



Monitoring of the Important Components of the Programme Implementation Plan under National Health Mission

A Report on

Kargil District, Ladakh



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LIST OF ABBREVIATIONS

AFHS	Adolescent Friendly Health Clinic
ANC	Ante Natal Care
ANM	Auxiliary Nurse Midwife
ASHA	Accredited Social Health Activist
AYUSH	Ayurveda, Yoga & Naturopathy, Unani, Siddha and Homeopathy
BB	Blood Bank
BCC	Behaviour change communication
BCG	Bacillus Calmette Guerin
BEmOC	Basic Emergency Obstetric Care
BPL	Below Poverty Line
BSU	Blood Storage Unit
CHC	Community Health Centre
CMO	Chief Medical Officer
DEIC	District Early Intervention Centre
DH	District Hospital
DHQ	District Health Quarter
DOTS	Directly Treatment Strategy
DPMU	District Programme Management Unit
DPT	Diphtheria Pertussis Tetanus
DWH	District Women Hospital
EmOC	Emergency Obstetric Care
F-IMNCI	Facility based Integrated Management of Neonatal and Childhood Illness
FRU	First Referral Unit
HBNC	Home Based New Born Care
HIV	Human Immunodeficiency Virus
HMIS	Health Management Information System
HWC	Health & Wellness Centre
ICDS	Integrated Child Development Services
IEC	Information Education & Communication
IFA	Iron & Folic Acid
IMEP	Infection Management and Environment Plan
IPD	Indoor-Patients Department
IPHS	Indian Public Health Standards
IUCD	Intra Uterine Contraceptive Device
JSSK	Janani Shishu Suraksha Karyakaram
JSY	Janani Suraksha Yojana
KMC	Kangaroo Mother Care
LaQshya	Labour room Quality improvement initiative
LHV	Lady Health Visitor
LSAS	Life Saving Anaesthesia Skill

MCH	Maternal and Child Health
MCTS	Mother and Child Tracking System
MOIC	Medical Officer In-Charge
MTP	Medical Termination of Pregnancy
NBCC	New Born Care Corner
NBSU	New Born Special Unit
NGO	Non-Government Organization
NHM	National Health Mission
NLEP	National Leprosy Eradication Programme
NPCB	National Programme for Control of Blindness
NPCC	National Program Coordination Committee
NRC	National Rehabilitation Centre
NRHM	National Rural Health Mission
NSSK	NavjatShishuSurkshaKaryakram
NSV	Non Scalpel Vasectomy
NUHM	National Urban Health Mission
NVBDCP	National Vector Borne Disease Control Programme
NVHCP	National Viral Hepatitis Control Programme
OBG	Obstetrics Gynaecologist
OCP	Oral Contraceptive Pill
OPV	Oral Polio Vaccine
ORS	Oral Rehydration Solution
PFMS	Public Financial Management System
PHC	Primary Health Centre
PIP	Programme Implementation Plan
PPIUCD	Post-Partum Intrauterine Contraceptive Device
RKS	RogiKalyanSamiti
RNTCP	Revised National Tuberculosis Control Programme
RTI	Reproductive Tract Infection
SBA	Skilled Birth Attendant
SNCU	Special Newborn Care Unit
SPUHC	Seed Primary Urban Health Centre
STI	Sexually Transmitted Infection
U5MR	Under 5 Mortality Rate
VHND	Village Health and Nutrition Day

Executive Summary

The National Health Mission (NHM) was launched by the government of India in 2013 subsuming the National Rural Health Mission and National Urban Health Mission. It is headed by the Mission Director and monitored by National Level Monitors appointed by the government of India, The thrust of this mission is on establishing a fully functional, community owned, decentralized health delivery system with inter-sectoral convergence at all levels, to ensure simultaneous action on a wide range of determinants of health such as water, sanitation, education, nutrition, social and gender equality.

This report presents the key findings from the concurrent monitoring of essential components of NHM in Kargil district of Ladakh. The report is prepared on the basis of field-based observations and visits to select public health facilities in Kargil district. The following public health care facilities were visited by the PRC-IEG Team: District Hospital, CHC (Drass & Chiktan), PHC (Shargole & Bhimbat), SC/HWC (Samrah). Structured checklists were used to collect information on human resources, infrastructure, funds utilization, training, health care services including drugs and equipment, family planning, disease control programmes and other programmes under the National Health Mission.

Following are the key challenges and recommendations based on the monitoring visits and interaction with health officials at the site.

Mother & Child related Programmes

- ❖ There was a stark vacancy of Gynecologist, Pediatrician or any other Specialist in the District; the Sub-District hospital in the district is dedicated to women, where there was no Gynecologist or Pediatrician in the facility. All the deliveries were handled by the Staff nurses and other Health Personnel.
- ❖ The number of Home Deliveries were very less in the district, although the literacy rate was not that much satisfied in the district but they were very much aware about the benefits of institutional deliveries. The rate of institutional deliveries in the district was 97%. But the problem arises in the district due to the weather conditions, which affects the health facilities functioning.
- ❖ There was no provision for JSY diet in the facilities as the number of deliveries was not enough to have in-house kitchen there. And the patients only stay for 24 hours after delivery, therefore, health facilities do not generally opt for any outsource vendor to maintain diet.
- ❖ The District had very low ANC checkups during 3rd and 4th trimester of ANCs. This was due to irregular monitoring and follow-up of the pregnant women by the ASHAs. Being in a hilly area ASHAs had to travel a lot to reach to the eligible women. They did not get any travelling allowance or daily allowances for doing so.
- ❖ The catchment area of a particular ASHA worker was very large, such that it took considerable time to cover all the eligible women at once.

Infrastructure & Machineries

- ❖ The Infrastructure for all the facilities was good. But some of the facilities located in the hills were made with bamboo and wood, according to the government norms they could not erect the building as per their requirement.
- ❖ The Sub-District Hospital of the District was also dedicated to Trauma Centre but no machineries and equipment were there till now.
- ❖ There was an urgent need for the Heating Machine in all the facilities as during the winters they could not operate deliveries without any heating machine as the temperature goes down below 0⁰ C. Therefore all the load of the deliveries and major cases is shifted to the District hospital itself, and due to lack of HR it becomes hard for them to manage the load.

Communicable & Non-Communicable Diseases

- ❖ The District had only 2 staff members who were looking for the NCDs. The NCD unit was not functional due to the non-availability of Doctors. (No Dr. at NCD clinics)
- ❖ The members of community have huge unmet need for NCD care. This includes demand for regular drugs and diagnostics for diabetes and hypertension. Strengthening NCD care at the community level is recommended.

Management Related Observations

- ❖ The Kargil District is a part of the Union Territory- Ladakh, which was part of Jammu & Kashmir State earlier in 2019. So the management issues arise here a lot. In some cases the redolence power said to be with the J & K officials and few at the UT level which affect the staff working on the ground level.
- ❖ Some of the Health officials were active on their facility, also proposing regularly to the CMO & DPM unit about their needs and working strategies to get the best of activities done at their respective facilities.
- ❖ Interactions with the beneficiaries reflect that staff is not found at the facility during OPD hours, and sometimes facility is found to be closed. Frequent surprise monitoring visits at regular intervals can play an important role in access/ utilization of service delivery in remote area.
- ❖ The facilities which are not in function could be operated well, if they had some of the authority on regular monitoring visit at the facility.

Network & Internet Connectivity

- ❖ The Internet and Network problem is reported everywhere in the UT of LADAKH. Not only the district but also in other regions of the entire UT. The UT has 60% of area where there's no internet connectivity at all.

- ❖ The Mission Director of Ladakh, has already raised concerns about the Internet problem in the district to the Government under National Digital Health Mission (NDHM) but not received any solution till now.
- ❖ Being at the northern region, the district has very few network towers to connect with; the major problem reported by the Officials and health personnel is with the network issues in their respective regions. They could not be able to provide training during the COVID to their ASHAs and ANMs due to internet problem in their district.
- ❖ The MoIC and other Staff Nurses also reported the same, due to the internet problem they also faced difficulty in maintaining the records and updating the data entries on the portal and other sites of their facilities.
- ❖ The DPM and CMO delineated the same, when asked about the incomplete record and data available on the sites and RoP of their District.
- ❖ The District has lack of proper Ambulance Services, the ambulance already in the district are not GPS fitted and due to network problems it became resilient to reach on time.

Referral Transport Services

- ❖ The District had very few Ambulance services, most of the Beneficiaries reported that they would prefer their own means of transport to reach Hospitals.
- ❖ The total number of ALS (Advance Life Support) was 2 & BLS (Basic Life Support) was 2 in the district.
- ❖ It was also reported that the District lacks the GPS fitted Ambulances.
- ❖ Due to network problems, most of the times the call could not connect to the Janani whenever required. So, the people often took their own vehicle instead of wasting time in connecting call.

Funds /Accounts & Data Entries

- ❖ In spite of the timely release of funds by the Central Government to the State treasury, there is a notable delay with regards to the availability of funds with the MD Office in Ladakh from the state treasury. This in turn affects the implementation of programme activities and overall functioning of the NHM. The parking time for the funds in the state treasury should be reduced and timely disbursement to the NHM Mission Director account must be facilitated.
- ❖ Under National Health Mission (NHM) the fund released to the states at the end of October or November, and they proceed with the functioning of programmes respectively. But in Ladakh the condition was different from that of other states.
- ❖ The Financial Year (as per the workability conditions in Ladakh) begins in April and ends in October, so the fund received is left unutilized. So it is recommended that at least Ladakh should get the funds by the month of June, so that utilization of funds can be ensured and the implementation of key activities does not suffer, given the difficult geographic terrain of the UT in general, and the district.

Key Recommendations

- ❖ The district must ensure filling up the vacant positions at the managerial as well as the HRH level, under the ambit of NHM. Presently, there is a severe shortage of Nodal Officers, coupled with shortage of Doctors, specialists, and support staff for healthcare.
- ❖ The release of funds to the Union Territory of Ladakh observes a considerable delay, a there is a significant period for which the NHM funds are kept at the state treasury. Given that the work functioning in the state is limited to a period of only 6 months (April-October); it is crucial that the NHM funds are available with the state latest by the month of June so that optimal fund utilization and implementation of NHM key activities can be ensured.
- ❖ The issues with Internet connectivity continues to pose as a significant challenge, as it hinders orientations trainings, data reporting, and other key online activities. Provisions for training material repositories and data reporting in offline mode must be looked into, and provided for the state.
- ❖ Central Heating provisions across the health facilities in Ladakh must be prioritized, owing to the severe weather conditions of this region.

1. Introduction

The National Health Mission was started as an initiative to improve the public health system in the country especially for women & child and for those who belongs to economically weaker section and depend upon the Public Health Facilities.

The Goals of the Mission is to improve the availability of and access to quality health care by people. Especially for those residing in rural areas, the poor, women and children. Universal access to public health services such as women's health, child health, water, sanitation & hygiene, immunization, and Nutrition.

Ministry of Health and Family Welfare (MoHFW) has assigned the task to monitoring and evaluating the NHM activities to the Population Research Centre's (PRCs). Hence, the PRC team has visited Kargil, a district in Ladakh in the month of October, 2021 to monitor the same for the year 2020-21.

The following report is based on the PIP Monitoring visit to the District. The PRC Delhi team visited the Chief Medical Officer's (CMO) Office for a brief interaction with the District Programme Manager (DPM) and Additional Chief Medical Officer (ACMO); thereafter six facilities were visited, these were the District Women Hospital in Kargil, two Community Health Centre's (CHC) in Drass and Chiktan, two Primary Health Centre's in Shargole and Bhimbhat, and their respective Sub-Centres which were Health and Wellness Centre too in Samrah, thereafter community interactions were also done in the respective villages.

This report provides a review of key population, socio-economic, health and service delivery indicators of Kargil District. The report also deals with health infrastructure and human resource of the district and provides insights on MCH service delivery including JSSK and JSY schemes, Family Planning, bio-medical waste management, referral transport, communicable, and non-communicable diseases. This report is based on the interviews of CMO, District Health Officials, CHO's, ANMs, ASHAs, and beneficiaries.

1.1 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 Programme.
- 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 programme.
- 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.
- To improve the availability of and access to quality health care by people especially for those residing in rural areas, the poor, women and children.
- Reduction in Infant Mortality Rate (IMR) and Maternal Mortality Ratio (MMR).
- Universal access to public health services such as women's health, child health, water, sanitation & hygiene, immunization, and Nutrition.
- Control and Prevention of communicable and non-communicable diseases, including locally endemic diseases.
- Access to integrated comprehensive primary healthcare.
- Population stabilization, gender and demographic balance, revitalize local health traditions and mainstream AYUSH.
- Promotion of health life styles.

