



Ministry of Health & Family Welfare
Government of India



MONITORING OF NHM PROGRAMME IMPLEMENTATION PLAN IN WEST KHASI HILLS DISTRICT, MEGHALAYA

OCTOBER
2022

DR. GUDAKESH
MS. JYOTI



POPULATION RESEARCH CENTRE
INSTITUTE OF ECONOMIC GROWTH

ACKNOWLEDGEMENT

The Monitoring and Evaluation of NHM PIP in West Khasi Hills District of Meghalaya was successfully completed due to the help and cooperation received from district NHM staff and support extended by officials from state medical, health and family welfare department. We wish to extend, first, our immense gratitude to, Ms. Anjali Rawat, Deputy Director General (Stat), Ministry of Health and Family Welfare, Government of India for trusting Population Research Centre, Institute of Economic Growth, Delhi with the work of monitoring of the important components of NHM Programme Implementation Plan. We are also thankful to Mr. Sundaram Kumar, Director (Stats) and Ms. Preeti Tiwari Assistant Director (Stats.) Ministry of Health and Family Welfare, for her unstinting support.

I also express my sincere thanks to Prof. Suresh Sharma, Head, Population Research Centre, Institute of Economic Growth (IEG), Delhi, for reviewing the report, providing constructive feedback and contribution at every stage till the completion of the report.

We are grateful to Dr. S.A Lyngdoh, District Medical and Health Officer (DM&HO), without whose support and cooperation the evaluation would not be possible. We would further like to thank Ms. Ibalahunlin Gympad District Programme Manager (DPM) of West Khasi Hills, for investing his full efforts in facilitating the visits to health facilities.

The Monitoring & Evaluation of National Health Mission Programme Implementation Plans would not have been possible without the active participation and insightful inputs by each and every Medical, Paramedical and Administrative staff, who form the public health system of West Khasi Hills. Last but not the least, I would like to thank the PRC-IEG staff for extending support for the completion of this report.

Dr. Gudakesh
Ms. Jyoti

Population Research Centre
Institute of Economic Growth
New Delhi

TABLE OF CONTENTS

| | |
|--|-----------|
| <i>ACKNOWLEDGEMENT</i> | <i>I</i> |
| <i>TABLE OF CONTENTS</i> | <i>II</i> |
| <i>LIST OF TABLES</i> | <i>IV</i> |
| <i>LIST OF MAP & FIGURES</i> | <i>V</i> |
| <i>ABBREVIATION</i> | <i>VI</i> |
| EXECUTIVE SUMMARY | 1 |
| CHAPTER 1: INTRODUCTION | 3 |
| 1.1. Background..... | 3 |
| 1.2. Objectives..... | 3 |
| 1.3. Methodology..... | 4 |
| 1.4. Demographic Profile..... | 5 |
| 1.5. Nutritional Status of Children | 6 |
| 1.6. Family Planning Services..... | 7 |
| 1.7. Health and Service Delivery Indicators from HMIS..... | 8 |
| CHAPTER 2: PUBLIC HEALTH FINANCING | 10 |
| 2.1 State Resource Envelope..... | 10 |
| 2.2 Budget Utilization..... | 12 |
| CHAPTER 3: PUBLIC HEALTH PLANNING..... | 15 |
| 3.1. Health Infrastructure | 15 |
| 3.2 Free Drugs & Diagnostics..... | 16 |
| 3.3 Human Resource for Healthcare and Training..... | 16 |
| CHAPTER 4: NATIONAL HEALTH MISSION PROGRAMMES | 18 |
| 4.1 Reproductive, Maternal, Neonatal, Child and Adolescent Health | 18 |
| 4.2 Family Planning Services..... | 22 |
| 4.3 Disease Control Programme..... | 22 |
| 4.4 Communicable Diseases..... | 22 |
| 4.5 Non-Communicable Diseases..... | 24 |
| CHAPTER 5: SERVICE AVAILABILITY AT HEALTH FACILITIES- FACILITY WISE OBSERVATION | 25 |
| 5.1 Condition of Health Infrastructure..... | 25 |
| 5.2 Availability of Specialized Services..... | 26 |
| 5.3 Availability of Drugs and Diagnostic..... | 26 |

| | | |
|---|--|----|
| 5.4 | Pradhan Mantri Surakshit Matritva Abhiyan..... | 26 |
| 5.5 | Institutional Delivery and Maternal, JSY Payments (DBT) and JSSK..... | 27 |
| 5.6 | Immunisation Services..... | 28 |
| 5.7 | Family Planning and Abortion Care..... | 28 |
| 5.8 | Adolescent Health..... | 28 |
| 5.9 | TB Elimination Programme..... | 28 |
| 5.10 | Quality Assurance and Cleanliness..... | 29 |
| 5.11 | IT Services, Data Reporting and Maintenance of Records..... | 29 |
| 5.12 | Human Resources..... | 30 |
| 5.13 | Fund Utilization and RKS Meetings..... | 30 |
| CHAPTER 6: COMMUNITY HEALTH | | 31 |
| 6.1 | Coverage Knowledge and Skills of ASHAs | 31 |
| 6.2 | Preference of Health Facilities for Maternal and Child Health Services | 31 |
| 6.3 | Health Seeking Behaviour of Community | 31 |
| 6.4 | Behaviour of Health Care Providers | 32 |
| 6.5 | Accessibility of Drugs, Diagnostics, and Referral Transport..... | 32 |
| 6.6 | Early Marriage and Teenage Pregnancy | 32 |
| 6.7 | Sanitation Environment and Lifestyle..... | 32 |
| 6.8 | Use Of Tobacco and Injection Drugs..... | 33 |
| CHAPTER 7: CONCLUSION AND RECOMMENDATIONS | | 34 |
| 7.1 | Challenges..... | 34 |
| 7.2 | Recommendations..... | 35 |

LIST OF TABLES

| | |
|---|----|
| Table 1.1: Key Demographic Indicators of West Khasi Hills District, Meghalaya and India..... | 6 |
| Table 1.2: Status of key maternal and child health indicators of Meghalaya and West Khasi Hills | 9 |
| Table 1.3: Number of health facilities in West Khasi Hills District, 2021-22 | 9 |
| Table 2.1: Breakup of resource envelope, NHM FY 2021-22, Meghalaya | 11 |
| Table 2.2: Summary of budget approval, 2021-22, (Rs. in Lakhs), Meghalaya..... | 12 |
| Table 3.1: Details of Public Health Infrastructure in West Khasi Hills, 2021-22..... | 16 |
| Table 4.1: Status of Ante-Natal Care Services during April-August 2022 | 20 |
| Table 4.2: Status of Pradhan Mantri Matru Vandana Yojana (PMMVY) during April-August 2022..... | 20 |
| Table 4.3: Status of Fully Immunized 9 to 11 Months Children for the month of April to July 2022 | 20 |
| Table 4.4: Performance of Child Health Screening under RBSK April to July 2022..... | 21 |
| Table 4.5: Status of Family Planning Services in West Khasi Hills, April-July, 2022..... | 22 |
| Table 4.6: Status of NVBDCP programme indicators in West Khasi Hills, April-July, 2022..... | 22 |
| Table 4.7: Status of National Tuberculosis Elimination Programme (NTEP) indicators in West Khasi Hills, April-July, 2022..... | 23 |

LIST OF MAP&FIGURES

| | |
|---|----|
| Map 1.1: District Map of Meghalaya | 5 |
| Figure 1.1: List of Visited Healthcare Facilities in West Khasi Hills District, Meghalaya..... | 4 |
| Figure 1.2: Nutritional status of children (under 5), India, Meghalaya and West Khasi Hills, NFHS-5..... | 7 |
| Figure 2.1: Flexipool-wise share (%) of State Resource Envelope, 2021-22 | 10 |
| Figure 2.2: FMR Wise Status of Expenditure (in Rs), West Khasi Hills, 2021-22..... | 12 |
| Figure 2.3: Flexipool wise status of expenditure (%), West Khasi Hills, 2021-22..... | 13 |
| Figure 2.4: Expenditure under RCH and Health Systems Flexipool (%), West Khasi Hills, 2021-22..... | 13 |
| Figure 2.5: Expenditure under Communicable Diseases Flexipool (%), West Khasi Hills, 2021-22..... | 14 |
| Figure 2.6: Expenditure under non-Communicable Diseases flexipool (%), West Khasi Hills, 2021-22..... | 14 |
| Figure 4.1: Home and Institutional deliveries in West Khasi Hills, April-July 2022..... | 18 |
| Figure 4.2: Percent distribution of Home and Institutional deliveries in West Khasi Hills, April-July 2022..... | 18 |
| Figure 4.3: Screening, Diagnosis and treatment of NCDs in West Khasi Hills, 2021-22..... | 24 |

ABBREVIATIONS

| | | | |
|--------|---|--------|--|
| AB | Ayushmann Bharat | DHS | Director of Health Services |
| ACF | Active Case Finding | DIO | District Immunisation Officer |
| AEFI | Adverse Effect Following Immunization | DMC | District Medical Committee |
| AFHC | Adolescent Friendly Health Clinic | DQAU | District Quality Assurance Unit |
| ALS | Advance Life Support | DTC | Designated Tuberculosis Centre |
| ANC | Antenatal Clinic | DTFI | District Task Force for Immunisation |
| ANM | Auxiliary Nurse Midwife | DVDMS | Drugs and Vaccines Distribution System |
| ANMOL | Auxiliary Nurse Midwife Online | ECP | Emergency Contraceptive Pill |
| ASHA | Accredited Social Health Activist | ECRP | Emergency COVID Response Package |
| AWC | Anganwadi Centre | EDL | Essential Drug List |
| AWW | Anganwadi Worker | EML | Essential Medicine List |
| BCC | Behaviour Change Communication | EMT | Emergency Medical Technician |
| BCM | Block Community Mobiliser | ENT | Ear Nose Throat |
| BLS | Basic Life Support | FAMS | Finance Accounting Management System |
| BMI | Basal Metabolic Index | FDI | Free Drug Initiative |
| BMMP | Biomedical Equipment Management and Maintenance Program | FDSI | Free Diagnostic Service Initiative |
| BMW | Bio Medical Waste | FGD | Focus Group Discussion |
| BPL | Below Poverty Line | FLW | Frontline Worker |
| CBAC | Community-Based Assessment Checklist | FP | Family Planning |
| CBNAAT | Cartridge Based Nucleic Acid Amplification Test | FPLMIS | Family Planning Logistic Management Information System |
| CBWTF | Common Biomedical Waste Treatment Facility | FRU | First Referral Unit |
| CCC | Covid Care Centre | FSSAI | Food Safety and Standard Authority of India |
| CHC | Community Health Centre | FY | Fiscal Year |
| CHO | Community Health Officer | GDMO | General Duty Medical Officer |
| CHW | Community Health Worker | GNM | General Nursing Midwifery |
| CLMC | Comprehensive Lactation Management Centre | GOI | Government of India |
| CMO | Chief Medical Officer | HBNC | Home Based New Born Care |
| COTPA | Cigarette and Other Tobacco Products Act | HBYC | Home Based Care for Young Children |
| COVID | Coronavirus Disease | HCF | Health Care Facility |
| CPHC | Comprehensive Primary Healthcare | HDU | High Dependency Unit |
| CSR | Corporate Social Responsibility | HFW | Health and Family Welfare |
| DBT | Direct Benefit Transfer | HIV | Human Immunodeficiency Virus |
| DCH | Dedicated Covid Hospital | HMIS | Health Management Information System |
| DCHC | Dedicated Covid Health Centre | HRH | Human Resources for Health |
| DEIC | District Early Intervention Centre | HRMIS | Human Resource Management Information System |
| DH | District Hospital | HWC | Health and Wellness Centre |
| DHM | Doctor of Homeopathic Medicine | ICC | Integrated Comprehensive Care |

| | | | |
|-----------|---|--------|---|
| ICDS | Integrated Child Development Services | MPV | Mean Platelet Volume |
| ICU | Intensive Care Unit | MPW | Multi-Purpose Worker |
| IDSP | Integrated Disease Surveillance Project | MTP | Medical Termination of Pregnancy |
| IEC | Information, Education and Communication | NACP | National Aids Control Programme |
| IFA | Iron Folic Acid | NBCC | New-born Care Corner |
| IPD | Inpatient Department | NBSU | New-born Stabilization Unit |
| IPHS | Indian Public Health Standards | NCD | Non-Communicable Diseases |
| IPV | Intimate Partner Violence | NGO | Nongovernmental Organizations |
| IUCD | Intrauterine Contraceptive Devices | NHM | National Health Mission |
| IYCF | Infant and Young Child Feeding | NICU | Neonatal Intensive Care Unit |
| JAS | Jan Aarogya Samiti | NIDDCP | National Iodine Deficiency Disorders Control Programme |
| JAY | Jan Arogya Yojana | NLEM | National List of Essential Medicines |
| JSSK | Janani Sishu Suraksha Karyakaram | NLEP | National Leprosy Eradication Programme |
| JSY | Janani Suraksha Yojana | NMHP | National Mental Health Programme |
| KMC | Kangaroo Mother Care | NOHP | National Oral Health Programme |
| LAMA | Leave Against Medical Advice | NPCBVI | National Programme for Control of Blindness & Visual Impairment |
| LBW | Low Birth Weight | NPCCHH | National Program on Climate Change & Human Health |
| LMO | Liquid Medical Oxygen | NPCDCS | National Programme for Prevention and Control of Cancer, Diabetes, Cardiovascular Diseases and Stroke |
| LR | Labour Room | NPHCE | National Programme for Health Care of Elderly |
| LSAS | Life Saving Anaesthesia Skills | NPPC | National Programme for Palliative Care |
| MAA | Mother's Absolute Affection | NPPCD | National Programme for Prevention and Control of Deafness |
| MAS | Mahila Arogya Samitis | NPPCF | National Programme for Prevention and Control of Fluorosis |
| MCH | Maternal and Child Health Wing | NQAS | National Quality Assurance Standard |
| MCP | Mother and Child Protection | NRC | Nutritional Rehabilitation Centre |
| MCR | Medical Cost Ratio | NRCP | National Rabies Control Programme |
| MDA | Mass Drug Administration | NSV | Non-Scalpel Vasectomy |
| MERM | Medication Event Reminder Monitor | NTCP | National Tobacco Control Programme |
| MHCA | Mental Health Care Act | NTEP | National Tuberculosis Elimination Programme |
| MHS | Maintenance of High Standards | NUHM | National Urban Health Mission |
| MHT | Mental Health Technologies | NVBDCP | National Vector Borne Disease Control Programme |
| MMA | Medical Methods of Abortion | NVHCP | National Viral Hepatitis Control Programme |
| MMU | Mobile Medical Units | OOPE | Out-Of-Pocket Expenditure |
| MNCU | Mother New-born Care Unit | OPD | Out Patient Department |
| MNS | Mental Health, Neurological and Substance | OPV | Oral Polio Vaccine |
| MO | Medical Officer | ORS | Oral Rehydration Therapy |
| MOHF W | Minister of Health and Family Welfare | OT | Operation Theatre |

| | | | |
|--------|--|---------|--|
| PCPNDT | Preconception and Prenatal Diagnostic Techniques | SBA | Skilled Birth Attendant |
| PCV | Pneumococcal Conjugate Vaccine | SDH | Sub Divisional Hospital |
| PE | Physical Education | SGB | State Governing Body |
| PHC | Primary Health Care | SHC | Sub Health Centre |
| PHED | Public Health Engineering Department | SHG | Self Help Groups |
| PHF | Public Health Facility | SHS | State Health Society |
| PHI | Protected Health Information | SN | Staff Nurse |
| PICU | Paediatric Intensive Care Unit | SNA | Single Nodal Agency |
| PMJAY | Pradhan Mantri Jan Swasthya Arogya Yojana | SNCU | Special New-born Care Unit |
| PMJJBY | Prime Minister Jeevan Jyoti Bima Yojana | SOP | Standard Operating Procedure |
| PMNDP | Prime Minister National Dialysis Programme | SUMAN | SurakshitMatritvaAaswashan |
| PMSMA | Pradhan Mantri SurakshitMatritvaAbhiyaan | SYMY | Prime Minister Shram Yogi Maandhan Yojana |
| PNDT | Postnatal Diagnostic Test | TAT | Turnaround Time |
| POCSO | Protection of Child from Sexual Abuse | TB | Tuberculosis |
| POSHAN | Prime Minister Over Arcing Scheme for Holistic Nourishment | TCC | Tobacco Cessation Centre |
| PPE | Personal Protective Equipment | TOR | Term of Reference |
| PMU | Ram Management Unit | TRUNAAT | Tru- Nucleic Acid Amplification Testing |
| PPIUCD | Post-Partum Intra Uterine Contraceptive Devices | TT | Tetanus Toxoid |
| PPP | Public Private Partnership | TU | Tuber Classes Unit |
| PRI | Panchayati Raj Institution | UC | Utilisation Certificate |
| PW | Pregnant Women | UCHC | Urban Community Health Centre |
| PPIUCD | Post-Partum Intra Uterine Contraceptive Devices | UDST | Universal Drug Sensitivity Test |
| PWD | Person with Disability | UF | Untied Fund |
| RBD | Registration of Birth and Death | UHND | Urban Health and Nutrition Day |
| RBSK | Rastriya Bal SwasthyaKaryakram | ULB | Urban Local Body |
| RDT | Rapid Diagnostic Test | UPHC | Urban Primary Health Care |
| RI | Regular Immunisation | USG | Ultrasonography |
| RKS | Rogi Kalyan Samiti | VHND | Village Health and Nutrition Day |
| RKSK | Rashtriya Kishor SwasthyaKaryakram | VHSNC | Village Health Sanitation and Nutrition Committee |
| RMNCH | Reproductive Maternal New-born Child Health | VHSND | Village Health Sanitation and Nutrition Day |
| RMNCHA | Reproductive Maternal New-born Child Health & Adolescent | VHSNC | Village Health Sanitation and Nutrition Committee |
| ROP | Record of Proceedings | VIN | Vaccine Intelligence Network |
| RTPCR | Real Time Polymerase Chain Reaction | VISHWAS | Village Based Initiative to Synergise Health, Water & Sanitation |
| SAANS | Social Awareness & Action to Neutralize Pneumonia | VVM | Vaccine Viral Monitor |
| SABLA | Rajeev Gandhi Scheme for Empowerment Adolescent Girls | WCD | Women and Child Development |

EXECUTIVE SUMMARY

The report focuses on monitoring all the essential components of NHM in the West Khasi Hills District for the year 2021-22. The monitoring was carried out in October 2022 to encapsulate and analyze the status of NHM activities in the district. The report puts forward the key observations made during the PRC, Delhi team visit to various health facilities of the district.

CHALLENGES

- The District's interior areas have poor road connectivity, which makes it difficult to reach medical facilities and ambulances in many places. These regions illustrate a higher prevalence of home delivery, a low ANC uptake, and less vaccination coverage.
- Many HWC/Sub-centre buildings in the District were in poor condition, with broken and no boundary walls. Most CWC/Sub Centers do not have adequate living quarters for health workers.
- The number of ambulances in the District is less, and few are not in working condition.
- Irregular water supply was reported in PHCs and HWCs in the West Khasi Hills district, and power backup was unavailable in the many PHCs and SHC-HWCs.
- The proportion of home delivery is very high in the District; 73 percent in the Mawshynrut block and 53 percent in the Nongstoin.
- None of the health institutions is certified with Kayakalp, LaQshya or NQAS. Health workers had a minimal understanding of quality measures.
- Many health facilities run short of essential drugs, vaccines, contraceptives and consumables several times a year.
- The incidence of child marriage and teenage pregnancy is high in the District. There was a lack of counselling services regarding early marriage and teenage pregnancies.
- The prevalence of drug abuse among teenagers in the District is increasing rapidly. The prevalence of tobacco is also very high among men and women. Despite the fact that there is a ban on liquor sales in urban area; its consumption is very high.

