

2022



# NHM PIP MONITORING REPORT

West Jaintia Hills, Meghalaya



## MONITORING AND EVALUATION OF NHM PROGRAMME IMPLEMENTATION PLAN

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## **Acknowledgement**

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The successful accomplishment of the monitoring and evaluation of NHM, PIP in West Jaintia Hills, Meghalaya owes its gratitude to the collaboration and coordination of the District NHM Staff and supported forwarded by the officials from the State Medical, Health and Family Welfare Department, Meghalaya Government.

Words do not suffice to convey the gratitude we have for the support provided by Smt. Anjali Rawat, Deputy Director General; Mr. Kumar Sundaram, Director; Ms. Preeti Tiwari, Assistant Director, Ministry of Health and Family Welfare, Government of India for handing over responsibility of the work of monitoring of the important components of NHM Programme Implementation Plan to the Population Research Centre, Institute of Economic Growth, Delhi.

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**November, 2022**

**Prof. Suresh Sharma  
Ms. Bindiya Kumari**

## List of Acronyms & Abbreviations

ANC	Ante Natal Care	MoHFW	Ministry of Health and Family Welfare
ANM	Auxiliary Nurse Midwife	MOIC	Medical Officer In- Charge
BEMOC	Basic Emergency Obstetric Care	NBCC	New Born Care Corner
BMW	Biomedical waste	NBSU	New Born Stabilization Unit
BSU	Blood Storage Unit	NLEP	National Leprosy Eradication Programme
CDMO	Chief District Medical Officer	NQAS	National Quality Assurance Standards
CHC	Community Health Centre	NUHM	National Urban Health Mission
DH	District Hospital	NTCP	National Tobacco Control Programme
DPM	District Programme Manager	NTEP	National TB Elimination Programme
DVDMS	Drugs and Vaccine Distribution Management System	NVBDCP	National Vector Borne Disease Control Programme
EDL	Essential Drug list	OCP	Oral Contraceptive Pill
EMOC	Emergency Obstetric Care	OPD	Out Patient Department
FRU	First Referral Unit	OPV	Oral Polio Vaccines
HMIS	Health Management Information System	PIP	Programme Implementation Plan
IDSP	Integrated Diseases Surveillance Programme	PNC	Post Natal Care
IEC	Information, Education and Communication	PPP	Public Private Partnership
IPD	In Patient Department	PRC	Population Research Centre
IUCD	Intra Uterine Contraceptive Device	RBSK	Rashtriya Bal Suraksha Karyakram
IYCF	Infant and Young Child Feeding	RKSK	Rashtriya Kishor Swasthya Karyakram
JSSK	Janani Shishu Suraksha Karyakram	RCH	Reproductive Child Health
JSY	Janani Suraksha Yojana	RKS	Rogi Kalyan Samiti
LAQSHYA	Labour Room Quality Improvement Initiative	ROP	Record of Proceedings
LHV	Lady Health Visitor	SBA	Skilled Birth Attendant
LT	Laboratory Technician	SN	Staff Nurse
M&E	Monitoring and Evaluation	SNCU	Special New Born Care Unit
MCTS	Mother and Child Tracking System	TFR	Total Fertility Rate
MDR	Maternal Death Review	TT	Tetanus Toxoid
MMU	Mobile Medical Unit	USG	Ultrasonography

# WEST JAINTIA HILLS, MEGHALAYA

## HIGHLIGHTS (NHM-PIP): FY 2021-22

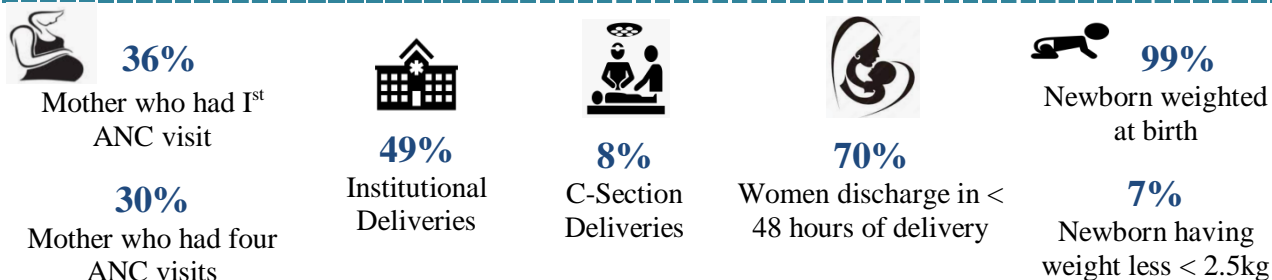


<b>1</b>	<b>3</b>	<b>12</b>	<b>2</b>	<b>46</b>	<b>1</b>	<b>1</b>	<b>1</b>
District Hospital	CHCs	PHCs	U-PHCs	SCs	SNCU	NRC	DEIC

### Key Mortality Indicators



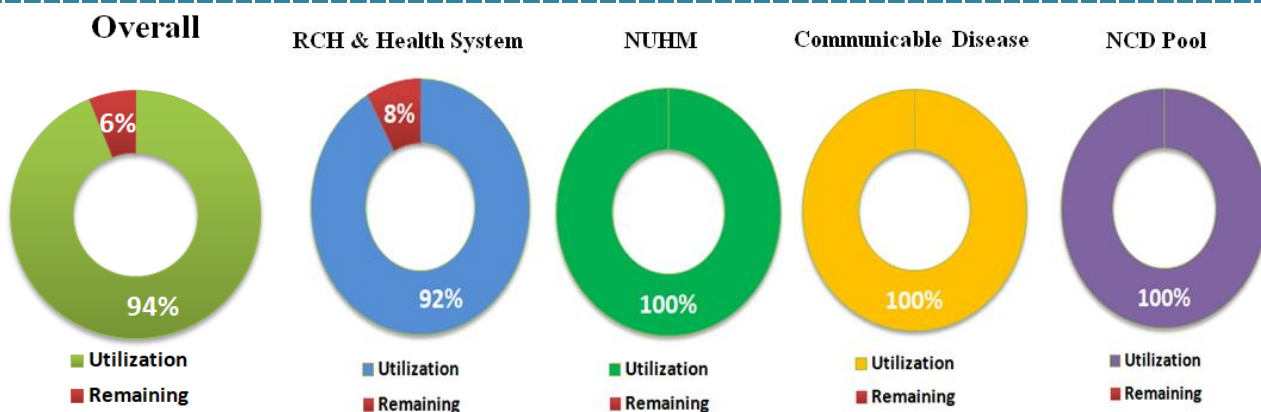
### MCH Indicators (As per HMIS)



### Quality care Programmes



### Fund Utilization



## Executive Summary

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The National Health Mission (NHM) embodies the prime mission of the government of India for the Indian Health scenario holistically. The advancement of NHM is carried out by the Monitoring and Evaluation action which is also a significant determinant. The Ministry of Health and Family Welfare has assigned the responsibility to Population Research Centres (PRCs) for the evaluation with respect to quality monitoring of important components of NHM Programme Implementation Plan (PIP) 2021-22. A two-member team from PRC Delhi visited the allotted district of West Jaintia Hills, Meghalaya during October 2022.

The primary focus of this report is the monitoring of essential components of NRHM i.e., Maternal, Child, and Adolescent Health in West Jaintia Hills, Meghalaya. Further, the broad status of the healthcare systems of district is highlighted in this report. The major executive summary of the district are as follows:

### Key Findings

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- **Poor ANC & PNC services:** Antenatal Care (ANC) registration in the first trimester and length of the postpartum stay of women at the facility is a serious concern in the district, which needs to be addressed.
- **Virtual Review meetings with State:** The weekly review meetings with state have contributed significantly in improving the service delivery indicators, such as, Institutional delivery, Immunization in the district; still there is wide scope for improvement.
- **Acceptance of Quacks and Traditional Remedies:** The biggest concern for the officials/staff is generating awareness among tribal community about the health services and program as they still rely on traditional remedies and often visit quacks for treatment.
- **High Incidence of Home deliveries:** The district had a high prevalence of home deliveries with the share of more than fifty per cent in total deliveries.
- **Hesitancy among Tribal Community:** The hesitancy about institutional delivery, immunization, vaccination and permanent family planning methods were noted among the tribal community at the facility.
- **Lacking in LaQshya program Implementation:** District has markedly lacking in LaQshya Implementation program as neither labor rooms certified, nor OT certified facilities have been observed.
- **HMIS data item mismatch:** Data quality of mortality indicators i.e. Infant deaths, Child deaths, maternal deaths and still births on HMIS portal is observed to be quite poor in the district, which needs to be addressed seriously.

- ⊕ **Poor Internet Connectivity:** Internet Connectivity was seen to be exceptionally unfortunate and poor at almost all the healthcare facilities in the district.
- ⊕ **Required more IEC material:** The district highly required of more innovative IEC material in local language to directly connect with women, children, adolescent and community and also advocate for the use of health facilities.
- ⊕ **High patient load in District Hospital:** Owing to the language barriers, majority of the pregnant women do not prefer to be referred from the district hospital in West Jaintia to a hospital in another district, resulting in a high delivery load.
- ⊕ **Specialist Shortage at CHC level:** Chronic shortages of medical specialists are notably concerning across all CHCs in the district.
- ⊕ **Quite low OPD Load at CHC Nongtalang:** Location, distance, and connectivity were found to be contributing factor for the low OPD load at the facility.
- ⊕ **Essential Medicines Shortage:** The supply of essential medicines at the lower health tier in the district was reported to be less than the demand.

### Recommendations

- ⊕ There is a dire need of strategic interventions to address the hesitancy about institutional delivery, immunization, and permanent family planning methods among tribal community. Educational intervention and proper counselling can play an important role.
- ⊕ Keeping in view the high delivery load, strengthening of infrastructure in the district hospital will help in ensuring the mothers and newborn care.
- ⊕ HR positioning of specialist at community health centres level needs to be addressed.
- ⊕ Poor Internet connectivity is the biggest issue in uploading the data on the portal at all health tier in the district that needs to be addressed.
- ⊕ To address the issue of data quality in mortality indicators, the state/district must engage in data validation exercise, regular monitoring & evaluation at the concerned levels.
- ⊕ There is wide scope of improvement with regards to basic amenities i.e. water supply & power backup, and essential medicine at the primary health tier.
- ⊕ The district is markedly lacking in implementation of the quality care program in the district, particularly LaQshya program at all health tier, which needs to be addressed seriously.
- ⊕ Under JSSK, the length of the postpartum stay period of women at the facility requires greater attention.
- ⊕ The district highly required more innovative IEC display in local language at the facility.

## Chapter 1

## INTRODUCTION

### 1.1 Background and Objectives

Over the years, since the introduction of the NHM, numerous strategies have been introduced to make the healthcare system more accessible and affordable. In this regard, the timely evaluation of the key components of the NHM State Program Implementation Plan is essential for key program changes, resource allocation and to further strengthen of these plans. The Ministry of Health and Family Welfare (MoHFW) has consigned Population Research Centres (PRCs) for quality monitoring of important components of NHM State Programme Implementation Plan (PIP) 2021-22. While engaging with the task, PRCs would identify critical concerns in implementation of NHM activities and also evolve suitable quality parameters to monitor the various components. In this regard, PRC Delhi is assigned to conduct the quality monitoring of essential components of NHM PIPs in selected states (Delhi, Meghalaya, Meghalaya, and Tripura) of India. This PIP monitoring report would focus on the performance of the West Jaintia Hills in NHM activities. The report discusses with the demographic & health indicators, healthcare financing, and public health planning of the district and also discuss with the healthcare programme such as RMNCAH+N, diseases control programmes and other health programs. This report would analyze different problems of the district and specific objectives of study are as follows:

- To examine the status of physical infrastructure of health facilities under NHM.
- To identify the gap between demand and supply of health service delivery under NHM.
- To highlight the performance and implementation of different scheme under NHM.
- To understand the availability and efficiency of human resource.
- To assesses functionality of equipment, supply & essential drugs etc.
- To assess availability & utilization of finance for the NHM activities in the district.

The monitoring and evolution report is based on both primary as well as secondary data. Primary data collected from visited health facility and CMO Office while secondary data has been collected from HMIS Web Portal. Prior to visiting to district, the monitoring and evaluation team reviewed district PIP document and formulated semi-structured interviews schedules for the DPM, facility staff and beneficiaries. Before visiting the different level of healthcare facilities, a meeting with key personnel of NHM was held. The main motive of interaction with the officials i.e., CMO, DPMO and Nodal officer, was to know their problems and take their opinions for the improvement of the programmes. Moreover, the

interactions gave an enriching insight into health situation of the district, key challenges that lay ahead, and a prospective way forward. The healthcare facilities visited are listed below:

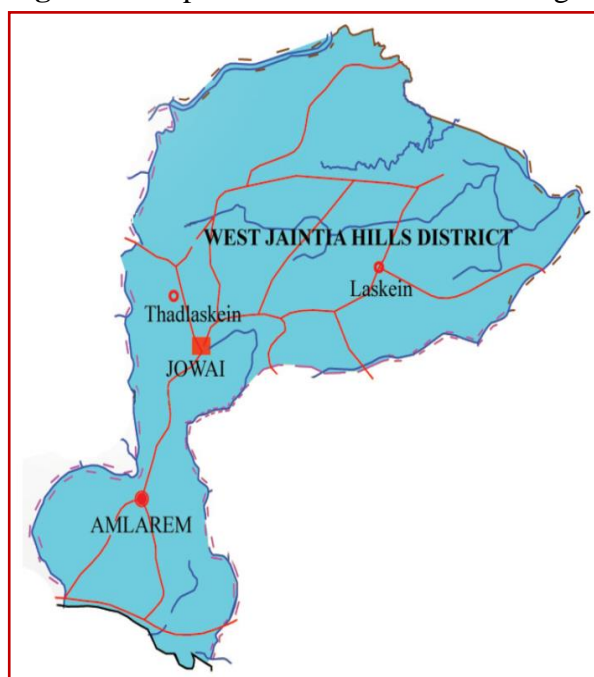
**Table 1:** List of Visited Healthcare Facilities in West Jaintia Hills, Meghalaya

Healthcare Facility	Name of the Facilities /Place	Team Composition
District Hospital	District Women Hospital, West Jaintia Hills	Ms. Bindiya Kumari & Prof. Suresh Sharma
CHC	Nongtalang & Ummulong	
PHC	Nartiang & Pepergaon	
SC	Mupyut & Yadavpur	

### 1.2 Demographic Profile: West Jaintia Hills, Meghalaya

At present, Meghalaya is comprises eleven districts: East Garo Hills, East Jaintia Hills, East Khasi Hills, North Garo Hills, Ri-Bhoi, South Garo Hills, South West Garo Hills, South West Khasi Hills, West Garo Hills, West Jaintia Hills and the West Khasi Hills. The population of Meghalaya is predominantly tribal, the main tribes are the Khasis, the Jaintias and the Garos besides other plain tribes such as Koch, Rabhas and Bodos etc. Total population of Meghalaya’s per 2011 census is 29.6 Lakh of which male and female are 9 lakh and 14.7 respectively (See annexure, table 1). In Meghalaya, there are 07 blocks and 6026 villages. Out of which 03 blocks and 293 villages are in West Jaintia Hills district. The West Jaintia Hills District came into existence on 31st July 2012 with its Head Quarter at Jowai. Jowai is the heads of important governmental offices and establishments, educational institutions, hospitals, banking institutions, etc. The total area of the district is 1693 Sq.kms. The map of West Jaintia Hills is given in figure 1.

**Figure 1:** Map of West Jaintia Hills of Meghalaya.



As per 2021-22, the enumeration population of the district is around 3.7 lakh. The percentage share of urban population in the district is 9% as against 91% of the population in rural areas of the state. The sex-ratio of the district is 1013 as compared to 986 in the state show the more female per 1000 male. The district has population density of 103 persons per sq.km, which is lower than the state average 132 persons per sq. km. Similarly, the literacy rate of the district is 62% which is significantly lower than the state average literacy rate i.e. 76%.

### 1.3 Health Profile

This section will discuss the health care service delivery indicators in public institutions in West Jaintia Hills District of Meghalaya with respect to various domains such as Maternal Health, Child Health, Delivery care, Family Planning, etc. for the year 2021-22 (See Annexure, table 2). First ANC registration is a matter of grave concern in the district. According to the HMIS, just 36 per cent of women in West Jaintia Hills registered for ANC in the first trimester. However, around 30 proportions of pregnant women received four or more ANC check-up. According to the HMIS data source, IFA supplementation was given to 53 per cent of all women who registered for ANC.

Delivery care is a vital factor of Infant health. Of the total home deliveries in West Jaintia Hills Meghalaya, 98 per cent deliveries were attended by non- SBA worker. Skilled Birth Attendant (SBA) as an individual is the one who can handle common obstetric and neonatal emergencies. Thus, the attendance of SBA in case of home delivery is necessary to combat maternal deaths. It must be noted that more than 50 per cent of all deliveries were home deliveries in the district, while 49% were reported to institutional delivery. Around 8 per cent of institutional deliveries were reported C-section in the district. There is high need to attention that out of total institutional deliveries, 70 per cent women discharged within 48 hours of delivery. Owing to the space church & overcrowded with patient in the department of Gynecology, women after delivery do not stay at Jowai Civil hospital for 48 hours which needs to be addressed.

With regards to Post Natal Care, only 28 per cent of women received 1st post-partum checkup within 48 hours and 14 days of delivery. Around 94 per cent of the newborns were breast fed within 1 hour of delivery and 99 percent newborns were weighed at birth in the district. Out of the total weighted newborn, 7% newborn having weight less that 2.5 kg. Overall more than 7 thousand children fully immunized (9-11 months) observed in district. Female sterilization as a method of permanent family planning dominates the statistics with 100 per cent of all female sterilization conducted in the year 2021-22 in West Jaintia Hills Meghalaya. Further, around 45 thousand condom pieces distributed in the district.

Overall still births & Infants deaths are observed to be higher in the district as compared to other mortality indicators. As per HMIS data, the district has observed a total of 5 maternal deaths during 2021-22. The number of infant deaths (within 24 hours & up to 4 weeks) reported was 101, whereas infant deaths (1-12 months) were reported to be 72. The number of child death (1-5 years) reported is 85. With regards to still births, total 237 cases reported in the district.

**Chapter 2****PUBLIC HEALTH  
FINANCING**

NHM is one of the most important initiatives of the GOI that envisage 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. State Resource Envelope**

In Meghalaya, for the financial year (FY) 2021-22, against a resource envelope of 234.48 Crore, State share was noted of 23.45 Crore. The total support from Government of India is Rs. 211.03 Crore with the share of 60%, whereas the state share noted 40%. A depth detailed summary of state budget approval tabulated in Annexure (table 3 & 4), which throws a light on patterns of budget allocation across different flexipool & key service domains.

The resource envelope for FY 2021-22 consists of government's support of Rs.159.10 Crore for NRHM-RCH flexible pool allocation including cash and kind, Rs.3.73 Crore under NUHM, and Rs. 23.38 Crore for infrastructure maintenance. 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 is allocated for Health System Strengthening (HSS) under NHM. The GOI contribution toward 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 NTCP activities.

Against the total proposed amount of Rs. 32557.92 lakh, an administrative approval is conveyed for an amount of Rs. 30595.69 lakh. Therefore, around 95% total amount was approved against the proposed amount in the Meghalaya state. It can be observed that around 100% amount was approved against the proposed for Infrastructure, Untied Funds, and Referral Transport. It must be noted that more than 95% was budgeted towards Quality assurance, Drug warehousing and Logistics, PPP, Program Management, Human Resource and Innovations in last financial year. On the other hand, considering that less amount was approved for IEC/BCC, Reviews, Research, Surveys and Surveillance in said state.

