

**A REPORT ON
MONITORING OF IMPORTANT COMPONENTS OF NHM
PROGRAMME IMPLEMENTATION IN THOUBAL DISTRICT, MANIPUR**



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ACKNOWLEDGEMENT

This is to express our deepest gratitude to all those who have extended their timely support and helping in hand in completing this report.

We would like to express our special thanks of gratitude to Shri. D.K Ojha, Deputy Director G, Ministry of Health and Family Welfare, Government of India for assigning the work of monitoring of the important components of NHM Programme Implementation Plan to Population Research Centre, Institute of Economic Growth. We are also thankful to Mrs. Anjali Rawat, Director (Stats.) and Ms. Pooja Verma, Deputy Director, (Stats.) Ministry of Health and Family Welfare, for her unstinting support.

The monitoring and evaluation relies heavily on the cooperation and support from the health facilities. We thank the health facility staff for their active involvement, cooperation and enthusiasm during the monitoring visits in the districts. We are very grateful to the health facility staff particularly Dr. Y.Nokul Singh (CMO), Mr. Ch.Basanta Singh (DPM),Dr.S.Padmabati Devi(District Epidemiologist, NCD) and Ms. O.Chitra Devi(APM,NCD) for sharing with us valuable information.

Last but not the least special, I would like to thank to Ms.Anshita Sharma and Ms.Sonal Choudhari for their invaluable support and coordination throughout the visit.

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LIST OF ABBREVIATIONS

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

EXECUTIVE SUMMARY

The National Health Mission is a flagship initiative of government of India in the public health sector. It enhances people's access to quality health care services in a colossal manner via umpteen initiatives. Since its inception, NHM has tailored itself to the needs of the society by identifying the existing lacunae and eliminating them.

The report hence focuses on monitoring all the essential components of NHM in Thoubal district for the year 2020-21. The monitoring was carried out in the month of November to encapsulate and analyse the status of NHM activities in Thoubal district. The report puts forward the key observations made during the PRC, Delhi team's visit to various health facilities of the district.

The following public health care facilities were visited by the PRC-IEG Team: DH Thoubal, CHC Yairipok, PHC-HWC Charangpat and Wangjing Lamding, SC-HWC in resources, infrastructure, funds utilization, training, health care services including drugs and equipment, family planning, disease control programmes and other programmes under the umbrella of NHM.

Interactions with state, district and block level health administrators including the Mission Director (MD), Chief Medical Officer (CMHO) and the nodal programme officers, the Block Medical Officer-in Charge (MOIC), facility (MOs, CHOs, ANMs, etc) and community level health care providers (ASHAs) and other supporting staff were conducted to understand the strengths and weakness of the facilities in service provisioning.

The report therefore summarizes the status of Public Health Care in Thoubal district, Manipur during the financial year 2020-21 with regards to NHM and its components. Listed below are the key challenge being faced by the district with respect to health service delivery.

Health

Maternal Health:

- The percentage of first trimester registration to total ANC registration displays a grim picture of the district. Similarly, pregnant women who received 4 or more ANC checkups is also low.
- The number of home deliveries are still prevalent in the district especially in the far-flung areas where there is no accessibility of basic services and the time for ambulance arrival is also more. In addition, there is an inclination of deliveries being preferred at private institutions by the inhabitants of the district due to service availability and trust in the health personnel.
- Janani Suraksha Yojana (JSY) payment status of the beneficiaries is still pending due to lack of funds since 2019-20.
- Furthermore, no provision of diet is being rendered to the beneficiaries at the facilities because of fund crunch in the respective district. However, on interaction with the community members at the facility they prefer to have their diet from home.
- There is only 1 delivery point in the district i.e., at District Hospital Thoubal and none of Community Health Centre and Primary Health Centre are conducting the deliveries in the district which thereby increases the burden.

Child Health:

- The most common childhood disease which are prevalent in the district is Diarrhea followed by pneumonia. The district has reported cases for child death but no infant death and still birth in the last financial year.
- One of the key, concerning issues with respect to Rashtriya Bal Swasthya Karyakaram (RBSK) screening children is that there are less number of children present at the government schools and Anganwadi Centres resulting to which proper screening is not being done as parents prefer to send their children in private schools than sending them to government owing to which the actual figures are not visible in the district.

Adolescent Friendly Health Clinic (AFHC):

- The Adolescent Friendly Health Clinic unit is functional in at the District Hospital, Community Health Centre, and Primary Health Centre and with a dedicated counsellor or medical officer providing the counselling services to adolescent.
- The counsellors are present to create awareness among adolescents on the delay of marriages, prevention of teenage pregnancies, safe abortions, etc. Counselling was also being provided to young girls for their menstrual issues. More number of boys have registered and been counselled for various reasons such as depression and anxiety issues because of economic constraints. Addiction for drugs are also increasing gradually amongst the boys in the district which poses a serious concern in the district.

Family Planning:

- With regards to family planning, temporary methods have been preferred amongst the populace of Thoubal district. Permanent methods such as sterilization is almost negligible in the district i.e., both male and female sterilization respectively.
- There is less acceptance of ANTARA as well in the district as women are not aware about it. Hence, awareness about the same needs to be generated and a positive approach must be instilled among women with regards to the adoption of new methods.

Universal Health Screening:

- It was cited that the number of hypertension and diabetes is more prevalent in the district. The reason of high cases of these diseases is because of dietary habits that are adopted by the members of the district. The sedentary lifestyle is increasing day by day in the district as the population in the urban areas are engaged in sitting and working from home due to the pandemic.
- Furthermore, the cancer cases are witnessing a surge in the district because of food habits that are being adopted by the people as they more of Smokey food and there is a rise in the number of cases for cervical cancer is because of unhygienic issues among the rural people. As still in some areas open defecation is being adopted and construction of toilet facility is not available in areas such as Sarganpat, Lilong, Scirok
- Besides this, it was even reported that slowly the cases of Obesity are too increasing in the district specifically in the age group of 40-60 years which in turn would have severe implications at the overall health of this age group.

Health System Strengthening

Human Resource:

- More focus must be given to improve the shortage of human resource crunch at all levels of the facility so that proper functioning at all levels is done efficiently. The district is facing a huge human resource crunch at all the facilities respectively.
- Overall, a significant shortage of skilled human resources was observed across the district. The scarce availability of specialists, paramedical and administrative staff strains the efficiency in the system.
- There is frequent and posting of the manpower which thereby affects the normal routine activities. Most of the Primary Health Centres and Urban PHC are unable to function in full capacity due to shortage of HR.
- There is a dire need of data assistant under the National Urban Health Mission so that timely reporting can be done.
- Despite good infrastructure, availability of medicines, equipment's at times the demands can't be fulfilled due to non-availability of specialists at the facility. A lot can be achieved provided HR issue is resolved as in case of Community Health Centre, Yairipok due to non-availability of gynecologist deliveries can't be performed owing to which the burden is transferred to District Hospital.

Finance:

- The district has received only 50 percent of the funds till date due to which proper incentives of ASHAs are still on hold. Besides this, many JSY payments are still lagging due to fund crunch.
- The district has received the acceptance of funds for Mobile Medical Unit but still the fund has not been released from the last 2 years.
- There is a delay in the release of funds whether the Record of Proceedings (ROP) has been issued or not. No fund has been received for training despite the submission has been done in PIP.

Community Process:

- ASHAs play a prominent role in improving maternal, child health and Adolescent but there was lack of motivation amongst the front-line workers because of delay in their salaries and incentives resulting to which inefficiency can be observed in the coming future if this situation persists.
- The module training of ASHAs have been completed till 7th module. Hence, the state and district should increase the level at the earliest.

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.

- In order to reduce the numbers of home deliveries, more awareness should be made by the ASHA workers for institutional deliveries and timely incentives should be given as there is lack of motivation amongst the frontline workers resulting to which the deliveries are either being done at home or are being done at private hospitals.
- For displaying the accurate information for screening of children in the district through RBSK teams is that these teams can shift their focus from public schools to private schools as the enrolment of children in public schools is less. Special camps can be organized at the private schools for screening of children and get the correct data for the same.
- On interaction with community members which was conducted through focussed group discussion it was highlighted that there is lack of Non-Communicable Disease drugs in the district or there is change in the composition of drugs due to inadequate supply of drugs which at times become difficult to cure the disease on time. Therefore, it is recommended that timely and sufficient number of drugs should be dispensed in the health facilities respectively

1.INTRODUCTION

National Health Mission (NHM) is the flagship scheme of the Government of India which aims to achieve universal public health coverage and extending service delivery to all the parts. Launched in 2005 as the National Rural Health Mission (NRHM), it was extended to urban areas in 2013, bringing both urban and rural areas under its coverage. The mission intends to guide states towards increasing the access to affordable and essential health services to those on the margins by strengthening the infrastructure, logistics, institutional set-up and service delivery.

In order to monitor the important components of NHM State Programme Implementation Plan (PIP) 2020-21, the Ministry of Health and Family Welfare (MoHFW) had commissioned Population Research Centres (PRCs) to evaluate the performance of the plans in various districts. The monitoring helps in knowing the gaps in the implementation and how efficient the resource allocation has been.

The following report is based on the PIP Monitoring visit to Thoubal district in November 2021. The PRC Delhi team visited the State Mission NHM Office, Chief Medical Health Officer's (CMO) Office for a brief interaction with the District Programme Manager (DPM) and nodal officers of the respective programmes; thereafter five facilities were visited, these were the District Hospital(DH) Thoubal ,Community Health Centre Yairipok, two Primary Health Centre's (PHC-HWC) in Charangpat and Wangjing Laming and Sub-Centre which was Health and Wellness Centre in Langathel and thereafter community interactions was also carried to gain further insight.

This report provides a review of key population, socio-economic, health and service delivery indicators of Thoubal 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, bio-medical waste management, referral transport, communicable, and non-communicable diseases. This report is based on the interviews of CMO, District Health Officials, CHO's, ANMs, ASHAs, and beneficiaries.

1.1 Objectives

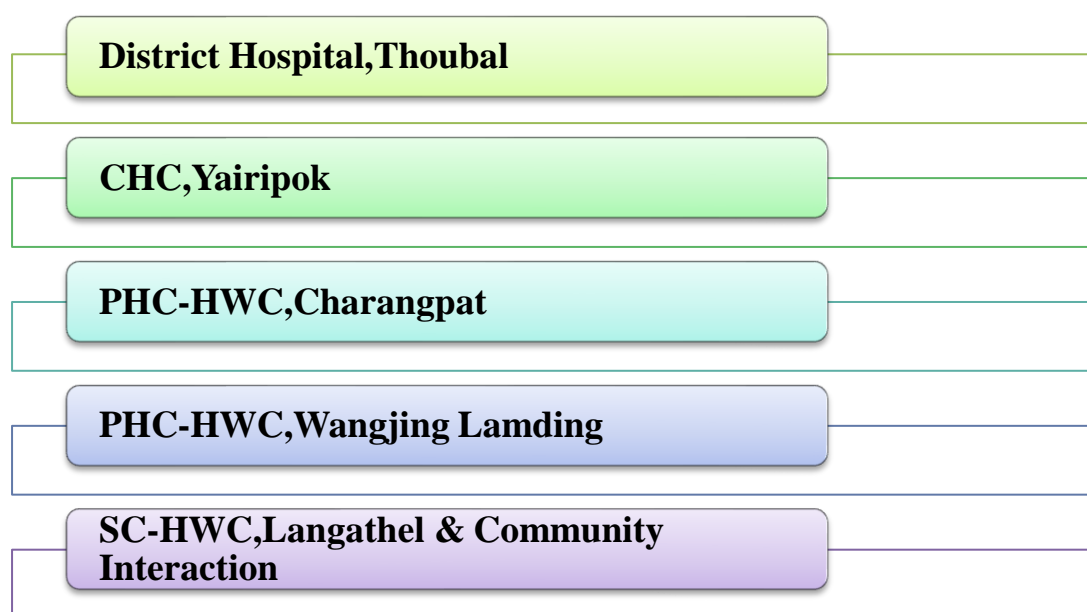
The major objectives of this monitoring and evaluation of PIP study are:

- To monitor the status of physical infrastructure of health facilities under NHM Programme.
- To understand the availability and efficiency of human resource required for imparting better service facilities
- To understand the gap between Demand and supply of health service delivery under NHM programme.
- To assesses functionality of equipment, supply and essential drugs, essential consumables etc.
- To analyze and ascertain the implementation and performance of different scheme under NHM.
- To analyze other important components namely service delivery, record maintenance, Biomedical Waste Management, referral transports system, IEC material, disease control programme etc
- To assess the availability of finance for the NHM activities in the district.

1.2 Methodology

Ministry of Health and Family Welfare has assigned the task of monitoring the health status of Thoubal district, Manipur to PRC Delhi. The report is based on the data collected from the CMO office and other health facilities visited. PRC, Delhi visited the district office to interact with CMO, DPM and other officers of the district. Health profile of the district was discussed intensively and higher authorities were questioned on broad areas under NHM such as maternal health, child health, family planning, human resource, infrastructure etc.

Figure 1: List of facilities visited in Thoubal district



The report is based on both qualitative and quantitative survey. Before visiting the field, a structured questionnaire (Annexure) prepared on various important aspects of NHM activities, were sent to the respective facilities and nodal officers. Further on the visit the questionnaire is cross checked and discussed in detail. After a valuable discussion with the district officials and thereby few selected facilities were visited for monitoring purpose. The healthcare facilities visited are depicted as above in figure-1.

1.3 Overview of the district

The district of Thoubal, occupies major portion of the eastern half of the Manipur Valley, that takes the shape of an irregular and triangular with its base facing north. It is bounded on the north by Imphal West and Imphal East district, on the east by Kangpokpi and Tengnoupal districts, on the south by Kakching and Tengnoupal districts. The district covers a total area of 324 sq.km and has a population of 3.18 Lakhs persons (Census of India, 2011) residing across 6 main towns of the district having a total of 395 villages.

The total population in the rural area is more than the population residing in the urban areas as it has been highlighted in the table below. The district sex ratio (1002) which is higher than the state average of 985 females per 1000 males. The literacy rate of the district stands to be at 63.79 percent which is lower than the state average of 76.94 percent.

