Name and Designation of DOHe Assessors:
1. ..........................................................................................................................
2. ..........................................................................................................................
3. ..........................................................................................................................

- **Settlement Demographic and Social Profile:**
  
  Settlement Name: ........................................ Date of Visit: ............................
  
  Settlement Population: ...... (Male: ...., Female: ......), Total no. of Camps: ............
  
  Total Monasteries/Nunneries: ............... Population of monks/nuns: .................
  
  Total no. of schools: .................... Total no. of non-TVHA Healthcare Facilities (NGO/Govt.): .................
  
  Main source of Income for local residents: .................................................................

- **TVHA Healthcare Facility Profile:**
  
  Facility Name: ..............................
  
  Total Annual OPD (Outpatient): .........  Total Annual IPD (Inpatient): .................
  
  Most Common diseases in the settlement: ........................................................................

  Total no. Ambulance: .......  Total no. of patient who used Ambulance in one year: ............
  
  Total health center Staff: .............. (Medical staff: ............... , Admin staff: .............)
Human Resource:

Individual job responsibilities and Workforce assessment: .................................................................
..........................................................................................................................................................
..........................................................................................................................................................
..........................................................................................................................................................

Is adequate staff available as per TVHA workforce guidelines: ............................................................
..........................................................................................................................................................
..........................................................................................................................................................
..........................................................................................................................................................

Do you need additional staff and why: ...................................................................................................
..........................................................................................................................................................
..........................................................................................................................................................
..........................................................................................................................................................

Do you face any major problem working in the clinic, if yes, please explain (Only for clinic nurse): ....
..........................................................................................................................................................
..........................................................................................................................................................
..........................................................................................................................................................
..........................................................................................................................................................

Assess relationship between facility administrator and staff, also, is there any groupism issue:
..........................................................................................................................................................
..........................................................................................................................................................
..........................................................................................................................................................
..........................................................................................................................................................

Below Points to Note:

1.  སྨན་ཁང་གི་གཞུང་འབྲེལ་ག ློག་འཕིན་དྲེ་སྨན་ཁང་འགན་འཛིན་དང་རིས་པ་གཉིས་ནས་འགན་འཁུར་གནང་གི་ཡློད་མྲེད་དང་། སྐབས་རྲེ་འགན་འཛིན་
   དགློངས་ཞུ་སྐབས་ལས་དློན་འཐུས་ཤློར་མི་ཡློང་ས ད་འཛིན་སློང་ལས་བྲེད་ཡང་ན་རིས་པ་ནས་འགན་འཁུར་མཐའ་དག་གནང་
   དགློས་གལ།

2.  ཁྱབ་ཁློངས་སྨན་ཁང་ཁག་ནང་ནད་པ་འློར་འདྲེན་སུམ་འཁློར་གནས་སྟངས་ཞིབ་ཕ་དགློས་
   དང་། དྲེ་བཞིན་སུམ་འཁློར་ར་འཛིན་ལམ་སྟློན་གཞིར་བཟུང་ཕྱག་བསྟར་གནང དེའི་ཡློད་མྲེད་ཞིབ་འཇུག་
   དེའི་ཕྱུག་གི་ཡིན་ཅིང་དེའི་ཕྱུག་གི་ཡིན་ཅིང་

Please mention any major Challenges in TVHA health facility:

Clinical problems (Service and Patient care): ...........................................................................................
..........................................................................................................................................................
..........................................................................................................................................................

Administrative issues: ...................................................................................................................................
..........................................................................................................................................................
Infrastructural issues (Building, equipment and staff quarter): .................................................................
...................................................................................................................................................................

Any other challenges: ...................................................................................................................................
...................................................................................................................................................................
...................................................................................................................................................................

➢ **MONASTERY HEALTH FACILITIES:**

Name of Monastery Health facilities: ..............................................................................................................

Services Available in the health facilities: ...........................................................................................................

Total Staff: .......... (Nurse/CHW: .........., Doctor: .........., Other medical staff: ............... )

Do monk/nun health workers need any formal nursing training? If yes, please mention name of the interested monk and nuns: .................................................................