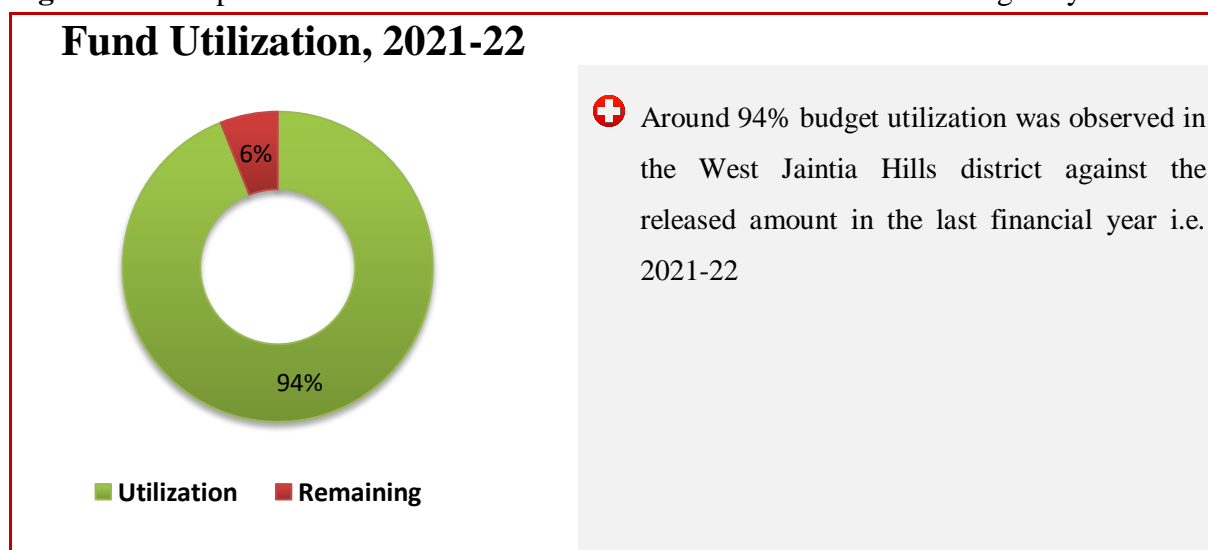
## 2.2. District Health Action plan (DHAP) & District Allocations

DHAP is a principal instrument for planning, implementation & monitoring, formulated through a participatory and bottom-up planning process. It is an NHM document that depicts the need at sub district level units for programme implementation in terms of infrastructure, HR, procurement, various schemes running etc. and provides an overall budget required to execute those activities. Initially, for the preparation of DHAP, stakeholder gathers the inputs from block, cities, CHC/PHC and Village level. These inputs are collated into a guiding document i.e. DHAP which serves to consolidate the State PIP. For finalizing DHAP, an action plan meeting is held between the district and block officials to approve or disapprove the requirements after discussions.

## 2.3. National Health Mission Fund Allocation and Utilization

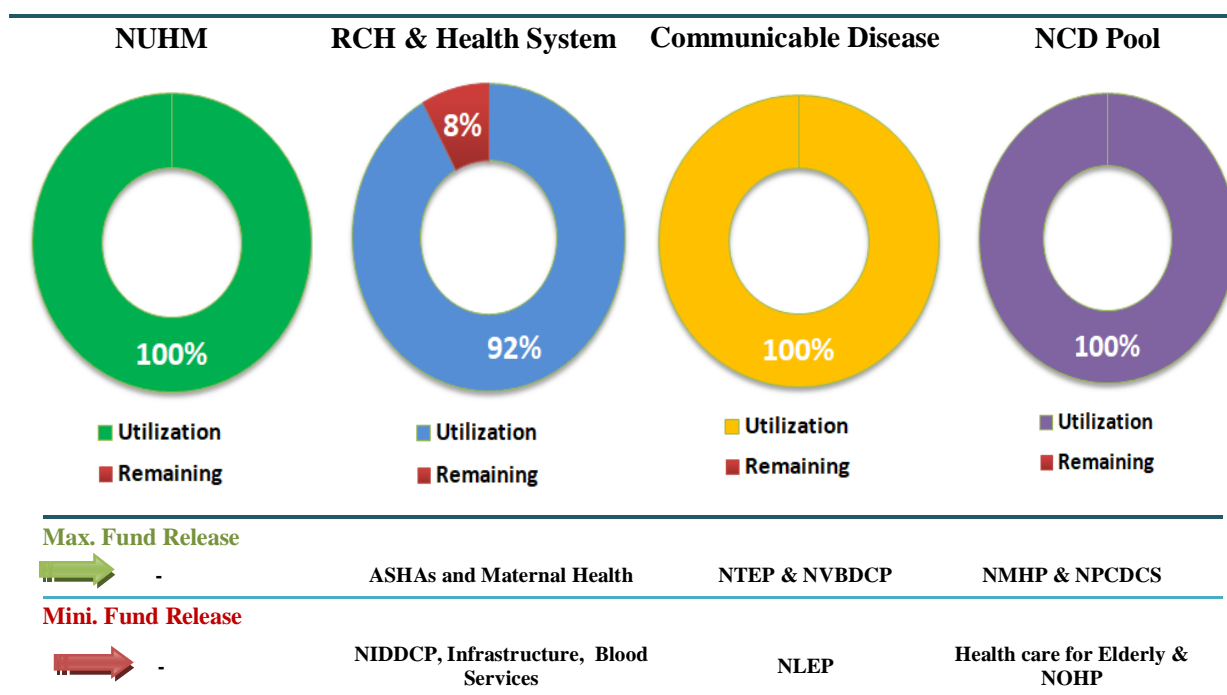
This section will attempt to discuss in depth details the fund release and utilization under NHM in the west Jaintia Hills District. Out of the total budget in the West Jaintia Hills district, 80% fund released under the RCH flexipool, 9% released for Communicable diseases, 7% release for the National Urban Health Mission and remaining just 4% amount were released for the non-communicable disease (See annexure, Table 5). Thus the maximum actual release of fund can be seen under the RCH flexipool, while the minimum for non-communicable diseases as depicted in the following figure. It was reported that State Program Management Unit (SPMU in Shilong) is the responsible for the financial management, including tracking of funds. The actual funds are released in the district programme management unit as per the decided state model. The following figure 2 shows the overall fund utilization in the West Jaintia Hills district against the actual fund release.

**Figure 2:** A snapshot of Overall Fund Utilization in West Jaintia Hills of Meghalaya



The following figure highlights flexipool wise budget utilization of West Jaintia Hills of Meghalaya in last financial year (For more detailed see annexure, table 5).The budget categorized into 4 broad categories i.e., RCH & Health System Flexipool, National Urban Health Mission (NUHM), Communicable Disease and finally non- communicable diseases (NCD) Flexipool. Under the RCH & Health system flexipool, the actual fund was released maximum for ASHAs worker and maternal health care services/ programs, while the least noted for National Iodine Deficiency Disorders Control Programme (NIDDCP), Infrastructure and blood services. In communicable diseases, maximum fund release was observed for the TB elimination program & Vector born diseases program. Finally, under non- communicable diseases the maximum fund release from the state was observed for the mental Health programs and national programme for prevention and control of Cancer, diabetes, cardiovascular diseases & stroke (NPCDCS) in the district, while the minimum fund release noted for Elderly Healthcare and Oral health care programs.

**Figure 3:** A Snapshot of Fund Utilization under Different Flexi-pool in West Jaintia Hills, 2021-22



The above graph clearly depicts that the district has completely utilized the actual release fund in almost all the flexipool i.e. NUHM, Communicable & Non- communicable diseases flexipool in 2021-22. However, under RCH flexipool 92% fund utilization was observed due to less fund utilization under the Rashtriya Kishore Swasthya Karyakram (RKSK) program for Adolescent Health.

# Chapter 3

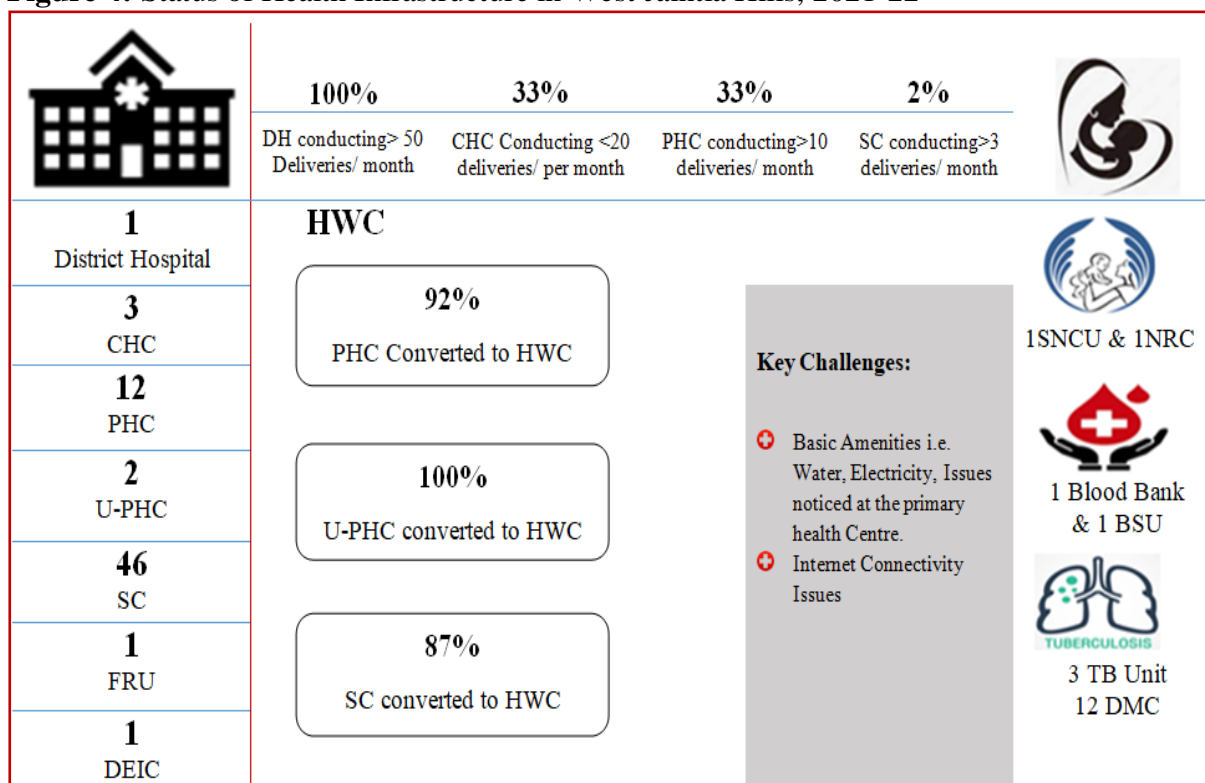
## PUBLIC HEALTH PLANNING

This chapter will attempt to discuss in details Public Health Planning which includes the depth details of public healthcare infrastructure, human resources for the public health and capacity building of the HR i.e., training status.

### 3.1. Health Infrastructure

Infrastructure is the basis for planning, delivering, and evaluating a wide range of essential public health services. Healthcare institutions and healthcare infrastructure is an important indicator to understand the health care status, health care delivery provisions and mechanism. Therefore, this section examines the analysis of health care infrastructure in West Jaintia Hills, Meghalaya. Overall, district has 1 District Civil Hospital, 3 Community Health Centre (1 FRU), 12 Primary Health Centre, 2 U-PHC and 46 Sub-Centre. The district has around 8 delivery points, however it has 1 Blood bank and 1 blood storage units.

**Figure 4:** Status of Health Infrastructure in West Jaintia Hills, 2021-22



Source: CDMO Office (2021-22), West Jaintia Hills, Meghalaya

The DH was conducting the delivery care services including C-section and noted more than 50 deliveries per month from this facility. Owing to the language barriers the pregnant women do not prefer to referral in other district from West Jaintia DH. However, mothers do

not stay for 48 hours after their delivery in the Jowai Civil hospital due to the lacks of beds and space crunch. With regards to Community Health Centre, around 33% CHC were conducting more than 20 deliveries per month. 33% PHC are able to conduct more than 10 deliveries in a month. Out of the total Sub-centre, just 2% sub-centres are able to conducting the more than 3 deliveries in a month.

In addition, district has 1 Special newborn care units (SNCU) & 1 NRC. During the last financial year 2021-22, there were 148 neonates admitted in SNCUs in district, out of which, 81% were inborn and remaining 19% were out-born admissions. The outcomes are categorized into four sections as successfully discharged, referred to higher centers, LAMA & died. Overall, 68% neonates were successfully discharged, 14% were referred to higher center. With regards to NRC, more than 232 newborn were admitted in the last financial year and out of the total, around 67% newborns were successfully discharged & 3-4% were died. It must be noted that the district also have District Early Intervention Centre (DEIC) for the better delivery of services. To address the TB elimination, there are 3 Tuberculosis Unit, and 12 DMC.

### 3.2. Human Resources for Public Health

Lack of Human Resource is one of the major concerns of the district; more specifically major issue was reported regarding the shortage of specialist (OBGY, Anesthetist, Surgeon, and Pediatrician), and Medical officer in the district.

**Figure 5:** Shortage of Human Resources in West Jaintia Hills District, Meghalaya, 2021-22

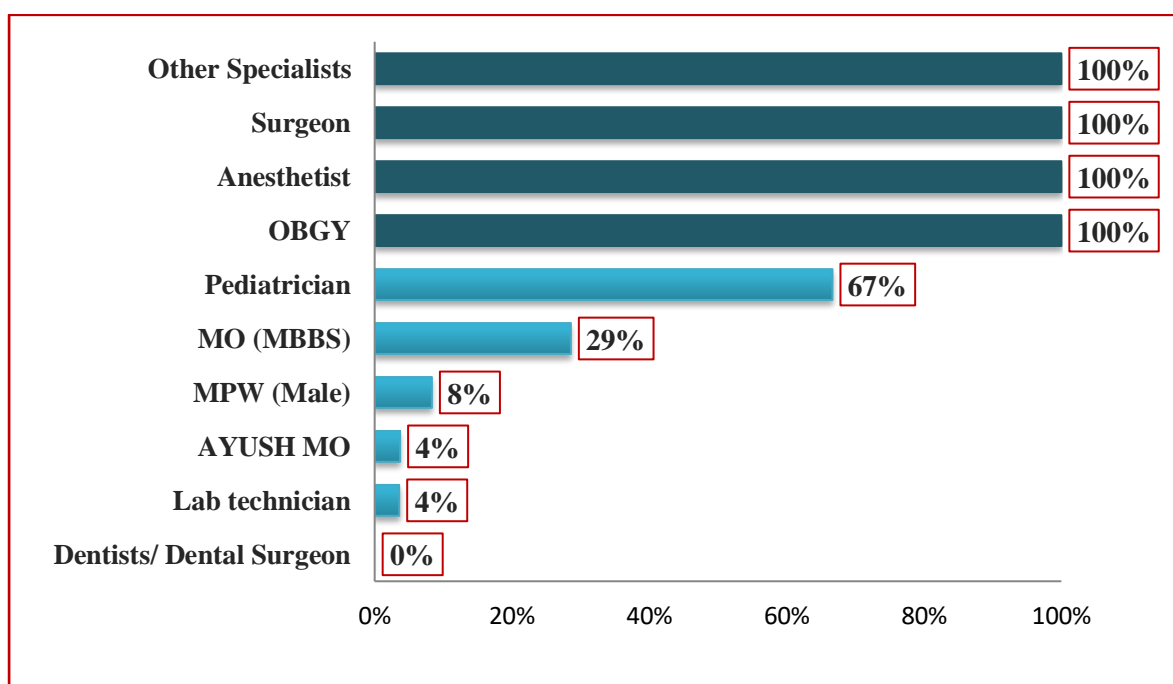



Figure 5 clearly depicts that against the sanctioned post in the district, all 100% position of OBGY, Anesthetist, Surgeon, and other specialist reported vacant. Against the sanctioned post in the district, 67% position of Pediatrician, 29% of MO, 8% position of MPW (Male), 4% of AYUSH MO, and 4% of Lab technician position vacant under Meghalaya government in the district as depicted in the above figure. Overall, 122 ANM, 33 MPW (Male), 110 Staff Nurse, 30 MO, 26 AYUSH MO, 1 Pediatrician, 10 dentist, 31 Pharmacist (Allopathic & Ayush), 27 LT, 1 Dental Technician, 1 Dental Hygienist, and 40 CHO were in-position in the district (See Annexure, Table 6).

The bottom-up approach of NHM especially draws attention to the role of ASHAs all the more. They help in educating and mobilizing the masses to adopt healthy behaviors. At present, a total of 406 ASHAs (55 required) are working in the district as depicted in table 8 (See Annexure). Total 16 villages were reported in the district without ASHAs worker. It was reported that more than 50 ASHAs covering more than 1500 (rural) population in the district.

### 3.3. Capacity Building of HR

The following table 2 shows the training status against the planned trainings in ROP document of West Jaintia Hills District of Meghalaya in the last financial year. The district has been completed 100 per cent training on SBA, Dakshata, FMNICI, NSSK, Severe Acute Malnutrition, PPIUCD, Injectable, Centrchroman and Post-abortion. In the district, total 4 trainings on SBA trained, 14 on Dakshata, 16 on FMNICI, 4 on Severe Acute Malnutrition, 5 on PPIUCD, 10 on Injectable, 10 on Centrchroman and 30 trainings on Post-abortion held in the district (For depth details see Annexure, Table 7).

**Table 2:** Training status as per ROP approval in West Jaintia Hills, Meghalaya: 2021-22

	<b>100% Completed</b>	<b>Not Completed</b>
Planned Vs Accomplished	SBA Training, Dakshata FMNICI, NSSK Severe Acute Malnutrition PPIUCD, Injectable, Centrchroman Post-abortion	LSAS, BEmOC Skill Lab MTP, IMNCI IYCF IUCD

Source: CDMO Office (2021-22), West Jaintia Hills, Meghalaya

Against the planned training in ROP document, trainings were not completed on LSAS, BEmOC, skill lab, MTP, IMNCI, IYCF, and IUCD in the last financial year 2020-21. Further, no doctors were trained for Live Saving Anesthetics Skills (LSAS) & Basic Emergency Obstetric Care Services (EmOC) in last financial year. It was reported by the district that most of the programme related training (which was approved under the ROP) were not held at the district due to the COVID-19 management.

## Chapter 4

# NATIONAL HEALTH MISSION PROGRAMMES

This section will attempt to discuss in details the implementation of various national programmes related to mother, newborn, child & adolescent healthcare services under National Health Mission. It will also make an attempt to deliberate the Nutrition Programmes as well. One of the key objectives of NHM programme is prevention and control of most common communicable and non-communicable disease. Therefore, it will discuss the diseases control programs. Finally, it will discuss the quality care programs as well as other NHM programs.

### 4.1. RMNCH+ N Programmes

Improving the well-being of mothers, infants and children is an important public health goal for Government of India. In this context, Ministry of Health & Family Welfare launched Reproductive, Maternal, Newborn Child plus Adolescent Health (RMNCH+A) to influence the key interventions for reducing maternal and child morbidity/mortality. The following table depicts the scenario of mortality indicators in West Jaintia Hills in last financial year.

**Table 4:** Mortality Indicators in West Jaintia Hills over last two Years

Mortality Indicators	2021-22		Key Challenge:
	HMIS	CDMO	
Infant Deaths	173	227	Data Mismatch across all mortality Indicators
Child Deaths	85	94	
Maternal Deaths	5	11	
Still births	237	298	

Source: CDMO Office, West Jaintia Hills, Meghalaya; HMIS, 2021-22


Overall, total number of still births & infant deaths has observed to be significantly high as compared to others mortality indicators in the district in 2021-22. It must be noted that data quality of mortality indicators i.e. Infant deaths, Child deaths, maternal deaths and still births is observed to be quite poor in the district. Data mismatch were found between the mortality indicators value collected from the district during the physical monitoring visit and the corresponding HMIS value. There is dire need to address the issue of data quality specific to mortality indicators in the district.

This section will attempt to discuss in details implementation of various national programmes related to mother, children, newborns and adolescent health services under National Health Mission.

### Janani Suraksha Yojana (JSY)

Janani Suraksha Yojana prevalently known as the conditional cash transfer scheme, started in 2005. JSY is an initiative for safe motherhood under NRHM. It aims at reducing maternal and neo mortality rate, promoting institutional deliveries among poor pregnant women by incentivizing them through cash benefits for getting institutional deliveries. The initiative is effectively working in the district. Following figure depicts the disbursement of the JSY entitlements.

**Table 4: JSY Payments Status in West Jaintia Hills, Meghalaya: 2021-22**

		<p><b>Key Challenges:</b></p> <p>Delay in JSY fund arrival from the state as the refund is the major problem.</p>
<b>2675</b>	<b>4138</b>	
Total Number of Beneficiaries	No. of Institutional Deliveries*	

Source: CDMO Office (2021-22), West Jaintia Hills, Meghalaya

\* HMIS, 2021-22

There is a huge gap was observed between the number of women who had institutional delivery and the number of women who received JSY incentives. The major problem regarding the implementation of the problem was reported delay in fund arrival from the state side as the state takes a longer period to refund the district.

### Janani Shishu Suraksha Karyakaram


Janani Shishu Suraksha Karyakaram (JSSK) aims to improve maternal and child health by minimizing financial expenses of pregnancy and sick new born child. Furthermore, the aim of this scheme is to promote institutional deliveries. After the implementation of the program, the institutional deliveries have been increased in the district. However, more than 50% deliveries of total reported delivery were still conducted at home in the district (See annexure, table 2). Despite the constant efforts, mindset to deliver child at home conducted by dais, Quack were observed in the district & also deliver by traditional doctor in some cases. Thus, large number of deliveries by untrained attendants/relative was noted in the district. Further, it was noted that majority of the women do not stay in the facility for 48 hours after delivery, particularly at DH level. In the district civil hospital at Jowai, mothers do not stay complete post partum length period due to the lacks of beds and space crunch. Under JSSK Free diet was given to beneficiary mothers at the District hospital, however, the diet services were not functioning well at lower health tier i.e. CHC and PHC level due to the tender issue. Under JSSK allocated amount for the beneficiary’s diet reported to be meager for three times meal

in a day, thus no one is willing to take the tender at the CHC/ PHC level. Further, less number of deliveries at the lower health tier again leads to the same issue. With regards the drugs & diagnostics, the facility had faced lots of problem in the West Jaintia Hills district; expenditure problem was reported when they indent from different sources instead of DVDMS.

