NATIONAL HEALTH MISSION

A Report on
Monitoring of important components of NHM Programme Implementation Planning in Dausa District, Rajasthan

Submitted to

Ministry of Health and Family Welfare, Government of India

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The Monitoring and Evaluation of NHM, PIP in Dausa District of Rajasthan was successfully completed due to the help and cooperation received from District NHM Staff and support extended by officials from State Medical, Health and Family Welfare Department, Government of Delhi and India also.

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ABBREVIATIONS

ANC	Ante Natal Care
ANM	Auxiliary Nurse Midwife
ASHA	Accredited Social Health Activist
AYUSH	Ayurveda, Yoga& Naturopathy, Unani, Siddha and Homeopathy
BB	Blood Bank
BMOC	Basic Emergency Obstetric Care
BCC	Behaviour Change Communication
BCG	Bacillus Calmette Guerin
BPL	Below Poverty Line
BSU	Blood Storage Unit
CDO	Computer Data Entry Operator
CDMO	Chief District Medical Officer
CGHS	Central Government Health Services
EMOC	Emergency Obstetric Care
ESIC	Employee State Insurance Corporation
EVA	Equine Viral Arthritis
DGD	Delhi Government Dispensary
DOTS	Directly Observed Treatment Strategy
DPMU	District Program Management Unit
DPT	Diphtheria, Pertussis (whooping cough), Tetanus
F- IMNCI	Facility base IMNCI
GOI	Government of India
HIV	Human Immunodeficiency Virus
HMIS	Health Management Information System
ICDS	Integrated Child Development Services
ICTC	Integrated Counseling and Testing Centre
IEC	Information Education &Communication
IFA	Iron & Folic Acid
IMNCI	Integrated Management of Neonatal and Childhood Illness
IPD	Indoor-Patients Department

IPHS	Indian Public Health Standards
IUCD	Intra Uterine Contraceptive Device
JSY	Janany Suraksha Yojna
JSSK	Janani Shisu Suraksha Karyakram
LHV	Lady Health Visitor
MCH	Maternal and Child Health
MCTS	Mother and Child Tracking System
MH	Maternity Home
MIS	Management Information System
MO	Medical Officer
MTP	Medical Termination of Pregnancy
NBCC	New Born Care Corner
NBSU	New Born Special Unit
NHM	National Health Mission
NGO	Non-Government Organisation
NRHM	National Rural Health Mission
NUHM	National Urban Health Mission
NSSK	Navjat Shishu Surksha Karyakram
NSV	Non Scalpel Vasectomy
OBG	Obstetrics Gynecology
PHN	Public Health Nurse
PIP	Programme Implementation Plan
PPIUCD	Post Partum IUCD
PNC	Post Natal Care
RCH	Reproductive & Child Health
RKS	Rogi Kalyan Samiti
RTI/STI	Reproductive tract infection/Sexually transmitted infection
SBA	Skilled Birth Attendant (Special training course is available for SBA).
TT	Tetanus Toxoid
VHND	Village Health and Nutrition Day

EXECUTIVE SUMMARY

This report focuses in quality monitoring of important components of NHM. Here, Population Research Center (PRC) Delhi team was expected to observe and comment on the status of the key areas mentioned in the Records of Proceedings (RoPs). The PRC, Delhi team undertook desk review of PIP document and prepared semi-structured interview schedules and observations checklist for the field study.

Dausa district ranks 20th in terms of population, 32nd in terms of area and 3rd in terms of population density. It caters a population of 16,34,409 people with a population density of 476 per square kilometers according to Census 2011. The sex ratio of Dausa district is 905 significantly lower than the State sex ratio which is 928. The literacy rate in Dausa district is 68.2 percent which is higher than the State Average 66.1 percent and it ranks 10th among the other districts of the state. Gender Gap of the literacy rate is 31.1 percent in the district. The Scheduled Caste and Scheduled Tribe population in Dausa district is 21.7 percent and 26.5 percent respectively whereas the State percent of Scheduled Caste and Scheduled Tribe population is 17.8 and 13.5 respectively. The team has visited the District office, District General Hospital, Dausa, Community Health Centre Bandikui, Primary Health Center Gadarwada Gujran and Sub Center Gadarwada Gujran and Muhi for the monitoring purpose.

The summary of strengths and weakness in the functioning of NHM activities in the Dausa District are as follows:

Strengths:

- The facilities like the District Hospital and SC of district were adequately maintained. The premises were generally found to be clean. All vital equipment and drugs were available in all the facilities expect for the vaccinations for which were irregular in supply.