➢ **Public Health -**

**A. Community Need Assessment on Healthy Lifestyle Campaign (HLC) under Health Education Program:**

1. Do you know if DoHe has initiated a Healthy Lifestyle Campaign (HLC) specific to healthy eating and physical movement since 2019? .................................................................

........................................................................................................................................................................

2. There are many videos produced under DoHe which were broadcasted through Tibet TV on healthy diet for e.g., How to prepare colorful rotis? How to prepare different salads? How to prepare plant-based protein food? Rewa & Kunkyi. Have you seen such videos?

........................................................................................................................................................................

3. If yes, do you have any suggestions on how to make video tailor to your needs?

........................................................................................................................................................................

........................................................................................................................................................................

4. Do you know if DoHe observed different World Health days at the settlements through Tibetan Primary Healthcare Centers? World Cancer Day was observed on 2nd February emphasizing on early screening and diagnosis in the settlements. Are you aware of it? If yes, do you think such a program will benefit you? .................................................................
5. DoHe is planning to create a video on 'Harmful effects of Junk food' targeted to school children. Do you have any suggestions on the key message in the video or any other suggestions to carry forward while planning for the video production?

6. Are the health talk shows and panel discussions broadcasted in Tibet TV useful or is it informative to improve your health seeking behavior? Do you have any suggestions on how we can improve the delivery on Tibet TV platform?

7. Do you check pamphlets or social media platforms (Facebook, Instagram, YouTube, WhatsApp) to know about your health issues? If not, what channels do you suggest DoHe can explore to reach people more efficiently?

B. Questionnaires for nurses regarding Mother and Child program:

1. Are the MCH program benefits provided by the DoHe CTA helpful? If not WHY?

2. Does all the people in your area aware of RMNACH (Reproductive, Mother, Neonatal and Antenatal Child Health) program? If not why?

3. Does any Gynecologist and Pediatrician visit at your settlements? If yes how many times? If no why or how can we help?

4. Is there any Gynecologist and Pediatrician nearby your place?

5. Does settlements Hospital/Clinics provide micronutrient for pregnant mothers? If no why?
6. Does all the children under 5 years of age get the immunization provided by the Indian Government? If no Why? .................................................................

7. How many numbers of Hep B Pregnant mothers are there at your area currently?..................

8. Does all the newborn of Hep B infected mother get the immunoglobulin vaccination through DoHe Programe? .................................................................

9. How do you provide awareness on MCH program in your settlements? .............................

10. Are community members getting traditional micronutrients from your settlement office? (Lophen Duezi and Tsephel medicine) .................................................................

11. Do you have any suggestion on how we can help further? If yes, please briefly explain?

12. Do you receive refunds from DoHe for Gyaneac-Consultation charges? ...........................

13. Have you registered yourself as a pregnant woman at TVHA Hospitals/Clinic? .................

14. Where do you plan on visiting during your delivery? A private or government hospital? .......
C. TB Supervision & Monitoring (S&M):

<table>
<thead>
<tr>
<th>S no.</th>
<th>Question</th>
<th>Feedback</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Number of TB patient in last one year</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Out of above (1) how many received DOT care</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Out of (1) how many received treatment support from GOI</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Is contact tracing done for all TB confirmed cases</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Are all TB cases notified in Nickshay</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Is there requirement of Active case finding at the settlement. If yes, please mention the area where ACF is required (School/Monastery/Camp etc)</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Any challenges in receiving TB support from district TB office</td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Any additional activity required to reduce TB cases in the community</td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Is the Digital X ray machine functional (Only for Hunsur)</td>
<td></td>
</tr>
<tr>
<td>10</td>
<td>If no to serial no 9. Why?</td>
<td></td>
</tr>
<tr>
<td>11</td>
<td>Does TB patient receive stipend from Indian Govt.</td>
<td></td>
</tr>
</tbody>
</table>

