

# A REPORT ON MONITORING OF IMPORTANT COMPONENTS OF NHM PROGRAMME IMPLEMENTATION IN UNAKOTI DISTRICT, TRIPURA



**Prof. Suresh Sharma**  
**Ms. Purva Bhalla**



**Population Research Centre**  
**Institute of Economic Growth**  
**Delhi – 110007**

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**Prof. Suresh Sharma**  
**Ms. Purva Bhalla**

## LIST OF ABBREVIATIONS

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

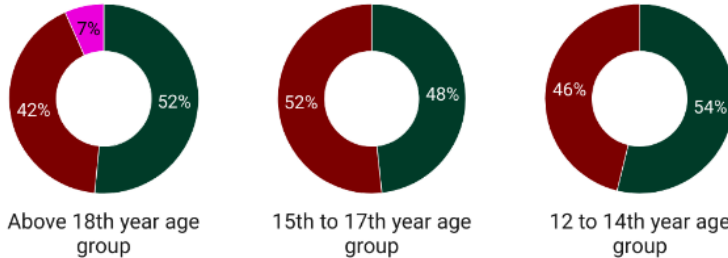
# UNAKOTI DISTRICT HIGHLIGHTS

## Immunization Status

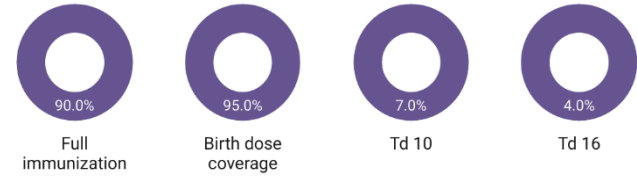


### COVID VACCINATION STATUS

1st Dose  
2nd Dose  
3rd Dose



### ROUTINE IMMUNIZATION

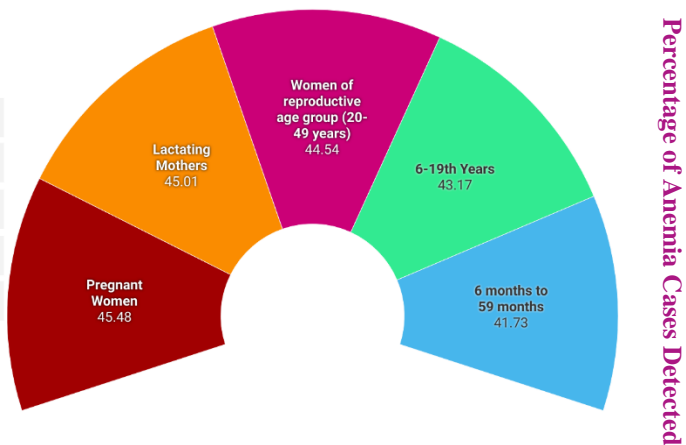


**Target Achieved of Immunization**  
**Routine Immunization is 95%**  
**COVID 1st dose-100%**  
**2nd Dose- 90%**  
**Precaution Dose nearly approx. 15%.**

## Additional Activities

Surveillance of AEFI (Adverse Event Following Immunization)  
 Surveillance of MR (Measles) and AFP (Acute Flaccid Paralysis for Polio)  
 MSSSKA (Mukhyamantri Sustha Shaisav Sustha Kaishor Abhiyaan)

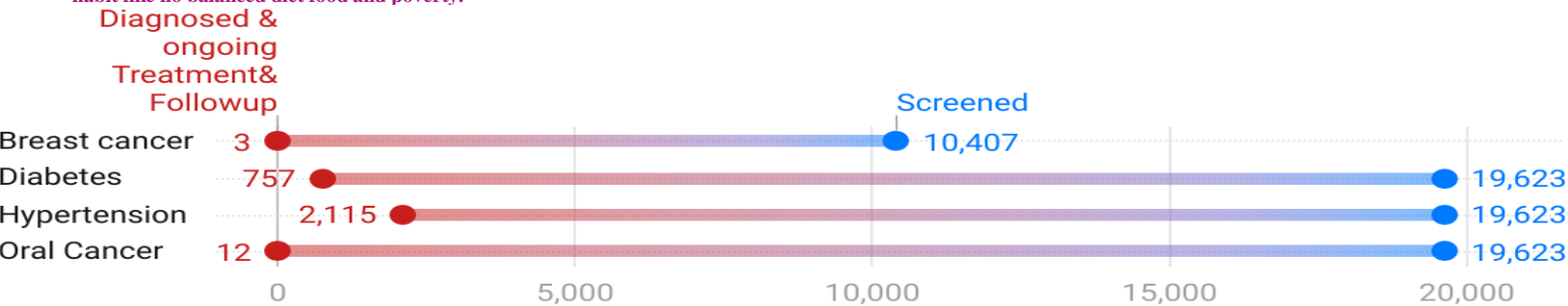
Category	Total No. of Screening	Cases Detected
6 months to 59 months	8,727	3,642
6-19th Years	11,186	4,830
Women of reproductive age group (20-49 years)	5,767	2,564
Lactating Mothers	1,524	686
Pregnant Women	897	408



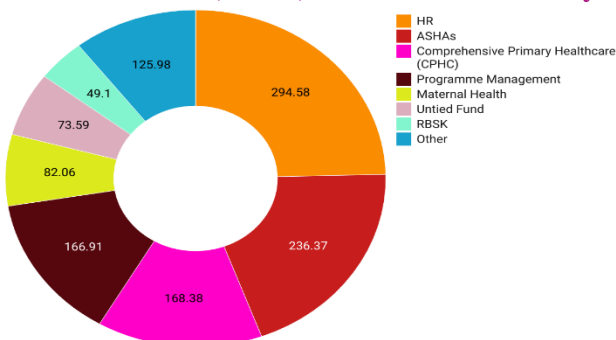
AMB present status is as anemia is present in the district. Out of the total anemic patients serve is 1.71 %, Moderate is 41.79% and mild is 56.48% in the Unakoti.

Maximum numbers of anemia were found among pregnant women in the district. The reason is their lifestyle habit like no balanced diet food and poverty.

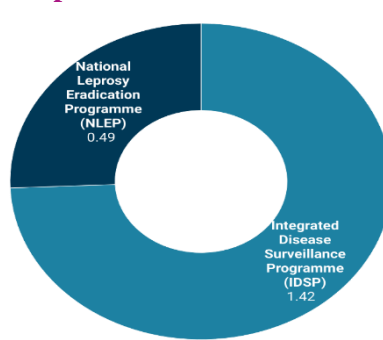
## Status of Non-Communicable Diseases



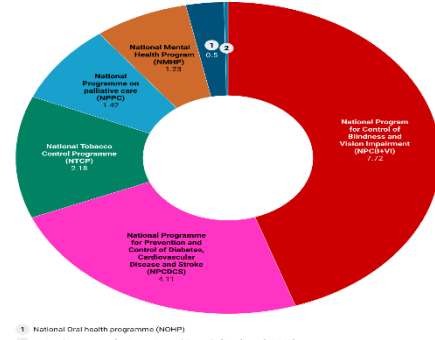
## Funds Utilized (Lakhs) in RCH and Health System Flexipool



## Communicable Diseases



## Non-Communicable Diseases



1. National Oral health programme (NDOHP)  
 2. National Programme for Prevention and Control of Deafness (NPPCD)



## EXECUTIVE SUMMARY

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

The report is prepared on the basis of visits to the following public health care facilities visited by the PRC-IEG Team: DH Unakoti, PHC Samrurpar, PHC Machmara, SC Laxmipur and SC Fulbarikandi. Meetings were held with the Chief Medical Officer (CMO) and the nodal programme officers, the Block Medical Officer-in-Charge (MOIC), facility (MOs, CHO, ANMs, etc.) and community level health care providers (ASHAs, Anganwadi workers etc.) and other supporting staff. Interactions were conducted to understand the strengths and weakness of the facilities in service provisioning. Health Management System (HMIS) data was verified for the District Hospital Ranking data validation purposes.

### KEY FINDINGS



**Status of Non Communicable Diseases screening:** Tentative care programme, in which a team visits each home to provide care for patients with cancer and generic illnesses who are unable to travel to the facilities. The district has an excellent referral network to Agartala.



**Assessment of Quality Assurance:** Three PHCs and three SC/HWCs are given Kayakalp awards in Unakoti in 2021-2022. In 2022-2023, the district anticipated renovating 17 HWC/SC and 3 PHC in accordance with NQAS. Laqshya is still being sought for by DH for OT and the labour room. In the district, 455 ASHAs are diligently working to ensure the success of every programme. In the MASKA programme it is discovered that there are 32 ASHA facilitators those regularly meet once a month at district headquarters and once a month at the relevant area of MOIC, facility level Nodal Officer, to discuss any issues they may be facing and for potential solutions.



**Status of Leprosy Cases:** One of the three cases that are now underway in the district involved migrant labour. According to the guidelines, there should be 10 leprosy cases per lakh of people, but the district has about 3 lakh people and only has three active cases, therefore there is an issue, and the district currently expanding the screening of leprosy cases. And to do so, the district is attempting to use the RBSK team so that they can identify patients at the school level and provide treatment.



**MSSKA:** 6 programs amalgamate AMB, IDCF, SAANS for pneumonia, Poshan Abhiya, Albendazole, TD booster dose for Tetanus and Diphtheria targeting the school children 3% for 10<sup>th</sup> years and 2% for 16<sup>th</sup> years all over the state and in all the districts. They started this because most of the parents forgot the vaccine that's why the health worker go to the school and with the help of the school teachers they track the children who left out.

Out of school children are tracked by RKS, ASHAs and Anganwadi workers and the programme starts from 5<sup>th</sup> to 15<sup>th</sup> September for 10 day. For the 1<sup>st</sup> 4 days those who going to Anganwadi Centres and those who are going to school they will be covered up. Rest 6 days the Anganwadi workers and ASHA go door to door service, if the child is left, can be looked after and even the vaccination is done. The portion of out of school adolescent is not high in the district. For MSSKA programme for 10 days ASHA are working very hard but getting only 100rs.



**Quality Assurance for HMIS/RCH Portal:** There was a significant amount of data validation and outlier mistakes 4 to 5 years ago, but these have significantly decreased recently. The district does not handle HMIS reporting; instead, the MPW/CHO does facility-based reporting. Even after receiving so much training, CHO/MPW still make mistakes. Even month training is been provided to them. Last year refresher training is given by the district. Presently, there is no validation and outlier in the data. For RCH 90% target has been achieved. In RCH, 50% of the tablets last year were damaged, and the state was notified. They were fixed, but 20% of the damage remained. ANMs in the district receive training on ANMOL tablets three to four times each year. Because data cannot be quickly synchronised, the tablet is ineffective.



**Demand for Salary Hike of NHM Staff:** NHM state salary is very less. From 2009 till now in 2022 the salary is only increased to 35,000rs only. PHC HMIS operator is working for the past 10years they are also under paid getting 15000, 16000, all type of reporting is done in PHC only like MSSKA reporting. For cold Chain operator Salary is very less. The supervisor started working in 2008 and has only received a pay of 20,000 rupees so far. NHM arrived in 2005 to assist the programmes that were being conducted in India, but the amount of work that has to be done now means that workers desperately need support in order to carry out each programme successfully in the district.

In the 2015 EPF was launched and the people whose salary was more than 50000rs were not allowed to take EPF. So there is no future security. New recruitment is getting more salary then the person who is in the same position from the past 5-7 years, there is a Salary dispensary. It is under consideration. **“Equal work equal pay policy should implement at all level”**. There should not be any discrimination. NHM employees are working with heart and soul till midnight either in the office or at home. The heavy workload entrusted to NHM employees and getting remuneration less than a grade IV employees.



## CHAPTER-1 INTRODUCTION

### 1.1 Background and Objectives

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

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

1	• To examine the status of physical infrastructure of health facilities under NHM.
2	• To identify the gap between demand and supply of health service delivery under NHM.
3	• To highlight the performance and implementation of different schemes under NHM.
4	• To understand the availability and efficiency of human resources.
5	• To assesses functionality of equipment, supply & essential drugs etc.
6	• To assess availability of finance for the NHM activities in the district.

The report is prepared on the basis of field – based observations and visits to the following public health facilities in Unakoti: District Hospital Unakoti, PHC Samrurpar, PHC Machmara, SC Fulbarikandi and SC Laxmipur. Structured checklists were used to collect information on various parameters such as human resources, infrastructure, funds utilization, training, health care services including drugs and equipments, disease control programmes and other programmes under the ambit of NHM including the National Urban Health Mission (NUHM) activities.

Meetings were held with the Chief District Medical Officer (CDMO) and the NHM Nodal Officials. Interactions were also held with the Medical Officer-In-Charge (MOIC) of the selected facilities, health care providers (ANM, ASHAs etc.) and other supporting staff to understand the strengths and weakness of the facilities in service provisioning. Review of relevant programmatic data and information available from the NHM nodal officials were also conducted. Besides this, Health Management Information System (HMIS) data was also verified for the District Hospital Ranking data validation purposes.

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

**Table 1: List of health care facilities visited in Unakoti, Tripura**

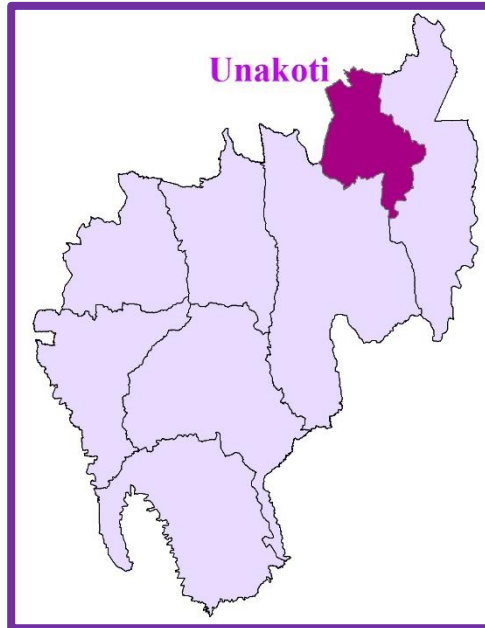
Facility Type	Name of the Facility
District Hospital (DH)	District Hospital Unakoti
Primary Health Centre (PHC)	Samrurpar
Primary Health Centre (PHC)	Machmara
Sub-Centre (SC)	Fulbarikandi
Sub-Centre (SC)	Laxmipur

## 1.2. Demographic profile

Unakoti District was created in the year of 2012 by bifurcating North Tripura and Dhalai district. The district is bordered by Dhalai district of Tripura on the western to southern side, by North Tripura on the southern to eastern to north-eastern side and by Bangladesh on the north. It shares a total international boundary of about 50 kilometres with Bangladesh. The district is accessible with rest of Tripura including the capital city Agartala through National Highway 44. Unakoti district covers an area of about 686.97 km<sup>2</sup>.

Unakoti hill, literally meaning ‘one less a crore’, hosts an ancient place of worship with huge rock reliefs celebrating Shiva. Unakoti district has four Sub-divisions namely- Kailasahar and Kumarghat, comprising of four Blocks i.e. Kailashahar, Gournagar, Kumarghat, Pecharthal. Figure 1 shows the district map of Tripura with Unakoti as one of the eight districts in the State.

**Figure 1: Outline map of Unakoti district in Tripura**



Not to Scale

The district demographic profile shows the population estimation according to the 2011 census. Table-A.1 shows the main demographic indicators scenario of the Unakoti District, Tripura & India (Refer Annexure-1).