RECOMMENDATIONS

- **Need for construction of new buildings and residential complexes:** New buildings are required for sub-centres and PHCs. Apart from this, there is also an urgent need to build residential complexes in the health centres for doctors and other staff. The District needs to

develop an action plan to improve the infrastructure needed to deliver the appropriate services with quality.

- **Ensuring an uninterrupted supply of electricity and drinking water:** Many PHCs and HWCs in the District have problems with electricity and water supply. Power backup is also unavailable. The availability of drinking water and electricity is essential for the regular uninterrupted provision of health services.
- **Need to ensure essential medicines and diagnostic services:** Service utilization in health facilities primarily relies on the uninterrupted availability of drugs and diagnostics. There is a need to ensure the availability of essential drugs in public health facilities in the District at minimum cost or free to reduce the out-of-pocket expenditure of the patients. It is also necessary to provide all the necessary tests in public health institutions.
- **Need to strengthen ambulance services:** The availability and utilization of ambulance services have been observed to be very low in the District. The use of ambulance services among pregnant women is significantly less than in other states. There is a need for more ambulances in the District and to organize them so they can reach most parts of the District.
- **Need to speed up quality certification of health facilities:** A lack of effort and inadequate human resources for quality certification have been observed. The District should ensure adequate staffing and establish and monitor the functionality of quality assurance committees so that quality can be improved. Simultaneously, there is a need to train more quality trained professionals to increase the pace of Kayakalp, LaQshya and NQAS.
- **Intensive awareness and enforcement drive on tobacco and drug use:** There is a need to sensitize the community and health workers to the harmful effects of tobacco. Also, more counselling facilities are needed for tobacco and drug de-addiction. Special emphasis must be given to increasing awareness activities in schools and colleges.
- **Measures to prevent child marriage and childbearing at an early age:** There is a need to launch a public and intersectoral campaign with the help of various administration units to eliminate the practice of early marriage. Also, ASHAs, ANMs, counsellors and doctors must sensitize adolescents about the ill effects of early marriage, teen pregnancy and multiple pregnancies.

CHAPTER 1: INTRODUCTION

1.1 BACKGROUND

National Health Mission (NHM) is the flagship scheme of the Government of India, which aims to achieve universal public health coverage and extend service delivery to all the parts. The mission intends to guide states towards increasing access to affordable and essential health services to those on the margins by strengthening the infrastructure, logistics, institutional setup and service delivery.

In order to monitor the essential components of the NHM State Programme Implementation Plan (PIP) 2021-22, the Ministry of Health and Family Welfare (MoHFW) commissioned Population Research Centres (PRCs) to evaluate the performance of the plans in various districts. The following report is based on the PIP Monitoring visit to West Khasi Hills in October 2022. The PRC Delhi team visited the Chief Medical Officer's Office for a brief interaction with Chief Medical Officer (DM&HO), District Programme Manager (DPM) and Nodal officers; thereafter five facilities were visited, these were the District Hospital in Nongstoin, Community Health Centres (CHC) in Riangdo, one Urban Primary Health Centres (UPHC) in Nongstoin, one Primary Health Centres (PHC) in Markasa, and one Sub-Centre in Mawthengkut. This report reviews key population, socio-economic, health and service delivery indicators of West Khasi Hills. The report also deals with the health infrastructure and human resources of the district and provides insights on Health service delivery.

1.2 OBJECTIVES

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

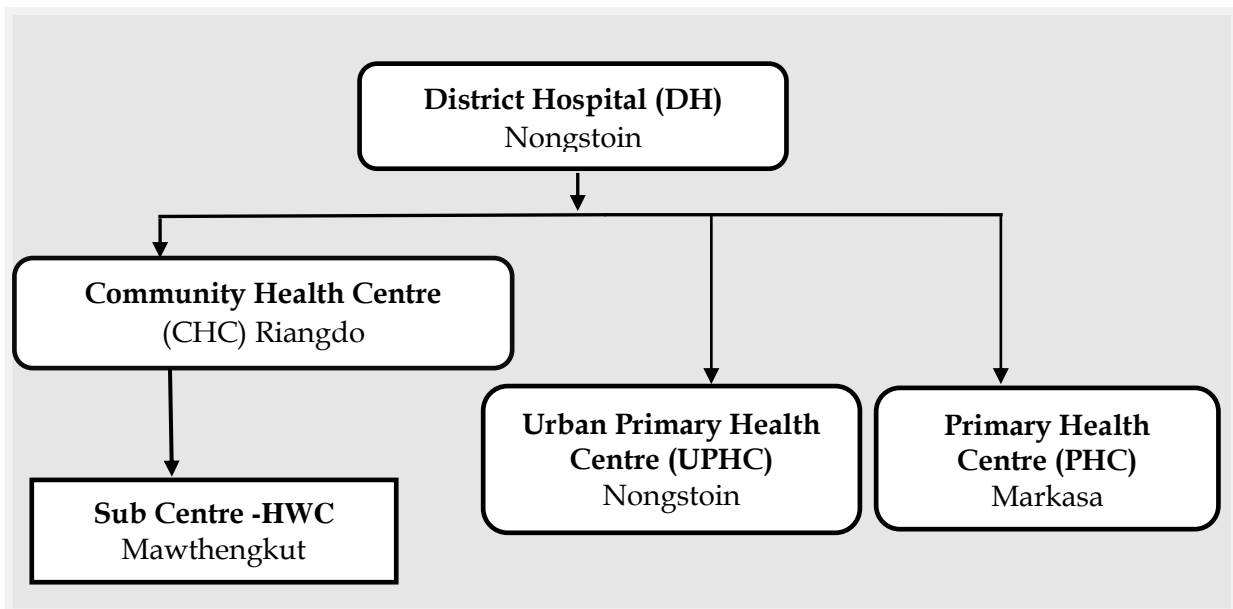
- To monitor the status of physical infrastructure of health facilities under NHM.
- To understand the availability and efficiency of human resource required for better service facilities.
- To understand the gap between Demand and supply of health service delivery under NHM.
- To assesses functionality of equipment, supply and essential drugs, essential consumables etc.

- To analyze and ascertain the implementation and performance of different scheme under NHM.
- To analyze other important components namely service delivery, record maintenance, Biomedical Waste Management, referral transports system, IEC material, disease control programme etc.
- To assess the availability of finance for the NHM activities in the district.

1.3 METHODOLOGY

MoHFW has assigned the task of monitoring the health status of West Khasi Hills district of Meghalaya to PRC Delhi. The health profile of the district was discussed intensively, and higher authorities were interviewed on broad areas under NHM such as maternal health, child health, family planning, human resource, infrastructure etc. The report is based on both qualitative and quantitative surveys. Before visiting the field, structured questionnaires (Appendix) prepared on various critical aspects of NHM activities were sent to the respective facilities and nodal officers. Further, the questionnaire was cross-checked and discussed in detail during the visit. After a valuable discussion with the CMO and other health officials, a few selected facilities were visited. The healthcare facilities visited are depicted as below:

Figure 1.1: List of Visited Healthcare Facilities in West Khasi Hills District, Meghalaya



1.4 DEMOGRAPHIC PROFILE

Meghalaya is a hilly and one of the seven sister States of northeast India. Carved from the State of Assam, Meghalaya became a full-fledged State on 21 January 1972; Shillong is the capital of the State. Meghalaya is spread over an area of 22,429 square kilometers, and State is bounded to the south and west by Bangladesh and the north and east by Assam. Meghalaya is the wettest region of India, and about 70 percent of the State is forested. The Garo Hills, Khasi Hills and Jaintia Hills are the geographical regions of Meghalaya and are a plateau. Presently Meghalaya has 12 administrative districts. Out of which, six districts are in Khasi Hills; East Khasi Hills, West Khasi Hills, South West Khasi Hills, Ri-Bhoi, and Eastern West Khasi Hills are the state's newest districts that came into existence in 2021. Jaintia Hills has two districts, West Jaintia Hills and East Jaintia Hills, and Garo Hills has five districts, North Garo Hills, East Garo Hills, South Garo Hills, West Garo Hills and South West Garo Hills.



Map 1.1: District Map of Meghalaya

According to the 2011 census, the total population of Meghalaya was 2,966,889, of which males and females were 1,491,832 and 1,475,057, respectively. It accounts for 0.25 percent of India's population (2011). The state has a sex ratio of 989 females per thousand males, higher than the national average of 940. The population density is 132 inhabitants per square kilometer and literacy rate was 74.4 percent. The Khasis, Jaintias and Garos are the primary residents of the State of Meghalaya.

The West Khasi Hills District was carved out of the East Khasi Hills District in 1976. The West Khasi Hills comprise an area of 5,247 per square kilometer, and it is situated in the central part of Meghalaya, having a common border with Bangladesh in the South and Assam in the North. The district has Six Blocks named Mawshynrut, Nongstoin, Mawthadraishan, Marang and

Mawkyrwat. Looking at the demographic features of the district, The West Khasi Hills ranks third among the districts of Meghalaya in terms of the decadal growth rate of the population during 2001-11. The district has the fourth highest population among the districts of the State. In terms of population density, the district stands in the last position in the State, with only 73 inhabitants per square kilometer. In terms of Sex-ratio and Child Sex-ratio (0-6years), the district holds a fourth and fifth position among the districts of Meghalaya, respectively. The West Khasi Hills has the fourth highest Scheduled Tribe population among the districts in the State. The West Khasi Hills District has the second highest literacy rate in the State (77.9%) among the districts of Meghalaya, which is higher than the State's literacy rate of 74.4 percent. It also holds the same position even in the case of Male and female literacy rates.

Table 1.1: Key demographic indicators of West Khasi Hills, Meghalaya and India

| Indicators | West Khasi | Meghalaya | India |
|--|-------------------|------------------|-----------------|
| Population (Census 2011) | 3.83 (in Lakh) | 29.67 (in Lakh) | 1.21 (in Crore) |
| Male | 1.93 (in Lakh) | 14.92 (in Lakh) | 62,37,24,248 |
| Female | 1.89 (in Lakh) | 14.76 (in Lakh) | 58,64,69,174 |
| Decadal growth rate in % (Census 2011) | 29.53 | 27.95 | 17.6 |
| Literacy rate (%) | 77.87 | 74.43 | 73 |
| Male literacy rate (%) | 78.53 | 75.95 | 80.9 |
| Female literacy rate (%) | 77.19 | 72.89 | 64.6 |
| Urban population (%) | 43.1(thousand) | 20.7 | 31.6 |
| Schedule caste (%) | 0.04 | 0.58 | 16.6 |
| Sex ratio | 980 | 989 | 943 |
| Density (persons sq. Km.) | 73 | 132 | 382 |

Source: Census of India 2011, ORGI, GO

1.5 NUTRITIONAL STATUS OF CHILDREN

In West Khasi Hills, 14.6 percent of women aged 15-49 years have a low body mass index (BMI < 18.5 kg/m²). In addition, 57.8 percent of women are overweight or obese (BMI > 25.0 kg/m²). Anemia is another major concern among women in the district. A total of 51.8 percent of women aged 15-49 years are anemic. The anemia prevalence among pregnant and non-pregnant women is 52.1 percent and 49.6 percent, respectively. The prevalence of high blood sugar among women is 2.3 percent, and hypertension (slightly above normal with systolic 140-159 mm of Hg and/or diastolic 90-99 mm of Hg) is 9.1.

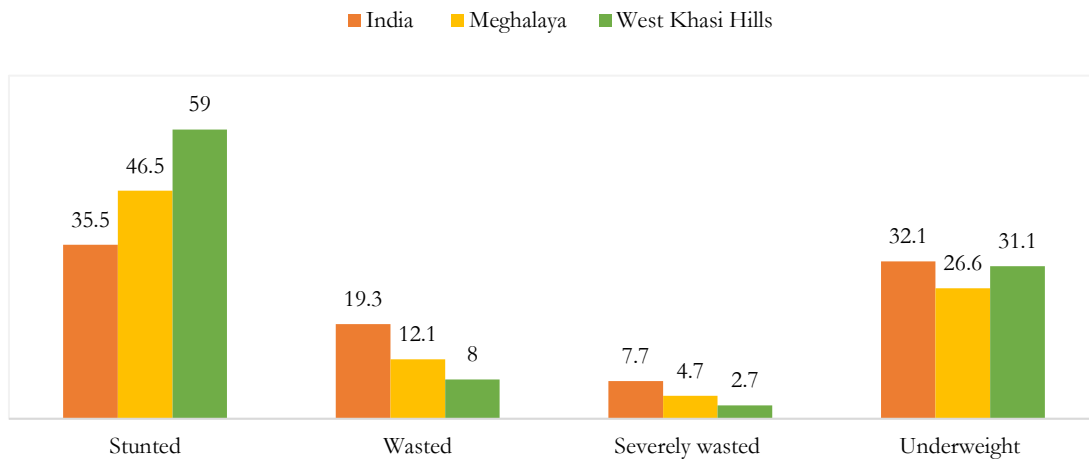


Figure 1.2: Nutritional status of children (under 5), India, Meghalaya and West Khasi Hills, NFHS-5

In West Khasi Hills, 59.4 percent of children under five years are stunted, 31.1 percent are underweight, and 8.0 percent are wasted, including 2.7 percent with severe wasting. 28.5 percent of children aged 6-23 months are estimated to receive an adequate diet per NFHS 2015-16. The practice of essential interventions such as breastfeeding within one hour of birth is low at 81.2 percent. Besides, only 41.5 percent of children are exclusively breastfed for the first six months after birth.

1.6 FAMILY PLANNING SERVICES

Education has an important influence on family planning. As per NFHS-5 (2019-21), in West Khasi District, 88 percent of women are literate; however, only 16 percent have ten or more years of schooling. Further, in the district, 30 percent of women aged 20-24 were married before 18. About 12 percent of women aged 15-19 years were already mothers or pregnant at the time of the survey. The use of any modern method of contraception was 26 percent, with female sterilization having nine percent coverage and less than one percent of reported use of condoms. Use of IUD/PPIUD (1.6 %) and pills (2.8 %) is also low. Male sterilization is zero in the district. Overall, the total unmet need for family planning was 26 percent, including a 21 percent unmet need for spacing. Additionally, 43 percent of women reported that healthcare workers had contacted them for family planning services.

1.7 HEALTH AND SERVICE DELIVERY INDICATORS FROM HMIS

As reported by HMIS portal total 91933 women have registered for ANC (2021-22) West Khasi Hills. The percentage of women registering in first trimester of pregnancy stands very low for the district. Out of all women registered for ANC 36.57 percent women have registered in first trimester of pregnancy. Further, out of all ANC registration, nearly 70 percent women has received full ANC (four and more ANC). The data reported on portal highlights that only 62 percent women of all registered women received IFA tablets. For the year 2021-22, total 5168 home deliveries taken place in the district, out of which 87 percent were attended by SBA. In district 45 percent deliveries has been performed at health facilities. Majority of institutional deliveries are happening in public health facilities (85.0%), only 28 percent deliveries are being conducted at private health facilities. 89 percent women who have registered for ANC have delivered baby at health facilities. The prevalence of post-natal checkup is very low in the district. According to HMIS portal only 13 percent women has received post-natal checkup within 48 hours after delivery.

Moving to child health indicators in the district, it is evident from the HMIS reporting that more than 95 percent children against all live births have been weighted and breastfed within one hour. In the district total 8838 children of age 9-11 months are fully immunized. Among childhood diseases diarrhea found to be very prevalent in the district as total 5798 cases have been reported for the 2021-22. Pneumonia is second leading childhood disease in the district, total of 137 cases have been reported for 2021-22. The data on HMIS portal highlight that the coverage of IUCD is very low in the district comparing all other family planning methods (0.45%). The temporary methods of family planning like condoms, Antara are more popular among population in the district. The adolescent health is functioning well in the state as well as district. Total 4785 adolescent have registered at AFHCs clinic, out of which more than 50 percent are girls. Total 57 percent adolescent registered have received clinical services in the district.

Looking at the number of health facility distribution in the district, it has found there is no medical college in the district. Currently there are two District hospitals in Moirang and Nongstoin block. Both district hospital is located in hilly area. Nongtoing district hospital is 110 bedded 24*7 FRU covers total 226277487 population. Moirang District hospital covers 41865 population. In the district, there is only two 30 bedded CHCs covering 151152 total population. Currently, there are 17 PHCs, 50 SCs and 33 HWCs are available in the district.

Table 1.2: Status of key maternal and child health indicators of Meghalaya and West Khasi Hills

| Health and Health Care Delivery Services Indicators | Meghalaya | West Khasi Hill |
|---|-----------|-----------------|
| Maternal Health | | |
| Total number of Pregnant women registered for ANC | 91933 | 10700 |
| % 1st trimester registration to total ANC registrations | 39.34 | 36.57 |
| % women who received 4 or more check-ups to total ANC registrations | 54.36 | 70.22 |
| % Of Pregnant women given 180 IFA to total ANC registration | 60.45 | 62.08 |
| % Home delivery to total reported deliveries | 48.11 | 55.48 |
| % SBA attended home deliveries to total reported Home Deliveries | 7.06 | 87.22 |
| % Institutional deliveries to total reported deliveries | 51.88 | 44.51 |
| % Institutional deliveries to total ANC registrations | 38.26 | 89.01 |
| % Women getting 1st post-partum check-up between 48 hours total reported deliveries | 32.57 | 13.60 |
| Child Health | | |
| % New-born's breast fed within 1 hour of birth to total live birth | 94.33 | 95.63 |
| % new-borns weighed at birth to live birth | 97.84 | 99.28 |
| % of New Born less than 2.5 kg to live birth | 6.76 | |
| Number of fully immunized children (9-11 months) | 58341 | 8838 |
| Number of cases of Pneumonia (0-5 years) | 1158 | 137 |
| Number of cases of Diarrhoea (0-5 years) | 3 | 5798 |
| % Infants received BCG to reported live birth | | 102 |
| Reproductive Health | | |
| % IUCD insertions to all family planning methods (IUCD plus permanent) | 0.46 | 0.45 |
| Antara all doses | 24451 | 2274 |
| Condoms distributed | 257289 | 36373 |
| Adolescent registered to AFHC | 30132 | 4785 |
| Girls registered to AFHC | 19516 | 3272 |
| % Out of all girls received clinical services | 83.19 | 56.73 |
| Facility Service Delivery | | |
| IPD | | |
| OPD (Allopathy +AYUSH) | 2234129 | 293030 |
| % AYUSH OPD to Total OPD | 6.08 | 14.14 |
| % IPD to OPD | 5.56 | 5.07 |

Source: HMIS Standard Report, 2021-22

Table 1.3: Number of health facilities in West Khasi Hills District, 2021-22

| Health facility | Facilities | Bed count | Population covered | Difficult Areas |
|-------------------|------------|------------|---------------------|-----------------|
| Medical College | - | - | - | - |
| District Hospital | - | - | - | - |
| CHC | 2 | 30*30 | 15700+6300 | Hilly |
| PHC | 4 | 10+10+10+5 | 5784+7545+2297+3327 | Hilly |
| HWC | 1 | 10 | 5784 | Hilly |
| SC | 23 | - | 109531 | Hilly |

Source: HMIS, Facility Master Report, 04/04/2022

CHAPTER 2: PUBLIC HEALTH FINANCING

2.1. STATE RESOURCE ENVELOPE

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

A total of 21.4 percent of the budget is allocated for RCH Flexible Pool (including RI, IPPI, NIDDCP), 46.5 percent is allocated for Health System Strengthening (HSS) under NHM. The GOI contribution towards NUHM Flexible Pool, NDCP Flexible Pool and NCD Flexible Pool is 1.6 percent, 8.5 percent and 2.1 percent respectively. Finally, about 9.9 percent of the GOI contribution under the total resource envelope is allocated towards infrastructure maintenance.

