of Child Death reported in the facility	Previous year: Current year:
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
Number of newborns immunized with birth dose at the facility in last 3 months	
Newborns breastfed within one hour of birth (observe if practiced and women are being counselled)	
Number of sterilizations performed in last one month	
Availability of trained provider for IUCD/ PPIUCD	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
Who counsels on FP services?	
Please comment on utilization of other FP services	
FPLMIS has been implemented	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
Availability of functional Adolescent Friendly Health Clinic	<input type="checkbox"/> Yes/ <input type="checkbox"/> No

Indicator	Remarks/ Observation		
	If yes, who provides counselling to adolescents: _____ Separate male and female counselors available: <input type="checkbox"/> Yes/ <input type="checkbox"/> No		
Whether facility has fixed day NCD clinic	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If Yes, how many days in a week: _____ days		
Are service providers trained in cancer services?	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
Number of individuals screened for the following in last 6 months:		Screened	Confirmed
	Hypertension		
	Diabetes		
	Oral Cancer		
	Breast Cancer		
	Cervical Cancer		
Whether wellness activities are performed	<input type="checkbox"/> Yes/ <input type="checkbox"/> No Frequency: _____		
Whether reporting weekly data in P and L form under IDSP	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
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): _____		
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: investigations within public sector for TB testing? <input type="checkbox"/> Yes/ <input type="checkbox"/> No investigations within public sector for other tests? <input type="checkbox"/> Yes/ <input type="checkbox"/> No outsourced testing? <input type="checkbox"/> Yes/ <input type="checkbox"/> No		
	Are all TB patients tested for HIV? <input type="checkbox"/> Yes/ <input type="checkbox"/> No Are all TB patients tested for Diabetes Mellitus: <input type="checkbox"/> Yes/ <input type="checkbox"/> No		
	Percent of TB Patients for whom DBT installments have been initiated under Nikshay Poshan Yojana in the last 6 months: _____		

Indicator	Remarks/ Observation
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:
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
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)
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
Frequency of RKS meeting (check and obtain minutes of last meeting held)	
Availability of ambulance services in the area	<input type="checkbox"/> PHC own ambulance available <input type="checkbox"/> PHC has contracted out ambulance services <input type="checkbox"/> Ambulances services with Centralized call centre <input type="checkbox"/> Government ambulance services are not available
	Comment (if any):
How many cases from sub centre were referred to this PHC last month?	Number: Types of cases referred in:

Indicator	Remarks/ Observation
How many cases from the PHC were referred to the CHC last month?	Number: Types of cases referred out:
Key challenges observed in the facility and the root causes	
Challenge	Root causes
Only for U-PHC	
Population enumeration initiated for slum population	<input type="checkbox"/> Not yet initiated <input type="checkbox"/> Initiated <input type="checkbox"/> Completed
Number of CBAC forms filled (NUHM)	
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_____
UHNDs Conducted:	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, no. of UHND conducted per month_____

Indicator	Remarks/ Observation
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-Centre (SC) Level Checklist

Service Delivery: Sub Centre

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

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

Indicator	Remarks/ Observation
List of Services available	
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

Indicator	Remarks/ Observation			
	<input type="checkbox"/> Drug storeroom with rack is available <input type="checkbox"/> Branding <input type="checkbox"/> Specified area for Yoga / welfare activities <input type="checkbox"/> Power backup			
Biomedical waste management practices				
Details of HR available in the facility (Sanctioned and In-place)	HR	San.	Reg.	Cont.
	ANM/ MPW Female			
	MPW Male			
	MLHP/ CHO			
	ASHA			
	Others			
IT Services	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: _____			
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) _____			
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			
Shortage of 5 priority drugs from EDL in last 30 days, if any	1			
	2			
	3			
	4			
	5			
Drugs Available for Hypertension & Diabetic patients:	1			
	2			

Indicator	Remarks/ Observation
	3
Shortage of sufficient number of Hypertension & Diabetic in last 7 days	1
	2
	3
Are CHOs dispensing medicines for hypertension and diabetes at SHC-HWC	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
Availability of Testing kits/ Rapid Diagnostic Kits	<input type="checkbox"/> Sufficient Supply <input type="checkbox"/> Minimal Shortage <input type="checkbox"/> Acute shortage
Availability of:	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
Line listing of all Pregnant women in the area	<input type="checkbox"/> Yes/ <input type="checkbox"/> No High risk women identified: <input type="checkbox"/> Yes/ <input type="checkbox"/> No MCP cards duly filled: <input type="checkbox"/> Yes/ <input type="checkbox"/> No
Number of Maternal Death Review conducted	Previous year: Current year:
Number of Child Death Review conducted	Previous year: Current year:
Availability of vaccines and hub cutter	<input type="checkbox"/> Yes/ <input type="checkbox"/> No Awareness of ANM on vaccine schedule: <input type="checkbox"/> Yes/ <input type="checkbox"/> No Awareness about open vial policy: <input type="checkbox"/> Yes/ <input type="checkbox"/> No
Availability of micro-plan for immunization	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
Follow up of:	SNCU discharge babies: <input type="checkbox"/> Yes/ <input type="checkbox"/> No LBW babies: <input type="checkbox"/> Yes/ <input type="checkbox"/> No
Line listing of all eligible couple in the area	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
Availability of trained provider for IUCD/ PPIUCD	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
Please comment on utilization of other FP services	
Number of individuals above 30 years of age in the HWC population	