The population of the district is about 2.8 lakh people, among them about 1.4 lakh (52 percent) are male and about 1.36 lakh (48 percent) are female. The population of the district equals to around 7.5 percent of the total population of Tripura. Unakoti is mostly rural in its type of residence. About 85 percent of the total population of Unakoti is rural, and the remaining 15 percent is urban. Total of about 86 percent of the population in the district is literate, across gender about 90 percent males and 83 percent females are literate. The sex ratio of the Unakoti District is 972 females per 1000 males and is comparable to the state sex ratio of 960 females per 1000 males. Sex ratio for India stands at 943. Unakoti district is densely populated as compared to the state of Tripura. It has population density of 467 persons per square kilometers compared to the state average of 350 persons per square kilometers

### 1.3. HMIS service delivery indicators

In Unakoti, out of the total number of pregnant women who registered for ANC, 71.8 percent of them were registered in the first trimester. Percentage of pregnant women who underwent 4 or more ANC check-ups to total ANC registration is 69.7 percent. IFA supplementation was given to 75 percent of all women who registered for ANC while 360 Calcium tablets were distributed to total ANC registrations which is 37.5 percent.

**Table 2: Health Care Service Delivery Indicators of Unakoti District, Tripura, 2021-2022**

<b>Maternal Health-Delivery Care</b>	<b>Tripura</b>	<b>Unakoti</b>
% of beneficiaries registered for 1st trimester to total ANC registration	75.2	71.8
% Pregnant Women received 4 or more ANC checkups to Total Registration	79.5	69.6
% Pregnant women given 180 IFA to Total ANC Registrations	69.2	75.0
% Pregnant women given 360 Calcium tablets to Total ANC Registrations	21.3	37.5
% SBA attended Home Deliveries to Total Reported Home Deliveries	2.0	3.5
% of Institutional Deliveries to Total Reported Deliveries	90.1	78.3
% Institutional Deliveries to total ANC Registrations	78.9	63.9
% C-section Deliveries to reported Institutional Deliveries	25.9	13.9
% Women getting 1 <sup>st</sup> Post-Partum Check-up after delivery	5.1	40.9
<b>2. Newborn and Child Health</b>		
% Newborn weighed at Birth to Live Birth	99.3	98.8
% Newborn breast fed within 1 hour of birth to Total Live Birth	97.2	95.2
% of newborns having weight less than 2.5 kg to total live birth	11.2	8.4
% of children discharged with target weight gain from NRC	34.0	0.0
Number of Fully Immunized children (9-11 months)	48752	4084
<b>3. Family Planning</b>		
Number of emergency contraceptive pills distributed	5592	51
% Female Sterilization to Total sterilization	99.2	105.8
% of IUCD insertion to total institutional deliveries	0.7	0.04
Total Sterilization conducted	2874	128
<b>4. Mortality Indicators</b>		
Maternal Death	88	06
Child Death	64	06
Infant Death	261	45
Still Birth	868	51

Source: HMIS Standard Reports, 2021-22

In Unakoti district it was observed that none of the home deliveries were attended by the SBA. Institutional deliveries are an important initiative by NHM for both mother and child care. It was found that 78.3 percent of all deliveries were observed to be institutional deliveries. With regards to Post Natal Care, 95.2 percent of the newborns were breast fed within 1 hour of delivery and 8.4 percent of newborns weighted less than 2.5 kgs at birth. Female sterilization (Tubectomies) as a method of permanent family planning dominates the statistics with 105.8 percent of all sterilization conducted in 2021-22 in Unakoti. Total Sterilization Conducted was 128 in the district. The district reported a total of 6 maternal deaths, 51 still births, 6 child deaths and 45 infant deaths in the year 2021-22.

## 1.4 Burden of Diseases among Childhood and Adulthood

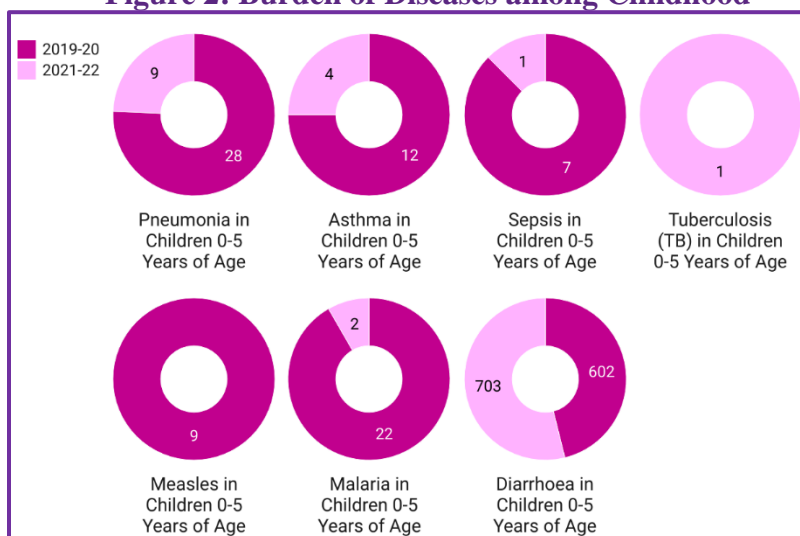
### 1.4.1 Burden of Diseases among Adulthood

In the district, there are 3 NCD clinics which are Generic, Modern and District Hospital. The main moto of the programme is to reduce the diseases like hypertension, diabetes and cancer. In the district, number of cases for Hypertension is 14 percent which is present maximum in 32+ age group, Diabetes is 19 percent which is maximum in 32+ age group and Cancer is 0.5 percent. The District only detect the Cancer cases and transfer the cases to Agartala. In the Unakoti maximum number of oral cancer are there among in male and female as both consume tobacco. Tobacco consumption is like a tradition in the district. In Unakoti the consumption of Zarda is in the large quantity. Smoking (Hooka) is more among males in the district.

### 1.4.2 Burden of Diseases among Childhood

The multiple donuts depict burden of diseases among children in the year 2019-20 and 2021-22. There is a significant decrease in the number of cases, for Pneumonia it is 9 (24%), Asthma 4 (25%), Sepsis 1 (13%), Malaria 2 (8%) and no case for Measles in the last financial year 2021-22. There is an increase in number of cases for diarrhoea which is 703 (54%) and tuberculosis in the last financial year 2021-22 in Unakoti district.

Figure 2: Burden of Diseases among Childhood



Source: HMIS Standard Reports, 2021-22



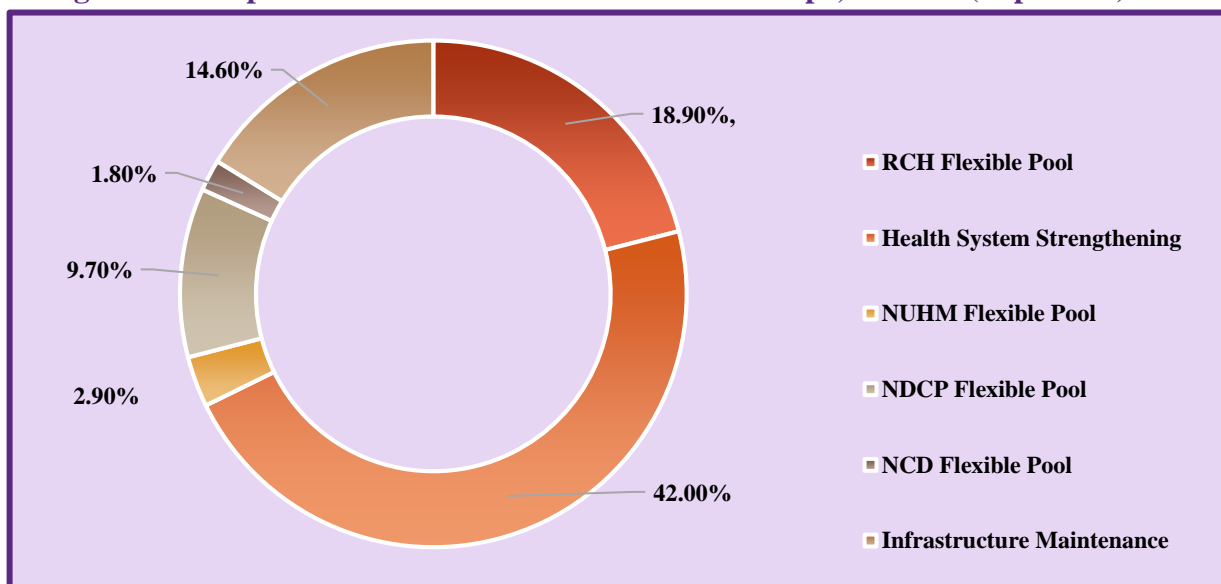
## CHAPTER 2 PUBLIC HEALTH FINANCING

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

### **2.1 Record of proceedings, NHM Unakoti**

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

**Figure 3: Flexipool-wise share of State Resource Envelope, 2021-22 (in percent)**



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

Figure 2 shows percentage distribution of budget allocations from the resource envelope according to Flexipool. It was observed that 18.9 percent of the budget is allocated for RCH Flexible Pool (including RI, IPPI, NIDDCP), 42 percent is allocated for Health System Strengthening (HSS) under NHM. The GOI contribution towards NUHM Flexible Pool, NDCP Flexible Pool and NCD Flexible Pool is 2.9 percent, 9.7 percent and 1.8 percent respectively. Finally, about 15 percent of the GOI contribution under the total resource envelope is allocated towards infrastructure maintenance.

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

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

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

The breakup of the total resource envelope shows that Rs. 50.14 Crore is allocated for RCH Flexible Pool (including RI, IPPI, and NIDDCP), Rs. 111.12 Crore is allocated for Health System Strengthening (HSS) under NHM. Thus the GOI contribution towards total NRHM-RCH Flexible Pool works out to be Rs. 161.26 Crore. The GOI contribution towards NUHM Flexible Pool, NDCP Flexible Pool and NCD Flexible Pool is Rs. 7.80 Crore, Rs. 25.70 Crore and Rs. 4.85 Crore, respectively. Within NDCP Flexible Pool bulk of the resources are allocated for RNTCP activities. Finally, over Rs. 38.61 crore of the GOI contribution under the total resource envelope is allocated for infrastructure maintenance.

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

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

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

## 2.2. District financial management report, Unakoti

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

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

**Table 5: Financial Management Report, Unakoti 2021-22**

<b>Indicator</b>	<b>Budget Released (in lakhs)</b>	<b>Budget utilized (in lakhs)</b>
1. Service Delivery: Facility Based	45.96	17.00
2. Service Delivery: Community Based	34.96	33.77
3. Community Intervention	267.49	236.37
4. Untied grants	74.65	73.59
5. Infrastructure	0.60	0.35
6. Procurement	51.14	41.69
7. Referral Transport	43.00	19.61
8. Human Resource (Service Delivery)	330.35	294.58
9. Training	15.41	13.36
10. Review, Research and Surveillance	2.00	1.84
11. IEC-BCC	14.97	5.62
12. Printing	3.66	2.77
13. Quality	17.96	22.06
14. Drug Warehouse & Logistic	7.71	8.45
15. PPP	12.97	4.94
16. Programme Management	184.75	166.91
17. IT Initiatives for Service Delivery	9.72	8.59

Source: CMHO, Unakoti 2021-22



## CHAPTER 3 PUBLIC HEALTH PLANNING AND IMPLEMENTATION

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

### 3.1 Health Infrastructure and Facilities

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

Table 6 presents the distribution of health facilities in Unakoti. There are 1 DH, 2 Sub district Hospitals, 11 PHCs, and 70 HWCs in the district. Overall, the district has a total of 453 beds across these public health facilities which altogether cover a total of 8.76 lakh persons (as per Census of India 2011). In the district there are 145 HWCs, out of which 31 HWCs are falling under difficult area for services.

**Table 6: Health infrastructure available in Unakoti across health agency, Unakoti 2021-22**

Health Facility	Facilities	Bed Count	Population Covered	Area (Plain/Tribal/Difficult)
District Hospital	01	150	296332	Plain
Sub-District Hospital	02	50	36271	Plain
PHC	11	10	180636	Plain/ Tribal/ Difficult
HWC	70	-	249005	Plain/Tribal

Source: Facility Master Report, Unakoti 2021-22

The below table 7 describes the details of health facility available in the Unakoti district. In the district there is only one district hospital and 2 sub district hospital which are functioning and conducting more than 50 deliveries per month including C-section.

A total of 11 Primary Health Centre are operational and provide general services like: OPD, immunization, ANC check-up and family planning services at the centre and three deliveries are conducting at the facility. On the other hand, 70 health and wellness centres are functioning in the district and no delivery service facility is available in the HWC. In the district there is no Community Health centre, NRC and SNCU.

**Table 7: Details of health facilities available, Unakoti 2021-22**

Facility Details	Sanctioned/ Planned	Operational
1. District Hospitals	1	1
• Number of DH conducting > 50 deliveries/month	1	1
• Number of DH conducting C-section	1	1
2. Sub District Hospital	2	2
3. Community Health Centers (CHC)	0	0
4. Primary Health Centers (PHC)	11	11
• No. of 24X7 PHC conducting > 10 deliveries/ month	03	03
5. Sub Centers (SC)	70	70
• No. of SCs conducting > 3 deliveries/ month	0	0
6. Urban Primary Health Centers (U-PHC)	0	0
7. Urban Community Health Centers (U-CHC)	0	0
8. Special Newborn Care Units (SNCU)	0	0
9. Nutritional Rehabilitation Centres (NRC)	0	0
10. District Early intervention Center (DEIC)	1	1
11. First Referral Units (FRU)	2	2
12. Blood Bank	1	1
13. Blood Storage Unit (BSU)	1	1
14. No. of PHC converted to HWC	11	11
15. No. of U-PHC converted to HWC	0	0
16. Number of Sub Centre converted to HWC	41	41
17. Designated Microscopy Center (DMC)	5	5
18. Tuberculosis Units (TUs)	2	2
19. CBNAAT/TruNat Sites	1	1
20. Drug Resistant TB Centres	0	0
21. Functional Non-Communicable Diseases (NCD) clinic		
• At DH	1	1
• At SDH	1	1
• At CHC	0	0
22. No. of Institute with Ultrasound facilities		
• Public	1	-
• Private	1	-

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

Only one District Early Intervention Centre (DEIC) and blood bank facility is available in the district. For screening and testing of sputum regarding the tuberculosis, district has 2 designated Microscopy Centres which are functional and one tuberculosis units have been also established in the district.

Further, one CBNAAT and TruNat sites are available for collection of sputum for testing. NCD clinic service is operational in the district hospital and sub district hospital. In Unakoti district, one ultrasound facilities are available at public as well as private health institutions.

### 3.2 Human Resource for Health

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

Table 8 provides the human resource availability in Unakoti District. In the district at present there are 74 ANMs, 60 MPWs (Male) and still 14% seats are vacant, 117 Staff Nurse (34% vacant), 22 Lab Technician (27% vacant), 19 Allopathic pharmacist, 37 MO (45% vacant), 2 OBGY (50% vacant), only 1 Paediatrician (67% vacant) and anaesthetist (67% vacant), 4 Dentist (75% vacant), 2 Radiographer/ X-ray technician, 41 CHO, 2 AYUSH MO (86% vacant) and 3 AYUSH Pharmacist. In the district, there is no radiologist, dental technician, dental hygienist, CSSD technician and OT technician.

