

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



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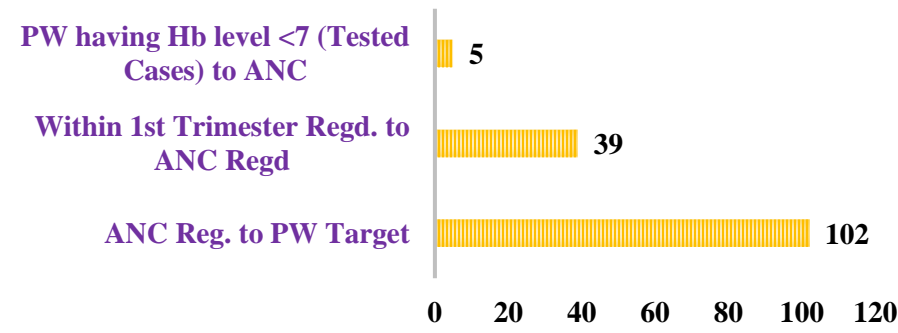
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LIST OF ABBREVIATIONS

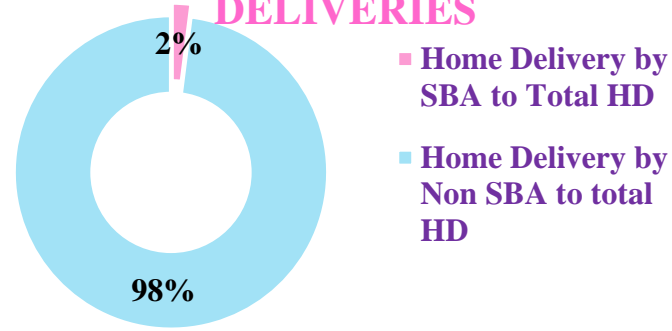
ANC	Ante Natal Care	F- IMNCI	Facility base IMNCI
ANM	Auxiliary Nurse Midwife	GOI	Government of India
ASHA	Accredited Social Health Activist	HIV	Human Immunodeficiency Virus
AYUSH	Ayurveda, Yoga & Naturopathy, Unani, Siddha and Homeopathy	HMIS	Health Management Information System
BB	Blood Bank	ICDS	Integrated 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

WEST GARO HILLS HIGHLIGHTS 2021-22

TARGET ACHIEVED FOR PW HB, 1st TRIM ANC, ANC Regd.

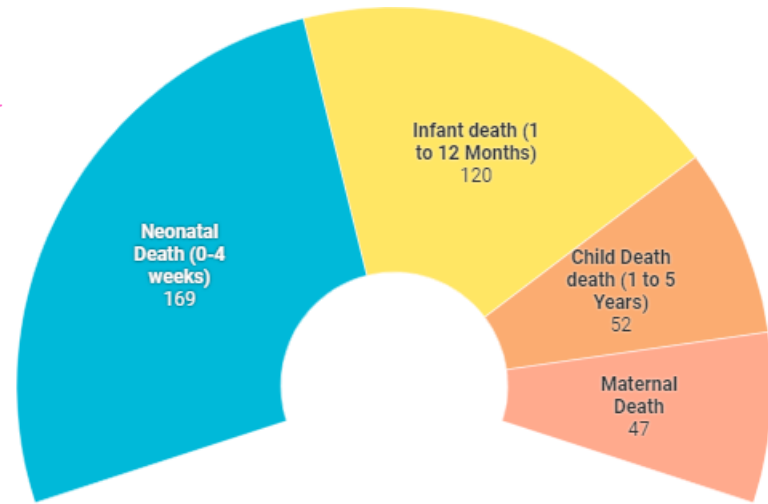


SBA & NON-SBA HOME DELIVERIES



FULL IMMUNIZATION TARGET ACHIEVED 78%

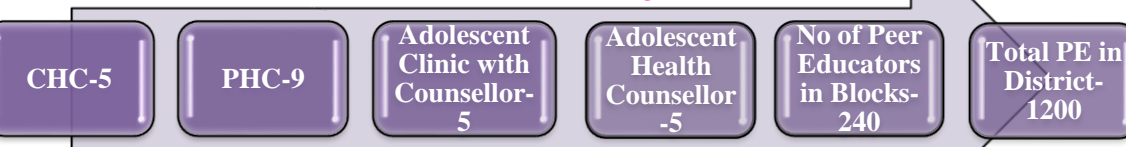
NUMBER OF DEATHS



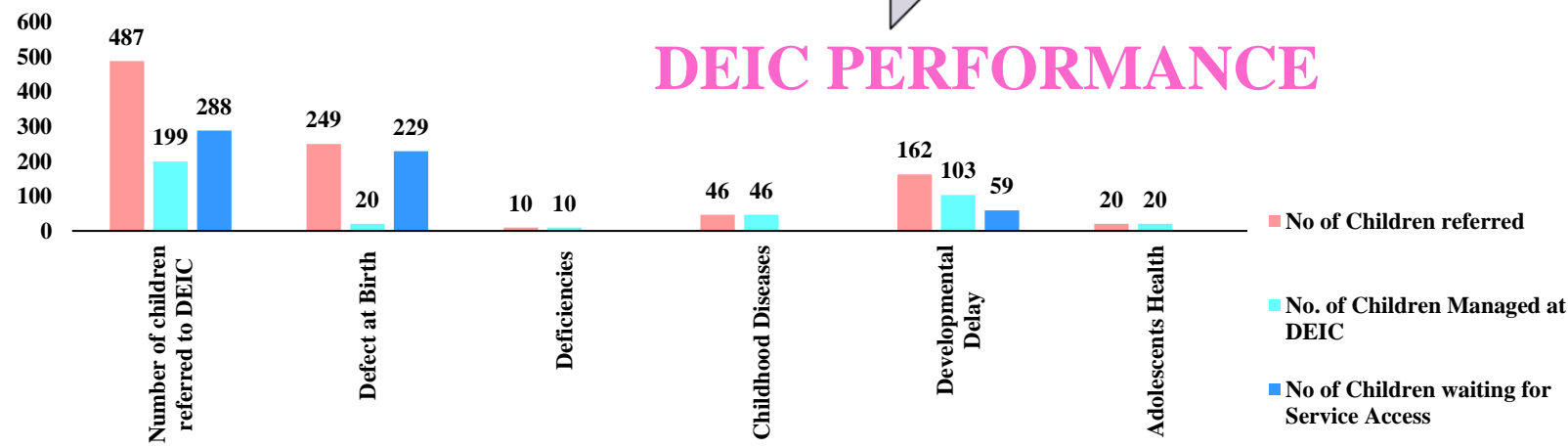
Immunization Sessions



Number of Adolescent Friendly Clinic



DEIC PERFORMANCE





EXECUTIVE SUMMARY

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



KEY CHALLENGES



It is urgently necessary to establish **Transit Homes** because the area is geographically hilly as well as scattered which becomes extremely challenging for the beneficiary to reach the facility at the time of delivery.



The beneficiaries commute from Ampati area to Tura, West Garo Hills district as there is no provision of C-section facility nor MCH wing operational in the district. Even from other Garo areas in district and other districts in Meghalaya people visit to West Garo hills for deliveries. It is very challenging to cater to such a large population as there is a major crunch of staff in the Hospital.



Early marriages, teenage pregnancies and school dropout are prevalent, and home deliveries are common in the West Garo Hills. The average family has 6 to 12 members.



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



The main problem is language barrier because presently, there are 4 different communities residing in the district and speaking different languages which includes Khaso, Garo, Urdu, Bengali, and Koch. Such kind of a problem exists even when IEC materials are displayed.



Due to the high tobacco consumption and smoking, men constitute the majority of population facing the problem of oral cancer. The issue is that men themselves rarely visit health clinics for a checkup.



The district has been complaining to the state about an ambulance problem for the past 20 years. Earlier in the district's MMU services were functional. However, they are unavailable at the moment. There are 18 ambulances placed in the district, although the most of them are outdated and are primarily utilized as pull cars for transportation, logistics, and vaccinations in the district. Most ambulances are solely used for patient transfers because they lack oxygen support.



The only referral facility is the MCH hospital. There are only about 50 beds. However, hospitals are still holding between 100 and 150 patients. The MCH has two gynecologists and one pediatrician only.



AYUSH form of treatment are widely accepted in the district. But the problem is a lack of manpower. In the district, there is no attendant, no pharmacist, no data entry operator for AYUSH, and few medicines are available in all the facilities.



The consumption of injectables and other drugs is very high among males in the district.



There is an inconsistent availability of medicines for treatment of mental health. The hospital's basement contains the psychiatric department, where there is inadequate lighting, seepage, infrastructure problems, lack of suitable space, and a bed shortage. So mostly patients avoid do go there.



The facility staff drags the beneficiaries there for checkups, medicines, and institutional deliveries, but the people are so hesitant that they even don't bother to go to the facility. Blood donations are not made by people.

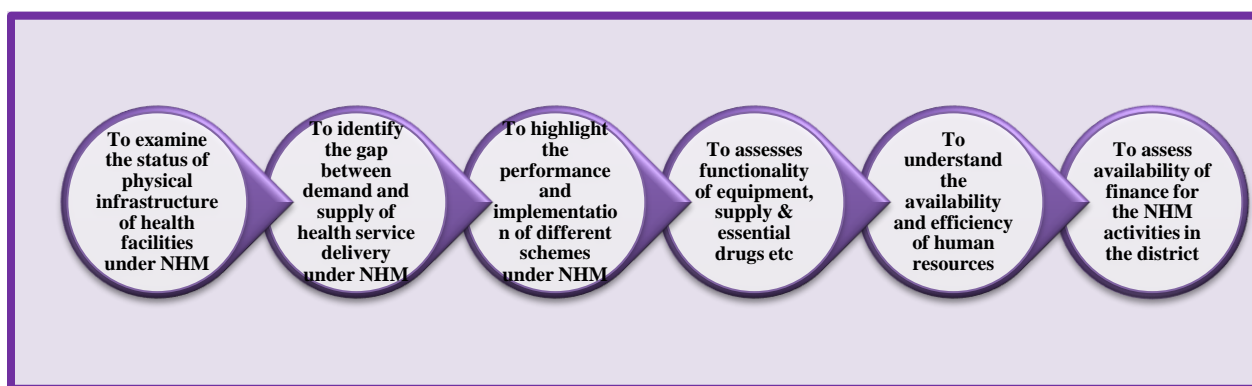


CHAPTER-1 INTRODUCTION

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 West Garo Hills District of Meghalaya.

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



The report is prepared on the basis of field – based observations and visits to the following public health facilities in West Garo Hills: DH District Maternity & Child Hospital, CHC Selsella, CHC Phulbari, PHC Purakhasia, PHC Asanang and SC Asanang. Structured checklists were used to collect information on various parameters such as human resources, infrastructure, funds utilization, training, health care services including drugs and equipment, disease control programme and other programmes under the ambit of NHM including the National Urban Health Mission (NUHM) activities.

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

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

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

Facility Type	Name of the Facility
District Hospital (DH)	MCH Hospital
Community Health Centre (CHC)	Selsella
Community Health Centre (CHC)	Phulbari
Primary Health Centre (PHC)	Purakhasia
Primary Health Centre (PHC)	Asanang
Sub-Centre (SC)	Asanang

1.2 Demographic profile

Meghalaya emerged as a full-fledged State within the Union of India on 21st January 1972. ‘Meghalaya’ meaning ‘abode of clouds’ reflects the salubrity of its climate. The wettest places in the world are also located here. It has predominantly hilly terrain with foothills as plains and flood-prone areas. In Meghalaya, there are 07 blocks and 6026 villages. Out of which 06 blocks and 1336 villages are in West Garo Hills district. As per Census 2011, Meghalaya has population of 29.66 lakh. Total population of Meghalaya as per 2011 census is 2966889 of which male and female are 1874376 and 1799541 respectively Figure 1 shows the district map of Meghalaya with West Garo Hills as one of the eleven districts in the State. Total population of West Garo Hills district is 598786 of which 537136 rural and 61650 urban population.

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

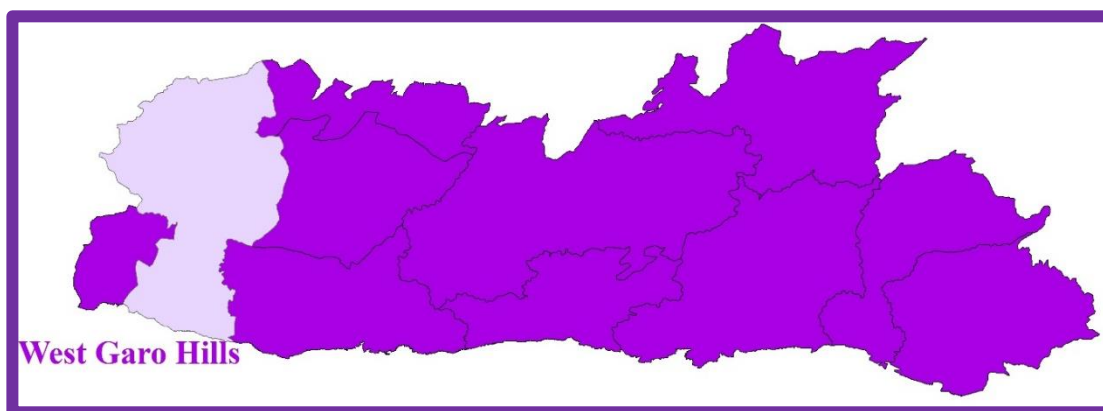


Table-A.1 shows the main demographic indicators scenario of the West Garo Hills District, Meghalaya & India (Refer Annexure-1). West Garo Hills District is one of the 11 (eleven) districts of the state of Meghalaya. West Garo Hills is one of the largest district of Meghalaya located in the western part of the State. The Garo Hills district was divided into two districts, viz the West Garo Hills district and the East Garo Hills district in October 1976. The erstwhile West Garo Hills district was further divided into two administrative districts of West and South Garo Hills on June 1992. The district headquarters of West Garo Hills is Tura, which is the second largest town in the State after Shillong.