**Pradhan Mantri Surakshit Matritva Abhiyaan**

PMSMA program has been launched, to improve the quality and coverage of ANC including diagnostics and counseling services as part of the RMNCH+A Strategy. The prime aim was to provide comprehensive and quality antenatal care, free of cost, universally to all pregnant women on the 9th of every month. Despite the implementation of PMSMA program, low coverage of ANC is a serious concern in the district due to the lack of manpower. Non-availability of radiologist was reported an issue in the district. Against the sanctioned post in the district, all 100% positions of OBGY reported vacant. Further, for the access of healthcare services, distance, and connectivity & cultural beliefs are also a major concern as the pregnant women unwilling to avail the services at the facilities despite the proper counseling.

**Table 5:** Status of PMSMA programme in the West Jaintia Hills, Meghalaya

<b>18</b> Total Facilities	 <b>Facilities Covered at tier</b>	<b>Key Challenge</b>
<b>8280</b>	<b>100% DH</b> <b>100% CHC</b> <b>100% PHC</b>	Low ANC Coverage: Distance & connectivity issue  Another Issue was noted regarding manpower shortage
No. of MCP Card Issued		


Overall, there are 44 such healthcare facilities (1 Medical college, 1 DH, 13 CHC, & 29 PHC) in district where PMSMA round are being conducted. It was reported that more than 8 thousand MCP card/ Safe Motherhood Booklet issued under PMSMA in district. A sticker is added on the MCP card on each visit, if the women is detected with no risk, then a green sticker is added. However, the red sticker indicates high-risk pregnancy case.

**Home Based Newborn Care Programme**

ASHAs are responsible for the HBNC & HBYC visits in the district. HBNC programme is well implemented in the district. In the last financial year, ASHAs were also actively involved VHND, in the counseling of Immunization & HBNC visit as well. More than 900 neonatal visits were conducted by ASHA worker under HBNC programme in the district.

From the table it can be seen that almost all the ASHAs have the complete HBNC kit. The following table 6 depicts the status of HBNC programme in the district.

**Table 6:** Status of HBNC programme in the West Jaintia Hills of Meghalaya, 2021-22

 <p>Home based Newborn Visits</p>	<p><b>923</b></p> <hr/> <p>HBNC Visits by ASHAs</p>	<p><b>100%</b></p> <hr/> <p>ASHA having HBNC Kits</p>	<p><b>0%</b></p> <hr/> <p>ASHAs having Drugs Kits</p>	<p><b>Key Challenge:</b></p> <p>Incomplete ASHA's Drugs Kit</p>
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Source: CDMO Office (2021-22), West Jaintia Hills, Meghalaya

### Rashtriya Bal Swasthya Karyakram/ School Health Scheme Program

RBSK is an important initiative aiming at early identification and early intervention for children from birth to 18 years to cover 4 'D's viz. RBSK programme is well implemented in the district despite the lack of dedicated manpower. In the district of West Jaintia Hills, there are a total of 6 RBSK teams, with 2 teams per block, which ensure coverage of children. 4 Teams are almost complete in place as per the composition and 6 numbers of vehicles are on the road for RBSK team. Per day, on an average of more than 90 children are being screened by the team in the year 2021-22. More than 3 thousand children have been screened at the delivery points for defects at birth. Further, the district has DEIC Centre for the treatment of children under the said program.

### Immunization Program

The Reproductive and Child Health programme (RCH) II under the National Rural Health Mission (NRHM) systematically assimilates all possible interventions that improve child health and addresses factors contributing to Infant and under-five mortality. With regards to the service delivery for Child Health, 1.12 lakh children fully immunized (9-11 months) observed in West Jaintia Hills Meghalaya. In the last financial year, out of the total planned session 5644, around 95% (5377) Immunization session were held in the district. In addition, out of the total immunization session where ASHAs were presented to be 73 % session.

### Family Planning Programs

Family planning provides a choice & freedom to Women for deciding their Family size number of children and determines the spacing of pregnancies. As per the HMIS data, female sterilization as a method of permanent family planning dominates the statistics with 100 per



cent of all sterilization conducted in the year 2021-22 in West Jaintia Hills Meghalaya (Tubectomies). Total sterilization conducted was reported to be 187 in the district.

Average family size in the district was observed to be large with the 4 to 9 children or even some have 11 or 12. Overall, average 4 and above no. of children per family is common thing in the district due to early marriage and teenage pregnancy. It is very difficult for the medical staff to convince and aware the tribal population regarding any of the programmes conducted in the facility like family planning counselling, and even COVID vaccination, Routine Immunization. Community prefer quack & traditional doctor instead of coming to the facility. Thus, the district required more counselors for the family planning counseling as the PHC level scarcity of counselor/ supervisor were reported.

### Rashtriya Kishor Swasthya Karyakram (RKSK)

The Ministry of Health & Family Welfare has launched a health programme for adolescents (10-19 years), in the year of 2014, which would target their nutrition, reproductive health and substance abuse, among other issues. The main objective of this Karyakaram was to improve nutrition, Sexual and Reproductive Health, enhance Mental Health, also prevent substance misuse injuries and violence. During last financial year, more than 5 thousand adolescent registered under RKSK program in district, and out of which, 68% were girls and remaining 32% were boys registered as depicted in the following table. Therefore, it can be observed that registration rate among girls were higher than the registered rate of boys in the district. Similar observation can be seen with regards to received counseling & clinical services. 64% Girls received the clinical services against the 52% boys. Further, 99.5 girls received the counseling services, while 80% boys received the same.

**Table 7:** Status of RKSK program in West Jaintia Hills of Meghalaya, 2021-22

5027 Total Registered	RKSK	2021-22	Remarks/ Challenges
	Girls registered in AFHC	3424	Adequate infrastructure and separate AFHC for the proper adolescent services; however, the district have insufficient counsellor for the same at PHC level.
	Out of registered, Girls received clinical services	64%	
	Out of registered, Girls received counselling	99%	
	Boys registered in AFHC	1603	
	Out of registered, Boys received clinical services	52%	
	Out of registered, Boys received counselling	80%	

Source: HMIS Standard Report (2021-22), West Jaintia Hills, Meghalaya

No proper counseling session were taken in place at PHC level in the district due to insufficient counselor. Further, increasing trend of teenage pregnancy were reported in the district, thus providing the counselor will help to address the said issue.

## 4.2. Communicable Diseases Control Programmes

One of the key objectives of NHM programme is prevention and control of most common communicable and NCD diseases. This section will throw a light on the National Diseases Control Programmes related to the communicable diseases, i.e., IDSP, Leprosy Eradication; National Vector Borne Diseases Control & TB control Programme in the district.

**Table 8:** Status of Communicable Diseases Programme in West Jaintia Hills of UP, 2021-22

Communicable Diseases Programs	In No.	Remarks/ Challenges
<b>IDSP</b>		
Rapid response team constituted	Yes	Program well Implementation in the district
IDSP team composition	-	
Types of diseases reporting under IDSP	25-26	
Total Epidemic and outbreaks reported in district	15	
% Of private health facilities reporting	50%	
<b>NLEP</b>		
New case detected/ recorded (In no.)	1	Functional well
No. of G2D cases	-	
% of G2D cases of new cases deducted	-	
MDT available without interruption	No	
Reconstructive surgery for G2D cases conducted	Yes	
MCR footwear and self-care kit available	Yes	
<b>NVBDCP</b>		
Micro plan and macro plan available at district	No	Blood examination rate in 2019-20: 8.13 2020-21: 4.69
Annual Blood Examination Rate (2021-22)	4.75	
Reason for decrease	COVID pandemic	
LLIN distribution status	96174	
Anti-larval methods	Yes	
Contingency plan for epidemic preparedness	Yes	
No. of MDR rounds observed	-	
W2weekly epidemiological & entomological situations monitored	No	
<b>NTEP</b>		
Target TB notification achieved	No	Treatment success rate more in Public sector
HIV Status of all TB patient is known	Yes	
Drugs available(both drug sensitive & drug resistance)	Yes	
Beneficiaries paid under NIKSHAY	Yes	
	Public	Private
Patients notified	653	52
Treatment success rate	86%	67%
No. of MDR TB Patients	30	0
Treatment initiation among MDR TB patients	30	0

Source: CDMO Office (2021-22), West Jaintia Hills, Meghalaya

**Under IDSP programme**, the surveillance units have been established in the district. Rapid response teams are available/ constituted at district level. IDSP data utilized properly at the district level for identify trends and patterns of disease/ syndromes. Furthermore, data also

used to deduct and prevent outbreak, to improve surveillance activities and also to report and investigate. After analysis of data, if any specific trend is found in a particular disease, it's highlighted to the state and further preventive measures taken accordingly. Overall, just 50% of private health facilities reported weekly data of IDSP.

**National Vector Borne Disease Control Programme (NVBDCP)**, overall annual blood examination rate was reported 4.75 in the district. Weekly epidemiological and entomological situations were not monitored by in the district. More than 96 thousand LLIN distributed in the district under the program, however there is no proper micro and macro plan available at the district level to control the vector borne disease prevalent in the district. In the last 3-year, there have been a decreased in the vector borne disease due to COVID-19 pandemic.

**NLEP programme** is functioning well in the district. Just 1 new leprosy cases were detected in the district in the last financial year. As per the World Health Organizations (WHO) Document, the proportion of G2D cases among newly diagnosed patients and the G2D rate in a population indicate the efficiency of early detection of leprosy.

**Moving forward to the Tuberculosis Programme**, It remains to be major public health problem in India. Diagnosis of TB through Intermediary UDST testing/lab is established in the district. Overall, 3 Tuberculosis Unit, 12 Designated Microscopy centre were reported in the district, however, non-availability of Drug resistant TB centre were noted in the district. At the CHC level in district, shortage/ non-functional of X-ray machine was also reported an issue. Total number of TB cases notified under NIKSHYA significantly varies from 653 (74%) in public sector to 52 (25%) in private sector. In the last financial year, around 30 numbers of TB patient deaths were reported in public sector in the district However, treatment success rate was observed to be 67% in public sector.

#### **4.3. Non- Communicable Diseases Control Programmes**

Non-communicable diseases (NCDs) are the leading cause of adult mortality and morbidity worldwide. Several programmes which cater to Mental Health, Blindness, Diabetes, Hypertension, Heart Disease, Cancer, etc. are covered under NHM.

##### **NPCDCS Programme**

The National Programme for Prevention and Control of Cancer, Diabetes, Cardiovascular Diseases and Stroke (NPCDCS) is launched in 2010 with an objective to prevent and control major non-communicable diseases. Overall, Hypertension& Diabetes prevalence were reported more in the district.

**National Mental Health Programme (NMHP)**

Under this program, numerous types of Anxiety/ Depressive Disorder and Psychosis were treated. In West Jaintia Hills, there was no state mental health authority in place under mental health programme. For the effective implementation of the mental health programme, the manpower gap & fund issue needs to be addressed.

**National Oral Health Programme**

Taking into account the oral health situation in the country, Government of India has initiated a National Oral Health Programme to provide integrated, comprehensive oral health care in the existing health care facilities. There were 10 Dental Surgeon/ Dentist, & Technical Assistant in the district. Against the sanctioned post, all 100% of the dentist/ dental surgeon were positioned in the district. Similarly, all 100% Dental hygienist and dental technician were also positioned against the sanctioned post in the district; however the district required more Dental Hygienist/ Assistant in the district. It was reported that all three CHCs are fully equipped with equipment in the district, however facing issue regarding HR. Thus, it is highly recommended that to functioning the oral health services in the district, the said department needs to be strengthened in the district by providing the required manpower.

**4.4. Quality Assurance Programmes**

To address the issue of low-quality of services in the healthcare premises, the GOI has introduced a set of quality-oriented programs under the National Health Mission. Quality care improvement initiatives i.e., Indian Public Health Standard (IPHS), NQAS, KAYAKALP, MERA ASPATAAL, LaQshya, MusQan programme, have revolutionized the pathways of public healthcare service delivery in the country. It can be noted that district has been markedly lacking in LaQshya program implementation across all health tier. There was No labor room or neither OT LaQshya certified in the district. Thus, there is a wide scope of improvement with the execution of the said program. The following table depicts the broad status of quality care program implementation in West Jaintia Hills.

**Table 9:** Status of Quality Care Programs in West Jaintia Hills, Meghalaya, 2021-22

No DH Integrated with Mera Aspataal	8%	17%	0%	Key Challenge
	PHC NQAS Certified	PHC Kayakalp Certified	Labour room/ OT LaQshya certified	The district is markedly lacking in Quality care Implementation Program

Source: CDMO Office (2021-22), West Jaintia Hills, Meghalaya

Out of the total healthcare facilities, there is just one PHC (with the share of 8% in total PHCs) were found to be NQAS certified, and 2 PHC (17%) were Kayakalp certified in the district. There is no NQAS/ Kayakalp certified facilities observed at DH as well as CHC level in the district. Thus, it can be noted that the district has been markedly lacking in Kayakalp/ NQAS program implementation at the secondary and tertiary level health tier. Thus, there is dire need to look up and implementation of the program at the said level. Further, Mera-Aspataal initiative was not implemented at the DH level in the district. It is Ministry of Health, Government of India initiative to capture patient feedback for the services received at the hospital through user-friendly multiple channels such as SMS, Outbound Dialing (OBD) mobile application and web portal.

#### 4.5 Others NHM programme

The introduction of the Accredited Social Health Activist (ASHA) workers by the Ministry of Health and Family Welfare Department in 2005 was to improve the accessibility, availability and acceptability of the existing health facilities particularly in rural areas. Community health workers like ASHAs play strategic role in the area of public health. ASHAs have been established as the first port of call for all health related and allied activities at the community level. The following tabulation will provide the summary of enrolled status of ASHAs worker under different social welfare scheme in the district.

**Table 10:** ASHAs Enrolled Status under social benefit scheme in West Jaintia Hills, 2021-22

<b>406</b>	<b>0.7%</b>	<b>3%</b>	<b>1%</b>
ASHAs Worker in district	ASHAs enrolled under PMJJBY	ASHAs enrolled under PMSBY	No. of ASHAs enrolled under PMSYMY

*Source: CMO Office, West Jaintia Hills, Meghalaya, 2021-22*

PMJJBY, PMSBY, and PMSYMY these are both governments backed insurance schemes. Overall, 406 number of ASHAs worker reported in the district. Out of the total ASHAs worker, less than 1% ASHAs workers in the district are insured under the Pradhan Mantri Jeevan Jyoti Bima Yojana (PMJJBY), and just 3% under Pradhan Mantri Suraksha BimaYojana (PMSBY). Around 1% ASHAs workers insured under the Pradhan MantriShram Yogi MaandhanYojana (PMSYMY). Thus, a few ASHAs worker incurred under these government schemes in the west Jaintia Hills District.

With regards to ASHAs Facilitators, only one facilitator was found to be enrolled under PMSBY and one under the PMSYMY. There was no ASHAs facilitator enrolled under the PMJJBY.

## Chapter 5

## PUBLIC HEALTH FACILITY ASSESSMENT

The major findings made by the monitoring team during the visit to various health facilities in West Jaintia Hills are tabulated below. Every facility would be assessed majorly on 7 themes i.e., HR, Physical Infrastructure, Core Healthcare services, Drugs Diagnostic & Equipment, Service Delivery Indicators, NHM Programme Implementation, HMIS Data Verification & IT Services, with the key challenges in the respective domain.



### District Hospital

#### DISTRICT WOMEN HOSPITAL, WEST JAINZIA HILLS



District women hospital is a 100 bedded (functional 145) facility located in West Jaintia Hills District, Meghalaya. This facility is located in the remote area far away from the main town due to this internet connectivity issue was reported. Currently, the facility has an average OPD load of approximately 250-300 patients per day. Further, around 200 per month deliveries were conducted at the facility. Out of the total deliveries conducted at the district hospital, around 20% was reported to be LSCS. In the Gynea department, the space crunch was reported a major concern as facility caters a heavy patient load. It was reported that pregnant women do not prefer to referral in other district from district hospital due to language barriers. In addition, mothers do not stay for 48 hours after their delivery in the Jowai Civil hospital due to the lacks of beds and space crunch. In the given scenario of higher delivery load, there is dire need to plan to increase the number of beds in the district hospital. Against the sanctioned post, almost all the medical officer and specialist were positioned at the hospital. However, shortage of manpower was reported an issue due to few sanctioned post, which needs to be addressed seriously. The DH provides free services such as delivery care, diet, some diagnostics; blood services only for JSSK women, elderly and BPL member, referral transport and drop back services. The following table provides the detailed status of Manpower, Physical Infrastructure, Diagnostics services, Specialized Services, Medicine & Equipment, NHM programme implementation status, fund utilization & HMIS data verification at the facility. Overall, shortage of essential equipment i.e. cardiac monitor, infusion & syringe pumps, ECG machine, & major OT microscope was reported at facility.

**Table 11:** Status of District Women Hospital across various Health Domains in the year 2020-21

Key Areas/ Observations		Remarks/ Challenges
<b>Human Resource</b>		
MO (MBBS)	3	Surgery speclist 2
OB&GYN	2	Psychiatrist 1
Pediatrician	2	Dermatologist 1
Anesthetist	2	Dentist 2
ENT surgeon	1	Staff Nurse 31
Orthopedician	1	LTs 2
Ophthalmologist	1	Pharmacist 4
Radiologist	0	
<b>Physical Infrastructure</b>		
Accessible from nearest road ahead	✓	Drinking water facility ✓
24*7 running water facility	✓	ASHA rest room available ✗
Geriatric and disability friendly	✓	Drug storeroom with rack ✓
Hospital located near residential area	✗	Power backup (Complete facility) ✓
Clean functional toilets	✓	Good Condition of Building ✓
OPD waiting area sufficient space	✗	Complete Construction Status ✓
<b>Core/ Specialized Health care Services</b>		
Medicine	✓	SNCU ✓
O&G	✓	CLMC ✗
Pediatric	✓	NICU& PICU ✗
General Surgery	✓	ICU ✗
Anesthesiology	✓	Labour Room Complex ✓
Ophthalmology	✓	Emergency Care ✓
Dental	✓	Skill Lab ✗
Imaging Services (X-ray)	✓	Dialysis Unit ✓
<b>Drugs, Diagnostic &amp; Equipment's</b>		
Sufficient Essential Medicine	✗	Blood Storage Unit ✓
Sufficient Essential consumable	✗	Fully Equipped Blood Bank ✓
Sufficient Testing kit	✓	Availability of testing kits ✓
Implementation of DVDMS	✗	Major Instrument Functional ✗
<b>Service Delivery/ Mortality Indicators (2021-22)</b>		
More than 250 OPD per day	More than 50000 test performed	Under PM dialysis program, total 406 no. of patients provided dialysis service
Around 200 delivery per month	2 Maternal deaths was observed	
Approx. 20% of total delivery were C-section	13 child deaths	
	910 Hypertension confirmed cases	
<b>NHM Program Implementation</b>		
NQAS & Kayakalp	Not Certified	LaQshya, Kayakalp, NQAS program was not implemented well.
LaQshya	Labour room and OT not Certified	
JSSK Program	Functioning well	Facility lacking in providing free drugs & consumables services under JSSK.
PM-National Dialysis programme	Fully Implemented at the facility	
PMSMA	Services rendered on 9 <sup>th</sup> of every month & indentified high risk PW	
TB elimination Programme	Fully functional at DH. The facility is designated as DMC	
<b>HMIS Data Verification ( Indicators name with reason for mismatch)</b>		
Allopathic- Outpatient attendance	Lack of proper record maintenance along with compilation issue at the facility	Extreme mismatches were observed with regards to SNCU records, Labour room records & quality care score i.e. Kayakalp, Mera Aspataal Score in the Female District Hospital.
SNCU Admission- Inborn/out-born	For the last two months (July, August), data not reported on HMIS portal by facility	
SNCU Deaths	Data not reported on HMIS portal by facility	
Operation major & Minor	Staff is new as they don't have clear the definition: compilation error	
No. of lab tests done	Human error	
No. of children admitted in NRC	Data Entry error	
<b>Others</b>		
NHM Fund Utilization	The facility haven't received RKS fund since 2021	-



CHC

## COMMUNITY HEALTH CENTRE, NONGTALANG



CHC Nongtalang is 43 bedded health facilities, with average OPD of 10 per day. The catchment population of the facility is only 9 thousand. Quite low OPD load was noted at the facility. Location, distance, connectivity & quack preference were reported to be contributing factor. This facility was not centrally located thus people were not going to this facility to avail the health care services because it's not convenient to go over there. Further, it is very difficult for the medical staff to convince and aware the tribal population regarding any of the programmes conducted in the facility like family planning counselling, COVID vaccination, Routine Immunization. They prefer quack & traditional doctor instead of coming to the facility. It was reported that even people won't accepted the government medicine.