**Table 8: Availability of human resource in Unakoti 2021-22**

Staff details at public facility (Regular+ NHM+ other sources)	In-place	Vacancy (%)
ANM	74	0
MPW (Male)	60	14
Staff Nurse	117	34
Lab technician	22	27
Pharmacist (Allopathic)	19	-
MO (MBBS)	37	45
OBGY	2	50
Pediatrician	1	67
Anesthetist	1	67
Surgeon	1	-
Radiologists	0	-
Other Specialists	0	-
Dentists/ Dental Surgeon/ Dental MO	4	75
Dental technician	0	-
Dental Hygienist	0	-
Radiographer/ X-ray technician	2	-
CSSD Technician	0	-
OT technician	0	-
CHO/ MLHP	41	41
AYUSH MO	2	86
AYUSH Pharmacist	3	-

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

A total of 545 ASHAs are working in the district. Social benefit schemes were implemented in October, 2018 for ASHAs and ASHA facilitators meeting the eligibility criteria to be covered under the Pradhan Mantri Jeevan Jyoti Bima Yojana (Accident Insurance), the age criteria is 18-50 years and annual premium of average Rs. 330 will be paid by the government. The number of ASHAs enrolled under this scheme are 162. Whereas, a total of 233 ASHAs have been enrolled for Pradhan Mantri Suraksha Bima Yojana. A total of 17 ASHAs are covered under Pradhan Mantri Suraksha Bima Yojana respectively in Unakoti district. In Unakoti district, Mahila Arogya Samiti (MAS) is not functional. In the district proper training have been given for VHSNC.

**Table 9: Status of social benefit scheme for ASHAs and ASHA Facilitators, Unakoti 2021-22**

Key Indicators		Observations
<b>1</b>	<b>Status of ASHAs</b>	
1.1	Total working	545
1.2	Sanctioned Post	545
1.3	Position Vacant	0
1.4	ASHA Facilitator	32
1.5	No. of ASHAs covering more than 1500 (rural)/ 3000 (urban) population	0
1.6	No. of villages/ slum areas with no ASHA	0
<b>2</b>	<b>Status of social benefit scheme for ASHAs and ASHA Facilitators</b>	
2.1	No. of ASHAs enrolled for Pradhan Mantri Jeevan Jyoti Bima Yojana	162
2.2	No. of ASHA Facilitator enrolled for Pradhan Mantri Jeevan Jyoti Bima Yojana	10
2.3	No. of ASHAs enrolled for Pradhan Mantri Suraksha Bima Yojana	233
2.4	No. of ASHA facilitator enrolled for Pradhan Mantri Suraksha Bima Yojana	17
2.5	No. of ASHAs enrolled for Pradhan Mantri Shram Yogi Maandhan Yojana	45
2.6	ASHA facilitator enrolled for Pradhan Mantri Shram Yogi Maandhan Yojana	04
<b>3</b>	<b>Status of Mahila Arogya Samitis (MAS)</b>	
3.1	Formed	0
3.2	Trained	0
3.3	MAS account opened	0
<b>4</b>	<b>Status of Village Health Sanitation and Nutrition Committee (VHSNC)</b>	
4.1	Formed	Yes
4.2	Trained	Yes
4.3	MAS account opened	No

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

### 3.3 Capacity Building- Training Status

The figure 4 provides a brief of trainings received in the last financial year i.e., 2020-21 as per the ROP approval. In total, 9 trainings were conducted across various programs and sub-divisions which include maternal health, child health, family planning, RKSK, NCD, RI, and child deaths. Maximum number of trainings that were conducted in the last financial year was IMNCI and IYCF followed by MDSR & MNM and NLEP workshop.

**Figure 4: Details of HR training as per RoP approval, Unakoti 2021-22**

	Approved no of batches	Batch size	Number of batches (2020-21)	No trained (2020-21)	No of trainee trained cumulative
MDSR & MNM (MOs)	1	30	1	1	30
DAKSHATA (MO & SN)	1	24	1	24	24
IMNCI( ANM)	1	24	1	24	48
IYCF (MO & SN)	1	24	1	24	48
INJECTABLE CONTRACEPTIVE (MO)	1	24	1	12	28
INJECTABLE CONTRACEPTIVE (SN)	1	24	1	20	44
SBA	1	4		0	20
FPLMIS	1			0	14
NLEP workshop	1	30	1	30	30

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



## CHAPTER 4 NATIONAL HEALTH MISSION PROGRAMMES

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

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

**Table 10: Details of RMNCHA+ programmes functional at the district level, Unakoti 2021-22**

<b>Janani Suraksha Yojana (JSY)</b>	<ul style="list-style-type: none"> <li>Total Deliveries 2021-22: <b>4197</b></li> <li>Total JSY Beneficiaries 2021-22 Public: <b>705</b></li> </ul>																																																	
<b>Janani Shishu Suraksha Yojana (JSSK)</b>	<ul style="list-style-type: none"> <li>Total Delivery Points: <b>05</b></li> <li>No. of facilities where free diet is available for PW: <b>05</b></li> <li>No. of facilities where lab is functional for basic tests for PW: <b>05</b></li> </ul>																																																	
<b>Pradhan Mantri Surakshit Matritva Abhiyan (PMSMA)</b>	<ol style="list-style-type: none"> <li>No. issued MCP card and Safe Motherhood Booklet: <b>0</b></li> <li>Number of health facilities where current round of PMSMA was conducted:               <ol style="list-style-type: none"> <li>Medical College: <b>0</b></li> <li>DH: <b>1</b></li> <li>SDH: <b>2</b></li> <li>CHC/UHC: <b>0</b></li> <li>PHC/UPHC: <b>9</b></li> <li>Private Clinics: <b>0</b></li> </ol> </li> </ol>																																																	
<b>Home Based Newborn Care (HBNC)</b>	<ul style="list-style-type: none"> <li>Total Newborns visited under HBNC: <b>2957</b></li> <li>Total No. of ASHAs trained in Module 6 &amp; 7: <b>539</b></li> <li>Total no. of ASHAs with HBNC Kits: <b>539</b></li> </ul>																																																	
<b>Rashtriya Bal Swasthya Karyakram (RBSK)</b>	<ul style="list-style-type: none"> <li>Total No. of RBSK teams sanctioned: <b>04</b></li> <li>No. of teams with all HR in-place (full-team): <b>0</b></li> <li>No. of vehicles (on the road) for RBSK team: <b>04</b></li> <li>No. of teams per block: <b>01</b></li> <li>No. of blocks without dedicated teams: <b>0</b></li> <li>Average no. of children screened per day per team: <b>90</b></li> </ul>																																																	
<b>Maternal and Child Deaths</b>	<ul style="list-style-type: none"> <li>Number of maternal deaths 2021-22:           <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th></th> <th>DH</th> <th>CHC</th> <th>PHC</th> <th>SC</th> <th>Other</th> <th>Total</th> </tr> </thead> <tbody> <tr> <td colspan="7"><b>2021-22</b></td> </tr> <tr> <td>1. Deaths</td> <td><b>02</b></td> <td><b>0</b></td> <td><b>0</b></td> <td><b>0</b></td> <td><b>0</b></td> <td><b>02</b></td> </tr> <tr> <td>2. MDR</td> <td><b>06</b></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="7"><b>2022-23</b></td> </tr> <tr> <td>1. Deaths</td> <td><b>02</b></td> <td><b>0</b></td> <td><b>0</b></td> <td><b>0</b></td> <td><b>0</b></td> <td><b>02</b></td> </tr> <tr> <td>2. MDR</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table> </li> <li>Number of Neonatal Deaths: <b>07</b></li> <li>Number of Total Child Deaths: <b>11</b></li> <li><b>Number of Child Death Review conducted:</b> <ul style="list-style-type: none"> <li>2020-21: <b>07</b></li> <li>2021-22: <b>11</b></li> </ul> </li> </ul>		DH	CHC	PHC	SC	Other	Total	<b>2021-22</b>							1. Deaths	<b>02</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>02</b>	2. MDR	<b>06</b>						<b>2022-23</b>							1. Deaths	<b>02</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>02</b>	2. MDR						
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2. MDR																																																		

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

The 455ASHAs of the district have conducted a total of 2957 HBNC visits. 539 ASHAs have drug kits and 539 ASHAs have HBNC kits. In 2021-22, a total of 2 maternal deaths are reported in the Unakoti district. The district also reports a total 11 child deaths in FY 2021-22 out of which a total of 07 neonatal deaths are reported.

## 4.2 Communicable Diseases

Under National Vector Borne Disease Control Programme (NVBDCP) micro and macro plan is available in the district. Over the period of time there is decrease in annual blood examination. In Unakoti weekly epidemiological and entomological situations are monitored.

**Table 11: NVBDCP, NTEP, NLEP and IDSP services, Unakoti 2021-22**

<b>1. National Vector Borne Disease Control Programme (NVBDCP)</b>	
<ul style="list-style-type: none"> <li>• Micro plan and macro plan available at district level: <b>Yes</b></li> <li>• Annual Blood Examination Rate:               <ul style="list-style-type: none"> <li>○ 2019-20: <b>11.2</b></li> <li>○ 2020-21: <b>14.5</b></li> <li>○ 2021-22: <b>13.9</b></li> </ul> </li> <li>• Total LLIN distributed vs procured: 2019- 56666</li> <li>• IRS: 2021- 1<sup>st</sup> round 83.5, 2<sup>nd</sup> round: 97.8, 2022: 1<sup>st</sup> round- 88.6</li> <li>• Weekly epidemiological and entomological situations are monitored: <b>Yes</b></li> <li>• No. of MDR rounds observed: <b>NA</b></li> <li>• No. of blocks achieved elimination status for Lymphatic Filariasis i.e. mf rate &lt;1%: <b>NA</b></li> </ul>	
<b>2. National Tuberculosis Elimination Programme (NTEP)</b>	
<ul style="list-style-type: none"> <li>• Target TB notification achieved : <b>Yes</b></li> <li>• Whether HIV Status of all TB patient is known: <b>No</b> If No, no. of TB patients with known HIV status:</li> <li>• Eligible TB patients with UDST testing:</li> <li>• Whether drugs for both drug sensitive and drug resistance TB available: <b>Yes</b></li> </ul>	
<ul style="list-style-type: none"> <li>• Patients notification from public sector</li> </ul>	<ul style="list-style-type: none"> <li>• No of patients notified: 315</li> <li>• Treatment success rate: 84.05%</li> <li>• No. of MDR TB Patients: 0</li> <li>• Treatment initiation among MDR TB patients: 04</li> </ul>
<ul style="list-style-type: none"> <li>• Patients notification from private sector</li> </ul>	<ul style="list-style-type: none"> <li>• No of patients notified: Nil</li> <li>• Treatment success rate: Nil</li> <li>• No. of MDR TB Patients: Nil</li> <li>• Treatment initiation among MDR TB patients: Nil</li> </ul>
<b>3. Implementation of National Leprosy Eradication Programme (NLEP)</b>	
No. of new cases detected: 03 No. of G2D cases: 0 MDT available without interruption: <b>Yes</b> Reconstructive surgery for G2D cases being conducted: <b>No</b> MCR footwear & selfcare kit available: <b>Yes</b>	
<b>4. Integrated Disease Surveillance Programme (IDSP)</b>	
<ul style="list-style-type: none"> <li>• Rapid Response Team (RRT) Constituted: <b>Yes</b></li> <li>• Team Composition: 07</li> <li>• Outbreaks investigated:</li> <li>• 2020-21: 03</li> <li>• 2021-22: 04</li> </ul>	

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

Under National Tuberculosis Elimination Programme (NTEP), the target TB notification from all medical practitioners, hospitals, laboratories, and chemists (government, private and NGOs) in 2021-22, was achieved (83%). Public sector notified that a total number of 315 TB patients were going to local health authorities while no one is going to private sector.

Under National Leprosy Eradication Programme, 3 new cases were detected, out of which no Grade 2 Disabilities (G2D) cases in the district. The supply of Multi Drug therapy (MDT) was available without interruption throughout and MCR footwear and self-care kit are available under the programme. Rapid response team are being constituted under the Integrated Disease Surveillance Programme (IDSP). Eighty percent private health facilities are reporting weekly data on IDSP.

#### 4.4 Non-Communicable Diseases

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

**Table 12: Non-Communicable Diseases Programme Implementation status in the Unakoti District, 2021-22**

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

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



## CHAPTER 5 PUBLIC HEALTH FACILITY ASSESSMENT

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



### 5.1 DISTRICT HOSPITAL, UNAKOTI

District Hospital Unakoti is 150 bedded and the average OPD load of 150 patients per day. Due to over load of OPD in the hospital which create a major crunch of HR in the facility but they manage to work. The facility are having geriatric and disability friendly ramp and sufficient arrangement of OPD waiting area for the patients.

- + In the DH 5-7 deliveries are conducted per day and C-section 1-2 deliveries per day and high risk deliveries are also conducted in the facility even at the late night. Both Labor and OT room registers are well maintained and are monitored by the MO.
- + JSY and JSSK regular payment are being processed. For JSSK diet per patient is 100rs and are providing 3 times meal to the beneficiaries like milk, egg, fruits, rice, vegetables etc. The DH provides all free services such as delivery care, diet, drugs and consumables, diagnostics, blood services, referral transport and drop back services. However, the coverage of referral transport from home to facility and drop back facilities after delivery is negligible.
- + The facility has 24 by 7 running water and availability of drinking water all the time. Clean and functional separate toilets are for male and female. There is availability of all the drugs and proper storeroom with rack and well maintained data for the expiry medicine.
- + All the services are available in the hospital for the beneficiaries like X ray, USG, Dialysis, OPD services, Clinical pathology, ICTC, DEIC, OST clinic, JSSY, CT-Scan, Vaccination, DPHL, IPP, ECG, MCH, CBC, OT etc. All the specialized services are available in addition General OP, ANC, Delivery, Immunization, FP, and Laboratory services like medicine, O&G, Pediatric, General Surgery, Anesthesiology, Ophthalmology, Dental, Imaging Services (X-Ray), USG, DEIC, MNCU, NICU, PICU, Labour Room Complex, ICU, Dialysis Unit



**Figure 5: District Hospital Unakoti**

and Emergency Care except NRC, Telemedicine, NICU, PICU and Burn Unit which is not functioning at the DH. SNCU, ICU is under construction.

**Table 13: Status of health infrastructure, District Hospital, Unakoti 2021-22**

<b>Infrastructure</b>	<b>Yes/No</b>
Accessible from nearest road head	Yes
24*7 running water facility	Yes
Clean functional toilets available (separate for Male and female)	Yes
Drinking water facility available	Yes
OPD waiting area has sufficient sitting arrangement	Yes
Facility is geriatric and disability friendly (ramps etc.)	Yes
ASHA rest room is available	Yes
Drug storeroom with rack is available	Yes
Power backup (Complete Hospital / Part of the hospital)	Yes
Availability of delivery services	Yes
If facility is designated as FRU, whether C-section are performed	No
Functional newborn care corner (radiant warmer neo-natal ambu bag)	Yes
PMSMA services provided on 9 <sup>th</sup> of every month	Yes
Number of functional in-patient beds	150

Source: District Hospital Checklist, Unakoti 2021-22

- +** In the DH, 4 operational ambulances and one contracted ambulance are available at the facility by 24X7. The availability services are there with centralized call centre but the road activity and network issue is the major hassles for district hospital.
- +** PMSMA services are provided on 9<sup>th</sup> of every month and the issues are regarding High BP, Anemia, Excess bleeding, passage issue, infection and PIH.
- +** In some designated remote areas home deliveries are taking place.
- +** 2 maternal deaths were occurred at the facility, one in May month and the other in June in the current financial year. The cause of death was anemia and also no timely checkup taken place as people are living in tea areas which is very far from the facility. Maternal Death Review Report had been submitted to CMO office.
- +** There were 25 Child Deaths occurred at the facility in the last financial year due to low birth weight, sepsis, asymptomatic and proper review had been done at the DH.
- +** No Adolescent Friendly Health Clinic are available at the DH as there is no counsellor at the facility. ANM do the counselling to the beneficiaries.
- +** There are total 46 staff at the facility and per shift 2 staff is always available at the desk. But still more staff nurses are required because of over load of beneficiaries in the district and outside the district.
- +** The laundry services are not up to the mark and even the staff nurse is not satisfied with their work performance. The laundry cost of per bedsheet is 20rs.
- +** Regular supply of water is the major issue as geographically it is a hilly area.
- +** In last year 2019 the DH was facilitated with Kayakalp award and the internal score was 79% and external 79.5%.