- The district was performing well in family planning. Methods popularly adopted were IUCD insertions and PPIUCD. This has been possible by the counseling and constant motivation given by the doctors, ANMs and ASHAs to the patients for considering family planning.

- ASHAs were playing a prominent role in improving maternal and child health. This has

additionally helped ASHAs creating awareness among girls. And also increasing patient's faith in them due to preferential treatment being received by the patient on being linked with an ASHA.

- The ARSH unit was functional in the facility. There were counselors to create awareness among adolescents on delay of marriages, prevention of teenage pregnancies, safe abortions, etc. Counseling was also being provided to young girls for their menstrual issues. If at some facilities response was not active for separate counseling then efforts were undertaken to counsel young patients in OPD itself.

- 102/108 is also available for transport home to facilities and facilities to home. It also support in referral cases from facility to facility and also for intra district facilities. Drugs are also available and in case of shortage DHM is approached.

- ASHAs are getting their incentive regularly in the district, there are no issues regarding their payments. All JSY payments are made timely through online fund transfer.

Weaknesses:

- All the visited health centers were functioning in the government premises; however, both the CHC and PHC building were not properly maintained. The CHC Bandikui and PHC Gadarwada Gujran was facing electricity problem, water logging problem, cleanliness and sanitation remained seriously affected.

- In CHC Bandikui and PHC Gadarwada Gujran use of bins were not proper, bins were used as normal dustbins and found at the different corners of the centres.

- More funds were in the facilities for its betterment. And also requirement of ANMs and sweeper post are vacant.

- In Dausa district there were 41 Dengue cases, 3 deaths due to swine flu and around 100 patients for malaria which is not at all good for the district.

1. INTRODUCTION

1.1. Background

National Health Mission (NHM) has become one of the integral parts for providing health services in the country and funds allotted for NHM activities have increased many folds since its inception and thus quality monitoring is important to ensure that the programme is being implemented as planned and that the desired results are being achieved. It is a continuous process done during the implementation of the plan. Monitoring covers the physical achievements against planned expectations as per the timeless defined, financial expenditure reports, strengthening of health institutions and the quality service delivery at all the levels.

Therefore, feedback regarding progress in the implementation of key components of the NHM could be helpful for both planning and resource allocation purposes. Therefore, the Ministry of Health and Family Welfare (MoHFW) has entrusted the Population Research Centre, Delhi, (PRC Delhi) to conduct quality monitoring of its important components. While engaging with the quality monitoring of PIPs, it is expected that PRCs would evolve suitable quality parameters and assume a critical role in monitoring the various components of the NHM every quarter. As part of the quarterly qualitative reports, the PRCs are expected to observe and comment on the status of the following key areas mentioned in the Records of Proceedings (RoPs):

- Mandatory disclosure of the documents related to NRHM functioning.
- Key innovation and practices in the district.
- Areas of concern in the district.
- Key strengths and weakness in the implementation of the program.

1.2. Objectives

Major objectives of this monitoring and evaluation PIP study are:

- To understand the status of physical infrastructure of availability in the 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 analyses implementation and performance of different scheme under NHM such as JSSK, RBSK, ARSH, etc.
- To analyses other important components namely service delivery, record maintenance, Biomedical Waste Management, referral transports system, IEC material, disease control programme etc.
- Availability of finance for the NHM activities in the district.

1.3. Methodology

This report discusses the implementation status of NHM in Dausa District of Rajasthan. The report is based on the findings and observation of District Hospitals (DH) District Hospital, Dausa; visit Community Health Centre (CHC) in Bandikui, Primary Health Centre (PHC) in Gadarwada Gujran and Sub Centres (SC) Gadarwada Gujran and Muhi for the monitoring purpose. Before visiting the field a semi-structured interview schedule was used for interaction with Chief Medical and Health Officer (CM&HO), District Program Manager (DPM) and other NHM officials who were questioned on various aspects of the NHM activities. The filed visits to health facilities in the district were planned and implemented with the consultation with NHM officials. The main motive of the team was to have a fruitful interaction with officials such as CM&HO, DPM and block development officer, to identify the major problems faced by them and recommendations on their part to improve the overall efficacy of the NHM program.

The Ministry of Health and Welfare Society has engrossed PRC for monitoring and evaluating the overall performance of Dausa District, Rajasthan in providing the health care services under NHM. PRC Delhi Team visited the district office of Dausa to interact with CM&HO, DPM and other nodal officers of the district. A brief profile oh health scenario of the district has been discussed intensively and officers were questioned on broader areas under NHM like Family Planning, Immunization, Training Status, Awareness Program etc. and also on the gaps in

infrastructure and human resources and a brief discussion on the loopholes of the programme and their major recommendations to improve the overall efficiency of the scheme.