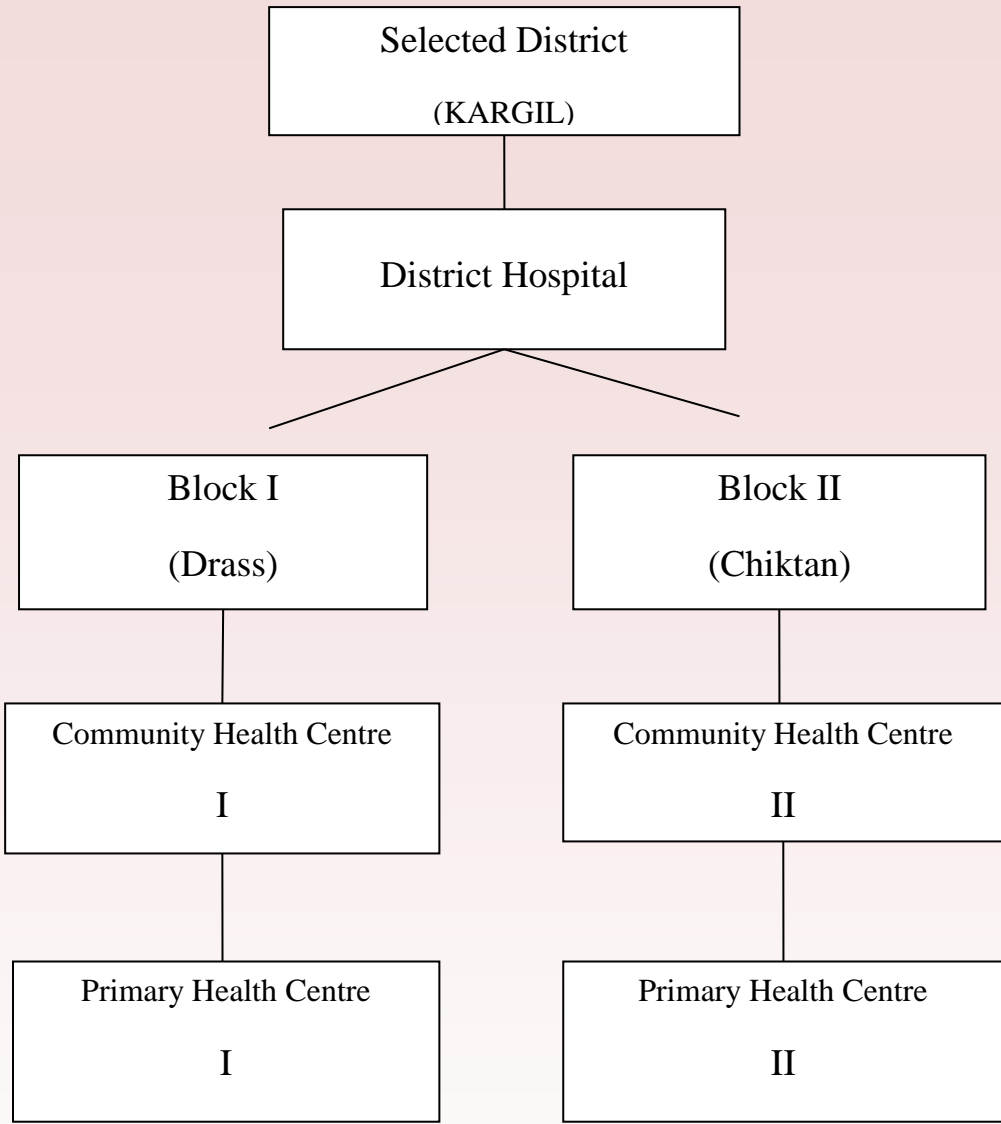
1.2 Methodology

The data is based on the qualitative and quantitative study as well. The report is based on primary data collection and secondary data collection. The primary data is collected from the discussion on the important topics and programmes in the meeting with the CMO, DPM and other Nodal Officers of NHM and directly from the beneficiaries and community people (community interaction) during the field visits. The secondary data is collected from the data obtained from CMO office and from the records of other officers and the health facilities, and the HMIS reports from HMIS portal.

Analyze is being done from the collected data with respect to the ROP available on HMIS and previous year data's.

For data collection and personal interaction, team first move to the CMO office of the district where a meeting is scheduled with the CMO, DPM other Nodal Officers to get the outlay of the district's medical facilities and the medical activities available on the health facilities. Afterwards, to get the actual position of what the situation is on the facilities the team moved to the DWH accompany with DPM & DIO throughout the visit to each & every facility. Before visiting to the facilities a detailed questionnaire (with all the details and structured questions for different medicals activities) has sent to all the concerned persons of the respective facilities and then crossed checked during the visit to get that filled accordingly.

Total six facilities were visited including 1 DWH, 2 CHC (1 in each block), 2 PHC (1 in each block), 1 SC (which was also a HWC) where we have also interacted with the community to get the feedback and their perception towards the public health facilities.



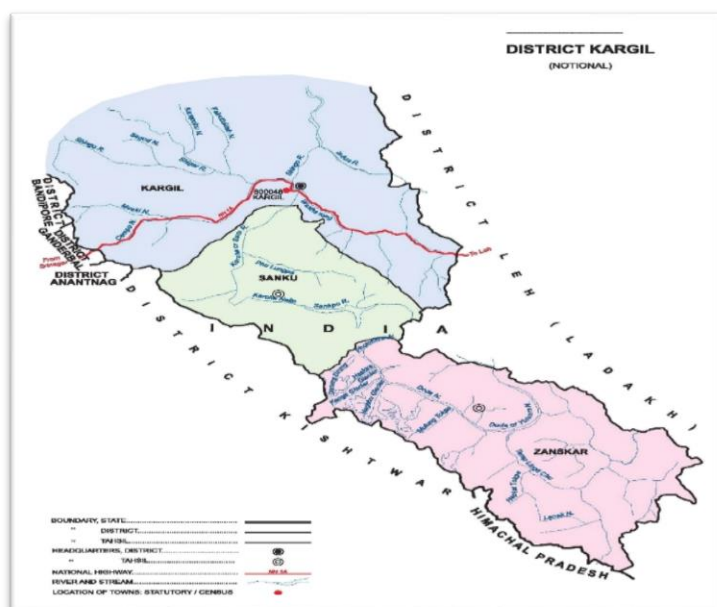
Sub Centre
I or II

Community
Interaction

1.3 Overview of the District: Kargil

Kargil district is nestled in the Himalayas, giving it a cool, temperature climate in the Ladakh Union Territory of northern India. It spans the entire length of Ladakh in the north-south direction, with Jammu and Kashmir to the west, the Leh district to the East and the Pakistan-administered region of Gilgit-Balistan to the north. Historically known as Purgi, the district lies to the northwest of the Great Himalayan range and encompasses the majority of the Zaskar Range. Its population inhabits the river valleys of Drass, Suru, Kartse, Wakha and Zaskar. Summers are warm with cool nights with a maximum temperature of 35° C, while winters are long and the cold with temperatures often dropping to -34° C, with recorded temperature of -60° C, in the tiny town of Drass (World's second coldest place) situated 56 km, from the Kargil town. The Suru River flows through the district.

On October 31st 2019 the Parliament of India passed an act, J&K reorganization Act 2019 that contains provisions to make Kargil a district of the new union territory of Ladakh. The Kargil District of Ladakh U.T is consists of 5- Sub-Divisions, 7-Tehsils, 15-Administrative blocks, 127-Villages and 95-Panchayats.



1.3.1 Demographic Profile of the District

According to the 2011 census Kargil district has a population of 140,802, comprised of 124464 rural & 16338 urban populations, male-77785 and female-63017. The district has a population density of 10 persons per square kilometer. Its population growth rate over the decade 2001-2011 was 18.02%, and a sex ratio of 810-females per 1000 males, and a literacy rate of 71.34%.

Figure 1: Kargil District Map;

Source:<http://googlemap.com>

Table:1 Demographic Indicators of the District

INDICATORS	LADAKH	KARGIL
Actual Population	2,74,289	1,40,802
Male Population	1,56,756	77,785
Female Population	1,17,533	63,017
Sex Ratio	750	810
Child Sex Ratio (0-6)	890	977
Literacy Rate (%)	74.25	71.34
Male Literacy Rate (%)	86.31	83.15
Female Literacy Rate (%)	63.56	56.30
Density/km ²	4.6	10
Area (in sq km)	59,146	14,086

Source: Census of India, 2011

The district has area of 14,086 km². Population density is very less as compared to other districts of the country which is only 10 per sq km. The Existing literacy rate is 71.34% in the district. The male literacy rate is 83.15% while female literacy rate is 56.30%. The urban and rural literacy differs significantly and comparatively the difference between male and female literacy is less in urban areas than rural areas. The literacy rate of females in the district is not much impressive but still they had a very good sense of awareness about the social and economical norms of the country.

1.3.2 Key Health Issues in the District: Disease Burden

The Kargil district is nestled in the Himalayas, giving it a cool, temperate climate, where the summers also have cold nights and winters have temperature below 0° C as well. The Block Drass in the district is reported as the world's second coldest area where temperature drops down to -60° C in winters. Due to these geographical reasons the medical facilities effects a lot in the district. The main problem with them is because of the cold temperature they could not support deliveries on their most of the facilities, often the patient himself preferred to go to district hospital directly instead of other nearby facilities.

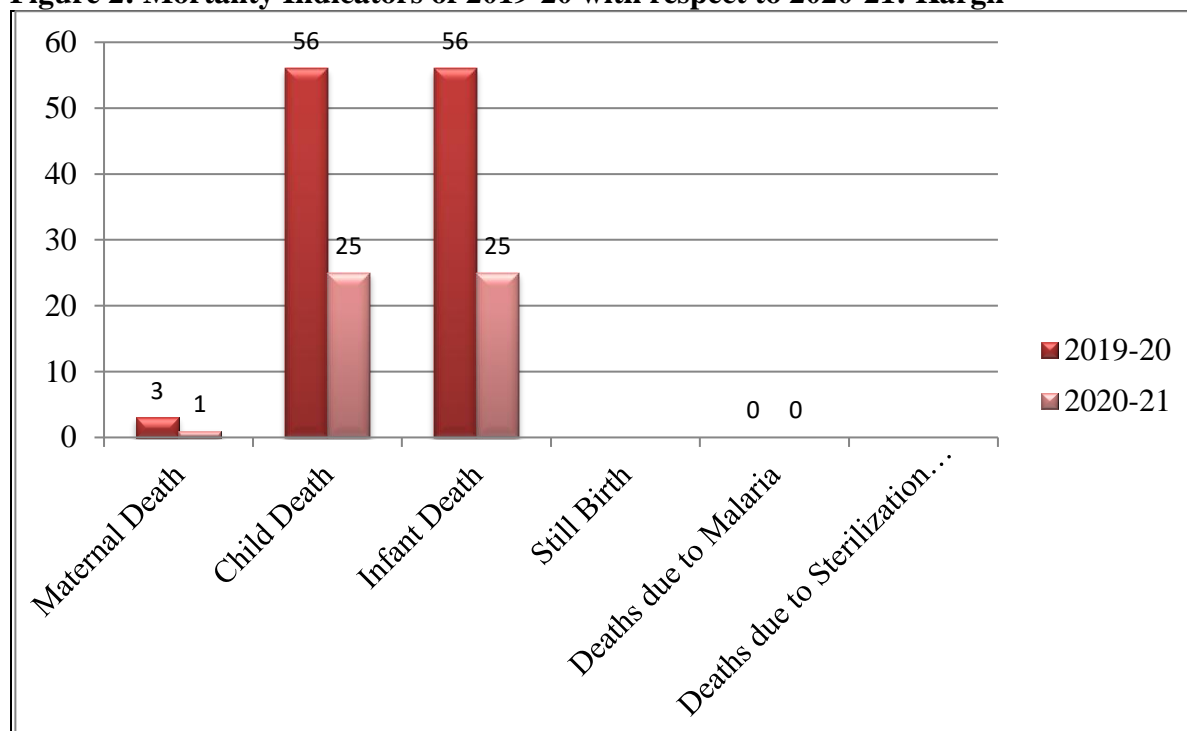
The district did not have any major health issue or outbreak of any particular diseases but they had to struggle a lot during the times of winters, even though they did not even get the way to come out of the house to reach the facility, also they had to go to the district hospitals directly due to lack of heating system on the rest of the facilities.

1.3.3 Progress made by the district in the health indicators

The District lies in the Ladakh Union Territory of Northern India. The Ladakh was first the district & part of Jammu & Kashmir, it was separated from J&K in 2019 and formed as U.T in 2019. From 2019 till now the district has changed itself a lot in every aspect. From then, till now, it had been continuously updating its political and economical zones. They had 2 Primary Health Centres which were kayakalp qualified. Being a newly formed district the kargil had developed much with its health facilities' infrastructure. The major problem they had with management issue as all the things were handled by J&K government earlier but after division being managed by the Ladakh State government.

The District had shown many indicators with health progress, earlier when it was the part of Jammu & Kashmir showed not much healthy indicators as a district, but after being separated, the government had all their eyes in strengthening the economy and the health sector of the district. Most of the problems which still arising are with the fact that newly formed states showed slow growth progress as compared to some other states.

Figure 2: Mortality Indicators of 2019-20 with respect to 2020-21: Kargil



Source: District Profile Checklist: Kargil

Figure 2 depicts the Mortality Indicators of the District of last two financial years 2019-20 with respect to 2020-21, which shows the clear representation that the district improved its medical facilities to facilitate the Mother & Child health. The Total number of Maternal Death in the year 2019-20 were 3 which downs to 1 in 2020-21, total number of child & infant deaths were 56 in the previous year which down to 25 in the next financial year. This is due to non-availability of heating facility at the Health Centers which is the major issue in the district during the winters. The district is not afflicted to malaria diseases, having 0 deaths due to malaria from last two years. Data for the still births & Deaths due to Sterilization procedure was not given by the district.