1.3. HMIS Service Delivery Indicators

In West Garo Hills, out of the total number of pregnant women who registered for ANC, 9.9 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 59.4 percent.

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

Maternal Health-Delivery Care	Meghalaya	West Garo Hills
% of beneficiaries registered for 1st trimester to total ANC registration	39.9	9.9
% Pregnant Women received 4 or more ANC checkups to Total Registration	52.9	59.4
% Pregnant women given 180 IFA to Total ANC Registrations	59.9	81.0
% Pregnant women given 360 Calcium tablets to Total ANC Registrations	53.5	73.4
% SBA attended Home Deliveries to Total Reported Home Deliveries	7.6	2.3
% of Institutional Deliveries to Total Reported Deliveries	43.3	51.6
% Institutional Deliveries to total ANC Registrations	43.6	43.4
% C-section Deliveries to reported Institutional Deliveries	7.7	5.9
% Women getting 1 st Post-Partum Check-up after delivery	19.8	66.7
2. Newborn and Child Health		
% Newborn weighed at Birth to Live Birth	97.4	99.5
% Newborn breast fed within 1 hour of birth to Total Live Birth	92.1	94.6
% of newborns having weight less than 2.5 kg to total live birth	7.9	8.9
% of children discharged with target weight gain from NRC	46.1	32.1
Number of Fully Immunized children (9-11 months)	68535	9938
3. Family Planning		
Number of emergency contraceptive pills distributed	1126	106
% Female Sterilization to Total sterilization	99.8	100
% of IUCD insertion to total institutional deliveries	1.5	3.9
Total Sterilization conducted	2232	266
4. Mortality Indicators		
Maternal Death	232	41
Child Death	507	51
Infant Death	1012	250
Still Birth	2322	296

Source: HMIS Standard Reports, 2021-22

IFA supplementation was given to 81 percent of all women who registered for ANC while 360 Calcium tablets were distributed to total ANC registrations which is 73.4 percent.

Institutional deliveries are an important initiative by NHM for both mother and child care. It was found that 51.6 percent of all deliveries were observed to be institutional deliveries. With regards to Post Natal Care, 94.6 percent of the newborns were breast fed within 1 hour of delivery and 8.9 percent of newborns weighted less than 2.5 kgs at birth. Female sterilization (Tubectomies) as a method of permanent family planning dominates the statistics no sterilization conducted in 2021-22 in West Garo Hills. The district reported a total of 41 maternal deaths, 51 child deaths, 296 still births and 250 infant deaths in the year 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 South West Garo

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

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

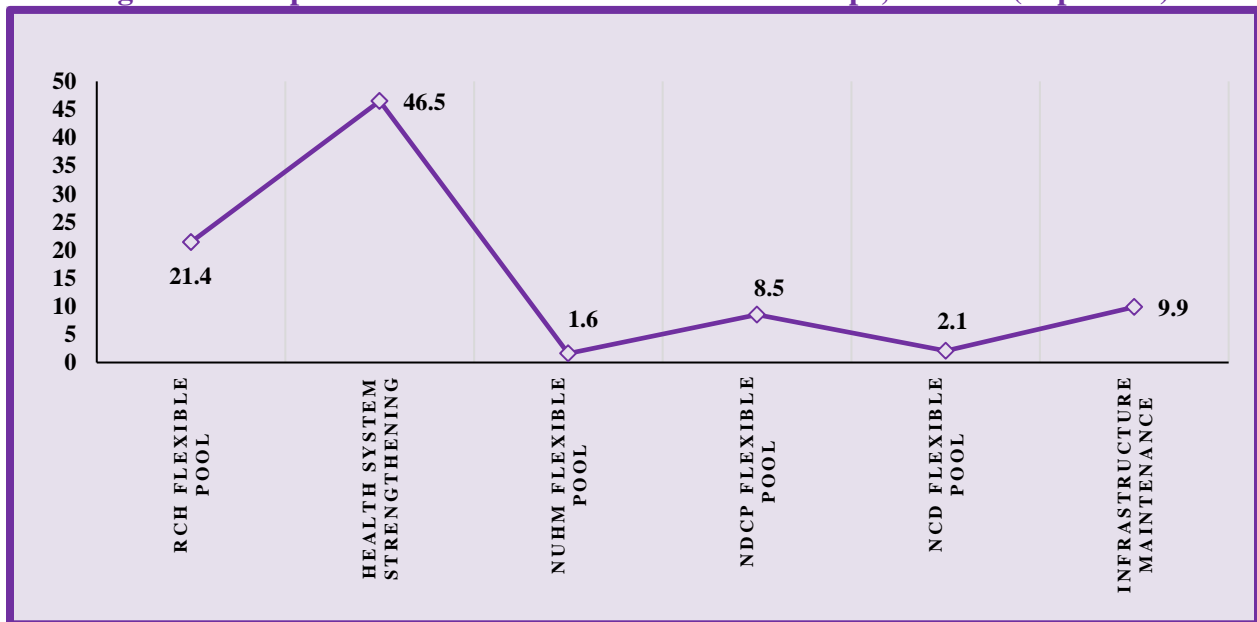


Figure 2 shows percentage distribution of budget allocations from the resource envelope according to Flexipool. It was observed that 21.4 percent of the budget is allocated for RCH Flexible Pool

(including RI, IPPI, NIDDCP), 46.5 percent is allocated for Health System Strengthening (HSS) under NHM. The GOI contribution towards NUHM Flexible Pool, NDCP Flexible Pool and NCD Flexible Pool is 1.6 percent, 8.5 percent and 2.1 percent respectively. Finally, about 9.9 percent of the GOI contribution under the total resource envelope is allocated towards infrastructure maintenance.

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

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

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

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

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

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

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

2.2. District financial management report, West Garo Hills

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

Maximum budget for untied funds and programme management has been utilized. The highest under-utilization rates are for infrastructure, transport and trainings. For these, more than 50

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

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

Indicator	Budget Released (lakhs)	Budget utilized (lakhs)
1. Service Delivery: Facility Based	835.89	127.72
2. Service Delivery: Community Based	145.37	81.77
3. Community Intervention	19.13	59.95
4. Untied grants	17.56	94.69
5. Referral Transport	74.36	22.72
6. Human Resource (Service Delivery)	0	143.39
7. Training	1.90	1.32
8. IEC-BCC	8.61	5.57
9. Quality	17.12	2.87
10. Drug Warehouse & Logistic	0	2.77
11. Programme Management	2.86	72.09
12. IT Initiatives for Service Delivery	1.56	0

Source: CMHO, West Garo Hills 2021-22

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

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

Indicator	Budget Released (in lakhs)	Budget utilized (in lakhs)
1. RCH and Health Systems Flexipool		
• Maternal Health	740.63	104.35
• Child Health	95.26	23.36
• RBSK	38.86	38.79
• Family Planning	25.74	3.96
• RKSK/ Adolescent health	80.77	39.01
• PC-PNDT	1.00	0.55
• Immunization	93.13	59.95
• Untied Fund	175.65	94.69
• Comprehensive Primary Healthcare (CPHC)	196.62	162.22
• Blood Services and Disorder	0	1.88
• ASHAs	424.36	477.03
• HR	0	143.39
• Programme Management	7.33	72.09
• Referral Transport	74.36	22.72
• Quality Assurance	17.13	2.87
• NIDDCP	0.15	0.15
2. NUHM	58.42	84.03
3. Communicable Diseases Pool		
• Integrated Disease Surveillance Programme (IDSP)	12.65	13.64
• National Vector Borne Disease Control Programme (NVBDCP)	39.92	41.92
• National Leprosy Eradication Programme (NLEP)	37.11	1.85
• National TB Elimination Programme (NTEP)	93.25	29.83
4. Non-Communicable Diseases Pool		
• National Program for Control of Blindness and Vision Impairment (NPCB+VI)	1.80	3.49
• National Mental Health Program (NMHP)	15.90	11.22
• National Programme for Health Care for the Elderly (NPHCE)	2.09	5.49
• National Tobacco Control Programme (NTCP)	1.10	2.07
• National Programme for Prevention and Control of Diabetes, Cardiovascular Disease and Stroke (NPCDCS)	19.96	24.00
• National Oral health programme (NOHP)	0	1.15
• National Programme on Palliative care (NPPC)	0	1.76

Source: CMHO, West Garo Hills 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 7 presents the distribution of health facilities in West Garo Hills. There are 2 DH, 1 SDH, 6 CHC, 15 PHCs, and 71 HWCs in the district. Overall, the district has a total of 330 beds across these public health facilities which altogether cover a total of 15.21 lakh persons. In the district there are 71 HWCs, all HWCs are falling under tribal area for services.

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

Health Facility	Facilities	Bed Count	Population Covered	Area
DH	02	200/50	534805	Tribal
SDH	01	40	-	Tribal
CHC	06	30	247098	Tribal
PHC	15	10	323886	Tribal
HWC	71	-	415287	Tribal

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

The below table 8 describes the details of health facility available in the West Garo Hills district. In the district, there are 2 District Hospitals, 1 Sub District Hospital, 06 Community health centers, 09 Primary health centres which are operational and provide general services like: OPD, immunization, ANC check-up and family planning services. On the other hand, 66 health sub centres are functioning in the district and only in few centres delivery service facility is available in the HSC. In the district there is no SNCU.

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

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

Facility Details	Sanctioned/ Planned	Operational
1. District Hospitals	02	02
2. Sub District Hospital	01	01
3. Community Health Centers (CHC)	06	06
4. Primary Health Centers (PHC)	09	09
5. Sub Centers (SC)	66	66
6. Urban Primary Health Centers (U-PHC)	03	03
7. Urban Community Health Centers (U-CHC)	0	0
8. Special Newborn Care Units (SNCU)	01	01
9. Nutritional Rehabilitation Centres (NRC)	01	01
10. District Early intervention Center (DEIC)	01	01
11. First Referral Units (FRU)	02	02
12. Blood Bank	01	01
13. Blood Storage Unit (BSU)	03	03
14. No. of PHC converted to HWC	09	09
15. No. of U-PHC converted to HWC	03	03
16. Number of Sub Centre converted to HWC	65	65
17. Designated Microscopy Center (DMC)	11	11
18. Tuberculosis Units (TUs)	05	05
19. CBNAAT/TruNat Sites	1/12	1/12
20. Drug Resistant TB Centres	01	01
21. Functional Non-Communicable Diseases (NCD) clinic		
• At DH	02	01
• At SDH	0	0
• At CHC	06	02
22. No. of Institute with Ultrasound facilities		
• Public	0	0
• Private	02	02

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

3.2 Human Resource for Health

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

Table 9 provides the human resource availability in West Garo Hills District. In the district at present there are 206 ANMs, 45 MPW (Male), 162 Staff Nurse, 32 Lab Technician and Allopathic pharmacist, 81 MO (MBBS), 4 OBGY , Paediatrician and anaesthetist, 2 surgeon, 1 radiologist, 1 dental hygienist, 15 Dentist and Radiographer/ X-ray technician, 3 OT technician, 59 CHO , 13 AYUSH MO, 12 AYUSH Pharmacist and 4 other specialists. In the district, there is no dental technician and CSSD technician.

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

Staff details at public facility (Regular+ NHM+ other sources)	In-place
ANM	206
MPW (Male)	45
Staff Nurse	162
Lab technician	32
Pharmacist (Allopathic)	32
MO (MBBS)	81
OBGY	04
Pediatrician	04
Anesthetist	04
Surgeon	02
Radiologists	01
Other Specialists	04
Dentists/ Dental Surgeon/ Dental MO	15
Dental technician	0
Dental Hygienist	01
Radiographer/ X-ray technician	15
CSSD Technician	0
OT technician	03
CHO/ MLHP	59
AYUSH MO	13
AYUSH Pharmacist	12

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

Table 10 describes status of social benefit scheme for ASHAs and ASHA Facilitators in West Garo Hills. A total of 1260 ASHAs are working in the district. Social benefit schemes were implemented in October, 2018 for ASHAs and ASHA facilitators meeting the eligibility criteria to be covered under the Pradhan Mantri Jeevan Jyoti Bima Yojana (Accident Insurance), the age criteria is 18-50 years and annual premium of average Rs. 330 will be paid by the government. A total of 13 ASHAs enrolled in Pradhan Mantri Jeevan Jyoti Bima Yojana (PMJJBY). None of ASHA Facilitator enrolled for Pradhan Mantri Jeevan Jyoti Bima Yojana. The number of ASHAs enrolled under this scheme are 30. Whereas, a total of 578 ASHAs have been enrolled for Pradhan Mantri Suraksha Bima Yojana. None of the ASHAs Facilitator are covered under Pradhan Mantri Suraksha Bima Yojana respectively in West Garo Hills district. In West Garo Hills district, Mahila Arogya Samiti (MAS) is functional. In the district proper training have been given for VHSNC.