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

Table- 1 List of Visited Health Care Facilities in Dausa, Rajasthan 2017

Facility Type	Name of the Facility
District Hospital (DH)	District Hospital, Dausa
Primary Health Centre (PHC)	PHC Gadarwada Gujran
Community Health Centre (CHC)	CHC Bandikui
Sub-Centre (SC)	SC Gadarwada Gujran
Sub-Centre (SC)	SC Muhi

The Team interacted with key programme officials at District Programme Management Unit (DPMU) office of Dausa District and examined the status of the key activities. Apart from rigorous interactions with the District Programme Manager, the Team visited at District Hospital, CHC, PHC and SC to interact with medical officers, staff, ASHAs, ANMs and beneficiaries in the district.

Interviews with the patients who were present during visits to health facilities were also conducted to obtain information from the beneficiaries' perspective about the functioning of National Health Mission. The Secondary Data was taken from the DPMU and CM&HO offices. Health facilities from all the three levels were selected for Supportive Supervision after discussions with the District Program Manager. The PRC team has prepared questionnaires which were used for collecting the relevant data. The attempt was to find solutions and support the health functionaries in identifying gaps and sensitizing them about the same and then to find areas where action can be taken within their designated capacities.

1.4. Socio-Economic and Demographic Profile: Rajasthan and Dausa District

The Dausa district of Rajasthan is one of the district of Jaipur division and located in the eastern part of the state of Rajasthan. It is surrounded by Alwar district in the north, Sawai Madhopur district in the south, Bharatpur district in the northeast, Karauli district in the southwest and Jaipur district in the west. It has total area of 3404.78 sq. km in roughly semicircular or 'C' shape with tempering towards east and west at corners.

Figure 1: District map of Dausa

Along with challenging geographical situation, socio-cultural & economic conditions are challenging in the district that makes health situation more crucial and challenging. The lack of adequate infrastructure at health facilities, adequate number of medical, para medical staff are another issues those are playing crucial role in providing quality health services. The major indicator adversely affecting the health condition of district are infant mortality rate for female child that is high as compared to male child and which is directly linked to practices of female infanticide. Patriarchy, caste-based discrimination and high rates of poverty are pervasive and contribute to poor health and nutrition status

Table- 2 Key Demographic Indicators: All India, Rajasthan and Dausa District

Indicators	Rajasthan	Dausa
Total Population	685,48,437	16,34,409
Male Population	35,550,997	857787
Female Population	32,997,440	776622
Decadal Growth Rate	21.44	24.09
Density of Population	200	476
Number of Blocks	249	5
Total Literacy Rate	66.1	68.1
Male literacy	79.19	82.98
Female Literacy	47.76	51.93
Infant Mortality	60	55
Neonatal Mortality Rate	40	32
Under five mortality	79	85
Maternal Mortality Rate	264	238
Child Sex Ratio	883	846
Sex ratio (No of Females per 1000 population)	928	905
Crude Birth Rate	24.4	22.1
Crude Death Rate	6.4	6.5
Total Fertility Rate	3.09	2.4
Institutional Deliveries (In %)	45.4	83.9
Full Immunization (In %)	48.7	73.5

Source: Census of India, 2011

The above mentioned table 1 is showing the basic socio-economic indicators of the Dausa district. District is High focus district due to high maternal mortality rate and low sex ratio (0-6 years) which is clear from the table no 1.Still births are also very high in the districts this shows the lack of awareness about scheduled ANC checkups.

The district of Dausa enumerated a population of 685, 48,437 of which 857787 are males and 776622 are females. The percentage of institutional deliveries is 45.4 percent in the state and 83.9 percent in the district which is far higher than the state average. The risk of maternal death is very high during labour, delivery and up to 24 hours postpartum. The State has higher MMR i.e. 264 and district has reported 238 which are lower than the state MMR, certainly keeping in view of the poor development status of the district and over all very poor health indicators the MMR will be very high. The overall sex ratio in Rajasthan is 928 females per 1000 males. It may be noted that the sex ratio of Rajasthan is lower than the sex ratio of India (940 as per census 2011). As far as overall sex ratio for the district is concerned it is lower (905 females per thousand males) than the all India and state average, this reveals that the discrimination against females is prevalent.