**Table 14: Availability of specialized services at District Hospital Unakoti, 2021-22**

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

Source: District Hospital Checklist, Unakoti 2021-22

- + There is only one lab technician in the facility to conduct 60-70 tests and 6-7 culture tests. COVID test is done on regular basis and till now there are only 1-2 active cases in the district.
- + The facility is having only 10KB generator supply, so it cannot supply electricity to every room and there is a major chaos at the DH at the time of power cut.
- + All equipments are updated except the reagents because facility is having semi analyser but state has supplied reagent for auto analyser.
- + In the facility there is a shortage of 5 major essential drugs like Injection Tramadol, Injection Metronidazole, Injection RL, Tablet Pantoprazole and Tablet Paracetamol 650. There is no regular supply of medicine at DH. Medicine that are about to expiry are disposed-off in condemnation unit for expiry medicine.
- + There are 2 gynaecologists at the DH. There is no separate washroom in the labour room, there is no separate ANC and PNC ward because of space crunch. There is no isolation ward, so eclampsia patient care cannot be taken place.
- + In the District Hospital there is immense shortage of space because of this the ANC, PNC and general ward patients share beds at the facility even some patients lay on the floor which create a lot of surgical site infection to the beneficiaries and they are seeking treatment at the

facility. Due to space crunch and fear of surgical site infection pregnant women don't stay at the facility even for 24hrs.

- + There is no regular visit of DPM from the last 6 months but DSO do visit the district hospital.
- + There is a general paediatric ward with 2 warmers. There is no NRC and NBCU unit. ICC, HBNC, SNCU services are under process at the facility.
- + Mera Aspataal is functional at the facility and the score is 70% in January, 60-64% in June but for August its coming 0 and this issue already has been discussed with the state. There is a portal issue at the time of punching which shows zero.
- + There is very less awareness regarding Mera Aspataal among community people and staff at the facility.
- + There is a lack of timely orientation by the state to the facility related to any implementation of the programme. Orientation is being provided only at the designated centre and from there no information is circulated at the facility level.

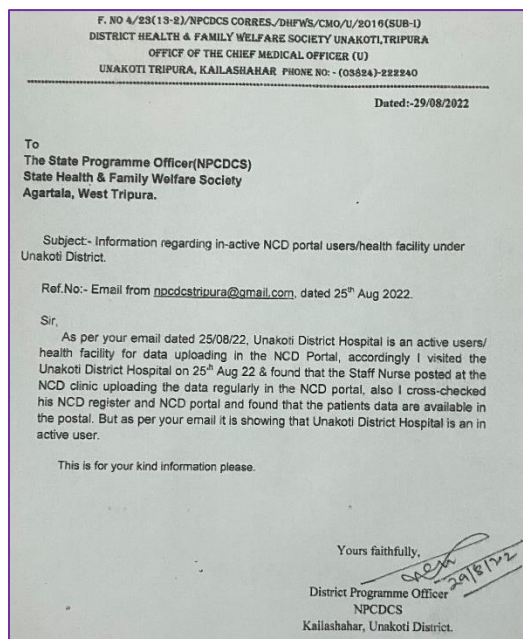





Figure 6: Letter to State regarding portal issue, DH Unakoti

### Major Key Challenges for DH Unakoti

 In the district private hospital is also available and people do want to refer from Public District Hospital to the Private DH. Count is less but still beneficiaries want their reference.

 People from other districts like Dhalai, North Tripura are been referred to Unakoti DH.

 The district hospital building was built in 2016 but the infrastructure needs to be renovated as the layout of the facility is not up to the mark. All sanitation pipelines are in the walls which is the foremost cause of soakage issue at the facility. Even there is no air ventilation in the labor room.

**Table 15: Availability of Human resources at District Hospital Unakoti, 2021-22**

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

Source: District Hospital Checklist, Unakoti 2021-22



## 5.2 PRIMARY HEALTH CENTRE MACHMARA and SAMRUPAR








Figure 7: PHC Machmara



Figure 8: PHC Samrupar

- +** **PHC Machmara** caters 18000 population and 5 sub centers come under the facility and around 54 paras. PHC Machmara is functioning as PPP mode and facility is fully equipped. It is a 10 bedded facility and 5 services available at the facility like Lab, Emergency, Diet, NVD, NCD, MCH and 24X7 delivery services are available at the PHC. There is an availability of telemedicine at the PHC. At the facility one functional ambulance is available with all registered maintained and checked by the MO. 4 child deaths were occurred at the facility and the cause of death was low birth weight, on the way and network issue as the patient were not able to contact the ambulance on time. Earlier in Machmara there were large number of cases of malaria but it has been reduced because of the awareness among the people. For family planning method people prefer pills, condoms and Copper T and family planning counselling is being provided by the staff nurse as there is no FP counsellor available at the facility. PHC Machmara is Kayakalp awarded facility with 89% score and NQAS result is under the process from the state. In the facility there is an implementation of DVDMS and availability of essential medicines which is around 270 but still there is a shortage of Pralidoxime, Atropine, Dicyclomine and paracetamol syrup and also shortage of hypertension and diabetic drugs like Amlodipine, metformin and glimepiride. JSY payments are up to date and for JSSK diet there is an availability of in-house kitchen. Random checking of food quality is being done by the MO. The maximum number of confirmed cases for hypertension are 43, confirmed cases for diabetes are 28, oral and breast cancer cases are confirmed 01 in PHC Machmara. Yoga is done at the facility in every 9th day in a month and around 15-20 people come for the yoga exercise at the facility. Biomedical waste are buried in sharp pits and deep burial pits.

### Major Key Challenges for PHC Machmara

-  Machmara is catering maximum number of tribal population. It is very difficult for the medical staff to convince and aware the tribal population regarding any of the programmes conducted in the facility like family planning counselling, COVID vaccination, Routine Immunization. They prefer **Quack doctor** instead of coming to the facility. There is more acceptance of AYUSH doctor but presently no AYUSH doctor is available in PHC Machmara.
-  LLIN is distributed in community as it is a high risk area for Malaria but they use the net for the fishing purpose.
-  The roads and internet connectivity is the major issue in Machmara and it's really a task for the beneficiaries to reach the facility.
-  Tobacco consumption is very high in the community both in males as well as females. Even the adolescent boys do consume tobacco in a large amount.
-  No sanitary pads were provided in the current financial year.

+ **PHC Samrurpar** is a 10 bedded facility with the availability of services like PMSMA, outreach health camp, COVID 19 vaccination, palliative care, elderly care NCD and COVID testing services at the PHC. There is no active COVID case in nearby areas. There is an availability of telemedicine at the PHC and one functional ambulance is available with all registers maintained and checked by the MO. There was 1 child death occurred at the facility and the cause of the death was respiratory disorder. For child immunization in the last year 109% target was achieved and in the current year 86% target has been achieved. For family planning method people prefer Mala, Antara and Condom and family planning counselling is being provided. Samrurpar is a tea garden area where a large amount of teenage marriage and teenage pregnancy occurs in the community. JSY and JSSK is not available at the facility as there is no delivery operational at the facility. The maximum number of confirmed cases for hypertension are 55 and confirmed cases for diabetes are 27 in Samrurpar facility. Yoga is done at the facility in every 9th day in a month and around 5-10 people come for the yoga exercise at the facility. PHC Samrurpar won a commendation award for Kayakalp. In the facility there is an implementation of DVDMS. There is availability of 40 essential medicines but has shortage of hypertension and diabetic drugs like Amlodipine (2.5mg, 5mg), Alprazolam 0.25 mg, Melamine (100mg) and calimprile 12mg. Biomedical waste are buried in sharp pits.

**Table 16: Status of infrastructure, Primary Health Centre , 2021-22**

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

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

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

HR Positions	PHC Machmara			PHC Samrurpar		
	San.	Reg.	Cont.	San.	Reg.	Cont.
MO (MBBS)	02	02			01	
MO (AYUSH)	0	0			0	
SNs/ GNMs	05	05			03	
ANM	03	03			02	
LTs	01	01			01	
Pharmacist	01	01			01	
Public Health Manager (NUHM)	0	0			0	
LHV/PHN	0	0			0	
Others	20	20			05	

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

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

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

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

### Major Key Challenges for PHC Samrurpar



Tele-consultation is not operational at the facility because of poor network connectivity and the major reason for this issue is the Indo-Bangladesh border area.



Anemia prevalence is very high in Samrurpar areas, as it cater maximum tea garden population and migratory population. People are very poor and reluctant regarding their health.



Every month special drive for immunization is roll out for the people who are left out but still there is a reluctance in the Muslim community.



Since 2019 onward there is an irregular supply of drugs like iron, antibiotics, paracetamol and calcium at the facility.



### 5.3 SUB-HEALTH CENTRE FULBARIKANDI and LAXMIPUR



**Figure 9: SC Fulbarikandi**



**Figure 10: SC Laxmipur**

- + SC Fulbarikandi** catchment population is 3526 and covering 4 paras. In HR there are 4 ASHAs, 1 ANM, 1 CHO and 1 MPW. The average OPD at the facility is 15-20 patients per day with the issues of abdominal pain or seasonal diseases and skin disease. 61 percent immunization target has been achieved by the facility. The major childhood diseases occurred in the community were skin rashes, gastritis problem and indigestion. PMSMA is actively running at the facility, as every month on 9<sup>th</sup> activities are conducted like monthly check up, ANC, Blood sugar test and HIV test. Proper VHND session are conducted at the community. Health camps and counselling are also organized in Fulbarikandi. There is no vector borne disease in the community. Till now no training had been provided to ASHAs for CBAC form. For family planning beneficiaries are opting for temporary methods. Due to awareness and camps done by the facility the average family size is reduced which was earlier 4-5 children in muslim community. At present 2 TB active cases are treated at the facility.
- + SC Laxmipur** catchment population is 5817 covering 11 paras and 2 gram panchayat. In HR there are 8 ASHAs, 2 ANM, 1 CHO and 1 MPW. The average OPD at the facility is 15-20 patients per day and no deliveries are taking place at the SC. Facility premises are within the gram panchayat office and there is a proper support from the Pradhan for conducting camps at the community level and even the Pradhan also actively participate or take the follow-up for the activities. PMSMA is actively running at the facility as every month on 9<sup>th</sup> activities are conducted like monthly check up, ANC, Blood sugar test and HIV test. Yoga trainer is also available at the Laxmipur sub center. Proper VHND session are conducted at the community. Health camps and counselling are also organized in Laxmipur facility. There is no vector borne disease in the community. In Laxmipur facility, there are 3 active cancer patients, one having throat cancer, one with survival cancer and one with liver cancer. At the facility there were no colour coded bins available and was no water supply. 6<sup>th</sup> module

training is being given to ASHAs and they have all the knowledge for their activities that they are performing. There is a huge delay in ASHA's payment.

**Table 19: Status of health services, Sub-Centre, 2021-22**

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

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

### Major Key Challenges of Sub Center



Lifestyle disorder among elderly is very prevalent as there are many patients for spondylitis and arthritis.



There has been no supply of sanitary pads at the Sub center from last 6<sup>th</sup> months.



## CHAPTER 6 COMMUNITY HEALTH

### 6.1 Background

We had conducted a focused group discussion to know the overall community perception regarding the accessibility of health facilities available in the Unakoti district and lifestyle choices with ASHA workers, ANMs and local community members. Questions related to Knowledge training and incentives were asked from ASHAs and AWWs.



**Figure 11: Community Interaction**

### ☺ Health Seeking Behavior

With regard to health seeking behaviour, it was reported that along with the existing public facilities, there is private clinics in the surrounding area but people are satisfied with the facilities. CHO is always available at the centre. ASHAs are locals and are closely connected to rural families. These facts help them in helping and empowering other women. ASHAs are formed to serve as a significant communication mechanism connecting the wide-ranging healthcare system to the rural areas. The contribution of ASHAs towards the attainment of female sterilization showcases their fruitful work done and their performance levels have been ever increasing with time.

### ☺ Lifestyle and Living condition Practices

The village people were satisfied with the work of ASHAs and Anganwadi workers, as Anganwadi workers probably know the whole of the village because “**Har Ghar Dastak**” is implemented in the community to meet people and talk to women. In the district frontline workers going to the remotest areas to cover the public who is left out. Unakoti district geographical location is very difficult as it’s a terrain area. So people in these areas are not able to come for RI sessions that’s why district started “door to door” services in the remotest areas of Unakoti. It is very difficult to gauge difference in level of public awareness, and even more difficult to change cultural stereotypes. Furthermore, while discussing with the village people, the participants have cited that both the workers create awareness amongst them by gathering and discussing their problems on various health issues. They bring the natives of the villages close and therefore form a strong network of people, which can assist in accomplishing the rural campaigns effectively.

### ☺ Behaviour of Healthcare Provider

ANMs and ASHAs work at all levels of rural families as well as their communities. In addition to offering nutritional guidance to pregnant women, they also give parents advice about the nutrition they should provide for their children. They advise eligible couples about family planning and

healthy living. Healthy communication levels and a close relationship is the first step in enhancing rural campaigns. These groups and volunteers help in promoting rural campaigns as they know better about the working style and psychology of the people aimed for local campaigns. They also advise them for the personal hygiene.

### 😊 **Health seeking Treatment**

Despite the high burden of preventable and curable diseases for health care service availability is still limited and numerous barriers to access exist and preventing service use especially in community with low income group that causes inequalities in health and health care. Especially where service provision is constrained and unequal across geographic areas of Unakoti district which is also a major dimensions of health care financing and provision. The poor and other vulnerable groups such as the elderly, who are mainly concentrated in rural areas, are the most affected by health system challenges. Yet these vulnerable groups are known to be the most in need of these services. The non-use of health facilities leads to undesirable health behaviour such as patients using traditional remedies or no treatment at all which has led to increase in mortality even for easily manageable conditions

### 😊 **Out of Pocket expenditure in Public Health Facilities**

None of the villagers in the gathered group reported to have incurred any out of pocket expenditure in the public health facilities. Ambulance service was being utilized by the people in the district especially by pregnant women. With regard to behaviour of health service providers, it was reported that ANM and CHO at the SC Fulbarikandi were very cooperative.

### 😊 **Coverage, Knowledge and Skills of ASHA as per the community**

The ANMs, Anganwadi and ASHA are firmly rooted in the social network of the local people and the villagers. Social networks and public relations are the backbones of every successful rural marketing campaign, and this network plays a crucial role in promoting rural campaigns too. Further, these workers have the advantage over specialists as they live in the same rural areas, which offer them insights into the locality and helps in identifying the root of issues and in solving them swiftly. Additionally, these are in constant need of monetary help, so if the motivation is high, they will perform better and be enthusiastic about rural campaigns. They also have superior social skills and can, therefore, more effortlessly interact with the local people. They are an integral part of a village's social set-up, and as locals, they know and are at ease with the local languages, approaches, and ways, familiar with the people, and are so highly trusted, which further promotes all categories of rural campaigns.



## CHAPTER 7 CONCLUSION AND RECOMMENDATION

### 7.1 CONCLUSION

The Population Research Centre, Delhi undertook the monitoring of NHM Programme Implementation Plan in Unakoti District of Tripura. The report is prepared on the basis of field based observations and visits to the following public health facilities in Unakoti: District Hospital, PHC Samrurpar, PHC Machmara, SC Fulbarikandi and SC Laxmipur. Meetings were held with the Chief District Medical Officer (CDMO) and the NHM Nodal Officials. Interactions with health officials regarding selected facilities, health care providers (ANM, ASHAs etc.) and other supporting staff to understand the strengths and weakness of the facilities in service provisioning. Health Management Information System (HMIS) data was verified for the District Hospital Ranking data validation purposes.