1.3.4 List of Facilities visited in the District: Kargil

To Monitor the NHM programmes and the facilities being provided by the health personnel at the public health facilities, the team planned to visit six facilities in the district. The District Hospital, then two community health Centres from two Different Blocks and their respective Primary Health Centres and one Sub Centre form any of these blocks. We had also interacted with the beneficiaries at the Health Facilities to get the clear picture of what they believe and how they get treated from the facilities.

Following the **Table 2** shows the name and facilities of the District which had been visited by the team during the Monitoring & Evaluation to find the gaps and supplies of services at the Health Facilities. Among all the block of the Kargil, we selected the two The Drass (world's second coldest place) & The Chiktan where we covered two Community Health Centres of these blocks and then the respective PHCs one PHC Shargole and the another PHC Bhimbat, the Sub-centre was visited at the Samrah which lies in the chicktan block.

Table 2: Facilities visited in the District: Kargil

S. No.	Name of the Facilities Visited	No. of Facilities	Place of Facilities
1	District Hospital	1	Kargil
2	Community Health Centre	2	CHC- Drass, CHC-Chiktan
3	Primary Health Centre	2	PHC-Shargole, PHC-Bhimbat
4	Sub-Centre	1	SC- Samrah
Total		6	

The District has enough number of facilities that are easily assessable to the nearby people and the ratio of Doctors and Patients are also maintained but the problem arise with the people staying far away from the facilities and due to shortage of Ambulances services and hilly area, it become difficult sometimes to reach the facility on time.

The district had very little population to serve with all the facilities available in the District. But all the services are not provided on the CHCs, PHCs and SCs, thence for the effective treatment the general public prefer to go to the District Hospitals.

The District has many facilities to facilitate the community but the major problem here is with the proper equipments which the district does not have till now, the state government trying hard to cop-up with all the major issues but due to the weather condition here and the disconnection from the entire country made it slow and far behind from the other states.

Table 3: List of Facilities in the District

Facility Details	Sanctioned/Planned	Operational
District Hospitals	01	01
Sub District Hospitals	01	01
Community Health Centres (CHC)	03	03
Primary Health Centres (PHC)	26	16
Sub Centres (SC)	150	140
Urban Primary Health Centres (U-PHC)	0	0
Urban Community Health Centres (U-CHC)	0	0
Special Newborn Care Units (SNCU)	01	01
Nutritional Rehabilitation Centres (NRC)	01	01
District Early Intervention Centres (DEIC)	01	01
First Referral Units (FRU)	05	01
Blood Bank	01	01
Blood Storage Unit (BSU)	03	0
No. of PHC converted to HWC	38	38
No. of U-PHC converted to HWC	16	10
Number of Sub Centre converted to HWC	38	38
Designated Microscopy Centre (DMC)	03	03
Tuberculosis Units (TUs)	01	01
CBNAAT/TruNat Sites	02	02
Drug Resistant TB Centres	-	-
Functional Non-Communicable Diseases (NCD) Clinic		
• At DH	01	01
• At SDH	01	01
• At CHC	03	03
Institutions providing Comprehensive Abortion Care (CAC) services (No. of Facilities)	01	01

Source: District Profile Checklist

Table 3 Shows the number of facilities being sanctioned and operational in the District, the District has 1 DH and 1 SDH, total number of operational facilities is equal to those sanctioned to the district. The district had no U-PHC & U-CHC (Urban Primary Health Centres & Urban Community Health Centres), total number of First Referral Units sanctioned to Kargil was 05 whereas only 1 was operational among them, and there was no Blood Storage unit in the District, although they had 03 Sanctioned BSUs. The District had total 38 Sub- Centres and all were converted into HWC. Only 1 Tuberculosis unit was there, also very few diagnosed and confirm cases of TBs in the District.

Number of facilities in the district was quite well and equipped but as per the discussion with the respective MoI of the facilities, it had cleared that very few people come to the facilities to get treated at the CHC & PHC level, being a newly formed district had located at the Northern Region, the kargil had to face a lot with it daily to daily activities. For an instance, the couple had to plan their family in such a way they get it delivered before the winter arrives, because due to continuous snowfall the roads get blocked and they only could rely upon the District Hospital, not other nearby facilities. (As there was only DH having all the instruments required during the time of delivery or PNC in heavy winters)

With the community interaction near the facility, we could also conclude that they had strong believe on the Doctors at the centre but due to non-availability of proper instruments, they deny coming to the Centres. They only consider them to get treated at the time of emergency or if they need any medical help within a very little time frame.

The Health Personnel had not provided the details of Institutions providing 1st trimester or both 1st & 2nd trimester services of Comprehensive Abortion Care (CAC) services.

The medical officials here reported that the problems here are not because of inactive staff and less participation of the government for the growth of the district. But due to the natural climatic condition and geographical location of the state and the district as well. Some part of the district like Drass and area around the Drass is one of the coldest place of the world, so it became hard to facilitate the community here during winter. The temperature here falls down to -60⁰ C where survival became tough for the people but still had to stand with their families and deal with the problem arising every year.

2. Public Health Planning and Implementation of National Programmes

2.1 District Health Action Plan

Government of India provides enough funds for the better accomplishment of the programmes so introduced in order to strengthen the health system. For the same some sort of amount is given to every state to run their programmes efficiently under which all the important aspects are covered including salary of HR, drugs, important screening equipments and other stuffs.

2.1.1 State of fund utilization till date

This section discussed about the budget that how much budget has received and under which heads and how much has been the expenditure till date. The state has enough fund to run the NHM programmes effectively. Budgeting plays an important role in the effective utilization of available resources in order to achieve over all objectives. Furthermore, every state's/ district's future will depend upon the efficient utilization of funds like growth, and expanding the facilities. If funds are used effectively then the district has healthy growth in all the ways. The extent of utilization of NHM funds is analyzed here using the utilization ratio. The utilization ratio is defined as the ratio of actual expenditure to total Budget allocation. Overall more than 30 per cent of funds remained unspent at the end of the last financial year.

The following **table 4** shows the details of fund utilization by the district under different FMR subheads. The State of fund utilization is FMR wise as per ROP Budget heads, the FMR 1 is service delivery, facility based under which the budget released was 130.00 Lakhs but the utilized amount was only 27.13 lakhs. Same with other heads too, the FMR 2: Service Delivery, community Based which has 50.00 lakhs of released budget and 33.50 of budget utilized which is more than the 50% of the budget utilization. The FMR 3: community intervention with 95% of budget utilized. The lower utilization of budget is due to the timing of receiving the fund by the state government and then by the district. The Kargil is at the northern region of the country and during the winters the temperature downs to -60° C, and the district remains closed for the six months of winters from Mid-October to March. The District has very heavy snowfall which covers the roads and the building and it became hard to continue with the daily routine activities in such situation. And the fund they received at the end of the September and sometimes in October which restrict all the related activities and utilization of the budget in suitable way. It can be concluded by observing the table that all the heads were underutilized FMR 4: United Grants had budget of 30 lakhs but only 3.17 was utilized. The FMR5 which is for Infrastructure had 100.00 Lakhs but the details for its utilization had not given by the health personnel. According to the DPM who provided the details of the District Profile Checklist the maximum fund remain unutilized was of Health & wellness centers. Total fund received under this ROP budget head was 1106.26 Lakhs and total fund utilized was 735.57 Lakhs.

The detail of the budget utilization is given in table (4) as per the Financial Management Report (FMR).

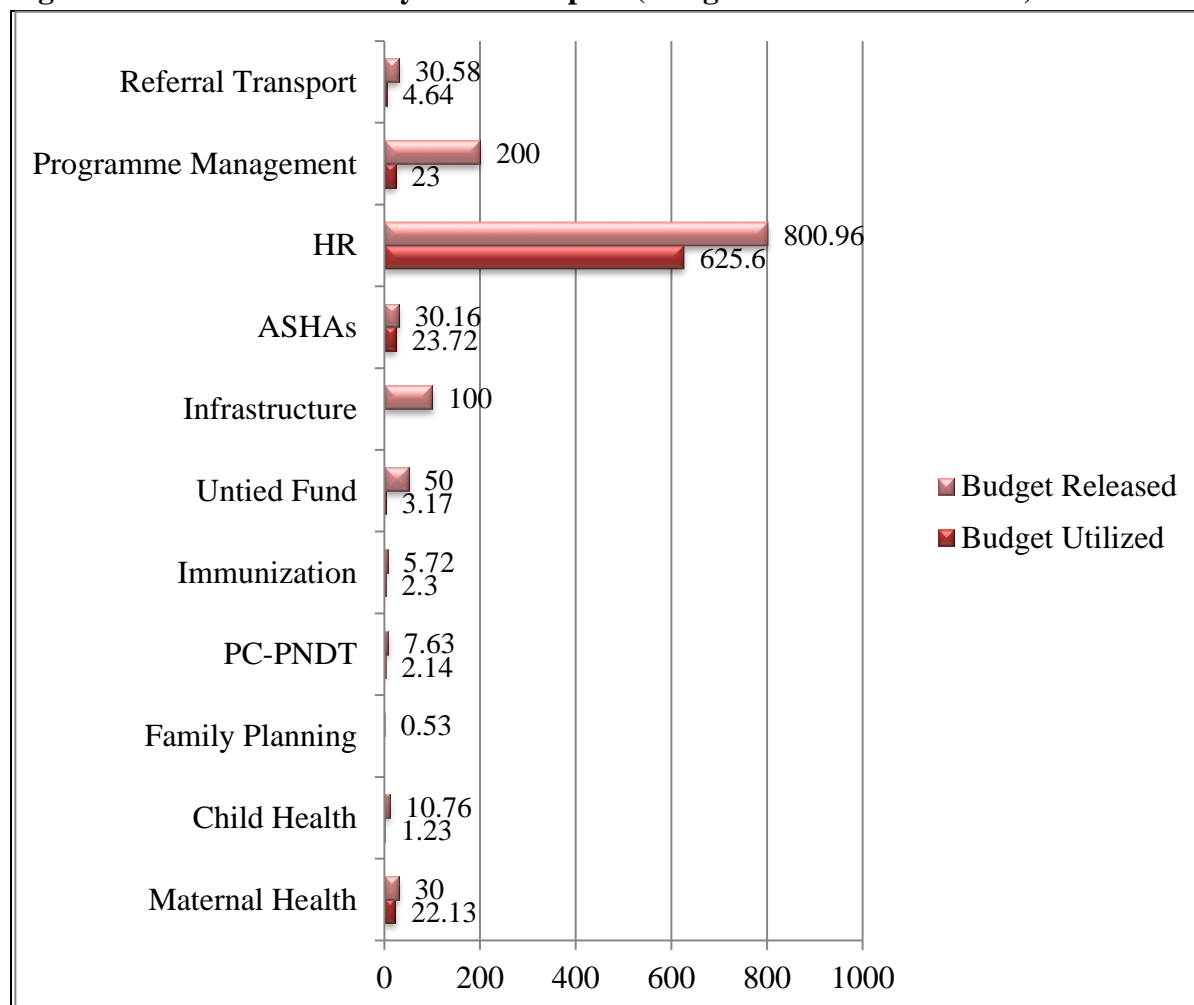
Status of Expenditure as on: 01-04-2020 to 31-03-2021

Table 4: Status of Expenditure, FMR wise as per ROP Budget heads

Indicator	Budget Released (in lakhs)	Budget utilized (in lakhs)	Reason for low utilization (if less than 60%)
1. FMR 1: Service Delivery: Facility Based	130.00	27.13	Budget released for the district at the end of working season.
2. FMR 2: Service Delivery: Community Based	50.00	33.50	
3. FMR 3: Community Intervention	29.16	25.30	
4. FMR 4: Untied grants	30.00	3.17	
5. FMR 5: Infrastructure	100.00	00	
6. FMR 6: Procurement	150	00	
7. FMR 7: Referral Transport	30.58	4.64	
8. FMR 8: Human Resource (Service Delivery)	800.96	625.60	
9. FMR 9: Training	30.00	5.73	
10. FMR 10: Review, Research and Surveillance	0.90		
11. FMR 11: IEC-BCC		0.60	
12. FMR 12: Printing			
13. FMR 13: Quality			
14. FMR 14: Drug Warehouse & Logistic		9.90	
15. FMR 15: PPP	200.00		
16. FMR 16: Programme Management		23.00	
• FMR 16.1: PM Activities Sub Annexure			
17. FMR 17: IT Initiatives for Service Delivery			
18. FMR 18: Innovations			

Source: District Profile Checklist, Kargil

Figure 3: RCH and Health Systems Flexipool (Budget Utilization in Lakhs)



Source: District Profile Checklist, Kargil

Figure 2 Depicts the utilization state of fund in the district of RCH and Health System Flexi pool. There was a great difference between budget released and budget utilized under the different heads. The budget released for maternal health was 30 lakhs whereas the budget utilized was 22.13 lakhs. The Child health had 10.76 total budget and 1.23 was utilized. The data for the RBSK, RKSK/Adolescent Health, and Comprehensive Primary Healthcare, Blood Service & disorders and MMU was not given by the district. Apart from these the PC-PNDT was also underutilized as only 2.14 was utilized from the total budget of 7.63 lakhs. The Immunization has 50% rate of utilization which is due to not having regularity in following up the vaccination in a proper way.