1.5. Health and Health Service Delivery Indicators: Dausa District

National Health Mission was primarily aimed at improving the overall health scenario as measured by various health indicators like IMR, MMR, NMR etc. Table 3 shows the key health and health service delivery indicators of Dausa district for the last financial year. The table shows that there are very less cases of neonatal deaths in the district which is a positive indicator of improvement in health services in the district. There were only 19 maternal deaths in the last financial year which is a large number and not good for a district. The number of Neo-Natal deaths in the last financial year was 31 percent. The Infant and under 5 deaths were recorded to be 145 and 82 respectively in the Dausa district. The TFR was reported to be 2.1 which is a remarkable number indicating an increased focus upon family planning measures.

Table-3: Key Health and Health Service Delivery Indicators of Dausa District

Health Indicators	Number	Percentage/ Ratio
NMR		31
IMR	145	41
U5MR		82
MMR	19	238

TFR		2.1
Fully immunized children	31094	86.23
ANC Registration in the First Trimester	21654	
Full ANC	29719(tt pw)	
Institutional Deliveries	29726	77.85
No. of Women received PNC checkups within 48 hours	10611	

Source: CM&HO Office, Dausa District

The indicators related to maternal health care shows that the first trimester registration is close to 21654 in the district and women receiving full ANC were 31094. The institutional deliveries were 29726 in the district. The post-natal check-ups were effectively happening in the district as reflected by the fact that Women receiving postpartum check-up within 48 hours of delivery to Total Reported Deliveries are 10611 in the district.

1.6. Health Infrastructure: Dausa District

Health infrastructure of a district has a significant role in ensuring effective provision of all the services to the beneficiaries. Table 4 shows the details of the health infrastructure in the district. The district has one district hospitals and one mother and child care centers. There were 26 delivery points in the district. The health facilities were functioning in the well-constructed government buildings. However the 108 ambulance facility was substandard in the district since there were only 13 ambulances. There were only 6 referral transports in the district. All the facilities visited for the purpose of monitoring were maintained and functioning in well-constructed buildings however in some of the facilities there was a problem of cleanliness.

Table-4: Details of Health Infrastructure of Dausa District

Health Facility	Number available
District hospital	01
Mother and Child Care Centers	01
Delivery Points	26
District Early Intervention Centre	01
108 Ambulances	13
Referral Transport	06
Mobile Medical Units	01

Source: CM&HO Office, Dausa District

Overall the health infrastructure of the visited facilities was well-maintained and effectively functional. There were issues of cleanliness and hygiene in some places, the space provided for some of the CHCs was not effectively utilized.

1.7. Facility wise Observation

1.7.1 District Hospital: District General Hospital of Dausa

In Dausa, District Government Hospital is a recognized name in patient care. They are one of the well-known Public Hospitals. Backed with a vision to offer the best in patient care and equipped with technologically advanced healthcare facilities, they are one of the upcoming names in the healthcare industry. The hospital is easily accessible by various means of transport. A team of well-trained medical staff, non-medical staff and experienced clinical technicians work round-the-clock to offer various services. Their professional services make them a sought after Public Hospitals in Dausa. A team of doctors on board, including specialists are equipped with the knowledge and expertise for handling various types of medical cases.

Table-5: Training Status of Human Resource under NHM in the Last Financial Year in Dausa District

Training	No. Trained
SBA	08
MTP/MVA	07
NSV	Yes
IUCD	08
PPIUCD	08
Immunization and Cold Chain	2

Source: District Hospital, Dausa

The District Hospital was having the entire physical infrastructure which required in the hospital. The Bio-medical waste disposal was outsourced and the waste was collected and disposed every day.

Table 6 shows the service delivery in last two financial years in the district hospital of Dausa district. The district hospital is doing well in terms of OPDs and IPDs in both the years however the district hospital is lagging behind in the full ANC coverage depicted by significant gap between ANC1 registration and ANC3 coverage.

Table-6: Service Delivery in Last Two Financial Years at the Dausa District Hospital

Service Utilization Parameter	2015-16	2016-17
OPD	482611	549204
IPD	36477	38010
Total Deliveries conducted	6164	5357
No. of C section conducted	16	54
No. of Neonates initiated Breast feeding within one hour	6140	5327
No. of Admission in SNCU, which ever available	629	811
No. of Children admitted with SAM (Serve Acute Malnutrition)	94	100

ANC1 Registration	1721	1948
ANC3 Coverage	680	763
No. of IUCD Insertions	64	58
No. of PPIUCD Insertion	163	1682
No. of Children Fully Immunized	1307	1378
No. of Children given ORS+ Zinc	117000	135000
No. of Children given Vitamin A	1307	1495
Total MTPs	163	113
Maternal Deaths	0	0
Still Births	102	102
Neonatal Deaths	78	45
Infant Deaths	10	14

Source: District Hospital, Dausa

District Hospital has been very successful in IUCD insertions and Postpartum Intrauterine Contraceptive Device (PPIUCD) insertions and other methods of family planning which is clearly reflected. Low Total Fertility rate accompanied with increase in acceptance of family planning measures has been reflected by no cases of maternal deaths since past two years in the district hospital.