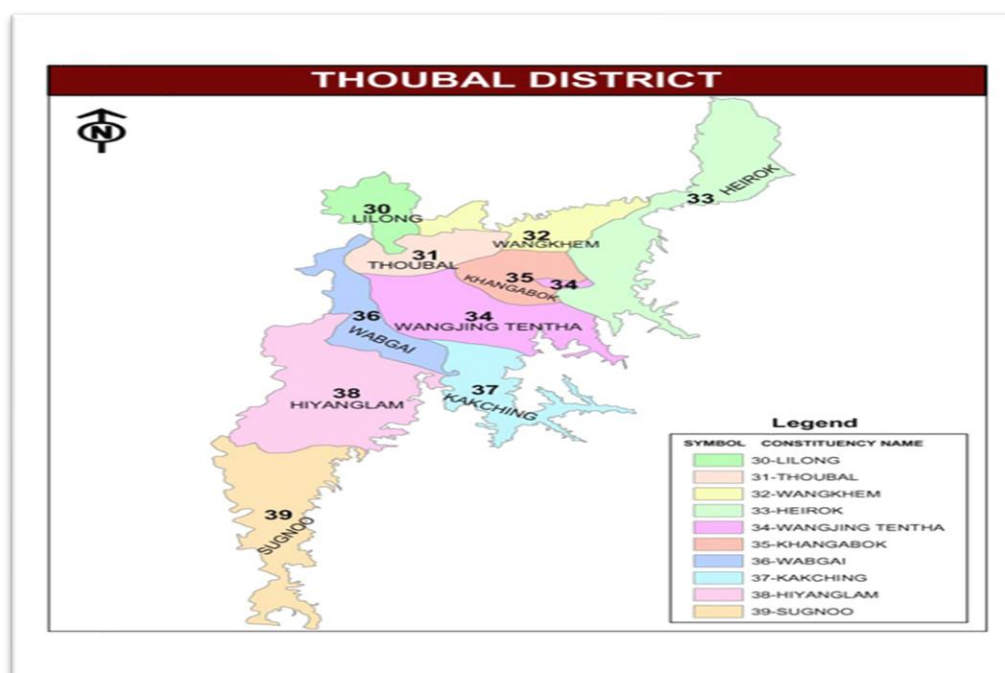
Table 1: Demographic Indicators of Thoubal and Manipur

Indicators	Thoubal	Manipur
Actual Population	3,18,636	28,55,794(as per census)
Rural	2,05,583	
Urban	1,13,052	
Total number of blocks	02	
Total number of villages	395	
Sex ratio (females per 1000 males)	1002	985
Literacy rate (%)	63.79	76.94(as per census)
Density/Km ²	764	
Area (in sq. Km.)	324	22,327

Source: CMO Office, Thoubal and Census of India

Whereas, the estimated number of deliveries that took place in the last financial year (2020-21) was reported to be 4652 followed by 697 C-section deliveries, and 4187 number of estimated live births. However, the estimated number of eligible couples in the district was reported to be 54,168 couples. Furthermore, 2 estimated number of leprosy cases were highlighted in the district. The target for public and private sector TB notification for current year stands to be 294 in public sector and 20 in private sector respectively. Whereas, the number of cataract surgeries to be conducted is 500 surgeries respectively.

As per the National Family Health Survey (NFHS 2019-20), the sex ratio of the total population (females per 1000 males) is 1095 which is slightly higher than the ratio from the previous round of NFHS-4 i.e., 1062 females per 1000 males. The sex ratio at birth of children in the last five years is 909 girls per 1000 boys. About 87.2% of the children under five had their births registered there has been a tremendous rise in the value of percentage from NFHS-4 which stood at 63.5% respectively. The district has 98.6% households with electricity and 72.5% with improved source of drinking water. The level of improved sanitation facility was 61.3% whereas 74.7% households used clean fuel for cooking

Figure 2: District Map of Thoubal district

1.4 Evidences from National Family Health Survey-5

1.4.1 Maternal and Child Health

As per NFHS 2019-20, 90.6% mothers had antenatal check up in the first trimester and 89.9% had undertaken at least four ANC visits. IFA consumption for 100 days or more was higher at 68.5% during pregnancy. A total of 87.8% births took place in institutional facilities with 72.4% births happening across public health facilities. Of the total births, 91.1% births were assisted by a skilled birth attendant whereas 17.5% births were through caesarean section in the public health facilities. About 75.6% mothers received postnatal care from a doctor or other skilled health personnel that is quite higher than the data from NFHS-4. The average out of pocket expenditure per delivery in public health facility was Rs. 13,144 which has increased over the time period.

In Thoubal, 74.2% children age 12-23 months are fully immunized (BCG, measles, and 3 doses each of polio and DPT). The coverage of 3 doses of polio is estimated to be 80.2% and the coverage of 3 doses of DPT or penta vaccine is 84.6%. About 43.5% children age 9-35 months have received a vitamin A dose in last 6 months. The district has low prevalence of diarrhea in the last two weeks prior to the survey among children (3.7%).

1.4.2 Nutritional Status of Women and Children

In Thoubal, 7.3% women in the age group 15-49 years have a low body mass index (BMI < 18.5 kg/m²). However, 31.3% women are overweight or obese (BMI > 25.0 kg/m²). Anemia is another major concern among women in Thoubal. A total of 24.2% women age 15-49 years are anemic. The anemia prevalence among non-pregnant women is 23.8%. The prevalence of high blood sugar among women is 4.2% and hypertension (slightly above normal with systolic 140-159 mm of Hg and/or diastolic 90-99 mm of Hg) is 13.8%.

1.5 HMIS Service Delivery Indicators

Table-2 provides a brief health profile of the district as reported by through the Health Management Information System (HMIS) portal. As reported by the portal about 19.3 per cent women have registered for ANC received 4 or more check-ups in the district. The distribution of IFA tablets is at a remarkable low of 38.7 per cent which is lower than the state average. The total numbers of home deliveries were lower than the state which is reported to be 396. The number of home deliveries attended by a skilled birth attendant is 330.

Nearly, 74.7 per cent of the deliveries take place in public institutions in Thoubal district which is low than the state average of 80 per cent. As opposed to ANC registrations about 32.7 per cent of women go for institutional deliveries. Overall, in Manipur about 53 per cent are discharged in less than 48 hours, however this number is quite high in Thoubal which stands at 56.2 per cent.

No C-section deliveries were conducted in the district in the last financial year. Percentage of women getting post-natal check-up after 48 hours and before 14 days is at 50.8 per cent which is high than the state average of 33 per cent. New-borns breastfed within 1 hour of birth is 73.1 percent, low than the state average of 89 per cent. About 99 per cent new-borns were weighed at birth in the district.

As far as child health is concerned about 3559 infants were fully immunized. Diarrhea is prevalent among children under the age of 5 which are 60 cases followed by Pneumonia at 4 cases. No cases of Malaria were observed in the district. The percentage of children received BCG to full immunization stands at 90.6 respectively. Whereas, the percentage of children received measles to full immunization is reported to be 101.3%.

The total number of sterilizations conducted in the district stands at 4 which is comparatively lower than the state. Male sterilization is almost negligible in the district in comparison to the female sterilization. It should be noted that the percentage of IPD to OPD is about 2.1 per cent which means that the alternate systems of medicine is gaining popularity among the people.

With regards to mortality indicators, only 2 child deaths and 1 maternal death was reported in the last financial year. There were no deaths due to infant death and still birth in the district.

Table 2: Status of Key Maternal and Child Indicators

Health and Health Care Service Delivery Indicators	Manipur	Thoubal
1. Maternal Health		
% Of beneficiaries registered for 1st trimester to total ANC registration	52.6	55.6
% Of pregnant women with 4 or more ANC checkups to total ANC registration	37.1	19.3
% Of pregnant women given 180 IFA to total ANC registrations	42.6	38.7
a) Institutional and Home Deliveries		
% Of SBA attended home deliveries to total home deliveries		
% Of institutional deliveries to total reported deliveries	79.9	74.7
% Of institutional deliveries to total ANC registrations	54.4	32.7
% Of C-Section deliveries to total institutional deliveries	36.7	0.7
Post-natal Care		
% of women discharge in < 48 hours of delivery to total deliveries (Public)	52.9	56.2
% 1st post-partum checkups between 48 hours and 14 days to total deliveries	32.9	50.8
New-born and Child Health		
% Of new-born weighted to total live birth	97.9	99.7
% Of new-born breast fed within 1 hour of birth to total live birth	88.9	73.1
2. Child Immunization & Diseases		
Number of children (9-11 months) fully immunized	33614	3559
% Of children received measles to full immunization	100.2	101.3
% Of children received BCG to full immunization	100.8	90.6
3. Family Planning		
Total Sterilization conducted	456	4
% Of male sterilization to total sterilization	0.4	0
% Of female sterilization to total sterilization	99.6	100
4. Mortality Indicators		
Maternal Death	26	1
Child Death	23	2
Infant Death	111	0
Still Birth	107	0
5. Other Services		
IPD	44980	1152
OPD (Ayush + Allopathic)	973636	55829
% IPD to OPD	4.6	2.1

Source: HMIS Report, 2020-21

2. PUBLIC HEALTH PLANNING AND STATUS OF SERVICE DELIVERY

2.1 District Health Action Plan

Thoubal district had prepared District Programme Implementation Plan for the current year and has submitted to the state for its verification. However, the district has not received the approval from the state for preparation of district health action plan. The fund under the DHAP

still has not been released till yet. There was no pending work related for construction in last two years which can be observed from the table-3 shown below.

Table 3: Status of District Health Action Plan,Thoubal

Indicators	Observation
Whether the district has prepared any District Programme Implementation Plan (PIP) for current year and has submitted it to the states (verify)	Yes
Whether the District has received the approved District Health Action Plan (DHAP) from the state(verify)	Not yet
Date of first release of fund against DHAP	Not yet released
Infrastructure: Construction Status	
Details of Construction pending for more than 2 years	N/A
Details of Construction completed but not handed over	N/A

Source: CMO Office, Thoubal

2.2 Budget Utilization

Budget utilization under NHM is to operationalize an effective and accountable financial management system for budgeting, monitoring and utilization of funds at central, state, district and block level. The figure shown below depicts programme wise utilization of funds in Thoubal district for the last financial year.

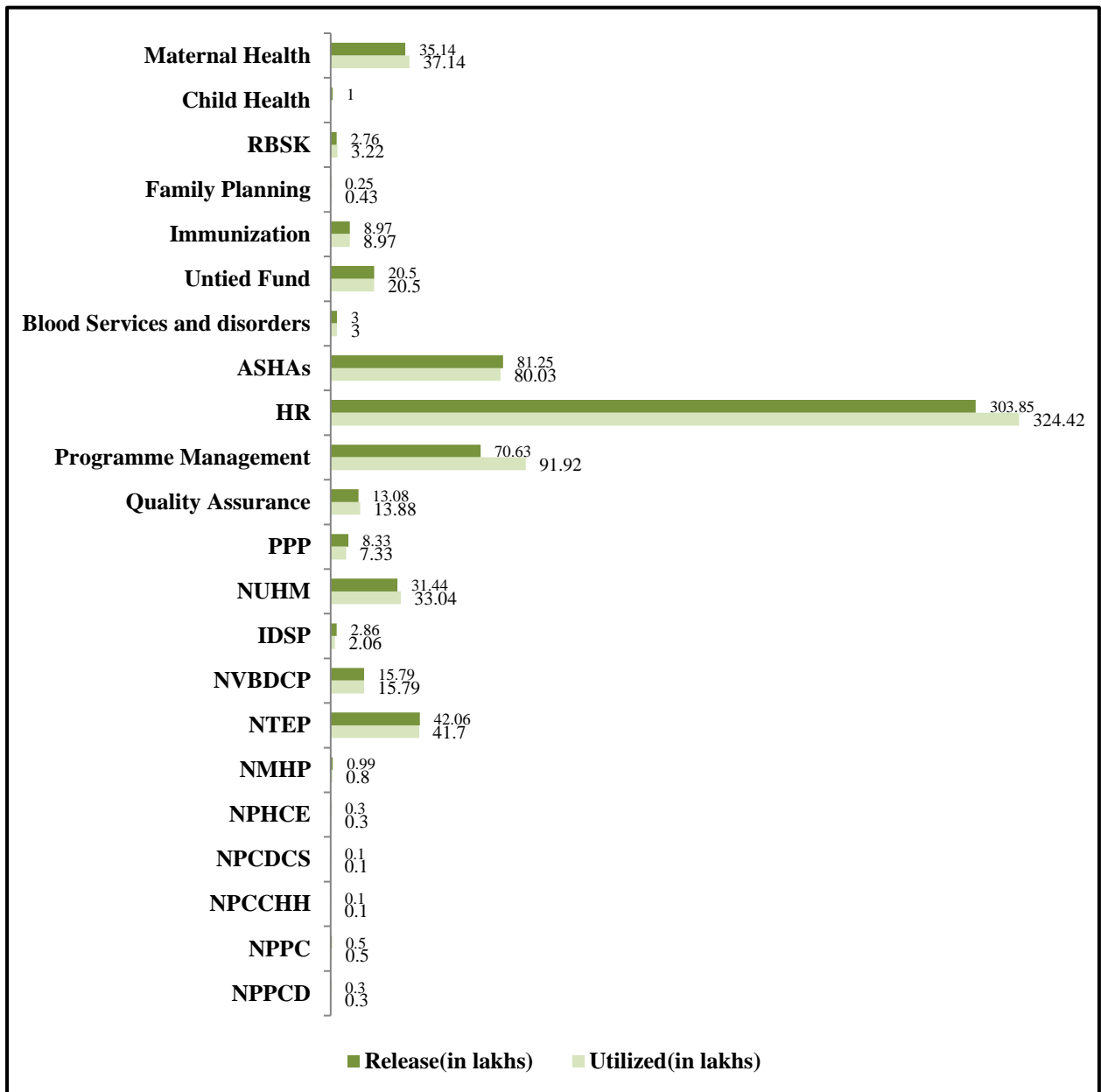
In addition, if we see programme wise, under the RCH Flexipool maximum amount of fund that was released was under the head for ASHAs where the budget release was 81,25,000 of which 80,00,000 lakhs have been utilized. In majority of the heads the fund utilization has been more than the release amount which is visible from the figure shown below for instance,in case of maternal health(37.14),RBSK(3.22),HR(324.42),Programme Management(91.92).

Furthermore, in case of National Urban Health Mission the budget that was released in the last financial year was 31,44,000 and the utilized amount is Rs.33,04,000 respectively.

Moving forward to communicable diseases pool, majority of the funds have been utilized under National TB Elimination Programme with Rs.41,70,000 followed by National Vector Borne Disease Control Programme with Rs.15,79,000 and the least amount that was utilized is in Integrated Disease Surveillance Programme (IDSP) with Rs.2,06,000 respectively.

Under the Non-Communicable Disease Pool, only Rs.80,000 had been utilized in the National Mental Health Programme (NMHP) and Rs.30,000 in National Programme for Health Care for the Elderly and further heads such as in National Programme on Palliative Care(0.50),National Programme for Prevention and Control of Deafness(0.30),and National Program for Climate Change and Human Health(0.10) respectively.

Figure 3: Utilization of Funds Programme Wise



Source: CMO Office, Thoubal

2.3 Status of Service Delivery

This section will talk about the status of service delivery in Thoubal district and also observe the provisions rendered under NHM for smooth service delivery. The important components that have been highlighted in the present section are physical infrastructure, Human Resource (HR) and trainings for health personnel that are meant for capacity building.