D. Hepatitis B Supervision & Monitoring (S & M):

<table>
<thead>
<tr>
<th>S no.</th>
<th>Question</th>
<th>Feedback</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Number of Hepatitis B patient in the settlement?</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Are all Pregnant women screened for Hepatitis B?</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Are there any barriers for getting Hepatitis B vaccine to newborns at birth (within 24 hours of birth)? List the barriers.</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Is there any *coordination with private maternity hospitals regarding at birth hepatitis B vaccination? (*Some hospitals may not provide hepatitis B vaccination within 24 hours of birth, so the clinic staff can communicate with the private maternity hospital most frequently visited by Tibetans to provide at birth vaccination to the Tibetans or provide vaccination from Dohe clinics whatsoever more appropriate)</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Is there a safe injection and infection prevention</td>
<td></td>
</tr>
</tbody>
</table>
and control (IPC) guideline in the hospital/clinic? (e.g. Is there any mechanism of reporting needle stick injury to health staff from a Hepatitis B patient and receiving immunoglobulin?)

6 Are there blood transfusion done at the hospital/clinic

6a If yes to s no. 6, are blood products screened for HBV and HCV?

7 Number of Health staff who have checked their HBV titer level in last one year

8 Percentage of People aware of hepatitis B preventive methods

9 Is there requirement of Hepatitis B and C screening for the population (Only for Hunsur, Mundgod and bhandara)

---

**E. Eye camp Supervision & Monitoring (S & M):**

<table>
<thead>
<tr>
<th>S no.</th>
<th>Question</th>
<th>Feedback</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Number of Patients with Eye disorders</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Number of Patient undergone cataract surgery in last one year</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Does the hospital/clinic organize ophthalmologist visit?</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Does the Hospital/clinic conduct periodic eye camp?</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Is there any requirement of Eye camp in the settlement</td>
<td></td>
</tr>
<tr>
<td>5a</td>
<td>If yes to sno. 5, please grade the requirement from 1 – 10 = (Please be genuine) (1-least, 10 - Most)</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Feasibility of Vision Centre at Bylakuppe and Kollegal. Please grade the feasibility</td>
<td></td>
</tr>
</tbody>
</table>

---

**F. CCOCC Program Supervision and Monitoring Checklist:**

<table>
<thead>
<tr>
<th>Supervision and Monitoring Check List CCOCC 2022</th>
</tr>
</thead>
<tbody>
<tr>
<td>Activity</td>
</tr>
<tr>
<td>----------</td>
</tr>
<tr>
<td>1</td>
</tr>
</tbody>
</table>
### Department of Health

#### Central Tibetan Administration

<table>
<thead>
<tr>
<th></th>
<th></th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>Monthly CCOCC Report being send in DHIS2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Reporting of Outreach morbidity in DHIS2</td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>4</td>
<td>Reporting of mortality in DHIS2 from Outreach</td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>5</td>
<td>Community participation in outreach activities?</td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>6</td>
<td>Use of outreach data in planning health activities?</td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>7</td>
<td>% of Population covered under outreach in a month?</td>
<td>0%-24%</td>
<td>25%-49%</td>
</tr>
<tr>
<td>8</td>
<td>All activities of monthly CCOCC report listed in DHIS2 is understood?</td>
<td>0%-24%</td>
<td>25%-49%</td>
</tr>
<tr>
<td>9</td>
<td>All activities listed in monthly CCOCC report sheet is implemented in the field?</td>
<td>0%-24%</td>
<td>25%-49%</td>
</tr>
<tr>
<td>10</td>
<td>All activites of monthly CCOCC report is entered in DHIS2?</td>
<td>0%-24%</td>
<td>25%-49%</td>
</tr>
</tbody>
</table>

#### Assessment (Nurse)

<table>
<thead>
<tr>
<th></th>
<th>Response Level</th>
<th>Remarks (If Poor and other comments)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Level of community response to your services</td>
<td>Poor</td>
</tr>
<tr>
<td>2</td>
<td>Level of support you get from your Superiors (Settlement officer, Executive secretary)</td>
<td>Poor</td>
</tr>
<tr>
<td>3</td>
<td>Level of community participation (Camp leaders, RTYC, TWA, school, monastery etc)</td>
<td>Poor</td>
</tr>
<tr>
<td>4</td>
<td>Level of Team work in conducting community outreach. (Nurses participation)</td>
<td>Poor</td>
</tr>
<tr>
<td>5</td>
<td>What aspects of vital outreach services does your community need?</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>What are the challenges that you face during CO?</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>What additional resources do you require to strengthen community outreach?</td>
<td></td>
</tr>
</tbody>
</table>