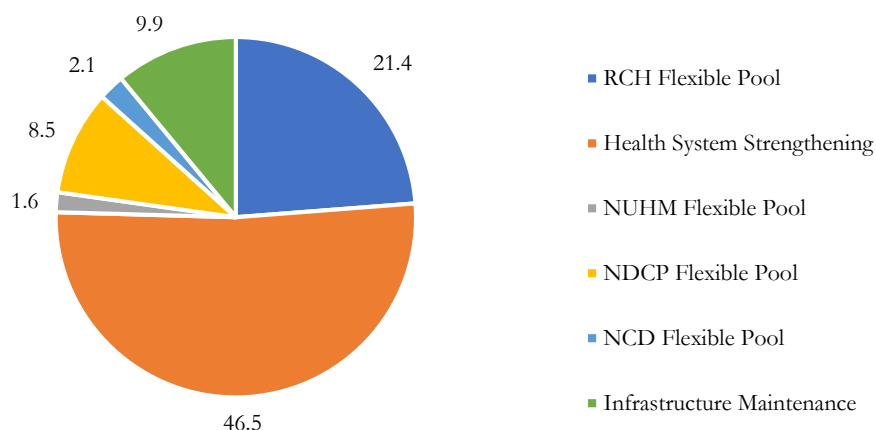


Figure 2.1: Flexipool-wise share (%) of State Resource Envelope, 2021-22 (in percent)

The breakup of the total resource envelope shows that Rs. 50.11 Crore is allocated for RCH Flexible Pool (including RI, IPPI, and NIDDCP), Rs. 108.99 Crore is allocated for Health System Strengthening (HSS) under NHM. Thus, the GOI contribution towards total NRHM-RCH Flexible

Pool works out to be Rs. 159.10 Crore. The GOI contribution towards NUHM Flexible Pool, NDCP Flexible Pool and NCD Flexible Pool is Rs. 3.73 Crore, Rs. 19.98 Crore and Rs. 4.84 Crore, respectively. Within NDCP Flexible Pool bulk of the resources are allocated for RNTCP activities. Finally, over Rs. 23.38 crore of the GOI contribution under the total resource envelope is allocated for infrastructure maintenance.

Table 2.1: Breakup of resource envelope, NHM FY 2021-22, Meghalaya

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

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

Table 2.2: Summary of budget approval, 2021-22, (Rs. in Lakhs) – Meghalaya

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

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

2.2 BUDGET UTILIZATION

The details of budget utilization in the district are presented in Figure 2.2, however, the district health officials did not have the details of the amount allocated and utilized in all the items.

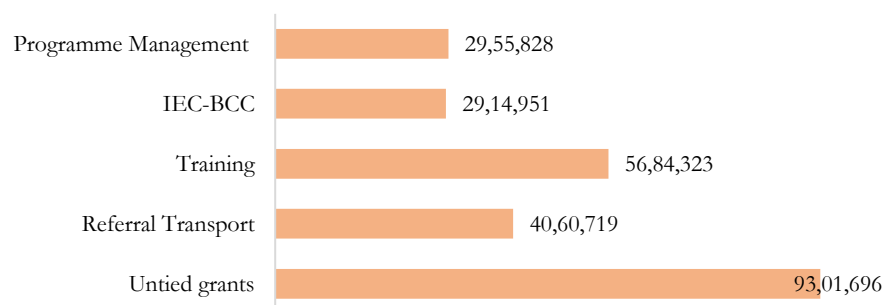


Figure 2.2: FMR Wise Status of Expenditure (in Rs), West Khasi Hills, 2021-22

In 2021-22 93.0 lakh utilized under FMR 4: Untied grants, 56.8 lakhs utilized under FMR 9: Training, 40.6 lakh utilized under FMR 7: Referral Transport, 29.6 lakhs utilized under FMR 16: Programme Management 29.1 lakhs utilized under and **FMR 11: IEC-BCC**.

Figure 2.4 shows the details of programme wise Status of Expenditure of NHM budget in West Khasi Hills during 2021-22. More than 2.1 crore was utilized under RCH and Health Systems Flexipool, 13.8 lakhs under Communicable Diseases Pool and 8.57 Lakh under Non-Communicable Diseases Pool. Additionally, 0.92 lakh utilized under NUHM Flexipool.

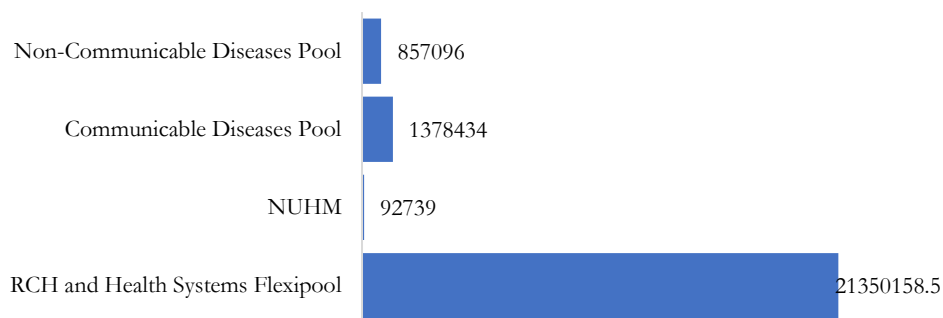


Figure 2.3: Flexipool wise status of expenditure (%), West Khasi Hills, 2021-22

Figure 2.4 shows the details of expenditure under RCH and Health Systems Flexipool in the district during 2021-22; highest 31 percent of the fund was utilized for ASHA followed by 23 percent for untied grant, and 17 percent fund under this flexipool was utilized for maternal health. Lowest utilization under RCH and Health system flexipool has been seen under Family Planning (0.3%), HR (0.4%), Quality Assurance (0.5%) and MMU (0.5%).

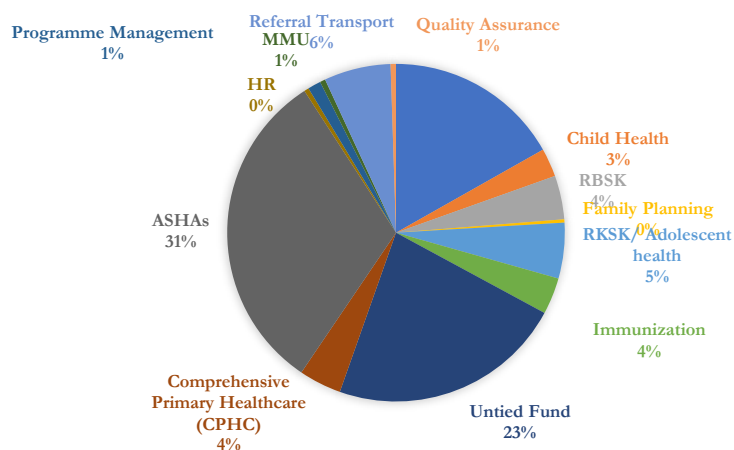


Figure 2.4: Expenditure under RCH and Health Systems Flexipool (%), West Khasi Hills, 2021-22

The highest utilization of funds under Communicable Diseases pool was done for National TB Elimination Programme (52%) and National Vector Borne Disease Control Programme (24%). Moreover, Integrated Disease Surveillance Programme used 22 percent and National Leprosy Eradication Programme used less than two percent of all utilized fund under Communicable Diseases pool.

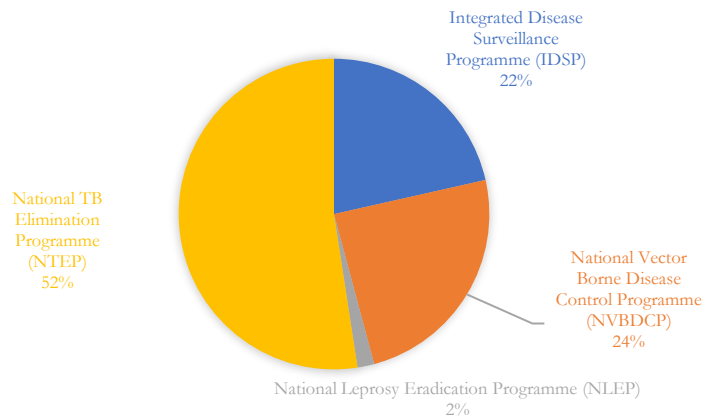


Figure 2.5: Expenditure under Communicable Diseases Flexipool (%), West Khasi Hills, 2021-22

Only six programmes utilized the released funds under Non-Communicable Diseases pool, in which 46 percent of fund used under National Mental Health Program followed by 19 percent fund under National Tobacco Control Programme. Additionally, National Programme for Prevention and Control of Deafness, National Programme for Health Care for the Elderly and National Programme for Prevention and Control of Diabetes, Cardiovascular Disease and Stroke had a share of 11 to 12 percent under all utilized fund. Less than two percent of fund under NCD flexipool was utilized under National Oral health programme.

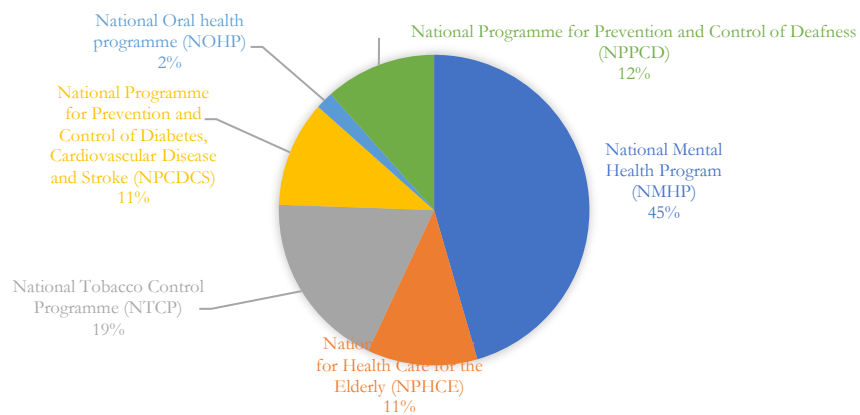


Figure 2.6: Expenditure under non-Communicable Diseases flexipool (%), West Khasi Hills, 2021-22

CHAPTER 3: PUBLIC HEALTH PLANNING

3.1 HEALTH INFRASTRUCTURE

At present, two district hospitals are functional in West Khasi Hills. Two Community health Centers, one UPHC and 16 PHC were operating in the district. All PHCs and UPHCs were converted to HWCs. Additionally, 46 Sub centers were also providing health care services; in which 41 were converted to HWCs. A first referral units (FRUs), one Nutritional Rehabilitation Centre (NRC), one blood bank and one blood storage unit were available in the district. Moreover, there were nine Designated Microscopy Centers (DMC) and one CBNAAT/TruNat site in West Khasi Hills. In addition, one NCD clinics were operating at the DH and two at CHC Level facilities. Two one public institutions provide comprehensive abortion care services (CAC) and first & second-trimester services. Furthermore, the district has no Special Newborn Care Units (SNCU) and District Early Intervention Center (DEIC). Additionally, no infrastructure construction was pending in the district as on August 2022. According to district health officials, many Sub-Centres are still operating in old buildings, and new infrastructure is needed.

Table 3.1: Details of Public Health Infrastructure in West Khasi Hills, 2021-22

| Facility Details | Operational |
|---|-------------|
| District Hospitals | 2 |
| Sub District Hospital | |
| Community Health Centers (CHC) | 2 |
| Primary Health Centers (PHC) | 16 |
| Sub Centers (SC) | 46 |
| Urban Primary Health Centers (U-PHC) | 1 |
| Urban Community Health Centers (U-CHC) | 0 |
| Special Newborn Care Units (SNCU) | 0 |
| Nutritional Rehabilitation Centres (NRC) | 1 |
| District Early intervention Center (DEIC) | 0 |
| First Referral Units (FRU) | 1 |
| Blood Bank | 1 |
| Blood Storage Unit (BSU) | 1 |
| No. of PHC converted to HWC | 16 |
| No. of U-PHC converted to HWC | 1 |
| Number of Sub Centre converted to HWC | 41 |
| Designated Microscopy Center (DMC) | 9 |
| Tuberculosis Units (TUs) | 0 |
| CBNAAT/TruNat Sites | 1 |
| Drug Resistant TB Centres | 0 |
| Functional Non-Communicable Diseases (NCD) clinic | |
| · At DH | 1 |
| · At CHC | 2 |
| Institutions providing Comprehensive Abortion Care (CAC) services | |
| · Total no. of facilities | 2 |
| · Providing 1st trimester services | 2 |
| · Providing both 1st & 2nd trimester services | 2 |

No health facilities in West Khasi Hills were NQAS certified, and no labour rooms or operating rooms were LaQshya certified. However, one DH and two PHCs were Kayakalp awarded. Mera Aaspatal application for patient feedback for the services was being used by both the District Hospital. Moreover, five Mahila Arogya Samiti (MAS) has been formed which addresses health issues; their training has also been done; Simultaneously, accounts have been opened for these Mahila Arogya Samitis. Apart from this, the district has also constituted and trained 856 Village Health Sanitation and Nutrition Committees (VHSNC). Though, only 809 accounts were opened for these (VHSNC).

3.2 FREE DRUGS & DIAGNOSTIC

Arrangements have been made to provide free check-ups and medicines to all in the district. However, some people said they had to buy medicines from outside as well due to the non-availability of some essential medicines in the hospital. Free medical care, nutritional counselling and diagnostic services are provided to pregnant mothers and new-borns under JSSK.

3.3 HUMAN RESOURCE FOR HEALTHCARE AND TRAINING

Updated details of sanctioned staff were unavailable in the district; however, according to health officials, there is adequate human resource availability regarding medical, para-medical and techno-managerial staff. A total of three MO (MBBS), 2 OBGY, 1 EmOC trained doctor and 1 LSAS trained doctor were posted in the district. Additionally, 12 AYUSH MO, 2 Dental technician and 2 Dental Hygienist were posted in various health facilities of the District. Apart from these high skilled medical staff, 50 ANMs, 9 Lab technicians and 34 Staff Nurse were providing medical support services. Furthermore, 41 CHO/ MLHP were providing health services at various SC-HWCs of the District.

Total 913 ASHAs were required as per population of the district; however, 879 ASHAs were posted and 34 villages has no ASHA. Total 23 ASHAs were covering more than 1500 population in rural area. Total 859 ASHAs had HBNC kits and 852 had drug kits; total 8471 newborns were visited by them under HBNC. Only 27 ASHAs were enrolled in Pradhan Mantri Jeevan Jyoti Bima Yojana (PMJJBY), 16 in Pradhan Mantri Suraksha Bima Yojana (PMSBY), and 15 ASHAs were enrolled in Pradhan Mantri Shram Yogi Maandhan Yojana (PMSYMY). Additionally, 14 ASHA Facilitators were enrolled in Pradhan Mantri Jeevan Jyoti Bima Yojana (PMJJBY), one in

Pradhan Mantri Suraksha Bima Yojana (PMSBY), and 13 in Pradhan Mantri Shram Yogi Maandhan Yojana (PMSYMY).

As per the plan, 31 training sessions on various health issues were scheduled in the last financial year as per the ROP, and most of them were completed. District health officials informed that various of rounds of training on IYCF, Peadiatric Care Preparedness COVID19, Post Abortion, Family Planing, Early safe abortion, IUCD, PPIUCD, NSSK, Dakshata, Injectable Contraceptive -SN, FP-LMIS, IDSP, HMIS (District), Expanded services for Elderly& palliative care and Expanded services for Mental Health were completed in 2021-22.

CHAPTER 4: IMPLEMENTATION OF NATIONAL PROGRAMME

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

In West Khasi Hills, there were 1749 deliveries during April to July, 2022, out of which 825 were institutional deliveries, 302 were conducted by SBA trained person at home and 622 deliveries were conducted by non-SBA trained person at home.

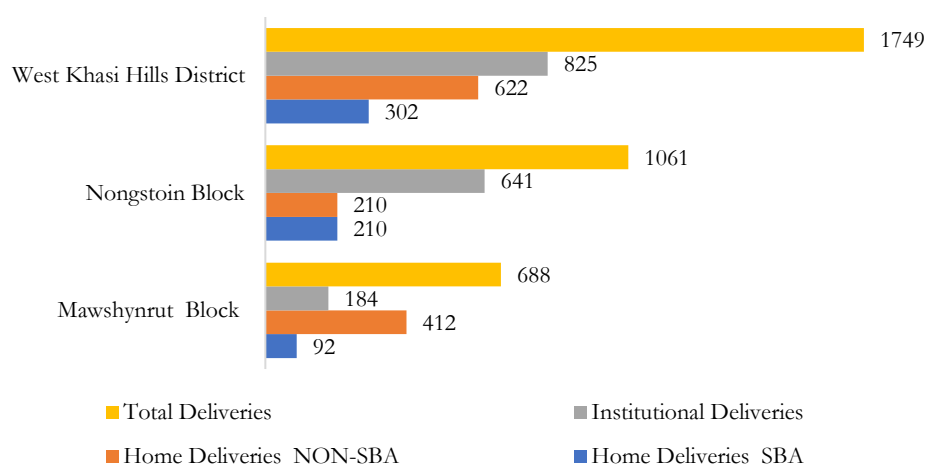


Figure 4.1: Home and Institutional deliveries in West Khasi Hills, April-July 2022

Out of all deliveries during April-July 2022, 47 percent were institutional and 53 percent were performed at homes. The higher proportion of home delivery is a matter of concern, but even more worrying is that 36 percent of the district's total deliveries are performed by non-SBA-trained individuals. Only 27 percent of deliveries were institutional, and 13 percent were performed at home by SBA-trained individuals in Mawshynrut Block of the district, while 60 percent were performed by non-SBA-trained individuals.

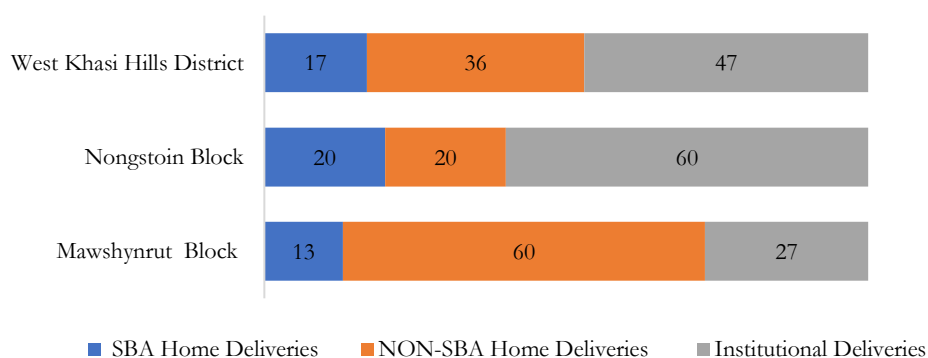


Figure 4.2: Percent distribution of Home and Institutional deliveries in West Khasi Hills, April-July 2022

During 2021-22, 2594 women benefited from JSY DBT; However, 753 JSY's DBTs were pending at many health facilities due to the unavailability of the bank account. Under Janani Shishu Suraksha Karyakaram (JSSK), pregnant women are provided free ambulance service from their homes to the facility, medications, diet advice, and diagnostics.

Total 8471 new-borns were visited under HBNC in 2021-22. During April-July 2022, 93 percent of ASHAs were active on Newburn visits on the first day of birth in case of home deliveries, and 95 percent of ASHAs were active on conducting home visits for new-borns as specified in the HBNC guidelines (six visits in case of institutional).

Due to poor road conditions in some areas and the difficulty of accessing several villages during the rainy season, a large percentage of deliveries are conducted at homes. A large proportion of women have to reach health centers using their own resources. Maternal mortality rates are higher as a result of all of these factors.

The Government of Meghalaya has launched a Safe Motherhood Transit Home under the Chief Minister's Safe Motherhood Scheme (CM-SMS) to improve institutional deliveries and curb maternal mortality. Some pregnant women at Riango CHC had come a few days ago and stayed at these transit homes for delivery. However, the doctors pointed out that the community prefers home delivery, though awareness is being created by ASHA and other frontline workers, due to which institutional delivery has improved.