2.3.1 Status of Infrastructure

According, to the Indian Public Health Standards (IPHS), healthcare infrastructure in India comprises of three main levels i.e., primary, secondary, and tertiary healthcare. At the primary level of health care, it comprises of the Primary health centres (PHCs), and subcentres (SCs).

While the District Hospitals, Sub-district hospitals, and Community Health Centres (CHC) fall under the category of secondary health care. Whereas, the tertiary level of health care includes the medical colleges and specialized Hospitals.

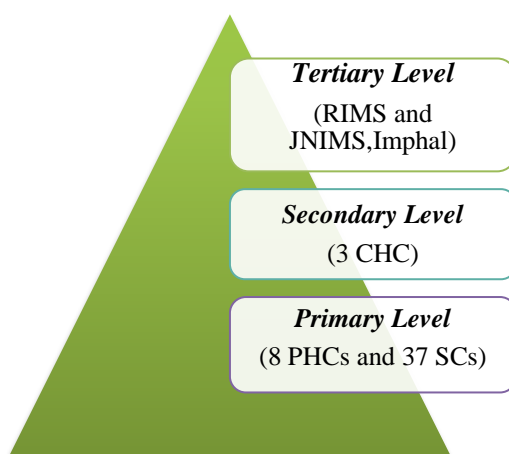
Figure-3 below depicts the status of health infrastructure of Thoubal district. The district has one District Hospital. In total, there are 3 Community Health Centres (CHC) along with 8 Primary Health Centre's (PHCs), and 37 Sub-Centre's (SCs) which are operational as against 37 per the sanction.

There are 3 UPHCs and no UCHC's are available in the district. One Special New-Born Care Unit (SNCU) and no Nutrition Rehabilitation Centre (NRC) available at the district level. Moreover, only one first referral unit (FRU), is operational in the district respectively. Besides, it was reported that there is one blood bank available at the district.

Out of 4 PHC's, which are sanctioned for HWCs in the district, all the PHCs have been converted into Health and Wellness Centres (PHC-HWC). There is only one Urban Primary Health Centres operational in the district that has been transformed into HWC i.e., in Kakching. Furthermore, out of 37 SC's as per the sanction, only 14 SCs have been converted into HWCs.

Presently, the district has neither Tuberculosis units (Tus) and nor CBNAAT/TruNat site, but has 4 Designated Microscopy Centre. In addition, the number of functional NCD clinic is found to be at one at the DH and 3 at CHC level.

Figure 4: Total Facilities Available in the district



Source: CMO Office, Thoubal

Table 4: Facility Details at Thoubal district

Facility Details	Sanctioned/ Planned	Operational
Urban Primary Health Centres (U-PHC)	3	3
Urban Community Health Centres (U-CHC)	-	-
Special New-born Care Units (SNCU)	1	1
Nutritional Rehabilitation Centres (NRC)	-	-
District Early intervention Centre (DEIC)	1	1
First Referral Units (FRU)	1	1
Blood Bank	1	1
Blood Storage Unit (BSU)	-	-
No. of PHC converted to HWC	4	4
No. of U-PHC converted to HWC		1
Number of Sub Centre converted to HWC	37	14
Designated Microscopy Centre (DMC)	4	4
Tuberculosis Units (TUs)	-	-
CBNAAT/TruNat Sites	-	-
Drug Resistant TB Centres	-	-
Functional Non-Communicable Diseases (NCD) clinic	1 at DH	1 at DH
<ul style="list-style-type: none"> • At DH • At SDH • At CHC 	3 at CHC	3 at CHC
Institutions providing Comprehensive Abortion Care (CAC) services	No record at district	No record at district
<ul style="list-style-type: none"> • Total no. of facilities • Providing 1st trimester services • Providing both 1st & 2nd trimester services 		

Source: CMO Office, Thoubal

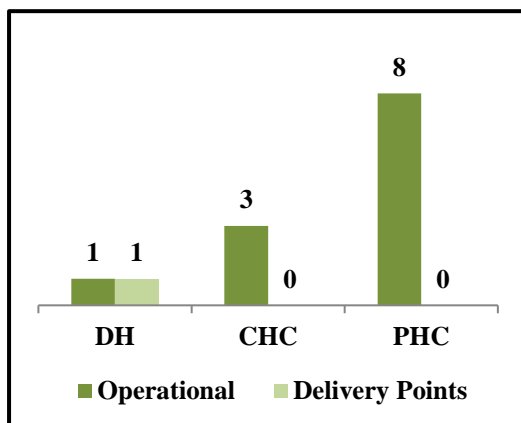


Figure 5: Number of delivery points

A total of 1 delivery points is available presently at DH Thoubal in the last financial year which conducts more than 50 deliveries per month and C-section as well. However, due to the pandemic none of the CHC and PHC are functioning as a delivery point in the district. Besides this, there are no delivery points at the Sub-centre level resulting to which more home deliveries are being conducted at the district which is quite evident from the HMIS data as well

Source: CMO Office, Thoubal

2.3.2 Status of Human Resource

To ensure smooth service delivery NHM made provisions for a basic minimum Human Resource (HR) requirement along with health infrastructure. However, HR requirements should ideally depend upon the patient load and catchment population. The HR component includes the process starting from recruitment, deployment, and continued capacity building and functioning of manpower.

Lack of Human Resource is one of the major concerns of the district; more specifically the major issue in case of medical staff is reported in the case of Medical Officers (MO) with vacancy of 19 percent and Surgeons with 67 percent respectively. Surprisingly, there are no vacant positions for OB&GY, AYUSH MO, OT Technician, CHOs, MPW (Male). However, there is bleak shortage of Pediatrician, Anesthetist, and Radiologists as the positions are vacant which is evident from the table-5 shown below.

Table 5: Status of Human Resource, Thoubal

Staff Details	Sanctioned	In-place
MO(MBBS)	100	81
OB&GY	3	3
Paediatrician	4	3
Anaesthetist	3	2
Surgeon	3	1
AYUSH MO	19	19
Radiologist	2	1
Dentist/Dental Surgeon/Dental MO	-	-
Dental Hygienist	-	-
Radiographer/X-ray Technician	3	3
OT Technician	7	7
Lab Technician	16	15
Pharmacist (Allopathic)	20	20
AYUSH Pharmacist	11	11
Staff Nurse (SN)	107	101
CHO/MLHP	31	31
MPW(Male)	34	34
ANM	84	84

Source: CMO Office, Thoubal

In addition, no LSAS doctor has been trained in the district and 1 EmOC doctors has been trained of which they have posted in the FRU i.e., at District Hospital Thoubal.

Table 6: Performance of EMOC/LSAS Trained doctors

Performance of EMOC/ LSAS trained doctors	Trained	Posted in FRU	Performing C-section
LSAS trained doctors	-	-	-
EmOC trained doctors	01	01	-

Source: CMO Office, Thoubal

2.3.3 Referral Transport

Health infrastructure also includes transport facilities at the district for the safe and timely movements of the patients. There is no availability of Mobile Medical Unit (MMU) available in the district. Whereas, with regards to referral transport, there is no Advance Life Support (ALS) and 2 Basic Life Support (BLS) available at the district which was provided by the state.

Whereas in the case of 102 vehicle, there are 3 vehicles available in the district wherein all the vehicles are GPS fitted and handled through centralized call centre. The average number of trips per ambulance per day is 1 to 2 trips and the average KM travelled per ambulance per day is reported to be 80 to 100 KMs depending on the distance as well.

Table 7: Status of 102 Vehicles

102 Vehicle details	Numbers
No. of transport vehicle/102 vehicle	03
If the ambulances are GPS fitted and handled through centralized call centre	Yes
Average no. of trips per ambulance per day	1 to 2
Average Km travelled per ambulance per day	80 to 100

Source: CMO Office, Thoubal

3. STATUS OF NATIONAL PROGRAMME IMPLEMENTATION IN THOUBAL

3.1 Maternal Health

Maternal Health remains the cornerstone for every public policy. The well-being of mothers is important not only itself but also helps in breaking down the inter-generational poverty circle. The public policy being a combination of the rights-based approach and life cycle approach ensures that the well-being of the child starts at age zero along with the mother's health. Most NHM programmes have their prime focus in ensuring the well-being of mothers. These programmes range from direct cash transfers to indirect transfer programmes and universal health coverage.

The sharp decline in percentage of home deliveries and rising proportion of institutional deliveries is due to success of the schemes such as Janani Suraksha Yojana (JSY) and Janani Shishu Suraksha Karyakaram launched by the Government of India.

3.1.1 Janani Suraksha Yojana(JSY)

Janani Suraksha Yojana or JSY is an integral direct cash transfer scheme aimed to incentivise women to choose institutional delivery. Launched in April 2005, this scheme aimed at reducing maternal and child mortality that may occur due to unsafe delivery. The cash transfer is conditional upon the woman choosing institutional delivery. The scheme has been effective in increasing institutional deliveries over a period of time. The scheme incentivises both mother and ASHA.

The total number of beneficiaries for JSY payment status for the last two financial years are 316 in the 2019-20 and 486 in the year 2020-21, however due to non-availability of funds, the payments are not released on time resulting to which the backlog for JSY beneficiaries is more than the number of beneficiaries which stand at 5638. The reason for the large number of backlog reported by the district officials is with regards to the lack of funds that are being released to the district due to which timely payments are not being done for the same.

3.1.2 Janani Shishu Suraksha Karyakaram(JSSK)

Janani Shishu Suraksha Karyakram (JSSK) is a rights-based policy measure to reduce the out-of-pocket expenditures of the families during child birth and new born care. This policy covers aspects such as diet, transport, drugs, diagnostics, referral and other user charges which are otherwise incurred. The scheme entitles all pregnant women free transport from their homes to the public institution both before and after birth. The delivery is free of charge which also includes C-section. Other entitlements include meals for the mother, new born care and free drugs if needed.

The JSSK entitlements that were available at the district which was given to the beneficiaries were drugs services, diagnostic services, and ambulance service. A total of 53 diagnostic services are being rendered under the PPP mode in the district of Thoubal. On interaction with the beneficiary at the District Hospital, it was cited that they were aware about the ambulance service but preferred to travel with their own vehicle and had their own home cooked meal which their family members brought.

3.2 Child Health

An integrated approach to improve health outcomes includes the interventions that reduce morbidity and mortality among children. The NHM components have carefully integrated many of these along with maternal health programmes. The early stages of development are crucial for the overall healthy growth of a child thus programmes like full immunization lay stress on improving the child health indicators. India has committed to reduce IMR in the Sustainable Development Goals to 25 or less per 1,000 live births in under 5-year-old children and 12 or less per 1,000 live births for new-borns by 2030. Therefore, to ensure healthy child survival various thrust areas have been identified. These are:

Area 1: Neonatal Health

- Essential new born care (at every ‘delivery’ point at time of birth)
- Facility based sick New-born care (at FRUs & District Hospitals)
- Home Based New-born Care (HBNC)

Area 2: Nutrition

- Promotion of optimal Infant and Young Child Feeding (IYCF) practices
- Micronutrient supplementation (Vitamin A, Iron Folic Acid)
- Management of children with Severe Acute Malnutrition (SAM)

Area 3: Management of Common Childhood Illness

- Management of childhood diarrheal diseases and acute respiratory infections

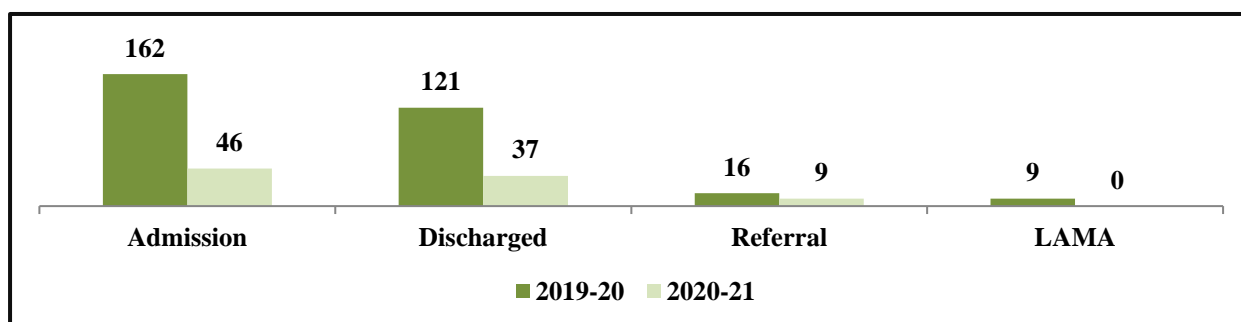
Area 4: Immunization

- Intensification of routine immunization
- Eliminating measles and Japanese encephalitis related deaths
- Polio eradication

3.2.1 Neonatal Health

The figure shown below illustrates the SNCU Outcome in Thoubal district for two consecutive years i.e., for 2019-20 and 2020-21 of the In-born section. It is quite evident from the figure shown below that the numbers of admission has seen a drastic dip from 162 in 2019-20 to 46 admissions in 2020-21. Similar is the situation for discharged and referrals that have been done. Whereas, no In-Borns have been given Leave against Medical Advice (LAMA).

Figure 6: SNCU Outcome, Thoubal



Source: CMO Office, Thoubal

3.2.2 Rashtriya Bal Swasthya Karyakaram (RBSK)

Rashtriya Bal Swasthya Karyakram (RBSK) is a flagship programme under NHM which aims at early identification and intervention for children from the ages 0-18 to tackle the 4 D's, Defects at birth, Deficiencies, Diseases and Development Delays (including disability). The district has 1 NRC which is solely dedicated to tackle the issues clubbed under the 4 D's. NRCs work towards improving the health indicators of children suffering from severe acute malnutrition.

In Thoubal district, there are a total of 2 RBSK teams, where all the teams are in place with proper HR as per the requirement and these teams have 2 vehicles for screening purpose and timely visits for the children. Average of around 60 children are being screened per day by the team. Around 32 children were born at the delivery point and screened the defects witnessed at birth.

3.2.3 Home Based Newborn Care (HBNC)

The scheme has been implemented in the year 2011, under National Rural Health Mission with the prime aim to reduce neonatal mortality in rural areas. With this scheme, the ASHA workers have incentivized for making visits to all the respective new-borns and their mothers according to the specified schedule of up to 42 days of life.

In the district, it was reported that there is availability of HBNC kits with ASHAs and in the last financial year 266 new-borns have visited under 6 HBNC visits. The ASHAs don't have drugs kits available with them. However, due to the pandemic still around the HBNC visits were made at home by following all the COVID protocols and no delay of incentives have been reported by the ASHA workers.

3.3 National Vector Borne Disease Control Programme (NVBDCP)

The National Vector Borne Disease Control Programme is one of the most comprehensive and multi-faceted public health activities in the country and concerned with prevention and control of vector borne diseases namely Malaria, Filariasis, Kala-azar, Dengue and Japanese Encephalitis (JE).