#### COMMUNITY

<table>
<thead>
<tr>
<th></th>
<th>Response</th>
<th>Remarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Does the nurses come to visit in the community/House?</td>
<td>YES</td>
</tr>
<tr>
<td></td>
<td>Question</td>
<td></td>
</tr>
<tr>
<td>---</td>
<td>--------------------------------------------------------------------------------------------</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>How often the nurses come for outreach visits?</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Once a wk</td>
<td>Once a month</td>
</tr>
<tr>
<td>3</td>
<td>In what ways are their visits/ services helpful?</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>What additional essential services that you think is required during outreach</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>On what health topics do you wish the nurses to explain?</td>
<td></td>
</tr>
</tbody>
</table>

**G. Mental Health Monitoring Questions for General Public:**

1. How common is mental health problem in your settlement or your locality? ......................

2. If there are mental health issues in your settlement, can you elaborate on the kinds of mental health problems you see in your settlement? .................................................................

3. How do individuals or families deal with mental health issues? ......................................

4. Where do people go to seek help? ...........................................................................................

5. Is it easy for people to seek mental health treatment? ........................................................

6. What are some reasons for not seeking help? Or what are some barriers to people not seeking help?

7. What do you think we (as an individual, as a community, as a government) should do to help people suffering from mental health problems?

8. What suggestions do you have to promote wellbeing in our community? ..............................
9. Where do you go to seek medical or health related advice or information? .................................................................

10. If we were to conduct a health and wellbeing awareness in your settlement, how do you think it should look like? How can we make awareness more fun and engaging for you? How can we reach you?

11. For DOHe's mental health beneficiaries:
   - How long have you been taking psychiatric medications? .................................................................
   - How did you come to learn of the DOHe mental health medical reimbursement?

   - How often do you go for follow-up consultation?

   - How easy is to access mental health treatment?

   - How much money do you spend on your treatment? Travelling, purchasing medicines, seeking leave, etc.

   - Do you go alone to the clinic or does your family accompany you? .................................................................

   - What other treatment options are you seeking despite medications?

Are there any suggestions or problems you would like to share? .................................................................

H. Differently abled person and Leprosy patient:

What is the familial situation of the differently abled person receiving stipends from DOHe CTA? དེ་ཨོ་བདག་ཅིང་ཐུབ་དངོ་སོགས་ཁྱབ་དཔེ་ནི་དེ་དེ་བདུན་སྤྱིབས་བསལ་དགློས་མཁྱེན་གཞི་བཅིས་མི་དུས་རབ་་

དེ་ཨོ་བདག་ཅིང་ཐུབ་དངོ་སོགས་ཁྱབ་དཔེ་ནི་དེ་དེ་བདུན་སྤྱིབས་བསལ་དགློས་མཁྱེན་གཞི་བཅིས་མི་དུས་རབ་་


delims


delims


delims


delims


delims


delims


delims


delims


delims


delims


delims


delims


delims


delims


delims


delims


delims


delims


delims


delims


delims


delims


delims


delims


delims


delims


delims


delims


delims


delims


delims


delims


delims


delims


delims


delims


delims


delims


delims


delims


delims


delims


delims


delims


delims


delims


delims


delims


delims


delims


delims


delims


delims


delims


delims


delims


delims


delims


delims


delims


delims


delims


delims


delims


delims


delims


delims


delims


delims


delims


delims


delims


delims


delims


delims


delims


delims


delims


delims


delims


delims


delims


delims


delims


delims


delims


delims


delims


delims


delims


delims


delims


delims


delims


delims


delims


delims


delims


delims


delims


delims


delims


delims


delims


delims


delims


delims


delims


delims
Is existing benefits under the disability support program beneficial or not? དེ་ཐུན་སྦྱིན་ནས་སྦྱིན་བཤད་སྒྲིག་པ་བཤད་པའི་དུས་གྲོས་་བདེ་ནས་མཐུན་ལས་ཆོས་དང་བཤད་ཞིབ་ཕའི་གནས་སྟངས།