The district hospital had all the necessary equipment's functional and all other lab services were provided in the district hospital. However X-ray machine and CT scan machine has become non-functional. All the drugs were available in the pharmacy.

Overall the medical officers of the district hospital were very active and were doing their jobs enthusiastically. The IEC materials were displayed effectively informing about all the new schemes and updated programs under NHM and all the registers were updated and well-maintained. The district hospital has received Rs 9,11,000 as untied funds in the 2016-17 out of which Rs 6,00,000 has been utilized.

1.7.2. Community Health Care: CHC Bandikui

The Community Health Centre Bandikui was functioning in a government building having staff quarters for all the working staff. The health facility was easily accessible from the nearest road. CHC having staff quarters for MO, staff nurse and was properly maintained. 24/ 7 running water, availability of complaint and suggestion box, electricity back up, functional and clean toilet for both male/ female and also washroom was attached to the labor room. CHC Bandikui having separate room for ARSH clinic.

CHC Bandikui was having functioning effectively in delivering the key health services to the beneficiaries. CHC Bandikui was having all the equipment's and also all laboratory equipments. CHC having all the essential drugs and its supplies were proper but the only requirement of blood bank.

Table-7: Training Status of Human Resource under NHM at CHC Bandikui

Training	No. Trained
NSV	Yes
IUCD	Yes
Immunization and Cold Chain	Yes

Source: CHC, Bandikui, Dausa District

The training status of human resource in the last financial year is as shown in Table 7. As the table tells that only NSV, IUCD were going on and immunization and cold chain availability was there.

Figure 2: IEC material, CHC Bandikui

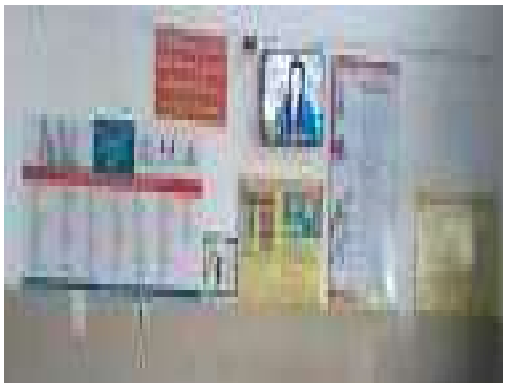

Table 8 shows the key service delivery indicators for the last two financial years and from the table we observe that the CHC Bandikui is performing consistently in terms of OPD and IPD and other indicators related to maternal and child health. The CHC having their own team for family planning and every week they had a camp.

Table-8: Service Delivery in Last too Financial Year at CHC Bandikui

Service Utilization Parameter	2015-16	2016-17
OPD	195564	202973
IPD	9008	17612
Total Deliveries conducted	1314	1371
No of admissions in NBSUs/ SNCU, whichever available	-	-
No. of Sick Children referred	0	0
No. of Pregnant Women referred	147	187
ANC1 Registration	262	390
ANC 3 Coverage	-	905
No. of IUCD Insertions	27	33
No. of PPIUCD Insertions	12	60
No. of Vasectomp	03	02
No. of Minilap	-	-
No. of Children Fully Immunized	299	374
No. of Children given Vitamin A	299	374
No. MTPs conducted	0	0

Maternal Deaths	0	0
Still Births,	13	03
Neonatal Deaths	03	0
Infant Deaths	0	0

Source: CHC, Bandikui, Dausa District

CHC having all the equipment's, sufficient essential drugs and its supplies was on time. Overall the CHC were very actively performing activity and were doing their jobs enthusiastically. The IEC materials were displayed effectively informing about all the new schemes and updated programs under NHM and all the registers were updated and well-maintained.

1.7.3. Primary Health Centre: PHC Gadarwada Gujran

The Primary Health Centre Gadarwada Gujran was catering scattered population and the catchment area was 41882. The health facility distance from district headquarter was 22km. The health facility was easily accessible from the nearest road; however the building was functioning in a government building and was very spacious but no PPIUCD taking place. There were no staffs quarters available for the staff nurse but for only staff MO and was maintained properly. There was electricity power backup; 24/7 running water, clean toilet separate for male/ female, functional and clean labor room with attached washroom and availability of both suggestion/ complaint box.

Table 9 shows the key Service Delivery in last two financial years at PHC Gadarwala Gujran for the year 2015-16 and 2016-17. The numbers of OPDs are very high in the facility; however there were very few IPDs in the facility. The ANC coverage was high and services revolving around family planning methods were not effectively provided.