There is a micro and macro plan available at the district level as to control the vector borne disease prevalent in the district. There is a fluctuating trend for the annual blood examination rate that was reported to be 2.81% in the year 2018, 6.55% in the year 2019, and in 2020 the annual blood examination rate was 4.09% respectively. As per the last 3-year trends there have been a fluctuating trend in the vector borne disease due to COVID-19. LLIN were distributed by the district and for anti-larval methods proper IEC material were displayed and circulated for environmental manipulation and destruction of breeding sites.

Weekly epidemiological and entomological situations are being monitored and no MDR rounds have been observed in the last financial year. Contingency plan for epidemic preparedness is being done with proper rapid response team placed. No Indoor Residual Spray is being done as it is applicable in the hilly districts of the state.

3.4 Integrated Disease Surveillance Programme (IDSP)

The Integrated Disease Surveillance Programme (IDSP) is a nationwide disease surveillance system in India incorporating both the state and central governments aimed at early detection and long-term monitoring of diseases for enabling efficient policy decisions. It was started in 2004 with the assistance of the World Bank.

There is only 1 IDSP team in the district comprising of Medical Officer, Epidemiologist, Lab Technician, Male Health Supervisor, Pediatrician, DMO, DLO, and DFWO. There are 2 private facilities reporting weekly data of IDSP.

3.5 National Tuberculosis Elimination Programme (NTEP)

The total target achieved as per the TB notification in the district is 321 and has achieved 70percent of the target. The patients notification in case of public sector were 294 with the treatment success rate of 95% and 14 no of MDR TB patients have been reported. All the patients that were notified have initiated the treatment among the MDR TB patients.

Whereas,in case of private sector the total number of patients notified are 20 and all of them initiated the treatment with success rate of 95%.The total amount paid under the Nikshay Poshan Yojana were Rs. 5,27,000 and the payable amount is Rs.15,83,000 due to fund crunch the amount is still pending.

3.6 Comprehensive Primary Healthcare (CPHC)

Over the years, the emergence of Universal Health Coverage has arisen as a key objective for assuring accessible, affordable, and quality health care services. One such target is being achieved through the recently launched programme that is the Ayushman Bharat-Health and Wellness Centres (HWCs). The prime aim of HWCs is to provide all the health care services under one umbrella by covering majority of the population. The Ministry of Health and Family Welfare (MoHFW) has rolled-out the programme with a view to furnish wide and expanded range of services through Comprehensive Primary Health Care (CPHC) and cater the needs specifically at the peripheral level.

As with the rapid urbanization and change in the lifestyles the epidemiology pattern of diseases is increasing day by day with non-communicable diseases being highly prevalent throughout the country. Hence, with the help of Ayushman Bharat-Health and Wellness Centres, it would play a key role in reducing the burden of Non-Communicable Diseases (NCDs) and would tackle the burden of the disease through primordial and primary prevention.

As per the plan 17834 individuals have been enumerated and 29314 CBAC forms have been completed and filled. Around 37 SC-HWC's have started with NCD screening followed by 4 PHC's and 2 UPHC which have been transformed into HWC have initiated the NCD screening.

Table 8:Status of NCD Screening and Completion of CBAC forms

Indicator	Completed
No. of Individuals enumerated	17834
No. of CBAC forms filled	29314
No. of HWCs started NCD screening	
a. SHC-HWC	37
b. PHC-HWC	4
c. UPHC-HWC	2

Source: CMO Office, Thoubal

Majority of the cases that have been screened for NCDs is majorly observed in hypertension and Diabetes and the completion of the screening has been done for 6853 and 6018 individuals. Majority of the treatment that the community members are seeking is in case for Hypertension and Diabetes. If we talk about the status of cancer, proper screening is being done for all the three cancers in the HWCs, wherein 103 cases are being observed in oral cancer,98 for breast cancer and 243 for breast cancer.

Around 16 HWCs have commenced with providing teleconsultation services and 21 HWC's are organizing wellness activities at the respective center.

Besides this, the state has launched the door-to-door NCD screening under the scheme “**CM HEALTH For ALL Scheme**” wherein all the basic check-ups will be done by the CHO and accordingly the medicines will be given to the beneficiary as per the requirement. A total of 31 medicines have been listed depending on the severity and disease which has been screened during the home visits. This initiative will indeed improve the status of NCDs of the district through universal screening for hypertension and diabetes.

Figure 7: Initiative for NCD Screening by the state

The figure displays a health check-up certificate and a list of medicines. The certificate is for a patient named Mr. M. M. M., aged 60 years, and includes fields for Name, Age, and Sex. It lists various health parameters to be checked, such as Blood Pressure, Blood Sugar, and Cholesterol, with corresponding units and normal ranges. The certificate also includes a section for 'Thank you for your participation' and a signature line.

The list of medicines is as follows:

Sl. No.	Name of the Medicine	Sl. No.	Name of the Medicine
1	Tab. Paracetamol 500mg	17	Tab. Paracetamol 40mg
2	Tab. Paracetamol 650mg	18	Tab. Amlod
3	CRS Powder	19	Atelkryta Syng
4	Tab. Ciprofloxacin 500mg	20	Tab. Amlodipine
5	Tab. Metformin 200mg	21	Oral oil 100 gm
6	Tab. Cefdinir 200mg	22	Burdaga - 5 cm
7	Cap. Amoxicillin 200mg	23	Burdaga - 2.5 cm
8	Cap. Amoxicillin 500mg + Chloram. and 120mg	24	Burdaga - 10 cm
9	Syrup Paracetamol 60ml	25	Aspirin (Aspirin) - 300mg
10	Syrup Metformin 60ml	26	Surgical pad - Dress than
11	Liquid Paracetamol 100ml	27	Vitamin - C (Amorol)
12	Oral. Paracetamol 250mg	28	200 Tab.
13	Burdaga Syng 450ml	29	Plaster paracetamol - 15 inch
14	Liquid Amlod 170ml	30	Tab. Amlod
15	Vit. B Complex Syrup	31	Medicinal Syng
16	Tab. Levofloxacin Syng		

4. SERVICE AVAILABILITY AT PUBLIC HEALTH FACILITIES AND COMMUNITY INTERACTION

The team visited a total of 5 facilities in Thoubal district. The observations of the team are listed below. This includes points about patient load, infrastructure, manpower, drugs and equipment. The five facilities visited comprises of District Hospital, 1 Community Health Centre, 2 Primary Health Centres, and 1 sub-centre.

A dedicated “Focused Group Discussions” (FGD’s) was held to understand the community level perception on various fronts and in order to accurately capture their lifestyle, health seeking behaviour, health service accessibility, perceived behaviour of health service providers and know-how on out-of-pocket expenditure incurred while accessing public health services.

4.1 District Hospital, Thoubal

Figure 8:District Hospital,Thoubal



The District Women Hospital is situated in the main city area and was easily accessible by everyone. The district hospital was functioning in a government building and is a 100 bedded facility. The hospital was providing all the basic services to its beneficiaries with the objective of preventing and curing diseases and promoting health care services especially for women.

The following observations were made in the health facility:

- District hospital fares extremely well on all assessments with respect to the infrastructure availability and maintenance. The area was optimally utilized and waiting area was well constructed and maintained.
- The building had proper board depicting the centre name in the local language which was easy to read on the building so that the public of the district can access the facility
- Interestingly, safety, hazard, and caution signs were also displayed prominently at relevant places in the hospital.
- The services available at the DWH are OPD, family Planning services, lab tests, emergency treatment, pediatric OPD, labour room, minor operation, SNCU, mental health,dialysis unit, blood bank,Dermatology etc.
- The average OPD load per month at the facility was reported to be 400 cases and the average delivery load is 60 deliveries per month. Whereas, C-section conducted at the facility is 52 C-section deliveries.
- Tele-medicine service is available at the facility and the average number of cases per day is more than 10 cases.
- Operation theatre is available at the facility with providing all the facilities such as Single general OT,Elective OT Major for both general and Ortho,ENT etc

- There is availability of blood bank available at the facility with 4 units of blood available and 7 transfusions have been carried in the last month. The blood is free for all and is used when needed as per the requirement.
- With regards to manpower, the facility lacked medical officers and staff nurses. Out of the 35 sanctioned post only 21 MOs are in place at the facility. Whereas, incase of staff nurses 29 SNs are in place as against of 52 sanctioned post of Staff nurse respectively.
- The average downtime of equipment which is non-functional for more than 7 days is USG Machine, Dragger, Anesthesia machine, incinerator for BMW.
- There is delay in JSY payment status at the facility due to lack of funds available at the facility.
- There is availability of JSSK entitlements for the beneficiaries at the facility in terms of diet, diagnostics, drugs, and transport.
- On every 9th of every month, PMSMA is being organized and during the ANC check up identification is being done for Low HB, High blood pressure of the women. Proper line listing of HRP are also being done.
- The facility has a record for entering the births and deaths and in the last 2 financial year no deaths have been reported for both the mother and child.
- The total number of newborns who were immunized with birth dose at the facility in the last 3 months were reported to be 225 respectively.
- In the last one month, no sterilizations have been performed and the acceptable method among the community members are temporary methods such as Oral Pills,condoms,IUCD and the counselling is being done by a Family Planning counsellor.
- The total number of adolescents counselled in the last 6 months stands at 13 which is managed by the counsellor. As such no separate rooms have been made for male and female adolescents.
- The facility has a fixed NCD clinic which is being operated 5 days a week at the facility. The total number of confirmed cases for NCDs is observed majorly in Hypertension and Diabetes which stand at 6853 and 6018 cases respectively. Whereas, cases for cancers have too been observed with majority in Cervical cancer(243),Oral cancer(103),and breast cancer(98).
- Record maintenance at the facility was efficient and all registers pertaining to OPD, IPD etc were well maintained and updated.
- In the last one month, a total of 13 cases have been referred from CHC and PHC. The type of cases referred in was for road accidents, High fever, and obstructed labour. However, 15 cases have been referred out from the same month for head injury which required MRI scan.
- The total fund received last year was Rs.6131909 of which Rs.10381870 have been utilized by the facility for the same which is more than the fund received.

4.2 Community Health Centre, Yairipok

Figure 9:Community Health Centre, Yairipok



CHC Yairipok is located almost 11 kilometres from District Hospital, Thoubal. The facility is running in a government building and caters to a population of 8650 with 8 ASHAs.

- The total number of beds available at the facility are 11 which is as per the IPHS norms. But before COVID the number of beds functional were 50 beds at the facility.
- The services available at the facility are OPD, IPD, Labour services, JSSK, RNTCP, Routine immunization, COVID Vaccine, X-ray facility, Dental etc
- There is unavailability of tele-consultation and Operation theatre at the facility. Besides this, the facility doesn't have blood storage unit as well.
- With regards to Bio-medical waste management, sharp pits and burial pits are available at the facility. Hence, there is no centralized system in the entire district.
- Currently, the facility is armed with 6 Mos, 2 dentist, 6 staff nurses, 6 lab technician, and 2 pharmacists. There is no availability of dentist hygienist, facility manager, and trained EMOC and LSAS doctor.
- The facility has initiated with the Kayakalp award and has scored with 73.2 percent and for that has received the commendation award twice.
- There are only 10 drugs available at the facility and the implementation of DVDMS has been commenced. The shortage of 5 priority drugs at the facility are Injection Diazepam, Atropine, Adrenaline etc.
- The availability of diagnostics is both i.e., half of the tests are running on PPP mode and other half in-house tests are being done. Tests such as CBC, RBS, KFTs, LFT, VDRL, Uric acid etc are being performed. There is availability of X-ray service and is AERB certified
- There is a shortage of Ultrasound machine, ECG machine, and Sterilization machine at the facility.
- Only 1 delivery has been performed at the facility and no C-sections are being performed at the facility. With no gynecologist at the facility deliveries are not being conducted at the facility
- Since September, 2020 the payment of JSY is lagging due to unavailability of funds resulting to which the backlogs are piling up for the same.
- Due to lifestyle practices, the cases of diabetes and hypertension is quite prevalent amongst the community members
- No maternal and child deaths have been reported in the last two financial year at the facility. Only 1 new-born has been immunized with birth dose at the facility in the last 3 months.
- There is availability of both NCD clinic and Adolescent Friendly Health Clinic at the facility and 2 days in a week have been fixed for NCD screening.
- In the last one month, 14 cases have been referred to the DH.
- The total fund received at the facility last year was Rs.3,50,000 of which Rs.2,61,823 have been utilized under various heads such as repairs of electrical items, ambulance maintenance, purchase of dustbins, almirahs etc.

4.3 Primary Health Centre-Health and Wellness Centre,Wangjing Lamding

Figure 10:Primary Health Centre-Health and Wellness Centre,Wangjing Lamding



The PHC-HWC is located in the prime location and is easily accessible amongst the community members and is equidistant of about 2 kms to the next referral point i.e., DH Thoubal. Following are the observations made during the visit are highlighted below:

- The catchment population that the facility caters to is 49,732 and it is surrounded by 13 villages and has 2 SC's. The average OPD load at the facility is very grim due to pandemic i.e., only 5-6 cases are being registered.
- The facility has 24*7 running water facility, ramps for geriatric and disability friendly, functional toilets, water facility, OPD waiting area, drug storeroom, branding, and power backup.
- The total number of functional beds available at the facility are 8 that is more than the IPHS norms. All the services are available such as OPD, immunization, COVID-19 vaccination, family planning services etc
- With the regards to bio-medical waste management, it is being outsourced to “SHIJA Hospital” which is being done on alternate days and there is availability of deep burial pit as well.
- Presently, the facility has 3 Mos, 2 AYUSH MO, 6 Staff nurse, 2 ANMs, 1 Lab Technician, 2 Pharmacist, and 1 Microscopist.
- The facility is a Kayakalp awarded facility and has scored 73 percent in the year 2019-20, 80 percent in the year 2020, and 84 percent in the current year. The award money has been received to the facility.
- The total number of drugs available in the EDL are 179 of which only 26 drugs were available at the day of the visit. There is an extreme shortage of anti-hypertension drugs, diabetes, and Calcium tablets.
- In total 56 in-house tests are available at the facility which are running at PPP mode and all the diagnostic services are free for all i.e., for BPL, elderly people, JSSK beneficiaries.
- After 2018 there were no deliveries being conducted at the facility and there is a huge backlog of JSY payment that is too be reimbursed to the beneficiaries due to lack of funds.

- In addition to this, there is no entitlement of JSSK at the facility as no deliveries are taking place.
- With regards to family planning, temporary methods are being preferred by both males and females such as condoms, oral pills, IUCD etc. The counselling is being done by female health supervisor at the facility.
- In the last 6 months, no screening has been done for non-communicable diseases and due to which there is no proper reporting at the facility as per the observation.
- Sometimes wellness activities are being performed due to the obstruction of pandemic.
- Proper records were not maintained at the facility. Overall the facility is faring extremely well in terms of cleanliness, staff, and facilities.