The district has one Newborn Stabilization Unit (NBSU); total 241 newborns were admitted to the NBSU in the last financial year; 216 were discharged, 21 were referred, and four were died. A Nutrition Rehabilitation Centers (NRC) was also functioning in the District, in which 22 children were admitted in 2021-22. A total of 21 children were cured and discharged, and about two percent were medically transferred. The frontline workers made the admission of four children, while 18 were brought from the Pediatric or emergency ward.

Pradhan Mantri Surakshit Matritva Abhiyan (PMSMA) activities were being conducted at the DH, two CHCs and 16 UPHCs/PHCs in the District. Under PMSMA, comprehensive, quality antenatal care is provided to all pregnant women on the 9th of every month. There was a massive lack of awareness and utilization of antenatal care services. However, health official reported that 1st trimester registration and ANC utilization among pregnant women is not satisfactory. In the months of April to August 2022, only 25 percent of the district's target for four or more antenatal care visits could be met, while only 37 percent of the target for antenatal care registration could be achieved.

Table 4.1: Status of Ante-Natal Care Services during April-August 2022

| Blocks | Plan | ANC Reg. | % | 4 or ANC | % |
|-----------------------|-------------|-------------|-------------|-------------|-------------|
| Mawshynrut | 2798 | 1038 | 37.1 | 620 | 22.2 |
| Nongstoin | 3078 | 1162 | 37.8 | 873 | 28.4 |
| District Total | 5876 | 2200 | 37.4 | 1493 | 25.4 |

Pradhan Mantri Matru Vandana Yojana (PMMVY) is a DBT scheme with the cash incentive of 5000 rupees being provided directly in the bank account of pregnant women and lactating mothers. This scheme is also running in the district, but there is a lack of information about it among women, and very few women are getting its benefits. From April to August 2022, only about 9 percent of the target has been completed in the district. Whereas in 2021-22, 633000 rupees were distributed under this scheme.

Table 4.2: Status of Pradhan Mantri Matru Vandana Yojana (PMMVY) during April-August 2022

| Block | Target | Achievement April-August 2022 | Block Performance % | Amount Disbursed Fy 2021-22 (In Rs.) |
|----------------|--------|-------------------------------|---------------------|--------------------------------------|
| Nongstoin | 616 | 54 | 8.77 | 1,62,000 |
| Mairang | 580 | 58 | 10 | 1,74,000 |
| Mawshynrut | 560 | 46 | 8.22 | 1,38,000 |
| Mawthadraishan | 419 | 53 | 12.65 | 1,59,000 |
| District Total | 2431 | 211 | 8.68 | 6,33,000 |

Regular vaccination session is being conducted in the District. In the first four months of this financial year, 83 percent of the target of full immunization has been achieved. Some sub-centres in the District have achieved less than 70 percent of their target. Prevalence of full immunization in Mawlangniang, Mawkadiang, Mawdumdum, Mawrynniaw, Porkhadoh, Nongjri, Mesei, Nongdaju, and Umdang SC was lower than in other sub-centres of the District.

Table 4.3: Status of Fully Immunized 9 to 11 Months Children for the month of April to July 2022

| Facility Name | Annual Target Fully Immunized | Average Target for 4 months | Achievement April to July 2022 | % Against 4 months Target |
|------------------|-------------------------------|-----------------------------|--------------------------------|---------------------------|
| Nongstoin Block | 2893 | 964 | 823 | 85.3 |
| Mawshynrut Block | 2536 | 845 | 674 | 79.7 |
| District Total | 5429 | 1810 | 1497 | 82.7 |

The RBSK program in the district was being run through 8 teams with full HR and all the teams had vehicles. In financial year 2021-22, 2307 children born in delivery points were screened and the average number of children screened per day per team was 200.

Table 4.4: Performance of Child Health Screening under RBSK April to July 2022

| Age Group | Target | Total no. of children screened | Achievement % |
|-------------------|---------------|---------------------------------------|----------------------|
| 6 weeks – 3 years | 27849 | 11476 | 41.20% |
| 3 – 6 years | 28983 | 12514 | 43.10% |

Peer Education (PE) program was being implemented in all the blocks of the district, covering 180 villages and Peer Educator, 18 Adolescent Friendly Clinic (AFC) meetings were organized. The total number of Adolescents registered in the Adolescent Friendly Clinic in the year 2021-22 was 4513, and in the first quarter of 2022-23, 1905 adolescents were registered in the Adolescent Friendly Clinic.

Weekly Iron Folic Acid Supplementation Program (WIFS) was operating in the West Khasi Hills to reduce the prevalence and severity of nutritional anaemia in the adolescent age group, i.e. 10-19 years old boys and girls. WIFS Programme was Implemented in rural and urban areas for adolescent girls and boys enrolled in government or aided schools from 6th to 12th class, and additional out-of-school adolescent girls were also covered under this scheme. However, the coverage of WIFS in 2021-22 was highly unsatisfactory. Regarding average monthly coverage, only 5 percent of the target could be achieved in the district for School beneficiaries and only 13 percent for out-of-school beneficiaries.

District schools run by the government or with government assistance have a school health and welfare programme. Every school must designate two teachers, preferably a male and a female, as "Health and Wellness Ambassadors" who will receive special training to interact with students and disseminate information on health promotion and disease prevention. The programme was implemented in two phases in the West Khasi district; in the first phase, 31 schools were covered, 45 percent of the target; in the second phase, 263 schools were covered, 68 percent of the target. Additionally, while 138 and 776 wellness ambassadors were supposed to be trained in both phases, respectively; however, only 122 and 537 were trained in the first and second phases.

During the years 2021–2022, DH reported four maternal deaths, CHC reported nine, PHC reported seven, and SCs reported seven. In 2020–21 and 2021–22, 26 maternal death reviews were conducted, and 17 in 2022–23. In West Khasi Hills in 2021–2022, 497 child deaths and 180 neonatal deaths were recorded. Only 14 and 11 child death reviews were conducted in 2020–21 and 2021–22, respectively.

4.2 FAMILY PLANNING SERVICES

A total of 44 female sterilizations, 5 PPIUCD and 45 IUCD insertion, 2682 pills, 481 Centchroman Tablet and 7800 condoms were distributed during April to June 2022. Additionally, 768 doses of antra have been used by women. In the context of the contraceptive supply, several health workers expressed that there is a good supply of contraceptives in the district, and they rarely face a shortage.

Table 4.5 Status of Family Planning Services in West Khasi Hills, April-July, 2022

| Blocks | Female Sterilization | PPIUCD | IUCD | ANTARA All Doses | OCP | Condom | Centchroman Tablet |
|------------|----------------------|--------|------|------------------|------|--------|--------------------|
| Mawshynrut | 0 | 1 | 17 | 189 | 1788 | 4269 | 163 |
| Nongstoin | 44 | 4 | 28 | 579 | 894 | 3531 | 318 |
| Total | 44 | 5 | 45 | 768 | 2682 | 7800 | 481 |

4.3 DISEASE CONTROL PROGRAMME

Rapid Response Teams (RRTs) have been formed under the Integrated Disease Surveillance Program (IDSP) to strengthen surveillance of infectious diseases so that outbreaks can be quickly identified and responded to. All reporting units must report daily for all notified diseases to be reported under IDSP. The data helps in the timely detection of outbreaks, and a response can be initiated to contain the spread. Health workers were instructed to inform ANMs in case of any unusual occurrence or clustering of cases. Under this, on 25 August 2022, 13 samples from the suspected scrub typhus case were collected and sent to ICMR Dibrugarh for laboratory tests.

4.4 COMMUNICABLE DISEASES

Micro and macro plans were available at the district level to control vector-borne disease under the National Vector Borne Disease Control Programme (NVBDCP). Annual blood examination rate under NVBDCP was around 10 percent in 2019-20, 12 percent during 2020-21 and 13 percent during 2021-22.

Table 4.6 Status of NVBDCP programme indicators in West Khasi Hills, April-July, 2022

| Indicator | 2017 | 2018 | 2019 | 2020 | 2021 | 2022 (till August) |
|---------------------------------------|--------|--------|--------|--------|--------|--------------------|
| Population (In Lakhs) | 198907 | 199202 | 202318 | 202323 | 207045 | 213121 |
| Annual blood examination rates (ABER) | 10.92 | 7.8 | 9.52 | 11.52 | 13.03 | 10.73 |
| Annual Parasite Incidence (API) | 6.26 | 1.5 | 0.82 | 0.98 | 0.16 | 0.07 |
| Total fever cases tested | 22100 | 15627 | 18956 | 23317 | 26968 | 22862 |
| Total Malaria Cases | 1266 | 299 | 163 | 198 | 34 | 14 |
| Test positivity rate (TPR) | 5.73 | 1.91 | 0.86 | 0.85 | 0.12 | 0.06 |
| Malaria Deaths | 1 | 1 | 1 | 0 | 0 | 0 |

There were 1266 malaria cases in the district in 2015, after which there has been a continuous decrease in malaria cases, and only 34 cases were observed in the year 2021-22. Additionally, 14 malaria cases have been recorded in the district till August of this current year. The 80147 LLINs were distributed to protect against mosquitoes and the indoor residual spray (IRS) activity performed two times in 2022. Among other vector-borne diseases, 2022 saw one case of dengue. In 2019, 14 cases, two deaths, and 8 cases and four deaths in 2021 were reported from Japanese encephalitis.

One CBNAAT, Six TrueNAT and 15 Microscopy centres were functional in the district under National Tuberculosis Elimination Programme (NTEP). The HIV status of 310 TB patients were known out of all. 219 TB patients were eligible for UDST testing in the District. Additionally, drugs for both drug-sensitive and drug-resistant TB were available.

A total of 363 TB patients from the public and five from the private sector were notified in 2021-22; 15 patients from the public sector were suffering from MDR TB, and all were getting treatment. The treatment success rate for TB was 85 percent in public and 100 percent in the private sectors. TB patients were paid under Nikshay Poshan Yojana, and the District also conducts active case finding.

Table 4.7 Status of National Tuberculosis Elimination Programme (NTEP) indicators in West Khasi Hills, April-July, 2022

| District Performance | TARGETS (As per District ROP 2022) | ACHIEVEMENTS April-August 2022 |
|---|------------------------------------|--------------------------------|
| No. of TB Suspect examine in Designated Microscopy Centre | 1500 | 888 |
| No. of Smear +ve patients diagnosed | 650 | 181 |
| No. of total TB patients registered under NTEP | 600 | 247 |
| Treatment Success rate among NSP (%) | 97% | 66% |
| No. of registered TB patients with known HIV status (%) | 90% | 80% |
| No. of TB patients notified from Private /NGO sector | 50 | 3 |
| No. Of MDR-TB suspect subjected to Culture & Drugs Sensitivity Test | 350 | 205 |
| No. of TB Patients initiated on All Oral Longer Regimen | 20 | 2 |
| No. of TB patients initiated on INH mono | 2 | 1 |
| No. of TB patients initiated on Shorter Oral Regimen with Bdq | 38 | 25 |

One new case of leprosy was detected in 2021-22; one G2D and one Paucibacillary (PB) were under treatment. MCR foot wears, Self-care kits and aids & appliances required (like goggles, splints) were available under the National Leprosy Eradication Program (NLEP).

4.5 NON-COMMUNICABLE DISEASES

A total 41 SC-HWCs and one UPHCs -HWCs and 16 PHCs-HWCs were doing NCD screening in the district. The district's target population for universal health screening was 1,46,517 and 53,702 Community-based assessment checklist (CBAC) forms were filled in 2021-22. Around 34 HWCs of the district were providing teleconsultation services and 39 were organizing wellness activities. Moreover, 55,485 people were screened for hypertension, 25,569 diabetes and 32632 for oral cancer in various health facilities in the district. Of these, 3,434 cases of hypertension and 771 cases of diabetes, and 42 cases of oral cancer were diagnosed. Additionally, 405 case of hypertension, 71 case of diabetes and eight cases of oral cancer were treated in 2021-22. Additionally, 19,751 women were screened for Breast Cancer and 5381 were screened for Cervical cancer; of which 10 cases of Breast Cancer and 29 cases of Cervical cancer were diagnosed.

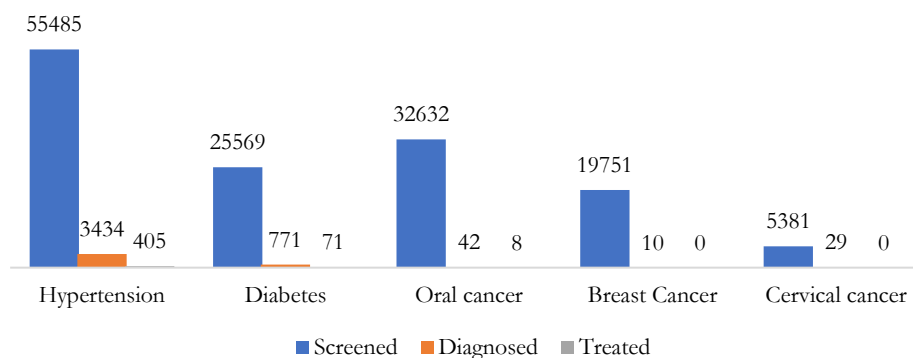


Figure 4.3: Screening, Diagnosis and treatment of NCDs in West Khasi Hills, 2021-22

However, all the identified AB-HWCs are yet to undergo refurbishment, including branding (interior and exterior). Simultaneously, there is a need to ensure an expanded range of services in the HWCs and the availability of drugs and diagnostics as per the EDL list.

National Oral Health Program (NOHP) and National Program for Prevention and Control of Deafness (NPPCD) were implemented in the district. Under NOHP, treatment was provided to 2556 people in Civil Hospital Nongstoin, 2994 in Tirost Sing Memorial Hospital and 222 in Riangdo CHC between April and August 2022. The hearing test is available for all hearing-impaired patients at Civil Hospital Nongstoin; regular screening test is done for all newborn babies, and hearing aids are distributed to those in need. During the first quarter of this year, a total of 695 people were treated, and 14 hearing aids were issued.

CHAPTER 5: SERVICE AVAILABILITY AT HEALTH FACILITIES- FACILITY WISE OBSERVATION

The team visited five facilities in the West Khasi Hills district; District Hospital in Nongstoin, Community Health Centres (CHC) in Riango, one Urban Primary Health Centres (UPHC) in Nongstoin, one Primary Health Centres (PHC) in Markasa, and one Sub-Centre in Mawthengkut.

5.1 CONDITION OF HEALTH INFRASTRUCTURE

There is only one CHC in the district, which serves many villages, and a large population; more PHCs are needed for better management of health services. The buildings of the District Hospital, CHC and most of the PHCs are new, but still, there is a problem regarding space. The district hospital was overcrowded and did not have enough space for administrative work. The space was insufficient for ANC Checkups and Nurse Asha's restroom in Markasa PHC. Also, most health facilities are located at high altitudes, which creates problems in proper water supply for drinking and general use. Some health facility buildings have leakage during the rainy season. Apart from this, the condition of the buildings of most of the health sub-centres in the district is not good, and it is very old.



Picture 5.1: HWC-SC Mawthengkut in West Khasi Hill District

5.2 AVAILABILITY OF SPECIALIZED SERVICES

The district hospital was equipped with specialized facilities except for District Early Intervention Center (DEIC), SNCU, Dialysis Unit and Burn Unit. DH had facilities for Medicine, O&G, General Surgery, Anesthesiology, Ophthalmology, Dentistry, Pathology Lab, X-Ray, USG and Paediatrics. Besides this, there was also OPD, Labor Room Complex, ICU, TB Ward, Family Planning Services, and Operation Theater and Nutritional Rehabilitation Center (NRC). A new functional blood bank was started in the district hospital in September 2022; blood was available free of cost for all. District Hospital and CHC, UPHC and PHC operate NCD clinics during all working days of the week. The lack of specialized services and specialist doctors in Riangdo CHC was highlighted. People mainly depend on the district hospital or go to the hospitals located in Shillong for specialized and critical services.

5.3 AVAILABILITY OF DRUGS AND DIAGNOSTIC

Nearly all essential drugs (EDL) were available in proper quantities in the DH, and drug information was listed on the wall. Procurement, inventory management and distribution of medicines, sutures and surgical materials in the hospital are done through the DVDMS portal. Only 23 essential medicines were available in Riangdo CHC, 57 in Nongstoin UPHC, 92 in Markasa PHC, and 10 EDL medicines were available in Mawthengkut SC-HWC. Medicines for hypertension and diabetes were available at CHCs, UPHCs, PHCs and SC-HWCs. Most of the health facilities in the district face shortage of medicines and essential consumables. Necessary diagnostics were freely available to all in the district hospital; 38 Diagnostics services were available in-house. Apart from this, an X-ray facility was available free of cost in the hospital; however, a CT scan and dialysis facility was not available in the district. An adequate supply of tests and rapid diagnostic kits was found in the DH; however, a shortfall in the supply of tests and rapid diagnostic kits was reported by CHCs, UPHCs and PHCs.

5.4 PRADHAN MANTRI SURAKSHIT MATRITVA ABHIYAN (PMSMA)

PMSMA is being implemented in the district. District Hospitals, CHCs, UPHCs, PHCS and SCs, provide PMSAMA services to pregnant women. High-risk pregnancies are listed by testing for blood, urine, abdominal palpitation, hepatitis, HIV, diabetes, sepsis, tuberculosis, malaria, and

high blood pressure. ASHA workers play an active role in mobilizing pregnant women for ANC; however, a lack of awareness regarding ANC was observed among pregnant women.



Picture 5.2: CHC Riangdo in West Khasi Hill District

5.5 INSTITUTIONAL DELIVERY, JSY PAYMENTS (DBT) AND JSSK

A total of 165 deliveries, including 9 C-sections, were conducted in 2021-22 at District Hospital. Further, 27 deliveries were conducted in the CHC and C-section facility was unavailable in Riangdo. The condition of labour rooms in all the health facilities was found to be satisfactory in visited health facilities. However, no labour room was LaQshya certified in the district. The district hospital experienced two maternal deaths in 2021-22 and five in 2020-21. In addition, the hospital reported 46 infant deaths in 2021-22 and 32 in 2020-21.

DBT for JSY has been done for all the deliveries in the district hospital till April 2022. JSY was paid for all deliveries till January 2022 in Riangdo CHC; Some payments could not be made due to the unavailability of bank accounts and proper documents. Sometimes due to the non-availability of funds, the payment of JSY gets delayed up to 4 months.

Apart from this, medicines, food and diagnostic facilities are being provided free of cost to the beneficiaries under the Janani Shishu Suraksha Karyakram (JSSK). Although there is a need for improvement in pick-up and drop-back facilities for pregnant women and newborns, most of the

women come to the hospital by their own means, and there is little awareness about the ambulance facility for pregnant women and newborns.

5.6 IMMUNISATION SERVICES

Vaccines and hub cutters were available at all visited health facilities. Nurses and ANMs at IGM, CHCs, UPHCs, PHCs, and SCs were aware of the open vial policy. In the past three months, 493 newborns in the District Hospital, 75 in CHC Riangdo and 48 newborns in Markasa PHC were immunized with birth doses.

5.7 FAMILY PLANNING AND ABORTION CARE

FPLMIS was implemented in all health facilities, but it was not fully functional, and ASHAs were not using this platform for indenting contraceptives. Trained providers were available for IUCD/PPIUCD, which was being promoted in all health facilities. Other available FP methods include Antara, Chhaya and condoms. MO, ANM Ashas and the Counsellor provide counselling on FP services. Around 97 percent of ASHAs in Nongstoin Block and 52 percent of ASHAs were active in Mawshynrut Block on successful referral or IUD/female sterilization/male sterilization cases and providing OCPs/Condoms from April to July 2022. Comprehensive abortion care (CAC) services were only available in the District hospital.

5.8 ADOLESCENT HEALTH

The Adolescent Friendly Health Clinics were functional in the visited DH, CHC and UPHC/PHC. Adolescent counsellor and MOs provides services regarding sexual and reproductive health; 1090 adolescents were counselled at Riangdo in the last six months. However, separate counsellors were not available at any Health facility.