Indicator	Remarks/ Observation		
Number of CBAC forms filled in last 6 months			
Report for number of individuals for whom CBAC form has been filled in last six months.	Score with below 4: 4 and above score:		
Whether universal screening of NCD has started	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
Number of individuals screened for the following in last 6 months:		Screened	Confirmed
	Hypertension		
	Diabetes		
	Oral Cancer		
	Breast Cancer		
	Cervical Cancer		
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:		
Source of getting drugs/ medications for individual.	From SC-HWC: From Linked PHC: From other govt. facilities: (Specify) From pvt. Chemist shop:		
Number of individuals taking medication for HTN and DM during last six months from which source	(Average OOP/month)		
Taking medication for HTN/DM			
Status of use of:	Tele-consultation services HWC App Details:		
Whether wellness activities are performed	<input type="checkbox"/> Yes/ <input type="checkbox"/> No Frequency:		
Whether reporting weekly data in S form under IDSP	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
Status of Tuberculosis in the area:	Indicators	Last year	Current year
	Number of presumptive TB patients identified:		
	Number of presumptive TB patients referred for testing		

Indicator	Remarks/ Observation		
	Number of TB patients diagnosed out of the presumptive patients referred		
	Number of TB patients taking treatment under the Sub centre area		
ASHA Interaction			
Status of availability of Functional HBNC Kits (weighing scale/ digital thermometer/ blanket or warm bag)			
Status of availability of Drug Kits (Check for PCM/ Amoxicillin/ IFA/ ORS/ Zinc/ IFA Syrup/ Cotrimoxazole)			
ASHA Incentives: Any Time lag /Delay in Payment after submission of voucher. Average delay			
ASHA is aware about provision of incentives under NTEP (Informant Incentives, Treatment Supporter Incentives) and Nikshay Poshan Yojana (₹500 per month incentive to the TB patient for the duration of treatment)			
Number of Village Health & Sanitation days conducted in last 6 months			
Incentives:	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		
Frequency of VHSNC/ MAS meeting (check and obtain minutes of last meeting held)			
Whether CHOs and HWC staffs are involved in VHSNC/ MAS meeting	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
Maintenance of records on	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		
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:		

Indicator	Remarks/ Observation
	Reasons for underutilization of fund (if any)
Availability of ambulance services in the area	
How many cases from the Sub Centre were referred to PHC in last month?	Number: Types of cases referred out:
Key challenges observed in the facility and the root causes	
Challenge	Root causes



Community Level Checklist

Community Level

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

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

Indicator	Please comment
Health seeking behavior Preferred health facility for primary, secondary and tertiary healthcare services Public or Private? If private, reason for not preferring public facilities	
Lifestyles (tobacco, alcohol, substance abuse and physical activity level) and living conditions (Indoor air pollution, use of solid fuel, use of iodized salt, drinking water, hygiene and sanitation, ODF Status)	

Indicator	Please comment
Access to health: drugs, diagnostics, referral transport	
Behaviour of health service providers	
Out of Pocket expenditure in public health facilities	
Coverage, Knowledge and skills of ASHA as perceived by the community	
Support, supervision, training and payment of incentives of ASHA (as per discussion with ASHAs)	
Availability of services for Immunization, ANC, PNC, AH counselling, Contraceptive services, Nutrition counselling and preferred facilities for each	
Screening for common NCDs (HT, DM) and preferred facilities for seeking treatment	

Indicator	Please comment
Screening for Leprosy, TB and preferred facilities for seeking treatment	
Availability of services for treatment of Malaria, Dengue, Kala-azar, Chikungunya, JE, Filaria, Fluorosis, rabies etc.	
Preferred facilities for emergency services (Burn, Accidents etc.)	
Preferred facilities for: Eye ailments (eg. Cataract) Dental ailments (e.g. for toothache, denture, RCT etc.)	
Screening for 4Ds (by RBSK Team) at schools and Anganwadi centre	
Key challenges observed in the community and the root causes	
Challenge	Root causes

Indicator	Please comment