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

Key Indicators		Observations
1	Status of ASHAs	
1.1	Total working	1260
1.2	Sanctioned Post	1260
1.3	Position Vacant	-
1.4	ASHA Facilitator	58
1.5	No. of ASHAs covering more than 1500 (rural)/ 3000 (urban) population	-
1.6	No. of villages/ slum areas with no ASHA	-
2	Status of social benefit scheme for ASHAs and ASHA Facilitators	
2.1	No. of ASHAs enrolled for Pradhan Mantri Jeevan Jyoti Bima Yojana	13
2.2	No. of ASHA Facilitator enrolled for Pradhan Mantri Jeevan Jyoti Bima Yojana	0
2.3	No. of ASHAs enrolled for Pradhan Mantri Suraksha Bima Yojana	30
2.4	No. of ASHA facilitator enrolled for Pradhan Mantri Suraksha Bima Yojana	0
2.5	No. of ASHAs enrolled for Pradhan Mantri Shram Yogi Maandhan Yojana	578
2.6	ASHA facilitator enrolled for Pradhan Mantri Shram Yogi Maandhan Yojana	0
3	Status of Mahila Arogya Samitis (MAS)	
3.1	Formed	Yes
3.2	Trained	Yes
3.3	MAS account opened	Yes
4	Status of Village Health Sanitation and Nutrition Committee (VHSNC)	
4.1	Formed	Yes
4.2	Trained	Yes
4.3	MAS account opened	Yes

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

3.3 Capacity Building- Training Status

The figure 3 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

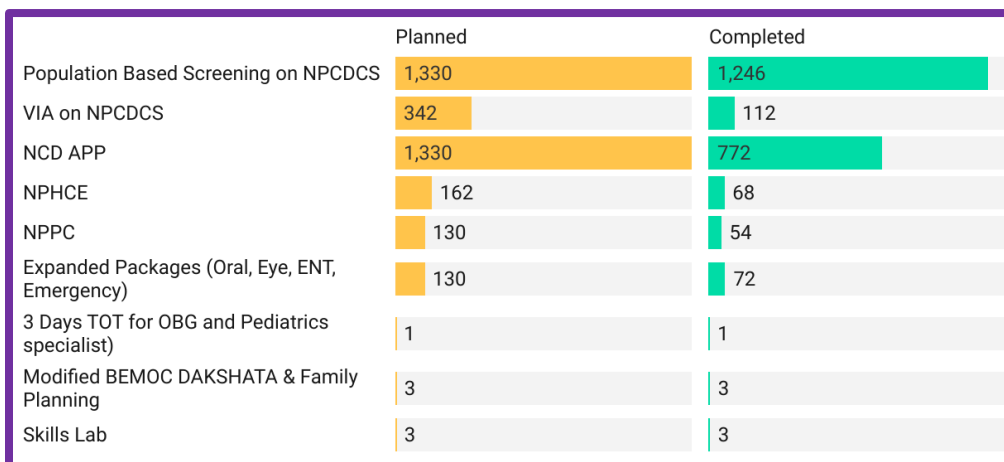


Figure 3: Details of HR training as per RoP approval, West Garo Hills 2021-22

across various programs and sub-divisions which include maternal health, child health, family planning, RKSK, NCD, RI, and child deaths. Maximum number of trainings conducted in the last financial year were NPCDCS, NCD APP followed by NPHCE, NPPC etc.



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

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

Janani Suraksha Yojana (JSY)	<ul style="list-style-type: none"> Total Deliveries 2021-22: 1664 Total JSY Beneficiaries 2021-22 Public: 1664 																												
Janani Shishu Suraksha Yojana (JSSK)	<ul style="list-style-type: none"> Total Delivery Points: 12 No. of facilities where free diet is available for PW: Yes No. of facilities where lab is functional for basic tests for PW: Yes 																												
Pradhan Mantri Surakshit Matritva Abhiyan (PMSMA)	<ol style="list-style-type: none"> No. issued MCP card and Safe Motherhood Booklet: - Number of health facilities where current round of PMSMA was conducted: <ol style="list-style-type: none"> Medical College: 0 DH: 01 SDH: 0 CHC/UPHC: 06 PHC/UPHC: 12 Private Clinics: 0 																												
Home Based Newborn Care (HBNC)	<ul style="list-style-type: none"> Total Newborns visited under HBNC: 1260 Total No. of ASHAs trained in Module 6 & 7: 1260 Total no. of ASHAs with HBNC Kits: 1260 																												
Rashtriya Bal Swasthya Karyakram (RBSK)	<ul style="list-style-type: none"> Total No. of RBSK teams sanctioned: 06 No. of teams with all HR in-place (full-team): 06 No. of vehicles (on the road) for RBSK team: 12 No. of teams per block: 02 No. of blocks without dedicated teams: 0 Average no. of children screened per day per team: 100 Number of children born in delivery points screened for defect at birth: 4260 																												
Maternal and Child Deaths	<ul style="list-style-type: none"> Number of maternal deaths 2021-22: <table border="1" style="margin-left: 20px;"> <thead> <tr> <th></th> <th>DH</th> <th>SDH</th> <th>CHC</th> <th>PHC</th> <th>SC</th> <th>Total</th> </tr> </thead> <tbody> <tr> <td colspan="7" style="text-align: center;">2021-22</td> </tr> <tr> <td>1. Deaths</td> <td>26</td> <td>02</td> <td>03</td> <td>03</td> <td>06</td> <td>40</td> </tr> <tr> <td>2. MDR</td> <td>17</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table> Number of Neonatal Deaths: 169 Number of Total Child Deaths: 178 Number of Child Death Review conducted: <ul style="list-style-type: none"> 2020-21: - 2021-22: - 		DH	SDH	CHC	PHC	SC	Total	2021-22							1. Deaths	26	02	03	03	06	40	2. MDR	17					
	DH	SDH	CHC	PHC	SC	Total																							
2021-22																													
1. Deaths	26	02	03	03	06	40																							
2. MDR	17																												

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

The 1260 ASHAs of the district have conducted a total of 1260 HBNC visits. 1260 ASHAs have drug kits and 1260 ASHAs have HBNC kits. JSY and JSSK is functional in the district.

4.2 Communicable Diseases

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

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

1. National Vector Borne Disease Control Programme (NVBDCP)	
<ul style="list-style-type: none"> • Micro plan and macro plan available at district level: Yes • Annual Blood Examination Rate: <ul style="list-style-type: none"> ○ 2019-20: 18.1 ○ 2020-21: 11.1 ○ 2021-22: 12.0 • Total LLIN distributed vs procured: 310209 • IRS: Done in high Risk PHC/CHC only • Anti-larval methods: Releasing Gamonsia fishes in CHC/PHC/SC/Villages • Weekly epidemiological and entomological situations are monitored: Yes • No. of MDR rounds observed: NA • No. of blocks achieved elimination status for Lymphatic Filariasis i.e. mf rate <1%: NA 	
2. National Tuberculosis Elimination Programme (NTEP)	
<ul style="list-style-type: none"> • Target TB notification achieved: Yes • Whether HIV Status of all TB patient is known: Yes If No, no. of TB patients with known HIV status: • Eligible TB patients with UDST testing: 492 in 2021 and 522 in 2022 • Whether drugs for both drug sensitive and drug resistance TB available: Yes 	
<ul style="list-style-type: none"> • Patients notification from public sector 	<ul style="list-style-type: none"> • No of patients notified: 1221 • Treatment success rate: 86% • No. of MDR TB Patients: 26 • Treatment initiation among MDR TB patients: 26
<ul style="list-style-type: none"> • Patients notification from private sector 	<ul style="list-style-type: none"> • No of patients notified: 140 • Treatment success rate: 54% • No. of MDR TB Patients: 30 • Treatment initiation among MDR TB patients: 30
4. Integrated Disease Surveillance Programme (IDSP)	
<ul style="list-style-type: none"> • Rapid Response Team (RRT) Constituted: Yes • Team Composition: 07 • Outbreaks investigated: <ul style="list-style-type: none"> • 2020-21: 0 • 2021-22: 01 	

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

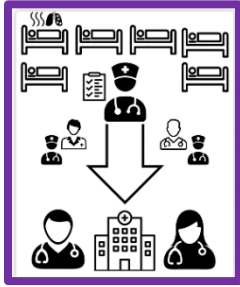
4.3 Non-Communicable Diseases

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

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

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

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



CHAPTER 5 PUBLIC HEALTH FACILITY ASSESSMENT

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



5.1 DISTRICT MATERNITY & CHILD HOSPITAL, TURA, WEST GARO HILLS

District Maternity & Child Hospital, Tura is 90 bedded and the average OPD load of 60-70 patients per day. The facility has 24 by 7 running water and availability of drinking water all the time. Clean and functional separate toilets are for male and female. There is availability of all the drugs and proper storeroom with rack and well-maintained data for the expiry medicine.

- + The facility has geriatric and disability friendly ramp. There is a sufficient arrangement of OPD waiting area for the patients.
- + Mission Hospital and Poly-Cross Hospital are the two private hospitals in Tura. 111 cases, predominantly gynecologist cases, were sent to private hospitals in the previous month.
- + JSY payment are being processed. For JSSK diet per patient is 100rs and are providing 3 times meal to the beneficiaries like milk, egg, fruits, rice, vegetables etc. The DH provides all free services such as delivery care, diet, drugs and consumables, diagnostics, blood services, referral transport and drop back services. However, the coverage of referral transport from home to facility and drop back facilities after delivery is negligible. In the facility, all mothers were asked to stay for 48 hours after birth and provided diet free of cost. However, JSY payments weren't made before discharge. Such payments were initiated through PFMS.
- + In the DH, there are two operational ambulances and are available at the facility by 24X7 but the condition of both ambulances is very outdated.
- + The availability services are there with centralized call centre but the road activity and network issue is the major hassles for district hospital.
- + PMSMA services are provided on 9th of every month and the issues are regarding High BP, Anemia, Excess bleeding, passage issue, infection and PIH.



Figure 4: MCH, Tura West Garo Hills

- + 6 maternal deaths were occurred at the facility in the current and 10 deaths in the last financial year. The cause of death was anemia and 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 11 Child Deaths occurred at the facility in the last financial year due to low birth weight, sepsis, asymptomatic and proper review had been done at the DH.
- + Adolescent Friendly Health Clinic are available at the DH and ARSH counsellor is available at the facility. There is no separate counselor for male and female and around 129 adolescents counseled in the last 6 months.
- + There are total 77 staff out of which 33 are staff nurse at the facility and per shift 3 staff is always available at the desk.
- + All the services are available in the hospital for the beneficiaries like X ray, USG, Dialysis, OPD services, Clinical pathology, ICTC, DEIC, OST clinic, JSSY, CT-Scan, Vaccination, DPHL, IPP, ECG, MCH, CBC, OT etc. All the specialized services are available in addition General OP, ANC, Delivery, Immunization, FP, and Laboratory services like medicine, O&G, Pediatric, General Surgery, Dental, Imaging Services (X-Ray), USG, Labor Room Complex, Emergency Care, NRC, DEIC, MNCU, Anesthesiology and Telemedicine except NICU, PICU, Dialysis Unit, Ophthalmology, LMU, teaching block, skill lab and Burn Unit which is not functioning at the DH.

Table 14: Status of health infrastructure at DMCH Tura West Garo Hills 2021-22

Infrastructure	Yes/No
Accessible from nearest road head	Yes
24*7 running water facility	Yes
Clean functional toilets available (separate for Male and female)	Yes
Drinking water facility available	Yes
OPD waiting area has sufficient sitting arrangement	Yes
Facility is geriatric and disability friendly (ramps etc.)	Yes
ASHA rest room is available	No
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	Yes
Functional newborn care corner (radiant warmer neo-natal ambu bag)	Yes
PMSMA services provided on 9 th of every month	Yes
Number of functional in-patient beds	90

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

- + Regular monitoring is going on for the laundry but laundry services are not up to the mark and even the staff nurse is not satisfied with their work performance.
- + DH has a generator for backup power, but it uses a lot of fuel, so facility have sent a letter to the state for the transformer.
- + Only 5 bedded NRC is available in the facility because of the space crunch. Proper diet is being provided to the children and the concerned family member.

- + There is no radiologist, digital X-ray in the hospital. Most of the equipments like ultra sound machine, dental chair in the hospital are donated by other organisations.

Table 15: Availability of specialized services at DMCH Tura, 2021-22

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

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

- + For high-risk pregnancies, correct line listing and an accurate MDR report are completed and sent to the CMO office.
- + In the district hospital, 80 newborns immunized with birth dose in the last 3 months and proper newborns breastfed within one hour of birth is also done.
- + In contrast to IUCD/PPICUD, Antara is more accepted in the community. At the time of the ANC check-up, proper counselling is given. Nevertheless, the typical family size in the community is still between 5 and 10 members.
- + All the untied funds have been received and 100% fund being utilized by the facility. It was utilized on maintenance and repair of the facility, printing and stationary, computer and furniture.
- + All records were available, updated and correctly filled in line listing Performa. Also, all IEC materials were correctly displayed.
- + Consumption of tobacco and alcohol is very less among pregnant women in the West Garo Hills.






- + There are many cases for diabetes and hypertension because the intake of sodium carbonate in food is very much among the people.