5.9 TB ELIMINATION PROGRAMME

District Hospital, Riangdo CHC and Markasa PHC were designated Microscopy Centre (DMC). Anti-TB drugs were available at all the visited health facilities, and patients were taking drugs from the facilities. All the TB patients in visited facilities were tested for HIV and Diabetes Mellitus. However, the status of DBT instalments under the Nikshay Poshan Yojana was not regular. Leaflets on NTCP, toothbrushes and toothpaste and signage on NTCP were also distributed in the district.

5.10 QUALITY ASSURANCE AND CLEANLINESS

Kayakalp assessment has been started in the district very late, and no health centre has been awarded Kayakalp. The health facilities' labour rooms and operation theatres were clean, but none were LaQshya certified. In the context of Kayakalp LaQshya NQAS being the target, there needs to be adequate information among the district health workers, which can be overcome by continuous training. However, cleanliness condition was better in all the visited health facilities in the district.



Picture 5.3: PHC Markasa in West Khasi Hill District

5.11 IT SERVICES, DATA REPORTING AND MAINTENANCE OF RECORDS

All the visited health facilities had IT services like desktop/laptop and internet connection. All ANMs had functional tablets; however, not all ASHA workers had smartphones. Records of TB treatment card cases, TB notification register, malaria, palliative care, dengue, chikungunya and leprosy cases in CHCs and PHCs were excellent. IDSP from the health centers of the district. Data is reported under P, S and L forms. Maintenance of records at all the facilities was satisfactory, and all registers relating to births, deaths, OPD and IPD were adequately maintained and

updated. The data entry portal HMIS and MCTS portal are updated. Now the difference between the data of HMIS and the register was found to be negligible.

5.12 HUMAN RESOURCES

Generally, there was no shortage of human resources in the West Khasi district. However, the number of ASHAs was found to be less than required. Adequate human resources were also available in the district hospital and CHC for general health services, but more specialist-trained doctors for specialized facilities should be needed. Along with this, the health department of West Khasi Hills district also handles the administration of the newly created district, Eastern West Khasi Hills district, due to which there is an additional burden on the available human resources.

5.13 FUND UTILIZATION AND RKS MEETINGS

The latest meeting of Rogi Kalyan Samiti (RKS) in the District Hospital was held on 7th July 2022, and records of previous meetings were available. Similarly, the last RKS meeting at CHC Riangdo was held on 2nd March 2022. For the financial year 2021-22, DH received more than 24 lakh rupees under NHM, and around 18 lakh rupees were utilized. This amount was used for CHC Riangdo received Rs 5 lakh, PHC Markasa received 1 lakh 75 thousand under the RKS fund, and all the funds have been utilized.

CHAPTER 6: COMMUNITY HEALTH

Beneficiaries' interaction was held during the visit of the district hospital and CHC, to understand access to public health services, lifestyle, living conditions, health-seeking behaviour, the behaviour of public health service providers and out-of-pocket expenditure. Apart from this, an attempt was made to understand the perception and behaviour of the health-related community by talking to frontline health workers and doctors in various health institutions.

6.1 COVERAGE KNOWLEDGE AND SKILLS OF ASHAs

The local ASHAs were well known to the residents and women, and people knew and recognized the ASHAs by name. ASHA was actively engaged in the promotion of family planning, ANC, and immunization in the community, as well as tuberculosis, malaria, and other national programmes. However, there were no ASHAs in many villages of the district. At the same time, due to the low density of the population and the habitations of the houses being very far apart, ASHAs face many difficulties in covering their areas. Women lack knowledge about services provided under maternal and child health services, such as ANC, danger signs during pregnancy and benefits of vaccination. ASHAs motivate women in the communities for institutional deliveries, but the proportion of home deliveries is very high in many areas.

6.2 PREFERENCE OF HEALTH FACILITIES FOR MATERNAL AND CHILD HEALTH SERVICES

The district has only one private hospital, so most people prefer government health for delivery care and maternal and child health services. Only government institutions are approached for routine illnesses, ANC and vaccination of children. Women from low socioeconomic backgrounds visit PHCs and CHCs in the area for normal deliveries and prefer district hospitals and higher and specialized health institutions in Shilong in case of high-risk pregnancies.

6.3 HEALTH SEEKING BEHAVIOUR OF COMMUNITY

Appropriate treatment is available in CHC, UPHC and PHC for minor fever, vaccination, ANC, PNC and delivery, but people face many problems with severe diseases for which local

residents go to the district hospital or hospitals in Shillong. Meghalaya is a tribal-dominated state, and a large number of people still believe in traditional healers. Due to the low population density and the remoteness of the settlements, it is challenging for everyone to access health facilities.

6.4 BEHAVIOUR OF HEALTH CARE PROVIDERS

People express that the behaviour of health workers in public health institutions is good. Health workers provide information about various diseases through community outreach programs, and ASHA motivates people to use the services of public health facilities. ASHA informs people about proper care and helps sick and older people in critical condition in getting proper treatment and hospitalisation.

6.5 ACCESSIBILITY TO DRUGS, DIAGNOSTICS, AND REFERRAL TRANSPORT

Schemes of free medicine and diagnosis were implemented in the district; People were taking benefits of free medicines and check-ups through the health centres. However, due to the non-availability of medicines and diagnostics in many health centres, people often have to buy medicines themselves. Non-availability of medicine and diagnostics is also an important reason why people go outside the district for treatment. Similarly, free ambulance service is also available in the district, yet most people make own arrangements to reach health facilities. Pregnant women were also found to make very little use of free ambulance services. The main reason for this is the unavailability of roads at all places and the lack of adequate ambulances.

6.6 EARLY MARRIAGE AND TEENAGE PREGNANCY

High child marriage and teenage pregnancy rates in Meghalaya have been major causes of many poor health indicators. In many tribal societies, parents are pressured to marry off their daughters as early as possible. The incidence of child marriage and teenage pregnancy in the Northeast is higher than the national average. Additionally, young girls become pregnant at an early age, which is harmful to the child and the mother. There was a lack of counselling services regarding early marriage and teenage pregnancies, which leads to complications at birth, including low birth weight and higher mortality rates.

6.7 SANITATION ENVIRONMENT AND LIFESTYLE

All the houses in the district have toilets, and there is no practice of open defecation has been reported in the entire district. Gas and firewood are mainly used for cooking in homes; However, firewood is also used more for cooking in the remote villages of the district. There

is a drinking water crisis in some areas of the district, especially in the high-altitude settlements. Overall, there is a proper system of cleanliness in the district, and even during the visit, the level of cleanliness in all the health centres was found to be very good.

6.8 USE OF TOBACCO AND INJECTION DRUGS

Meghalaya has one of the highest smoking and smokeless tobacco use in the country. Most of the district's population uses tobacco extensively in some form or other, causing cancer and other health problems. The prevalence of tobacco is also very high among teenagers. Despite this, there is a ban on liquor sales in the district's urban area; its consumption is very high. Along with this, the prevalence of injectable drugs among the youth is increasing rapidly.

CHAPTER 7: CONCLUSION AND RECOMMENDATION

The Population Research Centre, Delhi, commenced monitoring the NHM Programme Implementation Plan (PIP) in the West Khasi Hills District of Meghalaya. The team was expected to conduct a field visit to the District for quality checks and further improvement of the different components of NHM. This chapter explains the monitoring and evaluation findings and recommendations based on field visits and interaction with health officials of the West Khasi Hills District.

7.1 CHALLENGES

- The district's interior areas do not have good roads, which makes it difficult to reach medical facilities and ambulances in many places. In some instances, the connection is entirely lost during the rainy season. Medical professionals find it challenging to travel to these locations due to poor road connectivity, which impacts the availability of essential medications, vaccines, and consumables. These regions of the West Khasi Hills illustrate higher prevalence of home delivery, a low ANC uptake, and less vaccination coverage.
- Many HWC/Sub-centre buildings in the district were in poor condition, with broken walls and no boundary walls. Most CWC/Sub Centers do not have adequate living quarters for health workers. There was no proper living arrangement for doctors and other health employees, even in CHC and PHCs.
- The number of ambulances in the district is less, and there is a need to repair some of the existing ambulances.
- Availability of electricity and drinking water is still a challenge in remote areas of the District. Irregular water supply problems were reported in PHCs and HWCs in Meghalaya, and power backup was unavailable in the visited PHCs and SHC-HWCs.
- The proportion of home delivery is 73 percent in the Mawshynrut block and 53 percent in the Nongstoin. Despite many programs and efforts, desirable success has yet to be achieved in motivating pregnant women to come to health institutions for delivery, ANC, Vaccination and other services.

- Due attention is not being paid to the quality measures in the district, as none of the health institutions has been qualified for Kyakalp, Lakshya and NQAS. Health workers also need to gain more understanding of quality measures.
- Many health facilities run short of essential drugs, vaccines, contraceptives and consumables several times a year. Mainly the areas which are far away from the district and do not have proper roads to reach them.
- The incidence of child marriage and teenage pregnancy is high in the district. There was a lack of counselling services regarding early marriage and teenage pregnancies, which led to complications at birth, including low birth weight and higher mortality rates.
- The prevalence of drug abuse among teenagers in the district is increasing rapidly. The prevalence of tobacco is also very high among men and women. Despite this, there is a ban on liquor sales in the district's urban area; its consumption is very high. Community awareness about tobacco use and its health risks were minimal.

7.2 RECOMMENDATIONS

- **Need for construction of new buildings and residential complexes for health facilities:** New buildings are required for old health sub-centres and PHCs. Apart from this, there is also an urgent need to build residential complexes in the health centres for doctors and staff. The district needs to develop an action plan to improve the infrastructure needed to deliver the appropriate services with quality.
- **Ensuring an uninterrupted supply of electricity and drinking water:** Many PHCs and HWCs in the district have problems with power and water supply, power backup is also not available. The availability of drinking water and electricity is essential for the regular uninterrupted provision of health services.
- **Need to ensure essential medicines and diagnostic services:** Service utilization in health facilities primarily relies on the uninterrupted availability of drugs and diagnostics. There is a need to ensure the availability of essential drugs in public health facilities in the district at minimum cost or free to reduce the out-of-pocket expenditure of the patients. Along with this, it is necessary to provide all the necessary tests in public health institutions to save the patient from going to big cities for treatment and examination.
- **Need to strengthen ambulance services:** In the district, both the availability and utilization of ambulance services have been observed to be very deficient. The use of

ambulance services among pregnant women is significantly less than in other states. There is a need for more ambulances in the district and to organize them so that they can reach most parts of the district.

- **Need to speed up quality certification of health facilities:** None of the health centres in the district has been certified by Kyakalp, Lakshya and NQAS. A lack of effort and inadequate human resources for quality certification have been observed. The district should ensure adequate staffing and establish and monitor the functionality of quality assurance committees so that quality can be improved. Simultaneously, there is a need to train more quality trained professionals to increase the slow pace of NQAS and target certification.
- **Intensive awareness and enforcement drive on tobacco and drug use:** There is a need to sensitize the community and health workers to the harmful effects of tobacco. There is a need to impose strict penalties on tobacco use in public places – also, more counselling facilities are needed for tobacco and drug de-addiction. Special emphasis must be given to increasing awareness activities in schools and colleges. Additionally, there is a need to raise awareness, among the youth, about the negative impact of injectable drugs.
- **Measures to prevent child marriage and childbearing at an early age:** Most of the population of the district comes from the tribal group, in which there is a practice of getting married at an early age. Many initiatives have been taken in the past to curb early marriages at the community and administration levels, and there has been some progress with time. There is a need to launch a public and intersectoral campaign with the help of various administration units to eliminate the practice of early marriage. Also, ASHAs, ANMs, counsellors and doctors must sensitize adolescents about the ill effects of early marriage, teen pregnancy and multiple pregnancies.

ANNEXURES



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



Schedule for PIP Monitoring Key Correspondence: DPMU

District Profile- 2021-2022

| A.1. Healthcare | | | | |
|---|--------------------------|---|--------------------------|----------|
| Indicator | Values | We have to mention the source ourselves in column (As we need district details as per census 2011 or the current date) | | |
| 1. Name of the District | | | | |
| 2. Total number of Blocks | | | | |
| 3. Total number of Villages | | | | |
| 4. Total Population | | | | |
| • Rural population | | | | |
| • Urban population | | | | |
| 5. Literacy rate | | | | |
| 6. Sex Ratio | | | | |
| 7. Sex ratio at birth | | | | |
| 8. Population Density | | | | |
| 9. Estimated number of deliveries (2021-22) | | | | |
| 10. Estimated number of C-section (2021-22) | | | | |
| 11. Estimated numbers of live births (2021-22) | | | | |
| 12. Estimated number of eligible couples (2021-22) | | | | |
| 13. Estimated number of leprosy cases (2021-22) | | | | |
| 14. Target for public and private sector TB notification for the current year (2021-22) | | | | |
| 15. Estimated number of cataract surgeries to be conducted (2021-22) | | | | |
| Mortality Indicators: | Financial year (2020-21) | | Financial Year (2021-22) | |
| | Estimated | Reported | Estimated | Reported |
| • Maternal Death | | | | |
| • Child Death | | | | |
| • Infant Death | | | | |
| • Still birth | | | | |
| • Deaths due to Malaria | | | | |
| • Deaths due to sterilization procedure | | | | |
| A.2. Healthcare Infrastructure | | | | |
| Facility Details | Sanctioned/ Planned | | Operational | |
| 1. District Hospitals | | | | |
| 2. Sub District Hospital | | | | |
| 3. Community Health Centers (CHC) | | | | |
| 4. Primary Health Centers (PHC) | | | | |
| 5. Sub Centers (SC) | | | | |
| 6. Urban Primary Health Centers (U-PHC) | | | | |
| 7. Urban Community Health Centers (U-CHC) | | | | |
| 8. Special Newborn Care Units (SNCU) | | | | |
| 9. Nutritional Rehabilitation Centres (NRC) | | | | |
| 10. District Early intervention Center (DEIC) | | | | |
| 11. First Referral Units (FRU) | | | | |
| 12. Blood Bank | | | | |
| 13. Blood Storage Unit (BSU) | | | | |
| 14. No. of PHC converted to HWC | | | | |

| | | |
|--|-------|-------|
| 15. No. of U-PHC converted to HWC | | |
| 16. Number of Sub Centre converted to HWC | | |
| 17. Designated Microscopy Center (DMC) | | |
| 18. Tuberculosis Units (TUs) | | |
| 19. CBNAAT/TruNat Sites | | |
| 20. Drug Resistant TB Centres | | |
| 21. Functional Non-Communicable Diseases (NCD) clinic <ul style="list-style-type: none"> At DH At SDH At CHC | _____ | _____ |
| 22. Institutions providing Comprehensive Abortion Care (CAC) services <ul style="list-style-type: none"> Total no. of facilities Providing 1st trimester services Providing both 1st & 2nd trimester services | _____ | _____ |

Overview: Submission & Approval timeliness of DHAP

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

A.3 Infrastructure Construction Status Details

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

Service Availability

| Indicator | Remarks/ Observation |
|---|--|
| C.1. Drugs & Diagnostics | |
| 1. Implementation of Free drugs services (if it is free for all) | |
| 2. Implementation of diagnostic services (if it is free for all) <ul style="list-style-type: none"> Number of lab tests notified | |
| C.2. Status of Delivery Points | |
| <ul style="list-style-type: none"> No. of SCs conducting >3 deliveries/month 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 ultrasound facilities (Public+Private) | Public: Private: |
| <ul style="list-style-type: none"> Of these, how many are registered under PCPNDT act | Public: Private: |
| C.3. National Health Programmes | |
| 3. Pradhan Mantri Surakshit Matritva Abhiyan (PMSMA) | 1. No. issued MCP card and Safe Motherhood Booklet: _____ 2. Number of health facilities where current round of PMSMA was conducted: <ul style="list-style-type: none"> a. Medical College: _____ b. DH: _____ c. SDH: _____ |

| Indicator | | Remarks/ Observation | |
|--|---|----------------------|-----------------|
| | d. CHC/UHC: _____ e. PHC/UPHC: _____ f. Private Clinics: _____ | | |
| 4. Rashtriya Bal Suraksha Karyakram (RBSK) | Total no. of RBSK teams sanctioned..... | | |
| | No. of teams with all HR in-place (full-team) | | |
| | No. of vehicles (on the road) for RBSK team | | |
| | No. of Teams per Block | | |
| | No. of block/s without dedicated teams | | |
| | Average no of children screened per day per team | | |
| | Number of children born in delivery points screened for defects at birth..... | | |
| 5. Special Newborn Care Units (SNCU) | <ul style="list-style-type: none"> Total number of beds In radiant warmer _____ Stepdown care _____ Kangaroo Mother Care (KMC) unit _____ Number of non-functional radiant warmer for more than a week Number of non-functional phototherapy unit for more than a week | | |
| | | Inborn | Out born |
| | • Admissions (2021-22) | | |
| | • Defects at birth | | |
| | • Discharged | | |
| | • Referral | | |
| | • LAMA | | |
| | • Died | | |
| | | Inborn | Out born |
| | | | |
| 6. Newborn Stabilization Unit (NBSU) | Inborn | Out born | |
| • Admission (2021-22) | | | |
| • Discharged | | | |
| • Referral | | | |
| • LAMA | | | |
| • Died | | | |
| 7. Nutrition Rehabilitation Centers (NRC) | <ul style="list-style-type: none"> Total Admissions (2021-22)..... Discharged Referral/ Medical transfer LAMA Died Admission Bilateral pitting oedema MUAC<115 mm <'3SD WFH with Diarrhea ARI/ Pneumonia TB HIV Fever Nutrition related disorder Others Admission to NRC Referred by Frontline worker Self Ref from VCDC/ CTC RBSK Pediatric ward/ emergency | | |
| 8. Home Based Newborn Care (HBNC) | <ul style="list-style-type: none"> Status of availability of HBNC kit with ASHAs >Total No. of ASHAs > No. of ASHAs with HBNC kits: > Reasons of Non-provision: Total Newborns visited under HBNC: Status of availability of drug kit with ASHAs: > Total No. of ASHAs: > No. of ASHAs with drug kits: > Reasons of Non-provision: _____ | | |
| 9. Peer Education (PE) programme (Adolescent Health) | <ul style="list-style-type: none"> No. of Blocks covered under Peer Education (PE) programme: | | |