CHC Nongtalang provides IPD, OPD, Emergency services, pregnancy check-up, ANC, PNC, labour room services, family planning, basic lab tests, COVID vaccination, health counseling, X-ray, Dental, AYUSH and immunization services. Specialized services like medicine, Gynecologist, Paediatric, Anesthesiology and Ophthalmology were not available at this CHC. With regards to adolescent healthcare services, the facility have separate clinic for counseling but there was no dedicated/ separate counselor available.

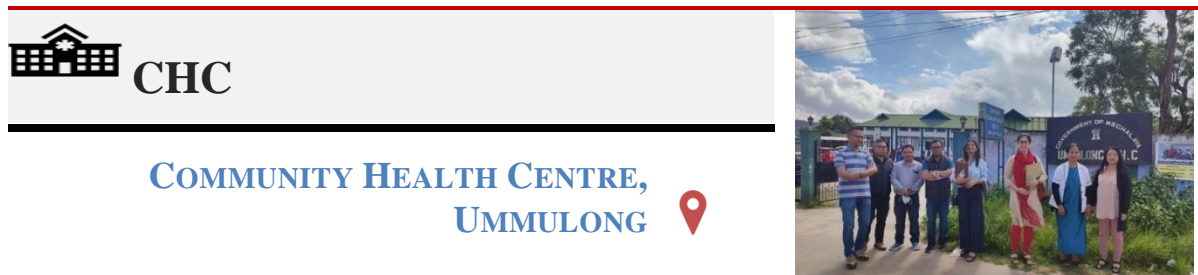
Essential Drug List (EDL) is available and proper displayed in open areas at the facility. Out of EDL drugs, most of the drugs are available on the day of visit. However shortage of Tab. Paracetamol & syrup, Cetirizine, Metron & syrup, Anti-cold and syrup, Ranitidine, Omeprazole and Pantoprazole was reported from EDL in last 30 days.

All essential tests i.e., Malaria, Dengue, Tiefert, HIV, TB, VDRL, Hyp B, Urine Pregnancy Test, Pregnancy Test, Blood group, and RBS performed at the facility. In the last financial year 2021-22, total 2400 numbers of tests were performed at the facility.

The following table provides the detailed status of Manpower, Physical Infrastructure, Diagnostics services, Specialized Services, Medicine & Equipment, NHM programme implementation status, fund utilization & HMIS data verification at the facility. Overall, low utilization of health facility, non- availability of essential medicines, shortage of specialized medical staff was noted at this facility. Quality care program implementation was not up to the mark.

**Table 12:** Status of CHC Nongtalang across various Health Domains: 2021-22

Key Areas/ Observations		Remarks/ Challenges	
<b>Human Resource</b>			
MO (MBBS)	2	LT	1
OB&GYN	0	Dental Assistant/ hygienist	0
Pediatrician	0	Pharmacist	1
Anesthetist	0	EmOC trained doctor	0
Dentist	1	LSAS trained doctor	0
Medicine	0	ASHAs	-
SNs/ GNMs	7		
<b>Physical Infrastructure</b>			
Accessible from nearest road ahead	✗	Drinking water facility	✓
24*7 running water facility	✓	Power backup (Complete facility)	✗
Geriatric and disability friendly	✗	Drug storeroom with rack	✓
Hospital located near residential area	✗	Complete Construction Status	✓
Clean functional toilets	✗	Good Condition of Building	✗
OPD waiting area sufficient space	✓		
<b>Core/ Specialized Health care Services</b>			
Medicine	✗	MCH Services inc. delivery	✓
O&G	✗	C-section	✗
Pediatric	✗	24*7 Emergency (General)	✗
General Surgery	✗	Family Planning services	✓
Anesthesiology	✗	Blood storage Unit	✗
Ophthalmology	✗	OT available	✓
Dental	✓	OT Functional	✗
Imaging Services (X – ray)	✓	New Born Stabilization Unit	✓
<b>Drugs, Diagnostic &amp; Equipment's</b>			
Essential Medicine on the day of visit	✗	Blood Storage Unit	✓
Laboratory services	✓	Fully Equipped Blood Bank	✗
X-ray services	✓	Availability of testing kits	✓
CT Scan	✗	Major Instrument Functional	✓
<b>Service Delivery/ Mortality Indicators (2021-22)</b>			
10-12 OPD per day	General OPD timing- 8 to 2pm (6 days)		
7-8 tests per day	No maternal Deaths		
Around 8-10 deliveries per month	9 Child deaths		
<b>NHM Program Implementation</b>			
JSY Program	JSY payment was observed 85%		
JSSK	Received all services except blood services		
NQAS/Kayakalp/ LaQshya	Not Certified		
NLEP	Implement, but no cases found		
IDSP	Implemented, reported weekly data in P, S & L form		
Anemia Mukh Bharat	Iron syrup & tablets distributed		
PMSMA	Identified high risk PW through history tracking, physical examination, diagnostic test		
<b>IT Services &amp; HMIS Data Verification&amp;</b>			
Service Delivery Indicators Verification	Mismatches were observed at the facility with regards to service delivery indicators i.e. 4 <sup>th</sup> ANC & BCG/ Measles.		Poor Internet connectivity was reported an issue.
IT services	Desktop available with poor internet connectivity.		
<b>Others</b>			
NHM Fund Utilization	100% Fund utilization was reported		



The CHC Ummulong is running in an old government building where the issue poor infrastructure of the premises, seepage & water leakage issue, lack of drinking water supply, medicine shortage, equipment shortage, poor internet connectivity, and shortage of manpower etc. persists. The Ummulong CHC is 22 bedded health facility and the next referral point of this facility was reported to be Jowai Civil Hospital which is just 20km away. In the month of September (2022), total 49 cases were referred to DH from this facility; the types of cases referred out includes High risk pregnancy, stabbed injury and chronic diseases. With regards to diagnostic testing, total 8697 numbers of tests were performed at the facility in 2021-22.

Overall, the facility has 2 MO's, 1 AYUSH MO, 3 Dentist, 7 SNs/ANMs, 1 LT, 3 pharmacists, and 1 dental assistant. There was acute shortage of OBGYN and non-availability of specialist namely, Medicine, Anesthetist & Pediatrician was observed at the facility. The following table provides the detailed status of Manpower, Physical Infrastructure, Diagnostics services, Specialized Services, Medicine & Equipment, NHM program implementation status, fund utilization & HMIS data verification at the facility. Essential Drug List (EDL) was available with proper displayed in open areas at the facility. Shortage of few essential medicine i.e. PCM Tablet, PCM suspension dose, Amoxicillin capsule 500mg, amoxicillin 625mg, and ampicillin 500mg was reported an issue. The team noted shortage of medical equipment in the delivery room, for instance, Episiotomy scissor, Kocher forceps, tooth & non-tooth forceps/ dissecting forceps, electric suction machine. The spot light and labour room refrigerator were reported to be non- functional for more than 10 days at the facility. The district should ensure availability of full range of essential equipment at the every facility. The facility is markedly lacking in quality care program implementation i.e. Kayakalp, NQAS, and LaQshya due to old building and oldest structure, water leakage in walls. In the year 2021-22, the Kayakalp score of the facility was quite low i.e. just 39%. The facility didn't have the access to drinking water supply. PMSMA services are being provided to pregnant women on 9th of every month at the facility. Line listing and follow-up of High risk pregnancy cases were observed at the facility.

**Table 13: Status of CHC Ummulong across various Health Domains: 2021-22**

Key Areas/ Observations		Remarks/ Challenges
<b>Human Resource</b>		
MO (MBBS)	2 LT	1
AYUSH MO	1 Pharmacist	3
OB&GYN	0 SNs/ GNMs	7
Pediatrician	0 Dental Assistant	1
Anesthetist	0 ASHAs	-
Dentist	3	Staff Nurse shortage
<b>Physical Infrastructure</b>		
Accessible from nearest road ahead	✓ Drinking water facility	✗
24*7 running water facility	✓ Drug storeroom with rack	✓
Geriatric and disability friendly	✗ Power backup (Complete facility)	✗
Hospital located near residential area	✓ Complete Construction Status	✓
Clean functional toilets(separate M/F)	✓ Good Condition of Building	✓
OPD waiting area sufficient space	✓ ASHA rest room available	-
<b>Core/ Specialized Health care Services</b>		
Medicine	✗ MCH Services inc. delivery	✓
O&G	✗ C-section	✗
Pediatric	✗ 24*7 Emergency (General)	✓
General Surgery	✗ Family Planning services	✓
Anesthesiology	✗ Blood storage Unit	✗
Ophthalmology	✗ OT Services	✗
Dental	✓ NBSU	✗
Imaging Services (X – ray/ USG)	✗	
<b>Drugs, Diagnostic &amp; Equipment's</b>		
Sufficient Essential Medicine	✗ Blood Storage Unit	✗
Essential Laboratory equipment	✗ Fully Equipped Blood Bank	✗
X-ray services	✗ Sufficient testing kits	✗
Ultrasound	✗ Major Instrument Functional	✓
<b>Service Delivery/ Mortality Indicators (2021-22)</b>		
8-10 deliveries per month		As compared to maternal deaths, significantly a high child death was observed at the facility.
More than 8000 Lab test performed	57 Child Deaths	
Around 16 newborn immunized with birth dose (in last 3 months)	5 Maternal Deaths	
<b>NHM Program Implementation</b>		
JSY Program	JSY payment done till March 2022	Owing to non- working of PFMS portal, JSY payment gap observed.
JSSK	Implement at the facility	
NQAS/Kayakalp/ LaQshya	Not Certified	
PMSMA	Well implemented & indentified 19 high risk PW in August	Under JSSK, received all services except drug, diagnostics & blood services
Anemia Mukh Bharat	Iron syrup & tablets distributed	
TB elimination Programme	Facility is designated as DMC.	
<b>HMIS Data Verification&amp; IT Services</b>		
Service Delivery Indicators Verification	Data Verification/ validation exercise were not noted at the facility.	Poor Internet connectivity was reported an issue at facility
IT services	Desktop available with poor internet connectivity.	
<b>Others</b>		
NHM Fund Utilization	More than 95% fund utilization were observed	-



HWC-PhC

PRIMARY HEALTH CENTRE,  
JARAIN



PHC Jarain is running in an old government building where the issue poor internet connectivity, medicine shortage, power backup etc. persists. The facility has solar system for power backup but it was reported to be non-functional. This facility is 6 bedded with an average OPD of 30-40 per day. In the last financial year, around 3 thousand test done at the facility. Per month on an average 15 delivery care cases were reported from this facility. All essential services related to Maternal & Child health, Family planning, Laboratory, and emergency care provided at the facility. However, hesitancy practices among the community people with regards to routine immunization, COVID vaccination & delivery care services was reported a major issue. Owing to the social/cultural beliefs & hesitancy practices, high incidence of home delivery can be noted in Jarain, which needs to be addressed seriously. Further, poor family planning services are also noted a major concern due low acceptance of family planning method among community/ people. The average family size in the Jarain was reported 10-15 people. It is very difficult for the medical staff to convince and aware the tribal population regarding any of the programmes conducted in the facility like family planning counselling, COVID vaccination, Routine Immunization. They prefer Quack & Traditional doctor instead of coming to the facility. Family planning programme needs to strengthen by providing more counselor and IEC display in local language.

With regard to manpower, presently there are 1 MO, 1Ayush MO, 4 SNs/ GNMs, 6 ANM, 1 LT, and 2 Pharmacist working at the facility. The PHC has 1 ambulance to refer the patient in emergency. The following table depicts the broad status of the infrastructure, diagnostic services, medicine & equipment at the facility. The health facility has not sufficient supply of essential medicines as per the demands; shortage of PCM tablet, PCM syrup, Amlodipine 5mg, Metformin 1000mg, Cetrizine10mg, and Amoxycillin 500 mg & 250mg was reported an issue. Further, minimal shortage of essential consumable noticed at the same.

With regards to NHM program Implementation, this facility is certified in the year 2020-21 with more than 80% score. However, no work is initiated on NQAS programme at the facility. Further, LaQshya program and respective guidelines was not well implemented at the facility. Under NLEP program, there was no leprosy cases were noted at the same.

**Table 14:** Status of PHC Jarain across various Health Domains: 2021-22

Key Areas/ Observations		Challenges	
<b>Human Resource</b>			
MO (MBBS)	1	Pharmacist	2
MO Ayush	1	LHV	1
Staff Nurse/ GNM	4	ASHAs	-
LT	1		
<b>Physical Infrastructure</b>			
Accessible from nearest road ahead	✓	Drinking water facility	✓
24*7 running water facility	✓	Drug storeroom with rack	✓
Geriatric and disability friendly	✗	Complete Construction Status	✓
Facility located near residential area	✓	Power backup	✗
Clean functional toilets	✗	Good Condition of Building	✓
OPD waiting area sufficient space	✓	-	-
The facility has solar system for power backup but it was reported to be non-functional Lab was reported to be conjusted			
<b>Core Health care Services</b>			
Availability of Delivery care services	✓		
ANC	✓	ANM, Staff nurse & Supervisors counseling for the Family Planning services.	High Home delivery due to hesitancy & social / cultural beliefs among community
Line Listing of High risk pregnancy	✓		
Immunization	✓		
Family Planning Services	✓	Family planning services were improving day by day	Lack of IEC display in local language at the facility
COVID Vaccination	✓		
Emergency services	✓		
<b>Drugs, Diagnostic &amp; Equipment's</b>			
Essential medicine on visited day	✗	X-Ray services	✗
Sufficient essential consumable	✗	Availability of testing kits	✓
COVID based testing	✓	Major Instrument Functional	✓
Shortage of essential medicine & NCD medicine an issue			
<b>Service Delivery/ Mortality Indicators (2021-22)</b>			
30-40 OPD per day	1	Maternal Death	As compared to maternal Death, Child deaths was observed to be significantly higher
Average 15 delivery per month	21	Child death were noted	
2862 number of test performed			
<b>NHM Program Implementation</b>			
Kayakalp	Certified with 89% score		
TB elimination Programme	facility don't have DMC Centre		Under JSY, average delay for the payment was reported to be 3 months maximum.
PMSMA	Well Implement		
JSY	Well functional		
No Tobacco Drive	Awareness by ASHAs worker in community		
<b>HMIS Data Verification &amp; IT Services</b>			
Data Verification	Data entry on HMIS, MCTS, IHIP, HWC & NIKSHAY Portal observed		Data validation exercise were not observed at facility
IT services	Good internet connectivity		
<b>Others</b>			
NHM Fund Utilization	100% fund Utilization		-



PRIMARY HEALTH CENTRE,  
NARTIANG



PHC Nartiang is running in a government building and functioning as a 24\*7 PHC. This facility is 13 bedded which caters around 32000 population. Total 6 Sub-centres are associated with this PHC. This facility provides preventive, promotive and curative services to the community in line with the IPHS standards. The PHC has been Kayakalp awarded facility during the last year with the 89% score, also NQAS certified with the 84% score. Overall the entire facility was found to be clean & hygienic. With regards to labour room cleanliness was maintained properly. These was found to be well-managed, well-equipped and the sanitation standards were appropriately maintained. Collection of Bio Medical Waste Management (BMW) was reported to be irregular by the authorized collector at the facility. With regards to basic amenities, facility has 24\*7 running water supply and electricity. For power backup the facility has the solar system, however, it was reported to be non-functional. All essential services i.e. General OPDs, Ayush OPD, maternal and child health services, diagnosis, COVID Vaccination and follow-up for common NCDs, and Dental were provided at the facility including accident & emergency services. This facility is a delivery point, and per month around 15-20 deliveries were reported from this facility. It was reported that under JSSK, the facility were able to provide all the services i.e. free delivery, drugs, diagnostics and transport, except the free diet services. The facility was facing a challenge to render the free diet services due to low delivery load & meager amount of the JSY diet per person in the hilly area as no one is ready to take the tender in the allotted amount. With regards to mortality Indicators, there were 23 child deaths & 3 maternal deaths were observed at the facility in last financial year. The next referral point is Civil Hospital Hospital Ialong which is around 30km away from this facility. Further, approx. 8-10 cases were referred to CHC level per month, types of referred out cases includes PPH, Prolonged Labor.

The following table provides the detailed status of Manpower, Physical Infrastructure, Diagnostics services, Specialized Services, Medicine & Equipment, NHM programme implementation status, fund utilization & HMIS data verification at the facility. The health facility has not sufficient supply of essential medicines as per the demands; shortage of PCM tablet 500mg, PCM syrup 125/250mg, Amlodipine 2.5mg/10mg, Metformin 500mg, Telmisartan 40mg and Amoxycillin was reported an issue.

**Table 15:** Status of PHC Nartiang across various Health Domains: 2021-22

Key Areas/ Observations		Challenges
<b>Human Resource</b>		
MO (MBBS)	2 Pharmacist	2
MO (AYUSH)	1 LHV	1
SNs/GNMs	8 Sweeper	-
ANM	2	
LTs	1 Others	6
<b>Physical Infrastructure</b>		
Accessible from nearest road ahead	✗ Drinking water facility	✓
24*7 running water facility	✓ ASHA rest room available	✓
Geriatric and disability friendly	✓ Drug storeroom with rack	✓
Facility located near residential area	✗ Power backup (Functional)	✓
Clean functional toilets(separate M/F)	✓ Good Condition of Building	✓
OPD waiting area sufficient space	✓ Complete Construction Status	✓
<b>Core Health care Services</b>		
Delivery care services (24*7)	✓	
ANC	✓	
AYUSH	✓	
Immunization	✓ ANTRA noted most prominent method of Family Planning.	-
Family Planning Services	✓	
COVID Vaccination	✓	
Dental services	✓	
Accident & Emergency	✓	
<b>Drugs, Diagnostic &amp; Equipment's</b>		
Essential Medicine on visited day	✗ X-ray services	✗
NCD Medicine availability	✗ Availability of testing kits	✓
Essential consumable availability	✓ NCD testing kits	✓
Essential diagnostic services	✓ Major Instrument Functional	✓
COVID based testing	✓	
<b>Service Delivery/ Mortality Indicators (2021-22)</b>		
8219 no. of lab test conducted	General OPD timing- 10am to 3pm	
15-20 delivery care cases per month	High risk cases refer to Civil Hospital Ialong	
3 Maternal deaths	In six last month, 195 cases of Hypertension	
23 Child deaths		
<b>NHM Program Implementation</b>		
Kayakalp	Certified with 87% score	Few JSY payment were pending due to PFMS problem
NQAS	84% score in Internal	
JSY Programme	Well functional	
IDSP	Well Functional, Reporting P& L type form	Under JSSK, providing free diet to the mothers was reported an issue due to tender issue; no one is ready for the said tender
TB Program	Well implement, the facility has DMC centre	
JSSK Program	Free Drugs, diagnostic, delivery, blood & transportation services	
<b>HMIS Data Verification&amp; IT Services</b>		
Data Management	No data verification observed	Data manager should be posted for the data management process
IT services	Good internet connectivity	
<b>BMW &amp; Others</b>		
BMW	Irregular disposal of red category BMW	Irregular collection by authorized collector & non-availability of bar-coding services
Record Keeping	Up to the Mark	



## SUB-CENTRE HEALTH & WELLNESS CENTRE, MUPYUT



Sub-Centre Mupyut functioning in a government building where issues pertaining to lack of basic amenities i.e. drinking water, electricity, and poor internet connectivity persists. The facility was well maintained in terms of cleanliness and hygiene. Essential services related to Maternal & Child health, Family planning, NCD, Emergency care and tele-consultations were rendered at the facility. However, hesitancy practices among the community people with regards to routine immunization, COVID vaccination & delivery care services was reported a major issue. Owing to the said/ fear practices, high incidence of home delivery can be noted. In the Mupyut, a large number of deliveries conducted by untrained attendants/relatives, which needs to be addressed seriously.

Presently, this SC transformed as Health & Wellness centre (HWCs). The branding for Sub-centre - Health and Wellness (HWC) has been done/ completed. Proper display of IEC material was observed at the facility. Total 2 ANM, 1 MPW, 1 CHO, 7 ASHAs, & 1 Helper were associated with this health & wellness centre. Per month 4-5 yoga session were conducted at this facility. Overall, 191 CBAC forms have been filled in the last 6 months at the facility. The CHO and ANM have received the tablet for the data entry at the facility. Using the MOTHER app, ANM collect the data from field about pregnant women, including age, risk factors, expected delivery dates, vaccination dates, last checkup information, address, and contact information. It was reported that medical officers and frontline health workers easily can follow up the high-risk mothers and expectant mothers by using the displayed information on the dashboard of the app. It must be noted that the facility was facing the problem in daily/ monthly data reporting and tele-consultations services due to poor internet connectivity issue.