Table 16: Availability of Human resources at DMCH Tura, 2021-22

HR Positions	Sanction	Regular
MO (MBBS)	-	-
Medicine (Specialist)	01	01
ObGy (Specialist)	03	03
Paediatrician (Specialist)	01	01
Anaesthetist (Specialist)	01	01
Surgeon (Specialist)	01	01
Ophthalmologist (Specialist)	0	0
Orthopaedics (Specialist)	0	0
Radiologist (Specialist)	0	0
Pathologist (Specialist)	0	0
Others (Specialist)	-	-
Dentist	02	02
Staff Nurses/ GNMs	24	24
LTs	01	01
Pharmacist	01	01
Dental Technician/ Hygienist	0	0
Hospital/ Facility Manager	0	0
EmOC trained doctor	02	02
LSAS trained doctor	01	01

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

Major Key Challenges for DH West Garo Hills

-  Ambulances are urgently needed in the hospital. The facility has been writing to the state for the past year, but they have sent only one ambulance to the government hospital while sending two to the private hospitals.
-  There is only one lab technician in the facility to conduct 33 tests and 6-7 culture tests. COVID test is done on regular basis.
-  They take all of the specialists for each training that the state or the central organization conducts. Specialists have been managing the hospital and training, which is really challenging for the personnel.
-  There is no regular supply of reagent, OT instruments in the facility.
-  There is only one public toilet for the attendants who are coming to the hospital with their beneficiaries.



5.2 COMMUNITY HEALTH CENTRE SELSELLA & PHULBARI



Figure 5: CHC Selsella




Figure 6: CHC Phulbari


- + **CHC Selsella** is a 30 bedded facility and includes 8 sub centres, 129 ASHAs, 29 ANMs and 6 Staff nurses. The average OPD is 30, for dental it is 5 per day and facility conducting 20 deliveries per day. One of the two ambulances that are available at the facility is extremely outdated. In the community, teenage pregnancies are relatively common, nevertheless, despite proper counselling being provided, there is still a gap. Even the school dropout rate is very high especially among girls. Adolescent counsellor recently left their position; thus, the beneficiaries are currently receiving counselling from MO, ANM, and staff nurses. Due to community reluctance, the routine immunization target for children has only been reached to 76% of cases. There are two RBSK teams but have only one driver. Adequate screening is conducted in AWW centres and in schools by RBSK teams. Male participation in any activity at the community level is quite minimal; they were only present when they were receiving something (free ration or some money). For COVID vaccination 80% target was achieved for Covishield and only 20% for Covaxin. Females accept ANTARA more, although the supply is quite low at the CHC Selsella. Oral tablets, injectable, IUCD and PPIUCD are less preferred. The mothers are counselled by supervisors at their ANC registrations and VHND sessions; occasionally, the CHC MO even makes a surprise visit in the field. The facility does not have a counsellor on board. For biomedical waste CHC has both sharp and burial pits. In the facility, all mothers are asked to stay for 48 hours after birth and are provided diet free of cost. However, JSY payments weren't made before discharge. Although ASHA's payment is not delayed, recipients' payments are delayed because they lack a bank account and the necessary identification documents to open an account. PMSMA services are provided on 9th of every month in the CHC. They do routine checkup including BP, weight, Hb and also Gravida checkup. The facility does refer cases like high risk pregnancy to higher concerned authority. The major reason of high-risk pregnancy is Gravida, no spacing and anemia. For NCD proper screening is being done for hypertension and diabetes. There is less acceptance of Homothetic

medicine among the people. All records were available, updated and correctly filled in line listing Performa and well maintained. There was continuous running water, clean toilets for men and women, a working labor room with an adjacent bathroom, and a suggestion and complaint box were also available at the CHC.

Major Key Challenges for CHC Selsella

 Although there is a road, it is not cemented, making it challenging to reach the facility in the rainy season.

 Male participation is very less at the community level, particularly for the health programmes. They hardly accompany their wife during ANC registrations, nor do they show up for VHND sessions or yoga classes held at the facility or in the community.

 From the last six months there is a shortage of paracetamol medicine at the facility, so beneficiaries are buying the medicine from outside.

- + **CHC Phulbari** caters to a catchment population of 74772. It is a 45 bedded CHC and includes 7 sub centers, 110 ASHAs, 19 ANMs and 81 AWCs. The monthly average OPD is 50-60, 40-50 deliveries and around 40% are home deliveries. Due to a lack of a facility for a transit home, there were six maternal deaths in the previous financial year and one in the current financial year. Three child deaths occurred in the previous financial year, due to still birth, no transit home facility and one was due to home delivery. IUCD is not accepted for use in family planning; only injectable or oral methods are acceptable. There is a shortage of ANTARA at the facility. Muslim culture predominates in the Phulbari. The community has an extremely high preference for children, yet it also has very high rates of early marriages, teenage pregnancies and school dropouts. The maximum number of average family sizes is 8 to 9. High risk pregnancy occurs in these areas like severely anemic or post caesarean cases. The proper counselling is being given, but nobody is attentively hearing and adhering to it. There are 2 female counselors and AFHC is available at the CHC Phulbari. 150 adolescent girls received treatment during the current financial year for issues related to their skin, menstruation, and suicidal thoughts. In the community, suicide incidents are highly prevalent, especially among people between the ages of 20-35 year. For RI only 57% target has been achieved because people are not coming to the facility for the VHND sessions. In the CHC there is an availability of deep burial and sharp pits for BMW. All essential drugs and supplies were available and proper register is maintained at the time of visit. In the facility, all mothers were asked to stay for 48 hours after birth and were provided diet free of cost. However, JSY payments weren't made before discharge. Such payments were initiated through PFMS. But still there is a backlog because most of the beneficiaries don't have their bank account and even the ASHAs payment are not up to date. Through their RKS money, CHC Phulbari purchases some medicines from outside sources. The facility has not received funding this year. Due to a lack

of funding, JSSK diet is being provided through outsourcing. CHC were having cold chain and records were properly maintained. After distribution of LLIN, there are very few cases of Malaria in the community. Presently, there are 24 active cases for TB in the facility and proper medication is going on.

Major Key Challenges for CHC Phulbari








-  Due to the hilly terrain, home deliveries are prevalent in Phulbari, making it challenging for even two-wheelers to navigate these hard-core areas.
-  There is a cleanliness issue in CHC Phulbari because of lack of manpower and public non-compliance.
-  The CHC building is very old, so the infrastructure needs to be renovated as the layout of the facility is not up to the mark.
-  There is a huge shortage of EDL medicines, the facility faces a lot of problems at the time of the OPD and IPD.
-  Most of the time electrical equipment are getting damaged frequently because of erratic power supply.
-  Since there isn't a specific room available in the facility due to a lack of space, NBSU isn't operational.
-  No proper water supply at the CHC Phulbari, as there is no PHE water connection.

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

Condition of infrastructure	CHC Selsella	CHC Phulbari
Accessible from nearest road head	Yes	Yes
24*7 running water facility	No	No
Facility is geriatric and disability friendly (ramps etc.)	Yes	Yes
Clean functional toilets available (separate for Male & 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: CHC Checklist, NHM PIP Monitoring, 2021-22

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

HR Positions	CHC Selsella			CHC Phulbari		
	San.	Reg.	Cont.	San.	Reg.	Cont.
MO (MBBS)	04	03		04	04	
Dentist	01	01		01	01	
SNs/ GNMs	07	07			06	02
LTs	01	01		02	02	03
Pharmacist	02	02			02	
Dental Assistant/Hygienist	01	01			-	

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

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

Drugs and diagnostics services	CHC Selsella	CHC Phulbari
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	No	Yes
Drugs Available for Hypertension & Diabetic patients	Yes	Yes
Shortage of sufficient number of Hypertension & Diabetic in last 7 days	No	No
Availability of Testing kits/ Rapid Diagnostic Kits	Yes	Yes
Line listing of all high-risk pregnancies	Yes	Yes
Availability of vaccines and hub cutter	Yes	Yes
Availability of trained provider for IUCD / PPIUCD	Yes	Yes
Whether reporting weekly data in P and L form under IDSP	Yes	Yes
Maintenance of Records		
Maintenance of records on TB cases (drug sensitive/resistant cases)	Yes	Yes
Maintenance of records on Malaria cases	Yes	Yes
Maintenance of records on Palliative cases	Yes	Yes
Maintenance of records on Dengue and Chikungunya	Yes	Yes
Maintenance of records on Leprosy cases	Yes	Yes

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



5.3 PRIMARY HEALTH CENTRE PURAKHASIA and ASANANG



Figure 7: PHC Purakhasia








Figure 8: PHC Asanang

- + PHC Purakhasia** cater 27000 population. The average OPD is 30 per day. It is a 14 bedded facility. There are 3 sub centers, 55 AWC, 72 ASHAs and 9 ANMs under the PHC Purakhasia. The average delivery load is 24 per month. Due to lack of training, none of the ASHAs are using the ANMOL tablet. All OPD services are available at the facility and 24X7 emergency services are available. Referral services, in-patients, patient diet supply, laboratory services, delivery services, family planning services all services are available at the PHC Purakhasia. JSY payments are updated till august. The facility has an in-house kitchen for JSSK, and the beneficiary receives a free diet. The facility conducts PMSMS activities on the 9th of every month. For RI's 89% target have been achieved. The supply of medicine is sufficient in the facility. For COVID vaccination 90% target have been achieved for elderly group and for other age group 60% target is achieved. Staff nurses, ANMs, and MO are providing counselling as there is no designated FP counsellor at the facility. At the time of ANC registrations and during VHND sessions, eligible couples are given FP counselling. People are more accepting to injectable methods of family planning, and many choose ANTARA. The community does not prefer IUCD and PPICUD. In the community, families often have 8 to 9 children. There is no male participation as the time of counseling session. The facility is organizing "Convergence Mela" for vaccination (both RI and COVID) and Mission Parivar. In the community, there are a lot of teenage pregnancies and high-risk pregnancies. For BMW the facility has sharp and deep burial pits. An internal evaluation has been conducted for Kayakalp. There is only one ambulance at the PHC, and it is in fine condition with a well-kept register and two separate vehicles under CM scheme. All of the beneficiaries are completely aware of the JSSK services, including the facility of free drop-off and pick-up, free diet, and free medicines. The JSY payments for the ASHAs have been completed through the end of September, but there is a significant backlog for the beneficiaries since they lack a bank account or other documentations. In the facility there is an availability of outsource food. ASHAs, ANMs, staff nurses and MO are providing family planning counselling to the beneficiaries. After delivery

beneficiaries do not stay in the hospital for 48 hours because who will take after their other children. IN the PHC Purakhasia, there is an availability of transit homes and also providing meals to the people. In the last financial year, there were 3 maternal deaths in the PHC and appropriate MDR has been done. Home deliveries are the reason for deaths. Four of the 14 child deaths during the previous financial year occurred during the transition, and the remaining were occurred by home deliveries. In vector borne disease, there were 2 active cases of malaria in the last financial year. LLIN is dispersed correctly throughout the neighborhood. In Purakhasia, there are more active cases for hypertension among the people. RKS meetings have been conducted. Till date there are 13 active cases of TB patients in Purakhasia and proper medication are taking place. The Nikshay portal is updated.

Major Key Challenges for PHC Purakhasia

-  There is a shortage of gloves and necessary medications at PHC Purakhasia. The facility lacks an adequate water supply.
-  Home deliveries are high in Purakhasia as they believe in traditional methods.
-  There is an interference of the family members regarding the health of the mother at the time of their pregnancy and even at the time of family planning methods.
-  It is very difficult to manage the situation at the time of the VHND session or at the facility since the community members are not cooperative with the staff and even the male participation is negligence.
-  The facility has no Lab Technician sanction post and shortage of logistic for HIV. There is always a shortage of cotton and gloves in PHC Purakhasia.

+ **PHC Asanang** is a 10 bedded facility with average OPD of 20 patients per day and average 20 deliveries per month. The catchment population is 56044 and 10 SCs come under PHC. For family planning people are preferring OCP, IUCD and most of the people prefer ANTARA and there is less acceptance of PPIUCD in the community. In the community, 98% home deliveries are taking place as they believe in traditional methods. There is a lack of trust among public institution and more preference to quacks. As it is difficult to reach the remaining 30% of the target areas, particularly during the rainy season, only 70% of the RI target was met in the last financial year. The average family size is 5-6 children. In the facility, there was one maternal death and 3 child deaths in the last financial year. There is an availability of telemedicine in the facility. There is an implementation of DVDMS and availability of list of

essential medicines in the PHC Asanang. There is a shortage of 5 priority drugs like metron 400mg/200mg, amoxicillin 500mg/200mg, fluconazole 150 gm, folic acid and Cipro eye drop from last 30 days. There are 2 RBSK teams in Asanang. JSY payment are being processed. JSSK diet for per patient is 100rs and are providing 3 times meal to the beneficiaries like milk, egg, fruits, rice, vegetables etc. PHC provides all free services such as delivery care, diet, drugs and consumables, diagnostics, blood services, referral transport and drop back services. However, the coverage of referral transport from home to facility and drop back facilities after delivery is negligible. In the facility, all mothers were asked to stay for 48 hours after birth and provided diet free of cost. However, JSY payments weren't made before discharge. Such payments were initiated through PFMS. Proper MDR was performed for the maternal death in the facility. In terms of NCD, there are 227 confirmed cases of hypertension and 55 diabetes cases, and the beneficiaries are given the appropriate medications. The facility conducts PMSMS activities on the 9th of every month but there is no Yoga instructor in the facility. The facility has 12 active TB cases, and it provides the necessary medications and follow-up care. COVID vaccination acceptance is very less in the community. There is 150 OPD for Dental Care, most of them are children as they don't brush. The children do not have money to buy brush, so the facility is **distributing toothbrush kits in the school**. The facility organizes outreach health camps in the community especially in hard core areas.