The maximum fund had received for the HR (which includes Salary, recruitment and other benefits to HR) which was 800.96 lakhs, from which 628.60 had utilized, the reason behind this could be concluded on the basis of field observation and discussion is lack of HR in the facilities. The Facilities reported that they had shortage of staff and required equipments, so the fund was underutilized. The fund received for the referral transport was 30.58 lakhs and the utilized amount is only 4.64 lakhs this is due to the non-availability of Ambulance services in the district.

Due to network problem there were very few ambulances with proper GPS system, also the

ambulance services there was not satisfactory people often comes to their own vehicle.

Table 5: Overview: 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	0
2. Whether the District has received the approved District Health Action Plan (DHAP) from the state	NA
3. Date of first release of fund against DHAP	NA
4. Infrastructure: Construction Status	
➤ Details of Construction pending for more than 2 years	04
➤ Details of Construction completed but not handed over	0

Source: District Profile Checklist

Table 5 shows overview: of DHAP in the district, the district has not prepared any District Programme Implementation Plan (PIP) for the current year and has not submitted it to the states, the DPM unit also reported that they get only 10-15 days prior notice to submit the RoP for the next year, They didn't provide the data of receiving any approved District Health Action Plan. The construction was going there at the facilities which we also observed during the field visits, some of the buildings were still under construction from last 2 or more years. The pending construction was reported 04 and 00 building being reported which were completed but not handed over.

2.1.2 Any Delay in receiving Fund? Major Reasons for low utilization of budget

From the meeting with the Mission Director of the State, Dr. I A Chaudhary, it has been cleared that the fund received by the state at the end of October with was same as the other states of the Country which are also receiving the fund at the same time but the condition in Ladakh is totally different form that of other states. Here due to high temperature and snow fall in winters the conventional activities get stopped and the state get disconnected from the rest of the country so, if we consider the state's geographical location, the working season here starts from April and end by October. So the fund received at the end of October of September would be of no use.

So the Mission Director and other officials suggested, if they would get the fund before the due date or in the month of June or July, it would be more beneficial to them and they could use the fund effectively.

Reasons for low utilization of Budget

- The District is geographically located at the northern region of the country. During the winters the temperature falls down to -60° C. During those days no regular activities were practiced and due to inches of snow on the road, it gets disconnected from rest of the regions. So the officials do not get enough time to utilize the fund in the bank accounts.

- The population of the district is very less, not even 2 lakhs. The density here is 10 persons per sq km, which also tends to lack of enough Human Resource in the district. And due to non-availability of HR, most of the activities and programmes left non performing, which tends to less utilization of the amount being provided to that particular programme.
- The Literacy rate of Kargil is not satisfactory, but still the women were aware about the family planning methods and a perfect family size. The average family size there was 2 to 3 children, although they had 95% of the muslim population in the District. So there was no need to initiate any programmes and counselling for family planning, which tends to have lower utilization of the budget under the same.
- The Kargil District has 95% of the Muslim population & 5% Buddhism Population, being the muslim dominant area, the rate of immunization was not impressive here, many families often reluctant in opting for the immunization. Being a less crowded district also, the resources here kept unutilized which shows somehow effect the budget utilization also.
- Due to COVID many programmes were not performing in a way, they should be in practice also the rest of time when there was less fear of COVID, the district was inactive due to winter. So the COVID with the heavy snowfall was the major reason in last two years for the lower utilization of Budget.

2.2 Status of Service Delivery

The District had all the services available in the health facilities that were necessary for the wellbeing of the community. All the CHC & PHC were operational and medicines available to the patient so that they might not had to wander to different places in order to get treated. The district had every kind of facilities to facilitate the people around the community but due to its geographical location and the natural weather there, most of the activities suffered and it became difficult for the personnels to provide the services to general public.

2.2.1 Services under NHM

There are enough services being started in the district under NHM. The National Health Mission has already changed the health system a lot. Still due to non-availability of the fund at time or shortage of HR, any district would not be able to manage its programmes properly. Some of the details of all the services being processed under the NHM in the district have been clearly represented with the help of table here. The services were affected due to late fund released by the ministry, which may not affect the other states in that manner as it affects the Ladakh-Kargil. As the district received fund at the end of the month of October & November, during these days more than 80% of the daily activities had already been shut down due to winter and snowfall, rest of the 20% of the activities switched off in coming next 10 days. So it became hard to use the fund during a natural lockdown all around the District. Which directly or indirectly affect the Services in the District.

Another factor which affect the services is the Internet connectivity in the District, there's network problem in the district which affected the online training to Health Officials, Data

Entries, travelling, maintaining record for pregnant women and also the Ambulance Services in the District.

Table 6: Indictors showing Services available in the district

S. No.	Indicator	Remarks/Observation	
1	Implementation of Free drugs services (if it is free for all)	Yes	
2	Implementation of diagnostic services (if it is free for all) ➤ No. of Lab tests notified	Yes	
3	Status of Delivery Points	03	
	➤ No. of SCs conducting > 3 Deliveries/month	0	
	➤ No. of 24 X 7 PHCs conducting >10 deliveries/month	0	
	➤ No. of CHCs conducting >20 deliveries/month	02	
	➤ No. of DH/District Women & Child Hospital conducting >50 deliveries/month	0	
	➤ No. of DH/ District Women & Child Hospital conducting C-section	0	
	➤ No. of Medical colleges conducting >50 deliveries /month	0	
	➤ No of Medical colleges conducting c-section		
4	Number of institutes with ultrasound facilities (Public + Private)	04	
	➤ Of these, how many are registered under PCPNDT act	0	
5	Details of Pradhan Mantri Surakshit Matritva Abhiyan PMSMA activities performed	Yes	
6	RBSK		
	➤ Total no. of RBSK teams sanctioned	10	
	➤ No. of teams with all HR in-place (full-team)	07	
	➤ No. of vehicles (on the road) for RBSK team	07	
	➤ No. of Teams per Block	01	
	➤ No. of blocks/s without dedicated teams	00	
	➤ Average no. of children screened per day per team	10	
	➤ Number of children born in delivery points screened for defects at birth		
7	Special Newborn Care Units (SNCU)	01	
	➤ Total number of beds	12	
	{In radiant warmer, Stepdown care, Kangaroo Mother Care (KMC) unit}	04	
	➤ Number of Non-functional radiant warmer for more than a week	01	
	➤ Number of non-functional phototherapy unit for more than a week		
		Inborn	Out born
	➤ Admission	277	11
	➤ Defects at birth	17	-
	➤ Discharged	204	-
	➤ Referral	01	-
	➤ LAMA	00	-
	➤ Died	31	11

Source: District Profile Checklist, Kargil

Table 6 depicts the services available in the district which includes the free drugs available for the people, free diagnostic services. Total deliveries points in the district which was 03 including all the health facilities where delivery was available all CHCs, PHC, & SCs. The district has delivery point only at the CHC and Sub-District Hospital which were active.

Although the rest of the facilities like Primary Health Centres & Sub Centres were also delivery points but not operational. This was due to temperature of that particular area and trust of the community on the Doctors and Staff Nurses at those facilities. The people in the respective area were self-convinced in directly going to the District Hospital and nearby CHCs rather on those primary facilities. They had only 04 Institutes in the district to provide ultrasound facilities to the Patients, among these none of the Institute was registered under PCPNDT act.

The Pradhan Mantri Surakshit Matritva Abhiyan (PMSMA) activities were regularly performed. The kargil had total 10 RBSK teams sanctioned in the district and among them 07 teams with all HR in-place (full team) were active/operational and for them 07 vehicles were on the road. The kargil had 1 team sanctioned for each block and the district was divided in 10 blocks so there was no block without the dedicated RBSK team. On an average total 10 children were screened per day by per team. There was only 01 Special New-born Care unit (SNCU) ward in the district. Which had 12 beds in radiant warmer 04 in stepdown care and 01 in Kangaroo Mother Care (KMC) unit.

2.2.2 Human Resource: Availability & Vacancies

At every facility, it is being observed and reported that they had shortage of HR at their facility which hampered their work in every means. That is true in some means, if the facility was not equipped with proper HR and then how would the facilities and services would be possibly provided to the community and Eligible groups.

The following **Table 7** depicts the status of HR in the district & the health facilities.

As per the discussion with the officials of the facilities it is cleared that the district faced the problems of the human resource. Although every facility in the district reported that they had shortage of HR, but observing the facilities during the visit, it may be cleared that they could do better even with the current availability of Health Personnel in the district. The table shows there was a huge gap between the posts sanctioned and In-place in the facilities.

The number of sanctioned ANM was 84 and in-place only 65 among them, there was 22.6% vacancies. The MPW male were 59 sanctioned and 38 were currently in-placed in the facilities. The staff nurses were 27 sanctioned and 19 were in-placed, number of lab technician in-placed were 19 whereas sanctioned were 27. No pharmacist was sanctioned in the district as per the information received from the District Profile Checklist. Also the health personnel did not provide the full-fledged details of all vacant positions and sanctioned for the Kargil.

There was only 1 Dental surgeon in the whole district sanctioned and none was in-placed. No record for how many CHO/MLHP sanctioned to the district but in-placed were 37 in the respective facilities. The health officials did not provide the details for the Performance of EMOC/LSAS trained doctors who had posted in FRU of if performing the C-section.

Table 7: Status of HR in the District

1. Staff details at public health facility (Regular + NHM + Other sources)	Sanctioned	In-Place	Vacancy (%)
➤ ANM	84	65	22.6
➤ MPW (Male)	59	38	36.2
➤ Staff Nurse	27	19	29.6
➤ Lab Technician	11	09	18
➤ Pharmacist (Allopathic)	00	00	-
➤ MO(MBBS)	16	13	18.75
➤ OBGY	00	00	-
➤ Pediatrician	01	00	100
➤ Anesthetist	00	00	-
➤ Surgeon	00	00	-
➤ Radiologist	00	00	-
➤ Other Specialist	00	00	-
Denstists/ Dental Surgeon/Dental MO	01	00	100
Dental Technician	-	-	-
Dental Hygienist	-	-	-
Radiographer/X-ray technician	00	07	-
• GSSD Technician	-	-	-
• OT Technician	08	07	12.5
• CHO/MLHP	-	37	-
• AYUSH MO	20	14	35
• AYUSH Pharmacist	-	-	-
2. Performance of EMOC/LSAS trained doctors	Trained	Posted in FRU	Performing C- Section
• LSAS trained doctors	-	-	-
• EmOC trained doctors	-	-	-

Source: District Profile Checklist

2.3 Service Availability as perceived by the community

The community at the facility was not in enough numbers as of other Districts due to very less population, so perception made with their interaction would be treated as 80% perception of community towards the health facilities of the district, with all those discussion, the following points can be concluded.

- The community people were quite satisfied with the facility being available there in the nearby facility. They get the medicines for fever, cough, cold & other minor problems there but for the severe health issues they went to nearby CHC & for the other entire major health issues they went directly to the district hospital.

- Talking about the lifestyles of the people there, 90% of the community people used LPG for cooking and few cooked at the Chullah or Coal at their open kitchen. 40% of the population was involved into alcohol & tobacco consumptions including women of the community.
- For the drugs & diagnostics they went to Drass CHC, they also reported that the ambulance took much time to reach at their village due to the filthy roads.
- They had no out of pocket expenditure in the public health facilities, as the people in Kargil were highly into their jobs and loyalty towards it.
- The Sub-district Hospital of the district had trauma centre, but the community reported that they did not get any treatment from there, when required in case of emergency. As the trauma centre had made several years back but still not in function due to lack of equipments and Doctors.
- Most of the screenings were not available at the facility near the village so they go for the CHC & sub- district hospital for the screenings. (tests done on the SC are only BP, Blood Sugar Test, & HB only)

2.4 Services Availability at the Public Facilities

The Health Facilities in the Kargil has all the equipment available for diagnostics. And also they were well setup with good infrastructure. The majorly reported problem at the facility level is about the human resource, the weather of the district which affects almost everything in the district and sometime the inaccessibility to the funds sometime. The detailed observations have explained below thoroughly.

2.4.1 Sub-centres/Heath & Wellness Centres (SCs/HWCs)

The services are available at the SC but for any major health issues the community people had to go for the CHC Chiktan & Kargil district hospital. The facility also did not have the proper equipments for the diagnostic in case of any emergency.

As per the discussion with the ANM of the SC, it can be concluded that the proper drugs are available at the facility for all kind of health problems (but the community people did not agree on that). The facility also had programmes for family planning counselling to the women of the village.

They had Health & wellness programmes on every month (10-15 village people joined the same).

The infrastructure of the facility was not proper, the building was made up of the bamboo and sticks but strong enough to bear the load. They had very few regular OPDs and ANC checkups. Only people from nearby area comes to take few medicines and in case of other minor cases. They had only 2 health personnel available at the time of visit. The ANM and 1 ASHA at the centre.

Table 8: Diagnostic Service at the Centre

Number of Individuals screened for the following in last 6 months:		Screened	Confirmed
		Hypertension	150
	Diabetes	150	25
	Oral Cancer	0	0
	Breast Cancer	0	0
	Cervical cancer	0	0

Source: SC Checklist, Nangla Bari, Aligarh

Table 8 shows the available diagnostic at the centre, all the screening being done in last 6 months have the total 50 Cases confirmed for Hypertension and 25 cases for Diabetes and the number of screened cases were 150 each. There was no facility for screening of Oral Cancer, Breast Cancer and Cervical Cancer.