| Indicator | Remarks/ Observation | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|----------|-----------|---------|----------|----------|--------|-----------------|--|--|--|--|--|--|----|--|--|--|--|--|--|-----|--|--|--|--|--|--|-----|--|--|--|--|--|--|-----|--|--|--|--|--|--|--------|--|--|--|--|--|--|--|
| & Weekly Iron Folic Acid Supplementation (WIFS) | <ul style="list-style-type: none"> No. of villages covered under PE programme: No. of Peer Educators: No. of Adolescent Friendly Clinic (AFC) meetings held: WIFS stockout: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10. Mobile Medical Unit (MMU) (on the road) and micro-plan | <ul style="list-style-type: none"> No. of Mobile Medical Unit (MMU) (on the road) and micro-plan MMU team Composition List of Services provided by MMU No. of trips per MMU/month No. of camps per MMU/month No. of villages covered Average number of OPD per MMU per month Average no. of lab investigations per MMU per month Avg. no. of X-ray per MMU per month Avg. no. of blood smears collected / Rapid Diagnostic Tests (RDT) done for Malaria, per MMU/month Avg. no. of sputum collected for TB detection per MMU per month Average Number of patients referred to higher facilities Payment pending (if any) If yes, since when and reasons thereof | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11. Universal health screening <ul style="list-style-type: none"> No. of patients screened, diagnosed, and treated for: <ul style="list-style-type: none"> Hypertension Diabetes Oral cancer Breast Cancer Cervical cancer | <ul style="list-style-type: none"> If conducted, what is the target population Number of Community Based Assessment Checklist (CBAC) forms filled till date <table border="1" data-bbox="759 1025 1249 1236"> <thead> <tr> <th>Screened</th> <th>Diagnosed</th> <th>Treated</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table> | Screened | Diagnosed | Treated | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Screened | Diagnosed | Treated | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 12. Integrated Disease Surveillance Programme (IDSP) | <ul style="list-style-type: none"> Rapid Response Team (RRT) Constituted: Y/N Team Composition: Outbreaks investigated: <ul style="list-style-type: none"> 2019-20: 2020-21: Proportion (% out of total) of Pvhealth facilities reporting weekly data of IDSP How is IDSP data utilized? Elaborate. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 13. National Viral Hepatitis Control Program (NVHCP) | <ul style="list-style-type: none"> % of health workers immunized against Hep B Number of treatment sites and Model Treatment Center (MTC) for viral hepatitis | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 14. If District notified a State Mental Health Authority (SMHA) | <ul style="list-style-type: none"> If District notified a State Mental Health Authority (SMHA) <ul style="list-style-type: none"> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No SMHA in place <input type="checkbox"/> No Mental Health Service or Facility in the district | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 15. Vehicle for Referral Transport | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <ul style="list-style-type: none"> Details of Referral Transport – Number and Distribution: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1"> <thead> <tr> <th>Stationed at:</th> <th>BLS</th> <th>ALS</th> <th>PTA</th> <th>Kilkari</th> <th>Neonatal</th> <th>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> | Stationed at: | BLS | ALS | PTA | Kilkari | Neonatal | Others | Medical College | | | | | | | DH | | | | | | | SDH | | | | | | | CHC | | | | | | | PHC | | | | | | | Others | | | | | | | |
| Stationed at: | BLS | ALS | PTA | Kilkari | Neonatal | Others | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Medical College | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| DH | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SDH | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CHC | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| PHC | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Others | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <ul style="list-style-type: none"> Details of Referral Transport – Performance Indicators: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| Indicator | | | | | | Remarks/ Observation | |
|--|----------------------|---|----------------|----------------|--|----------------------|--|
| Year | Ambulances Purchased | Total Cases | Pregnant Women | Accident Cases | Referral from one health facility to another | Others | |
| 2019-20 | | | | | | | |
| 2020-21 | | | | | | | |
| | | | | ALS | | BLS | |
| o Operational agency (State/ NGO/ PPP) | | | | | | | |
| o If the ambulances are GPS fitted and handled through centralized call centre | | | | | | | |
| o Average number of calls received per day | | | | | | | |
| o Average number of trips per ambulance per day | | | | | | | |
| o Average km travelled per ambulance per day | | | | | | | |
| o Key reasons for low utilization (if any) | | | | | | | |
| • No. of transport vehicle/102 vehicle (on the road) | | | | | | | |
| o If the vehicles are GPS fitted and handled through centralized call centre | | | | | | | |
| o Average number of trips per ambulance per day | | | | | | | |
| o Average km travelled per ambulance per day | | | | | | | |
| o Key reasons for low utilization (if any) | | | | | | | |
| 16. National Fluorosis Control Programme | | • Key activities performed in 2020-21 as per ROP: | | | | | |
| 17. National Iron Deficiency Disorders Control Programme | | • Key activities performed in 2020-21 as per ROP: | | | | | |
| 18. National Tobacco Control Programme | | • Key activities performed in 2020-21 as per ROP: | | | | | |
| 19. National Vector Borne Disease Control Programme (NVBDCP) | | <ul style="list-style-type: none"> • Micro plan and macro plan available at district level Y/N • Annual Blood Examination Rate: <ul style="list-style-type: none"> o 2018-19: o 2019-20: o 2020-21: o Reason for increase/ decrease (as per the trend of last 3 years) • LLIN distribution status • IRS • Anti-larval methods • Contingency plan for epidemic preparedness • Weekly epidemiological and entomological situations are monitored • No. of MDR rounds observed • No. of blocks achieved elimination status for Lymphatic Filariasis i.e. mf rate <1% | | | | | |
| 20. National Tuberculosis Elimination Programme (NTEP) | | <ul style="list-style-type: none"> • Target TB notification achieved Y/N • Whether HIV Status of all TB patient is known: <input type="checkbox"/> Yes/ <input type="checkbox"/> No • If No, no. of TB patients with known HIV status _____ • Eligible TB patients with UDST testing • Whether drugs for both drug sensitive and drug resistance TB available • No of patients notified: • Treatment success rate: • No. of MDR TB Patients: • Treatment initiation among MDR TB patients: <ul style="list-style-type: none"> • No of patients notified: • Treatment success rate: • No. of MDR TB Patients: • Treatment initiation among MDR TB patients: • Beneficiaries paid under NikshayPoshan Yojana <input type="checkbox"/> Yes/ <input type="checkbox"/> No • Active Case Finding conducted as per planned for the year <input type="checkbox"/> Yes/ <input type="checkbox"/> No | | | | | |
| 21. Implementation of National Leprosy Eradication Programme (NLEP) | | No. of new cases detected No. of G2D cases MDT available without interruption Y/N Reconstructive surgery for G2D cases being conducted Y/N MCR footwear & selfcare kit avl Y/N | | | | | |
| 22. ASHAs | | Number of ASHAs <ul style="list-style-type: none"> • Required as per population | | | | | |

| Indicator | | Remarks/ Observation | | |
|---|--|-----------------------------|----------------|-------------------|
| | <ul style="list-style-type: none"> Selected No. of ASHAs covering more than 1500 (rural) population No. of ASHAs covering more than 3000 (urban) population Villages with no ASHA Slum areas with no ASHA | | | |
| | Status of social benefit scheme for ASHAs and ASHA Facilitators (if available) <ul style="list-style-type: none"> No. of ASHAs enrolled for Pradhan Mantri Jeevan JyotiBima Yojana (PMJJBY) No. of ASHA Facilitator enrolled for Pradhan Mantri Jeevan JyotiBima Yojana (PMJJBY) No. of ASHAs enrolled for Pradhan Mantri Suraksha Bima Yojana (PMSBY) No. of ASHA Facilitators enrolled for Pradhan Mantri Suraksha Bima Yojana (PMSBY) No. of ASHAs enrolled for Pradhan MantriShram Yogi Maandhan Yojana (PMSYMY) No. of ASHA Facilitators enrolled for Pradhan MantriShram Yogi Maandhan Yojana (PMSYMY) Any other state specific scheme | | | |
| 23. MahilaArogyaSamitis (MAS)- | Status of MahilaArogyaSamitis (MAS)- <ol style="list-style-type: none"> Formed Trained MAS account opened Samiti addresses issues related to..... | | | |
| 24. Village Health Sanitation and Nutrition Committee (VHSNC) | Status of Village Health Sanitation and Nutrition Committee (VHSNC): <ol style="list-style-type: none"> Formed: Trained: MAS account opened: | | | |
| 25. Kayakalp and Quality Assurance | <ul style="list-style-type: none"> No. of facilities quality certified (NQAS, LaQshya) Status of Kayakalp programme- No. of awarded DH, CHC, PHC, SC..... Activities performed by District Level Quality Assurance Committee (DQAC)..... | | | |
| 26. Maternal and Child Health | <ul style="list-style-type: none"> Number of maternal deaths reported at: DH: _____ SDH: _____ CHC: _____ PHC: _____ SC: _____ Prime reason for the maternal death..... Number of Maternal Death Review conducted <ul style="list-style-type: none"> 2020-21: _____ 2021-22: _____ Number of Neonatal Deaths: _____ Number of Total Child Deaths: _____ Number of Child Death Review conducted <ul style="list-style-type: none"> 2020-21: _____ 2021-22: _____ | | | |
| C.4. Healthcare Systems | | | | |
| 27. Payment status: | | No. of beneficiaries | Backlog | DBT status |
| <ul style="list-style-type: none"> JSY beneficiaries ASHA payment: <ul style="list-style-type: none"> A- Routine and recurring at increased rate of Rs. 2000 pm B- Incentive under NTEP C- Incentives under NLEP Payment of ASHA facilitators as per revised norms (of a minimum of Rs. 300 per visit) Patients incentive under NTEP programme Provider's incentive under NTEP programme FP compensation/ incentive | | | | |
| 28. Recruitment for any staff position/ cadre conducted at district level | | | | |

| Indicator | Remarks/ Observation | | | |
|---|---|-----|---------------|-----|
| | (2020-21) | | (2021-22) | |
| | Regular cadre | NHM | Regular cadre | NHM |
| 29. Details of recruitment | | | | |
| <ul style="list-style-type: none"> Total no. of posts vacant at the beginning of FY Among these, no. of posts filled by state Among these, no. of posts filled at district level | | | | |
| 30. If state has comprehensive (common for regular and contractual HR) Human Resource Information System (HRIS) in place | | | | |
| 31. If grievance redressal mechanism in place: Y/N | <ul style="list-style-type: none"> Whether call center and toll-free number available..... Percentage of complains resolved out of the total complains registered in current FY..... | | | |
| 32. Mera-Aaspatal (Attach MeraAspataal performance report) | <ul style="list-style-type: none"> Implemented in how many facilities..... DH.....CHC.....PHC Total Responses collected: % reported Very Satisfied: % reported Satisfied: % reported not satisfied: Total response for dis-satisfied: Dissatisfied with staff behaviors... Dissatisfied with cleanliness..... Dissatisfied with cost of treatment..... Dissatisfied with quality of treatments..... With other reason | | | |

Implementation of CPHC

Status as on: 31st March, 2020

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

Status of HRH

Status as on: _____

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

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

State of Fund Utilization

FMR Wise (as per ROP budget heads, if available) Status of Expenditure year (Financial year 2021-22):

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

| Indicator | Budget Released (in lakhs) | Budget utilized (in lakhs) | Reason for low utilization (if less than 60%) |
|---|----------------------------|----------------------------|---|
| • Procurement | | | |
| • Quality Assurance | | | |
| • PPP | | | |
| • NIDDCP | | | |
| 2. NUHM | | | |
| 3. Communicable Diseases Pool | | | |
| • Integrated Disease Surveillance Programme (IDSP) | | | |
| • National Vector Borne Disease Control Programme (NVBDCP) | | | |
| • National Leprosy Eradication Programme (NLEP) | | | |
| • National TB Elimination Programme (NTEP) | | | |
| 4. Non-Communicable Diseases Pool | | | |
| • National Program for Control of Blindness and Vision Impairment (NPCB+VI) | | | |
| • National Mental Health Program (NMHP) | | | |
| • National Programme for Health Care for the Elderly (NPHCE) | | | |
| • National Tobacco Control Programme (NTCP) | | | |
| • National Programme for Prevention and Control of Diabetes, Cardiovascular Disease and Stroke (NPCDCS) | | | |
| • National Dialysis Programme | | | |
| • National Program for Climate Change and Human Health (NPCCHH) | | | |
| • National Oral health programme (NOHP) | | | |
| • National Programme on palliative care (NPPC) | | | |
| • National Programme for Prevention and Control of Fluorosis (NPPCF) | | | |
| • National Rabies Control Programme (NRCP) | | | |
| • National Programme for Prevention and Control of Deafness (NPPCD) | | | |
| • National programme for Prevention and Management of Burn & Injuries | | | |
| • Programme for Prevention and Control of Leptospirosis (PPCL) | | | |

Status of trainings

Status as on: _____

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

Date:

Name:

Signature:

Designation:



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



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

Service Delivery:

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

| Indicator | Remarks/ Observation | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|---|-----|---------|-----|---|----------|--|---|-----|--|---|-----------|--|---|-----------------|--|---|----------------|--|---|---------------|--|---|--------|--|---|----------------------------|--|---|------------------------|--|----|---|--|----|---|--|----|---|--|----|--|--|----|-------------------------------------|--|----|--------------------------------------|--|----|---------------------|--|----|-----|--|----|---------------|--|----|----------------|--|----|-----------|--|----|--|--|----|-----------|--|
| 1. OPD Timing | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2. Condition of infrastructure/ building | Comments: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Please comment on the condition and tick the appropriate box | <input type="checkbox"/> 24*7 running water facility <input type="checkbox"/> Facility is geriatric and disability friendly (ramps etc.) <input type="checkbox"/> Clean functional toilets available (separate for Male and female) <input type="checkbox"/> Drinking water facility available <input type="checkbox"/> OPD waiting area has sufficient sitting arrangement <input type="checkbox"/> ASHA rest room is available <input type="checkbox"/> Drug storeroom with rack is available Power backup: <input type="checkbox"/> Complete Hospital/ <input type="checkbox"/> Part of the hospital Last major renovation done in (Year): _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3. Number of functional in-patient beds | No of ICU Beds available: _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4. List of Services available | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <ul style="list-style-type: none"> Specialized services available in addition to General OPD, ANC, Delivery, PNC, Immunization, FP, Laboratory services | <table border="1"> <thead> <tr> <th>Sl.</th> <th>Service</th> <th>Y/N</th> </tr> </thead> <tbody> <tr><td>1</td><td>Medicine</td><td></td></tr> <tr><td>2</td><td>O&G</td><td></td></tr> <tr><td>3</td><td>Pediatric</td><td></td></tr> <tr><td>4</td><td>General Surgery</td><td></td></tr> <tr><td>5</td><td>Anesthesiology</td><td></td></tr> <tr><td>6</td><td>Ophthalmology</td><td></td></tr> <tr><td>7</td><td>Dental</td><td></td></tr> <tr><td>8</td><td>Imaging Services (X – ray)</td><td></td></tr> <tr><td>9</td><td>Imaging Services (USG)</td><td></td></tr> <tr><td>10</td><td>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>21</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 | | 21 | Teaching block (medical, nursing, paramedical) | | 22 | Skill Lab | |
| Sl. | Service | Y/N | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | Medicine | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | O&G | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | Pediatric | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | General Surgery | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | Anesthesiology | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | Ophthalmology | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 7 | Dental | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | Imaging Services (X – ray) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9 | Imaging Services (USG) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | District Early Intervention Centre (DEIC) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | Nutritional Rehabilitation Centre (NRC) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 12 | SNCU/ Mother and Newborn Care Unit (MNCU) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 13 | Comprehensive Lactation Management Centre (CLMC) / Lactation Management Unit (LMU) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 14 | Neonatal Intensive Care Unit (NICU) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 15 | Pediatric Intensive Care Unit (PICU) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 16 | Labour Room Complex | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 17 | ICU | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 18 | Dialysis Unit | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 19 | Emergency Care | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 20 | Burn Unit | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 21 | Teaching block (medical, nursing, paramedical) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 22 | Skill Lab | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| Indicator | Remarks/ Observation | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|-----------------|------|------|-------|-------|-----------|--|--|--|--|-------------|----------|--|--|--|------|--|--|--|--------------|--|--|--|-------------|--|--|--|---------|--|--|--|-----------------|--|--|--|------------|--|--|--|-------------|--|--|--|-------------|--|--|--|--------|--|--|--|---------|--|--|--|--|--------------------|--|--|--|--|-----|--|--|--|--|------------|--|--|--|--|------------------------------|--|--|--|--|----------------------------|--|--|--|--|---------------------|--|--|--|--|---------------------|--|--|--|--|--------|--|--|--|--|
| 5. Emergency | General emergency: or facilities available for: 1. Triage 2. Resuscitation 3. Stabilization | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6. Tele-medicine/Consultation services available | <input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, average case per day _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 7. Operation Theatre available | <input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, Single general OT: Elective OT-Major (General): Elective OT-Major (Ortho): Obstetrics & Gynecology OT: Ophthalmology/ENT OT: Emergency OT: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8. Availability of functional Blood Bank | <input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, number of units of blood currently available: _____ No. of blood transfusions done in last month: _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9. Whether blood is issued free, or user-fee is being charged | <input type="checkbox"/> Free for BPL <input type="checkbox"/> Free for elderly <input type="checkbox"/> Free for JSSK beneficiaries <input type="checkbox"/> Free for all | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10. Biomedical waste management practices | 1. Sharp pit 2. Deep Burial pit 3. Incinerator 4. Using Common Bio Medical Treatment plant 5. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11. Details of HR available in the facility (Sanctioned and In-place) | <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="8">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>Surgeon</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Ophthalmologist</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Orthopedic</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Radiologist</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Pathologist</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Others</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">Staff Nurses/ 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 Technician/ 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 | | | | 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 | | | | |
| | HR | | San. | Reg. | Cont. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | MO (MBBS) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Specialists | Medicine | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | ObGy | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | Pediatrician | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | Anesthetist | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | Surgeon | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | Ophthalmologist | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | Orthopedic | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | Radiologist | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Pathologist | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Others | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Dentist | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Staff Nurses/ GNMs | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| LTs | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Pharmacist | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Dental Technician/ Hygienist | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Hospital/ Facility Manager | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| EmOC trained doctor | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| LSAS trained doctor | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Others | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 12. IT Services | <ul style="list-style-type: none"> Desktop/ Laptop available: <input type="checkbox"/> Yes/ <input type="checkbox"/> No Internet connectivity: <input type="checkbox"/> Yes/ <input type="checkbox"/> No Quality/strength of internet connection: _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 13. Kayakalp | Initiated: Facility score: Award received: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 14. NQAS | Assessment done: Internal/State Facility score: Certification Status: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 15. LaQshya | Labour Room: Operation Theatre: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | <input type="checkbox"/> Yes/ <input type="checkbox"/> No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| Indicator | Remarks/ Observation | | | | | | | | | | |
|--|--|---|--|---|--|---|--|---|--|---|--|
| 16. Availability of list of essential medicines (EML)/ drugs (EDL) | If yes, total number of drugs in EDL _____ EDL displayed in OPD Area: <input type="checkbox"/> Yes/ <input type="checkbox"/> No No. of drugs available on the day of visit (out of the EDL) _____ | | | | | | | | | | |
| 17. Implementation of DVDMS or similar supply chain management system | <input type="checkbox"/> Yes/ <input type="checkbox"/> No If other, which one _____ | | | | | | | | | | |
| 18. Shortage of 5 priority drugs from EDL in last 30 days, if any | <table border="1"> <tr><td>1</td><td></td></tr> <tr><td>2</td><td></td></tr> <tr><td>3</td><td></td></tr> <tr><td>4</td><td></td></tr> <tr><td>5</td><td></td></tr> </table> | 1 | | 2 | | 3 | | 4 | | 5 | |
| 1 | | | | | | | | | | | |
| 2 | | | | | | | | | | | |
| 3 | | | | | | | | | | | |
| 4 | | | | | | | | | | | |
| 5 | | | | | | | | | | | |
| 19. Availability of Essential Consumables: | <input type="checkbox"/> Sufficient Supply <input type="checkbox"/> Minimal Shortage <input type="checkbox"/> Acute shortage List the consumables for with there was shortage In last 6 months how many times there was shortage _____ | | | | | | | | | | |
| 20. Availability of essential diagnostics | <input type="checkbox"/> In-house <input type="checkbox"/> Outsourced/ PPP <input type="checkbox"/> Both/ Mixed | | | | | | | | | | |
| • In-house tests (For 2020-21) | Timing: Total number of tests performed: _____ Details of tests performed: | | | | | | | | | | |
| • Outsourced/ PPP (For 2020-21) | Timing: Total number of tests performed: _____ Details of tests performed: | | | | | | | | | | |
| 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 | | | | | | | | | | |
| 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: _____ | | | | | | | | | | |
| • Whether the services are free for all | <input type="checkbox"/> Free for BPL <input type="checkbox"/> Free for elderly <input type="checkbox"/> Free for JSSK beneficiaries <input type="checkbox"/> Free for all | | | | | | | | | | |
| • Number of patients provided dialysis service (for 2020-21) | o Previous year _____ o Current FY _____ <i>*Calculate the approximate no. of patients provided dialysis per day</i> | | | | | | | | | | |
| 26. If there is any shortage of major instruments/ equipment (List the Equipments) | | | | | | | | | | | |
| 27. Average downtime of equipment. Details of equipment are nonfunctional for more than 7 days | | | | | | | | | | | |
| 28. Availability of delivery services | <input type="checkbox"/> Yes/ <input type="checkbox"/> No | | | | | | | | | | |
| • If the facility is designated as FRU, whether C-sections are performed | <input type="checkbox"/> Yes/ <input type="checkbox"/> No Number of normal deliveries performed in last month: _ No. of C-sections performed in last month: _____ | | | | | | | | | | |