Major Key Challenges for PHC Asanang





-  The facility at PHC does not meet IPHS standards, there are not enough rooms to give quality services.
-  The infrastructure is damaged and require major repairing. In the facility there is a need for indoor ward. There is a need for separate labor room from the main PHC building. In PHC Asanang, labor room is not attached to the female ward.
-  It is very difficult to manage the situation at the time of the VHND session or at the facility since the community members are not cooperative with the staff.
-  One of the factors contributing to the high rate of child deaths is the community's high acceptance of quacks.

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

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

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

Table 21: Human resources availability at Primary Health Centre

HR Positions	PHC Purakhasia			PHC Asanang		
	San.	Reg.	Cont.	San.	Reg.	Cont.
MO (MBBS)	02	02		03		
MO (AYUSH)	0	0		0		
SNs/ GNMs	04	03		05		
ANM	02	02		06		01
LTs	0	0		01		
Pharmacist	01	01		01		02
LHV/PHN	-	-		01/01		
Others	-	-		20		12

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

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

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



5.4 HEALTH & WELLNESS CENTRE ASANANG

+ **HWC Asanang** catchment population is 6799 and covers 14 AWC. In HR there are 16 ASHAs, 6 ASHA facilitators, 3 ANM and 1 CHO in HWC. The average OPD at the facility is 130-150 patients per month. PMSMA activities are conducted at Health and Wellness centre like monthly check up, ANC, Blood sugar test, HIV test and teenage anemia on 9th of every month. There were 3 maternal deaths and 6 child deaths at the facility because of low birth weight. Proper



Figure 9: HWC Asanang

VHND sessions are also conducted at the community. For child immunization 73% target had been achieved for the last financial year and 52 % target achieved for the current financial year. Tele-medicine is operational at the facility. There is no vector borne disease in Asanang. For NCD screening, there are 10 confirmed cases of hypertension and one diabetic case and proper medication is done by HWC. For FP traditional methods are accepted by the community like OCP, condoms and injectable. At the facility there is no drinking water available and no power backup. Till 7th module training is being given to ASHAs and they have all the knowledge for their activities. In the last month 60 CBAC forms were filled by ASHAs. Biomedical waste are buried in deep pits. For COVID vaccination 60% target has been achieved for 1st dose and 30% for 2nd dose and for precautionary dose there is still hesitancy among the community people. In the facility there is no availability of 24 by 7 running and drinking water. Laptops are accessible for CHO, electronic tablets are available for MPWs, smart phones are available for ASHAs, and sufficient internet connectivity services are provided at HWC. There are total 94 essential drugs available at the facility. Since the past 30 days, there has been a shortage of EDL medications such as diclofenac and ibuprofen pills. Additionally, there has been a 7-day scarcity of diabetes and hypertension medications. There are BP instrument, thermometer, contraception pills, glucometers, vaccines, and hub cutters available at Asanang HWC. The facility had no maternal or child deaths. There is a micro-plan for vaccination available at HWC. In the last six months, the facility has held 16 sessions for village health and sanitation.

Major Key Challenges of Sub Center Asanang




-  The facility has a solar panel, but it hasn't worked in the past 12 months.
-  There is no power backup and drinking water supply at the facility.
-  It is very difficult to manage the situation at the time of the VHND session or at the facility since the community members are not cooperative with the staff.

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

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

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



CHAPTER 6 CONCLUSION AND RECOMMENDATION

6.1 CONCLUSION

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



West Garo Hills District and East Khasi Hills together are collaborating on NPCDCS putting this programme into action in three facilities—two CHCs and one DH. The programme has been expanded to the Sub Centre in 2016–17.



Palliative and elderly care training is still being provided. This programme is brand-new to the district as they have only recently started operating. The elderly daycare service is also not yet operating.



RKSK implementation in the district: Peer Educator implementing blocks is new in the facility and 2 Peer Educator are selected. The Peer Educator blocks in West Garo Hills are Rongram- Asanang PHC, Babadam PHC, Dalu Block- Purakhasia PHC, Kerapara PHC, Dadeng Block- Dadenggre CHC, Selsella Block-Selsella CHC, Jeldopara PHC, Tikrikilla Block-Tikrikilla PHC, Pedaldoba PHC. Proper training has been provided to Block CHO, HE, MLHP, ANM and ASHA at facility/Sub center levels.



In the district, there are 5 CHCs and 9 PHCs that are running AFHC. There are five adolescent clinics with counsellors and health counsellors. Counsellors from Selsella CHC, Dalu CHC, Dadenggre CHC, Darengre PHC, and Asanang PHC work at the adolescent health clinic. There are 240 peer educators in each of the following blocks: Dalu Block, Dadeng Block, Tikrikilla Block, Selsella Block, and Rongram Block. There are 1200 peer educators overall in the district.



In the current financial year, the TB target was 910 and was achieved by 638, or around 70%. The performance is fairly good, and the district has a 30-bed TB hospital. The patients come from Assam as well as other districts and states besides Tura. The district cannot check the LFT

and KFT in the periphery since the majority of patients have jaundice. The MOs referred them to the TB hospital, but they refused to come, due to this, the death rate is very high. The outcome attainment is 81%. The community has a long tradition of accepting quacks. There are 75 quacks in the district, therefore the district took the initiative to meet with the association leader and offered them training.



In the district, 257 adolescents have received counselling in the district till this date.



There are 12 pharmacists and 24 AYUSH doctors. There are two RBSK teams in the district, with two AYUSH doctors, one pharmacist, and one ANM in each team. In schools, proper screening has been done. However, RBSK teams are spending more time on the app, no thorough screening is being done by them.



The district has ambassadors for school wellness and health who are on the lookout for adolescent issues. The district has already trained 1000 teachers in West Garo Hill as part of the RSKS initiative.



Tablets for the IFA Program were provided as part of RSKS. Even during COVID, IFA tablets were distributed throughout the entire state.



The OOS is taken care by the Anganwadi staff. In the district, earlier there were 420 peer educators but presently there are 1200 peer educators.



The district contains 1322 AWW centres. Activities taking place in the community are managed by peer educators. A total of 8967 teenagers took use of the programmes during the session, which was held at 129 schools, and 345 of them were also referred to MOs or counsellors.



In Ophthalmology, there are 400-500 patients per month. Few teams are going to field for cataract, and beneficiaries are admitted to Tura Civil Hospital. The district is providing spectacles at the time of VHND sessions. The maximum number of patients is from 40+ age groups. Last year the supply of medicine was very less but this year it is much better.



6.2 RECOMMENDATIONS



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



The State Government may raise budgetary allotment and expenditure for healthcare services in order to ensure that the residents of the State have access to a sufficient and high-quality healthcare infrastructure and 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 patient objectives, and strengthen the monitoring and operation of the district hospitals.



Given that the state is responsible for ensuring public health, the state government may create a strategy to address the shortage of human resources in the public health sector and improve service quality.



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

ANNEXURE-I

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

	India	Meghalaya	West Garo Hills
Total number of Blocks	6612	07	06
Total number of Villages	649481	6026	1336
Actual Population	1,21,08,54,977	2966889	598786
Urban Population %	31.16	20.07	11.63
Rural Population %	68.84	79.93	88.36
Male	623,270,58	149832	324159
Female	58,75,84,719	1475057	319132
Density/ km ²	382	132	175
Literates %	72.98	74.43	67.58
Sex Ratio (females per/000 male)	943	989	979
Child Sex Ratio (0-6 age)	914	970	976

Source: Census of India 2011

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

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

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

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

Indicator	Planned	Completed
1. Number of individuals enumerated	459233	195723
2. Number of CBAC forms filled	175604	94490
3. Number of HWCs started NCD screening:		
a. SHC- HWC	a. 60 SHC	a. 44
b. PHC- HWC	b. 09 PHC	b. 09
c. UPHC – HWC	c. 03UPHC	c. 03
4. Number of individuals screened for:		
a. Hypertension	a. 128884	a. 13368
b. Diabetes	b. 128884	b. 13368
c. Oral Cancer	c. 128884	c. 13368
d. Breast Cancer	d. 63153	d. 8238
e. Cervical Cancer	e. 63153	e. 8238
5. Number of HWCs providing Teleconsultation services	78	55
6. Number of HWCs organizing wellness activities	60	8640

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

ANNEXURES II



Schedule for PIP Monitoring Key Correspondence: DPMU

District Profile- 2021-2022

A.1. Healthcare

Indicator	Values	We have to mention the source ourselves in column (As we need district details as per census 2011 or the current date)
1. Name of the District		
2. Total number of Blocks		
3. Total number of Villages		
4. Total Population		
• 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				
A.2. Healthcare Infrastructure				
Facility Details	Sanctioned/ Planned		Operational	
23. District Hospitals				
24. Sub District Hospital				
25. Community Health Centers (CHC)				
26. Primary Health Centers (PHC)				
27. Sub Centers (SC)				
28. Urban Primary Health Centers (U-PHC)				
29. Urban Community Health Centers (U-CHC)				
30. Special Newborn Care Units (SNCU)				
31. Nutritional Rehabilitation Centres (NRC)				
32. District Early intervention Center (DEIC)				
33. First Referral Units (FRU)				

34. Blood Bank		
35. Blood Storage Unit (BSU)		
36. No. of PHC converted to HWC		
37. No. of U-PHC converted to HWC		
38. Number of Sub Centre converted to HWC		
39. Designated Microscopy Center (DMC)		
40. Tuberculosis Units (TUs)		
41. CBNAAT/TruNat Sites		
42. Drug Resistant TB Centres		
43. Functional Non-Communicable Diseases (NCD) clinic <ul style="list-style-type: none"> • At DH • At SDH • At CHC 	<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>
44. Institutions providing Comprehensive Abortion Care (CAC) services <ul style="list-style-type: none"> • Total no. of facilities • Providing 1st trimester services • Providing both 1st & 2nd trimester services 	<hr/> <hr/> <hr/> <hr/>	<hr/> <hr/> <hr/> <hr/>

Overview: Submission & Approval timeliness of DHAP

Indicator	Remarks/ Observation
1. Whether the district has prepared any District Programme Implementation Plan (PIP) for current year and has submitted it to the states (verify)	
2. Whether the District has received the approved District Health Action Plan (DHAP) from the state (verify).	If yes, date of release_____
3. Date of first release of fund against DHAP	

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

A.3 Infrastructure Construction Status Details

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

Service Availability

Indicator	Remarks/ Observation
C.1. Drugs & Diagnostics	
1. Implementation of Free drugs services (if it is free for all)	
2. Implementation of diagnostic services (if it is free for all)	
<ul style="list-style-type: none"> Number of lab tests notified 	
C.2. Status Of Delivery Points	
<ul style="list-style-type: none"> No. of SCs conducting >3 deliveries/month 	
<ul style="list-style-type: none"> No. of 24x7 PHCs conducting > 10 deliveries /month 	
<ul style="list-style-type: none"> No. of CHCs conducting > 20 deliveries /month 	

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

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

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

7. Nutrition Rehabilitation Centers (NRC)	• Total Admissions (2021-22).....	
--	------------------------------------	--

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

	> Reasons of Non-provision: _____ _____
9. Peer Education (PE) programme (Adolescent Health) & Weekly Iron Folic Acid Supplementation(WIFS)	<ul style="list-style-type: none"> • No. of Blocks covered under Peer Education (PE) programme: • No. of villages covered under PE programme: • No. of Peer Educators: • No. of Adolescent Friendly Clinic (AFC) meetings held: • WIFS stockout:
10. Mobile Medical Unit (MMU) (on the road) and micro-plan	<ul style="list-style-type: none"> • No. of Mobile Medical Unit (MMU) (on the road) and micro-plan _____ • MMU team Composition _____ _____ • List of Services provided by MMU _____ _____ • No. of trips per MMU/month • No. of camps per MMU/month • No. of villages covered • Average number of OPD per MMU per month • Average no. of lab investigations per MMU per month • Avg. no. of X-ray per MMU per month • Avg. no. of blood smears collected / Rapid Diagnostic Tests (RDT) done for Malaria, per MMU/month • Avg. no. of sputum collected for TB detection per MMU per month • Average Number of patients referred to higher facilities • Payment pending (if any)

	If yes, since when and reasons thereof																					
<p>11. Universal health screening</p> <ul style="list-style-type: none"> • No. of patients screened, diagnosed, and treated for: <ul style="list-style-type: none"> ○ Hypertension ○ Diabetes ○ Oral cancer ○ Breast Cancer ○ Cervical cancer 	<ul style="list-style-type: none"> • If conducted, what is the target population • Number of Community Based Assessment Checklist (CBAC) forms filled till date <table border="1" data-bbox="876 604 1364 968"> <thead> <tr> <th>Screened</th> <th>Diagnosed</th> <th>Treated</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table>	Screened	Diagnosed	Treated																		
Screened	Diagnosed	Treated																				
<p>12. Integrated Disease Surveillance Programme (IDSP)</p>	<ul style="list-style-type: none"> • Rapid Response Team (RRT) Constituted: Y/N • Team Composition: • Outbreaks investigated: <ul style="list-style-type: none"> • 2019-20: • 2020-21: • Proportion (% out of total) of Pvthealth facilities reporting weekly data of IDSP • How is IDSP data utilized? Elaborate. <hr/><hr/><hr/> 																					
<p>13. National Viral Hepatitis Control Program (NVHCP)</p>	<ul style="list-style-type: none"> • % of health workers immunized against Hep B • Number of treatment sites and Model Treatment Center (MTC) for viral hepatitis 																					