Figure 4: Visit at the SC/HWC: Samrah

Key Challenges at the Facility

- Although the facility had enough space but still they had no space for bed and to admit the patient for short period of time.
- The facility has enough medicines to tackle the minor health issues but still the people of the community has to go for the other facility within 48 hours if the drug given did not work to them.
- The ANMs & ASHAs at the facility had announced several numbers of times in the village to attend the wellness activities (YOGA) at the centre, but no people took that seriously. Also they could not put pamphlets due to budget shortage at the facility.

- The Women there listen to them during the counselling session for the family planning but never bothered to it. The women in the district are not much educated but still well aware about the importance of family planning and its methods.

2.4.2 Primary Health Centres (PHCs)

The PHC was easily accessible from the main road. As it is located at the main road so also treated as trauma centre and also well equipped with all the required instruments. The Services available at the centre are OPD, IPD, Emergency, Deliveries with 24X7 delivery services. All the IT related services are available at the facility but with poor internet connectivity which affect the work and data entries a lot.

The facility has good infrastructure with all the diagnostic services available there with the necessity medicines.

The Centre has some short of drugs, apart from that they had enough medicines available for their patients at the time of emergency or general OPD.



Figure 5: Visit at the PHC, Shargole

Key Challenges at the Facility

- The PHC did not get any direct fund from CHC, they had to inform CHC for their need and CHC get all the work done by the contractor
- The Facility had shortage of Baby warmers, suction machine, and autoclave, being a delivery point, all the required equipments should be at the facility as the District Hospital is at the distance of 36 km from the facility.

- The facility was facing delays in construction and repairing-related issues because, financially, they depend on CHC.
- They had major problem of human resource due to which the work load sometime exceeded on the existing staff.
- The facility has no staff for cleaning, so the labour room, maternity ward & Labs were not cleaned properly which may harm the patients more. Also tough for the health personnel to work in such environment adequately.
- Skin problem was the major illness reported at the facility because of the high altitude of the district.

2.4.3 Community Health Centres (CHCs)

The facility is situated in the main city area and was easily accessible by everyone. It was functioning in a government building and is a 20 bedded facility. But only 10-15 beds are in functional for the In-patients, rest of the beds was not used due to less work load or sometimes the patients preferred to go directly to the DH.

The Services available at the centre are IPD, OPD, Emergency, ANC checkups, PNCs, New born care, Blood investigation, Radiological investigation etc.

Table 9: List of the Pathology- Test Pera-Meter

S. No.	Tests
1	Biochemistry
	<ul style="list-style-type: none"> • Glucose- Fasting • Glucose- P.P • Glucose- Random
2	KFT (Kidney Function Test)
	<ul style="list-style-type: none"> • Urea • Creatine • Uric Acid
3	LFT (Liver Function Test)
	<ul style="list-style-type: none"> • Bilirubin Total • Bilirubin Direct • SGOT (Serum Glutamic- Oxaloacetic Transaminase) • SGPT (Serum Glutamic- Ryrivic Transaminase) • ALP (Alkaline Phosphatase) • Calcium • Albumin • Total Protien
4	CRP turbic
5	Ferretin (Iron Test)
6	Malaria Rapid Test
7	Widal
8	Habsag Rapid Test
9	Haematology
	<ul style="list-style-type: none"> • CBC • Platelets • Blood Group

Source: CHC Checklist,

Table 9 Shows the list of tests done at the facility level to facilitate the community people. There was some ASHAs also waiting at the facility to meet the monitoring team, after discussion with the ASHAs, it could be concluded that they work very hard in such conditions to meet the facilities' needs but could not get the incentives accordingly.

The ASHAs were active with their work, many have issues with their payment that they did not get enough remuneration for what they had been doing in the field form past few years.



Figure 6: Visit at the CHC, Chiktan

Key Challenges at the facility

- The facility was easily accessible to all the people of the nearby community.
- They had heavy load of delivery there sometimes, all the PHCs & SCs directly refer their patients to this facility also the people preferred themselves to visit directly to the CHC or DH first then to the Primary centres nearby.
- The infrastructure of the building is good and according to the government norms. But the only problem with them was the non-availability of the heating machine at the facility due to which they had to refer all their deliveries to the District Hospital during the times of winters.
- The Facility has 24X7 delivery services but due to non-availability of the staff-quarter the nurse phases the problems in night's shifts.
- With regards to IT services, there are desktops but not with proper internet connectivity. They faced network issues most of the times.

- On the day of visit, the personnel of the facility have reported that AYUSH medicines were not given from the very long time and supply is also not coming at the facility. But AYUSH OPD is reported regularly in the HMIS which altogether gives a different picture with respect to AYUSH.
- Payments of JSY are pending because of Bank and Adhar related issues.

2.4.4 District Hospital/ Sub District Hospital

- They had divided the maternity wards into different blocks so that they could have enough space to work, before that they were facing the problem in managing the patients.
- The Load of delivery and major health issues was only at the CHC and District Hospital of the District due to non-availability of heating machine at the other facilities, so the people preferred to go directly at the District Hospital as only that is fully equipped to get the child delivered safely during the times of winters
- All COVID-19 infected deliveries were referred to this hospital; however, activities related to the vaccination of children are suspended.
- Women who are HIV+ also get their normal deliveries done there.
- The District hospital majorly get all the deliveries from nearby areas and far away also due to shortage of equipment's on the other facilities.
- So the District and Sub-District hospital had to manage the load, due to the shortage of HR this also get crowded and sometimes hard to manage.
- The hospital gets referred cases of deliveries with high risk (HR), anemic or with major complications.



Figure 7: Visit to District Hospital

Key Challenges at the Facility

- The district hospital had a unit for trauma centre which was made in 2010 but it was still not functioning as the equipments were not placed there also no specialist in the section to seek the patients when in emergency.
- The district hospital lacks with the staff Nurses during winters as some of the nurses who joined from other states could not survive the weather of the district.
- None of services were practiced during the time of winters as the temperature here falls down to -40° C. so all the regular activities got ceased.
- According to CMS of the facility the amount for JSY is not sufficient to meet the daily nutrition needs of the women.
- The hospital was also awarded Kayakalp last year.
- NHM programs were not functional in this hospital for the last year.

3 Discussion & Recommendations

The Population Research Centre, Delhi undertook the monitoring of NHM Programme Implementation Plan in various states, wherein the team was expected to carry out the field visit of the state for quality checks and further improvement of the different components of NHM. This report explains the Monitoring and Evaluation findings of the Kargil District of Ladakh.

After visiting to all the facilities & on the basis of interaction with the CMO of the District & all the health personnel we have come to a conclusion of the following recommendations that could be taken into consideration for the well-being of the health system of the district.

- ❖ There was a lack of Gynecologist, Pediatrician or any other Specialist in the District, They Sub-District hospital in the district is dedicated to the women where there was no Gynecologist or Pediatrician in the facility. All the deliveries were handled by the Staff nurses and other Health Personnel.
- ❖ The number of Home Deliveries are very less in the district, although the literacy rate was not that much satisfied in the district but they were very much aware about the benefits of institutional deliveries. The rate of institutional deliveries in the district was 97%. But the problem arises in the district is due to the weather of the district which effects the health facilities.
- ❖ There was no provision for JSY diet in the facilities as the number of deliveries was not enough to have in-house kitchen there. And the patients only stay for 24 hours after delivery.
- ❖ The district hospital was not in its regular practices because of being a COVID centre. Hence, all the activities and programmes started just few months prior to the field visit.
- ❖ The DH did not have Electrostatic Machine for SNCU (Special Newborn Care Unit) to test the Babies, which should be there for any facility if it has its SNCU ward active.
- ❖ There was an urgent need of heating machine at the facilities to facilitate the delivery at all the centers so that it would be benefitted to the community and they did not need to travel for long to reach the district hospital.
- ❖ The DH had only 1 Gynecologist in the facility for 24X7 whereas there was required for at least 3 Gynecologist in the Hospital. It becomes tough for a single person to work for 24 hours with so much of work load.
- ❖ The DH has scope of innovation within the infrastructure but according to the government norms they could not erect the building as per their requirement.
- ❖ Main issues arises with the Sub-District Hospital where all the activities were going except the Trauma Centre, there was different section in the hospital for the trauma but it left unutilized from the beginning as no instruments were there to facilitate the community.
- ❖ Non-availability of human Resource is the major issue in the district which is responsible for non-functional of many health facilities and utilization of available resources. The Doctors and other staff have also indulged in COVID related activities which affected the National Health Mission Activities a lot.

- ❖ Several of the hospital staff and other officials are deputed for COVID-19 duty across various facilities. This has severely affected day-to-day functioning and performance of the base facilities. It is important that the deputation plans should be reviewed in accordance with COVID-19 pandemic burden.
- ❖ The member of community has huge unmet need for NCD care. This includes demand for regular drugs and diagnostics for diabetes and hypertension. Strengthening NCD care at the community level is recommended.
- ❖ Interactions with the beneficiaries reflect that staff is not found at the facility during OPD hours, and sometimes facility is found to be closed. Frequent surprise monitoring visits at regular intervals can play an important role in access/ utilization of service delivery in remote area.
- ❖ The district has some backlog with the JSY payments, which is due to the Wrong entry by the ASHAs at the time of registration. The ASHAs & ANMs faced problems at the time of entries as the ANMOL tablet did not have the option to rectify the errors made.
- ❖ It is reported majorly at every health facility that JSY payment to beneficiaries lacks due to wrong entry by the ASHAs at the time of registration and there's no going back or rectifying the error in the Anmol tablet, due to which the payments had a major backlog.
- ❖ The ASHAs, ANMs and other ground level workers were not satisfied with the incentive they get as they had to travel a lot and struggle with their jobs on daily basis but not get remuneration accordingly.

Recommendations

- The district has lot of problems due to its geographical location, As the Kargil District is located at the northern region of the country, it is the coldest region during the times of winter and the UT-Ladakh disconnected from the rest of the country.
- Due to heavy snowfall, all the roads and ways ceased and the local people here get transferred to some other state if they could have option or otherwise they get locked in their own homes. So they had major problem with their working season and time. The working season here starts at the end of April till the end of October. The major problem arises with the low utilization of budget.
- So it could be recommended that, if the state would be given the budget for the NHM in the month of June, then the problem with low budget utilization could be solved.
- The early released of the Budget to the state could also solve half of the problems with the district and rest of the facilities.
- Among all the problems, they also had problem with the ASHAs and their incentives, the ASHAs there reported that they had to travel a lot from one place to another due to hilly area and also a tourist place the travelling charges here are too high from that of the salary they received. So, if they could get some allowances for travel too, they problem could also be solved.
- The District also lacks with the training made to ASHAs and ANMs because of its Internet problem all over the district. During the COVID period all the training were given online, but there was always network issues in the district. So most of the ASHAs could get that in a proper manner.
- The rate of registration at the 3rd trimester & 4th trimester of ANCs were quite less than that of its 1st registration, this is due to problem in follow-up by the ASHAs to a pregnant women. It's hard to them to follow the women within gap of 2 months.
- To solve the Internet Connectivity problem, the Mission Director of Ladakh- also suggested that, if any company could put its tower in the state. So it would be easily accessible to all the people and officials.
- The issue with the Ambulance services would possibly be resolved by the MD itself, from next financial year.
- The Load of delivery and major health issues was only at the CHC and District Hospital of the District due to non-availability of heating machine at the other facilities, so the people preferred to go directly at the District Hospital as only that is fully equipped to get the child delivered safely during the times of winters. So it would be recommended if all the facilities would be well equipped with the machines then it would be easy for the people to rely upon the other facilities and they could get benefitted nearby their homes, as due to hilly area they need to travel a lot to reach DH/CHCs.
- The Sub-District Hospital of the District was also centered as Trauma Centre in 2010 but it was not operated as so till now due to non-availability of the instruments accordingly. So it would be recommended that if, the facility would be well equipped then people would get benefitted as the Trauma Centre is located at the road with high risk of road accidents.