The following table clearly depicts the broad status of infrastructure, manpower, diagnostic services, medicine & equipment at the facility. The health facility has the sufficient essential medicines; however, shortage of PCM tablet & syrup, Amlodipine 2.5mg/10mg was reported an issue. Further, minimal shortage of testing kits/ rapid diagnostic kits (HB strips) was reported at the facility. Availability of vaccine and hub-cutter was observed. All essential equipments i.e. BP instrument, Glucometer, & Thermometer were found to be functional.

**Table 16:** Status of SC Mupyut across various Health Domains: 2021-22

Key Areas/ Observations		Challenges
<b>Human Resource</b>		
ANM	2	
CHO	1	7 ASHAs were associated at this facility
MPW	1	
Helper	1	
<b>Physical Infrastructure</b>		
Accessible from nearest road ahead	✓	Drinking water facility
24*7 running water facility	✗	Complete Construction Status
Geriatric and disability friendly	✓	Power backup (functional)
Facility located near residential area	✗	Good Condition of Building
OPD waiting area sufficient space	✓	Clean functional toilets
Basic amenities Drinking Water and Electricity Issues for staff as well as patients		
<b>Core Health care Services</b>		
Availability of Delivery care services	✓	Proper micro plan was available for the immunization at the facility.
ANC	✓	
Line Listing of High risk pregnancy	✓	
Immunization	✓	Mala, Chaya & Condom noted most prominent method of Family Planning at this facility.
Family Planning Services	✓	
COVID Vaccination	✓	
NCD services	✓	
Childhood nutritional	✓	
Unable to provide the proper healthcare services due to Hesitancy practices for RI, COVID Vaccination & Immunization		
<b>Drugs, Diagnostic &amp; Equipment's</b>		
Essential Medicine on visited day	✓	Major Instrument Functional
NCD Medicine availability	✓	Availability of testing kits
Essential consumable availability	✓	Vaccine & Hub-cutter
Functional equipment in HBNC kit	✓	ANM' s received tablet
PCM Tab & HB strips Shortage		
<b>Service Delivery/ Mortality Indicators (2021-22)</b>		
20 OPD load per day		Total 191 CBAC form filled in last month, out of which 39 individuals scored 4 & above score.
1 Maternal Death observed	7 Hypertension cases noted in last 6 month	
3 Child deaths were noted		
<b>NHM Program Implementation</b>		
NQAS/Kayakalp/ LaQshya	Not Certified	In 2021-22, 21 presumptive TB patient identified and all are referred for testing
IDSP	Not reporting	
TB Program	Implement	
JSY Program	Registration of beneficiaries	
<b>HMIS Data/ Data Entry &amp; IT Services</b>		
Data Verification	-	-
IT services	ANMOL tab received	Internet Issue were reported an hurdle in data uploading
<b>Others</b>		
NHM Fund	Fund not received in the year 2021--22	-

**Chapter 6****CONCLUSION AND KEY RECOMMENDATIONS**

The purpose of this report is to present a brief overview of the major components pertaining to Maternal & Child Health, Family planning & Immunisation by monitoring & evaluation action at each health tier. This report also highlights the broad status of healthcare system in West Jaintia Hills of Meghalaya regarding the Infrastructure, Manpower, NHM program implementation, fund utilization, and finally HMIS data validation. Total five healthcare facilities in West Jaintia Hills were visited for Monitoring & Evaluation purpose in the October 2022. Overall, total number of still births and infant deaths observed to be significantly high as compared to others mortality indicators in the district. The high percentage of home deliveries is noted in the district. The biggest concern for the medical staff is to convince and aware the tribal community about health services/programs like family planning counselling, COVID vaccination, routine immunization, Institutional births as they still rely on traditional remedies and often visit quacks for treatment. There is dire need of strategic interventions to address the hesitancy in delivery care, immunization as well as other services.

Delivery load at the Civil District Hospital was found to be significantly high as pregnant women do not prefer to referral in other district from district hospital due to language barriers. In addition, the length of the postpartum stay of women at district hospital also noted to be a concern due to lacks of beds & space crunch. Thus, strengthening of Infrastructure at District Hospital is seriously needed. Human resource availability emerged as a notable cause of concern across all CHC in the district, especially in medical specialists (OBGY, Anesthetist, and Pediatrician). Further, internet connectivity, lack of basic amenities i.e. drinking water, power back at primary & secondary health tier noted in district. Further, health facilities, specifically at the lower tier, do not have the sufficient/ essential medicines. There is wide scope of improvement with regards to basic medicines, amenities and Internet connectivity at the same for the smooth healthcare services. With regards to NHM specific programmes, the district needs to really focus the following national programmes:

- ⊕ Strengthening of Family Planning program in terms of more counselor and IEC display in local language
- ⊕ Pradhan Mantri Surakshit Matritva Abhiyaan for ensuring the Ist trimester ANC checkup
- ⊕ JSSK Program: by addressing home delivery, length of the post partum stay & diet services.
- ⊕ Quality Care Programmes at tertiary & secondary health tier: NQAS, Kayakalp
- ⊕ LaQshya Program for the Labour room & OT across all health tier

## Recommendations

This section covers the recommendations for the policy makers for the improvement of health care system in the West Jaintia Hills of Meghalaya. Recommendations with the key challenges of the district are mentioned below:

- ⊕ The data quality of mortality indicators on HMIS portal was noted to be quite poor at district level. To ensure the high quality of data, the state/district must engage in data validation exercise, regular monitoring & evaluation at the concerned levels.
- ⊕ There is a dire need of strategic interventions to address the hesitancy about institutional delivery, immunization, vaccination and permanent family planning methods. Educational intervention and proper counselling can play an important role by increasing the awareness among the community.
- ⊕ Large family size is common among the tribal population of district due to early marriage, teenage pregnancy and the existence of some social belief (i.e. children are a gift of god). Innovative IEC display in local language and by providing more counselors in the district will truly help in adoption of the contraceptive methods.
- ⊕ Poor Internet connectivity is the biggest issue in uploading the data on the portal at all health tier in the district that needs to be addressed.
- ⊕ Keeping in view the high case load for delivery care & newborn, strengthening of infrastructure in the district hospital will help in ensuring the mothers & newborn care.
- ⊕ Antenatal Care registration in the first trimester is a matter of grave concern in the district, with persistent levels of low first trimester registration being recorded, which needs to be addressed by increasing awareness about the importance of first ANC checkups.
- ⊕ The district is markedly lacking in implementation of the quality care program in the district, particularly LaQshya program at all health tier, which needs to be addressed seriously.
- ⊕ To ensure the full range of the services with the quality care, the district must prioritize the immediate filling post of specialists (OBGY, Anesthetist, and Pediatrician) at the CHC level.
- ⊕ Instances of quite low OPD load at CHC Nongtalang were observed by the team. Location, distance, and connectivity were found to be contributing factor. As far as location setup is concerned; a few improvements can be made keeping in mind optimal use of resources, distance from the centrally location, and convenience of the people.
- ⊕ At primary and secondary level health facilities lacking in the basic amenities. Provision of water supply & functional power backup should be available at all the health facilities.

**Annexure**

**Table 1: Key Demographic Indicators: All India, Meghalaya & West Jaintia Hills**

Health Facility	West Jaintia Hills	Meghalaya	India
Population (Census 2011)	3.7 (Lakh)*	29.6 (Lakh)	1,210,854,977
Male	-	14.9 (Lakh)	623,270,258
Female	-	14.7 (Lakh)	587,584,719
Decadal growth rate in % (Census 2011)	-	27.95	17.6
Rural Population (%)	91%	80%	68.9
Urban Population (%)	9%	20%	31.1
Child Population	-	-	13.6
Literacy rate (%)	62%	76%	73
Male literacy rate (%)	-	77%	80.9
Female literacy rate (%)	-	74%	64.6
Sex ratio	1013	986	943
Density/km2	103	132	382

Source: Census of India 2011, ORGI, GOI

\* Enumeration Population (2021-22)

**Table 2: Health Care Service Delivery Indicators in West Jaintia Hills of Meghalaya, 2021-22**

Indicators	West Jaintia Hills
<b>1. Maternal Health</b>	
<b>1.(a) Pre Natal Care</b>	
% 1st Trimester registration to Total ANC Registrations	36%
% Pregnant women received ≥ 4 ANC checkups to total ANC Regist.	30%
% Pregnant women given 180 IFA to Total ANC Registrations	53%
<b>1.(b) Home Deliveries</b>	
% Deliveries SBA attended home deliveries to total home deliveries	2%
% Deliveries attended by non- SBA to total home deliveries	98%
% Home deliveries to total reported deliveries	51%
<b>1.(c) Institutional Deliveries including C-Section Deliveries</b>	
Total Number of Institutional Deliveries including C-section	4138
% of Institutional Deliveries to total reported deliveries	49%
% Institutional Deliveries to total ANC Registrations	40%
% women discharge in < 48 hours of delivery to total deliveries (Public)	70%
% of C-Section deliveries to total institutional deliveries	8%
<b>1.(d) Post Natal Care/New Born Care</b>	
% 1st post-partum checkup b/w 48 hours & 14 days to total deliveries	28%
% Newborn breast fed within 1 hour of birth to Total Live Birth	94%
% Newborn weighed at Birth to Live Birth	99%
% Newborn having weight less than 2.5 kg to total weighted	7%
<b>2. Child Immunization</b>	
Number of Fully Immunized children (9-11 months)	7234
% Infants received BCG to full immunization	106%
<b>3. Family Planning</b>	
No. of condom pieces distributed	44501
Total Sterilization conducted	187
% Female Sterilization (Tubectomies) to Total sterilization	100%
<b>4. Mortality Indicators</b>	
Maternal Deaths	5
Infants deaths within 24 hours	38
Infants deaths up to 4 weeks	63
Infant deaths (1-12months)	72
Child Deaths (1-5 years)	85
Still birth	237

Source: HMIS Standard Report, 2021-22

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

Indicators	Amount* (GoI Share)	Percent (GoI share)	State Share
<b>1.Total NRHM-RCH Flexible Pool (a+b)</b>	<b>159.10</b>	<b>68%</b>	
(a) RCH Flexible Pool (including RI, IPPI, NIDDCP)	<b>50.11</b>	21%	
RCH Flexible Pool, Cash Grant Support	36.87	-	
RCH Flexi Pool (Kind grant support under immunization)	13.23	-	
(b) HSS under NRHM	<b>108.99</b>	47%	
Other HSS covered under NRHM	91.78	-	
Ayushman Bharat- HWCs under NRHM	11.21	-	
ASHA Benefit Package	6.01	-	
<b>2. NUHM Flexible Pool</b>	<b>3.73</b>	<b>1%</b>	
Other Health System Strengthening covered under NUHM	2.80	-	
Ayushman Bharat- HWCs under NUHM	0.93	-	
<b>3. NDCP Flexible Pool</b>	<b>19.98</b>	<b>9%</b>	
NVBDCP (Cash & Kind)	5.79	-	
NTEP (Cash & Kind)	11.28	-	
NVHCP (Cash & Kind)	1.44	-	
NLEP	0.35	-	
IDSP	0.60	-	
NRCP	0.52	-	
Programme for Prevention and Control of Leptospirosis (PPCL)	-	-	
<b>4. NCD Flexible Pool (NPCB, NMHP, NPHCE, NTCP, NPCDCS, NPCCHH, PMNDP)</b>	<b>4.84</b>	<b>2%</b>	
<b>5. Infrastructure Maintenance (Incl. Direction &amp; Administration)</b>	<b>23.38</b>	<b>10%</b>	
<b>Total Resource Envelope (1+2+3+4+5)</b>	<b>211.03</b>	<b>100%</b>	<b>23.45</b>
<b>Grand Total Resource Envelope (GOI Allocation + UT Share)</b>	<b>234.48</b>		

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

\*indicated amount in Crore

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

FMR	Budget Head	Proposed Amount	Total Approved	%Share in Approval	%Approved to proposed
U.1	Service Delivery - Facility Based	1848.26	1692.02	5.53%	92%
U.2	Service Delivery - Community Based	1319.84	1079.82	3.53%	82%
U.3	Community Interventions	4120.96	3867.54	12.64%	94%
U.4	Untied Fund	1270.20	1265.45	4.14%	100%
U.5	Infrastructure	2847.49	2833.32	9.26%	100%
U.6	Procurement	5459.50	5077.70	16.60%	93%
U.7	Referral Transport	866.36	866.36	2.83%	100%
U.8	Human Resources	7203.85	7077.61	23.13%	98%
U.9	Training and Capacity Building	1285.37	1166.30	3.81%	91%
U.10	Reviews, Research, Surveys & Surveillance	98.02	67.20	0.22%	69%
U.11	IEC/BCC	1348.46	978.86	3.20%	73%
U.12	Printing	449.04	378.98	1.24%	84%
U.13	Quality Assurance	217.20	211.24	0.69%	97%
U.14	Drug Warehousing and Logistics	328.49	299.97	0.98%	91%
U.15	PPP	354.81	348.11	1.14%	98%
U.16	Programme Management	3015.33	2910.83	9.51%	97%
U.17	IT Initiatives (strengthening Service Delivery)	345.19	296.95	0.97%	86%
U.18	Innovations (if any)	179.56	177.44	0.58%	99%
<b>Grand total</b>		<b>32557.92</b>	<b>30595.69</b>	<b>100%</b>	<b>94%</b>
<b>Total amount approved</b>		<b>30595.69</b>			
Infrastructure maintenance (a)		2338			
Immunization kind grants (b)		1323			
<b>Grand total approved including (a+b)</b>		<b>34256.69</b>			

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

**Table 5:** Program-wise Status of Budget Utilization for the year 2021-22, West Jaintia Hills

Indicators	Budget Released	Budget Utilized	% Utilization
RCH & Health Systems Flexi pool	40944043 (80%)	37704675	92%
Maternal Health	9948005	9948005	100%
Child Health	3370267	3370267	100%
RBSK	2087650	2087650	100%
Family Planning	243841	243841	100%
RKSK/ Adolescent health	3640000	400632	11%
PC-PNDT	-	-	-
Immunization	2170472	2170472	100%
Untied Fund	2102280	2102280	100%
Comprehensive Primary Healthcare	2219911	2219911	100%
Blood Services and Disorders	48650	48650	100%
Infrastructure	43470	43470	100%
ASHAs	10284833	10284833	100%
HR	-	-	-
Programme Management	1935633	1935633	100%
MMU	-	-	-
Referral Transport	2148283	2148283	100%
Procurement	-	-	-
Quality Assurance	679723	679723	100%
NIDDCP	21025	21025	100%
NUHM	3822227 (7%)	3822227	100%
Communicable Diseases Pool	4603881.6 (9%)	4603881.6	100%
IDSP	524898	524898	100%
NVBDCP	1321825	1321825	100%
NLEP	79446	79446	100%
NTEP	2677712.6	2677712.6	100%
Non-Communicable Diseases Pool	1790827 (4%)	1790827	100%
NPCB+VI	9745	9745	100%
NMHP	938972	938972	100%
NPHCE	31626	31626	100%
NTCP	130242	130242	100%
NPCDCS	630742	630742	100%
National Dialysis Programme	-	-	-
NPCCHH	-	-	-
NOHP	49500	49500	100%
NPPC	-	-	-
NRCP	-	-	-
NPPCD	-	-	-
NVHCP	-	-	-
<b>Total (RCH+NUHM+CD+NCD)</b>	<b>51160978.6</b>	<b>47921610.6</b>	<b>94%</b>

Source: CMO Office, West Jaintia Hills, Meghalaya, 2021-22

**Table 6:** Status of Human Resources in the West Jaintia Hills, Meghalaya

Manpower	Meghalaya Government			
	Sanctioned	In place	Vacant	% Vacant
ANM	122	122	0	0%
MPW (Male)	36	33	3	8%
Staff Nurse	110	110	0	0%
Lab technician	28	27	1	4%
Pharmacist (Allopathic)	29	29	0	0%
MO (MBBS)	42	30	12	29%
OBGY	2	0	2	100%
Paediatrician	3	1	2	67%
Anaesthetist	2	0	2	100%
Surgeon	2	0	2	100%
Radiologists	0	0	0	-
Other Specialists	4	0	4	100%
Dentists/ Dental Surgeon	10	10	0	0%
Dental Technician	1	1	0	0%
Dental Hygienist	1	1	0	0%
OT technician	0	0	0	-
CHO/ MLHP	40	40	0	0%
AYUSH MO	27	26	1	4%
AYUSH Pharmacist	2	2	0	0%

Source: CDMO Office (2021-22), West Jaintia Hills, Meghalaya

**Table 7:** Status of Trainings in the West Jaintia Hills, Meghalaya (As per ROP approval)

List of training (As per ROP approval)	Planned	Completed
Training on LSAS	3	Not completed
Training on SBA SN /LHV	4	completed
Training on SBA MLHP	4	completed
Training SKILL Lab ANM/ SN	48	Not completed
BMOC	3	Not completed
Dakshata	14	Completed
Training MO on MTP	3	Not completed
Training MO on IMNCI ANM	10	Not completed
Training FMNICI MO	16	Completed
Training NSSK MO	55	Completed
Training NSSK SN	16	Completed
Facility based Care of Severe Acute Malnutrition at NRC	4	Completed
IYCF for MO/ SN	15	Not completed
IUCD MO	10	Not completed
IUCD ANM/SN	10	Not completed
Training on IUCD 380 ANM/SN	10	Not completed
PPIUCD MO	5	Completed
Injectable MO	10	Completed
Injectable SN/ANM	10	Completed
Training on Centchroman M0	10	Completed
Centchroman SN/ANM	10	Completed
Post-abortion SN/ANM	20	Completed
Post-abortion MO	10	completed

Source: CDMO Office (2021-22), West Jaintia Hills, Meghalaya

**Table 8:** Details of Frontline health workers, MAS & UHSNC in West Jaintia Hills

Status of ASHAs/ MAS/UHSNC	(In number)
<b>ASHAs Facilitators</b>	-
<b>ASHAs</b>	
Total working	406
Required as per population	55
ASHAs covering more than 1500 rural population	54
ASHAs covering more than 3000 urban population	0
No. of Village with no ASHA	16
<b>MAS</b>	
Formed	12
Trained	12
MAS account opened	12
Address Issues related to	Health & Health Seeking behaviors

Source: CMO Office, West Jaintia Hills, Meghalaya, 2021-22

### District Level Checklist

#### Key Correspondence: DPMU

#### 1. District Profile

A.1. Healthcare				
Indicator	Values		Source	
2. Name of the District				
3. Total number of Blocks				
4. Total number of Villages				
5. Total Population				
• Rural population				
• Urban population				
6. Literacy rate				
7. Sex Ratio				
8. Sex ratio at birth				
9. Population Density				
10. Estimated number of deliveries				
11. Estimated number of C-section				
12. Estimated numbers of live births				
13. Estimated number of eligible couples				
14. Estimated number of leprosy cases				
15. Target for public and private sector TB notification for the current year	Public:			
	Private:			
16. Estimated number of cataract surgeries to be conducted				
*Estimated numbers (Sl. No 9-15) to be filled for the financial year 2021-22				
Mortality Indicators:	Financial year (2021-21)		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	
1. District Hospitals				
2. Sub District Hospital				
3. Community Health Centers (CHC)				
4. Primary Health Centers (PHC)				
5. Sub Centers (SC)				
6. Urban Primary Health Centers (U-PHC)				
7. Urban Community Health Centers (U-CHC)				
8. Special Newborn Care Units (SNCU)				
9. Nutritional Rehabilitation Centres (NRC)				
10. District Early intervention Center (DEIC)				
11. First Referral Units (FRU)				
12. Blood Bank				
13. Blood Storage Unit (BSU)				
14. No. of PHC converted to HWC				
15. No. of U-PHC converted to HWC				
16. Number of Sub Centre converted to HWC				
17. Designated Microscopy Center (DMC)				
18. Tuberculosis Units (TUs)				

19. CBNAAT/TruNat Sites		
20. Drug Resistant TB Centres		
21. Functional Non-Communicable Diseases (NCD) clinic <ul style="list-style-type: none"> <li>• At DH</li> <li>• At SDH</li> <li>• At CHC</li> </ul>	_____	_____
22. Institutions providing Comprehensive Abortion Care (CAC) services <ul style="list-style-type: none"> <li>• Total no. of facilities</li> <li>• Providing 1st trimester services</li> <li>• Providing both 1st &amp; 2nd trimester services</li> </ul>	_____	_____
<b>A.3 Infrastructure Construction Status Details</b>		
• Details of Construction pending for more than 2 years		
• Details of Construction completed but not handed over		