4.4 Primary Health Centre-Health and Wellness Centre, Charangpat

Figure 11: Primary Health Centre-Health and Wellness Centre, Charangpat



The PHC-HWC is easily accessible amongst the community members and is equidistant of about 4 kms to the next referral point i.e., DH Thoubal. Following are the observations made during the visit are highlighted below:

- The total population of the facility is 11,700 which covers 11 villages and has 11 ASHAs per village. The average OPD load was reported to be 20-30 cases per day and has seen a major dip in the number of cases before COVID.
- The total number of functional beds at the facility are 6 and the services being provided at the facility are OPD, IPD, Routine Immunization, Family Planning services, Minor OT etc.
- The facility has 24*7 running water facility, ramps for disable people, toilet availability, drinking water facility, proper branding, OPD waiting area, ASHA restroom, and drug storeroom with racks.
- With the regards to bio-medical waste management, it is being outsourced to “SHIJA Hospital” which is being done on alternate days.

- Our of 5 Mos, only 3 Mos are in place at the facility, along with 4 ANMs,1 pharmacist, and 2 staff nurses.
- The facility has received the Kayakalp award and has scored 79.2 percent in the last year.
- The total number of drugs available in the EDL are 179 and there is a shortage of 5 priority drugs such as AHLODIPINE 5 mg,TELMISARTAN 40mg,METFORMIN 500 mg,GLEMIPRIDE,and HYDROCHLOTHATIDE 12.5 mg.
- Availability of diagnostic services were provided to each beneficiary and a total of 75 tests are performed in the facility and is free for all.
- No maternal deaths were reported at the facility in both the years.
- In terms of family planning,temporary methods are being preferred among the community members such as OCP,IUCD,Condoms etc.
- As no deliveries are being performed at the facility it is thereby being referred to the next referral point i.e., District Hospital Thoubal
- There is availability of adolescent friendly health clinic and major cases have been reported for depression that occurred during the pandemic and is observed among boys.
- Only 1 day has been fixed for NCD clinic and major confirmed cases were reported for hypertension and diabetes with prevalence more in females in both the cases.

4.5 Sub-Centre-Health and Wellness Centre, Langathel

Figure 12:Sub-Centre Health and Wellness Centre,Langathel



The SC Langathel has been given the status of Health and Wellness Centres. Following are the key highlights of the facility visited:

- The catchment population of the area which the facility caters to 5220 and covers 4 villages and has 4 ASHAs.
- The services that are available at the facility are OPD, reproductive and child health, lab test, NCD screening, yoga sessions, and it is a delivery point as well.
- The building is running in a government building and was well maintained having 24*7 running water facility, clean functional toilets, drinking water facility, OPD waiting area, drug store room, and proper branding.
- The facility is armed with 1 CHO,2 ANM,1 MPW(Male),4 ASHA workers, and 1 yoga instructor.
- Proper plans are available with the ANMs for immunization and vial policy
- The most widely accepted family planning services is IUCD, MALA-N, Copper-T, OCPs, Condoms etc.

- The total number of individuals above 30 years of age in the HWC population are 2162. Around 70 CBAC forms have been filled in the last 6 months. Majority of the cases were observed in hypertension and diabetes.
- Wellness activities are being organized every day and the yoga instructor has been appointed to perform the wellness activities.
- Proper HBNC kits and drug kits are available with the ASHAs when they visit.
- The facility is a Kayakalp awarded facility and is well maintained with herbal garden. And the bio-medical waste is being sent to PHC as per the need.
- It was reported that there is an acute shortage of NCD drugs and timely incentive of ASHAs are not being made.

4.6 Community Interaction

Figure 13:Community Interaction at Langathel Village



We conducted a “Focused Group Discussion” to know the overall community perception regarding the accessibility of health facilities available in their district and their lifestyle choices with ASHA workers, ANMs, and local community members. Questions related to knowledge training and incentive were asked from ASHAs and AWWs.

The main purpose was to get valuable insights from the community members and to capture the challenges faced by them while availing the public health facilities and how better the services can be provided.

4.6.1 Health Seeking Behaviour

On discussion with the community members of Langathel it was highlighted that the preferred health facility amongst the members of the village were both public and private health facilities depending on the behaviour of the disease. For basic check-ups and ready availability, the community members preferred to visit SC-HWC, Langathel. However, the preference for private health facilities is when they have seek treatment for more higher level

of disease in Imphal where there is availability of proper equipments, medicines, and specialist doctors as well.

4.6.2 Lifestyle Practices

During the FGDs conducted in the village, the participants have cited that, the use of tobacco and alcohol is very much prevalent, which is consumed by males specifically. The consumption of such items is quite widespread amongst such community members of the district.

Whereas, on hygiene and sanitation front almost all household have in-home toilets in the village, so ODF is very rare. Besides this, the toilets that were constructed from their own expenses and no toilet was constructed from the scheme.

In terms of drinking water, the community members highlighted that the village's main source of drinking water is through rivers. Currently, they have hand-pumps installed and it is their main source of water. Furthermore, with regards to iodized salt "TATA Salt" was being used by the members of the village

In terms of physical activity adolescents and children play football as it's the main sport in the area and are fond of playing. On the other hand, the main occupation of the villagers is farming and majority of the physical activity is being done during the farming and walking to the fields. Overall, they are fit and prefer to eat healthy green vegetable food with low sodium intake and oil consumption.

4.6.3 Accessibility to drugs, diagnostics, and referral transport

On discussion with the community members, it was reported that mostly drugs were not available for non-communicable diseases specially for hypertension and diabetes. There is not adequate supply for this disease and it was even cited that due to irregular supply of medicines they have witnessed a change in the composition of the drugs resulting to ineffectiveness of the medicine.

However, majority of the Out-of-Pocket expenditure was cited for drugs and diagnostics by the members of the village as there is non-availability of these two services resulting to which they share the prescription of the doctor at the Pharmacy shop for availing the medicines

4.6.4 Behaviour of Health Care Providers

Participants have highlighted that in Langathel, the available staff is good and does all the check up properly. In addition, they are not satisfied with the services that are being provided at SC -HWC, as only bleak services are being provided as the CHO is not available at most of the times. Their only concern is that, it would be beneficial if all the services are being rendered at the nearby facility so that their OOP declines in terms of drugs or diagnostic as their energy would also be saved in travelling to Imphal.

ASHAs are easily approachable by community members in the village. Participants have even reported that the ASHAs come for regular visit and also help in referral of pregnant women. ASHAs have reported that they go door to door for delivery of family planning services, take suspected case for TB screening at PHC and pregnant women for ANC check-ups. Moreover, NCD screening is also being done and timely referral is being done at the HWC or PHC as per the need.

ASHAs reported that they visit door to door for counselling of adolescent girls related to sexual and reproductive wellness. IFA tablets and sanitary pads also distributed to girls through door-to-door visits by ASHAs during the lockdown.

5.CONCLUSION AND RECOMMENDATIONS

The Population Research Centre, Delhi undertook the monitoring of NHM Programme Implementation Plan in various states, wherein the team was expected to carry out the field visit of the state for quality checks and further improvement of the different components of NHM. This report explains the Monitoring and Evaluation findings of the Thoubal District of Manipur.

The following healthcare facilities in Thoubal were visited for Monitoring & Evaluation: DH Thoubal,CHC Yairipok PHC-HWC Charangpat, PHC-HWC, Wangjing Lamding , and SC-HWC,Langathel. Besides visiting the facilities, the team even interacted with the beneficiaries and Focused Group Discussion with ASHAs, ANMs, and local community members. A summary of our findings in the district is presented below:

Currently, the district has 1 DH,3 CHCs, 8 PHCs and 37SCs. With respect to transport, the district is equipped with 2 BLS ambulance and 3 102 vehicles which travels 80 to 100 kms distance per day per ambulance. No mobile medical unit are also available in the district. There is a bleak vacancy for Medical Officers, Surgeons, OT Technician, Lab Technician, Allopathic Pharmacist, Staff Nurse, and CHOs.

After the roll out of NHM the district certainly had improved a lot. This was most visible on the maternal health front; wherein institutional deliveries had gone up drastically. NHM programmes also fuelled behaviour change in the common public who became aware of their rights. Quality of care had improved after proper infrastructure was built. However as mentioned by the officials that there much to be done in this regard but due to COVID there has been a diversion in some of the activities. It was cited by many health personnel that to manage the patient load there should be adequate infrastructure and manpower to handle the increasing load and crisis. Shortage of Human Resource led to delays in some major developments in the hospital.

It is important to note that the IECs were displayed in all facilities for timings of the facility, drug list, immunization, JSY, JSSK and many others. Colourful charts representing facility's monthly performance for immunisation and IUCD insertions were also displayed at the visited facilities.

On interaction with the community members various valuable insights were delivered from their end with respect to service delivery, their lifestyle practices, out-of-pocket expenditure incurred and preferability on type of facility visit. Based on the monitoring the following recommendations for improving the service delivery in the district are made:

- From the last few years, no recruitment has been done under NHM resulting to which the workers are over-burdened. The guidelines concerning the filling up of vacant positions must be issued and the positions must be filled so that the programmes can run efficiently and effectively and coordination amongst the officials can be observed
- Timely release of funds should be done so that the existing backlogs of JSY and ASHA incentives can be done on time. Furthermore, salaries of various officials and health personnel should be done on time and amount should be reimbursed for the camps or trainings that were conducted to generate awareness amongst the workers.

- There should be refresher trainings for data managers with respect to HMIS Indicators so that the issue of under-reporting can be resolved and accurate information can be produced with few outliers and validation errors.
- For displaying the accurate information for screening of children in the district through RBSK teams is that these teams can shift their focus from public schools to private schools as the enrolment of children in public schools is less. Special camps can be organized at the private schools for screening of children and get the correct data for the same.
- With regards to family planning, more awareness should be done for ANTARA as the acceptance rate is less in the district. In addition, the focus is more on temporary methods than permanent methods for that matter incentives can be set so that there is acceptability of such methods as well. Awareness about the same needs to be generated and a positive approach must be instilled among women with regards to the adoption of new methods.
- Adequate supply of non-communicable disease drugs should be distributed in the district with the same composition so that the treatment of hypertension and diabetes can be done effectively and efficiently
- More community awareness should be generated amongst the public about the side effects of tobacco and alcohol in the district as excessive consumption of both is being consumed. Hence, timely awareness should be done through outreach camps.
- Multiple training programmes are not helpful as the retention among ASHAs and ANMs is less. The focus should be more on capacity building than just simple training.
- Supervisory visits by CMO, DPM, etc. should be conducted at regular intervals to ensure adherence to the standards and norms with respect to various activities. This will bring the existing lacunae to the surface and streamline the redressal system. A systematic review may be conducted to understand the existing demand-supply gaps in public health facilities and must be timely rectify.



Ministry of Health & Family Welfare
Government of India



Schedule for PIP Monitoring

A. District Profile

Indicator	Remarks/ Observation			
1. Name of District				
2. Total number of Blocks				
3. Total number of Villages				
4. Total Population				
• Rural population				
• Urban population				
5. Literacy rate				
6. Sex Ratio				
7. Sex ratio at birth				
8. Population Density				
9. Estimated number of deliveries				
10. Estimated number of C-section				
11. Estimated numbers of live births				
12. Estimated number of eligible couples				
13. Estimated number of leprosy cases				
14. Target for public and private sector TB notification for the current year				
15. Estimated number of cataract surgeries to be conducted				
16. Mortality Indicators:	Previous year (2019-20)		Current FY (2020-21)	
	Estimated	Reported	Estimated	Reported
• Maternal Death				
• Child Death				
• Infant Death				
• Still birth				
• Deaths due to Malaria				
• Deaths due to sterilization procedure				
17. Facility Details	Sanctioned/ Planned		Operational	
1. District Hospitals				
2. Sub District Hospital				
3. Community Health Centers (CHC)				
4. Primary Health Centers (PHC)				
5. Sub Centers (SC)				
6. Urban Primary Health Centers (U-PHC)				
7. Urban Community Health Centers (U-CHC)				
8. Special Newborn Care Units (SNCU)				
9. Nutritional Rehabilitation Centres (NRC)				
10. District Early intervention Center (DEIC)				
11. First Referral Units (FRU)				
12. Blood Bank				
13. Blood Storage Unit (BSU)				
14. No. of PHC converted to HWC				
15. No. of U-PHC converted to HWC				
16. Number of Sub Centre converted to HWC				
17. Designated Microscopy Center (DMC)				

18. Tuberculosis Units (TUs)		
19. CBNAAT/TruNat Sites		
20. Drug Resistant TB Centres		
21. Functional Non-Communicable Diseases (NCD) clinic <ul style="list-style-type: none"> • At DH • At SDH • At CHC 		
22. Institutions providing Comprehensive Abortion Care (CAC) services <ul style="list-style-type: none"> • Total no. of facilities • Providing 1st trimester services • Providing both 1st & 2nd trimester services 		

B. Overview: DHAP

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

C. Service Availability

Indicator	Remarks/ Observation
1. Implementation of Free drugs services (if it is free for all)	
2. Implementation of diagnostic services (if it is free for all) <ul style="list-style-type: none"> • Number of lab tests notified 	
3. Status of delivery points <ul style="list-style-type: none"> • No. of SCs conducting >3 deliveries/month • No. of 24X7 PHCs conducting > 10 deliveries /month • No. of CHCs conducting > 20 deliveries /month • No. of DH/ District Women and child hospital conducting > 50 deliveries /month • No. of DH/ District Women and child hospital conducting C-section • No. of Medical colleges conducting > 50 deliveries per month • No. of Medical colleges conducting C-section 	
4. Number of institutes with ultrasound facilities (Public+Private) <ul style="list-style-type: none"> • Of these, how many are registered under PCPNDT act 	
5. Details of Pradhan Mantri Surakshit Matritva Abhiyan PMSMA activities performed	

Indicator	Remarks/ Observation	
6. 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		
7. Special Newborn Care Units (SNCU)		
• Total number of beds <ul style="list-style-type: none"> ○ In radiant warmer ○ Stepdown care ○ Kangaroo Mother Care (KMC) unit 		
• Number of non-functional radiant warmer for more than a week		
• Number of non-functional phototherapy unit for more than a week		
	Inborn	Out born
• Admission		
• Defects at birth		
• Discharged		
• Referral		
• LAMA		
• Died		
8. Newborn Stabilization Unit (NBSU)		
	Inborn	Out born
• Admission		
• Discharged		
• Referral		
• LAMA		
• Died		
9. Nutrition Rehabilitation Centers (NRC)		
• Admission <ul style="list-style-type: none"> ○ Bilateral pitting oedema ○ MUAC<115 mm ○ <'3SD WFH ○ with Diarrhea ○ ARI/ Pneumonia ○ TB ○ HIV ○ Fever ○ Nutrition related disorder ○ Others 		
• Referred by <ul style="list-style-type: none"> ○ Frontline worker ○ Self ○ Ref from VCDC/ CTC ○ RBSK ○ Pediatric ward/ emergency 		
• Discharged		
• Referral/ Medical transfer		
• LAMA		
• Died		
10. Home Based Newborn Care (HBNC)		
• Status of availability of HBNC kit with ASHAs		
• Newborns visited under HBNC		
• Status of availability of drug kit with ASHAs		
11. Number of Maternal Death Review conducted		
• Previous year		