Table-9: Service Delivery in the Last Two Financial Years at PHC Gadarwada Gujran

Service Utilization Parameter	2015-16	2016-17
OPD	19254	26391
IPD	244	1261
Total Deliveries conducted	63	48
ANC1 Registration	940	926
No. of Children Fully Immunized	666	771
No. of Children given Vitamin A	666	771

Source: PHC, Gadarwala, Dausa District

The facility having all the equipment which was working properly and also laboratory equipments was functional. Lab services like hemoglobin, urine and sugar test, blood sugar test, RPR, Malaia, T.V and HIV tests were taking place.

1.7.4. Sub Centre: SC Muhi

The sub centre Muhi was located in the Bandikui block. The sub centre was functioning well and even the infrastructure was few months back. There was one ANM and 4 ASHAs working in the sub centre and the IEC materials were properly displayed.

Table 10 shows the Service Delivery parameters in the last two financial years in the sub centre Muhi. It is observed that no deliveries are conducted at sub centre because of shortage of the staff people prefer to go to PHC which was only 3 kms far off. SC was in good condition and even all the IEC materials were display. The delivery system was not that good and very less deliveries were conducted due to remote areas.

Table-10: Service Delivery in the Last Two Financial Years in Sub Centre Muhi

Service Utilization Parameter	2015-16	2016-17
Number of estimated Pregnancies	102	76
No. of Pregnant Women given IFA	102	76
Number of Deliveries conducted at SC	246	135
Number of Deliveries conducted at Home	01	-
ANC1 Registration	102	76
ANC3 Coverage	93	68
No. of IUCD Insertions	15	12
No. of Children fully Immunized	84	47
No. of Children given Vitamin A	84	47
No. of Children given IFA Syrup	84	47
No. of Maternal Deaths recorded	01	-
No. of Still Birth recorded	01	-
Neonatal Deaths recorded	0	01
Number of VHNDs attended	24	18
Number of VHNSC meeting attended	24	18

Source: Sub Centre Muhi, Dausa District

There was no complain/suggestion box in the sub centre. There was no shortage of any drugs. Sub Centre has received Rs. 10000/- as untied funds and have spent the maximum proportion of untied funds on maintenance and electricity bills. ANM has spent Rs. 8,018/- in the financial year.

1.7.5. Sub Centre: SC Gadarwala Gujran

The sub centre Gadarwada Gujran was located in the Bandikui block and the catchment population was 3271 and was covering 5 villages. The sub centre was functioning well and even the infrastructure was few months back. There was one ANM and 2 ASHAs working in the sub centre and the IEC materials were properly displayed.

Table 11 shows the Service Delivery parameters in the last two financial years in the sub centre Gadarwala Gujran. It is observed that no deliveries are conducted at sub centre because of shortage of the staff people prefer to go to PHC which was only 8 kms far off. SC was in good condition and even all the IEC materials were display. The delivery system was not that good and very less deliveries were conducted due to remote areas.

Table-11: Service Delivery in the Last Two Financial Years in Sub Centre Gadarwala Gujran

Service Utilization Parameter	2015-16	2016-17
Number of estimated Pregnancies	55	32
No. of Pregnant Women given IFA	55	32
Number of Deliveries conducted at SC	-	-
Number of Deliveries conducted at Home	-	01
ANC1 Registration	55	32
ANC3 Coverage	47	28
No. of IUCD Insertions	11	04
No. of Children fully Immunized	52	33
No. of Children given Vitamin A	52	33
No. of Children given IFA Syrup	52	33
No. of Maternal Deaths recorded	-	-
No. of Still Birth recorded	-	-
Neonatal Deaths recorded	01	02
Number of VHNDs attended	38	26
Number of VHNSC meeting attended	38	26

Source: Sub Centre Gadarwala Gujran, Dausa District

There was no complain/suggestion box in the sub centre. There was no shortage of any drugs. Sub Centre has received Rs. 10000/- as untied funds and have spent the maximum proportion of untied funds on maintenance and electricity bills. ANM has spent Rs. 8,018/- in the financial year.

2. HUMAN RESOURCES

2.1. Human Resource

Table 12 shows the status of human resource under National health Mission in the district. Most of the human resource positions have been regularized in the last financial year. The human resource distribution was highly skewed and mostly driven by political influence. In the district 146 medical officers are sanctioned by the government. But there are 5 vacant seats left for M.O as requirement of staff is the major issue occurred in the district.