**Assessment of Non Communicable Diseases Status (NCD):** Of the total population, 37% CBAC form target has been achieved. ASHA training is needed for CBAC online form. Last training was conducted in the 2018. Earlier CBAC form was done manually, now it is provided on online platform but ASHSs are not enough literate to handle the computer. TB diagnostic is not sufficient, like microscopy is still old and back date. The government's affiliation with the Mediciti agency, which is in charge of maintaining the equipment, is depraved and compare to the previous corporation.



**Implementation of RBSK Programme:** The district has an active RBSK programme. There are four teams, but none of them are fully assembled. The team has to visit all the schools and the AWC of all the blocks for screening. The teams are required to monitor 120 students per day, but because the team is understaffed, managing the session is extremely difficult for them. Additionally, after finishing the session each day, the teams are required to enter the data in the portal, which is also extremely challenging due to the lack of manpower.

District Early Intervention Center (DEIC) is not running full-fledged in the district. Adolescent girls find it challenging to visit and discuss their menstruation problems because female doctor is not available in the team. There is a shortage of sanitary pads in the district.



**Execution of Tobacco Control Programme:** Counselling take place at the facility and school level. Proper training has been provided by the state to the district. Yearly 10 programmes are been conducted by the district. In the training the stakeholder, CMO, DPM are there and training is been given by DPO (District Programme Officer) but there is no district consultant for the programme.



**Integrated Disease Surveillance Programm:** HIV reporting 100% in the district and the Unakoti is the highest district for reporting of the HIV in the entire state of Tripura.

MPW/ASHA/CHO/LT are in-charge of daily reporting. There is a lack of manpower in the PHC for the data reporting.



**Availability of IEC/ BCC materials:** VHND session create awareness among the community about family planning, immunization, sanitation, hygiene etc. IEC is distributed from the district and each facility has proper IEC material.




**Awareness for Family Planning:** In the district acceptance of oral contraceptives like LL, OCPs, mala, condoms and there is no acceptance of permanent methods. In Unakoti there is a less acceptance of Antara. There is an availability of condoms in even facility. The average family size is 2 and maximum is 5 in Unakoti district. There are some referral areas where people doesn't want to come to the facility for the treatment, they have identify the community pockets and also identified local influencer included for local mobilization.



**Issues related to AYUSHMAN Bharat Yojana:** ASHA would only receive 5rs per card once an AYUSHMAN Bharat card has been approved. Only 33% of the ASHA payments have thus far been made using funds from the state government rather than the NHM budget. An earlier government announcement said that ASHA would receive 100% of the proceeds from some activities and additional 33% for other activities. This money would be released through state government funds. Additional, this fund only appears once a year, just before Durga Puja, and there is significant backlog because the entire amount has not yet been released. They will receive 300rs from the district and 300rs from the state government from the state for maintaining 5 registers, such as those for eligible couples, pregnant women and others, but they do not receive the 300rs from the state.

The intention was to give the ASHA extra money, which was a really excellent thing, but the district ended up in trouble because everything depends on the ASHA. The main difficulty affecting the district is the delay in the payments, which makes it difficult for ASHA to receive its incentives on time. DOI is the single officer and he have to perform so many activities in the district. There is a requirement of district /block level accountant. In the district from RKS funds they are hiring temporary people for data managing in the district.



**Utilization of Financial Funds:**  For the past 14 years in the district, Unakoti has 14 institutions and for that only 6 accountant or the accounts manager are present. Shortage of accountant is the major crunch for the district. No incentives have been given to the people from the last 2 years and providing only the TA/DA to the NHM staff.



Last year Single Accounting System (SAS) was there at the periphery level, in the SC Level they are in the position to check and look after the implementation of SAS and it was found that the facility was not able to issue every cheque through PFMS. So the accountant had to pay all the

payments to 19 PHC, 17 SC and 49 HWC and all the cheque payments were done by only one accountant. Now the district is trying to train their CHO regarding financial matter which is PFMS for the smooth roll out of the money at the SC level.



The district achieved 84% expenditure out of the total fund allocation. At the district level there is no MS expert, no Media expert, no logistic, no ASHA Manager.



TA/DA is not sufficient. It ought to be sufficient to motivate the people to work. For the past four to five years, there has been no recruitment. The state must hire more accountants and raise their pay because they currently get only 9000rs per month.



JSY payment is not up to the mark because if the people migrate and deliver the baby in other district they won't be able to get the benefits of JSY. JSSK diet is being provided to the beneficiaries at the facility level as there is an in-house kitchen and 100rs diet per beneficiary.



## 7.2 RECOMMENDATIONS



**Financial Resources under National Health Mission (NHM):** The State Government may increase budget allocation and spending for healthcare services in order to provide the State's people with adequate and high-quality healthcare infrastructure and services, as well as to promptly use the funds allotted for the implementation of programmes under the National Health Mission (NHM).



**Sanctioned Strength and Recruitment of Human Resources:** The State Government may ensure revision of sanctioned strength and recruitment of adequate number of Medical Officers, nursing staff, para medical staff as per the IPHS norms in keeping with the expansion of health facilities in the State.



**Shortage in Availability of Essential Drugs:** In order to prevent "stock outs," the State Government may make sure that vital medicines are purchased on schedule and supplied to the DHs. They might make sure that each facility develops a formulary of medicines based on patient inflow and disease patterns.



**Delivery for Healthcare services:** Doctors strength may be increased considering the patient load and average OPD cases per doctor. Grievance redressal mechanism needs to be streamlined

in such a way that it becomes easily accessible to the common people with assured action on the grievance.



**Non Communicable Diseases-Cancer:** There has to be an increase in cancer screening and awareness programmes for State residents. Screening facilities in DHs need to be ramped up with manpower and equipment. IEC and BCC activities need to be strengthened to cover the annual targeted interventions.



**To improve the Monitoring and Functioning of OPD and IPD Services:** In order to facilitate a meaningful change in health outcomes, the government must adopt an integrated approach, allocate resources in ways that are compatible with patients objectives and strengthen the monitoring and operation of the district hospitals. The Department's monitoring system has to be updated to measure outcome indicators for the hospitals clinical care capacity, productivity, efficiency and service quality. By enhancing counselling services, the high LAMA and Absconding rates in test checked hospitals may also be reduced. In light of the rising patient load, the State Government may consider raising the State Hospitals bed capacity along with any associated measures.

## ANNEXURE-I

**Table A.1: Socio demographic Indicators of Unakoti, Tripura, and India**

	India	Tripura	Unakoti
Total number of Blocks	6612	58	4
Total number of Villages	649481	887	91
Actual Population	1,21,08,54,977	36,73,917	2,76,506
Urban Population %	31.16	26.2	14.7
Rural Population %	68.84	73.8	85.3
Male	623,270,58	18,74,376	1,40,210
Female	58,75,84,719	17,99,541	1,36,296
Density/ km2	382	350	467
Literates %	72.98	87.22	86.91
Sex Ratio (females per/000 male)	943	960	972
Child Sex Ratio (0-6 age)	914	-	-

Source: Census of India 2011

**Table A.2: Details of Resource Envelope Unakoti District, 2020-21**

Particulars	Rs. in Crore
1. GoI Support (Flexible Pool allocation including Cash and Kind)	170.69
2. GoI Support for Incentive Pool based on the last year's performance ( assuming no incentive/ reduction on account of performance)	28.92
3. GoI Support (under Infrastructure Maintenance)	38.61
Total GoI support	238.22
State Share (40%)	26.47
Total Resource Envelope	264.69

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

**Table A.3: Status of implementation of Comprehensive Primary Health Centre, Unakoti 2021-22**

Indicator	Planned	Completed
1. Number of CBAC forms filled	108567	10058
2. Number of HWCs started NCD screening:		
a. SHC- HWC	a. 70	a. 41
b. PHC- HWC	b. 11	b. 11
c. UPHC – HWC	c. 0	c. 0
3. Number of individuals screened for:		
a. Hypertension	a. 108567	a. 19623
b. Diabetes	b. 108567	b. 19623
c. Oral Cancer	c. 108567	c. 19623
d. Breast Cancer	d. 53198	d. 10407
e. Cervical Cancer	e. 0	e. 0
4. Number of HWCs providing Teleconsultation services	70	41
5. Number of HWCs organizing wellness activities	70	41

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

## ANNEXURES II



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



### Schedule for PIP Monitoring

### Key Correspondence: DPMU

#### District Profile- 2021-2022

<b>A.1. Healthcare</b>				
Indicator	Values		We have to mention the source ourselves in column ( As we need district details as per census 2011 or the current date)	
1. Name of the District				
2. Total number of Blocks				
3. Total number of Villages				
4. Total Population				
• Rural population				
• Urban population				
5. Literacy rate				
6. Sex Ratio				
7. Sex ratio at birth				
8. Population Density				
9. Estimated number of deliveries (2021-22)				
10. Estimated number of C-section (2021-22)				
11. Estimated numbers of live births (2021-22)				
12. Estimated number of eligible couples (2021-22)				
13. Estimated number of leprosy cases (2021-22)				
14. Target for public and private sector TB notification for the current year (2021-22)				
15. Estimated number of cataract surgeries to be conducted (2021-22)				
Mortality Indicators:	Financial year (2020-21)		Financial Year (2021-22)	
	Estimated	Reported	Estimated	Reported
• Maternal Death				
• Child Death				
• Infant Death				
• Still birth				
• Deaths due to Malaria				

• Deaths due to sterilization procedure				
<b>A.2. Healthcare Infrastructure</b>				
<b>Facility Details</b>	<b>Sanctioned/ Planned</b>		<b>Operational</b>	
23. District Hospitals				
24. Sub District Hospital				
25. Community Health Centers (CHC)				
26. Primary Health Centers (PHC)				
27. Sub Centers (SC)				
28. Urban Primary Health Centers (U-PHC)				
29. Urban Community Health Centers (U-CHC)				
30. Special Newborn Care Units (SNCU)				
31. Nutritional Rehabilitation Centres (NRC)				
32. District Early intervention Center (DEIC)				
33. First Referral Units (FRU)				
34. Blood Bank				
35. Blood Storage Unit (BSU)				
36. No. of PHC converted to HWC				
37. No. of U-PHC converted to HWC				
38. Number of Sub Centre converted to HWC				
39. Designated Microscopy Center (DMC)				
40. Tuberculosis Units (TUs)				
41. CBNAAT/TruNat Sites				
42. Drug Resistant TB Centres				
43. Functional Non-Communicable Diseases (NCD) clinic				
• At DH	_____	_____	_____	_____
• At SDH	_____	_____	_____	_____
• At CHC	_____	_____	_____	_____
44. Institutions providing Comprehensive Abortion Care (CAC) services				
• Total no. of facilities	_____	_____	_____	_____
• Providing 1st trimester services	_____	_____	_____	_____
• Providing both 1st & 2nd trimester services	_____	_____	_____	_____

**Overview: Submission & Approval timeliness of DHAP**

<b>Indicator</b>	<b>Remarks/ Observation</b>
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_____

Indicator	Remarks/ Observation
3. Date of first release of fund against DHAP	
4. Infrastructure: Construction Status	
<ul style="list-style-type: none"> <li>Details of Construction pending for more than 2 years</li> </ul>	
<ul style="list-style-type: none"> <li>Details of Construction completed but not handed over</li> </ul>	

### A.3 Infrastructure Construction Status Details

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

### Service Availability

Indicator	Remarks/ Observation
<b>C.1. Drugs &amp; Diagnostics</b>	
1. Implementation of <b>Free drugs</b> services (if it is free for all)	
2. Implementation of <b>diagnostic services</b> (if it is free for all)	
<ul style="list-style-type: none"> <li>Number of lab tests notified</li> </ul>	
<b>C.2. Status Of Delivery Points</b>	
<ul style="list-style-type: none"> <li>No. of SCs conducting &gt;3 deliveries/month</li> </ul>	
<ul style="list-style-type: none"> <li>No. of 24x7 PHCs conducting &gt; 10 deliveries /month</li> </ul>	
<ul style="list-style-type: none"> <li>No. of CHCs conducting &gt; 20 deliveries /month</li> </ul>	
<ul style="list-style-type: none"> <li>No. of DH/ District Women and child hospital conducting &gt; 50 deliveries /month</li> </ul>	
<ul style="list-style-type: none"> <li>No. of DH/ District Women and child hospital conducting C-section</li> </ul>	
<ul style="list-style-type: none"> <li>No. of Medical colleges conducting &gt; 50 deliveries per month</li> </ul>	
<ul style="list-style-type: none"> <li>No. of Medical colleges conducting C-section</li> </ul>	
<ul style="list-style-type: none"> <li>Number of institutes with <b>ultrasound facilities</b> (Public+Private)</li> </ul>	Public: Private:

Indicator	Remarks/ Observation															
<ul style="list-style-type: none"> <li>Of these, how many are registered under PCPNDT act</li> </ul>	Public: Private:															
<b>C.3. National Health Programmes</b>																
<b>3. Pradhan Mantri Surakshit Matritva Abhiyan (PMSMA)</b>	3. No. issued MCP card and Safe Motherhood Booklet: _____ 4. Number of health facilities where current round of PMSMA was conducted: a. Medical College: _____ b. DH: _____ c. SDH: _____ d. CHC/UPHC: _____ e. PHC/UPHC: _____ f. Private Clinics: _____															
<b>4. Rashtriya Bal Suraksha Karyakram (RBSK)</b>	Total no. of RBSK teams sanctioned ..... No. of teams with all HR in-place (full-team) ..... No. of vehicles (on the road) for RBSK team ..... No. of Teams per Block ..... No. of block/s without dedicated teams ..... Average no of children screened per day per team ..... Number of children born in delivery points screened for defects at birth .....															
<b>5. Special Newborn Care Units (SNCU)</b>  <ul style="list-style-type: none"> <li>Admissions ( 2021-22)</li> <li>Defects at birth</li> <li>Discharged</li> <li>Referral</li> <li>LAMA</li> <li>Died</li> </ul>	<ul style="list-style-type: none"> <li>Total number of beds               <ul style="list-style-type: none"> <li>In radiant warmer _____</li> <li>Stepdown care _____</li> <li>Kangaroo Mother Care (KMC) unit _____</li> </ul> </li> <li>Number of <b>non-functional radiant warmer</b> for more than a week _____</li> <li>Number of <b>non-functional phototherapy unit</b> for more than a week _____</li> </ul> <table border="1" data-bbox="891 1627 1421 1879"> <thead> <tr> <th data-bbox="891 1627 1123 1663">Inborn</th> <th data-bbox="1123 1627 1421 1663">Out born</th> </tr> </thead> <tbody> <tr> <td data-bbox="891 1663 1123 1701"></td> <td data-bbox="1123 1663 1421 1701"></td> </tr> <tr> <td data-bbox="891 1701 1123 1738"></td> <td data-bbox="1123 1701 1421 1738"></td> </tr> <tr> <td data-bbox="891 1738 1123 1776"></td> <td data-bbox="1123 1738 1421 1776"></td> </tr> <tr> <td data-bbox="891 1776 1123 1814"></td> <td data-bbox="1123 1776 1421 1814"></td> </tr> <tr> <td data-bbox="891 1814 1123 1852"></td> <td data-bbox="1123 1814 1421 1852"></td> </tr> <tr> <td data-bbox="891 1852 1123 1879"></td> <td data-bbox="1123 1852 1421 1879"></td> </tr> </tbody> </table>		Inborn	Out born												
Inborn	Out born															