Indicator	Remarks/ Observation	
<ul style="list-style-type: none"> Current FY 		
12. Number of Child Death Review conducted <ul style="list-style-type: none"> Previous year Current FY 		
13. Number of blocks covered under Peer Education (PE) programme		
14. No. of villages covered under PE programme		
15. No. of PE selected		
16. No. of Adolescent Friendly Clinic (AFC) meetings held		
17. Weekly Iron Folic Acid Supplementation (WIFS) stockout		
18. No. of Mobile Medical Unit (MMU) (on the road) and micro-plan		
<ul style="list-style-type: none"> No. of trips per MMU per month 		
<ul style="list-style-type: none"> No. of camps per MMU per month 		
<ul style="list-style-type: none"> No. of villages covered 		
<ul style="list-style-type: none"> Average number of OPD per MMU per month 		
<ul style="list-style-type: none"> Average no. of lab investigations per MMU per month 		
<ul style="list-style-type: none"> Avg. no. of X-ray investigations per MMU per month 		
<ul style="list-style-type: none"> Avg. no. of blood smears collected / Rapid Diagnostic Tests (RDT) done for Malaria, per MMU per month 		
<ul style="list-style-type: none"> Avg. no. of sputum collected for TB detection per MMU per month 		
<ul style="list-style-type: none"> Average Number of patients referred to higher facilities 		
<ul style="list-style-type: none"> Payment pending (if any) If yes, since when and reasons thereof 		
19. Vehicle for Referral Transport		
<ul style="list-style-type: none"> No. of Basic Life Support (BLS) (on the road) and their distribution 		
<ul style="list-style-type: none"> No. of Advanced Life Support (ALS) (on the road) and their distribution 		
	ALS	BLS
<ul style="list-style-type: none"> Operational agency (State/ NGO/ PPP) 		
<ul style="list-style-type: none"> If the ambulances are GPS fitted and handled through centralized call centre 		
<ul style="list-style-type: none"> Average number of calls received per day 		
<ul style="list-style-type: none"> Average number of trips per ambulance per day 		
<ul style="list-style-type: none"> Average km travelled per ambulance per day 		
<ul style="list-style-type: none"> Key reasons for low utilization (if any) 		
<ul style="list-style-type: none"> No. of transport vehicle/102 vehicle (on the road) 		
<ul style="list-style-type: none"> If the vehicles are GPS fitted and handled through centralized call centre 		
<ul style="list-style-type: none"> Average number of trips per ambulance per day 		
<ul style="list-style-type: none"> Average km travelled per ambulance per day 		
<ul style="list-style-type: none"> Key reasons for low utilization (if any) 		
20. Universal health screening		
<ul style="list-style-type: none"> If conducted, what is the target population 		
<ul style="list-style-type: none"> Number of Community Based Assessment Checklist (CBAC) forms filled till date 		

Indicator	Remarks/ Observation		
<ul style="list-style-type: none"> • No. of patients screened, diagnosed, and treated for: <ul style="list-style-type: none"> ○ Hypertension ○ Diabetes ○ Oral cancer ○ Breast Cancer ○ Cervical cancer 			
21. If State notified a State Mental Health Authority			
22. If grievance redressal mechanism in place			
<ul style="list-style-type: none"> • Whether call center and toll-free number available 			
<ul style="list-style-type: none"> • Percentage of complains resolved out of the total complains registered in current FY 			
23. If Mera-aaspatal has been implemented			
24. Payment status:	No. of beneficiaries	Backlog	DBT status
<ul style="list-style-type: none"> • JSY beneficiaries 			
<ul style="list-style-type: none"> • ASHA payment: 			
<ul style="list-style-type: none"> ○ A- Routine and recurring at increased rate of Rs. 2000 pm 			
<ul style="list-style-type: none"> ○ B- Incentive under NTEP 			
<ul style="list-style-type: none"> ○ C- Incentives under NLEP 			
<ul style="list-style-type: none"> • Payment of ASHA facilitators as per revised norms (of a minimum of Rs. 300 per visit) 			
<ul style="list-style-type: none"> • Patients incentive under NTEP programme 			
<ul style="list-style-type: none"> • Provider's incentive under NTEP programme 			
<ul style="list-style-type: none"> • FP compensation/ incentive 			
25. Implementation of Integrated Disease Surveillance Programme (IDSP)			
<ul style="list-style-type: none"> • If Rapid Response Team constituted, what is the composition of the team 			
<ul style="list-style-type: none"> • No. of outbreaks investigated in previous year and in current FY 			
<ul style="list-style-type: none"> • How is IDSP data utilized 			
<ul style="list-style-type: none"> • Proportion (% out of total) of Pvt health facilities reporting weekly data of IDSP 			
26. Implementation of National Vector Borne Disease Control Programme (NVBDCP)			
<ul style="list-style-type: none"> • Micro plan and macro plan available at district level 			
<ul style="list-style-type: none"> • Annual Blood Examination Rate 			
<ul style="list-style-type: none"> • Reason for increase/ decrease (trend of last 3 years to be seen) 			
<ul style="list-style-type: none"> • LLIN distribution status 			
<ul style="list-style-type: none"> • IRS 			
<ul style="list-style-type: none"> • Anti-larval methods 			
<ul style="list-style-type: none"> • Contingency plan for epidemic preparedness 			
<ul style="list-style-type: none"> • Weekly epidemiological and entomological situations are monitored 			
<ul style="list-style-type: none"> • No. of MDR rounds observed 			
<ul style="list-style-type: none"> • No. of districts achieved elimination status for Lymphatic Filariasis i.e. mf rate <1% 			
27. Implementation of National Tuberculosis Elimination Programme (NTEP)			
<ul style="list-style-type: none"> • Target TB notification achieved 			
<ul style="list-style-type: none"> • 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 _____		
<ul style="list-style-type: none"> • Eligible TB patients with UDST testing 			
<ul style="list-style-type: none"> • Whether drugs for both drug sensitive and drug resistance TB available 			

Indicator	Remarks/ Observation
<ul style="list-style-type: none"> Patients notification from public sector 	No of patients notified: Treatment success rate: No. of MDR TB Patients: Treatment initiation among MDR TB patients:
<ul style="list-style-type: none"> Patients notification from private sector 	No of patients notified: Treatment success rate: No. of MDR TB Patients: Treatment initiation among MDR TB patients:
<ul style="list-style-type: none"> Beneficiaries paid under Nikshay Poshan Yojana 	
<ul style="list-style-type: none"> Active Case Finding conducted as per planned for the year 	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
28. Implementation of National Leprosy Eradication Programme (NLEP)	
<ul style="list-style-type: none"> No. of new cases detected 	
<ul style="list-style-type: none"> No. of G2D cases 	
<ul style="list-style-type: none"> MDT available without interruption 	
<ul style="list-style-type: none"> Reconstructive surgery for G2D cases being conducted 	
<ul style="list-style-type: none"> MCR footwear and self-care kit available 	
29. Number of treatment sites and Model Treatment Center (MTC) for viral hepatitis	
30. Percent of health workers immunized against Hep B	
31. Key activities performed in current FY as per ROP under National Fluorosis Control Programme	
32. Key activities performed in current FY as per ROP under National Iron Deficiency Disorders Control Programme	
33. Key activities performed in current FY as per ROP under National Tobacco Control Programme	
34. Number of ASHAs <ul style="list-style-type: none"> Required as per population Selected No. of ASHAs covering more than 1500 (rural)/ 3000 (urban) population No. of villages/ slum areas with no ASHA 	
35. Status of social benefit scheme for ASHAs and ASHA Facilitators (if available) <ul style="list-style-type: none"> No. of ASHAs enrolled for Pradhan Mantri Jeevan 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 _____ 	
36. Status of Mahila Arogya Samitis (MAS)- <ol style="list-style-type: none"> Formed Trained MAS account opened 	
37. Status of Village Health Sanitation and Nutrition Committee (VHSNC) <ol style="list-style-type: none"> Formed Trained MAS account opened 	

Indicator	Remarks/ Observation			
38. Number of facilities quality certified				
39. Status of Kayakalp and Swachh Swasth Sarvatra (SSS)				
40. Activities performed by District Level Quality Assurance Committee (DQAC)				
41. Recruitment for any staff position/ cadre conducted at district level				
42. Details of recruitment	Previous year (2019-20)		Current FY (2020-21)	
	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				
43. If state has comprehensive (common for regular and contractual HR) Human Resource Information System (HRIS) in place				

D. Implementation of CPHC

Status as on: _____

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

E. Status of HRH

Status as on: _____

1. Staff details at public facility (Regular+ NHM+ other sources)	Sanctioned	In-place	Vacancy (%)
• ANM			
• MPW (Male)			
• Staff Nurse			
• Lab technician			
• Pharmacist (Allopathic)			
• MO (MBBS)			
• OBGY			
• Pediatrician			
• Anesthetist			
• Surgeon			
• Radiologists			
• Other Specialists			
• Dentists/ Dental Surgeon/ Dental MO			
• Dental technician			

• Dental Hygienist				
• Radiographer/ X-ray technician				
• CSSD Technician				
• OT technician				
• CHO/ MLHP				
• AYUSH MO				
• AYUSH Pharmacist				
2. Performance of EMOC/ LSAS trained doctors	Trained	Posted in FRU	Performing C-section	
• LSAS trained doctors				
• EmOC trained doctors				

F. State of Fund Utilization

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

Status of Expenditure as on: _____ to _____

Indicator	Budget Released (in lakhs)	Budget utilized (in lakhs)	Reason for low utilization (if less than 60%)
1. FMR 1: Service Delivery: Facility Based			
2. FMR 2: Service Delivery: Community Based			
3. FMR 3: Community Intervention			
4. FMR 4: Untied grants			
5. FMR 5: Infrastructure			
6. FMR 6: Procurement			
7. FMR 7: Referral Transport			
8. FMR 8: Human Resource (Service Delivery)			
9. FMR 9: Training			
10. FMR 10: Review, Research and Surveillance			
11. FMR 11: IEC-BCC			
12. FMR 12: Printing			
13. FMR 13: Quality			
14. FMR 14: Drug Warehouse & Logistic			
15. FMR 15: PPP			
16. FMR 16: Programme Management			
• FMR 16.1: PM Activities Sub Annexure			
17. FMR 17: IT Initiatives for Service Delivery			
18. 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%)
1. RCH and Health Systems Flexipool			
• Maternal Health			

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

Indicator	Budget Released (in lakhs)	Budget utilized (in lakhs)	Reason for low utilization (if less than 60%)
• National Oral health programme (NOHP)			
• National Programme on palliative care (NPPC)			
• National Programme for Prevention and Control of Fluorosis (NPPCF)			
• National Rabies Control Programme (NRCP)			
• National Programme for Prevention and Control of Deafness (NPPCD)			
• National programme for Prevention and Management of Burn & Injuries			
• Programme for Prevention and Control of Leptospirosis (PPCL)			

G. Status of trainings

Status as on: _____

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



Ministry of Health & Family Welfare
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District Hospital (DH)/ Sub-District Hospital (SDH) Level Checklist

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

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

Indicator	Remarks/ Observation				
	15	Pediatric Intensive Care Unit (PICU)			
	16	Labour Room Complex			
	17	ICU			
	18	Dialysis Unit			
	19	Emergency Care			
	20	Burn Unit			
	21	Teaching block (medical, nursing, paramedical)			
	22	Skill Lab			
5. Emergency	General emergency: or facilities available for: 1. Triage 2. Resuscitation 3. Stabilization				
6. Tele-medicine/Consultation services available	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, average case per day _____				
7. Operation Theatre available	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, Single general OT: Elective OT-Major (General): Elective OT-Major (Ortho): Obstetrics & Gynecology OT: Ophthalmology/ENT OT: Emergency OT:				
8. Availability of functional Blood Bank	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, number of units of blood currently available: _____ No. of blood transfusions done in last month: _____				
9. Whether blood is issued free, or user-fee is being charged	<input type="checkbox"/> Free for BPL <input type="checkbox"/> Free for elderly <input type="checkbox"/> Free for JSSK beneficiaries <input type="checkbox"/> Free for all				
10. Biomedical waste management practices	1. Sharp pit 2. Deep Burial pit 3. Incinerator 4. Using Common Bio Medical Treatment plant 5.				
11. Details of HR available in the facility (Sanctioned and In-place)	HR				
	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					

Indicator	Remarks/ Observation			
	EmOC trained doctor			
	LSAS trained doctor			
	Others			
12. IT Services	<ul style="list-style-type: none"> • Desktop/ Laptop available: <input type="checkbox"/>Yes/ <input type="checkbox"/>No • Internet connectivity: <input type="checkbox"/>Yes/ <input type="checkbox"/>No Quality/strength of internet connection: _____ 			
13. Kayakalp	Initiated: Facility score: Award received:			
14. NQAS	Assessment done: Internal/State Facility score: Certification Status:			
15. LaQshya	Labour Room: Operation Theatre:			
16. Availability of list of essential medicines (EML)/ drugs (EDL)	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, total number of drugs in EDL _____ EDL displayed in OPD Area: <input type="checkbox"/> Yes/ <input type="checkbox"/> No No. of drugs available on the day of visit (out of the EDL) _____			
17. Implementation of DVDMS or similar supply chain management system	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If other, which one _____			
18. Shortage of 5 priority drugs from EDL in last 30 days, if any	1			
	2			
	3			
	4			
	5			
19. Availability of Essential Consumables:	<input type="checkbox"/> Sufficient Supply <input type="checkbox"/> Minimal Shortage <input type="checkbox"/> Acute shortage List the consumables for with there was shortage In last 6 months how many times there was shortage _____			
20. Availability of essential diagnostics	<input type="checkbox"/> In-house <input type="checkbox"/> Outsourced/ PPP <input type="checkbox"/> Both/ Mixed			
<ul style="list-style-type: none"> • In-house tests (For 2020-21) 	Timing: Total number of tests performed: _____ Details of tests performed:			
<ul style="list-style-type: none"> • Outsourced/ PPP (For 2020-21) 	Timing: Total number of tests performed: _____ Details of tests performed:			
21. X-ray services is available	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If Yes, type & nos. of functional X-ray machine is available in the hospital: Is the X-ray machine AERB certified: <input type="checkbox"/> Yes/ <input type="checkbox"/> No			
22. CT scan services available	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes: <input type="checkbox"/> In-house/ <input type="checkbox"/> PPP			