<p>14. If District notified a State Mental Health Authority (SMHA)</p>	<ul style="list-style-type: none"> • If District notified a State Mental Health Authority (SMHA) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No SMHA in place <input type="checkbox"/> No Mental Health Service or Facility in the district
---	---

15. Vehicle for Referral Transport

• **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						

		ALS	BLS
○ Operational agency (State/ NGO/ PPP)			
○ If the ambulances are GPS fitted and handled through centralized call centre			
○ Average number of calls received per day			

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

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

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

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

	<ul style="list-style-type: none"> • Activities performed by District Level Quality Assurance Committee (DQAC) <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>
<p>26. Maternal and Child Health</p>	<ul style="list-style-type: none"> • Number of maternal deaths reported at: <p>DH: _____</p> <p>SDH: _____</p> <p>CHC: _____</p> <p>PHC: _____</p> <p>SC: _____</p> <p>Prime reason for the maternal death.....</p> <ul style="list-style-type: none"> • Number of Maternal Death Review conducted <ul style="list-style-type: none"> • 2020-21: _____ • 2021-22: _____ <hr/> <ul style="list-style-type: none"> • Number of Neonatal Deaths: <p>_____</p> <ul style="list-style-type: none"> • Number of Total Child Deaths: <p>_____</p> <ul style="list-style-type: none"> • Number of Child Death Review conducted <ul style="list-style-type: none"> • 2020-21: _____ • 2021-22: _____

27. Payment status:	No. of beneficiaries	Backlog	DBT status	
<ul style="list-style-type: none"> • JSY beneficiaries 				
<ul style="list-style-type: none"> • ASHA payment: 				
<ul style="list-style-type: none"> ○ A- Routine and recurring at increased rate of Rs. 2000 pm 				
<ul style="list-style-type: none"> ○ B- Incentive under NTEP 				
<ul style="list-style-type: none"> ○ C- Incentives under NLEP 				
<ul style="list-style-type: none"> • Payment of ASHA facilitators as per revised norms (of a minimum of Rs. 300 per visit) 				
<ul style="list-style-type: none"> • Patients incentive under NTEP programme 				
<ul style="list-style-type: none"> • Provider's incentive under NTEP programme 				
<ul style="list-style-type: none"> • FP compensation/ incentive 				
28. Recruitment for any staff position/ cadre conducted at district level				
29. Details of recruitment	Previous year (2020-21)		Current Year (2021-22)	
	Regular cadre	NHM	Regular cadre	NHM
<ul style="list-style-type: none"> • Total no. of posts vacant at the beginning of FY 				
<ul style="list-style-type: none"> • Among these, no. of posts filled by state 				
<ul style="list-style-type: none"> • Among these, no. of posts filled at district level 				
30. If state has comprehensive (common for regular and contractual HR) Human Resource Information System (HRIS) in place				
31. If grievance redressal mechanism in place: Y/N	<ul style="list-style-type: none"> • Whether call center and toll-free number available..... • Percentage of complains resolved out of the total complains registered in current FY..... 			
32. Mera-Aaspatal (Attach MeraAspataal performance report)	<ul style="list-style-type: none"> • Implemented in how many facilities..... 			

	<p style="text-align: center;">DH.....CHC.....PHC</p> <ul style="list-style-type: none"> • Total Responses collected: • % reported Very Satisfied: • % reported Satisfied: • % reported not satisfied: • Total response for dis-satisfied: <ul style="list-style-type: none"> Dissatisfied with staff behaviors... Dissatisfied with cleanliness..... Dissatisfied with cost of treatment..... Dissatisfied with quality of treatments..... With other reason
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Implementation of CPHC

Status as on: **31st March, 2020**

Indicator	Planned	Completed
7. Number of individuals enumerated		
8. Number of CBAC forms filled		
9. Number of HWCs started NCD screening: <ul style="list-style-type: none"> d. SHC- HWC e. PHC- HWC f. UPHC – HWC 		
10. Number of individuals screened for: <ul style="list-style-type: none"> f. Hypertension g. Diabetes h. Oral Cancer i. Breast Cancer j. Cervical Cancer 		
11. Number of HWCs providing Teleconsultation services		
12. Number of HWCs organizing wellness activities		

Status of HRH

Status as on: _____

1. Staff details at public facility (Regular+ NHM+ other sources)	Sanctioned	In-place	Vacancy (%)
• ANM			
• MPW (Male)			

• Staff Nurse			
• Lab technician			
• Pharmacist (Allopathic)			
• MO (MBBS)			
• OBGY			
• Pediatrician			
• Anesthetist			
• Surgeon			
• Radiologists			
• Other Specialists			
• Dentists/ Dental Surgeon/ Dental MO			
• Dental technician			
• Dental Hygienist			
• Radiographer/ X-ray technician			
• CSSD Technician			
• OT technician			
• CHO/ MLHP			
• AYUSH MO			
• AYUSH Pharmacist			
2. Performance of EMOC/ LSAS trained doctors	Trained	Posted in FRU	Performing C-section
• LSAS trained doctors			
• EmOC trained doctors			

State of Fund Utilization

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

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

Indicator	Budget Released (in lakhs)	Budget utilized (in lakhs)	Reason for low utilization (if less than 60%)
13. FMR 1: Service Delivery: Facility Based			
14. FMR 2: Service Delivery: Community Based			
15. FMR 3: Community Intervention			
16. FMR 4: Untied grants			
17. FMR 5: Infrastructure			
18. FMR 6: Procurement			
19. FMR 7: Referral Transport			
20. FMR 8: Human Resource (Service Delivery)			
21. FMR 9: Training			
22. FMR 10: Review, Research and Surveillance			
23. FMR 11: IEC-BCC			
24. FMR 12: Printing			
25. FMR 13: Quality			
26. FMR 14: Drug Warehouse & Logistic			
27. FMR 15: PPP			
28. FMR 16: Programme Management			
29. FMR 17: IT Initiatives for Service Delivery			
30. 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%)
5. RCH and Health Systems Flexipool			
• Maternal Health			
• Child Health			
• RBSK			
• Family Planning			
• RKSK/ Adolescent health			
• PC-PNDT			
• Immunization			
• Untied Fund			
• Comprehensive Primary Healthcare (CPHC)			
• Blood Services and Disorders			
• Infrastructure			
• ASHAs			
• HR			
• Programme Management			
• MMU			
• Referral Transport			
• Procurement			
• Quality Assurance			
• PPP			
• NIDDCP			
6. NUHM			
7. Communicable Diseases Pool			

Indicator	Budget Released (in lakhs)	Budget utilized (in lakhs)	Reason for low utilization (if less than 60%)
• Integrated Disease Surveillance Programme (IDSP)			
• National Vector Borne Disease Control Programme (NVBDCP)			
• National Leprosy Eradication Programme (NLEP)			
• National TB Elimination Programme (NTEP)			
8. Non-Communicable Diseases Pool			
• National Program for Control of Blindness and Vision Impairment (NPCB+VI)			
• National Mental Health Program (NMHP)			
• National Programme for Health Care for the Elderly (NPHCE)			
• National Tobacco Control Programme (NTCP)			
• National Programme for Prevention and Control of Diabetes, Cardiovascular Disease and Stroke (NPCDCS)			
• National Dialysis Programme			
• National Program for Climate Change and Human Health (NPCCHH)			
• National Oral health programme (NOHP)			
• National Programme on palliative care (NPPC)			

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

Status of trainings

Status as on: _____

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

13.		
14.		
15.		

Date:

Name:

Signature:

Designation:



District
(DH)/ Sub-District



Ministry of Health & Family Welfare
Government of India



Hospital
Hospital (SDH) Level

Checklist

Service Delivery:

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

Indicator	Remarks/ Observation
1. OPD Timing	
2. Condition of infrastructure/ building	Comments:

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

Indicator	Remarks/ Observation		
Immunization, FP, Laboratory services	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	

Indicator	Remarks/ Observation
	facilities available for: 1. Triage 2. Resuscitation 3. Stabilization
6. Tele-medicine/Consultation services available	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, average case per day _____
7. Operation Theatre available	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, Single general OT: Elective OT-Major (General): Elective OT-Major (Ortho): Obstetrics & Gynecology OT: Ophthalmology/ENT OT: Emergency OT:
8. Availability of functional Blood Bank	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, number of units of blood currently available: _____ No. of blood transfusions done in last month: _____
9. Whether blood is issued free, or user-fee is being charged	<input type="checkbox"/> Free for BPL <input type="checkbox"/> Free for elderly <input type="checkbox"/> Free for JSSK beneficiaries <input type="checkbox"/> Free for all
10. Biomedical waste management practices	1. Sharp pit 2. Deep Burial pit 3. Incinerator 4. Using Common Bio Medical Treatment plant 5.

Indicator	Remarks/ Observation				
11. Details of HR available in the facility (Sanctioned and In-place)	HR	San.	Reg.	Cont.	
	MO (MBBS)				
	Specialists	Medicine			
		ObGy			
		Pediatrician			
		Anesthetist			
		Surgeon			
		Ophthalmologist			
		Orthopedic			
		Radiologist			
		Pathologist			
		Others			
	Dentist				
	Staff Nurses/ GNMs				
	LTs				
	Pharmacist				
	Dental Technician/ Hygienist				
Hospital/ Facility Manager					
EmOC trained doctor					
LSAS trained doctor					
Others					
12. IT Services	<ul style="list-style-type: none"> • Desktop/ Laptop available: <input type="checkbox"/>Yes/ <input type="checkbox"/>No • Internet connectivity: <input type="checkbox"/>Yes/ <input type="checkbox"/>No Quality/strength of internet connection: _____ 				

Indicator	Remarks/ Observation															
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	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 5%; text-align: center;">1</td> <td style="width: 85%;"></td> <td style="width: 10%;"></td> </tr> <tr> <td style="text-align: center;">2</td> <td></td> <td></td> </tr> <tr> <td style="text-align: center;">3</td> <td></td> <td></td> </tr> <tr> <td style="text-align: center;">4</td> <td></td> <td></td> </tr> <tr> <td style="text-align: center;">5</td> <td></td> <td></td> </tr> </table>	1			2			3			4			5		
1																
2																
3																
4																
5																
19. Availability of Essential Consumables:	<input type="checkbox"/> Sufficient Supply <input type="checkbox"/> Minimal Shortage <input type="checkbox"/> Acute shortage List the consumables for with there was shortage In last 6 months how many times there was shortage _____															

Indicator	Remarks/ Observation
20. Availability of essential diagnostics	<input type="checkbox"/> In-house <input type="checkbox"/> Outsourced/ PPP <input type="checkbox"/> Both/ Mixed
<ul style="list-style-type: none"> In-house tests (For 2020-21) 	Timing: Total number of tests performed: _____ Details of tests performed:
<ul style="list-style-type: none"> Outsourced/ PPP (For 2020-21) 	Timing: Total number of tests performed: _____ Details of tests performed:
21. X-ray services is available	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If Yes, type & nos. of functional X-ray machine is available in the hospital: Is the X-ray machine AERB certified: <input type="checkbox"/> Yes/ <input type="checkbox"/> No
22. CT scan services available	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes: <input type="checkbox"/> In-house/ <input type="checkbox"/> PPP Out of Pocket expenditures associated with CT Scan services (if any, approx. amount per scan): _____

Indicator	Remarks/ Observation
23. Whether diagnostic services (lab, X-ray, USG etc.) are free for all	<input type="checkbox"/> Free for BPL <input type="checkbox"/> Free for elderly <input type="checkbox"/> Free for JSSK beneficiaries <input type="checkbox"/> Free for all
24. Availability of Testing kits/ Rapid Diagnostic Kits	<input type="checkbox"/> Sufficient Supply <input type="checkbox"/> Minimal Shortage <input type="checkbox"/> Acute shortage
25. Implementation of PM-National Dialysis programme	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
	<input type="checkbox"/> In-house <input type="checkbox"/> Outsourced/ PPP Total number of tests performed: _____
<ul style="list-style-type: none"> • Whether the services are free for all 	<input type="checkbox"/> Free for BPL <input type="checkbox"/> Free for elderly <input type="checkbox"/> Free for JSSK beneficiaries <input type="checkbox"/> Free for all
<ul style="list-style-type: none"> • Number of patients provided dialysis service (for 2020-21) 	<ul style="list-style-type: none"> ○ Previous year _____ ○ Current FY _____ <i>*Calculate the approximate no. of patients provided dialysis per day</i>
26. If there is any shortage of major instruments/ equipment (List the Equipments)	
27. Average downtime of equipment. Details of equipment are nonfunctional for more than 7 days	
28. Availability of delivery services	<input type="checkbox"/> Yes/ <input type="checkbox"/> No

Indicator	Remarks/ Observation
<ul style="list-style-type: none"> If the facility is designated as FRU, whether C-sections are performed 	<input type="checkbox"/> Yes/ <input type="checkbox"/> No Number of normal deliveries performed in last month: _____ No. of C-sections performed in last month: _____
<ul style="list-style-type: none"> Comment on the condition of: 	Labour room: OT: Functional New-born care corner (functional radiant warmer with 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)