| Indicator | Remarks/ Observation | |
|---|---|-----------|
| <ul style="list-style-type: none"> Comment on the condition of: | Labour room: OT: Functional New-born care corner (functional radiant warmer with neo-natal ambu bag): <input type="checkbox"/> Yes/ <input type="checkbox"/> No | |
| 29. Status of JSY payments | Payment is up to date: <input type="checkbox"/> Yes/ <input type="checkbox"/> No Average delay: Payment done till: Reasons for delay: | |
| 30. Availability of JSSK entitlements | <input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, whether all entitlements being provided <input type="checkbox"/> Free delivery services (Normal delivery/ C-section) <input type="checkbox"/> Free diet <input type="checkbox"/> Free drugs and consumables <input type="checkbox"/> Free diagnostics <input type="checkbox"/> Free blood services <input type="checkbox"/> Free referral transport (home to facility) <input type="checkbox"/> Free referral transport (drop back from facility to home) <input type="checkbox"/> No user charges | |
| 31. PMSMA services provided on 9 th of every month | <input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, how are high risks identified on 9 th ? If No, reasons thereof: | |
| 32. Line listing of high-risk pregnancies | <input type="checkbox"/> Yes/ <input type="checkbox"/> No | |
| 33. Practice related to Respectful Maternity Care | | |
| 34. Whether facility have registers for entering births and deaths | <input type="checkbox"/> Yes/ <input type="checkbox"/> No | |
| 35. Number of Maternal Death reported in the facility | Previous year: Current year: | |
| 36. Number of Child Death reported in the facility | Previous year: Current year: | |
| 37. If Comprehensive Abortion Care (CAC) services available | <input type="checkbox"/> Yes/ <input type="checkbox"/> No | |
| 38. Availability of vaccines and hub cutter | <input type="checkbox"/> Yes/ <input type="checkbox"/> No Nurses/ ANM aware about open vial policy: <input type="checkbox"/> Yes/ <input type="checkbox"/> No | |
| 39. Number of newborns immunized with birth dose at the facility in last 3 months | | |
| 40. Newborns breastfed within one hour of birth (observe if practiced and women are being counselled) | | |
| 41. Status of functionality of DEIC | <input type="checkbox"/> Fully functional with all staff in place <input type="checkbox"/> Functional with few vacancies (approx. 20%-30%) <input type="checkbox"/> Functional with more than 50% vacancies <input type="checkbox"/> Not functional/ All posts vacant | |
| 42. Number of sterilizations performed in last one month | | |
| 43. Availability of trained provider for IUCD/ PPIUCD | <input type="checkbox"/> Yes/ <input type="checkbox"/> No | |
| 44. Who counsels on FP services? | | |
| 45. Please comment on utilization of other FP services | | |
| 46. FPLMIS has been implemented | <input type="checkbox"/> Yes/ <input type="checkbox"/> No | |
| 47. Availability of functional Adolescent Friendly Health Clinic | <input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, who provides counselling to adolescents: _____ Separate male and female counselors available: <input type="checkbox"/> Yes/ <input type="checkbox"/> No Total No of Adolescents counseled in last 6 months _____ | |
| 48. Whether facility has fixed day NCD clinic | <input type="checkbox"/> Yes/ <input type="checkbox"/> No If Yes, how many days in a week: _____ days | |
| 49. Are service providers trained in cancer services? | <input type="checkbox"/> Yes/ <input type="checkbox"/> No | |
| 50. Number of individuals screened for the following in last 6 months: | Screened | Confirmed |
| | a. Hypertension | |

| Indicator | Remarks/ Observation |
|--|--|
| | b. Diabetes |
| | c. Oral Cancer |
| | d. Breast Cancer |
| | e. Cervical Cancer |
| 51. Whether reporting weekly data in P, S and L form under IDSP | <input type="checkbox"/> Yes/ <input type="checkbox"/> No |
| 1. Status of TB elimination programme | Facility is designated as Designated Microscopy Centre (DMC): <input type="checkbox"/> Yes/ <input type="checkbox"/> No |
| | If yes, percent of OPD whose samples were tested for TB (microscopy) in last 6 month (average) _____ |
| | If anti-TB drugs available at the facility: <input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, are there any patients currently taking anti-TB drugs from the facility: <input type="checkbox"/> Yes/ <input type="checkbox"/> No |
| | Availability of CBNAAT/ TruNat: <input type="checkbox"/> Yes/ <input type="checkbox"/> No Percent of patients tested through CBNAAT/TruNat for Drug resistance in the last 6 months _____ |
| | Are all TB patients tested for HIV? <input type="checkbox"/> Yes/ <input type="checkbox"/> No Are all TB patients tested for Diabetes Mellitus: <input type="checkbox"/> Yes/ <input type="checkbox"/> No |
| | Percent of TB Patients for whom DBT installments have been initiated under NikshayPoshan Yojana in the last 6 months: _____ |
| 52. Maintenance of records on | <ul style="list-style-type: none"> • TB Treatment Card cases (both for drug sensitive and drug resistant cases): <input type="checkbox"/>Yes/ <input type="checkbox"/>No • TB Notification Registers: <input type="checkbox"/>Yes/ <input type="checkbox"/>No • Malaria cases: <input type="checkbox"/>Yes/ <input type="checkbox"/>No • Palliative cases: <input type="checkbox"/>Yes/ <input type="checkbox"/>No • Cases related to Dengue and Chikungunya: <input type="checkbox"/>Yes/ <input type="checkbox"/>No • Leprosy cases: <input type="checkbox"/>Yes/ <input type="checkbox"/>No |
| 53. 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) |
| 54. Status of data entry in (match with physical records) | HMIS: <input type="checkbox"/> Updated/ <input type="checkbox"/> Not updated MCTS: <input type="checkbox"/> Updated/ <input type="checkbox"/> Not updated IHIP: <input type="checkbox"/> Updated/ <input type="checkbox"/> Not updated HWC Portal: <input type="checkbox"/> Updated/ <input type="checkbox"/> Not updated Nikshay Portal: <input type="checkbox"/> Updated/ <input type="checkbox"/> Not updated |
| 55. Frequency of RKS meeting (check and obtain minutes of last meeting held) | |
| 2. Availability of ambulance services in the area | <input type="checkbox"/> Own ambulance available (Number) _____ <input type="checkbox"/> DH/ SDH has contracted out ambulance services (Number) _____ <input type="checkbox"/> Ambulances services with Centralized call centre <input type="checkbox"/> Government ambulance services are not available |
| | Comment (if any): |
| • How many cases from CHC, PHC, SC, referred to in last month? | Number: CHC PHC SC Types of cases referred in: |
| • How many cases were referred out last month? | Number: Types of cases referred out: |
| 3. Key challenges in the facility and the root causes | |
| Challenge | Root causes |
| a) | |
| b) | |
| c) | |
| d) | |
| e) | |

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

Service Delivery:

| | | | |
|--|---|----------------------------|-----|
| Name of facility visited | | | |
| Facility Type | <input type="checkbox"/> CHC/ <input type="checkbox"/> U-CHC | | |
| FRU | <input type="checkbox"/> Yes/ <input type="checkbox"/> No | | |
| Standalone/ Co-located | <input type="checkbox"/> Standalone/ <input type="checkbox"/> Co-located Co-located with (if applicable): | | |
| Accessible from nearest road head | <input type="checkbox"/> Yes/ <input type="checkbox"/> No | | |
| Date of Visit | | | |
| Next Referral Point | Facility: Distance: | | |
| Indicator | Remarks/ Observation | | |
| 4. OPD Timing | | | |
| 5. Whether the facility is functioning in PPP mode | <input type="checkbox"/> Yes/ <input type="checkbox"/> No | | |
| 6. Condition of infrastructure/ building Please comment on the condition and tick the appropriate box | Comments: <input type="checkbox"/> 24*7 running water facility <input type="checkbox"/> Facility is geriatric and disability friendly (ramps etc.) <input type="checkbox"/> Clean functional toilets available (separate for Male and female) <input type="checkbox"/> Drinking water facility available <input type="checkbox"/> OPD waiting area has sufficient sitting arrangement <input type="checkbox"/> ASHA rest room is available <input type="checkbox"/> Drug storeroom with rack is available Power backup: <input type="checkbox"/> Complete Hospital/ <input type="checkbox"/> Part of the hospital | | |
| 7. Number of functional in-patient beds | | | |
| 8. List of Services available | | | |
| <ul style="list-style-type: none"> Specialized services available in addition to General OPD, ANC, Delivery, PNC, Immunization, FP, Laboratory services | 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"> If any of the specialists are available 24*7 | <input type="checkbox"/> Yes available <input type="checkbox"/> Yes, available only on-call <input type="checkbox"/> Not available | | |
| <ul style="list-style-type: none"> Emergency | General emergency: or facilities available for: 1. Triage 2. Resuscitation 3. Stabilization | | |
| 9. Tele-medicine/Consultation services available | <input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, average case per day _____ | | |
| 10. Operation Theatre available | <input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, Major: _____ Minor: _____ | | |

| | | | | | |
|---|---|--------------|------|------|-------|
| 11. Availability of functional Blood Storage Unit | <input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, number of units of blood currently available: _____ No. of blood transfusions done in last month: _____ | | | | |
| 12. Whether blood is issued free, or user-fee is being charged | <input type="checkbox"/> Free for BPL <input type="checkbox"/> Free for elderly <input type="checkbox"/> Free for JSSK beneficiaries <input type="checkbox"/> Free for all | | | | |
| 13. Biomedical waste management practices | Sharp pit: Deep Burial pit: Other System, if any: | | | | |
| 14. Details of HR available in the facility (Sanctioned and In-place) | HR | | San. | Reg. | Cont. |
| | MO (MBBS) | | | | |
| | Specialists | Medicine | | | |
| | | ObGy | | | |
| | | Pediatrician | | | |
| | | Anesthetist | | | |
| | Dentist | | | | |
| | SNs/ GNMs | | | | |
| | LTs | | | | |
| | Pharmacist | | | | |
| | Dental Assistant/ Hygienist | | | | |
| | Hospital/ Facility Manager | | | | |
| EmOC trained doctor | | | | | |
| LSAS trained doctor | | | | | |
| Others | | | | | |
| 15. IT Services | <ul style="list-style-type: none"> Desktop/ Laptop available: <input type="checkbox"/> Yes/ <input type="checkbox"/> No Internet connectivity: <input type="checkbox"/> Yes/ <input type="checkbox"/> No Quality/strength of internet connection: _____ | | | | |
| 16. Kayakalp | Initiated: Facility score: Award received: | | | | |
| 17. NQAS | Assessment done: Internal/State Facility score: Certification Status: | | | | |
| 18. LaQshya | Labour Room: Operation Theatre: | | | | |
| 19. Availability of list of essential medicines (EML)/ drugs (EDL) | <input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, total number of drugs in EDL _____ EDL displayed in OPD Area: <input type="checkbox"/> Yes/ <input type="checkbox"/> No No. of drugs available on the day of visit (out of the EDL) _____ | | | | |
| 20. Implementation of DVDMS or similar supply chain management system | <input type="checkbox"/> Yes/ <input type="checkbox"/> No If other, which one _____ | | | | |
| 21. Shortage of 5 priority drugs from EDL in last 30 days, if any | 1 | | | | |
| | 2 | | | | |
| | 3 | | | | |
| | 4 | | | | |
| | 5 | | | | |
| 22. Availability of Essential Consumables: | <input type="checkbox"/> Sufficient Supply <input type="checkbox"/> Minimal Shortage <input type="checkbox"/> Acute shortage In last 6 months how many times there was shortage _____ List the consumables for which there has been shortage _____ | | | | |
| 23. Availability of essential diagnostics | <input type="checkbox"/> In-house <input type="checkbox"/> Outsourced/ PPP <input type="checkbox"/> Both/ Mixed | | | | |
| • In-house tests (for 2020-21) | Timing: Total number of tests performed: _____ Details of tests performed: | | | | |
| • Outsourced/ PPP (for 2020-21) | Timing: Total number of tests performed: _____ Details of tests performed: | | | | |

| | |
|---|---|
| 24. X-ray services is available | <input type="checkbox"/> Yes/ <input type="checkbox"/> No If Yes, type & nos. of functional X-ray machine is available in the hospital: Is the X-ray machine AERB certified: <input type="checkbox"/> Yes/ <input type="checkbox"/> No |
| 25. Whether diagnostic services (lab, X-ray, USG etc.) are free for all | <input type="checkbox"/> Free for BPL <input type="checkbox"/> Free for elderly <input type="checkbox"/> Free for JSSK beneficiaries <input type="checkbox"/> Free for all |
| 26. Availability of Testing kits/ Rapid Diagnostic Kits | <input type="checkbox"/> Sufficient Supply <input type="checkbox"/> Minimal Shortage <input type="checkbox"/> Acute shortage (List the name of kits for which there is shortage) |
| 27. If there is any shortage of major instruments/ equipment (List the Name of Equipment) | |
| 28. Average downtime of equipment. Details of equipment are nonfunctional for more than 7 days | |
| 29. Availability of delivery services | <input type="checkbox"/> Yes/ <input type="checkbox"/> No |
| • If the facility is designated as FRU, whether C-sections are performed | <input type="checkbox"/> Yes/ <input type="checkbox"/> No Number of normal deliveries performed in last month: _____ No. of C-sections performed in last month: _____ |
| • Comment on condition of: | Labour room: OT: Functional New-born care corner (functional radiant warmer with neo-natal ambu bag): <input type="checkbox"/> Yes/ <input type="checkbox"/> No |
| 30. Status of JSY payments | Payment is up to date: <input type="checkbox"/> Yes/ <input type="checkbox"/> No Average delay: Payment done till: Reasons for delay: |
| 31. Availability of JSSK entitlements | <input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, whether all entitlements being provided <input type="checkbox"/> Free delivery services (Normal delivery/ C-section) <input type="checkbox"/> Free diet <input type="checkbox"/> Free drugs and consumables <input type="checkbox"/> Free diagnostics <input type="checkbox"/> Free blood services <input type="checkbox"/> Free referral transport (home to facility) <input type="checkbox"/> Free referral transport (drop back from facility to home) <input type="checkbox"/> No user charges |
| 32. PMSMA services provided on 9 th of every month | <input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, how are high risks identified on 9 th ? If No, reasons thereof: |
| 33. Line listing of high-risk pregnancies | <input type="checkbox"/> Yes/ <input type="checkbox"/> No |
| 34. Practice related to Respectful Maternity Care | |
| 35. Whether facility have registers for entering births and deaths | <input type="checkbox"/> Yes/ <input type="checkbox"/> No |
| 36. Number of Maternal Death reported in the facility | Previous year: 2019-20 ____ Current year:2020-21__ |
| 37. Number of Child Death reported in the facility | Previous year: Current year: |
| 38. If Comprehensive Abortion Care (CAC) services available | <input type="checkbox"/> Yes/ <input type="checkbox"/> No |
| 39. Availability of vaccines and hub cutter | <input type="checkbox"/> Yes/ <input type="checkbox"/> No Nurses/ ANM aware about open vial policy: <input type="checkbox"/> Yes/ <input type="checkbox"/> No |
| 40. Number of newborns immunized with birth dose at the facility in last 3 months | |
| 41. Newborns breastfed within one hour of birth (observe if practiced and women are being counselled) | |

| | | | |
|--|--|-----------|--|
| 42. Number of sterilizations performed in last one month | Male__ Female_____ | | |
| 43. Availability of trained provider for IUCD/ PPIUCD | <input type="checkbox"/> Yes/ <input type="checkbox"/> No | | |
| 44. Who counsels on FP services? | | | |
| 45. Please comment on utilization of other FP services | | | |
| 46. FPLMIS has been implemented | <input type="checkbox"/> Yes/ <input type="checkbox"/> No | | |
| 47. Availability of functional Adolescent Friendly Health Clinic | <input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, who provides counselling to adolescents: _____ Separate male and female counselors available: <input type="checkbox"/> Yes/ <input type="checkbox"/> No Number of Adolescents counseled in last 6 months _____ | | |
| 48. Whether facility has fixed day NCD clinic | <input type="checkbox"/> Yes/ <input type="checkbox"/> No If Yes, how many days in a week: _____ days | | |
| 49. Are service providers trained in cancer services? | <input type="checkbox"/> Yes/ <input type="checkbox"/> No | | |
| 50. Number of individuals screened for the following in last 6 months: | Screened | Confirmed | |
| | a. Hypertension | | |
| | b. Diabetes | | |
| | c. Oral Cancer | | |
| | d. Breast Cancer | | |
| 51. Are service providers trained in cancer services? | <input type="checkbox"/> Yes/ <input type="checkbox"/> No | | |
| 52. Whether reporting weekly data in P, S and L form under IDSP | <input type="checkbox"/> Yes/ <input type="checkbox"/> No | | |
| 53. Status of TB elimination programme | Facility is designated as Designated Microscopy Centre (DMC): <input type="checkbox"/> Yes/ <input type="checkbox"/> No | | |
| | If yes, percent of OPD whose samples were tested for TB (microscopy) in last 6 month (average) _____ | | |
| | If anti-TB drugs available at the facility: <input type="checkbox"/> Yes/ <input type="checkbox"/> No | | |
| | If yes, are there any patients currently taking anti-TB drugs from the facility: <input type="checkbox"/> Yes/ <input type="checkbox"/> No | | |
| | Percent of patients tested through CBNAAT/TruNat for Drug resistance in the last 6 months _____ | | |
| | Is there a sample transport mechanism in place for: <ul style="list-style-type: none"> • investigations within public sector for TB testing? <input type="checkbox"/>Yes/ <input type="checkbox"/>No • investigations within public sector for other tests? <input type="checkbox"/>Yes/ <input type="checkbox"/>No • outsourced testing? <input type="checkbox"/>Yes/ <input type="checkbox"/>No | | |
| | Are all TB patients tested for HIV? <input type="checkbox"/> Yes/ <input type="checkbox"/> No | | |
| | Are all TB patients tested for Diabetes Mellitus: <input type="checkbox"/> Yes/ <input type="checkbox"/> No | | |
| Percent of TB Patients for whom DBT installments have been initiated under NikshayPoshan Yojana in the last 6 months: _____ | | | |
| 54. Status on Leprosy eradication programme | Nos. of new case detected by Field Worker in last 12 months: Out of those, how many are having Gr. II deformity: Frequency of Community Surveillance: | | |
| 55. Maintenance of records on | <ul style="list-style-type: none"> • TB Treatment Card cases (both for drug sensitive and drug resistant cases): <input type="checkbox"/>Yes/ <input type="checkbox"/>No • TB Notification Registers: <input type="checkbox"/>Yes/ <input type="checkbox"/>No • Malaria cases: <input type="checkbox"/>Yes/ <input type="checkbox"/>No • Palliative cases: <input type="checkbox"/>Yes/ <input type="checkbox"/>No • Cases related to Dengue and Chikungunya: <input type="checkbox"/>Yes/ <input type="checkbox"/>No • Leprosy cases: <input type="checkbox"/>Yes/ <input type="checkbox"/>No | | |
| 56. How much fund was received and utilized by the facility under NHM? | Fund Received last year: | | |
| | Fund utilized last year: | | |
| | Items/ Activities whose expenditure is met out of the RKS/ Untied Fund regularly: Reasons for underutilization of fund (if any) | | |
| 57. Status of data entry in (match with physical records) | HMIS: <input type="checkbox"/> Updated/ <input type="checkbox"/> Not updated MCTS: <input type="checkbox"/> Updated/ <input type="checkbox"/> Not updated IHIP: <input type="checkbox"/> Updated/ <input type="checkbox"/> Not updated HWC Portal: <input type="checkbox"/> Updated/ <input type="checkbox"/> Not updated Nikshay Portal: <input type="checkbox"/> Updated/ <input type="checkbox"/> Not updated | | |

| | |
|---|---|
| 58. Frequency of RKS meeting (check and obtain minutes of last meeting held) | |
| 59. Availability of ambulance services in the area | <input type="checkbox"/> CHC own ambulance available Number ____ <input type="checkbox"/> CHC has contracted out ambulance services Number _____ <input type="checkbox"/> Ambulances services with Centralized call centre <input type="checkbox"/> Government ambulance services are not available Comment (if any): |
| <ul style="list-style-type: none"> How many cases from sub centre/ PHC were referred to this CHC last month? | Number: Sub centre PHC Types of cases referred in: |
| <ul style="list-style-type: none"> How many cases from the CHC were referred to the DH last month? | Number: Types of cases referred out: |
| 60. Key challenges in the facility and the root causes | |
| Challenge | Root causes |
| a) | |
| b) | |
| c) | |
| d) | |
| e) | |