Indicator	Remarks/ Observation
	Out of Pocket expenditures associated with CT Scan services (if any, approx. amount per scan): _____
23. Whether diagnostic services (lab, X-ray, USG etc.) are free for all	<input type="checkbox"/> Free for BPL <input type="checkbox"/> Free for elderly <input type="checkbox"/> Free for JSSK beneficiaries <input type="checkbox"/> Free for all
24. Availability of Testing kits/ Rapid Diagnostic Kits	<input type="checkbox"/> Sufficient <input type="checkbox"/> Minimal <input type="checkbox"/> Acute shortage Supply Shortage
25. Implementation of PM-National Dialysis programme	<input type="checkbox"/> Yes/ <input type="checkbox"/> No <input type="checkbox"/> In-house <input type="checkbox"/> Outsourced/ PPP Total number of tests performed: _____
<ul style="list-style-type: none"> Whether the services are free for all 	<input type="checkbox"/> Free for BPL <input type="checkbox"/> Free for elderly <input type="checkbox"/> Free for JSSK beneficiaries <input type="checkbox"/> Free for all
<ul style="list-style-type: none"> Number of patients provided dialysis service (for 2020-21) 	<ul style="list-style-type: none"> o Previous year _____ o Current FY _____ <i>*Calculate the approximate no. of patients provided dialysis per day</i>
26. If there is any shortage of major instruments/ equipment (List the Equipments)	
27. Average downtime of equipment. Details of equipment are nonfunctional for more than 7 days	
28. Availability of delivery services	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
<ul style="list-style-type: none"> If the facility is designated as FRU, whether C-sections are performed 	<input type="checkbox"/> Yes/ <input type="checkbox"/> No Number of normal deliveries performed in last month: _____ No. of C-sections performed in last month: _____
<ul style="list-style-type: none"> Comment on the condition of: 	Labour room: OT: Functional New-born care corner (functional radiant warmer with neonatal ambu bag): <input type="checkbox"/> Yes/ <input type="checkbox"/> No
29. Status of JSY payments	Payment is up to date: <input type="checkbox"/> Yes/ <input type="checkbox"/> No Average delay: Payment done till: Reasons for delay:
30. Availability of JSSK entitlements	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, whether all entitlements being provided <input type="checkbox"/> Free delivery services (Normal delivery/ C-section) <input type="checkbox"/> Free diet <input type="checkbox"/> Free drugs and consumables <input type="checkbox"/> Free diagnostics <input type="checkbox"/> Free blood services <input type="checkbox"/> Free referral transport (home to facility) <input type="checkbox"/> Free referral transport (drop back from facility to home) <input type="checkbox"/> No user charges

Indicator	Remarks/ Observation		
31. PMSMA services provided on 9 th of every month	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, how are high risks identified on 9 th ? If No, reasons thereof:		
32. Line listing of high-risk pregnancies	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
33. Practice related to Respectful Maternity Care			
34. Whether facility have registers for entering births and deaths	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
35. Number of Maternal Death reported in the facility	Previous year: Current year:		
36. Number of Child Death reported in the facility	Previous year: Current year:		
37. If Comprehensive Abortion Care (CAC) services available	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
38. Availability of vaccines and hub cutter	<input type="checkbox"/> Yes/ <input type="checkbox"/> No Nurses/ ANM aware about open vial policy: <input type="checkbox"/> Yes/ <input type="checkbox"/> No		
39. Number of newborns immunized with birth dose at the facility in last 3 months			
40. Newborns breastfed within one hour of birth (observe if practiced and women are being counselled)			
41. Status of functionality of DEIC	<input type="checkbox"/> Fully functional with all staff in place <input type="checkbox"/> Functional with few vacancies (approx. 20%-30%) <input type="checkbox"/> Functional with more than 50% vacancies <input type="checkbox"/> Not functional/ All posts vacant		
42. Number of sterilizations performed in last one month			
43. Availability of trained provider for IUCD/ PPIUCD	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
44. Who counsels on FP services?			
45. Please comment on utilization of other FP services			
46. FPLMIS has been implemented	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
47. Availability of functional Adolescent Friendly Health Clinic	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, who provides counselling to adolescents: _____ Separate male and female counselors available: <input type="checkbox"/> Yes/ <input type="checkbox"/> No Total No of Adolescents counseled in last 6 months ____		
48. Whether facility has fixed day NCD clinic	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If Yes, how many days in a week: _____ days		
49. Are service providers trained in cancer services?	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
50. Number of individuals screened for the following in last 6 months:		Screened	Confirmed
	a. Hypertension		
	b. Diabetes		
	c. Oral Cancer		
	d. Breast Cancer		
e. Cervical Cancer			
51. Whether reporting weekly data in P, S and L form under IDSP	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		

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

Indicator	Remarks/ Observation
3. Key challenges in the facility and the root causes	
Challenge	Root causes
a)	
b)	
c)	
d)	
e)	



Ministry of Health & Family Welfare
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Community Health Centre (CHC)/ U-CHC Level Checklist

Service Delivery:

Name of facility visited	
Facility Type	<input type="checkbox"/> CHC/ <input type="checkbox"/> U-CHC
FRU	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
Standalone/ Co-located	<input type="checkbox"/> Standalone/ <input type="checkbox"/> Co-located Co-located with (if applicable):
Accessible from nearest road head	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
Date of Visit	
Next Referral Point	Facility: Distance:
Indicator	Remarks/ Observation
4. OPD Timing	
5. Whether the facility is functioning in PPP mode	<input type="checkbox"/> Yes/ <input type="checkbox"/> No

<p>6. Condition of infrastructure/ building</p> <p>Please comment on the condition and tick the appropriate box</p>	<p>Comments:</p> <p><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</p> <p>Power backup: <input type="checkbox"/> Complete Hospital/ <input type="checkbox"/> Part of the hospital</p>																																			
<p>7. Number of functional in- patient beds</p>																																				
<p>8. List of Services available</p>																																				
<ul style="list-style-type: none"> Specialized services available in addition to General OPD, ANC, Delivery, PNC, Immunization, FP, Laboratory services 	<table border="1"> <thead> <tr> <th>Sl.</th> <th>Service</th> <th>Y/N</th> </tr> </thead> <tbody> <tr><td>1</td><td>Medicine</td><td></td></tr> <tr><td>2</td><td>O&G</td><td></td></tr> <tr><td>3</td><td>Pediatric</td><td></td></tr> <tr><td>4</td><td>General Surgery</td><td></td></tr> <tr><td>5</td><td>Anesthesiology</td><td></td></tr> <tr><td>6</td><td>Ophthalmology</td><td></td></tr> <tr><td>7</td><td>Dental</td><td></td></tr> <tr><td>8</td><td>Imaging Services (X – ray)</td><td></td></tr> <tr><td>9</td><td>Imaging Services (USG)</td><td></td></tr> <tr><td>10</td><td>Newborn Stabilization Unit</td><td></td></tr> </tbody> </table>	Sl.	Service	Y/N	1	Medicine		2	O&G		3	Pediatric		4	General Surgery		5	Anesthesiology		6	Ophthalmology		7	Dental		8	Imaging Services (X – ray)		9	Imaging Services (USG)		10	Newborn Stabilization Unit			
Sl.	Service	Y/N																																		
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9	Imaging Services (USG)																																			
10	Newborn Stabilization Unit																																			
<ul style="list-style-type: none"> If any of the specialists are available 24*7 	<p><input type="checkbox"/> Yes available <input type="checkbox"/> Yes, available only on-call <input type="checkbox"/> Not available</p>																																			
<ul style="list-style-type: none"> Emergency 	<p>General facilities available for: emergency: Triage Resuscitation</p> <p>or</p> <p>1. available for: Triage Resuscitation</p> <p>2.</p> <p>3. Stabilization</p>																																			
<p>9. Tele-medicine/Consultation services available</p>	<p><input type="checkbox"/> Yes/ <input type="checkbox"/> No</p> <p>If yes, average case per day _____</p>																																			
<p>10. Operation Theatre available</p>	<p><input type="checkbox"/> Yes/ <input type="checkbox"/> No</p> <p>If yes, Major: Minor:</p>																																			
<p>11. Availability of functional Blood Storage Unit</p>	<p><input type="checkbox"/> Yes/ <input type="checkbox"/> No</p> <p>If yes, number of units of blood currently available: _____</p> <p>No. of blood transfusions done in last month: _____</p>																																			
<p>12. Whether blood is issued free, or user-fee is being charged</p>	<p><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</p>																																			

13. Biomedical waste management practices	Sharp pit: Deep Burial pit: Other System, if any:				
14. Details of HR available in the facility (Sanctioned and In-place)	HR		San.	Reg.	Cont.
	MO (MBBS)				
	Specialists	Medicine			
		ObGy			
		Pediatrician			
		Anesthetist			
	Dentist				
	SNs/ GNMs				
	LTs				
	Pharmacist				
	Dental Assistant/ Hygienist				
	Hospital/ Facility Manager				
	EmOC trained doctor				
LSAS trained doctor					
Others					
15. IT Services	<ul style="list-style-type: none"> • Desktop/ Laptop available: <input type="checkbox"/>Yes/ <input type="checkbox"/>No • Internet connectivity: <input type="checkbox"/>Yes/ <input type="checkbox"/>No Quality/strength of internet connection: _____				
16. Kayakalp	Initiated: _____ score: Facility _____ Award received: _____				
17. NQAS	Assessment done: _____	Internal/State score: _____			
	Facility Certification Status: _____				
18. LaQshya	Labour Room: _____ Operation Theatre: _____				
19. Availability of list of essential medicines (EML)/ drugs (EDL)	<input type="checkbox"/> Yes/ <input type="checkbox"/> No				
	If yes, total number of drugs in EDL _____				
	EDL displayed in OPD Area: <input type="checkbox"/> Yes/ <input type="checkbox"/> No				
	No. of drugs available on the day of visit (out of the EDL) _____				
20. Implementation of DVDMS or similar supply chain management system	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If other, which one _____				
21. Shortage of 5 priority drugs from EDL in last 30 days, if any	1				
	2				
	3				
	4				
	5				
22. Availability of Essential Consumables:	<input type="checkbox"/> Sufficient <input type="checkbox"/> Minimal <input type="checkbox"/> Acute shortage			Supply Shortage	
	In last 6 months how many times there was shortage _____ List the consumables for which there has been shortage _____				
23. Availability of essential diagnostics	<input type="checkbox"/> In-house <input type="checkbox"/> Outsourced/ <input type="checkbox"/> Both/ Mixed			PPP	
<ul style="list-style-type: none"> • In-house tests (for 2020-21) 	Timing: Total number of tests performed: _____ Details of tests performed: _____				

<ul style="list-style-type: none"> Outsourced/ PPP (for 2020-21) 	Timing: Total number of tests performed: _____ Details of tests performed:
24. X-ray services is available	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If Yes, type & nos. of functional X-ray machine is available in the hospital: Is the X-ray machine AERB certified: <input type="checkbox"/> Yes/ <input type="checkbox"/> No
25. Whether diagnostic services (lab, X-ray, USG etc.) are free for all	<input type="checkbox"/> Free for BPL <input type="checkbox"/> Free for elderly <input type="checkbox"/> Free for JSSK beneficiaries <input type="checkbox"/> Free for all
26. Availability of Testing kits/ Rapid Diagnostic Kits	<input type="checkbox"/> Sufficient Supply <input type="checkbox"/> Minimal Shortage <input type="checkbox"/> Acute shortage (List the name of kits for which there is shortage)
27. If there is any shortage of major instruments/ equipment (List the Name of Equipment)	
28. Average downtime of equipment. Details of equipment are nonfunctional for more than 7 days	
29. Availability of delivery services	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
<ul style="list-style-type: none"> If the facility is designated as FRU, whether C-sections are performed 	<input type="checkbox"/> Yes/ <input type="checkbox"/> No Number of normal deliveries performed in last month: _____ No. of C-sections performed in last month: _____
<ul style="list-style-type: none"> Comment on condition of: 	Labour room: OT: Functional New-born care corner (functional radiant warmer with neo-natal ambu bag): <input type="checkbox"/> Yes/ <input type="checkbox"/> No
30. Status of JSY payments	Payment is up to date: <input type="checkbox"/> Yes/ <input type="checkbox"/> No Average delay: Payment done till: Reasons for delay:
31. Availability of JSSK entitlements	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, whether all entitlements being provided <input type="checkbox"/> Free delivery services (Normal delivery/ C-section) <input type="checkbox"/> Free diet <input type="checkbox"/> Free drugs and consumables <input type="checkbox"/> Free diagnostics <input type="checkbox"/> Free blood services <input type="checkbox"/> Free referral transport (home to facility) <input type="checkbox"/> Free referral transport (drop back from facility to home) <input type="checkbox"/> No user charges
32. PMSMA services provided on 9 th of every month	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, how are high risks identified on 9 th ?