Annexure



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



Schedule for PIP Monitoring

A. District Profile

Indicator	Remarks/ Observation			
1. Name of 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				
10. Estimated number of C-section				
11. Estimated numbers of live births				
12. Estimated number of eligible couples				
13. Estimated number of leprosy cases				
14. Target for public and private sector TB notification for the current year				
15. Estimated number of cataract surgeries to be conducted				
16. Mortality Indicators:	Previous year (2019-20)		Current FY (2020-21)	
	Estimated	Reported	Estimated	Reported
• Maternal Death				
• Child Death				
• Infant Death				
• Still birth				
• Deaths due to Malaria				
• Deaths due to sterilization procedure				
17. 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 		

B. Overview: 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 	
<ul style="list-style-type: none"> • Details of Construction completed but not handed over 	

C. Service Availability

Indicator	Remarks/ Observation
1. Implementation of Free drugs services (if it is free for all)	
2. Implementation of diagnostic services (if it is free for all)	

Indicator	Remarks/ Observation	
<ul style="list-style-type: none"> Number of lab tests notified 		
3. Status of delivery points		
<ul style="list-style-type: none"> No. of SCs conducting >3 deliveries/month 		
<ul style="list-style-type: none"> No. of 24X7 PHCs conducting > 10 deliveries /month 		
<ul style="list-style-type: none"> No. of CHCs conducting > 20 deliveries /month 		
<ul style="list-style-type: none"> No. of DH/ District Women and child hospital conducting > 50 deliveries /month 		
<ul style="list-style-type: none"> No. of DH/ District Women and child hospital conducting C-section 		
<ul style="list-style-type: none"> No. of Medical colleges conducting > 50 deliveries per month 		
<ul style="list-style-type: none"> No. of Medical colleges conducting C-section 		
4. Number of institutes with ultrasound facilities (Public+Private)		
<ul style="list-style-type: none"> Of these, how many are registered under PCPNDT act 		
5. Details of Pradhan Mantri SurakshitMatritva Abhiyan PMSMA activities performed		
6. RBSK		
<ul style="list-style-type: none"> Total no. of RBSK teams sanctioned 		
<ul style="list-style-type: none"> No. of teams with all HR in-place (full-team) 		
<ul style="list-style-type: none"> No. of vehicles (on the road) for RBSK team 		
<ul style="list-style-type: none"> No. of Teams per Block 		
<ul style="list-style-type: none"> No. of block/s without dedicated teams 		
<ul style="list-style-type: none"> Average no of children screened per day per team 		
<ul style="list-style-type: none"> Number of children born in delivery points screened for defects at birth 		
7. Special Newborn Care Units (SNCU)		
<ul style="list-style-type: none"> Total number of beds <ul style="list-style-type: none"> In radiant warmer Stepdown care Kangaroo Mother Care (KMC) unit 		
<ul style="list-style-type: none"> Number of non-functional radiant warmer for more than a week 		
<ul style="list-style-type: none"> Number of non-functional phototherapy unit for more than a week 		
	Inborn	Out born
<ul style="list-style-type: none"> Admission 		
<ul style="list-style-type: none"> Defects at birth 		
<ul style="list-style-type: none"> Discharged 		
<ul style="list-style-type: none"> Referral 		
<ul style="list-style-type: none"> LAMA 		
<ul style="list-style-type: none"> Died 		
8. Newborn Stabilization Unit (NBSU)		
	Inborn	Out born
<ul style="list-style-type: none"> Admission 		
<ul style="list-style-type: none"> Discharged 		

Indicator	Remarks/ Observation
• Referral	
• LAMA	
• Died	
9. Nutrition Rehabilitation Centers (NRC)	
<ul style="list-style-type: none"> • Admission <ul style="list-style-type: none"> ○ Bilateral pitting oedema ○ MUAC<115 mm ○ <' -3SD WFH ○ with Diarrhea ○ ARI/ Pneumonia ○ TB ○ HIV ○ Fever ○ Nutrition related disorder ○ Others 	
<ul style="list-style-type: none"> • Referred by <ul style="list-style-type: none"> ○ Frontline worker ○ Self ○ Ref from VCDC/ CTC ○ RBSK ○ Pediatric ward/ emergency 	
• Discharged	
• Referral/ Medical transfer	
• LAMA	
• Died	
10. Home Based Newborn Care (HBNC)	
• Status of availability of HBNC kit with ASHAs	
• Newborns visited under HBNC	
• Status of availability of drug kit with ASHAs	
11. Number of Maternal Death Review conducted	
<ul style="list-style-type: none"> • Previous year • Current FY 	
12. Number of Child Death Review conducted	
<ul style="list-style-type: none"> • Previous year • Current FY 	
13. Number of blocks covered under Peer Education (PE) programme	
14. No. of villages covered under PE programme	
15. No. of PE selected	
16. No. of Adolescent Friendly Clinic (AFC) meetings held	
17. Weekly Iron Folic Acid Supplementation (WIFS) stockout	
18. No. of Mobile Medical Unit (MMU) (on the road) and micro-plan	
<ul style="list-style-type: none"> • No. of trips per MMU per month • No. of camps per MMU per month • No. of villages covered • Average number of OPD per MMU per month • Average no. of lab investigations per MMU per month 	

Indicator	Remarks/ Observation	
<ul style="list-style-type: none"> Avg. no. of X-ray investigations per MMU per month 		
<ul style="list-style-type: none"> Avg. no. of blood smears collected / Rapid Diagnostic Tests (RDT) done for Malaria, per MMU per month 		
<ul style="list-style-type: none"> Avg. no. of sputum collected for TB detection per MMU per month 		
<ul style="list-style-type: none"> Average Number of patients referred to higher facilities 		
<ul style="list-style-type: none"> Payment pending (if any) If yes, since when and reasons thereof 		
19. Vehicle for Referral Transport		
<ul style="list-style-type: none"> No. of Basic Life Support (BLS) (on the road) and their distribution 		
<ul style="list-style-type: none"> No. of Advanced Life Support (ALS) (on the road) and their distribution 		
	ALS	BLS
<ul style="list-style-type: none"> Operational agency (State/ NGO/ PPP) 		
<ul style="list-style-type: none"> If the ambulances are GPS fitted and handled through centralized call centre 		
<ul style="list-style-type: none"> Average number of calls received per day 		
<ul style="list-style-type: none"> Average number of trips per ambulance per day 		
<ul style="list-style-type: none"> Average km travelled per ambulance per day 		
<ul style="list-style-type: none"> Key reasons for low utilization (if any) 		
<ul style="list-style-type: none"> No. of transport vehicle/102 vehicle (on the road) 		
<ul style="list-style-type: none"> If the vehicles are GPS fitted and handled through centralized call centre 		
<ul style="list-style-type: none"> Average number of trips per ambulance per day 		
<ul style="list-style-type: none"> Average km travelled per ambulance per day 		
<ul style="list-style-type: none"> Key reasons for low utilization (if any) 		
20. Universal health screening		
<ul style="list-style-type: none"> If conducted, what is the target population 		
<ul style="list-style-type: none"> Number of Community Based Assessment Checklist (CBAC) forms filled till date 		
<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 		
21. If State notified a State Mental Health Authority		

Indicator	Remarks/ Observation		
22. If grievance redressal mechanism in place			
<ul style="list-style-type: none"> • Whether call center and toll-free number available 			
<ul style="list-style-type: none"> • Percentage of complains resolved out of the total complains registered in current FY 			
23. If Mera-aaspatal has been implemented			
24. Payment status:	No. of beneficiaries	Backlog	DBT status
<ul style="list-style-type: none"> • JSY beneficiaries 			
<ul style="list-style-type: none"> • ASHA payment: 			
<ul style="list-style-type: none"> ○ A- Routine and recurring at increased rate of Rs. 2000 pm 			
<ul style="list-style-type: none"> ○ B- Incentive under NTEP 			
<ul style="list-style-type: none"> ○ C- Incentives under NLEP 			
<ul style="list-style-type: none"> • Payment of ASHA facilitators as per revised norms (of a minimum of Rs. 300 per visit) 			
<ul style="list-style-type: none"> • Patients incentive under NTEP programme 			
<ul style="list-style-type: none"> • Provider's incentive under NTEP programme 			
<ul style="list-style-type: none"> • FP compensation/ incentive 			
25. Implementation of Integrated Disease Surveillance Programme (IDSP)			
<ul style="list-style-type: none"> • If Rapid Response Team constituted, what is the composition of the team 			
<ul style="list-style-type: none"> • No. of outbreaks investigated in previous year and in current FY 			
<ul style="list-style-type: none"> • How is IDSP data utilized 			
<ul style="list-style-type: none"> • Proportion (% out of total) of Pvt health facilities reporting weekly data of IDSP 			
26. Implementation of National Vector Borne Disease Control Programme (NVBDCP)			
<ul style="list-style-type: none"> • Micro plan and macro plan available at district level 			
<ul style="list-style-type: none"> • Annual Blood Examination Rate 			
<ul style="list-style-type: none"> • Reason for increase/ decrease (trend of last 3 years to be seen) 			
<ul style="list-style-type: none"> • LLIN distribution status 			
<ul style="list-style-type: none"> • IRS 			
<ul style="list-style-type: none"> • Anti-larval methods 			
<ul style="list-style-type: none"> • Contingency plan for epidemic preparedness 			
<ul style="list-style-type: none"> • Weekly epidemiological and entomological situations are monitored 			
<ul style="list-style-type: none"> • No. of MDR rounds observed 			
<ul style="list-style-type: none"> • No. of districts achieved elimination status for Lymphatic Filariasis i.e. mf rate <1% 			
27. Implementation of National Tuberculosis Elimination Programme (NTEP)			
<ul style="list-style-type: none"> • Target TB notification achieved 			
<ul style="list-style-type: none"> • 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 _____		
<ul style="list-style-type: none"> • Eligible TB patients with UDST testing 			

Indicator	Remarks/ Observation
<ul style="list-style-type: none"> Whether drugs for both drug sensitive and drug resistance TB available 	
<ul style="list-style-type: none"> Patients notification from public sector 	No of patients notified: Treatment success rate: No. of MDR TB Patients: Treatment initiation among MDR TB patients:
<ul style="list-style-type: none"> Patients notification from private sector 	No of patients notified: Treatment success rate: No. of MDR TB Patients: Treatment initiation among MDR TB patients:
<ul style="list-style-type: none"> Beneficiaries paid under NikshayPoshan Yojana 	
<ul style="list-style-type: none"> Active Case Finding conducted as per planned for the year 	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
28. Implementation of National Leprosy Eradication Programme (NLEP)	
<ul style="list-style-type: none"> No. of new cases detected 	
<ul style="list-style-type: none"> No. of G2D cases 	
<ul style="list-style-type: none"> MDT available without interruption 	
<ul style="list-style-type: none"> Reconstructive surgery for G2D cases being conducted 	
<ul style="list-style-type: none"> MCR footwear and self-care kit available 	
29. Number of treatment sites and Model Treatment Center (MTC) for viral hepatitis	
30. Percent of health workers immunized against Hep B	
31. Key activities performed in current FY as per ROP under National Fluorosis Control Programme	
32. Key activities performed in current FY as per ROP under National Iron Deficiency Disorders Control Programme	
33. Key activities performed in current FY as per ROP under National Tobacco Control Programme	
34. Number of ASHAs <ul style="list-style-type: none"> Required as per population Selected No. of ASHAs covering more than 1500 (rural)/ 3000 (urban) population No. of villages/ slum areas with no ASHA 	
35. 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 Jyoti Bima Yojana (PMJJBY) No. of ASHA Facilitator enrolled for Pradhan Mantri Jeevan Jyoti Bima Yojana (PMJJBY) No. of ASHAs enrolled for Pradhan Mantri Suraksha Bima Yojana (PMSBY) No. of ASHA Facilitators enrolled for Pradhan Mantri Suraksha Bima Yojana (PMSBY) 	

Indicator	Remarks/ Observation			
<ul style="list-style-type: none"> No. of ASHAs enrolled for Pradhan Mantri Shram Yogi Maandhan Yojana (PMSYMY) No. of ASHA Facilitators enrolled for Pradhan Mantri Shram Yogi Maandhan Yojana (PMSYMY) Any other state specific scheme _____ 				
36. Status of Mahila Arogya Samitis (MAS)- a. Formed b. Trained c. MAS account opened				
37. Status of Village Health Sanitation and Nutrition Committee (VHSNC) a. Formed b. Trained c. MAS account opened				
38. Number of facilities quality certified				
39. Status of Kayakalp and Swachh SwasthSarvatra (SSS)				
40. Activities performed by District Level Quality Assurance Committee (DQAC)				
41. Recruitment for any staff position/ cadre conducted at district level				
42. Details of recruitment	Previous year (2019-20)		Current FY (2020-21)	
	Regular cadre	NHM	Regular cadre	NHM
• 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				
43. If state has comprehensive (common for regular and contractual HR) Human Resource Information System (HRIS) in place				

D. Implementation of CPHC

Status as on: _____

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		

E. 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			

F. State of Fund Utilization

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

Status of Expenditure as on: _____ to _____

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

20. FMR 2: Service Delivery: Community Based			
21. FMR 3: Community Intervention			
22. FMR 4: Untied grants			
23. FMR 5: Infrastructure			
24. FMR 6: Procurement			
25. FMR 7: Referral Transport			
26. FMR 8: Human Resource (Service Delivery)			
27. FMR 9: Training			
28. FMR 10: Review, Research and Surveillance			
29. FMR 11: IEC-BCC			
30. FMR 12: Printing			
31. FMR 13: Quality			
32. FMR 14: Drug Warehouse & Logistic			
33. FMR 15: PPP			
34. FMR 16: Programme Management			
• FMR 16.1: PM Activities Sub Annexure			
35. FMR 17: IT Initiatives for Service Delivery			
36. FMR 18: Innovations			

Programme Wise

Status of Expenditure as on: _____ to _____

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)			

Indicator	Budget Released (in lakhs)	Budget utilized (in lakhs)	Reason for low utilization (if less than 60%)
• Blood Services and Disorders			
• Infrastructure			
• ASHAs			
• HR			
• Programme Management			
• MMU			
• Referral Transport			
• 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			

Indicator	Budget Released (in lakhs)	Budget utilized (in lakhs)	Reason for low utilization (if less than 60%)
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)			

G. 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.		



Ministry of Health & Family Welfare
Government of India



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

H.