6. Newborn Stabilization Unit (NBSU)	Inborn	Out born
• Admission (2021-22)		
• Discharged		
• Referral		
• LAMA		
• Died		
7. Nutrition Rehabilitation Centers (NRC)	<ul style="list-style-type: none"> <li>• Total Admissions ( 2021-22).....</li> <li>• Discharged .....</li> <li>• Referral/ Medical transfer .....</li> <li>• LAMA .....</li> <li>• Died .....</li>   <li>• <b>Admission</b> <ul style="list-style-type: none"> <li>• Bilateral pitting oedema .....</li> <li>• MUAC&lt;115 mm .....</li> <li>• &lt;'-3SD WFH .....</li> <li>• with Diarrhea .....</li> <li>• ARI/ Pneumonia .....</li> <li>• TB .....</li> <li>• HIV .....</li> <li>• Fever .....</li> <li>• Nutrition related disorder .....</li> <li>• Others .....</li> </ul> </li>   <li>• <b>Admission to NRC Referred by</b> <ul style="list-style-type: none"> <li>• Frontline worker .....</li> <li>• Self .....</li> <li>• Ref from VCDC/ CTC .....</li> <li>• RBSK .....</li> <li>• Pediatric ward/ emergency .....</li> </ul> </li> </ul>	
8. Home Based Newborn Care (HBNC)	<ul style="list-style-type: none"> <li>• <b>Status of availability of HBNC kit with ASHAs</b></li> <li>&gt;Total No. of ASHAs: _____</li> <li>&gt; No. of ASHAs with HBNC kits: _____</li> <li>&gt; Reasons of Non-provision: _____</li> <li>_____</li> <li>_____</li>   <li>• Total Newborns visited under HBNC: _____</li>   <li>• <b>Status of availability of drug kit with ASHAs:</b></li> <li>&gt; Total No. of ASHAs: _____</li> <li>&gt; No. of ASHAs with drug kits: _____</li> </ul>	

	> Reasons of Non-provision: _____ _____						
<b>9. Peer Education (PE) programme</b> (Adolescent Health) & <b>Weekly Iron Folic Acid Supplementation(WIFS)</b>	<ul style="list-style-type: none"> <li>• No. of Blocks covered under Peer Education (PE) programme: .....</li> <li>• No. of villages covered under PE programme: .....</li> <li>• No. of Peer Educators: .....</li> <li>• No. of Adolescent Friendly Clinic (AFC) meetings held: .....</li> <li>• WIFS stockout: .....</li> </ul>						
<b>10. Mobile Medical Unit (MMU) (on the road) and micro-plan</b>	<ul style="list-style-type: none"> <li>• No. of Mobile Medical Unit (MMU) (on the road) and micro-plan _____</li> <li>• MMU team Composition _____ _____</li> <li>• List of Services provided by MMU _____ _____</li> <li>• No. of <b>trips</b> per MMU/month .....</li> <li>• No. of <b>camp</b>s per MMU/month .....</li> <li>• No. of <b>villages</b> covered .....</li> <li>• Average number of <b>OPD</b> per MMU per month .....</li> <li>• Average no. of <b>lab investigations</b> per MMU per month .....</li> <li>• Avg. no. of <b>X-ray</b> per MMU per month .....</li> <li>• Avg. no. of <b>blood smears collected / Rapid Diagnostic Tests (RDT) done for Malaria</b>, per MMU/month .....</li> <li>• Avg. no. of <b>sputum collected</b> for TB detection per MMU per month .....</li> <li>• Average Number of <b>patients referred</b> to higher facilities .....</li> <li>• Payment pending (if any) .....</li> </ul> <p>If yes, since when and reasons thereof</p>						
<b>11. Universal health screening</b>  <ul style="list-style-type: none"> <li>• No. of patients screened, diagnosed, and treated for:             <ul style="list-style-type: none"> <li>○ Hypertension</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• If conducted, what is the target population .....</li> <li>• Number of Community Based Assessment Checklist (CBAC) forms filled till date .....</li> </ul> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 33%;">Screened</th> <th style="width: 33%;">Diagnosed</th> <th style="width: 33%;">Treated</th> </tr> </thead> <tbody> <tr> <td style="height: 20px;"></td> <td></td> <td></td> </tr> </tbody> </table>	Screened	Diagnosed	Treated			
Screened	Diagnosed	Treated					

<ul style="list-style-type: none"> <li>○ Diabetes</li> <li>○ Oral cancer</li> <li>○ Breast Cancer</li> <li>○ Cervical cancer</li> </ul>			
<b>12. Integrated Disease Surveillance Programme (IDSP)</b>	<ul style="list-style-type: none"> <li>• Rapid Response Team (RRT) Constituted: Y/N</li> <li>• Team Composition: .....</li> <li>• Outbreaks investigated:               <ul style="list-style-type: none"> <li>• 2019-20: .....</li> <li>• 2020-21: .....</li> </ul> </li> <li>• Proportion (% out of total) of Pvt health facilities reporting weekly data of IDSP .....</li> <li>• How is IDSP data utilized? Elaborate.                _____                _____                _____</li> </ul>		

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

• **Details of Referral Transport – Number and Distribution:**

Stationed at:	BLS	ALS	PTA	Kilkari	Neonatal	Others
Medical College						
DH						
SDH						
CHC						
PHC						
Others						

• **Details of Referral Transport – Performance Indicators:**

Year	Ambulances Purchased	Total Cases	Pregnant Women	Accident Cases	Referral from one health facility to another	Others
2019-20						
2020-21						

	<b>ALS</b>	<b>BLS</b>
--	------------	------------

○ Operational agency (State/ NGO/ PPP)		
○ If the ambulances are GPS fitted and handled through centralized call centre		
○ Average number of calls received per day		
○ Average number of trips per ambulance per day		
○ Average km travelled per ambulance per day		
○ Key reasons for low utilization (if any)		
• No. of transport vehicle/102 vehicle (on the road)		
○ If the vehicles are GPS fitted and handled through centralized call centre		
○ Average number of trips per ambulance per day		
○ Average km travelled per ambulance per day		
○ Key reasons for low utilization (if any)		
<b>16. National Fluorosis Control Programme</b>	• Key activities performed in 2020-21 as per ROP:	
<b>17. National Iron Deficiency Disorders Control Programme</b>	• Key activities performed in 2020-21 as per ROP:	
<b>18. National Tobacco Control Programme</b>	• Key activities performed in 2020-21 as per ROP:	
<b>19. National Vector Borne Disease Control Programme (NVBDCP)</b>	<ul style="list-style-type: none"> <li>• Micro plan and macro plan available at district level <span style="float: right;">Y/N</span></li> <li>• Annual Blood Examination Rate: <ul style="list-style-type: none"> <li>○ 2018-19: .....</li> <li>○ 2019-20: .....</li> <li>○ 2020-21: .....</li> <li>○ Reason for increase/ decrease (as per the trend of last 3 years) .....</li> </ul> </li> <li>• LLIN distribution status .....</li> <li>• IRS .....</li> <li>• Anti-larval methods .....</li> <li>• Contingency plan for epidemic preparedness .....</li> <li>• Weekly epidemiological and entomological situations are monitored .....</li> <li>• No. of MDR rounds observed .....</li> </ul>	

	<ul style="list-style-type: none"> <li>No. of blocks achieved elimination status for Lymphatic Filariasis i.e. mf rate &lt;1% .....</li> </ul>
<p><b>20. National Tuberculosis Elimination Programme (NTEP)</b></p> <ul style="list-style-type: none"> <li>Patients notification from public sector</li> <li>Patients notification from private sector</li> </ul>	<ul style="list-style-type: none"> <li>Target TB notification achieved Y/N</li> <li>Whether HIV Status of all TB patient is known: <ul style="list-style-type: none"> <li><input type="checkbox"/> Yes/ <input type="checkbox"/> No</li> <li>If No, no. of TB patients with known HIV status _____</li> </ul> </li> <li>Eligible TB patients with UDST testing .....</li> <li>Whether drugs for both drug sensitive and drug resistance TB available .....</li> <li>No of patients notified: .....</li> <li>Treatment success rate: .....</li> <li>No. of MDR TB Patients: .....</li> <li>Treatment initiation among MDR TB patients: .....</li> <li>No of patients notified: .....</li> <li>Treatment success rate: .....</li> <li>No. of MDR TB Patients: .....</li> <li>Treatment initiation among MDR TB patients: .....</li> <li>Beneficiaries paid under NikshayPoshan Yojana <input type="checkbox"/> Yes/ <input type="checkbox"/> No</li> <li>Active Case Finding conducted as per planned for the year <input type="checkbox"/> Yes/ <input type="checkbox"/> No</li> </ul>
<p><b>21. Implementation of National Leprosy Eradication Programme (NLEP)</b></p>	<ul style="list-style-type: none"> <li>No. of new cases detected .....</li> <li>No. of G2D cases .....</li> <li>MDT available without interruption Y/N</li> <li>Reconstructive surgery for G2D cases being conducted Y/N</li> <li>MCR footwear &amp; selfcare kit avl Y/N</li> </ul>

<p><b>22. ASHAs</b></p>	<p><b>Number of ASHAs</b></p> <ul style="list-style-type: none"> <li>Required as per population .....</li> <li>Selected .....</li> <li>No. of ASHAs covering more than 1500 (rural) population .....</li> <li>No. of ASHAs covering more than 3000 (urban) population .....</li> <li>Villages with no ASHA .....</li> </ul>
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	<ul style="list-style-type: none"> <li>• Slum areas with no ASHA .....</li> </ul> <p><b>Status of social benefit scheme for ASHAs and ASHA Facilitators (if available)</b></p> <ul style="list-style-type: none"> <li>• No. of <b>ASHAs</b> enrolled for Pradhan Mantri Jeevan JyotiBima Yojana (<b>PMJJB</b>) .....</li> <li>• No. of <b>ASHA Facilitator</b> enrolled for Pradhan Mantri Jeevan JyotiBimaYojana (<b>PMJJB</b>) .....</li> <li>• No. of <b>ASHAs</b> enrolled for Pradhan Mantri Suraksha Bima Yojana (<b>PMSB</b>) .....</li> <li>• No. of <b>ASHA Facilitators</b> enrolled for Pradhan Mantri Suraksha Bima Yojana (<b>PMSB</b>) .....</li> <li>• No. of <b>ASHAs</b> enrolled for Pradhan MantriShram Yogi Maandhan Yojana (<b>PMSYM</b>) .....</li> <li>• No. of <b>ASHA Facilitators</b> enrolled for Pradhan MantriShram Yogi Maandhan Yojana (<b>PMSYM</b>) .....</li> <li>• Any other state specific scheme .....</li> </ul>
<p><b>23. MahilaArogyaSamitis (MAS)-</b></p>	<p><b>Status of MahilaArogyaSamitis (MAS)-</b></p> <ol style="list-style-type: none"> <li>a. Formed</li> <li>b. Trained</li> <li>c. MAS account opened</li> <li>d. Samiti addresses issues related to.....</li> </ol>
<p><b>24. Village Health Sanitation and Nutrition Committee (VHSNC)</b></p>	<p><b>Status of Village Health Sanitation and Nutrition Committee (VHSNC):</b></p> <ol style="list-style-type: none"> <li>a. Formed:</li> <li>b. Trained:</li> <li>c. MAS account opened:</li> </ol>
<p><b>25. Kayakalp and Quality Assurance</b></p>	<ul style="list-style-type: none"> <li>• No. of facilities quality certified (NQAS, LaQshya) .....</li> <li>• Status of Kayakalp programme- No. of awarded DH, CHC, PHC, SC.....</li> <li>.....</li> <li>.....</li> <li>.....</li> <li>• Activities performed by District Level Quality Assurance Committee (DQAC)</li> <li>.....</li> <li>.....</li> <li>.....</li> </ul>

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

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

### Implementation of CPHC

Status as on: **31<sup>st</sup> March, 2020**

Indicator	Planned	Completed
6. Number of individuals enumerated		
7. Number of CBAC forms filled		
8. Number of HWCs started NCD screening: d. SHC- HWC e. PHC- HWC f. UPHC – HWC		
9. Number of individuals screened for: f. Hypertension g. Diabetes h. Oral Cancer i. Breast Cancer j. Cervical Cancer		
10. Number of HWCs providing Teleconsultation services		
11. Number of HWCs organizing wellness activities		

### Status of HRH

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

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

### State of Fund Utilization

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

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

Indicator	Budget Released (in lakhs)	Budget utilized (in lakhs)	Reason for low utilization (if less than 60%)
18. FMR 1: Service Delivery: Facility Based			
19. FMR 2: Service Delivery: Community Based			
20. FMR 3: Community Intervention			

21. FMR 4: Untied grants			
22. FMR 5: Infrastructure			
23. FMR 6: Procurement			
24. FMR 7: Referral Transport			
25. FMR 8: Human Resource (Service Delivery)			
26. FMR 9: Training			
27. FMR 10: Review, Research and Surveillance			
28. FMR 11: IEC-BCC			
29. FMR 12: Printing			
30. FMR 13: Quality			
31. FMR 14: Drug Warehouse & Logistic			
32. FMR 15: PPP			
33. FMR 16: Programme Management			
34. FMR 17: IT Initiatives for Service Delivery			
35. FMR 18: Innovations			

### Programme Wise

Status of Expenditure (Financial year 2021-22):

Indicator	Budget Released (in lakhs)	Budget utilized (in lakhs)	Reason for low utilization (if less than 60%)
<b>1. RCH and Health Systems Flexipool</b>			
• Maternal Health			
• Child Health			
• RBSK			
• Family Planning			
• RKSK/ Adolescent health			
• PC-PNDT			
• Immunization			
• Untied Fund			
• Comprehensive Primary Healthcare (CPHC)			
• Blood Services and Disorders			
• Infrastructure			
• ASHAs			
• HR			

<b>Indicator</b>	<b>Budget Released (in lakhs)</b>	<b>Budget utilized (in lakhs)</b>	<b>Reason for low utilization (if less than 60%)</b>
• Programme Management			
• MMU			
• Referral Transport			
• Procurement			
• Quality Assurance			
• PPP			
• NIDDCP			
<b>2. NUHM</b>			
<b>3. Communicable Diseases Pool</b>			
• Integrated Disease Surveillance Programme (IDSP)			
• National Vector Borne Disease Control Programme (NVBDCP)			
• National Leprosy Eradication Programme (NLEP)			
• National TB Elimination Programme (NTEP)			
<b>4. Non-Communicable Diseases Pool</b>			
• 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)			
• National Oral health programme (NOHP)			

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

### Status of trainings

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

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

**Date:**

**Name:**

**Signature:**

**Designation:**



Ministry of Health & Family Welfare  
Government of India



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

#### Service Delivery:

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

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	_____

Indicator	Remarks/ Observation		
	No of ICU Beds available:		
<p>4. List of Services available</p> <ul style="list-style-type: none"> <li>Specialized services available in addition to General OPD, ANC, Delivery, PNC, Immunization, FP, Laboratory services</li> </ul>	Sl.	Service	Y/N
	1	Medicine	
	2	O&G	
	3	Pediatric	
	4	General Surgery	
	5	Anesthesiology	
	6	Ophthalmology	
	7	Dental	
	8	Imaging Services (X – ray)	
	9	Imaging Services (USG)	
	10	District Early Intervention Centre (DEIC)	
	11	Nutritional Rehabilitation Centre (NRC)	
	12	SNCU/ Mother and Newborn Care Unit (MNCU)	
	13	Comprehensive Lactation Management Centre (CLMC) / Lactation Management Unit (LMU)	
	14	Neonatal Intensive Care Unit (NICU)	
	15	Pediatric Intensive Care Unit (PICU)	
	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		