Table-12: Human Resources under NHM 2016-17 of Dausa District

Position Name	Sanctioned	Contractual	Total Vacant
MO's including specialists	146	0	05
Gynecologists	04	0	02
Pediatrician	04	0	02
Surgeon	03	0	12
LHV	36	-	21
ANM	270	22	135
Pharmacist	33	0	-
Lab Technicians	62	0	-
X-ray Technicians	0	0	-
Data Entry Operators	0	04	-
Staff Nurse at CHC	105	02	-
Staff Nurse at PHC	110	09	-
ANM at PHC	74	0	07
ANM at CHC	316	22	113

Source: CM&HO Office, Dausa District, 2017

Only 4 gynecologists are sanctioned by the government and only 2 seats are vacant. In the district, there were 4 pediatrician, 3 surgeon and 12 seats are vacant and there were 36 LHV and 21 seats were vacant. Besides, there are total 270 ANMs sanctioned by the government and 22 contractual but still 135 seats are still vacant. Staff nurse at CHC 105 is sanctioned, 2 were contractual and no seats are vacant and for staff nurse at PHC 110 is sanctioned, 9 were contractual and no seats are vacant. However, there are total 74 ANM at PHC is sanctioned and 7 seat are vacant and ANM at CHC, there are 316 is sanctioned, 22 contractual and 113 seat are vacant.

2.2. Training status of Human Resource

The table 13 shows the training status of various staff members appointed under NHM for the financial year 2016-17. Apart from the below mentioned trainings 05 ANMs have been trained for SBA and 9 LHV/PHN for SBA screening.

Table-13: Training status of Human resource in the Last Financial year in Dausa District

Position Name	SBA	Minilap/ PPS
Medical Officers	0	03
Staff Nurses	01	0
ANM	05	0
LHV/PHN	09	0

Source: CM&HO Office, Dausa District

3. MATERNAL HEALTH

3.1. Maternal Health

Improving the maternal and child health was one of the key areas of focus under National Health Mission. One of the key goals of NHM was to reduce maternal, infant and Child mortality rates by targeting the concerned population and focusing on strategies of promoting wider utilization of essential obstetric and new born care for all, skilled attendant at every birth, emergency obstetric care for those having complications and referral services. The Maternal health care package of antenatal care, delivery care and postnatal care are crucial components of NHM to reduce maternal morbidity and mortality among the pregnant women. Under maternal health services, facility provides Family planning and adolescent friendly health services and RTI/STI services.

Table 14, 15, 16, and 17 shows the service delivery of various indicators associated with maternal health and from the table it is observed that:

- Women receiving at least 3 ANC checkups are lagging behind the number of women registering for ANC which shows a flaw in tracking the beneficiaries.
- All the blocks in the district have been successful in reducing home deliveries substantially. There are miniscule proportion of home deliveries in the district and majority of the home deliveries are attended by SBA.
- The District has is lagging behind in immunizing and reducing the still births. The number of still births has been very high in all the blocks of the district.
- Post Natal Care was happening effectively in the district for 48 hours after delivery but PNC between 48 hrs and 14 days after delivery is far lower than the number of institutional deliveries conducted in the district indicating a need to focus more upon post-natal care.

- There were 19 maternal deaths in the last financial year and 7 deaths were during transit which clearly indicates that district has been deficient in providing proper referral services to the beneficiaries.

Table-14: Service Delivery indicators of last financial year in the Dausa District

Block	ANC Registered	3ANCs	Home Deliveries	Institutional Deliveries
Mahwa	5707	3309	14	7402
Sikrai	5437	2783	60	2546
Dausa	9278	3452	38	11427
Lalsot	6758	3106	02	2961
Bandikui	6674	3691	66	5390

Source: CM&HO Office, Dausa District

Table-15: Service Delivery indicators of Postal Natal Care (PNC) in the last financial year in Dausa District

Block	PNC within 48hrs after delivery	PNC between 48hrs & 14 days after delivery
Mahwa	945	2764
Sikrai	2630	1926
Dausa	1263	2513
Lalsot	3225	2538
Bandikui	2548	1945

Source: CM&HO Office, Dausa District

Table-16: Service Delivery indicators of last financial year in Dausa District

Block	TT1	TT2	Home Deliveries		Live Birth	Still Birth	Total Births
			SBA assisted	Non-SBA			
Mahwa	3581	2948	08	06	7364	87	7541
Sikrai	2927	251	35	25	2591	28	2619
Dausa	5499	4119	17	21	11339	199	11538
Lalsot	3677	2933	02	0	2936	32	2968
Bandikui	3544	2645	48	18	5445	32	5477