Is the stipend sufficient or not, if not, please explain why in detail? ད་ཡློད་འཚློ་སློན་འདང་ངྲེས་ཡློད་མྲེད། འདང་ངྲེས་མྲེད་ཚྲེ་དྲེའི་ཞིབ་ཕའི་གནས་སྟངས།

Do you need any skill training to earn livelihood? If yes, what kind of training do you need? དམིགས་བསལ་དགློས་མཁློ་ཅན་རྣམས་རང་ཁ་རང་གསློ་ཐུབ་ཆྲེད་ལས་རིགས་སློང་བརྡར་དགློས་གལ་གཟིགས་སམ།

Any need of Aids and Appliances for Differently abled person. དགློས་གལ་འདུག་གམ།

How do beneficiaries feel about the benefits offered by the health department CTA? བློད་མི་སིག་འཛུགས་ཀི་ད་བར་མཐུན་འགྲྱུར་གནང་བར་དློ་བདག་གི་བསམ་ཚྒྱུལ་གང་ཡློད་དམ།

I. Substance Abuse/ HIV Support Program:

1. How many substance Users are there in your settlement? Give roughly estimation
   Total number of Substance users: ........... (Male User....... /Female User..........)

2. No of Serious Addicts in your settlement: ........ (Male Addicts........ /female Addicts........)

3. Two of the most common Substances being abused/Used in the settlement:
   a........................................ b......................................................

4. Do you have an idea that department of Health supports patients with their treatment costs at rehabilitation centers? (Tick one) Yes / No

5. Is HIV/AIDS serious disease? Yes / No (tick one)
6. How does HIV/AIDS transmits or Spreads? *(Tick all the option)*

a. Kissing with HIV patients  
b. travelling together in car or bike  
c. Mother to child during delivery  
d. eating together  
e. Unsafe Sex with HIV/AIDS patients  
f. When HIV/AIDS patient sneeze in front of you  
g. Holding hands & hugging with AIDS patients

7. How can you know if someone has HIV or not? .................................................................
................................................................................................................................................
................................................................................................................................................
8. What do you think are the two most common reason behind discrimination and stigma against HIV/AIDS patients in our community? .................................................................
................................................................................................................................................
................................................................................................................................................
9. How many HIV/AIDS patients do you know are there in your settlement? Tick one


**J. Water, Sanitation and Hygiene: WASH**

**A. Format for the questioner to be used for households survey:**

1. Village/ camps:  
2. Date:  
3. Socio economic status of the family:  
4. Main source of Income:  

**Questions related to WASH:**

a) Access to and maintenance of drinking water sources:

*Where do you get you drinking water from? **Tick the answer below***

<table>
<thead>
<tr>
<th>Stream</th>
<th>River</th>
<th>Spring</th>
<th>Tap water</th>
<th>Hand Pump</th>
<th>Tube well</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

How far is your water source?  

Is drinking water available to you? a) Household Level-  
b) Community Level-

Is the water clean enough?  
Yes: No:

If no? Give reasons

What mechanism do you have for regular maintenance of water source?

**B) Availability of Sanitation facilities (e.g. toilet, bathroom, hand washing station)**
Do you have a toilet? | a) In House-  
b) Outside house-

Type of toilet? | a) Local Indian style-  
b) Western Commode flush system-

Do you have in house bath room? | 

Is your system of maintaining of toilet and bathroom appropriate?

5. Other points of relevant:

C) **Focus Group Discussion: Community WASH Assessment**

<table>
<thead>
<tr>
<th>Name/ village/ camp</th>
<th>Date</th>
<th>Basic information</th>
<th>Total population in Village/ School</th>
<th>Existing facilities</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>Females</td>
<td>Males</td>
</tr>
</tbody>
</table>

**Drinking water:**

Existing facilities

Issues

Possible responses

Additional measure for further improvement

**Sanitation: Toilets etc.,**

Existing facilities

Issues
**Possible responses**

**Additional measure for further improvement**

*Note: Could be done through an exercise with a group of community residents in the village.*

**Observation/ analysis of the enumerator: .................................................................**

*Observations and analysis make here*

**Conclusion Remarks:**

*Concluding remarks for the observations and analysis here*