**17. Overview: Submission & approval timelines of DHAP**

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

**18. Service Availability**

Indicator	Remarks/ Observation
<b>C.1. Drugs &amp; Diagnostics</b>	
1. Implementation of <b>Free drugs</b> services (if it is free for all)	
2. Implementation of <b>diagnostic services</b> (if it is free for all) <ul style="list-style-type: none"> <li>• Number of lab tests notified</li> </ul>	
<b>C.2. Status Of Delivery Points</b>	
• No. of SCs conducting >3 deliveries/month	
• No. of 24x7 PHCs conducting > 10 deliveries /month	
• No. of CHCs conducting > 20 deliveries /month	
• No. of DH/ District Women and child hospital conducting > 50 deliveries /month	
• No. of DH/ District Women and child hospital conducting C-section	
• No. of Medical colleges conducting > 50 deliveries per month	
• No. of Medical colleges conducting C-section	
• Number of institutes with <b>ultrasound facilities</b> (Public+Private)	Public: Private:
• Of these, how many are registered under PCPNDT act	Public: Private:
<b>C.3. National Health Programmes</b>	
3. <b>Pradhan Mantri SurakshitMatritva Abhiyan (PMSMA)</b>	1. No. issued MCP card and Safe Motherhood Booklet: _____ 2. Number of health facilities where current round of PMSMA was conducted: a. Medical College: _____ b. DH: _____

Indicator	Remarks/ Observation															
	c. SDH: _____ d. CHC/UCHC: _____ e. PHC/UPHC: _____ f. Private Clinics: _____															
<b>4. Rashtriya Bal Suraksha Karyakram (RBSK)</b>	Total no. of RBSK teams sanctioned ..... No. of teams with all HR in-place (full-team) ..... No. of vehicles (on the road) for RBSK team ..... No. of Teams per Block ..... No. of block/s without dedicated teams ..... Average no of children screened per day per team ..... Number of children born in delivery points screened for defects at birth .....															
<b>5. Special Newborn Care Units (SNCU)</b>	<ul style="list-style-type: none"> <li>• Total number of beds                             <ul style="list-style-type: none"> <li>• In radiant warmer _____</li> <li>• Stepdown care _____</li> <li>• Kangaroo Mother Care (KMC) unit _____</li> </ul> </li> <li>• Number of <b>non-functional radiant warmer</b> for more than a week _____</li> <li>• Number of <b>non-functional phototherapy unit</b> for more than a week _____</li> </ul> <table border="1" data-bbox="879 1137 1407 1373"> <thead> <tr> <th data-bbox="879 1137 1109 1171">Inborn</th> <th data-bbox="1112 1137 1407 1171">Out born</th> </tr> </thead> <tbody> <tr> <td data-bbox="175 1171 876 1205">• Admissions (2021-22)</td> <td></td> </tr> <tr> <td data-bbox="175 1205 876 1238">• Defects at birth</td> <td></td> </tr> <tr> <td data-bbox="175 1238 876 1272">• Discharged</td> <td></td> </tr> <tr> <td data-bbox="175 1272 876 1305">• Referral</td> <td></td> </tr> <tr> <td data-bbox="175 1305 876 1339">• LAMA</td> <td></td> </tr> <tr> <td data-bbox="175 1339 876 1373">• Died</td> <td></td> </tr> </tbody> </table>		Inborn	Out born	• Admissions (2021-22)		• Defects at birth		• Discharged		• Referral		• LAMA		• Died	
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<b>6. Newborn Stabilization Unit (NBSU)</b>	<b>Inborn</b>	<b>Out born</b>														
• Admission (2021-22)																
• Discharged																
• Referral																
• LAMA																
• Died																
<b>7. Nutrition Rehabilitation Centers (NRC)</b>	<ul style="list-style-type: none"> <li>• Total Admissions(2021-22) .....</li> <li>• Discharged .....</li> <li>• Referral/ Medical transfer .....</li> <li>• LAMA .....</li> <li>• Died .....</li> <li>• <b>Admission</b> <ul style="list-style-type: none"> <li>• Bilateral pitting oedema .....</li> <li>• MUAC&lt;115 mm .....</li> <li>• &lt;'-3SD WFH .....</li> <li>• with Diarrhea .....</li> <li>• ARI/ Pneumonia .....</li> <li>• TB .....</li> </ul> </li> </ul>															

	<ul style="list-style-type: none"> <li>• HIV .....</li> <li>• Fever .....</li> <li>• Nutrition related disorder .....</li> <li>• Others .....</li> <li>• <b>Admission to NRC Referred by</b> <ul style="list-style-type: none"> <li>• Frontline worker .....</li> <li>• Self .....</li> <li>• Ref from VCDC/ CTC .....</li> <li>• RBSK .....</li> <li>• Pediatric ward/ emergency .....</li> </ul> </li> </ul>
<p><b>8. Home Based Newborn Care (HBNC)</b></p>	<ul style="list-style-type: none"> <li>• <b>Status of availability of HBNC kit with ASHAs</b>                      &gt;Total No. of ASHAs: _____                      &gt; No. of ASHAs with HBNC kits: _____                      &gt; Reasons of Non-provision: _____                      _____</li> <li>• Total Newborns visited under HBNC: _____</li> <li>• <b>Status of availability of drug kit with ASHAs:</b>                      &gt; Total No. of ASHAs: _____                      &gt; No. of ASHAs with drug kits: _____                      &gt; Reasons of Non-provision: _____                      _____</li> </ul>
<p><b>9. Peer Education (PE) programme (Adolescent Health) &amp; Weekly Iron Folic Acid Supplementation(WIFS)</b></p>	<ul style="list-style-type: none"> <li>• No. of Blocks covered under Peer Education (PE) programme:.....</li> <li>• No. of villages covered under PE programme:.....</li> <li>• No. of Peer Educators: .....</li> <li>• No. of Adolescent Friendly Clinic (AFC) meetings held:.....</li> <li>• WIFS stockout:.....</li> </ul>
<p><b>10. Mobile Medical Unit (MMU) (on the road) and micro-plan</b></p>	<ul style="list-style-type: none"> <li>• No. of Mobile Medical Unit (MMU) (on the road) and micro-plan _____</li> <li>• MMU team Composition _____                      _____</li> <li>• List of Services provided by MMU _____                      _____</li> <li>• No. of <b>trips</b> per MMU/month .....</li> <li>• No. of <b>camps</b> per MMU/month .....</li> <li>• No. of <b>villages</b> covered .....</li> <li>• Average number of <b>OPD</b> per MMU per month .....</li> <li>• Average no. of <b>lab investigations</b> per MMU per month .....</li> <li>• Avg. no. of <b>X-ray</b> per MMU per month .....</li> <li>• Avg. no. of <b>blood smears collected / Rapid Diagnostic Tests (RDT) done for Malaria</b>, per MMU/month .....</li> </ul>

	<ul style="list-style-type: none"> <li>• Avg. no. of <b>sputum collected</b> for TB detection per MMU per month .....</li> <li>• Average Number of <b>patients referred</b> to higher facilities .....</li> <li>• Payment pending (if any) .....</li> </ul> <p>If yes, since when and reasons thereof</p>																		
<p><b>11. Universal health screening</b></p> <ul style="list-style-type: none"> <li>• No. of patients screened, diagnosed, and treated for:                             <ul style="list-style-type: none"> <li>○ Hypertension</li> <li>○ Diabetes</li> <li>○ Oral cancer</li> <li>○ Breast Cancer</li> <li>○ Cervical cancer</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• If conducted, what is the target population .....</li> <li>• Number of Community Based Assessment Checklist (CBAC) forms filled till date .....</li> </ul> <table border="1" style="width:100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th style="width:33%;">Screened</th> <th style="width:33%;">Diagnosed</th> <th style="width:33%;">Treated</th> </tr> </thead> <tbody> <tr><td> </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><b>12. Integrated Disease Surveillance Programme (IDSP)</b></p>	<ul style="list-style-type: none"> <li>• Rapid Response Team (RRT) Constituted: Y/N</li> <li>• Team Composition: .....</li> <li>• Outbreaks investigated:                             <ul style="list-style-type: none"> <li>• 2021-21: .....</li> <li>• 2021-22: .....</li> </ul> </li> <li>• Proportion (% out of total) of Pvt health facilities reporting weekly data of IDSP .....</li> <li>• How is IDSP data utilized? Elaborate. _____</li> </ul>																		

<p><b>13. National Viral Hepatitis Control Program (NVHCP)</b></p>	<ul style="list-style-type: none"> <li>• % of health workers immunized against Hep B .....</li> <li>• Number of treatment sites and Model Treatment Center (MTC) for viral hepatitis .....</li> </ul>																																																															
<p><b>14. If District notified a State Mental Health Authority (SMHA)</b></p>	<ul style="list-style-type: none"> <li>• If District notified a <b>State Mental Health Authority (SMHA)</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Yes      <input type="checkbox"/> No</li> <li><input type="checkbox"/> No SMHA in place</li> <li><input type="checkbox"/> No Mental Health Service or Facility in the district</li> </ul> </li> </ul>																																																															
<p><b>15. Vehicle for Referral Transport</b></p> <ul style="list-style-type: none"> <li>• <b>Details of Referral Transport – Number and Distribution:</b></li> </ul> <table border="1" style="width:100%; border-collapse: collapse; margin-top: 5px;"> <thead> <tr> <th style="width:25%;">Stationed at:</th> <th style="width:12.5%;">BLS</th> <th style="width:12.5%;">ALS</th> <th style="width:12.5%;">PTA</th> <th style="width:12.5%;">Kilkari</th> <th style="width:12.5%;">Neonatal</th> <th style="width:12.5%;">Others</th> </tr> </thead> <tbody> <tr><td>Medical College</td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td>DH</td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td>SDH</td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td>CHC</td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td>PHC</td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td>Others</td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table> <ul style="list-style-type: none"> <li>• <b>Details of Referral Transport – Performance Indicators:</b></li> </ul> <table border="1" style="width:100%; border-collapse: collapse; margin-top: 5px;"> <thead> <tr> <th style="width:12.5%;">Year</th> <th style="width:12.5%;">Ambulances Purchased</th> <th style="width:12.5%;">Total Cases</th> <th style="width:12.5%;">Pregnant Women</th> <th style="width:12.5%;">Accident Cases</th> <th style="width:12.5%;">Referral from one health facility to another</th> <th style="width:12.5%;">Others</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>		Stationed at:	BLS	ALS	PTA	Kilkari	Neonatal	Others	Medical College							DH							SDH							CHC							PHC							Others							Year	Ambulances Purchased	Total Cases	Pregnant Women	Accident Cases	Referral from one health facility to another	Others							
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2020-21							
2021-22							
				<b>ALS</b>	<b>BLS</b>		
<ul style="list-style-type: none"> <li>○ Operational agency (State/ NGO/ PPP)</li> <li>○ If the ambulances are GPS fitted and handled through centralized call centre</li> <li>○ Average number of calls received per day</li> <li>○ Average number of trips per ambulance per day</li> <li>○ Average km travelled per ambulance per day</li> <li>○ Key reasons for low utilization (if any)</li> </ul>							
<ul style="list-style-type: none"> <li>● No. of transport vehicle/102 vehicle (on the road)</li> <li>○ If the vehicles are GPS fitted and handled through centralized call centre</li> <li>○ Average number of trips per ambulance per day</li> <li>○ Average km travelled per ambulance per day</li> <li>○ Key reasons for low utilization (if any)</li> <li>○</li> </ul>							
<b>16. National Fluorosis Control Programme</b>				<ul style="list-style-type: none"> <li>● Key activities performed in 2021-22 as per ROP:</li> </ul>			
<b>17. National Iron Deficiency Disorders Control Programme</b>				<ul style="list-style-type: none"> <li>● Key activities performed in 2021-22 as per ROP:</li> </ul>			
<b>18. National Tobacco Control Programme</b>				<ul style="list-style-type: none"> <li>● Key activities performed in 2021-22 as per ROP:</li> </ul>			
<b>19. National Vector Borne Disease Control Programme (NVBDCP)</b>				<ul style="list-style-type: none"> <li>● Micro plan and macro plan available at district level <span style="float: right;">Y/N</span></li> <li>● Annual Blood Examination Rate:                             <ul style="list-style-type: none"> <li>○ 2019-20: .....</li> <li>○ 2020-21: .....</li> <li>○ 2021-22: .....</li> <li>○ Reason for increase/ decrease (as per the trend of last 3years) .....</li> </ul> </li> <li>● LLIN distribution status .....</li> <li>● IRS .....</li> <li>● Anti-larval methods .....</li> <li>● Contingency plan for epidemic preparedness .....</li> <li>● Weekly epidemiological and entomological situations are monitored .....</li> <li>● No. of MDR rounds observed .....</li> <li>● No. of blocks achieved elimination status for Lymphatic Filariasis i.e. mf rate &lt;1% .....</li> </ul>			
<b>20. National Tuberculosis Elimination Programme (NTEP)</b>				<ul style="list-style-type: none"> <li>● Target TB notification achieved <b>Y/N</b></li> <li>● Whether HIV Status of all TB patient is known:                             <ul style="list-style-type: none"> <li><input type="checkbox"/> Yes/ <input type="checkbox"/> No</li> <li>If No, no. of TB patients with known HIV status_____</li> </ul> </li> <li>● Eligible TB patients with UDST testing .....</li> <li>● Whether drugs for both drug sensitive and drug resistance TB available .....</li> </ul>			

<ul style="list-style-type: none"> <li>• Patients notification from public sector (2021-22)</li> <li>• Patients notification from private sector (2021-22)</li> </ul>	<ul style="list-style-type: none"> <li>• No of patients notified: .....</li> <li>• Treatment success rate: .....</li> <li>• No. of MDR TB Patients: .....</li> <li>• Treatment initiation among MDR TB patients: .....</li> <li>• No of patients notified: .....</li> <li>• Treatment success rate: .....</li> <li>• No. of MDR TB Patients: .....</li> <li>• Treatment initiation among MDR TB patients: .....</li> <li>• Beneficiaries paid under NikshayPoshan Yojana <input type="checkbox"/> Yes/ <input type="checkbox"/> No</li> <li>• Active Case Finding conducted as per planned for the year <input type="checkbox"/> Yes/ <input type="checkbox"/> No</li> </ul>
<p><b>21. Implementation of National Leprosy Eradication Programme (NLEP)</b></p>	<p>No. of new cases detected .....</p> <p>No. of G2D cases .....</p> <p>MDT available without interruption <b>Y/N</b></p> <p>Reconstructive surgery for G2D cases being conducted <b>Y/N</b></p> <p>MCR footwear &amp; selfcare kit avl<b>Y/N</b></p>

<p><b>22. ASHAs</b></p>	<p><b>Number of ASHAs</b></p> <ul style="list-style-type: none"> <li>• Required as per population .....</li> <li>• Selected .....</li> <li>• No. of ASHAs covering more than 1500 (rural) population .....</li> <li>• No. of ASHAs covering more than 3000 (urban) population .....</li> <li>• Villages with no ASHA .....</li> <li>• Slum areas with no ASHA .....</li> </ul> <p><b>Status of social benefit scheme for ASHAs and ASHA Facilitators (if available)</b></p> <ul style="list-style-type: none"> <li>• No. of <b>ASHAs</b> enrolled for Pradhan Mantri Jeevan Jyoti Bima Yojana (<b>PMJJBY</b>) .....</li> <li>• No. of <b>ASHA Facilitator</b> enrolled for Pradhan Mantri Jeevan Jyoti Bima Yojana (<b>PMJJBY</b>) .....</li> <li>• No. of <b>ASHAs</b> enrolled for Pradhan Mantri Suraksha Bima Yojana (<b>PMSBY</b>) .....</li> <li>• No. of <b>ASHA Facilitators</b> enrolled for Pradhan Mantri Suraksha Bima Yojana (<b>PMSBY</b>) .....</li> <li>• No. of <b>ASHAs</b> enrolled for Pradhan Mantri Shram Yogi Maandhan Yojana (<b>PMSYMY</b>) .....</li> <li>• No. of <b>ASHA Facilitators</b> enrolled for Pradhan Mantri Shram Yogi Maandhan Yojana (<b>PMSYMY</b>) .....</li> <li>• Any other state specific scheme _____</li> </ul>
<p><b>23. Mahila Arogya Samitis (MAS)-</b></p>	<p><b>Status of Mahila Arogya Samitis (MAS)-</b></p> <ol style="list-style-type: none"> <li>Formed</li> <li>Trained</li> <li>MAS account opened</li> <li>Samiti addresses issues related</li> </ol>

	to.....		
<b>24. Village Health Sanitation and Nutrition Committee (VHSNC)</b>	<b>Status of Village Health Sanitation and Nutrition Committee (VHSNC):</b> a. Formed: b. Trained: c. MAS account opened:		
<b>25. Kayakalp and Quality Assurance</b>	<ul style="list-style-type: none"> <li>No. of facilities quality certifiedNQAS..... LaQshya .....</li> <li>Status of Kayakalpprogramme- No. of awarded DH CHC PHC SC.....</li> <li>Activities performed by District Level Quality Assurance Committee (DQAC) ..... .....</li> </ul>		
<b>26. Maternal and Child Health</b>	<ul style="list-style-type: none"> <li><b>Number of maternal deaths reported at:</b> DH: _____ SDH: _____ CHC: _____ PHC: _____ SC: _____ Prime reason for the maternal death.....</li> <li><b>Number of Maternal Death Review conducted</b> <ul style="list-style-type: none"> <li>2020-21: _____</li> <li>2021-22: _____</li> </ul> </li> </ul>		
	<ul style="list-style-type: none"> <li>Number of Neonatal Deaths: _____</li> <li>Number of Total Child Deaths: _____</li> <li><b>Number of Child Death Review conducted</b> <ul style="list-style-type: none"> <li>2020-21: _____</li> <li>2021-22: _____</li> </ul> </li> </ul>		
<b>C.4. Healthcare Systems</b>			
<b>27. Payment status:</b>	<b>No. of beneficiaries</b>	<b>Backlog</b>	<b>DBT status</b>
<ul style="list-style-type: none"> <li>JSY beneficiaries</li> </ul>			
<ul style="list-style-type: none"> <li>ASHA payment:                             <ul style="list-style-type: none"> <li>A- <b>Routine and recurring</b> at increased rate of Rs. 2000 pm</li> <li>B- <b>Incentive</b> under NTEP</li> <li>C- <b>Incentives</b> under NLEP</li> </ul> </li> <li>Payment of <b>ASHA facilitators</b> as per revised norms (of a minimum of Rs. 300 per visit)</li> <li><b>Patients incentive</b> under NTEPprogramme</li> <li><b>Provider’s incentive</b> under NTEPprogramme</li> <li><b>FP compensation/ incentive</b></li> </ul>			
<b>28. Recruitment for any staff position/ cadre conducted at district level</b>			
<b>29. Details of recruitment</b>	<b>Previous year (2020-21)</b>	<b>Current Year (2021-22)</b>	

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

**19. Implementation of CPHC**

Status as on: **31<sup>st</sup> March, 2022**

Indicator	Planned	Completed
1. Number of individuals enumerated		
2. Number of CBAC forms filled		
3. Number of HWCs started NCD screening: <ul style="list-style-type: none"> <li>a. SHC- HWC</li> <li>b. PHC- HWC</li> <li>c. UPHC – HWC</li> </ul>		
4. Number of individuals screened for: <ul style="list-style-type: none"> <li>a. Hypertension</li> <li>b. Diabetes</li> <li>c. Oral Cancer</li> <li>d. Breast Cancer</li> <li>e. Cervical Cancer</li> </ul>		
5. Number of HWCs providing Teleconsultation services		
6. Number of HWCs organizing wellness activities		

**20. Status of HRH**

1. Staff details at public facility (Regular+ NHM+ other sources)	Sanctioned	In-place	Vacancy (%)
<ul style="list-style-type: none"> <li>ANM</li> <li>MPW (Male)</li> <li>Staff Nurse</li> <li>Lab technician</li> </ul>			

• 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			
<b>2. Performance of EMOC/ LSAS trained doctors</b>	<b>Trained</b>	<b>Posted in FRU</b>	<b>Performing C-section</b>
• LSAS trained doctors			
• EmOC trained doctors			

**21. State of Fund Utilization**

FMR Wise (as per ROP budget heads, if available): FY 2021-22

Indicator	Budget Released	Budget utilized	Reason for low utilization
FMR 1: Service Delivery: Facility Based			
FMR 2: Service Delivery: Community Based			
FMR 3: Community Intervention			
FMR 4: Untied grants			
FMR 5: Infrastructure			
FMR 6: Procurement			
FMR 7: Referral Transport			
FMR 8: Human Resource (Service Delivery)			
FMR 9: Training			
FMR 10: Review, Research and Surveillance			
FMR 11: IEC-BCC			
FMR 12: Printing			
FMR 13: Quality			
FMR 14: Drug Warehouse & Logistic			
FMR 15: PPP			
FMR 16: Programme Management			
FMR 17: IT Initiatives for Service Delivery			
FMR 18: Innovations			