Indicator	Remarks/ Observation																																																																																																
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)	<table border="1"> <thead> <tr> <th colspan="2" data-bbox="626 1045 1008 1081">HR</th> <th data-bbox="1008 1045 1143 1081">San.</th> <th data-bbox="1143 1045 1278 1081">Reg.</th> <th data-bbox="1278 1045 1412 1081">Cont.</th> </tr> </thead> <tbody> <tr> <td colspan="2" data-bbox="626 1081 1008 1117">MO (MBBS)</td> <td></td> <td></td> <td></td> </tr> <tr> <td data-bbox="626 1117 781 1493" rowspan="9">Specialists</td> <td data-bbox="781 1117 1008 1155">Medicine</td> <td></td> <td></td> <td></td> </tr> <tr> <td data-bbox="781 1155 1008 1192">ObGy</td> <td></td> <td></td> <td></td> </tr> <tr> <td data-bbox="781 1192 1008 1230">Pediatrician</td> <td></td> <td></td> <td></td> </tr> <tr> <td data-bbox="781 1230 1008 1268">Anesthetist</td> <td></td> <td></td> <td></td> </tr> <tr> <td data-bbox="781 1268 1008 1306">Surgeon</td> <td></td> <td></td> <td></td> </tr> <tr> <td data-bbox="781 1306 1008 1344">Ophthalmologist</td> <td></td> <td></td> <td></td> </tr> <tr> <td data-bbox="781 1344 1008 1381">Orthopedic</td> <td></td> <td></td> <td></td> </tr> <tr> <td data-bbox="781 1381 1008 1419">Radiologist</td> <td></td> <td></td> <td></td> </tr> <tr> <td data-bbox="781 1419 1008 1457">Pathologist</td> <td></td> <td></td> <td></td> </tr> <tr> <td data-bbox="781 1457 1008 1493">Others</td> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="2" data-bbox="626 1493 1008 1530">Dentist</td> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="2" data-bbox="626 1530 1008 1568">Staff Nurses/ GNMs</td> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="2" data-bbox="626 1568 1008 1606">LTs</td> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="2" data-bbox="626 1606 1008 1644">Pharmacist</td> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="2" data-bbox="626 1644 1008 1682">Dental Technician/ Hygienist</td> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="2" data-bbox="626 1682 1008 1719">Hospital/ Facility Manager</td> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="2" data-bbox="626 1719 1008 1757">EmOC trained doctor</td> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="2" data-bbox="626 1757 1008 1795">LSAS trained doctor</td> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="2" data-bbox="626 1795 1008 1822">Others</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	HR		San.	Reg.	Cont.	MO (MBBS)					Specialists	Medicine				ObGy				Pediatrician				Anesthetist				Surgeon				Ophthalmologist				Orthopedic				Radiologist				Pathologist				Others				Dentist					Staff Nurses/ GNMs					LTs					Pharmacist					Dental Technician/ Hygienist					Hospital/ Facility Manager					EmOC trained doctor					LSAS trained doctor					Others				
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Others																																																																																																	
12. IT Services	<ul style="list-style-type: none"> <li>Desktop/ Laptop available: <input type="checkbox"/> Yes/ <input type="checkbox"/> No</li> <li>Internet connectivity: <input type="checkbox"/> Yes/ <input type="checkbox"/> No</li> </ul>																																																																																																

Indicator	Remarks/ Observation	
	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 which 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"> <li>In-house tests (For 2020-21)</li> </ul>	Timing: Total number of tests performed: _____ Details of tests performed:	
<ul style="list-style-type: none"> <li>Outsourced/ PPP (For 2020-21)</li> </ul>	Timing: Total number of tests performed: _____ Details of tests performed:	
21. X-ray services is available	<input type="checkbox"/> Yes/ <input type="checkbox"/> No	

Indicator	Remarks/ Observation
	<p>If Yes, type &amp; nos. of functional X-ray machine is available in the hospital:</p> <p>Is the X-ray machine AERB certified: <input type="checkbox"/>Yes/ <input type="checkbox"/>No</p>
22. CT scan services available	<p><input type="checkbox"/>Yes/ <input type="checkbox"/>No</p> <p>If yes: <input type="checkbox"/>In-house/ <input type="checkbox"/>PPP</p> <p>Out of Pocket expenditures associated with CT Scan services (if any, approx. amount per scan): _____</p>
23. Whether diagnostic services (lab, X-ray, USG etc.) are free for all	<p><input type="checkbox"/>Free for BPL</p> <p><input type="checkbox"/>Free for elderly</p> <p><input type="checkbox"/>Free for JSSK beneficiaries</p> <p><input type="checkbox"/>Free for all</p>
24. Availability of Testing kits/ Rapid Diagnostic Kits	<p><input type="checkbox"/>Sufficient Supply</p> <p><input type="checkbox"/>Minimal Shortage</p> <p><input type="checkbox"/>Acute shortage</p>
25. Implementation of PM-National Dialysis programme	<p><input type="checkbox"/>Yes/ <input type="checkbox"/>No</p> <p><input type="checkbox"/>In-house</p> <p><input type="checkbox"/>Outsourced/ PPP</p> <p>Total number of tests performed: _____</p>
<ul style="list-style-type: none"> <li>Whether the services are free for all</li> </ul>	<p><input type="checkbox"/>Free for BPL</p> <p><input type="checkbox"/>Free for elderly</p> <p><input type="checkbox"/>Free for JSSK beneficiaries</p> <p><input type="checkbox"/>Free for all</p>
<ul style="list-style-type: none"> <li>Number of patients provided dialysis service (for 2020-21)</li> </ul>	<p>o Previous year _____</p> <p>o Current FY _____</p> <p><i>*Calculate the approximate no. of patients provided dialysis per day</i></p>
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	<p><input type="checkbox"/>Yes/ <input type="checkbox"/>No</p>
<ul style="list-style-type: none"> <li>If the facility is designated as FRU, whether C-sections are performed</li> </ul>	<p><input type="checkbox"/>Yes/ <input type="checkbox"/>No</p> <p>Number of normal deliveries performed in last month: _____</p> <p>No. of C-sections performed in last month: _____</p>

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

Indicator	Remarks/ Observation		
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		
51. Whether reporting weekly data in P, S and L form under IDSP	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
1. Status of TB elimination programme	Facility is designated as Designated Microscopy Centre (DMC): <input type="checkbox"/> Yes/ <input type="checkbox"/> No		
	If yes, percent of OPD whose samples were tested for TB (microscopy) in last 6 month (average) _____		

Indicator	Remarks/ Observation
	<p>If anti-TB drugs available at the facility: <input type="checkbox"/>Yes/ <input type="checkbox"/>No</p> <p>If yes, are there any patients currently taking anti-TB drugs from the facility: <input type="checkbox"/>Yes/ <input type="checkbox"/>No</p> <p>Availability of CBNAAT/ TruNat: <input type="checkbox"/>Yes/ <input type="checkbox"/>No Percent of patients tested through CBNAAT/TruNat for Drug resistance in the last 6 months _____</p> <p>Are all TB patients tested for HIV? <input type="checkbox"/>Yes/ <input type="checkbox"/>No Are all TB patients tested for Diabetes Mellitus: <input type="checkbox"/>Yes/ <input type="checkbox"/>No Percent of TB Patients for whom DBT installments have been initiated under NikshayPoshan Yojana in the last 6 months: _____</p>
52. Maintenance of records on	<ul style="list-style-type: none"> <li>• TB Treatment Card cases (both for drug sensitive and drug resistant cases): <input type="checkbox"/>Yes/ <input type="checkbox"/>No</li> <li>• TB Notification Registers: <input type="checkbox"/>Yes/ <input type="checkbox"/>No</li> <li>• Malaria cases: <input type="checkbox"/>Yes/ <input type="checkbox"/>No</li> <li>• Palliative cases: <input type="checkbox"/>Yes/ <input type="checkbox"/>No</li> <li>• Cases related to Dengue and Chikungunya: <input type="checkbox"/>Yes/ <input type="checkbox"/>No</li> <li>• Leprosy cases: <input type="checkbox"/>Yes/ <input type="checkbox"/>No</li> </ul>
53. How much fund was received and utilized by the facility under NHM?	<p>Fund Received last year: _____ 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>
54. Status of data entry in (match with physical records)	<p>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</p>
55. Frequency of RKS meeting (check and obtain minutes of last meeting held)	
2. Availability of ambulance services in the area	<p><input type="checkbox"/>Own ambulance available (Number)_____</p> <p><input type="checkbox"/>DH/ SDH has contracted out ambulance services (Number)_____</p> <p><input type="checkbox"/>Ambulances services with Centralized call centre</p> <p><input type="checkbox"/> Government ambulance services are not available</p> <p>Comment (if any): _____</p>

Indicator	Remarks/ Observation
<ul style="list-style-type: none"> <li>How many cases from CHC, PHC, SC, referred to in last month?</li> </ul>	Number: CHC PHC SC  Types of cases referred in:
<ul style="list-style-type: none"> <li>How many cases were referred out last month?</li> </ul>	Number:  Types of cases referred out:
<b>3. Key challenges in the facility and the root causes</b>	
<b>Challenge</b>	<b>Root causes</b>
a)	
b)	
c)	
d)	
e)	



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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:
<b>Indicator</b>	<b>Remarks/ Observation</b>
4. OPD Timing	
5. Whether the facility is functioning in PPP mode	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
6. Condition of infrastructure/ building	Comments:

Please comment on the condition and tick the appropriate box	<input type="checkbox"/> 24*7 running water facility <input type="checkbox"/> Facility is geriatric and disability friendly (ramps etc.) <input type="checkbox"/> Clean functional toilets available (separate for Male and female) <input type="checkbox"/> Drinking water facility available <input type="checkbox"/> OPD waiting area has sufficient sitting arrangement <input type="checkbox"/> ASHA rest room is available <input type="checkbox"/> Drug storeroom with rack is available  Power backup: <input type="checkbox"/> Complete Hospital/ <input type="checkbox"/> Part of the hospital																																		
7. Number of functional in-patient beds																																			
8. List of Services available																																			
<ul style="list-style-type: none"> <li>Specialized services available in addition to General OPD, ANC, Delivery, PNC, Immunization, FP, Laboratory services</li> </ul>	<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&amp;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		
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9	Imaging Services (USG)																																		
10	Newborn Stabilization Unit																																		
<ul style="list-style-type: none"> <li>If any of the specialists are available 24*7</li> </ul>	<input type="checkbox"/> Yes available <input type="checkbox"/> Yes, available only on-call <input type="checkbox"/> Not available																																		
<ul style="list-style-type: none"> <li>Emergency</li> </ul>	General emergency: or facilities available for: 1. Triage 2. Resuscitation 3. Stabilization																																		
9. Tele-medicine/Consultation services available	<input type="checkbox"/> Yes/ <input type="checkbox"/> No  If yes, average case per day _____																																		
10. Operation Theatre available	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, Major: Minor:																																		

11. Availability of functional Blood Storage Unit	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, number of units of blood currently available: _____ No. of blood transfusions done in last month: _____																																																																								
12. Whether blood is issued free, or user-fee is being charged	<input type="checkbox"/> Free for BPL <input type="checkbox"/> Free for elderly <input type="checkbox"/> Free for JSSK beneficiaries <input type="checkbox"/> Free for all																																																																								
13. Biomedical waste management practices	Sharp pit: Deep Burial pit: Other System, if any:																																																																								
14. Details of HR available in the facility (Sanctioned and In-place)	<table border="1"> <thead> <tr> <th colspan="2">HR</th> <th>San.</th> <th>Reg.</th> <th>Cont.</th> </tr> </thead> <tbody> <tr> <td colspan="2">MO (MBBS)</td> <td></td> <td></td> <td></td> </tr> <tr> <td rowspan="4">Specialists</td> <td>Medicine</td> <td></td> <td></td> <td></td> </tr> <tr> <td>ObGy</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Pediatrician</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Anesthetist</td> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="2">Dentist</td> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="2">SNs/ GNMs</td> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="2">LTs</td> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="2">Pharmacist</td> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="2">Dental Assistant/ Hygienist</td> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="2">Hospital/ Facility Manager</td> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="2">EmOC trained doctor</td> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="2">LSAS trained doctor</td> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="2">Others</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	HR		San.	Reg.	Cont.	MO (MBBS)					Specialists	Medicine				ObGy				Pediatrician				Anesthetist				Dentist					SNs/ GNMs					LTs					Pharmacist					Dental Assistant/ Hygienist					Hospital/ Facility Manager					EmOC trained doctor					LSAS trained doctor					Others				
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15. IT Services	<ul style="list-style-type: none"> <li>Desktop/ Laptop available: <input type="checkbox"/> Yes/ <input type="checkbox"/> No</li> <li>Internet connectivity: <input type="checkbox"/> Yes/ <input type="checkbox"/> No</li> </ul> Quality/strength of internet connection: _____																																																																								
16. Kayakalp	Initiated: Facility score: Award received:																																																																								
17. NQAS	Assessment done: Internal/State Facility score: Certification Status:																																																																								
18. LaQshya	Labour Room: Operation Theatre:																																																																								
19. Availability of list of essential medicines (EML)/ drugs (EDL)	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, total number of drugs in EDL _____  EDL displayed in OPD Area: <input type="checkbox"/> Yes/ <input type="checkbox"/> No  No. of drugs available on the day of visit (out of the EDL) _____																																																																								
20. Implementation of DVDMS or similar supply chain management system	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If other, which one _____																																																																								

21. Shortage of 5 priority drugs from EDL in last 30 days, if any	1	
	2	
	3	
	4	
	5	
22. Availability of Essential Consumables:	<input type="checkbox"/> Sufficient Supply <input type="checkbox"/> Minimal Shortage <input type="checkbox"/> Acute shortage In last 6 months how many times there was shortage_____ List the consumables for which there has been shortage_____	
23. Availability of essential diagnostics	<input type="checkbox"/> In-house <input type="checkbox"/> Outsourced/ PPP <input type="checkbox"/> Both/ Mixed	
• In-house tests (for 2020-21)	Timing: Total number of tests performed: _____ Details of tests performed:	
• Outsourced/ PPP (for 2020-21)	Timing: Total number of tests performed: _____ Details of tests performed:	
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"> <li>If the facility is designated as FRU, whether C-sections are performed</li> </ul>	<input type="checkbox"/> Yes/ <input type="checkbox"/> No Number of normal deliveries performed in last month: _____ No. of C-sections performed in last month: _____
<ul style="list-style-type: none"> <li>Comment on condition of:</li> </ul>	Labour room: OT:  Functional New-born care corner (functional radiant warmer with 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 <sup>th</sup> of every month	<input type="checkbox"/> Yes/ <input type="checkbox"/> No  If yes, how are high risks identified on 9 <sup>th</sup> ?  If No, reasons thereof:
33. Line listing of high-risk pregnancies	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
34. Practice related to Respectful Maternity Care	
35. Whether facility have registers for entering births and deaths	<input type="checkbox"/> Yes/ <input type="checkbox"/> No