Indicator	Remarks/ Observation
	<input type="checkbox"/> Free referral transport (drop back from facility to home) <input type="checkbox"/> No user charges
31. PMSMA services provided on 9 th of every month	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, how are high risks identified on 9 th ? If No, reasons thereof:
32. Line listing of high-risk pregnancies	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
33. Practice related to Respectful Maternity Care	
34. Whether facility have registers for entering births and deaths	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
35. Number of Maternal Death reported in the facility	Previous year: Current year:
36. Number of Child Death reported in the facility	Previous year: Current year:
37. If Comprehensive Abortion Care (CAC) services available	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
38. Availability of vaccines and hub cutter	<input type="checkbox"/> Yes/ <input type="checkbox"/> No Nurses/ ANM aware about open vial policy: <input type="checkbox"/> Yes/ <input type="checkbox"/> No
39. Number of newborns immunized with birth dose at the facility in last 3 months	

Indicator	Remarks/ Observation		
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		

Indicator	Remarks/ Observation		
	b. Diabetes		
	c. Oral Cancer		
	d. Breast Cancer		
	e. Cervical Cancer		
51. Whether reporting weekly data in P, S and L form under IDSP	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
1. Status of TB elimination programme	Facility is designated as Designated Microscopy Centre (DMC): <input type="checkbox"/> Yes/ <input type="checkbox"/> No		
	If yes, percent of OPD whose samples were tested for TB (microscopy) in last 6 month (average) _____		
	If anti-TB drugs available at the facility: <input type="checkbox"/> Yes/ <input type="checkbox"/> No		
	If yes, are there any patients currently taking anti-TB drugs from the facility: <input type="checkbox"/> Yes/ <input type="checkbox"/> No		
	Availability of CBNAAT/ TruNat: <input type="checkbox"/> Yes/ <input type="checkbox"/> No Percent of patients tested through CBNAAT/TruNat for Drug resistance in the last 6 months _____		
	Are all TB patients tested for HIV? <input type="checkbox"/> Yes/ <input type="checkbox"/> No		
	Are all TB patients tested for Diabetes Mellitus: <input type="checkbox"/> Yes/ <input type="checkbox"/> No		
	Percent of TB Patients for whom DBT installments have been initiated under NikshayPoshan Yojana in the last 6 months:		
52. Maintenance of records on	<ul style="list-style-type: none"> • TB Treatment Card cases (both for drug sensitive and drug resistant cases): <input type="checkbox"/>Yes/ <input type="checkbox"/>No • TB Notification Registers: <input type="checkbox"/>Yes/ <input type="checkbox"/>No • Malaria cases: <input type="checkbox"/>Yes/ <input type="checkbox"/>No • Palliative cases: <input type="checkbox"/>Yes/ <input type="checkbox"/>No • Cases related to Dengue and Chikungunya: <input type="checkbox"/>Yes/ <input type="checkbox"/>No • Leprosy cases: <input type="checkbox"/>Yes/ <input type="checkbox"/>No 		
	Fund Received last year:		

Indicator	Remarks/ Observation
53. How much fund was received and utilized by the facility under NHM?	Fund utilized last year:
	Items/ Activities whose expenditure is met out of the RKS/ Untied Fund regularly:
	Reasons for underutilization of fund (if any)
54. Status of data entry in (match with physical records)	HMIS: <input type="checkbox"/> Updated/ <input type="checkbox"/> Not updated MCTS: <input type="checkbox"/> Updated/ <input type="checkbox"/> Not updated IHIP: <input type="checkbox"/> Updated/ <input type="checkbox"/> Not updated HWC Portal: <input type="checkbox"/> Updated/ <input type="checkbox"/> Not updated Nikshay Portal: <input type="checkbox"/> Updated/ <input type="checkbox"/> Not updated
55. Frequency of RKS meeting (check and obtain minutes of last meeting held)	
2. Availability of ambulance services in the area	<input type="checkbox"/> Own ambulance available (Number)_____ <input type="checkbox"/> DH/ SDH has contracted out ambulance services (Number)_____ <input type="checkbox"/> Ambulances services with Centralized call centre <input type="checkbox"/> Government ambulance services are not available
	Comment (if any):
<ul style="list-style-type: none"> How many cases from CHC, PHC, SC, referred to in last month? 	Number: CHC

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



Ministry of Health & Family Welfare
Government of India



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

Service Delivery:

Name of facility visited	
Facility Type	<input type="checkbox"/> CHC/ <input type="checkbox"/> U-CHC
FRU	<input type="checkbox"/> Yes/ <input type="checkbox"/> No

Standalone/ Co-located	<input type="checkbox"/> Standalone/ <input type="checkbox"/> Co-located Co-located with (if applicable):
Accessible from nearest road head	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
Date of Visit	
Next Referral Point	Facility: Distance:
Indicator	Remarks/ Observation
4. OPD Timing	
5. Whether the facility is functioning in PPP mode	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
6. Condition of infrastructure/ building Please comment on the condition and tick the appropriate box	Comments: <input type="checkbox"/> 24*7 running water facility <input type="checkbox"/> Facility is geriatric and disability friendly (ramps etc.) <input type="checkbox"/> Clean functional toilets available (separate for Male and female) <input type="checkbox"/> Drinking water facility available <input type="checkbox"/> OPD waiting area has sufficient sitting arrangement <input type="checkbox"/> ASHA rest room is available <input type="checkbox"/> Drug storeroom with rack is available Power backup: <input type="checkbox"/> Complete Hospital/ <input type="checkbox"/> Part of the hospital
7. Number of functional in-patient beds	
8. List of Services available	

<ul style="list-style-type: none"> Specialized services available in addition to General OPD, ANC, Delivery, PNC, Immunization, FP, Laboratory services 	<table border="1"> <thead> <tr> <th>Sl.</th> <th>Service</th> <th>Y/N</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>Medicine</td> <td></td> </tr> <tr> <td>2</td> <td>O&G</td> <td></td> </tr> <tr> <td>3</td> <td>Pediatric</td> <td></td> </tr> <tr> <td>4</td> <td>General Surgery</td> <td></td> </tr> <tr> <td>5</td> <td>Anesthesiology</td> <td></td> </tr> <tr> <td>6</td> <td>Ophthalmology</td> <td></td> </tr> <tr> <td>7</td> <td>Dental</td> <td></td> </tr> <tr> <td>8</td> <td>Imaging Services (X – ray)</td> <td></td> </tr> <tr> <td>9</td> <td>Imaging Services (USG)</td> <td></td> </tr> <tr> <td>10</td> <td>Newborn Stabilization Unit</td> <td></td> </tr> </tbody> </table>	Sl.	Service	Y/N	1	Medicine		2	O&G		3	Pediatric		4	General Surgery		5	Anesthesiology		6	Ophthalmology		7	Dental		8	Imaging Services (X – ray)		9	Imaging Services (USG)		10	Newborn Stabilization Unit	
	Sl.	Service	Y/N																															
	1	Medicine																																
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	8	Imaging Services (X – ray)																																
	9	Imaging Services (USG)																																
10	Newborn Stabilization Unit																																	
<ul style="list-style-type: none"> If any of the specialists are available 24*7 	<input type="checkbox"/> Yes available <input type="checkbox"/> Yes, available only on-call <input type="checkbox"/> Not available																																	
<ul style="list-style-type: none"> Emergency 	General emergency: or facilities available for: 1. Triage 2. Resuscitation 3. Stabilization																																	
9. Tele-medicine/Consultation services available	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, average case per day_____																																	
10. Operation Theatre available	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, Major:																																	

	Minor:				
11. Availability of functional Blood Storage Unit	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, number of units of blood currently available: _____ No. of blood transfusions done in last month: _____				
12. Whether blood is issued free, or user-fee is being charged	<input type="checkbox"/> Free for BPL <input type="checkbox"/> Free for elderly <input type="checkbox"/> Free for JSSK beneficiaries <input type="checkbox"/> Free for all				
13. Biomedical waste management practices	Sharp pit: Deep Burial pit: Other System, if any:				
14. Details of HR available in the facility (Sanctioned and In-place)	HR		San.	Reg.	Cont.
	MO (MBBS)				
	Specialists	Medicine			
		ObGy			
		Pediatrician			
		Anesthetist			
	Dentist				
	SNs/ GNMs				
	LTs				
	Pharmacist				
	Dental Assistant/ Hygienist				
	Hospital/ Facility Manager				
	EmOC trained doctor				
	LSAS trained doctor				
Others					

15. IT Services	<ul style="list-style-type: none"> • Desktop/ Laptop available: <input type="checkbox"/>Yes/ <input type="checkbox"/>No • Internet connectivity: <input type="checkbox"/>Yes/ <input type="checkbox"/>No Quality/strength of internet connection: _____	
16. Kayakalp	Initiated: 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	

<p>22. Availability of Essential Consumables:</p>	<p><input type="checkbox"/> Sufficient Supply <input type="checkbox"/> Minimal Shortage <input type="checkbox"/> Acute shortage</p> <p>In last 6 months how many times there was shortage_____</p> <p>List the consumables for which there has been shortage_____</p>
<p>23. Availability of essential diagnostics</p>	<p><input type="checkbox"/> In-house <input type="checkbox"/> Outsourced/ PPP <input type="checkbox"/> Both/ Mixed</p>
<ul style="list-style-type: none"> • In-house tests (for 2020-21) 	<p>Timing:</p> <p>Total number of tests performed: _____</p> <p>Details of tests performed:</p>
<ul style="list-style-type: none"> • Outsourced/ PPP (for 2020-21) 	<p>Timing:</p> <p>Total number of tests performed: _____</p> <p>Details of tests performed:</p>
<p>24. X-ray services is available</p>	<p><input type="checkbox"/> Yes/ <input type="checkbox"/> No</p> <p>If Yes, type & 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>

<p>25. Whether diagnostic services (lab, X-ray, USG etc.) are free for all</p>	<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>
<p>26. Availability of Testing kits/ Rapid Diagnostic Kits</p>	<p><input type="checkbox"/>Sufficient Supply</p> <p><input type="checkbox"/>Minimal Shortage</p> <p><input type="checkbox"/>Acute shortage</p> <p>(List the name of kits for which there is shortage)</p>
<p>27. If there is any shortage of major instruments/ equipment (List the Name of Equipment)</p>	
<p>28. Average downtime of equipment. Details of equipment are nonfunctional for more than 7 days</p>	
<p>29. Availability of delivery services</p>	<p><input type="checkbox"/>Yes/ <input type="checkbox"/>No</p>
<ul style="list-style-type: none"> If the facility is designated as FRU, whether C-sections are performed 	<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>
<ul style="list-style-type: none"> Comment on condition of: 	<p>Labour room:</p> <p>OT:</p> <p>Functional New-born care corner (functional radiant warmer with neo-natal ambu bag): <input type="checkbox"/> Yes/ <input type="checkbox"/> No</p>
<p>30. Status of JSY payments</p>	<p>Payment is up to date: <input type="checkbox"/>Yes/ <input type="checkbox"/>No</p> <p>Average delay:</p>

	<p>Payment done till:</p> <p>Reasons for delay:</p>
<p>31. Availability of JSSK entitlements</p>	<p><input type="checkbox"/>Yes/ <input type="checkbox"/>No</p> <p>If yes, whether all entitlements being provided</p> <p><input type="checkbox"/>Free delivery services (Normal delivery/ C-section)</p> <p><input type="checkbox"/>Free diet</p> <p><input type="checkbox"/>Free drugs and consumables</p> <p><input type="checkbox"/>Free diagnostics</p> <p><input type="checkbox"/>Free blood services</p> <p><input type="checkbox"/>Free referral transport (home to facility)</p> <p><input type="checkbox"/>Free referral transport (drop back from facility to home)</p> <p><input type="checkbox"/>No user charges</p>
<p>32. PMSMA services provided on 9th of every month</p>	<p><input type="checkbox"/>Yes/ <input type="checkbox"/>No</p> <p>If yes, how are high risks identified on 9th?</p> <p>If No, reasons thereof:</p>
<p>33. Line listing of high-risk pregnancies</p>	<p><input type="checkbox"/>Yes/ <input type="checkbox"/>No</p>

34. Practice related to Respectful Maternity Care	
35. Whether facility have registers for entering births and deaths	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
36. Number of Maternal Death reported in the facility	Previous year: 2019-20____ Current year:2020-21__
37. Number of Child Death reported in the facility	Previous year: Current year:
38. If Comprehensive Abortion Care (CAC) services available	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
39. Availability of vaccines and hub cutter	<input type="checkbox"/> Yes/ <input type="checkbox"/> No Nurses/ ANM aware about open vial policy: <input type="checkbox"/> Yes/ <input type="checkbox"/> No
40. Number of newborns immunized with birth dose at the facility in last 3 months	
41. Newborns breastfed within one hour of birth (observe if practiced and women are being counselled)	
42. Number of sterilizations performed in last one month	Male__ Female____
43. Availability of trained provider for IUCD/ PPIUCD	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
44. Who counsels on FP services?	
45. Please comment on utilization of other FP services	
46. FPLMIS has been implemented	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
47. Availability of functional Adolescent Friendly Health Clinic	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, who provides counselling to adolescents: _____