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 Please comment on the condition and tick the appropriate box	Comments: <input type="checkbox"/> 24*7 running water facility <input type="checkbox"/> Facility is geriatric and disability friendly (ramps etc.) <input type="checkbox"/> Clean functional toilets available (separate for Male and female) <input type="checkbox"/> Drinking water facility available <input type="checkbox"/> OPD waiting area has sufficient sitting arrangement <input type="checkbox"/> ASHA rest room is available <input type="checkbox"/> Drug storeroom with rack is available Power backup: <input type="checkbox"/> Complete Hospital/ <input type="checkbox"/> Part of the hospital Last major renovation done in (Year): _____
3. Number of functional in-patient beds	_____ No of ICU Beds available:
4. List of Services available	

Indicator	Remarks/ Observation		
<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	District Early Intervention Centre (DEIC)	
	11	Nutritional Rehabilitation Centre (NRC)	
	12	SNCU/ Mother and Newborn Care Unit (MNCU)	
	13	Comprehensive Lactation Management Centre (CLMC) / Lactation Management Unit (LMU)	
	14	Neonatal Intensive Care Unit (NICU)	
	15	Pediatric Intensive Care Unit (PICU)	
	16	Labour Room Complex	
	17	ICU	
	18	Dialysis Unit	
	19	Emergency Care	
	20	Burn Unit	
	21	Teaching block (medical, nursing, paramedical)	
	22	Skill Lab	
5. Emergency	General emergency: or facilities available for: 1. Triage 2. Resuscitation 3. Stabilization		
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:		

Indicator	Remarks/ Observation																																																																												
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" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:60%;">HR</th> <th style="width:10%;">San.</th> <th style="width:10%;">Reg.</th> <th style="width:10%;">Cont.</th> </tr> </thead> <tbody> <tr> <td>MO (MBBS)</td> <td></td> <td></td> <td></td> </tr> <tr> <td rowspan="9">Specialists</td> <td>Medicine</td> <td></td> <td></td> </tr> <tr> <td>ObGy</td> <td></td> <td></td> </tr> <tr> <td>Pediatrician</td> <td></td> <td></td> </tr> <tr> <td>Anesthetist</td> <td></td> <td></td> </tr> <tr> <td>Surgeon</td> <td></td> <td></td> </tr> <tr> <td>Ophthalmologist</td> <td></td> <td></td> </tr> <tr> <td>Orthopedic</td> <td></td> <td></td> </tr> <tr> <td>Radiologist</td> <td></td> <td></td> </tr> <tr> <td>Pathologist</td> <td></td> <td></td> </tr> <tr> <td>Others</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Dentist</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Staff Nurses/ GNMs</td> <td></td> <td></td> <td></td> </tr> <tr> <td>LTs</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Pharmacist</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Dental Technician/ Hygienist</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Hospital/ Facility Manager</td> <td></td> <td></td> <td></td> </tr> <tr> <td>EmOC trained doctor</td> <td></td> <td></td> <td></td> </tr> <tr> <td>LSAS trained doctor</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.	MO (MBBS)				Specialists	Medicine			ObGy			Pediatrician			Anesthetist			Surgeon			Ophthalmologist			Orthopedic			Radiologist			Pathologist			Others				Dentist				Staff Nurses/ GNMs				LTs				Pharmacist				Dental Technician/ Hygienist				Hospital/ Facility Manager				EmOC trained doctor				LSAS trained doctor				Others			
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16. Availability of list of essential medicines (EML)/ drugs (EDL)	<input type="checkbox"/> Yes/ <input type="checkbox"/> No																																																																												
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Indicator	Remarks/ Observation										
17. Implementation of DVDMS or similar supply chain management system	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If other, which one _____										
18. Shortage of 5 priority drugs from EDL in last 30 days, if any	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50px; text-align: center;">1</td> <td style="width: 300px;"></td> </tr> <tr> <td style="text-align: center;">2</td> <td></td> </tr> <tr> <td style="text-align: center;">3</td> <td></td> </tr> <tr> <td style="text-align: center;">4</td> <td></td> </tr> <tr> <td style="text-align: center;">5</td> <td></td> </tr> </table>	1		2		3		4		5	
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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										
<ul style="list-style-type: none"> • In-house tests (For 2020-21) 	Timing: Total number of tests performed: _____ Details of tests performed:										
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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										
	<input type="checkbox"/> Yes/ <input type="checkbox"/> No										

Indicator	Remarks/ Observation
25. Implementation of PM-National Dialysis programme	<input type="checkbox"/> In-house <input type="checkbox"/> Outsourced/ PPP Total number of tests performed: _____
<ul style="list-style-type: none"> Whether the services are free for all 	<input type="checkbox"/> Free for BPL <input type="checkbox"/> Free for elderly <input type="checkbox"/> Free for JSSK beneficiaries <input type="checkbox"/> Free for all
<ul style="list-style-type: none"> Number of patients provided dialysis service (for 2020-21) 	<ul style="list-style-type: none"> Previous year _____ Current FY _____ <i>*Calculate the approximate no. of patients provided dialysis per day</i>
26. If there is any shortage of major instruments/ equipment (List the Equipments)	
27. Average downtime of equipment. Details of equipment are nonfunctional for more than 7 days	
28. Availability of delivery services	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
<ul style="list-style-type: none"> If the facility is designated as FRU, whether C-sections are performed 	<input type="checkbox"/> Yes/ <input type="checkbox"/> No Number of normal deliveries performed in last month: _____ No. of C-sections performed in last month: _____
<ul style="list-style-type: none"> Comment on the condition of: 	Labour room: OT: Functional New-born care corner (functional radiant warmer with neo-natal ambu bag): <input type="checkbox"/> Yes/ <input type="checkbox"/> No
29. Status of JSY payments	Payment is up to date: <input type="checkbox"/> Yes/ <input type="checkbox"/> No Average delay: Payment done till: Reasons for delay:
30. Availability of JSSK entitlements	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, whether all entitlements being provided <input type="checkbox"/> Free delivery services (Normal delivery/ C-section) <input type="checkbox"/> Free diet <input type="checkbox"/> Free drugs and consumables <input type="checkbox"/> Free diagnostics <input type="checkbox"/> Free blood services <input type="checkbox"/> Free referral transport (home to facility) <input type="checkbox"/> Free referral transport (drop back from facility to home)

Indicator	Remarks/ Observation
	<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

Indicator	Remarks/ Observation			
47. Availability of functional Adolescent Friendly Health Clinic	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, who provides counselling to adolescents: _____ Separate male and female counselors available: <input type="checkbox"/> Yes/ <input type="checkbox"/> No Total No of Adolescents counseled in last 6 months _____			
48. Whether facility has fixed day NCD clinic	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If Yes, how many days in a week: _____ days			
49. Are service providers trained in cancer services?	<input type="checkbox"/> Yes/ <input type="checkbox"/> No			
50. Number of individuals screened for the following in last 6 months:			Screened	Confirmed
	a. Hypertension			
	b. Diabetes			
	c. Oral Cancer			
	d. Breast Cancer			
51. Whether reporting weekly data in P, S and L form under IDSP	<input type="checkbox"/> Yes/ <input type="checkbox"/> No			
1. Status of TB elimination programme	Facility is designated as Designated Microscopy Centre (DMC): <input type="checkbox"/> Yes/ <input type="checkbox"/> No			
	If yes, percent of OPD whose samples were tested for TB (microscopy) in last 6 month (average) _____			
	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)			

Indicator	Remarks/ Observation
54. Status of data entry in (match with physical records)	HMIS: <input type="checkbox"/> Updated/ <input type="checkbox"/> Not updated MCTS: <input type="checkbox"/> Updated/ <input type="checkbox"/> Not updated IHIP: <input type="checkbox"/> Updated/ <input type="checkbox"/> Not updated HWC Portal: <input type="checkbox"/> Updated/ <input type="checkbox"/> Not updated Nikshay Portal: <input type="checkbox"/> Updated/ <input type="checkbox"/> Not updated
55. Frequency of RKS meeting (check and obtain minutes of last meeting held)	
2. Availability of ambulance services in the area	<input type="checkbox"/> Own ambulance available (Number)_____ <input type="checkbox"/> DH/ SDH has contracted out ambulance services (Number)_____ <input type="checkbox"/> Ambulances services with Centralized call centre <input type="checkbox"/> Government ambulance services are not available Comment (if any):
<ul style="list-style-type: none"> How many cases from CHC, PHC, SC, referred to in last month? 	Number: CHC PHC SC Types of cases referred in:
<ul style="list-style-type: none"> How many cases were referred out last month? 	Number: Types of cases referred out:
3. Key challenges in the facility and the root causes	
Challenge	Root causes
a)	
b)	
c)	
d)	
e)	



Ministry of Health & Family Welfare
Government of India



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

I. 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	Comments:	
Please comment on the condition and tick the appropriate box	<input type="checkbox"/> 24*7 running water facility <input type="checkbox"/> Facility is geriatric and disability friendly (ramps etc.) <input type="checkbox"/> Clean functional toilets available (separate for Male and female) <input type="checkbox"/> Drinking water facility available <input type="checkbox"/> OPD waiting area has sufficient sitting arrangement <input type="checkbox"/> ASHA rest room is available <input type="checkbox"/> Drug storeroom with rack is available	

	Power backup: <input type="checkbox"/> Complete Hospital/ <input type="checkbox"/> Part of the hospital																																	
7. Number of functional in-patient beds																																		
8. List of Services available																																		
<ul style="list-style-type: none"> Specialized services available in addition to General OPD, ANC, Delivery, PNC, Immunization, FP, Laboratory services 	<table border="1"> <thead> <tr> <th>Sl.</th> <th>Service</th> <th>Y/N</th> </tr> </thead> <tbody> <tr><td>1</td><td>Medicine</td><td></td></tr> <tr><td>2</td><td>O&G</td><td></td></tr> <tr><td>3</td><td>Pediatric</td><td></td></tr> <tr><td>4</td><td>General Surgery</td><td></td></tr> <tr><td>5</td><td>Anesthesiology</td><td></td></tr> <tr><td>6</td><td>Ophthalmology</td><td></td></tr> <tr><td>7</td><td>Dental</td><td></td></tr> <tr><td>8</td><td>Imaging Services (X – ray)</td><td></td></tr> <tr><td>9</td><td>Imaging Services (USG)</td><td></td></tr> <tr><td>10</td><td>Newborn Stabilization Unit</td><td></td></tr> </tbody> </table>	Sl.	Service	Y/N	1	Medicine		2	O&G		3	Pediatric		4	General Surgery		5	Anesthesiology		6	Ophthalmology		7	Dental		8	Imaging Services (X – ray)		9	Imaging Services (USG)		10	Newborn Stabilization Unit	
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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
<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:
24. X-ray services is available	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If Yes, type & nos. of functional X-ray machine is available in the hospital: Is the X-ray machine AERB certified: <input type="checkbox"/> Yes/ <input type="checkbox"/> No
25. Whether diagnostic services (lab, X-ray, USG etc.) are free for all	<input type="checkbox"/> Free for BPL <input type="checkbox"/> Free for elderly <input type="checkbox"/> Free for JSSK beneficiaries <input type="checkbox"/> Free for all
26. Availability of Testing kits/ Rapid Diagnostic Kits	<input type="checkbox"/> Sufficient Supply <input type="checkbox"/> Minimal Shortage <input type="checkbox"/> Acute shortage (List the name of kits for which there is shortage)
27. If there is any shortage of major instruments/ equipment (List the Name of Equipment)	
28. Average downtime of equipment. Details of equipment are nonfunctional for more than 7 days	
29. Availability of delivery services	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
<ul style="list-style-type: none"> If the facility is designated as FRU, whether C-sections are performed 	<input type="checkbox"/> Yes/ <input type="checkbox"/> No Number of normal deliveries performed in last month: _____ No. of C-sections performed in last month: _____
<ul style="list-style-type: none"> Comment on 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		
e. Cervical Cancer			
51. Are service providers trained in cancer services?	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
52. Whether reporting weekly data in P, S and L form under IDSP	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
53. Status of TB elimination programme	Facility is designated as Designated Microscopy Centre (DMC): <input type="checkbox"/> Yes/ <input type="checkbox"/> No		
	If yes, percent of OPD whose samples were tested for TB (microscopy) in last 6 month (average) _____		
	If anti-TB drugs available at the facility: <input type="checkbox"/> Yes/ <input type="checkbox"/> No		
	If yes, are there any patients currently taking anti-TB drugs from the facility: <input type="checkbox"/> Yes/ <input type="checkbox"/> No		
	Percent of patients tested through CBNAAT/TruNat for Drug resistance in the last 6 months _____		
	Is there a sample transport mechanism in place for:		
	<ul style="list-style-type: none"> • investigations within public sector for TB testing? <input type="checkbox"/>Yes/ <input type="checkbox"/>No • 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)	