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

53. Status of TB elimination programme	Facility is designated as Designated Microscopy Centre (DMC): <input type="checkbox"/> Yes/ <input type="checkbox"/> No
	If yes, percent of OPD whose samples were tested for TB (microscopy) in last 6 month (average) _____
	If anti-TB drugs available at the facility: <input type="checkbox"/> Yes/ <input type="checkbox"/> No
	If yes, are there any patients currently taking anti-TB drugs from the facility: <input type="checkbox"/> Yes/ <input type="checkbox"/> No
	Percent of patients tested through CBNAAT/TruNat for Drug resistance in the last 6 months _____
	Is there a sample transport mechanism in place for: <ul style="list-style-type: none"> <li>• investigations within public sector for TB testing? <input type="checkbox"/>Yes/ <input type="checkbox"/>No</li> <li>• investigations within public sector for other tests? <input type="checkbox"/>Yes/ <input type="checkbox"/>No</li> <li>• outsourced testing? <input type="checkbox"/>Yes/ <input type="checkbox"/>No</li> </ul>
	Are all TB patients tested for HIV? <input type="checkbox"/> Yes/ <input type="checkbox"/> No Are all TB patients tested for Diabetes Mellitus: <input type="checkbox"/> Yes/ <input type="checkbox"/> No
	Percent of TB Patients for whom DBT installments have been initiated under NikshayPoshan Yojana in the last 6 months: _____
54. Status on Leprosy eradication programme	Nos. of new case detected by Field Worker in last 12 months: Out of those, how many are having Gr. II deformity: Frequency of Community Surveillance:
55. Maintenance of records on	<ul style="list-style-type: none"> <li>• TB Treatment Card cases (both for drug sensitive and drug resistant cases): <input type="checkbox"/>Yes/ <input type="checkbox"/>No</li> <li>• TB Notification Registers: <input type="checkbox"/>Yes/ <input type="checkbox"/>No</li> <li>• Malaria cases: <input type="checkbox"/>Yes/ <input type="checkbox"/>No</li> <li>• Palliative cases: <input type="checkbox"/>Yes/ <input type="checkbox"/>No</li> <li>• Cases related to Dengue and Chikungunya: <input type="checkbox"/>Yes/ <input type="checkbox"/>No</li> <li>• Leprosy cases: <input type="checkbox"/>Yes/ <input type="checkbox"/>No</li> </ul>
56. How much fund was received and utilized by the facility under NHM?	Fund Received last year: Fund utilized last year:
	Items/ Activities whose expenditure is met out of the RKS/ Untied Fund regularly:
	Reasons for underutilization of fund (if any)
57. Status of data entry in (match with physical records)	HMIS: <input type="checkbox"/> Updated/ <input type="checkbox"/> Not updated MCTS: <input type="checkbox"/> Updated/ <input type="checkbox"/> Not updated IHIP: <input type="checkbox"/> Updated/ <input type="checkbox"/> Not updated HWC Portal: <input type="checkbox"/> Updated/ <input type="checkbox"/> Not updated Nikshay Portal: <input type="checkbox"/> Updated/ <input type="checkbox"/> Not updated
58. Frequency of RKS meeting (check and obtain minutes of last meeting held)	

59. Availability of ambulance services in the area	<input type="checkbox"/> CHC own ambulance available Number____ <input type="checkbox"/> CHC has contracted out ambulance services Number_____ <input type="checkbox"/> Ambulances services with Centralized call centre <input type="checkbox"/> Government ambulance services are not available Comment (if any):
<ul style="list-style-type: none"> <li>How many cases from sub centre/ PHC were referred to this CHC last month?</li> </ul>	Number: Sub centre PHC  Types of cases referred in:
<ul style="list-style-type: none"> <li>How many cases from the CHC were referred to the DH last month?</li> </ul>	Number:  Types of cases referred out:
<b>60. Key challenges in the facility and the root causes</b>	
Challenge	Root causes
a)	
b)	
c)	
d)	
e)	



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### 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					
<ul style="list-style-type: none"> <li>For U-PHC, check if evening/morning OPD/Clinics being conducted</li> </ul>		<input type="checkbox"/> Yes/ <input type="checkbox"/> No			
2. Whether the facility is functioning in PPP mode		<input type="checkbox"/> Yes/ <input type="checkbox"/> No			
3. Condition of infrastructure/ building		Comments:			
Please comment on the condition and tick the appropriate box		<input type="checkbox"/> 24*7 running water facility <input type="checkbox"/> Facility is geriatric and disability friendly (Ramps etc.) <input type="checkbox"/> Clean functional toilets available (separate for Male and female) <input type="checkbox"/> Drinking water facility available <input type="checkbox"/> OPD waiting area has sufficient sitting arrangement <input type="checkbox"/> ASHA rest room is available <input type="checkbox"/> Drug storeroom with rack is available <input type="checkbox"/> Power backup <input type="checkbox"/> Branding			
4. Number of functional in-patient beds					
5. List of Services available					
6. If 24*7 delivery services available		<input type="checkbox"/> Yes/ <input type="checkbox"/> No			
7. Tele-medicine/Consultation services available		<input type="checkbox"/> Yes/ <input type="checkbox"/> No			
		If yes, average case per day _____			
8. Biomedical waste management practices		Sharp pit: Deep Burial pit: Other System, if any:			
9. Details of HR available in the facility (Sanctioned and In-place)		HR	San.	Reg.	Cont.
		MO (MBBS)			
		MO (AYUSH)			
		SNs/ GNMs			
		ANM			
		LTs			
		Pharmacist			
		Public Health Manager (NUHM)			
		LHV/PHN			

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

<ul style="list-style-type: none"> <li>Outsourced/ PPP For 2020-21</li> </ul>	Timing: Total number of tests performed: _____ Details of tests performed:
20. X-ray services is available	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If Yes, type & nos. of functional X-ray machine is available in the hospital:  Is the X-ray machine AERB certified: <input type="checkbox"/> Yes/ <input type="checkbox"/> No
21. Whether diagnostic services (lab, X-ray etc.) are free for all	<input type="checkbox"/> Free for BPL <input type="checkbox"/> Free for elderly <input type="checkbox"/> Free for JSSK beneficiaries <input type="checkbox"/> Free for all
22. Availability of Testing kits/ Rapid Diagnostic Kits	<input type="checkbox"/> Sufficient Supply <input type="checkbox"/> Minimal Shortage <input type="checkbox"/> Acute shortage
23. If there is any shortage of major instruments/ equipment	List of Equipment
24. Average downtime of equipment. Details of equipment are nonfunctional for more than 7 days	
25. Availability of delivery services	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
<ul style="list-style-type: none"> <li>If yes, details</li> </ul>	Comment on condition of labour room:  Functional New-born care corner (functional radiant warmer with neo-natal ambu bag): <input type="checkbox"/> Yes/ <input type="checkbox"/> No
26. Status of JSY payments	Payment is up to date: <input type="checkbox"/> Yes/ <input type="checkbox"/> No Average delay: Payment done till: Reasons for delay:
27. Availability of JSSK entitlements	<input type="checkbox"/> Yes/ <input type="checkbox"/> No  If yes, whether all entitlements being provided <input type="checkbox"/> Free delivery services (Normal delivery/ C-section) <input type="checkbox"/> Free diet <input type="checkbox"/> Free drugs and consumables <input type="checkbox"/> Free diagnostics

	<input type="checkbox"/> Free blood services <input type="checkbox"/> Free referral transport (home to facility) <input type="checkbox"/> Free referral transport (drop back from facility to home) <input type="checkbox"/> No user charges
28. Line listing of high-risk pregnancies	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
29. Number of normal deliveries in last three month	
30. Availability of Daksh/ Dakshta trained/SBA trained MO/SN/ANM in Labour Room	<input type="checkbox"/> Yes <input type="checkbox"/> No
31. Practice related to Respectful Maternity Care	
32. Number of Maternal Death reported in the facility	Previous year:2019-2020 Current FY:2020-2021
33. Number of Child Death reported in the facility	Previous year: Current year:
34. Availability of vaccines and hub cutter	<input type="checkbox"/> Yes/ <input type="checkbox"/> No Nurses/ ANM aware about open vial policy: <input type="checkbox"/> Yes/ <input type="checkbox"/> No
35. Number of newborns immunized with birth dose at the facility in last 3 months	
36. Newborns breastfed within one hour of birth (observe if practiced and women are being counselled)	
37. Number of sterilizations performed in last one month	Male Female
38. Availability of trained provider for IUCD/ PPIUCD	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
39. Who counsels on FP services?	
40. Please comment on utilization of other FP services	
41. FPLMIS has been implemented	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
42. Availability of functional Adolescent 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"> <li>• investigations within public sector for TB testing? <input type="checkbox"/>Yes/ <input type="checkbox"/>No</li> <li>• investigations within public sector for other tests?<input type="checkbox"/>Yes/ <input type="checkbox"/>No</li> <li>• outsourced testing? <input type="checkbox"/>Yes/ <input type="checkbox"/>No</li> </ul>		
	Are all TB patients tested for HIV? <input type="checkbox"/> Yes/ <input type="checkbox"/> No Are all TB patients tested for Diabetes Mellitus: <input type="checkbox"/> Yes/ <input type="checkbox"/> No		
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	• TB Treatment Card cases (both for drug sensitive and drug resistant cases): <input type="checkbox"/> Yes/ <input type="checkbox"/> No		
	• TB Notification Registers: <input type="checkbox"/> Yes/ <input type="checkbox"/> No		
	• Malaria cases: <input type="checkbox"/> Yes/ <input type="checkbox"/> No		
	• Palliative cases: <input type="checkbox"/> Yes/ <input type="checkbox"/> No		
	• Cases related to Dengue and Chikungunya: <input type="checkbox"/> Yes/ <input type="checkbox"/> No		
	• Leprosy cases: <input type="checkbox"/> Yes/ <input type="checkbox"/> No		
	Fund Received last year: Fund utilized last year:		

52. How much fund was received and utilized by the facility under NHM?	Items/ Activities whose expenditure is met out of the RKS/ Untied Fund regularly:
	Reasons for underutilization of fund (if any)
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):
• How many cases from sub centre were referred to this PHC last month?	Number: Types of cases referred in:
• How many cases from the PHC were referred to the CHC last month?	Number: Types of cases referred out:
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																									
5. IT Services	<ul style="list-style-type: none"> <li>• Functional Tablet/ laptop with CHO: <input type="checkbox"/> Yes/ <input type="checkbox"/> No</li> <li>• Electronic Tablets with MPWs (ANM): <input type="checkbox"/> Yes/ <input type="checkbox"/> No</li> <li>• Smart phones given to all ASHAs: <input type="checkbox"/> Yes/ <input type="checkbox"/> No</li> <li>• Internet connectivity: <input type="checkbox"/> Yes/ <input type="checkbox"/> No</li> </ul> Quality/strength of internet connection: _____																								
6. Availability of list of essential medicines (EML)/ drugs (EDL)	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, total number of drugs in EDL _____  EDL displayed in OPD Area: <input type="checkbox"/> Yes/ <input type="checkbox"/> No																								

Indicator	Remarks/ Observation
	No. of drugs available on the day of visit (out of the EDL) _____
7. Are anti-TB drugs available at the SHC?	<input type="checkbox"/> Yes/ <input type="checkbox"/> No  If yes, are there any patients currently taking anti-TB drugs from the SHC? <input type="checkbox"/> Yes/ <input type="checkbox"/> No
8. Shortage of 5 priority drugs from EDL in last 30 days, if any	1
	2
	3
	4
	5
9. Drugs Available for Hypertension & Diabetic patients:	1
	2
	3
10. Shortage of sufficient number of Hypertension & Diabetic in last 7 days	1
	2
	3
11. Are CHOs dispensing medicines for hypertension and diabetes at SHC-HWC	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
12. Availability of Testing kits/ Rapid Diagnostic Kits	<input type="checkbox"/> Sufficient Supply <input type="checkbox"/> Minimal Shortage <input type="checkbox"/> Acute shortage List of Kits (Shortage)_____
13. Availability of:	<ul style="list-style-type: none"> <li>• BP instrument: <input type="checkbox"/>Yes/ <input type="checkbox"/>No. If yes, Type: _____</li> <li>• Thermometer: <input type="checkbox"/>Yes/ <input type="checkbox"/>No</li> <li>• Contraceptives: <input type="checkbox"/>Yes/ <input type="checkbox"/>No. If yes, Type: _____</li> <li>• Glucometer: <input type="checkbox"/>Yes/ <input type="checkbox"/>No</li> </ul>
14. Line listing of all Pregnant women in the area	<input type="checkbox"/> Yes/ <input type="checkbox"/> No  <ul style="list-style-type: none"> <li>• High risk women identified: <input type="checkbox"/>Yes/ <input type="checkbox"/>No</li> <li>• MCP cards duly filled: <input type="checkbox"/>Yes/ <input type="checkbox"/>No</li> </ul>
15. Number of Maternal Death Review conducted	Previous year:2019-20 Current year:2020-21
16. Number of Child Death Review conducted	Previous year: Current year:
17. Availability of vaccines and hub cutter	<input type="checkbox"/> Yes/ <input type="checkbox"/> No  <ul style="list-style-type: none"> <li>• Awareness of ANM on vaccine schedule: <input type="checkbox"/>Yes/ <input type="checkbox"/>No</li> <li>• Awareness about open vial policy: <input type="checkbox"/>Yes/ <input type="checkbox"/>No</li> </ul>

Indicator	Remarks/ Observation		
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		
	e. Cervical Cancer		
28. Number of individuals who had initiated treatment for HTN, DM and others during last six months	Advised for Lifestyle management: Medicines for Hypertension: Medicines for Diabetes: Medicines for Others:		
29. Source of getting drugs/ medications for individual.  Number of individuals taking medication for HTN and DM during last six months from which source  Taking medication for HTN/DM	From SC-HWC: From Linked PHC: From other govt. facilities: (Specify) From pvt. Chemist shop:  (Average OOP/month)		
30. Status of use of:	<ul style="list-style-type: none"> <li>• Tele-consultation services</li> <li>• HWC App</li> </ul> Details:		
31. Whether wellness activities are performed	<input type="checkbox"/> Yes/ <input type="checkbox"/> No Frequency:		
32. Whether reporting weekly data in S form under IDSP	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
33. Status of Tuberculosis in the area:	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"> <li>Status of availability of Functional HBNC Kits (weighing scale/ digital thermometer/ blanket or warm bag)</li> </ul>			
<ul style="list-style-type: none"> <li>Status of availability of Drug Kits (Check for PCM/ Amoxicillin/ IFA/ ORS/ Zinc/ IFA Syrup/ Cotrimoxazole)</li> </ul>			
<ul style="list-style-type: none"> <li>ASHA Incentives: Any Time lag /Delay in Payment after submission of voucher. <ul style="list-style-type: none"> <li>Average delay</li> </ul> </li> </ul>			
<ul style="list-style-type: none"> <li>ASHA is aware about provision of incentives under NTEP (Informant Incentives, Treatment Supporter Incentives) and NikshayPoshan Yojana (₹500 per month incentive to the TB patient for the duration of treatment)</li> </ul>			
35. Number of Village Health & Sanitation days conducted in last 6 months			
36. Incentives:	<ul style="list-style-type: none"> <li>Performance Incentives is disbursed to CHOs on monthly basis: <input type="checkbox"/>Yes/ <input type="checkbox"/>No</li> <li>Team-based incentive being disbursed for all HWC staffs: <input type="checkbox"/>Yes/ <input type="checkbox"/>No</li> </ul>		
37. Frequency of VHSNC/ MAS meeting (check and obtain minutes of last meeting 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"> <li>TB cases: <input type="checkbox"/>drug sensitive/ <input type="checkbox"/>drug resistant cases/ <input type="checkbox"/>both</li> <li>Malaria cases: <input type="checkbox"/>Yes/ <input type="checkbox"/>No</li> <li>Palliative cases: <input type="checkbox"/>Yes/ <input type="checkbox"/>No</li> <li>Cases related to Dengue and Chikungunya: <input type="checkbox"/>Yes/ <input type="checkbox"/>No</li> </ul>		

Indicator	Remarks/ Observation
	<ul style="list-style-type: none"> <li>Leprosy cases: <input type="checkbox"/>Yes/ <input type="checkbox"/>No</li> </ul>
40. How much fund was received and utilized by the facility under NHM?	Fund Received last year: Fund utilized last year: Items/ Activities whose expenditure is met out of the RKS/ Untied Fund regularly: Reasons for underutilization of fund (if any)
41. Availability of ambulance services in the area	
<ul style="list-style-type: none"> <li>How many cases from the Sub Centre were referred to PHC in last month?</li> </ul>	Number: Types of cases referred out:
42. Key challenges in the facility and the root causes	
Challenge	Root causes
a)	
b)	
c)	
d)	
e)	