	Separate male and female counselors available: <input type="checkbox"/> Yes/ <input type="checkbox"/> No		
	Number of Adolescents counseled in last 6 months _____		
48. Whether facility has fixed day NCD clinic	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
	If Yes, how many days in a week: _____ days		
49. Are service providers trained in cancer services?	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
50. Number of individuals screened for the following in last 6 months:		Screened	Confirmed
	a. Hypertension		
	b. Diabetes		
	c. Oral Cancer		
	d. Breast Cancer		
	e. Cervical Cancer		
51. Are service providers trained in cancer services?	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
52. Whether reporting weekly data in P, S and L form under IDSP	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
53. Status of TB elimination programme	Facility is designated as Designated Microscopy Centre (DMC): <input type="checkbox"/> Yes/ <input type="checkbox"/> No		
	If yes, percent of OPD whose samples were tested for TB (microscopy) in last 6 month (average) _____		
	If anti-TB drugs available at the facility: <input type="checkbox"/> Yes/ <input type="checkbox"/> No		
	If yes, are there any patients currently taking anti-TB drugs from the facility: <input type="checkbox"/> Yes/ <input type="checkbox"/> No		
	Percent of patients tested through CBNAAT/TruNat for Drug resistance in the last 6 months _____		
	Is there a sample transport mechanism in place for:		
	<ul style="list-style-type: none"> investigations within public sector for TB testing? <input type="checkbox"/>Yes/ <input type="checkbox"/>No 		

	<ul style="list-style-type: none"> • investigations within public sector for other tests? <input type="checkbox"/>Yes/ <input type="checkbox"/>No • outsourced testing? <input type="checkbox"/>Yes/ <input type="checkbox"/>No
	<p>Are all TB patients tested for HIV? <input type="checkbox"/>Yes/ <input type="checkbox"/>No</p> <p>Are all TB patients tested for Diabetes Mellitus: <input type="checkbox"/>Yes/ <input type="checkbox"/>No</p>
	<p>Percent of TB Patients for whom DBT installments have been initiated under NikshayPoshan Yojana in the last 6 months:</p>
54. Status on Leprosy eradication programme	<p>Nos. of new case detected by Field Worker in last 12 months:</p> <p>Out of those, how many are having Gr. II deformity:</p> <p>Frequency of Community Surveillance:</p>
55. Maintenance of records on	<ul style="list-style-type: none"> • TB Treatment Card cases (both for drug sensitive and drug resistant cases): <input type="checkbox"/>Yes/ <input type="checkbox"/>No • TB Notification Registers: <input type="checkbox"/>Yes/ <input type="checkbox"/>No • Malaria cases: <input type="checkbox"/>Yes/ <input type="checkbox"/>No • Palliative cases: <input type="checkbox"/>Yes/ <input type="checkbox"/>No • Cases related to Dengue and Chikungunya: <input type="checkbox"/>Yes/ <input type="checkbox"/>No • Leprosy cases: <input type="checkbox"/>Yes/ <input type="checkbox"/>No
56. How much fund was received and utilized by the facility under NHM?	<p>Fund Received last year:</p> <p>Fund utilized last year:</p>
	<p>Items/ Activities whose expenditure is met out of the RKS/ Untied Fund regularly:</p>
	<p>Reasons for underutilization of fund (if any)</p>
57. Status of data entry in (match with physical records)	<p>HMIS: <input type="checkbox"/>Updated/ <input type="checkbox"/>Not updated</p> <p>MCTS: <input type="checkbox"/>Updated/ <input type="checkbox"/>Not updated</p> <p>IHIP: <input type="checkbox"/>Updated/ <input type="checkbox"/>Not updated</p>

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

e)



Primary
Centre (PHC/U-PHC)



Ministry of Health & Family Welfare
Government of India



Health
Level Checklist

Service Delivery:

Name of facility visited	
Facility Type	<input type="checkbox"/> PHC/ <input type="checkbox"/> U-PHC
Whether the facility has been converted to HWC	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
Standalone/ Co-located	<input type="checkbox"/> Standalone/ <input type="checkbox"/> Co-located Co-located with (if applicable):
Accessible from nearest road head	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
Date of Visit	
Next Referral Point	Facility: Distance:
Indicator	Remarks/ Observation
1. OPD Timing • For U-PHC, check if evening/morning OPD/Clinics being conducted	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
2. Whether the facility is functioning in PPP mode	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
3. Condition of infrastructure/ building	Comments:

Please comment on the condition and tick the appropriate box	<input type="checkbox"/> 24*7 running water facility <input type="checkbox"/> Facility is geriatric and disability friendly (Ramps etc.) <input type="checkbox"/> Clean functional toilets available (separate for Male and female) <input type="checkbox"/> Drinking water facility available <input type="checkbox"/> OPD waiting area has sufficient sitting arrangement <input type="checkbox"/> ASHA rest room is available <input type="checkbox"/> Drug storeroom with rack is available <input type="checkbox"/> Power backup <input type="checkbox"/> Branding				
4. Number of functional in-patient beds					
5. List of Services available					
6. If 24*7 delivery services available	<input type="checkbox"/> Yes/ <input type="checkbox"/> No				
7. Tele-medicine/Consultation services available	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, average case per day _____				
8. Biomedical waste management practices	Sharp pit: Deep Burial pit: Other System, if any:				
9. Details of HR available in the facility (Sanctioned and In-place)	HR	San.	Reg.	Cont.	
	MO (MBBS)				
	MO (AYUSH)				
	SNs/ GNMs				
	ANM				

	LTs				
	Pharmacist				
	Public Health Manager (NUHM)				
	LHV/PHN				
	Others				
10. IT Services	<ul style="list-style-type: none"> • Desktop/ Laptop available: <input type="checkbox"/>Yes/ <input type="checkbox"/>No • All ANMs have functional Tablets: <input type="checkbox"/>Yes/ <input type="checkbox"/>No • Smart phones given to all ASHAs: <input type="checkbox"/>Yes/ <input type="checkbox"/>No • Internet connectivity: <input type="checkbox"/>Yes/ <input type="checkbox"/>No Quality/strength of internet connection: _____				
11. Kayakalp	Initiated: Facility score: Award received:				
12. NQAS	Assessment done: Internal/State Facility score: Certification Status:				
13. Availability of list of essential medicines (EML)/ drugs (EDL)	<input type="checkbox"/> Yes/ <input type="checkbox"/> No				
	If yes, total number of drugs in EDL_____ EDL displayed in OPD Area: <input type="checkbox"/> Yes/ <input type="checkbox"/> No No. of drugs available on the day of visit (out of the EDL) _____				
14. Implementation of DVDMS or similar supply chain management system	<input type="checkbox"/> Yes/ <input type="checkbox"/> No				
	If other, which one_____				
15. Shortage of 5 priority drugs from EDL in last 30 days, if any	1				
	2				
	3				
	4				

	5		
16. Drugs Available for Hypertension & Diabetic patients:	1		
	2		
	3		
17. Shortage of sufficient number of Hypertension & Diabetic in last 7 days	1		
	2		
	3		
18. Availability of Essential Consumables:	<input type="checkbox"/> Sufficient Supply <input type="checkbox"/> Minimal Shortage <input type="checkbox"/> Acute shortage In last 6 months how many times there was shortage _____ (Also list the consumables for which there was shortage)		
19. Availability of essential diagnostics	<input type="checkbox"/> In-house <input type="checkbox"/> Outsourced/ PPP <input type="checkbox"/> Both/ Mixed		
<ul style="list-style-type: none"> In-house tests For 2020-21 	Timing: Total number of tests performed: _____ Details of tests performed:		
<ul style="list-style-type: none"> Outsourced/ PPP For 2020-21 	Timing: Total number of tests performed: _____ Details of tests performed:		

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

27. Availability of JSSK entitlements	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, whether all entitlements being provided <input type="checkbox"/> Free delivery services (Normal delivery/ C-section) <input type="checkbox"/> Free diet <input type="checkbox"/> Free drugs and consumables <input type="checkbox"/> Free diagnostics <input type="checkbox"/> Free blood services <input type="checkbox"/> Free referral transport (home to facility) <input type="checkbox"/> Free referral transport (drop back from facility to home) <input type="checkbox"/> No user charges
28. Line listing of high-risk pregnancies	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
29. Number of normal deliveries in last three month	
30. Availability of Daksh/ Daksha 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		
		Screened	Confirmed

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

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

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

Only for U-PHC	
57. Population enumeration initiated for slum population	<input type="checkbox"/> Not yet initiated <input type="checkbox"/> Initiated <input type="checkbox"/> Completed
58. Number of CBAC forms filled (NUHM)	
59. Is Specialist services provided at U-PHC?	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
	<p>If yes, specialist services are provided through: <input type="checkbox"/> Teleconsultation/ <input type="checkbox"/> Clinic</p> <p>Schedule: <input type="checkbox"/> Fixed/ <input type="checkbox"/> Rotational</p> <p>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_____</p>
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_____ <p>Type of specialties provided during special outreach camps: _____</p> <p>–</p>



Ministry of Health & Family Welfare
Government of India

Centre (SC)

Sub-
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	Comments:
Please comment on the condition and tick the appropriate box	<input type="checkbox"/> 24*7 running water facility <input type="checkbox"/> Facility is geriatric and disability friendly <input type="checkbox"/> Clean functional toilets available (separate for Male and female)

Indicator	Remarks/ Observation			
	<input type="checkbox"/> Drinking water facility available <input type="checkbox"/> OPD waiting area has sufficient sitting arrangement <input type="checkbox"/> ASHA rest room is available <input type="checkbox"/> Drug storeroom with rack is available <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)	HR	San.	Reg.	Cont.
	ANM/ MPW Female			
	MPW Male			
	MLHP/ CHO			
	ASHA			
	Others			
5. IT Services	<ul style="list-style-type: none"> • Functional Tablet/ laptop with CHO: <input type="checkbox"/>Yes/ <input type="checkbox"/>No • Electronic Tablets with MPWs (ANM): <input type="checkbox"/>Yes/ <input type="checkbox"/>No • Smart phones given to all ASHAs: <input type="checkbox"/>Yes/ <input type="checkbox"/>No • Internet connectivity: <input type="checkbox"/>Yes/ <input type="checkbox"/>No Quality/strength of internet connection: _____			
6. Availability of list of essential medicines (EML)/ drugs (EDL)	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, total number of drugs in EDL _____			

Indicator	Remarks/ Observation															
	EDL displayed in OPD Area: <input type="checkbox"/> Yes/ <input type="checkbox"/> No No. of drugs available on the day of visit (out of the EDL) _____															
7. Are anti-TB drugs available at the SHC?	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, are there any patients currently taking anti-TB drugs from the SHC? <input type="checkbox"/> Yes/ <input type="checkbox"/> No															
8. Shortage of 5 priority drugs from EDL in last 30 days, if any	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 5%; text-align: center;">1</td><td style="width: 85%;"></td><td style="width: 10%;"></td></tr> <tr><td style="text-align: center;">2</td><td></td><td></td></tr> <tr><td style="text-align: center;">3</td><td></td><td></td></tr> <tr><td style="text-align: center;">4</td><td></td><td></td></tr> <tr><td style="text-align: center;">5</td><td></td><td></td></tr> </table>	1			2			3			4			5		
1																
2																
3																
4																
5																
9. Drugs Available for Hypertension & Diabetic patients:	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 5%; text-align: center;">1</td><td style="width: 85%;"></td><td style="width: 10%;"></td></tr> <tr><td style="text-align: center;">2</td><td></td><td></td></tr> <tr><td style="text-align: center;">3</td><td></td><td></td></tr> </table>	1			2			3								
1																
2																
3																
10. Shortage of sufficient number of Hypertension & Diabetic in last 7 days	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 5%; text-align: center;">1</td><td style="width: 85%;"></td><td style="width: 10%;"></td></tr> <tr><td style="text-align: center;">2</td><td></td><td></td></tr> <tr><td style="text-align: center;">3</td><td></td><td></td></tr> </table>	1			2			3								
1																
2																
3																
11. Are CHOs dispensing medicines for hypertension and diabetes at SHC-HWC	<input type="checkbox"/> Yes/ <input type="checkbox"/> No															
12. Availability of Testing kits/ Rapid Diagnostic Kits	<input type="checkbox"/> Sufficient Supply <input type="checkbox"/> Minimal Shortage <input type="checkbox"/> Acute shortage List of Kits (Shortage)_____															
13. Availability of:	<ul style="list-style-type: none"> • BP instrument: <input type="checkbox"/>Yes/ <input type="checkbox"/>No. If yes, Type: _____ • Thermometer: <input type="checkbox"/>Yes/ <input type="checkbox"/>No 															

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

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

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

Indicator	Remarks/ Observation
38. Whether CHOs and HWC staffs are involved in VHSNC/ MAS meeting	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
39. Maintenance of records on	<ul style="list-style-type: none"> • TB cases: <input type="checkbox"/>drug sensitive/ <input type="checkbox"/>drug resistant cases/ <input type="checkbox"/>both • Malaria cases: <input type="checkbox"/>Yes/ <input type="checkbox"/>No • Palliative cases: <input type="checkbox"/>Yes/ <input type="checkbox"/>No • Cases related to Dengue and Chikungunya: <input type="checkbox"/>Yes/ <input type="checkbox"/>No • Leprosy cases: <input type="checkbox"/>Yes/ <input type="checkbox"/>No
40. How much fund was received and utilized by the facility under NHM?	Fund Received last year: Fund utilized last year:
	Items/ Activities whose expenditure is met out of the RKS/ Untied Fund regularly:
	Reasons for underutilization of fund (if any)
41. Availability of ambulance services in the area	
<ul style="list-style-type: none"> • How many cases from the Sub Centre were referred to PHC in last month? 	Number: Types of cases referred out:
42. Key challenges in the facility and the root causes	
Challenge	Root causes
a)	
b)	
c)	
d)	
e)	