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

J. Service Delivery:

Name of facility visited		
Facility Type		<input type="checkbox"/> PHC/ <input type="checkbox"/> U-PHC
Whether the facility has been converted to HWC		<input type="checkbox"/> Yes/ <input type="checkbox"/> No
Standalone/ Co-located		<input type="checkbox"/> Standalone/ <input type="checkbox"/> Co-located Co-located with (if applicable):
Accessible from nearest road head		<input type="checkbox"/> Yes/ <input type="checkbox"/> No
Date of Visit		
Next Referral Point		Facility: Distance:
Indicator	Remarks/ Observation	
1. OPD Timing		
<ul style="list-style-type: none"> For U-PHC, check if evening/morning OPD/Clinics being conducted 	<input type="checkbox"/> Yes/ <input type="checkbox"/> No	
2. Whether the facility is functioning in PPP mode	<input type="checkbox"/> Yes/ <input type="checkbox"/> No	
3. Condition of infrastructure/ building	Comments:	
Please comment on the condition and tick the appropriate box	<input type="checkbox"/> 24*7 running water facility <input type="checkbox"/> Facility is geriatric and disability friendly (Ramps etc.) <input type="checkbox"/> Clean functional toilets available (separate for Male and female) <input type="checkbox"/> Drinking water facility available <input type="checkbox"/> OPD waiting area has sufficient sitting arrangement <input type="checkbox"/> ASHA rest room is available <input type="checkbox"/> Drug storeroom with rack is available <input type="checkbox"/> Power backup <input type="checkbox"/> Branding	
4. Number of functional in-patient beds		
5. List of Services available		
6. If 24*7 delivery services available	<input type="checkbox"/> Yes/ <input type="checkbox"/> No	
7. Tele-medicine/Consultation services available	<input type="checkbox"/> Yes/ <input type="checkbox"/> No	
	If yes, average case per day _____	
8. Biomedical waste management practices	Sharp pit: Deep Burial pit: Other System, if any:	

9. Details of HR available in the facility (Sanctioned and In-place)	HR	San.	Reg.	Cont.
	MO (MBBS)			
	MO (AYUSH)			
	SNs/ GNMs			
	ANM			
	LTs			
	Pharmacist			
	Public Health Manager (NUHM)			
	LHV/PHN			
	Others			
10. IT Services	<ul style="list-style-type: none"> • Desktop/ Laptop available: <input type="checkbox"/>Yes/ <input type="checkbox"/>No • All ANMs have functional Tablets: <input type="checkbox"/>Yes/ <input type="checkbox"/>No • Smart phones given to all ASHAs: <input type="checkbox"/>Yes/ <input type="checkbox"/>No • Internet connectivity: <input type="checkbox"/>Yes/ <input type="checkbox"/>No Quality/strength of internet connection: _____			
11. Kayakalp	Initiated: Facility score: Award received:			
12. NQAS	Assessment done: Internal/State Facility score: Certification Status:			
13. Availability of list of essential medicines (EML)/ drugs (EDL)	<input type="checkbox"/> Yes/ <input type="checkbox"/> No			
	If yes, total number of drugs in EDL _____ EDL displayed in OPD Area: <input type="checkbox"/> Yes/ <input type="checkbox"/> No No. of drugs available on the day of visit (out of the EDL) _____			
14. Implementation of DVDMS or similar supply chain management system	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If other, which one _____			
15. Shortage of 5 priority drugs from EDL in last 30 days, if any	1			
	2			
	3			
	4			
	5			
16. Drugs Available for Hypertension & Diabetic patients:	1			
	2			
	3			
17. Shortage of sufficient number of Hypertension & Diabetic in last 7 days	1			
	2			
	3			
18. Availability of Essential Consumables:	<input type="checkbox"/> Sufficient Supply <input type="checkbox"/> Minimal Shortage <input type="checkbox"/> Acute shortage In last 6 months how many times there was shortage _____ (Also list the consumables for which there was shortage)			

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

	<input type="checkbox"/> Free blood services <input type="checkbox"/> Free referral transport (home to facility) <input type="checkbox"/> Free referral transport (drop back from facility to home) <input type="checkbox"/> No user charges		
28. Line listing of high-risk pregnancies	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
29. Number of normal deliveries in last three month			
30. Availability of Daksh/Dakshita 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		Screened	Confirmed
	a. Hypertension		

following in last 6 months:	b. Diabetes		
	c. Oral Cancer		
	d. Breast Cancer		
	e. Cervical Cancer		
46. Whether wellness activities are performed	<input type="checkbox"/> Yes/ <input type="checkbox"/> No Frequency:		
47. Whether reporting weekly data in P and L form under IDSP	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
48. Distribution of Long lasting Insecticidal nets (LLIN) in high-risk areas	No. of LLIN distributed per household: <input type="checkbox"/> 1 per family/ <input type="checkbox"/> Others (Specify): _____		
49. Status of TB elimination programme	Facility is designated as Designated Microscopy Centre (DMC): <input type="checkbox"/> Yes/ <input type="checkbox"/> No		
	If yes, percent of OPD whose samples were tested for TB (microscopy) in last 6 month (average) _____		
	If anti-TB drugs available at the facility: <input type="checkbox"/> Yes/ <input type="checkbox"/> No		
	If yes, are there any patients currently taking anti-TB drugs from the facility: <input type="checkbox"/> Yes/ <input type="checkbox"/> No		
	Percent of patients tested through CBNAAT/TruNat for Drug resistance in the last 6 months _____		
	Is there a sample transport mechanism in place for: <ul style="list-style-type: none"> • investigations within public sector for TB testing? <input type="checkbox"/>Yes/ <input type="checkbox"/>No • investigations within public sector for other tests? <input type="checkbox"/>Yes/ <input type="checkbox"/>No • outsourced testing? <input type="checkbox"/>Yes/ <input type="checkbox"/>No 		
	Are all TB patients tested for HIV? <input type="checkbox"/> Yes/ <input type="checkbox"/> No Are all TB patients tested for Diabetes Mellitus: <input type="checkbox"/> Yes/ <input type="checkbox"/> No		
	Percent of TB Patients for whom DBT installments have been initiated under NikshayPoshan Yojana in the last 6 months:		
50. Status on Leprosy eradication programme	Nos. of new case detected by Field Worker in last 12 months: Out of those, how many are having Gr. II deformity: Frequency of Community Surveillance:		
51. Maintenance of records on	<ul style="list-style-type: none"> • TB Treatment Card cases (both for drug sensitive and drug resistant cases): <input type="checkbox"/>Yes/ <input type="checkbox"/>No • TB Notification Registers: <input type="checkbox"/>Yes/ <input type="checkbox"/>No • Malaria cases: <input type="checkbox"/>Yes/ <input type="checkbox"/>No • Palliative cases: <input type="checkbox"/>Yes/ <input type="checkbox"/>No • Cases related to Dengue and Chikungunya: <input type="checkbox"/>Yes/ <input type="checkbox"/>No • Leprosy cases: <input type="checkbox"/>Yes/ <input type="checkbox"/>No 		
52. How much fund was received and utilized by the facility under NHM?	Fund Received last year: Fund utilized last year:		
	Items/ Activities whose expenditure is met out of the RKS/ Untied Fund regularly:		
	Reasons for underutilization of fund (if any)		
53. Status of data entry in (match with physical records)	HMIS: <input type="checkbox"/> Updated/ <input type="checkbox"/> Not updated MCTS: <input type="checkbox"/> Updated/ <input type="checkbox"/> Not updated IHIP: <input type="checkbox"/> Updated/ <input type="checkbox"/> Not updated HWC Portal: <input type="checkbox"/> Updated/ <input type="checkbox"/> Not updated Nikshay Portal: <input type="checkbox"/> Updated/ <input type="checkbox"/> Not updated		

54. Frequency of RKS meeting (check and obtain minutes of last meeting held)	
55. Availability of ambulance services in the area	<input type="checkbox"/> PHC own ambulance available Number_____ <input type="checkbox"/> PHC has contracted out ambulance services Number_____ <input type="checkbox"/> Ambulances services with Centralized call centre <input type="checkbox"/> Government ambulance services are not available
	Comment (if any):
<ul style="list-style-type: none"> How many cases from sub centre were referred to this PHC last month? 	Number: Types of cases referred in:
<ul style="list-style-type: none"> How many cases from the PHC were referred to the CHC last month? 	Number: Types of cases referred out:
56. Key challenges in the facility and the root causes	
Challenge	Root causes
a)	
b)	
c)	
d)	
e)	
Only for U-PHC	
57. Population enumeration initiated for slum population	<input type="checkbox"/> Not yet initiated <input type="checkbox"/> Initiated <input type="checkbox"/> Completed
58. Number of CBAC forms filled (NUHM)	
59. Is Specialist services provided at U-PHC?	<input type="checkbox"/> Yes/ <input type="checkbox"/> No 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: _____
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Sub-Centre (SC) Level Checklist

K. 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 																								

Indicator	Remarks/ Observation										
	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" style="width:100%; border-collapse: collapse;"> <tr><td style="width:50px; text-align:center;">1</td><td style="width:300px;"></td></tr> <tr><td style="text-align:center;">2</td><td></td></tr> <tr><td style="text-align:center;">3</td><td></td></tr> <tr><td style="text-align:center;">4</td><td></td></tr> <tr><td style="text-align:center;">5</td><td></td></tr> </table>	1		2		3		4		5	
1											
2											
3											
4											
5											
9. Drugs Available for Hypertension & Diabetic patients:	<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="width:50px; text-align:center;">1</td><td style="width:300px;"></td></tr> <tr><td style="text-align:center;">2</td><td></td></tr> <tr><td style="text-align:center;">3</td><td></td></tr> </table>	1		2		3					
1											
2											
3											
10. Shortage of sufficient number of Hypertension & Diabetic in last 7 days	<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="width:50px; text-align:center;">1</td><td style="width:300px;"></td></tr> <tr><td style="text-align:center;">2</td><td></td></tr> <tr><td style="text-align:center;">3</td><td></td></tr> </table>	1		2		3					
1											
2											
3											
11. Are CHOs dispensing medicines for hypertension and diabetes at SHC-HWC	<input type="checkbox"/> Yes/ <input type="checkbox"/> No										
12. Availability of Testing kits/ Rapid Diagnostic Kits	<input type="checkbox"/> Sufficient Supply <input type="checkbox"/> Minimal Shortage <input type="checkbox"/> Acute shortage List of Kits (Shortage)_____										
13. Availability of:	<ul style="list-style-type: none"> • BP instrument: <input type="checkbox"/>Yes/ <input type="checkbox"/>No. If yes, Type: _____ • Thermometer: <input type="checkbox"/>Yes/ <input type="checkbox"/>No • Contraceptives: <input type="checkbox"/>Yes/ <input type="checkbox"/>No. If yes, Type: _____ • Glucometer: <input type="checkbox"/>Yes/ <input type="checkbox"/>No 										
14. Line listing of all Pregnant women in the area	<input type="checkbox"/> Yes/ <input type="checkbox"/> No <ul style="list-style-type: none"> • High risk women identified: <input type="checkbox"/>Yes/ <input type="checkbox"/>No • MCP cards duly filled: <input type="checkbox"/>Yes/ <input type="checkbox"/>No 										
15. Number of Maternal Death Review conducted	Previous year:2019-20 Current year:2020-21										
16. Number of Child Death Review conducted	Previous year: Current year:										
17. Availability of vaccines and hub cutter	<input type="checkbox"/> Yes/ <input type="checkbox"/> No <ul style="list-style-type: none"> • Awareness of ANM on vaccine schedule: <input type="checkbox"/>Yes/ <input type="checkbox"/>No • Awareness about open vial policy: <input type="checkbox"/>Yes/ <input type="checkbox"/>No 										

Indicator	Remarks/ Observation		
18. Availability of micro-plan for immunization	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
19. Follow up of:	SNCU discharge babies: <input type="checkbox"/> Yes/ <input type="checkbox"/> No LBW babies: <input type="checkbox"/> Yes/ <input type="checkbox"/> No		
20. Line listing of all eligible couple in the area	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
21. Availability of trained provider for IUCD/ PPIUCD	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
22. Please comment on utilization of other FP services			
23. Number of individuals above 30 years of age in the HWC population			
24. Number of CBAC forms filled in last 6 months			
25. Report for number of individuals for whom CBAC form has been filled in last six months.	Score with below 4: 4 and above score:		
26. Whether universal screening of NCD has started	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
27. Number of individuals screened for the following in last 6 months:		Screened	Confirmed
	a. Hypertension		
	b. Diabetes		
	c. Oral Cancer		
	d. Breast Cancer		
	e. Cervical Cancer		
28. Number of individuals who had initiated treatment for HTN, DM and others during last six months	Advised for Lifestyle management: Medicines for Hypertension: Medicines for Diabetes: Medicines for Others:		
29. Source of getting drugs/ medications for individual. Number of individuals taking medication for HTN and DM during last six months from which source Taking medication for HTN/DM	From SC-HWC: From Linked PHC: From other govt. facilities: (Specify) From pvt. Chemist shop: (Average OOP/month)		
30. Status of use of:	<ul style="list-style-type: none"> • Tele-consultation services • HWC App Details:		
31. Whether wellness activities are performed	<input type="checkbox"/> Yes/ <input type="checkbox"/> No Frequency:		
32. Whether reporting weekly data in S form under IDSP	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
33. Status of Tuberculosis in the area:	Indicators	2019-20	2020-21
	Number of presumptive TB patients identified:		
	Number of presumptive TB patients referred for testing		
	Number of TB patients diagnosed out of the presumptive patients referred		

Indicator	Remarks/ Observation		
	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:		
41. Availability of ambulance services in the area	Reasons for underutilization of fund (if any)		

Indicator	Remarks/ Observation
<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)	