**Programme Wise**

Status of Expenditure (Financial year 2021-22):

Indicator	Budget Released (in lakhs)	Budget utilized (in lakhs)	Reason for low utilization (if less than 60%)
<b>1. RCH and Health Systems Flexipool</b>			

Indicator	Budget Released (in lakhs)	Budget utilized (in lakhs)	Reason for low utilization (if less than 60%)
• 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			
<b>2. NUHM</b>			
<b>3. Communicable Diseases Pool</b>			
• Integrated Disease Surveillance Programme (IDSP)			
• National Vector Borne Disease Control Programme (NVBDCP)			
• National Leprosy Eradication Programme (NLEP)			
• National TB Elimination Programme (NTEP)			
<b>4. Non-Communicable Diseases Pool</b>			
• National Program for Control of Blindness and Vision Impairment (NPCB+VI)			
• National Mental Health Program (NMHP)			
• National Programme for Health Care for the Elderly (NPHCE)			
• National Tobacco Control Programme (NTCP)			
• National Programme for Prevention and Control of Diabetes, Cardiovascular Disease and Stroke (NPCDCS)			
• National Dialysis Programme			
• National Program for Climate Change and Human Health (NPCCHH)			
• National Oral health			

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

**22. 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.		

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

**Service Delivery:**

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

Indicator	Remarks/ Observation																																																																					
1. OPD Timing																																																																						
2. Condition of infrastructure/ building  Please comment on the condition and tick the appropriate box	Comments: <input type="checkbox"/> 24*7 running water facility <input type="checkbox"/> Facility is geriatric and disability friendly (ramps etc.) <input type="checkbox"/> Clean functional toilets available (separate for Male and female) <input type="checkbox"/> Drinking water facility available <input type="checkbox"/> OPD waiting area has sufficient sitting arrangement <input type="checkbox"/> ASHA rest room is available <input type="checkbox"/> Drug storeroom with rack is available Power backup: <input type="checkbox"/> Complete Hospital/ <input type="checkbox"/> Part of the hospital Last major renovation done in (Year): _____																																																																					
3. Number of functional in-patient beds	_____ No of ICU Beds available:																																																																					
4. List of Services available	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 5%;">Sl.</th> <th style="width: 85%;">Service</th> <th style="width: 10%;">Y/N</th> </tr> </thead> <tbody> <tr><td>1</td><td>Medicine</td><td></td></tr> <tr><td>2</td><td>O&amp;G</td><td></td></tr> <tr><td>3</td><td>Pediatric</td><td></td></tr> <tr><td>4</td><td>General Surgery</td><td></td></tr> <tr><td>5</td><td>Anesthesiology</td><td></td></tr> <tr><td>6</td><td>Ophthalmology</td><td></td></tr> <tr><td>7</td><td>Dental</td><td></td></tr> <tr><td>8</td><td>Imaging Services (X – ray)</td><td></td></tr> <tr><td>9</td><td>Imaging Services (USG)</td><td></td></tr> <tr><td>10</td><td>District Early Intervention Centre (DEIC)</td><td></td></tr> <tr><td>11</td><td>Nutritional Rehabilitation Centre (NRC)</td><td></td></tr> <tr><td>12</td><td>SNCU/ Mother and Newborn Care Unit (MNCU)</td><td></td></tr> <tr><td>13</td><td>Comprehensive Lactation Management Centre (CLMC) / Lactation Management Unit (LMU)</td><td></td></tr> <tr><td>14</td><td>Neonatal Intensive Care Unit (NICU)</td><td></td></tr> <tr><td>15</td><td>Pediatric Intensive Care Unit (PICU)</td><td></td></tr> <tr><td>16</td><td>Labour Room Complex</td><td></td></tr> <tr><td>17</td><td>ICU</td><td></td></tr> <tr><td>18</td><td>Dialysis Unit</td><td></td></tr> <tr><td>19</td><td>Emergency Care</td><td></td></tr> <tr><td>20</td><td>Burn Unit</td><td></td></tr> <tr><td>22</td><td>Teaching block (medical, nursing, paramedical)</td><td></td></tr> <tr><td>22</td><td>Skill Lab</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	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		22	Teaching block (medical, nursing, paramedical)		22	Skill Lab	
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5. Emergency	General emergency: <b>or</b> facilities available for: 1. Triage 2. Resuscitation 3. Stabilization																																																																					

Indicator	Remarks/ Observation				
6. Tele-medicine/Consultation services available	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, average cases 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: Others:				
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: _____ If No, availability of blood storage unit:-----				
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.Other				
11. Details of HR available in the facility (Sanctioned and In-place)	<b>HR</b>				
	<b>MO (MBBS)</b>				
	Specialist	Medicine	<b>San.</b>	<b>Regular</b>	<b>Cont.</b>
		ObGy			
		Pediatician			
		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"> <li>Desktop/ Laptop available: <input type="checkbox"/>Yes/ <input type="checkbox"/>No</li> <li>Internet connectivity: <input type="checkbox"/>Yes/ <input type="checkbox"/>No                              Quality/strength of internet connection: _____</li> </ul>				
13. Kayakalp (for year 2021-22)	Initiated: Facility score: Award received:				
14. NQAS (for year 2021-22)	Assessment done: Internal/State Facility score: Certification Status:				
15. LaQshya	Labour Room: Operation Theatre:				

Indicator	Remarks/ Observation
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
17. Implementation of DVDMS(Drugs & Vaccine Management Distribution System) 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	
19. Availability of Essential Consumables:	<input type="checkbox"/> Sufficient Supply <input type="checkbox"/> Minimal Shortage <input type="checkbox"/> Acute shortage <b>List the consumables for with there was shortage</b> In last 6 months how many times there was shortage_____
20. Availability of essential diagnostics	<input type="checkbox"/> In-house <input type="checkbox"/> Outsourced/ PPP <input type="checkbox"/> Both/ Mixed
<ul style="list-style-type: none"> <li>In-house tests (For 2021-22)</li> </ul>	Number of Tests available:----- Total number of tests performed during Apr 2021- March 22: _____  Days & Timing on which tests are done:
<ul style="list-style-type: none"> <li>Outsourced/ PPP (For 2021-22)</li> </ul>	Number of Tests available:----- Total number of tests performed during Apr 2021- March 22: _____  Days & Timing on which tests are done:
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): _____
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 If not, charges for lab tests, X-Ray, USG, CT, etc
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: _____

Indicator	Remarks/ Observation
<ul style="list-style-type: none"> <li>Whether the services are free for all</li> </ul>	<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 If not, charges for lab tests, X-Ray, USG, CT, etc
<ul style="list-style-type: none"> <li>Number of patients provided dialysis service</li> </ul>	<ul style="list-style-type: none"> <li>Previous year (2020-21) _____</li> <li>Current FY(2021-22) _____</li> </ul>
26. If there is any shortage of major instruments/ equipment( <b>List the Equipments</b> )	
27. Average downtime of equipment. Details of equipment are nonfunctional for more than 7 days	
28. Availability of delivery services	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
<ul style="list-style-type: none"> <li>If the facility is designated as FRU, whether C-sections are performed</li> </ul>	<input type="checkbox"/> Yes/ <input type="checkbox"/> No  Number of normal deliveries performed in last month: _____ No. of C-sections performed in last month: _____
<ul style="list-style-type: none"> <li>Comment on the condition of:</li> </ul>	Labour room: OT:  Functional New-born care corner (functional radiant warmer with neo-natal ambu bag): <input type="checkbox"/> Yes/ <input type="checkbox"/> No
29. Status of JSY payments	Payment is up to date: <input type="checkbox"/> Yes/ <input type="checkbox"/> No Average delay: Payment done till: Reasons for delay:
30. Availability of JSSK entitlements	<input type="checkbox"/> Yes/ <input type="checkbox"/> No  If yes, whether all entitlements being provided <input type="checkbox"/> Free delivery services (Normal delivery/ C-section) <input type="checkbox"/> Free diet <input type="checkbox"/> Free drugs and consumables <input type="checkbox"/> Free diagnostics <input type="checkbox"/> Free blood services <input type="checkbox"/> Free referral transport (home to facility) <input type="checkbox"/> Free referral transport (drop back from facility to home) <input type="checkbox"/> No user charges
31. PMSMA services provided on 9 <sup>th</sup> of every month	<input type="checkbox"/> Yes/ <input type="checkbox"/> No  If yes, how are high risks identified on 9 <sup>th</sup> ?  If No, reasons thereof:
32. Line listing of high-risk pregnancies	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
33. Practice related to Respectful Maternity Care	
34. Whether facility have registers for entering births and deaths	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
35. Number of Maternal Death	Previous year: (2020-21)

Indicator	Remarks/ Observation																		
reported in the facility	Current year: (2021-22)																		
36. Number of Child Death reported in the facility	Previous year: (2020-21) Current year: (2021-22)																		
37. If Comprehensive Abortion Care (CAC) services available	<input type="checkbox"/> Yes/ <input type="checkbox"/> No																		
38. Availability of vaccines and hub cutter	<input type="checkbox"/> Yes/ <input type="checkbox"/> No Nurses/ ANM aware about open vial policy: <input type="checkbox"/> Yes/ <input type="checkbox"/> No																		
39. Number of newborns immunized with birth dose at the facility in last 3 months																			
40. Newborns breastfed within one hour of birth (observe if practiced and women are being counselled)																			
41. Status of functionality of DEIC	<input type="checkbox"/> Fully functional with all staff in place <input type="checkbox"/> Functional with few vacancies (approx. 20%-30%) <input type="checkbox"/> Functional with more than 50% vacancies <input type="checkbox"/> Not functional/ All posts vacant																		
42. Number of sterilizations performed in last one month	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 <b>Total No of Adolescentscounseled in last 6 months</b> _____																		
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 2021-2022:	<table border="1"> <thead> <tr> <th></th> <th>Screened</th> <th>Confirmed</th> </tr> </thead> <tbody> <tr> <td>a. Hypertension</td> <td></td> <td></td> </tr> <tr> <td>b. Diabetes</td> <td></td> <td></td> </tr> <tr> <td>c. Oral Cancer</td> <td></td> <td></td> </tr> <tr> <td>d. Breast Cancer</td> <td></td> <td></td> </tr> <tr> <td>e. Cervical Cancer</td> <td></td> <td></td> </tr> </tbody> </table>		Screened	Confirmed	a. Hypertension			b. Diabetes			c. Oral Cancer			d. Breast Cancer			e. Cervical Cancer		
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b. Diabetes																			
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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 _____																		

Indicator	Remarks/ Observation
	under Nikshay Poshan Yojana in the last 6 months:
52. Maintenance of records on	<ul style="list-style-type: none"> <li>• TB Treatment Card cases (both for drug sensitive and drug resistant cases): <input type="checkbox"/>Yes/ <input type="checkbox"/>No</li> <li>• TB Notification Registers: <input type="checkbox"/>Yes/ <input type="checkbox"/>No</li> <li>• Malaria cases: <input type="checkbox"/>Yes/ <input type="checkbox"/>No</li> <li>• Palliative cases: <input type="checkbox"/>Yes/ <input type="checkbox"/>No</li> <li>• Cases related to Dengue and Chikungunya: <input type="checkbox"/>Yes/ <input type="checkbox"/>No</li> <li>• Leprosy cases: <input type="checkbox"/>Yes/ <input type="checkbox"/>No</li> </ul>
53. How much fund was received and utilized by the facility under NHM?	Fund Received last year (2021-22) Fund utilized last year: (2021-22)
	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 Last meeting held on (date):	
<ul style="list-style-type: none"> <li>• Availability of ambulance services in the area</li> </ul>	<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"> <li>• How many cases from CHC, PHC, SC, referred to in last month?</li> </ul>	Number: CHC PHC SC  Types of cases referred in:
<ul style="list-style-type: none"> <li>• How many cases were referred out last month?</li> </ul>	Number:  Types of cases referred out:
<b>2. Key challenges in the facility and the root causes</b>	
<b>Challenge</b>	<b>Root causes</b>
a)	
b)	
c)	

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

**Service Delivery:**

<b>Name of facility visited</b>			
<b>Facility Type</b>		<input type="checkbox"/> CHC/ <input type="checkbox"/> U-CHC	
<b>FRU</b>		<input type="checkbox"/> Yes/ <input type="checkbox"/> No	
<b>Standalone/ Co-located</b>		<input type="checkbox"/> Standalone/ <input type="checkbox"/> Co-located Co-located with (if applicable):	
<b>Accessible from nearest road head</b>		<input type="checkbox"/> Yes/ <input type="checkbox"/> No	
<b>Date of Visit</b>			
<b>Next Referral Point</b>		Facility: Distance:	
<b>Indicator</b>		<b>Remarks/ Observation</b>	
3. OPD Timing			
4. Whether the facility is functioning in PPP mode		<input type="checkbox"/> Yes/ <input type="checkbox"/> No	
5. 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	
6. Number of functional in-patient beds			
7. List of Services available			
<ul style="list-style-type: none"> <li>Specialized services available in addition to General OPD, ANC, Delivery, PNC, Immunization, FP, Laboratory services</li> </ul>	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		
<ul style="list-style-type: none"> <li>If any of the specialists are available 24*7</li> </ul>	<input type="checkbox"/> Yes available <input type="checkbox"/> Yes, available only on-call <input type="checkbox"/> Not available		
<ul style="list-style-type: none"> <li>Emergency</li> </ul>	General emergency: <b>or</b> facilities available for: 1. Triage 2. Resuscitation 3. Stabilization		
8. Tele-medicine/Consultation services available	<input type="checkbox"/> Yes/ <input type="checkbox"/> No  If yes, average case per day _____		
9. Operation Theatre available	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes,		

	Major: Minor:																																																																								
10. 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: _____																																																																								
11. 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																																																																								
12. Biomedical waste management practices	Sharp pit: Deep Burial pit: Other System, if any:																																																																								
13. Details of HR available in the facility (Sanctioned and In-place)	<table border="1"> <thead> <tr> <th colspan="2">HR</th> <th>San.</th> <th>Reg.</th> <th>Cont.</th> </tr> </thead> <tbody> <tr> <td colspan="2">MO (MBBS)</td> <td></td> <td></td> <td></td> </tr> <tr> <td rowspan="4">Specialists</td> <td>Medicine</td> <td></td> <td></td> <td></td> </tr> <tr> <td>ObGy</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Pediatrician</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Anesthetist</td> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="2">Dentist</td> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="2">SNs/ GNMs</td> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="2">LTs</td> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="2">Pharmacist</td> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="2">Dental Assistant/ Hygienist</td> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="2">Hospital/ Facility Manager</td> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="2">EmOC trained doctor</td> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="2">LSAS trained doctor</td> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="2">Others</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	HR		San.	Reg.	Cont.	MO (MBBS)					Specialists	Medicine				ObGy				Pediatrician				Anesthetist				Dentist					SNs/ GNMs					LTs					Pharmacist					Dental Assistant/ Hygienist					Hospital/ Facility Manager					EmOC trained doctor					LSAS trained doctor					Others				
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14. IT Services	<ul style="list-style-type: none"> <li>Desktop/ Laptop available: <input type="checkbox"/> Yes/ <input type="checkbox"/> No</li> <li>Internet connectivity: <input type="checkbox"/> Yes/ <input type="checkbox"/> No</li> </ul> Quality/strength of internet connection: _____																																																																								
15. Kayakalp (2021-22)	Initiated: Facility score: Award received:																																																																								
16. NQAS (2021-22)	Assessment done: Internal/State Facility score: Certification Status:																																																																								
17. LaQshya	Labour Room: Operation Theatre:																																																																								
18. 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) _____																																																																								
19. Implementation of DVDMS or similar supply chain management system	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If other, which one _____																																																																								
20. Shortage of 5 priority drugs from EDL in last 30 days, if any																																																																									
21. Availability of Essential Consumables:	<input type="checkbox"/> Sufficient Supply <input type="checkbox"/> Minimal Shortage <input type="checkbox"/> Acute shortage In last 6 months how many times there was shortage _____ List the consumables for which there has been shortage _____																																																																								
22. Availability of essential diagnostics	<input type="checkbox"/> In-house <input type="checkbox"/> Outsourced/ PPP <input type="checkbox"/> Both/ Mixed																																																																								
• In-house tests (for 2021-22)	Timing: Total number of tests performed: _____																																																																								

	Details of tests performed:
<ul style="list-style-type: none"> <li>Outsourced/ PPP (for 2021-22)</li> </ul>	Timing: Total number of tests performed: _____ Details of tests performed:
23. 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
24. 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
25. Availability of Testing kits/ Rapid Diagnostic Kits	<input type="checkbox"/> Sufficient Supply <input type="checkbox"/> Minimal Shortage <input type="checkbox"/> Acute shortage (List the name of kits for which there is shortage)
26. If there is any shortage of major instruments/ equipment (List the Name of Equipment)	
27. Average downtime of equipment. Details of equipment are nonfunctional for more than 7 days	
28. Availability of delivery services	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
<ul style="list-style-type: none"> <li>If the facility is designated as FRU, whether C-sections are performed</li> </ul>	<input type="checkbox"/> Yes/ <input type="checkbox"/> No Number of normal deliveries performed in last month: _____ No. of C-sections performed in last month: _____
<ul style="list-style-type: none"> <li>Comment on condition of:</li> </ul>	Labour room: OT: Functional New-born care corner (functional radiant warmer with neo-natal ambu bag): <input type="checkbox"/> Yes/ <input type="checkbox"/> No
29. Status of JSY payments	Payment is up to date: <input type="checkbox"/> Yes/ <input type="checkbox"/> No Average delay: Payment done till: Reasons for delay:
30. Availability of JSSK entitlements	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, whether all entitlements being provided <input type="checkbox"/> Free delivery services (Normal delivery/ C-section) <input type="checkbox"/> Free diet <input type="checkbox"/> Free drugs and consumables <input type="checkbox"/> Free diagnostics <input type="checkbox"/> Free blood services <input type="checkbox"/> Free referral transport (home to facility) <input type="checkbox"/> Free referral transport (drop back from facility to home) <input type="checkbox"/> No user charges
31. PMSMA services provided on 9 <sup>th</sup> of every month	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, how are high risks identified on 9 <sup>th</sup> ? If No, reasons thereof:
32. Line listing of high-risk pregnancies	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
33. Practice related to Respectful Maternity Care	
34. Whether facility have registers for entering births and deaths	<input type="checkbox"/> Yes/ <input type="checkbox"/> No

35. Number of Maternal Death reported in the facility	Previous year: <b>2020-21</b> ____ Current year: <b>2021-22</b> ____		
36. Number of Child Death reported in the facility	<b>2020-21:</b> ____ <b>2021-22:</b> ____		
37. If Comprehensive Abortion Care (CAC) services available	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
38. Availability of vaccines and hub cutter	<input type="checkbox"/> Yes/ <input type="checkbox"/> No Nurses/ ANM aware about open vial policy: <input type="checkbox"/> Yes/ <input type="checkbox"/> No		
39. Number of newborns immunized with birth dose at the facility in last 3 months			
40. Newborns breastfed within one hour of birth (observe if practiced and women are being counselled)			
41. Number of sterilizations performed in last one month	Male ____ Female ____		
42. Availability of trained provider for IUCD/ PPIUCD	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
43. Who counsels on FP services?			
44. Please comment on utilization of other FP services			
45. FPLMIS has been implemented	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
46. 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 _____		
47. Whether facility has fixed day NCD clinic	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If Yes, how many days in a week: _____ days		
48. Are service providers trained in cancer services?	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
49. Number of individuals screened for the following in last 6 months:	<b>Screened</b>	<b>Confirmed</b>	
	a. Hypertension		
	b. Diabetes		
	c. Oral Cancer		
	d. Breast Cancer		
50. Are service providers trained in cancer services?	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
51. Whether reporting weekly data in P, S and L form under IDSP	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
52. Status of TB elimination programme	Facility is designated as Designated Microscopy Centre (DMC): <input type="checkbox"/> Yes/ <input type="checkbox"/> No		
	If yes, percent of OPD whose samples were tested for TB (microscopy) in last 6 month (average) _____		
	If anti-TB drugs available at the facility: <input type="checkbox"/> Yes/ <input type="checkbox"/> No		
	If yes, are there any patients currently taking anti-TB drugs from the facility: <input type="checkbox"/> Yes/ <input type="checkbox"/> No		
	Percent of patients tested through CBNAAT/TruNat for Drug resistance in the last 6 months _____		
	Is there a sample transport mechanism in place for:		
	<ul style="list-style-type: none"> <li>• investigations within public sector for TB testing? <input type="checkbox"/> Yes/ <input type="checkbox"/> No</li> <li>• investigations within public sector for other tests? <input type="checkbox"/> Yes/ <input type="checkbox"/> No</li> <li>• outsourced testing? <input type="checkbox"/> Yes/ <input type="checkbox"/> No</li> </ul>		
Are all TB patients tested for HIV? <input type="checkbox"/> Yes/ <input type="checkbox"/> No			
Are all TB patients tested for Diabetes Mellitus: <input type="checkbox"/> Yes/ <input type="checkbox"/> No			