Ministry of Health & Family Welfare
Government of India



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

Service Delivery:

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

| | | |
|--|--|--|
| | <ul style="list-style-type: none"> Internet connectivity: <input type="checkbox"/>Yes/ <input type="checkbox"/>No Quality/strength of internet connection: _____ | |
| 11. Kayakalp | Initiated: Facility score: Award received: | |
| 12. NQAS | Assessment done: Internal/State Facility score: Certification Status: | |
| 13. Availability of list of essential medicines (EML)/ drugs (EDL) | <input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, total number of drugs in EDL _____ EDL displayed in OPD Area: <input type="checkbox"/> Yes/ <input type="checkbox"/> No No. of drugs available on the day of visit (out of the EDL) | |
| 14. Implementation of DVDMS or similar supply chain management system | <input type="checkbox"/> Yes/ <input type="checkbox"/> No If other, which one _____ | |
| 15. Shortage of 5 priority drugs from EDL in last 30 days, if any | 1 | |
| | 2 | |
| | 3 | |
| | 4 | |
| | 5 | |
| 16. Drugs Available for Hypertension & Diabetic patients: | 1 | |
| | 2 | |
| | 3 | |
| 17. Shortage of sufficient number of Hypertension & Diabetic in last 7 days | 1 | |
| | 2 | |
| | 3 | |
| 18. Availability of Essential Consumables: | <input type="checkbox"/> Sufficient Supply <input type="checkbox"/> Minimal Shortage <input type="checkbox"/> Acute shortage In last 6 months how many times there was shortage _____ (Also list the consumables for which there was shortage) | |
| 19. Availability of essential diagnostics | <input type="checkbox"/> In-house <input type="checkbox"/> Outsourced/ PPP <input type="checkbox"/> Both/ Mixed | |
| <ul style="list-style-type: none"> In-house tests For 2020-21 | Timing: Total number of tests performed: _____ Details of tests performed: | |
| <ul style="list-style-type: none"> Outsourced/ PPP For 2020-21 | Timing: Total number of tests performed: _____ Details of tests performed: | |
| 20. X-ray services is available | <input type="checkbox"/> Yes/ <input type="checkbox"/> No If Yes, type & nos. of functional X-ray machine is available in the hospital: Is the X-ray machine AERB certified: <input type="checkbox"/> Yes/ <input type="checkbox"/> No | |
| 21. Whether diagnostic services (lab, X-ray etc.) are free for all | <input type="checkbox"/> Free for BPL <input type="checkbox"/> Free for elderly <input type="checkbox"/> Free for JSSK beneficiaries <input type="checkbox"/> Free for all | |
| 22. Availability of Testing kits/ Rapid Diagnostic Kits | <input type="checkbox"/> Sufficient Supply <input type="checkbox"/> Minimal Shortage <input type="checkbox"/> Acute shortage | |
| 23. If there is any shortage of major instruments/ equipment | List of Equipment | |
| 24. Average downtime of equipment. Details of equipment are nonfunctional for more than 7 days | | |
| 25. Availability of delivery services | <input type="checkbox"/> Yes/ <input type="checkbox"/> No | |
| <ul style="list-style-type: none"> If yes, details | Comment on condition of labour room: Functional New-born care corner (functional radiant warmer with neo-natal ambu bag): <input type="checkbox"/> Yes/ <input type="checkbox"/> No | |
| 26. Status of JSY payments | Payment is up to date: <input type="checkbox"/> Yes/ <input type="checkbox"/> No Average delay: Payment done till: Reasons for delay: | |

| | | | |
|--|---|----------|-----------|
| 27. Availability of JSSK entitlements | <input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, whether all entitlements being provided <input type="checkbox"/> Free delivery services (Normal delivery/ C-section) <input type="checkbox"/> Free diet <input type="checkbox"/> Free drugs and consumables <input type="checkbox"/> Free diagnostics <input type="checkbox"/> Free blood services <input type="checkbox"/> Free referral transport (home to facility) <input type="checkbox"/> Free referral transport (drop back from facility to home) <input type="checkbox"/> No user charges | | |
| 28. Line listing of high-risk pregnancies | <input type="checkbox"/> Yes/ <input type="checkbox"/> No | | |
| 29. Number of normal deliveries in last three month | | | |
| 30. Availability of Daksh/ Dakshta trained/SBA trained MO/SN/ANM in Labour Room | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| 31. Practice related to Respectful Maternity Care | | | |
| 32. Number of Maternal Death reported in the facility | Previous year:2019-2020 Current FY:2020-2021 | | |
| 33. Number of Child Death reported in the facility | Previous year: Current year: | | |
| 34. Availability of vaccines and hub cutter | <input type="checkbox"/> Yes/ <input type="checkbox"/> No Nurses/ ANM aware about open vial policy: <input type="checkbox"/> Yes/ <input type="checkbox"/> No | | |
| 35. Number of newborns immunized with birth dose at the facility in last 3 months | | | |
| 36. Newborns breastfed within one hour of birth (observe if practiced and women are being counselled) | | | |
| 37. Number of sterilizations performed in last one month | Male | Female | |
| 38. Availability of trained provider for IUCD/ PPIUCD | <input type="checkbox"/> Yes/ <input type="checkbox"/> No | | |
| 39. Who counsels on FP services? | | | |
| 40. Please comment on utilization of other FP services | | | |
| 41. FPLMIS has been implemented | <input type="checkbox"/> Yes/ <input type="checkbox"/> No | | |
| 42. Availability of functional Adolescent Friendly Health Clinic | <input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, who provides counselling to adolescents: _____ Separate male and female counselors available: <input type="checkbox"/> Yes/ <input type="checkbox"/> No | | |
| 43. Whether facility has fixed day NCD clinic | <input type="checkbox"/> Yes/ <input type="checkbox"/> No If Yes, how many days in a week: _____ days | | |
| 44. Are service providers trained in cancer services? | <input type="checkbox"/> Yes/ <input type="checkbox"/> No | | |
| 45. Number of individuals screened for the following in last 6 months: | | Screened | Confirmed |
| | a. Hypertension | | |
| | b. Diabetes | | |
| | c. Oral Cancer | | |
| | d. Breast Cancer | | |
| | e. Cervical Cancer | | |
| 46. Whether wellness activities are performed | <input type="checkbox"/> Yes/ <input type="checkbox"/> No Frequency: | | |
| 47. Whether reporting weekly data in P and L form under IDSP | <input type="checkbox"/> Yes/ <input type="checkbox"/> No | | |
| 48. Distribution of Long lasting Insecticidal nets (LLIN) in high-risk areas | No. of LLIN distributed per household: <input type="checkbox"/> 1 per family/ <input type="checkbox"/> Others (Specify): _____ | | |
| 49. Status of TB elimination programme | Facility is designated as Designated Microscopy Centre (DMC): <input type="checkbox"/> Yes/ <input type="checkbox"/> No | | |
| | If yes, percent of OPD whose samples were tested for TB (microscopy) in last 6 month (average) _____ | | |
| | If anti-TB drugs available at the facility: <input type="checkbox"/> Yes/ <input type="checkbox"/> No | | |
| | If yes, are there any patients currently taking anti-TB drugs from the facility: <input type="checkbox"/> Yes/ <input type="checkbox"/> No | | |
| | Percent of patients tested through CBNAAT/TruNat for Drug resistance in the last 6 months _____ | | |
| Is there a sample transport mechanism in place for: | | | |
| • investigations within public sector for TB testing? <input type="checkbox"/> Yes/ <input type="checkbox"/> No | | | |
| • investigations within public sector for other tests? <input type="checkbox"/> Yes/ <input type="checkbox"/> No | | | |
| • outsourced testing? <input type="checkbox"/> Yes/ <input type="checkbox"/> No | | | |

| | |
|--|--|
| | Are all TB patients tested for HIV? <input type="checkbox"/> Yes/ <input type="checkbox"/> No Are all TB patients tested for Diabetes Mellitus: <input type="checkbox"/> Yes/ <input type="checkbox"/> No Percent of TB Patients for whom DBT installments have been initiated under NikshayPoshan Yojana in the last 6 months: |
| 50. Status on Leprosy eradication programme | Nos. of new case detected by Field Worker in last 12 months: Out of those, how many are having Gr. II deformity: Frequency of Community Surveillance: |
| 51. Maintenance of records on | <ul style="list-style-type: none"> • TB Treatment Card cases (both for drug sensitive and drug resistant cases): <input type="checkbox"/>Yes/ <input type="checkbox"/>No • TB Notification Registers: <input type="checkbox"/>Yes/ <input type="checkbox"/>No • Malaria cases: <input type="checkbox"/>Yes/ <input type="checkbox"/>No • Palliative cases: <input type="checkbox"/>Yes/ <input type="checkbox"/>No • Cases related to Dengue and Chikungunya: <input type="checkbox"/>Yes/ <input type="checkbox"/>No • Leprosy cases: <input type="checkbox"/>Yes/ <input type="checkbox"/>No |
| 52. How much fund was received and utilized by the facility under NHM? | Fund Received last year: Fund utilized last year: |
| | Items/ Activities whose expenditure is met out of the RKS/ Untied Fund regularly: |
| | Reasons for underutilization of fund (if any) |
| 53. Status of data entry in (match with physical records) | HMIS: <input type="checkbox"/> Updated/ <input type="checkbox"/> Not updated MCTS: <input type="checkbox"/> Updated/ <input type="checkbox"/> Not updated IHIP: <input type="checkbox"/> Updated/ <input type="checkbox"/> Not updated HWC Portal: <input type="checkbox"/> Updated/ <input type="checkbox"/> Not updated Nikshay Portal: <input type="checkbox"/> Updated/ <input type="checkbox"/> Not updated |
| 54. Frequency of RKS meeting (check and obtain minutes of last meeting held) | |
| 55. Availability of ambulance services in the area | <input type="checkbox"/> PHC own ambulance available Number _____ <input type="checkbox"/> PHC has contracted out ambulance services Number _____ <input type="checkbox"/> Ambulances services with Centralized call centre <input type="checkbox"/> Government ambulance services are not available Comment (if any): |
| | <ul style="list-style-type: none"> • How many cases from sub centre were referred to this PHC last month? Number: Types of cases referred in: • How many cases from the PHC were referred to the CHC last month? Number: Types of cases referred out: |
| 56. Key challenges in the facility and the root causes | |
| Challenge | Root causes |
| a) | |
| b) | |
| c) | |
| d) | |
| e) | |
| Only for U-PHC | |
| 57. Population enumeration initiated for slum population | <input type="checkbox"/> Not yet initiated <input type="checkbox"/> Initiated <input type="checkbox"/> Completed |
| 58. Number of CBAC forms filled (NUHM) | |
| 59. Is Specialist services provided at U-PHC? | <input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, specialist services are provided through: <input type="checkbox"/> Teleconsultation/ <input type="checkbox"/> Clinic Schedule: <input type="checkbox"/> Fixed/ <input type="checkbox"/> Rotational Type of specialist services available: <input type="checkbox"/> OBGY, <input type="checkbox"/> Pediatrics, <input type="checkbox"/> Medicine, <input type="checkbox"/> Dermatology, <input type="checkbox"/> Ophthalmology, Others_____ |
| 60. UHNDs Conducted: | <input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, no. of UHND conducted per month_____ |
| 61. Special Outreach camps conducted: | <input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, no. of UHND conducted during last quarter _____ Type of specialties provided during special outreach camps: _____ |



Ministry of Health & Family Welfare
Government of India



Sub-Centre (SC) Level Checklist

Service Delivery: Sub Centre

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

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

| Indicator | Remarks/ Observation | | |
|---|--|----------|-----------|
| | 5 | | |
| 9. Drugs Available for Hypertension & Diabetic patients: | 1 | | |
| | 2 | | |
| | 3 | | |
| 10. Shortage of sufficient number of Hypertension & Diabetic in last 7 days | 1 | | |
| | 2 | | |
| | 3 | | |
| 11. Are CHOs dispensing medicines for hypertension and diabetes at SHC-HWC | <input type="checkbox"/> Yes/ <input type="checkbox"/> No | | |
| 12. Availability of Testing kits/ Rapid Diagnostic Kits | <input type="checkbox"/> Sufficient Supply <input type="checkbox"/> Minimal Shortage <input type="checkbox"/> Acute shortage List of Kits (Shortage)_____ | | |
| 13. Availability of: | <ul style="list-style-type: none"> • BP instrument: <input type="checkbox"/>Yes/ <input type="checkbox"/>No. If yes, Type: _____ • Thermometer: <input type="checkbox"/>Yes/ <input type="checkbox"/>No • Contraceptives: <input type="checkbox"/>Yes/ <input type="checkbox"/>No. If yes, Type: _____ • Glucometer: <input type="checkbox"/>Yes/ <input type="checkbox"/>No | | |
| 14. Line listing of all Pregnant women in the area | <input type="checkbox"/> Yes/ <input type="checkbox"/> No <ul style="list-style-type: none"> • High risk women identified: <input type="checkbox"/>Yes/ <input type="checkbox"/>No • MCP cards duly filled: <input type="checkbox"/>Yes/ <input type="checkbox"/>No | | |
| 15. Number of Maternal Death Review conducted | Previous year:2019-20 Current year:2020-21 | | |
| 16. Number of Child Death Review conducted | Previous year: Current year: | | |
| 17. Availability of vaccines and hub cutter | <input type="checkbox"/> Yes/ <input type="checkbox"/> No Awareness of ANM on vaccine schedule: <input type="checkbox"/> Yes/ <input type="checkbox"/> No Awareness about open vial policy: <input type="checkbox"/> Yes/ <input type="checkbox"/> No | | |
| 18. Availability of micro-plan for immunization | <input type="checkbox"/> Yes/ <input type="checkbox"/> No | | |
| 19. Follow up of: | SNCU discharge babies: <input type="checkbox"/> Yes/ <input type="checkbox"/> No LBW babies: <input type="checkbox"/> Yes/ <input type="checkbox"/> No | | |
| 20. Line listing of all eligible couple in the area | <input type="checkbox"/> Yes/ <input type="checkbox"/> No | | |
| 21. Availability of trained provider for IUCD/ PPIUCD | <input type="checkbox"/> Yes/ <input type="checkbox"/> No | | |
| 22. Please comment on utilization of other FP services | | | |
| 23. Number of individuals above 30 years of age in the HWC population | | | |
| 24. Number of CBAC forms filled in last 6 months | | | |
| 25. Report for number of individuals for whom CBAC form has been filled in last six months. | Score with below 4: 4 and above score: | | |
| 26. Whether universal screening of NCD has started | <input type="checkbox"/> Yes/ <input type="checkbox"/> No | | |
| 27. Number of individuals screened for the following in last 6 months: | | Screened | Confirmed |
| | a. Hypertension | | |
| | b. Diabetes | | |
| | c. Oral Cancer | | |
| | d. Breast Cancer | | |
| e. Cervical Cancer | | | |
| 28. Number of individuals who had initiated treatment for HTN, DM and others during last six months | Advised for Lifestyle management: Medicines for Hypertension: Medicines for Diabetes: Medicines for Others: | | |
| 29. Source of getting drugs/ medications for individual. Number of individuals taking medication for HTN and DM during last six months from which source Taking medication for HTN/DM | From SC-HWC: From Linked PHC: From other govt. facilities: (Specify) From pvt. Chemist shop: (Average OOP/month) | | |
| 30. Status of use of: | <ul style="list-style-type: none"> • Tele-consultation services • HWC App Details: | | |

| Indicator | Remarks/ Observation | | |
|---|---|-------------|---------|
| 31. Whether wellness activities are performed | <input type="checkbox"/> Yes/ <input type="checkbox"/> No Frequency: | | |
| 32. Whether reporting weekly data in S form under IDSP | <input type="checkbox"/> Yes/ <input type="checkbox"/> No | | |
| 33. Status of Tuberculosis in the area: | Indicators | | 2019-20 |
| | Number of presumptive TB patients identified: | | 2020-21 |
| | Number of presumptive TB patients referred for testing | | |
| | Number of TB patients diagnosed out of the presumptive patients referred | | |
| | Number of TB patients taking treatment under the Sub centre area | | |
| 34. ASHA Interaction | | | |
| <ul style="list-style-type: none"> Status of availability of Functional HBNC Kits (weighing scale/ digital thermometer/ blanket or warm bag) | | | |
| <ul style="list-style-type: none"> Status of availability of Drug Kits (Check for PCM/ Amoxicillin/ IFA/ ORS/ Zinc/ IFA Syrup/ Cotrimoxazole) | | | |
| <ul style="list-style-type: none"> ASHA Incentives: Any Time lag /Delay in Payment after submission of voucher. <ul style="list-style-type: none"> Average delay | | | |
| <ul style="list-style-type: none"> ASHA is aware about provision of incentives under NTEP (Informant Incentives, Treatment Supporter Incentives) and NikshayPoshan Yojana (₹500 per month incentive to the TB patient for the duration of treatment) | | | |
| 35. Number of Village Health & Sanitation days conducted in last 6 months | | | |
| 36. Incentives: | <ul style="list-style-type: none"> Performance Incentives is disbursed to CHOs on monthly basis: <input type="checkbox"/>Yes/ <input type="checkbox"/>No Team-based incentive being disbursed for all HWC staffs: <input type="checkbox"/>Yes/ <input type="checkbox"/>No | | |
| 37. Frequency of VHSNC/ MAS meeting (check and obtain minutes of last meeting held) | | | |
| 38. Whether CHOs and HWC staffs are involved in VHSNC/ MAS meeting | <input type="checkbox"/> Yes/ <input type="checkbox"/> No | | |
| 39. Maintenance of records on | <ul style="list-style-type: none"> TB cases: <input type="checkbox"/>drug sensitive/ <input type="checkbox"/>drug resistant cases/ <input type="checkbox"/>both Malaria cases: <input type="checkbox"/>Yes/ <input type="checkbox"/>No Palliative cases: <input type="checkbox"/>Yes/ <input type="checkbox"/>No Cases related to Dengue and Chikungunya: <input type="checkbox"/>Yes/ <input type="checkbox"/>No Leprosy cases: <input type="checkbox"/>Yes/ <input type="checkbox"/>No | | |
| 40. How much fund was received and utilized by the facility under NHM? | Fund Received last year: | | |
| | Fund utilized last year: | | |
| | Items/ Activities whose expenditure is met out of the RKS/ Untied Fund regularly: | | |
| | Reasons for underutilization of fund (if any) | | |
| 41. Availability of ambulance services in the area | | | |
| <ul style="list-style-type: none"> How many cases from the Sub Centre were referred to PHC in last month? | Number: Types of cases referred out: | | |
| 42. Key challenges in the facility and the root causes | | | |
| Challenge | | Root causes | |
| a) | | | |
| b) | | | |
| c) | | | |
| d) | | | |
| e) | | | |