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

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

<ul style="list-style-type: none"> How many cases from the CHC were referred to the DH last month? 	Number: Types of cases referred out:
60. Key challenges in the facility and the root causes	
Challenge	Root causes
a)	
b)	
c)	
d)	
e)	

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

Service Delivery:

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

9. Details of HR available in the facility (Sanctioned and In-place)	HR	San.	Reg.	Cont.
	MO (MBBS)			
	MO (AYUSH)			
	SNs/ GNMs			
	ANM			
	LTs			
	Pharmacist			
	Public Health Manager (NUHM)			
	LHV/PHN			
Others				
10. IT Services	<ul style="list-style-type: none"> Desktop/ Laptop available: <input type="checkbox"/>Yes/ <input type="checkbox"/>No All ANMs have functional Tablets: <input type="checkbox"/>Yes/ <input type="checkbox"/>No Smart phones given to all ASHAs: <input type="checkbox"/>Yes/ <input type="checkbox"/>No Internet connectivity: <input type="checkbox"/>Yes/ <input type="checkbox"/>No Quality/strength of internet connection: _____			
11. Kayakalp	Initiated: _____ Facility _____ score: _____ Award received: _____			
12. NQAS	Assessment done: _____	Internal/State score: _____		
13. Availability of list of essential medicines (EML)/ drugs (EDL)	<input type="checkbox"/> Yes/ <input type="checkbox"/> No			
	If yes, total number of drugs in EDL _____			
	EDL displayed in OPD Area: <input type="checkbox"/> Yes/ <input type="checkbox"/> No			
14. Implementation of DVDMS or similar supply chain management system	<input type="checkbox"/> Yes/ <input type="checkbox"/> No			
	If other, which one _____			
15. Shortage of 5 priority drugs from EDL in last 30 days, if any	1			
	2			
	3			
	4			
	5			
16. Drugs Available for Hypertension & Diabetic patients:	1			
	2			
	3			
17. Shortage of sufficient number of Hypertension & Diabetic in last 7 days	1			
	2			
	3			
18. Availability of Essential Consumables:	<input type="checkbox"/> Sufficient <input type="checkbox"/> Minimal <input type="checkbox"/> Acute shortage			Supply Shortage
In last 6 months how many times there was shortage _____ (Also list the consumables for which there was shortage)				
19. Availability of essential diagnostics	<input type="checkbox"/> In-house <input type="checkbox"/> Outsourced/PPP <input type="checkbox"/> Both/ Mixed			
<ul style="list-style-type: none"> In-house tests For 2020-21	Timing: Total number of tests performed: _____ Details of tests performed: _____			

<ul style="list-style-type: none"> Outsourced/ PPP For 2020-21 	Timing: Total number of tests performed: _____ Details of tests performed:
20. X-ray services is available	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If Yes, type & nos. of functional X-ray machine is available in the hospital: Is the X-ray machine AERB certified: <input type="checkbox"/> Yes/ <input type="checkbox"/> No
21. Whether diagnostic services (lab, X-ray etc.) are free for all	<input type="checkbox"/> Free for BPL <input type="checkbox"/> Free for elderly <input type="checkbox"/> Free for JSSK beneficiaries <input type="checkbox"/> Free for all
22. Availability of Testing kits/ Rapid Diagnostic Kits	<input type="checkbox"/> Sufficient <input type="checkbox"/> Minimal <input type="checkbox"/> Acute shortage
23. If there is any shortage of major instruments/ equipment	List of Equipment
24. Average downtime of equipment. Details of equipment are nonfunctional for more than 7 days	
25. Availability of delivery services	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
<ul style="list-style-type: none"> If yes, details 	Comment on condition of labour room: Functional New-born care corner (functional radiant warmer with neonatal ambu bag): <input type="checkbox"/> Yes/ <input type="checkbox"/> No
26. Status of JSY payments	Payment is up to date: <input type="checkbox"/> Yes/ <input type="checkbox"/> No Average delay: Payment done till: Reasons for delay:
27. Availability of JSSK entitlements	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, whether all entitlements being provided <input type="checkbox"/> Free delivery services (Normal delivery/ C-section) <input type="checkbox"/> Free diet <input type="checkbox"/> Free drugs and consumables <input type="checkbox"/> Free diagnostics <input type="checkbox"/> Free blood services <input type="checkbox"/> Free referral transport (home to facility) <input type="checkbox"/> Free referral transport (drop back from facility to home) <input type="checkbox"/> No user charges
28. Line listing of high-risk pregnancies	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
29. Number of normal deliveries in last three month	
30. Availability of Daksh/ Dakshta trained/SBA trained MO/SN/ANM in Labour Room	<input type="checkbox"/> Yes <input type="checkbox"/> No
31. Practice related to Respectful Maternity Care	

32. Number of Maternal Death reported in the facility	Previous year:2019-2020 Current FY:2020-2021		
33. Number of Child Death reported in the facility	Previous year: Current year:		
34. Availability of vaccines and hub cutter	<input type="checkbox"/> Yes/ <input type="checkbox"/> No Nurses/ ANM aware about open vial policy: <input type="checkbox"/> Yes/ <input type="checkbox"/> No		
35. Number of newborns immunized with birth dose at the facility in last 3 months			
36. Newborns breastfed within one hour of birth (observe if practiced and women are being counselled)			
37. Number of sterilizations performed in last one month	Male Female		
38. Availability of trained provider for IUCD/ PPIUCD	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
39. Who counsels on FP services?			
40. Please comment on utilization of other FP services			
41. FPLMIS has been implemented	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
42. Availability of functional Adolescent Friendly Health Clinic	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, who provides counselling to adolescents: _____ Separate male and female counselors available: <input type="checkbox"/> Yes/ <input type="checkbox"/> No		
43. Whether facility has fixed day NCD clinic	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If Yes, how many days in a week: _____ days		
44. Are service providers trained in cancer services?	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
45. Number of individuals screened for the following in last 6 months:		Screened	Confirmed
	a. Hypertension		
	b. Diabetes		
	c. Oral Cancer		
	d. Breast Cancer		
e. Cervical Cancer			
46. Whether wellness activities are performed	<input type="checkbox"/> Yes/ <input type="checkbox"/> No Frequency:		
47. Whether reporting weekly data in P and L form under IDSP	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
48. Distribution of Long lasting Insecticidal nets (LLIN) in high-risk areas	No. of LLIN distributed per household: <input type="checkbox"/> 1 per family/ <input type="checkbox"/> Others (Specify): _____		
49. Status of TB elimination programme	Facility is designated as Designated Microscopy Centre (DMC): <input type="checkbox"/> Yes/ <input type="checkbox"/> No		
	If yes, percent of OPD whose samples were tested for TB (microscopy) in last 6 month (average) _____		
	If anti-TB drugs available at the facility: <input type="checkbox"/> Yes/ <input type="checkbox"/> No		
	If yes, are there any patients currently taking anti-TB drugs from the facility: <input type="checkbox"/> Yes/ <input type="checkbox"/> No		
	Percent of patients tested through CBNAAT/TruNat for Drug resistance in the last 6 months _____		
	Is there a sample transport mechanism in place for: <ul style="list-style-type: none"> • investigations within public sector for TB testing? <input type="checkbox"/>Yes/ <input type="checkbox"/>No • investigations within public sector for other tests? <input type="checkbox"/>Yes/ <input type="checkbox"/>No • outsourced testing? <input type="checkbox"/>Yes/ <input type="checkbox"/>No 		
Are all TB patients tested for HIV? <input type="checkbox"/> Yes/ <input type="checkbox"/> No			

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

e)	
Only for U-PHC	
57. Population enumeration initiated for slum population	<input type="checkbox"/> Not yet initiated <input type="checkbox"/> Initiated <input type="checkbox"/> Completed
58. Number of CBAC forms filled (NUHM)	
59. Is Specialist services provided at U-PHC?	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, specialist services are provided through: <input type="checkbox"/> Teleconsultation/ <input type="checkbox"/> Clinic Schedule: <input type="checkbox"/> Fixed/ <input type="checkbox"/> Rotational Type of specialist services available: <input type="checkbox"/> OBGY, <input type="checkbox"/> Pediatrics, <input type="checkbox"/> Medicine, <input type="checkbox"/> Dermatology, <input type="checkbox"/> Ophthalmology, Others _____
60. UHNDs Conducted:	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, no. of UHND conducted per month _____
61. Special Outreach camps conducted:	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, no. of UHND conducted during last quarter _____ Type of specialties provided during special outreach camps: _____



Ministry of Health & Family Welfare
Government of India



Sub-Centre (SC) Level Checklist

Service Delivery: Sub Centre

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

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

Indicator	Remarks/ Observation															
5. IT Services	<ul style="list-style-type: none"> • Functional Tablet/ laptop with CHO: <input type="checkbox"/>Yes/ <input type="checkbox"/>No • Electronic Tablets with MPWs (ANM): <input type="checkbox"/>Yes/ <input type="checkbox"/>No • Smart phones given to all ASHAs: <input type="checkbox"/>Yes/ <input type="checkbox"/>No • Internet connectivity: <input type="checkbox"/>Yes/ <input type="checkbox"/>No Quality/strength of internet connection: _____															
6. Availability of list of essential medicines (EML)/ drugs (EDL)	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, total number of drugs in EDL _____ EDL displayed in OPD Area: <input type="checkbox"/> Yes/ <input type="checkbox"/> No No. of drugs available on the day of visit (out of the EDL) _____															
7. Are anti-TB drugs available at the SHC?	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, are there any patients currently taking anti-TB drugs from the SHC? <input type="checkbox"/> Yes/ <input type="checkbox"/> No															
8. Shortage of 5 priority drugs from EDL in last 30 days, if any	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 5%; text-align: center;">1</td><td style="width: 85%;"></td><td style="width: 10%;"></td></tr> <tr><td style="text-align: center;">2</td><td></td><td></td></tr> <tr><td style="text-align: center;">3</td><td></td><td></td></tr> <tr><td style="text-align: center;">4</td><td></td><td></td></tr> <tr><td style="text-align: center;">5</td><td></td><td></td></tr> </table>	1			2			3			4			5		
1																
2																
3																
4																
5																
9. Drugs Available for Hypertension & Diabetic patients:	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 5%; text-align: center;">1</td><td style="width: 85%;"></td><td style="width: 10%;"></td></tr> <tr><td style="text-align: center;">2</td><td></td><td></td></tr> <tr><td style="text-align: center;">3</td><td></td><td></td></tr> </table>	1			2			3								
1																
2																
3																
10. Shortage of sufficient number of Hypertension & Diabetic in last 7 days	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 5%; text-align: center;">1</td><td style="width: 85%;"></td><td style="width: 10%;"></td></tr> <tr><td style="text-align: center;">2</td><td></td><td></td></tr> <tr><td style="text-align: center;">3</td><td></td><td></td></tr> </table>	1			2			3								
1																
2																
3																
11. Are CHOs dispensing medicines for hypertension and diabetes at SHC-HWC	<input type="checkbox"/> Yes/ <input type="checkbox"/> No															
12. Availability of Testing kits/ Rapid Diagnostic Kits	<input type="checkbox"/> Sufficient Supply <input type="checkbox"/> Minimal Shortage <input type="checkbox"/> Acute shortage List of Kits (Shortage) _____															
13. Availability of:	<ul style="list-style-type: none"> • BP instrument: <input type="checkbox"/>Yes/ <input type="checkbox"/>No. If yes, Type: _____ • Thermometer: <input type="checkbox"/>Yes/ <input type="checkbox"/>No • Contraceptives: <input type="checkbox"/>Yes/ <input type="checkbox"/>No. If yes, Type: _____ • Glucometer: <input type="checkbox"/>Yes/ <input type="checkbox"/>No 															
14. Line listing of all Pregnant women in the area	<input type="checkbox"/> Yes/ <input type="checkbox"/> No <ul style="list-style-type: none"> • High risk women identified: <input type="checkbox"/>Yes/ <input type="checkbox"/>No • MCP cards duly filled: <input type="checkbox"/>Yes/ <input type="checkbox"/>No 															
15. Number of Maternal Death Review conducted	Previous year:2019-20 Current year:2020-21															
16. Number of Child Death Review conducted	Previous year: Current year:															

Indicator	Remarks/ Observation		
17. Availability of vaccines and hub cutter	<input type="checkbox"/> Yes/ <input type="checkbox"/> No <ul style="list-style-type: none"> Awareness of ANM on vaccine schedule: <input type="checkbox"/>Yes/ <input type="checkbox"/>No Awareness about open vial policy: <input type="checkbox"/>Yes/ <input type="checkbox"/>No 		
18. Availability of micro-plan for immunization	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
19. Follow up of:	SNCU discharge babies: <input type="checkbox"/> Yes/ <input type="checkbox"/> No LBW babies: <input type="checkbox"/> Yes/ <input type="checkbox"/> No		
20. Line listing of all eligible couple in the area	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
21. Availability of trained provider for IUCD/ PPIUCD	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
22. Please comment on utilization of other FP services			
23. Number of individuals above 30 years of age in the HWC population			
24. Number of CBAC forms filled in last 6 months			
25. Report for number of individuals for whom CBAC form has been filled in last six months.	Score with below 4: 4 and above score:		
26. Whether universal screening of NCD has started	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
27. Number of individuals screened for the following in last 6 months:		Screened	Confirmed
	a. Hypertension		
	b. Diabetes		
	c. Oral Cancer		
	d. Breast Cancer		
28. Number of individuals who had initiated treatment for HTN, DM and others during last six months			
29. Source of getting drugs/ medications for individual. Number of individuals taking medication for HTN and DM during last six months from which source Taking medication for HTN/DM	Advised for Lifestyle management: Medicines for Hypertension: Medicines for Diabetes: Medicines for Others:		
	From SC-HWC: From Linked PHC: From other govt. facilities: (Specify) From pvt. Chemist shop: (Average OOP/month)		
30. Status of use of:	<ul style="list-style-type: none"> Tele-consultation services HWC App Details:		
31. Whether wellness activities are performed	<input type="checkbox"/> Yes/ <input type="checkbox"/> No Frequency:		
32. Whether reporting weekly data in S form under IDSP	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
33. Status of Tuberculosis in the area:	Indicators	2019-20	2020-21

Indicator	Remarks/ Observation		
	Number of presumptive TB patients identified:		
	Number of presumptive TB patients referred for testing		
	Number of TB patients diagnosed out of the presumptive patients referred		
	Number of TB patients taking treatment under the Sub centre area		
34. ASHA Interaction			
<ul style="list-style-type: none"> Status of availability of Functional HBNC Kits (weighing scale/ digital thermometer/ blanket or warm bag) 			
<ul style="list-style-type: none"> Status of availability of Drug Kits (Check for PCM/ Amoxicillin/ IFA/ ORS/ Zinc/ IFA Syrup/ Cotrimoxazole) 			
<ul style="list-style-type: none"> ASHA Incentives: Any Time lag /Delay in Payment after submission of voucher. <ul style="list-style-type: none"> Average delay 			
<ul style="list-style-type: none"> ASHA is aware about provision of incentives under NTEP (Informant Incentives, Treatment Supporter Incentives) and Nikshay Poshan Yojana (₹500 per month incentive to the TB patient for the duration of treatment) 			
35. Number of Village Health & Sanitation days conducted in last 6 months			
36. Incentives:	<ul style="list-style-type: none"> Performance Incentives is disbursed to CHOs on monthly basis: <input type="checkbox"/>Yes/ <input type="checkbox"/>No Team-based incentive being disbursed for all HWC staffs: <input type="checkbox"/>Yes/ <input type="checkbox"/>No 		
37. Frequency of VHSNC/ MAS meeting (check and obtain minutes of last meeting held)			
38. Whether CHOs and HWC staffs are involved in VHSNC/ MAS meeting	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
39. Maintenance of records on	<ul style="list-style-type: none"> TB cases: <input type="checkbox"/>drug sensitive/ <input type="checkbox"/>drug resistant cases/ <input type="checkbox"/>both Malaria cases: <input type="checkbox"/>Yes/ <input type="checkbox"/>No Palliative cases: <input type="checkbox"/>Yes/ <input type="checkbox"/>No Cases related to Dengue and Chikungunya: <input type="checkbox"/>Yes/ <input type="checkbox"/>No Leprosy cases: <input type="checkbox"/>Yes/ <input type="checkbox"/>No 		
40. How much fund was received and utilized by the facility under NHM?	Fund Received last year:		
	Fund utilized last year:		
	Items/ Activities whose expenditure is met out of the RKS/ Untied Fund regularly:		
Reasons for underutilization of fund (if any)			

Indicator	Remarks/ Observation
41. Availability of ambulance services in the area	
<ul style="list-style-type: none"> How many cases from the Sub Centre were referred to PHC in last month? 	Number: Types of cases referred out:
42. Key challenges in the facility and the root causes	
Challenge	Root causes
a)	
b)	
c)	