	Percent of TB Patients for whom DBT installments have been initiated under Nikshay Poshan Yojana in the last 6 months:
53. 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:
54. Maintenance of records on	<ul style="list-style-type: none"> <li>• TB Treatment Card cases (both for drug sensitive and drug resistant cases): <input type="checkbox"/>Yes/ <input type="checkbox"/>No</li> <li>• TB Notification Registers: <input type="checkbox"/>Yes/ <input type="checkbox"/>No</li> <li>• Malaria cases: <input type="checkbox"/>Yes/ <input type="checkbox"/>No</li> <li>• Palliative cases: <input type="checkbox"/>Yes/ <input type="checkbox"/>No</li> <li>• Cases related to Dengue and Chikungunya: <input type="checkbox"/>Yes/ <input type="checkbox"/>No</li> <li>• Leprosy cases: <input type="checkbox"/>Yes/ <input type="checkbox"/>No</li> </ul>
55. 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)
56. 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
57. Frequency of RKS meeting (check and obtain minutes of last meeting held)	
58. Availability of ambulance services in the area	<input type="checkbox"/> CHC own ambulance available Number_____
	<input type="checkbox"/> CHC has contracted out ambulance services Number_____
	<input type="checkbox"/> Ambulances services with Centralized call centre <input type="checkbox"/> Government ambulance services are not available Comment (if any):
<ul style="list-style-type: none"> <li>• How many cases from sub centre/ PHC were referred to this CHC last month?</li> </ul>	Number: Sub centre PHC  Types of cases referred in:
<ul style="list-style-type: none"> <li>• How many cases from the CHC were referred to the DH last month?</li> </ul>	Number:  Types of cases referred out:
59. Key challenges in the facility and the root causes	
<b>Challenge</b>	<b>Root causes</b>
a)	
b)	

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

• **Service Delivery:**

<b>Name of facility visited</b>					
<b>Facility Type</b>		<input type="checkbox"/> PHC/ <input type="checkbox"/> U-PHC			
<b>Whether the facility has been converted to HWC</b>		<input type="checkbox"/> Yes/ <input type="checkbox"/> No			
<b>Standalone/ Co-located</b>		<input type="checkbox"/> Standalone/ <input type="checkbox"/> Co-located Co-located with (if applicable):			
<b>Accessible from nearest road head</b>		<input type="checkbox"/> Yes/ <input type="checkbox"/> No			
<b>Date of Visit</b>					
<b>Next Referral Point</b>		Facility: Distance:			
<b>Indicator</b>		<b>Remarks/ Observation</b>			
1. OPD Timing  For U-PHC, check if evening/morning OPD/Clinics being conducted		<input type="checkbox"/> Yes/ <input type="checkbox"/> No			
2. Whether the facility is functioning in PPP mode		<input type="checkbox"/> Yes/ <input type="checkbox"/> No			
3. Condition of infrastructure/ building  Please comment on the condition and tick the appropriate box		Comments:  <input type="checkbox"/> 24*7 running water facility <input type="checkbox"/> Facility is geriatric and disability friendly (Ramps etc.) <input type="checkbox"/> Clean functional toilets available (separate for Male and female) <input type="checkbox"/> Drinking water facility available <input type="checkbox"/> OPD waiting area has sufficient sitting arrangement <input type="checkbox"/> ASHA rest room is available <input type="checkbox"/> Drug storeroom with rack is available <input type="checkbox"/> Power backup <input type="checkbox"/> Branding			
4. Number of functional in-patient beds					
5. List of Services available					
6. If 24*7 delivery services available		<input type="checkbox"/> Yes/ <input type="checkbox"/> No			
7. Tele-medicine/Consultation services available		<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, average case per day _____			
8. Biomedical waste management practices		Sharp pit: Deep Burial pit: Other System, if any:			
9. Details of HR available in the facility (Sanctioned and In-place)		<b>HR</b>			
		MO (MBBS)			
		MO (AYUSH)			
		SNs/ GNMs			
		ANM			
		LTs			
		Pharmacist			
		Public Health Manager (NUHM)			
		LHV/PHN			
		Others			
10. IT Services		<ul style="list-style-type: none"> <li>• Desktop/ Laptop available: <input type="checkbox"/> Yes/ <input type="checkbox"/> No</li> <li>• All ANMs have functional Tablets: <input type="checkbox"/> Yes/ <input type="checkbox"/> No</li> <li>• Smart phones given to all ASHAs: <input type="checkbox"/> Yes/ <input type="checkbox"/> No</li> <li>• Internet connectivity: <input type="checkbox"/> Yes/ <input type="checkbox"/> No</li> </ul> Quality/strength of internet connection: _____			

11. Kayakalp (2021-22)	Initiated: Facility score: Award received:
12. NQAS(2021-22)	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	
16. Drugs Available for Hypertension & Diabetic patients:	
17. Shortage of sufficient number of Hypertension & Diabetic in last 7 days	
18. Availability of Essential Consumables:	<input type="checkbox"/> Sufficient Supply <input type="checkbox"/> Minimal Shortage <input type="checkbox"/> Acute shortage In last 6 months how many times there was shortage _____ (Also list the consumables for which there was shortage)
19. Availability of essential diagnostics	<input type="checkbox"/> In-house <input type="checkbox"/> Outsourced/ PPP <input type="checkbox"/> Both/ Mixed
• In-house tests <b>For 2021-22</b>	Timing: Total number of tests performed: _____ Details of tests performed:
• Outsourced/ PPP <b>For 2021-22</b>	Timing: Total number of tests performed: _____ Details of tests performed:
20. X-ray services is available	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If Yes, type & nos. of functional X-ray machine is available in the hospital: Is the X-ray machine AERB certified: <input type="checkbox"/> Yes/ <input type="checkbox"/> No
21. Whether diagnostic services (lab, X-ray etc.) are free for all	<input type="checkbox"/> Free for BPL <input type="checkbox"/> Free for elderly <input type="checkbox"/> Free for JSSK beneficiaries <input type="checkbox"/> Free for all
22. Availability of Testing kits/ Rapid Diagnostic Kits	<input type="checkbox"/> Sufficient Supply <input type="checkbox"/> Minimal Shortage <input type="checkbox"/> Acute shortage
23. If there is any shortage of major instruments/ equipment	List of Equipment
24. Average downtime of equipment. Details of equipment are nonfunctional for more than 7 days	
25. Availability of delivery services	<input type="checkbox"/> Yes/ <input type="checkbox"/> No

<ul style="list-style-type: none"> <li>If yes, details</li> </ul>	<p>Comment on condition of labour room:</p> <p>Functional New-born care corner (functional radiant warmer with neo-natal ambu bag): <input type="checkbox"/> Yes/ <input type="checkbox"/> No</p>
26. Status of JSY payments	<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>
27. Availability of JSSK entitlements	<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>
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/ Dakshita trained/SBA trained MO/SN/ANM in Labour Room	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>
31. Practice related to Respectful Maternity Care	
32. Number of Maternal Death reported in the facility	<p>Previous year:2020-2021</p> <p>Current FY:2021-2022</p>
33. Number of Child Death reported in the facility	<p>Previous year:</p> <p>Current year:</p>
34. Availability of vaccines and hub cutter	<p><input type="checkbox"/> Yes/ <input type="checkbox"/> No</p> <p>Nurses/ ANM aware about open vial policy: <input type="checkbox"/> Yes/ <input type="checkbox"/> No</p>
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	<p>Male</p> <p>Female</p>
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	<p><input type="checkbox"/> Yes/ <input type="checkbox"/> No</p> <p>If yes, who provides counselling to adolescents: _____</p> <p>Separate male and female counselors available: <input type="checkbox"/> Yes/ <input type="checkbox"/> No</p>
43. Whether facility has fixed day NCD clinic	<input type="checkbox"/> Yes/ <input type="checkbox"/> No

	If Yes, how many days in a week: _____ days		
44. Are service providers trained in cancer services?	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
45. Number of individuals screened for the following in last 6 months:		<b>Screened</b>	<b>Confirmed</b>
	a. Hypertension		
	b. Diabetes		
	c. Oral Cancer		
	d. Breast Cancer		
e. Cervical Cancer			
46. Whether wellness activities are performed	<input type="checkbox"/> Yes/ <input type="checkbox"/> No Frequency: _____		
47. Whether reporting weekly data in P and L form under IDSP	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
48. Distribution of Long lasting Insecticidal nets (LLIN) in high-risk areas	No. of LLIN distributed per household: <input type="checkbox"/> 1 per family/ <input type="checkbox"/> Others (Specify): _____		
49. Status of TB elimination programme	Facility is designated as Designated Microscopy Centre (DMC): <input type="checkbox"/> Yes/ <input type="checkbox"/> No		
	If yes, percent of OPD whose samples were tested for TB (microscopy) in last 6 month (average) _____		
	If anti-TB drugs available at the facility: <input type="checkbox"/> Yes/ <input type="checkbox"/> No		
	If yes, are there any patients currently taking anti-TB drugs from the facility: <input type="checkbox"/> Yes/ <input type="checkbox"/> No		
	Percent of patients tested through CBNAAT/TruNat for Drug resistance in the last 6 months _____		
	Is there a sample transport mechanism in place for:		
	<ul style="list-style-type: none"> <li>• investigations within public sector for TB testing? <input type="checkbox"/>Yes/ <input type="checkbox"/>No</li> <li>• investigations within public sector for other tests? <input type="checkbox"/>Yes/ <input type="checkbox"/>No</li> <li>• outsourced testing? <input type="checkbox"/>Yes/ <input type="checkbox"/>No</li> </ul>		
	Are all TB patients tested for HIV? <input type="checkbox"/> Yes/ <input type="checkbox"/> No		
	Are all TB patients tested for Diabetes Mellitus: <input type="checkbox"/> Yes/ <input type="checkbox"/> No		
Percent of TB Patients for whom DBT installments have been initiated under Nikshay Poshan Yojana in the last 6 months: _____			
50. Status on Leprosy eradication programme	Nos. of new case detected by Field Worker in last 12 months: Out of those, how many are having Gr. II deformity: Frequency of Community Surveillance: _____		
51. Maintenance of records on	<ul style="list-style-type: none"> <li>• TB Treatment Card cases (both for drug sensitive and drug resistant cases): <input type="checkbox"/>Yes/ <input type="checkbox"/>No</li> <li>• TB Notification Registers: <input type="checkbox"/>Yes/ <input type="checkbox"/>No</li> <li>• Malaria cases: <input type="checkbox"/>Yes/ <input type="checkbox"/>No</li> <li>• Palliative cases: <input type="checkbox"/>Yes/ <input type="checkbox"/>No</li> <li>• Cases related to Dengue and Chikungunya: <input type="checkbox"/>Yes/ <input type="checkbox"/>No</li> <li>• Leprosy cases: <input type="checkbox"/>Yes/ <input type="checkbox"/>No</li> </ul>		
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 IHP: <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"> <li>How many cases from sub centre were referred to this PHC last month?</li> </ul>	Number:  Types of cases referred in:
<ul style="list-style-type: none"> <li>How many cases from the PHC were referred to the CHC last month?</li> </ul>	Number:  Types of cases referred out:
<b>56. Key challenges in the facility and the root causes</b>	
<b>Challenge</b>	<b>Root causes</b>
a)	
b)	
<b>Only for U-PHC</b>	
57. Population enumeration initiated for slum population	<input type="checkbox"/> Not yet initiated <input type="checkbox"/> Initiated <input type="checkbox"/> Completed
58. Number of CBAC forms filled (NUHM)	
59. Is Specialist services provided at U-PHC?	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, specialist services are provided through: <input type="checkbox"/> Tele-consultation/ <input type="checkbox"/> Clinic  Schedule: <input type="checkbox"/> Fixed/ <input type="checkbox"/> Rotational  Type of specialist services available: <input type="checkbox"/> OBGY, <input type="checkbox"/> Pediatrics, <input type="checkbox"/> Medicine, <input type="checkbox"/> Dermatology, <input type="checkbox"/> Ophthalmology, Others_____
60. UHNDs Conducted:	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, no. of UHND conducted per month_____
61. Special Outreach camps conducted:	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, no. of UHND conducted during last quarter_____
	Type of specialties provided during special outreach camps: _____

**Sub-Centre (SC)Level Checklist**

**Service Delivery**

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

<b>Indicator</b>	<b>Remarks/ Observation</b>																								
1. List of Services available																									
2. Condition of infrastructure/ building  Please comment on the condition and tick the appropriate box	Comments:  <input type="checkbox"/> 24*7 running water facility <input type="checkbox"/> Facility is geriatric and disability friendly <input type="checkbox"/> Clean functional toilets available (separate for Male and female) <input type="checkbox"/> Drinking water facility available <input type="checkbox"/> OPD waiting area has sufficient sitting arrangement <input type="checkbox"/> ASHA rest room is available <input type="checkbox"/> Drug storeroom with rack is available <input type="checkbox"/> Branding <input type="checkbox"/> Specified area for Yoga / welfare activities <input type="checkbox"/> Power backup																								
3. Biomedical waste management practices																									
4. Details of HR available in the facility (Sanctioned and In-place)	<table border="1"> <thead> <tr> <th><b>HR</b></th> <th><b>San.</b></th> <th><b>Reg.</b></th> <th><b>Cont.</b></th> </tr> </thead> <tbody> <tr> <td>ANM/ MPW Female</td> <td></td> <td></td> <td></td> </tr> <tr> <td>MPW Male</td> <td></td> <td></td> <td></td> </tr> <tr> <td>MLHP/ CHO</td> <td></td> <td></td> <td></td> </tr> <tr> <td>ASHA</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Others</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	<b>HR</b>	<b>San.</b>	<b>Reg.</b>	<b>Cont.</b>	ANM/ MPW Female				MPW Male				MLHP/ CHO				ASHA				Others			
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ANM/ MPW Female																									
MPW Male																									
MLHP/ CHO																									
ASHA																									
Others																									
5. IT Services	<ul style="list-style-type: none"> <li>• Functional Tablet/ laptop with CHO: <input type="checkbox"/>Yes/ <input type="checkbox"/>No</li> <li>• Electronic Tablets with MPWs (ANM): <input type="checkbox"/>Yes/ <input type="checkbox"/>No</li> <li>• Smart phones given to all ASHAs: <input type="checkbox"/>Yes/ <input type="checkbox"/>No</li> <li>• Internet connectivity: <input type="checkbox"/>Yes/ <input type="checkbox"/>No Quality/strength of internet connection: _____</li> </ul>																								
6. Availability of list of essential medicines (EML)/ drugs (EDL)	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, total number of drugs in EDL _____ EDL displayed in OPD Area: <input type="checkbox"/> Yes/ <input type="checkbox"/> No No. of drugs available on the day of visit (out of the EDL) ____																								
7. Are anti-TB drugs available at the SHC?	<input type="checkbox"/> Yes/ <input type="checkbox"/> No  If yes, are there any patients currently taking anti-TB drugs from the SHC? <input type="checkbox"/> Yes/ <input type="checkbox"/> No																								
8. Shortage of 5 priority drugs from EDL in last 30 days, if any																									
9. Drugs Available for Hypertension & Diabetic patients:																									
10. Shortage of sufficient number of Hypertension & Diabetic in last 7 days																									

Indicator	Remarks/ Observation		
11. Are CHOs dispensing medicines for hypertension and diabetes at SHC-HWC	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
12. Availability of Testing kits/ Rapid Diagnostic Kits	<input type="checkbox"/> Sufficient Supply <input type="checkbox"/> Minimal Shortage <input type="checkbox"/> Acute shortage List of Kits (Shortage)_____		
13. Availability of:	<ul style="list-style-type: none"> <li>• BP instrument: <input type="checkbox"/>Yes/ <input type="checkbox"/>No. If yes, Type: _____</li> <li>• Thermometer: <input type="checkbox"/>Yes/ <input type="checkbox"/>No</li> <li>• Contraceptives: <input type="checkbox"/>Yes/ <input type="checkbox"/>No. If yes, Type: _____</li> <li>• Glucometer: <input type="checkbox"/>Yes/ <input type="checkbox"/>No</li> </ul>		
14. Line listing of all Pregnant women in the area	<input type="checkbox"/> Yes/ <input type="checkbox"/> No <ul style="list-style-type: none"> <li>• High risk women identified: <input type="checkbox"/>Yes/ <input type="checkbox"/>No</li> <li>• MCP cards duly filled: <input type="checkbox"/>Yes/ <input type="checkbox"/>No</li> </ul>		
15. Number of Maternal Death Review conducted	Previous year:2020-21 Current year:2021-22		
16. Number of Child Death Review conducted	Previous year: Current year:		
17. Availability of vaccines and hub cutter	<input type="checkbox"/> Yes/ <input type="checkbox"/> No <ul style="list-style-type: none"> <li>• Awareness of ANM on vaccine schedule: <input type="checkbox"/>Yes/ <input type="checkbox"/>No</li> <li>• Awareness about open vial policy: <input type="checkbox"/>Yes/ <input type="checkbox"/>No</li> </ul>		
18. Availability of micro-plan for immunization	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
19. Follow up of:	SNCU discharge babies: <input type="checkbox"/> Yes/ <input type="checkbox"/> No LBW babies: <input type="checkbox"/> Yes/ <input type="checkbox"/> No		
20. Line listing of all eligible couple in the area	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
21. Availability of trained provider for IUCD/ PPIUCD	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
22. Please comment on utilization of other FP services			
23. Number of individuals above 30 years of age in the HWC population			
24. Number of CBAC forms filled in last 6 months			
25. Report for number of individuals for whom CBAC form has been filled in last six months.	Score with below 4: 4 and above score:		
26. Whether universal screening of NCD has started	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
27. Number of individuals screened for the following in last 6 months:	<b>Screened</b>		<b>Confirmed</b>
	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)		

Indicator	Remarks/ Observation															
30. Status of use of:	<ul style="list-style-type: none"> <li>• Tele-consultation services</li> <li>• HWC App</li> </ul> Details:															
31. Whether wellness activities are performed	<input type="checkbox"/> Yes/ <input type="checkbox"/> No Frequency:															
32. Whether reporting weekly data in S form under IDSP	<input type="checkbox"/> Yes/ <input type="checkbox"/> No															
33. Status of Tuberculosis in the area:	<table border="1"> <thead> <tr> <th>Indicators</th> <th>2020-21</th> <th>2021-22</th> </tr> </thead> <tbody> <tr> <td>Number of presumptive TB patients identified:</td> <td></td> <td></td> </tr> <tr> <td>Number of presumptive TB patients referred for testing</td> <td></td> <td></td> </tr> <tr> <td>Number of TB patients diagnosed out of the presumptive patients referred</td> <td></td> <td></td> </tr> <tr> <td>Number of TB patients taking treatment under the Sub centre area</td> <td></td> <td></td> </tr> </tbody> </table>	Indicators	2020-21	2021-22	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		
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34. ASHA Interaction																
<ul style="list-style-type: none"> <li>• Status of availability of Functional HBNC Kits (weighing scale/ digital thermometer/ blanket or warm bag)</li> </ul>																
<ul style="list-style-type: none"> <li>• Status of availability of Drug Kits (Check for PCM/ Amoxicillin/ IFA/ ORS/ Zinc/ IFA Syrup/ Cotrimoxazole)</li> </ul>																
<ul style="list-style-type: none"> <li>• ASHA Incentives: Any Time lag /Delay in Payment after submission of voucher.                             <ul style="list-style-type: none"> <li>○ Average delay</li> </ul> </li> </ul>																
35. Number of Village Health & Sanitation days conducted in last 6 months																
36. Incentives:	<ul style="list-style-type: none"> <li>• Performance Incentives is disbursed to CHOs on monthly basis: <input type="checkbox"/>Yes/ <input type="checkbox"/>No</li> <li>• Team-based incentive being disbursed for all HWC staffs: <input type="checkbox"/>Yes/ <input type="checkbox"/>No</li> </ul>															
37. Frequency of VHSNC/ MAS meeting																
38. Whether CHOs and HWC staffs are involved in VHSNC/ MAS meeting	<input type="checkbox"/> Yes/ <input type="checkbox"/> No															
39. Maintenance of records on	<ul style="list-style-type: none"> <li>• TB cases: <input type="checkbox"/>drug sensitive/ <input type="checkbox"/>drug resistant cases/ <input type="checkbox"/>both</li> <li>• Malaria cases: <input type="checkbox"/>Yes/ <input type="checkbox"/>No</li> <li>• Palliative cases: <input type="checkbox"/>Yes/ <input type="checkbox"/>No</li> <li>• Cases related to Dengue and Chikungunya: <input type="checkbox"/>Yes/ <input type="checkbox"/>No</li> <li>• Leprosy cases: <input type="checkbox"/>Yes/ <input type="checkbox"/>No</li> </ul>															
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