Source: CM&HO Office, Dausa District

Table-17: Maternal Death Review in the last financial year in Dausa District

Total Maternal Death	Place of Death			Major Reason	Month of Pregnancy		
	Hospital	Home	Transit		During Pregnancy	During Delivery	Post Delivery
19	10	02	07	Hemorrhage Sepsis Others			05 02 12

Source: CM&HO Office, Dausa District

3.2. Janani Suraksha Yojana

- Janani Suraksha Yojana is an initiative for ensuring safe motherhood under NHM. It basically aims at reducing maternal and neonatal- mortality rate by promoting institutional deliveries among poor pregnant women. The scheme was particularly aimed at providing monetary incentives to encourage institutional deliveries.
- Overall, the program was running smoothly in the district. The coverage of JSY program was significantly high in district.
- All JSY payments are made through online transfer portal within 48 hours after delivery. Post the delivery reporting HMIS portal.

Table 18: Status of JSY Payments in Dausa district in the last financial year

Status of payments			Record maintenance		
Institutional Deliveries	**Home Deliveries**	**ASHAs**	**Available**	**Updated**	**Non updated**
20202	01	2892	Yes	Yes	-

Source: CM&HO Office, Dausa District

- Janani Suraksha Yojana (JSY) is a safe motherhood intervention under the National Rural Health Mission (NHM). It is being implemented with the objective of reducing maternal and neonatal mortality by promoting institutional delivery among poor pregnant women. The scheme is under implementation in all states and Union Territories (UTs), with a special focus on Low Performing States (LPS).

3.3. Janani Shishu Suraksha Karyakaram

- Janani Shishu Suraksha Karyakaram was initiated to promote institutional deliveries and ensure safe motherhood. There were four main components of this program namely drugs, diagnostics, diet and transport which were provided for free to the pregnant women.
-
- Free entitlement services included the following 1) Free cashless delivery, 2) Free C-Section, 3) Free drugs, 4) Free diagnostics, 5) Free diet during stay in the hospital, 6) Free provision of blood, 7) Exemption from user charges, 8) Free transport from home to health institutions, 9) Free transport to other facilities if required for referral, 10) Free drop from institution till home after 48 hours. Further, similar entitlements are given to sick new born till 30 days of birth.
-

- JSSK was effectively functional in the district and all the hospitals were providing free medicines, laboratory services, and free diet to the beneficiaries in the district. Free referral transport was available in the district, but due to acute shortage of ambulances and drivers for vehicles the district was deficient in providing transport services under JSSK.

- It main objective to provide free medicine, free transport, free diagnostic and free diet during delivery and PNC care up to 30 days after delivery to the women. Mottos of JSSK are to reduce un-usual out of pocket expenditure during delivery so that institutional delivery can promote. Entitlements fund of JSSK can promote to the beneficiaries to conduct delivery at public health institution. Facility under JSSK is not available for the patients, whose, deliveries has conducted at private health centre. ASHAs are support to the beneficiaries to access this JSSK services. She would take the responsible of the beneficiaries from pregnancy to delivery. She support to the beneficiaries to reach at hospital and get all services at free of cost during delivery.

4. CHILD HEALTH

4.1. Child Health

- Child health programme under NHM stresses upon reducing Infant Mortality Rate in India. The program primarily stresses upon improvement in the following; 1) Neonatal Health, 2) Nutrition of the child, 3) Management of common childhood illness and 4) Immunization of the child. The district was effectively running various state-level programs to ensure safe and healthy motherhood and child birth and his/her growth.

- Apart from focusing upon aggregate child health the Rajasthan state has implemented a policy initiative named “Rajshree” to reduce female infanticide and promote female empowerment by providing the new born female with monetary benefits covering not only the health aspect but also education.

4.2. Immunization

- In Dausa district, child health program was functioning smoothly and Immunization program has been successfully running in the district.

Table-19: Child Health: Analysis of immunization in the last financial year in Dausa District

Block	Target	OPV at birth	BCG	DPT			OPV			Measles	Full Immunization
				1	2	3	1	2	3		
Mahwa	6161	3290	7520	4900	4705	4620	450	490	470	4620	4508
Sikrai	6154	2202	2734	4905	4820	5051	361	490	482	5052	3611
Dausa	9359	7842	9735	8191	7665	7590	639	815	764	7573	6385
Lalsot	7176	3544	3599	7488	7062	6723	503	748	706	6723	5034
Bandikui	7211	1562	6847	6235	6200	6395	559	623	620	6328	5591

Source: CM&HO Office, Mathura District

- From the above table 19 shows that district lags behind its targets of immunization but as mentioned by district officials the target are inflated and does not adjust for the factor specific to a district. Thus there must be some mobility provision to obtain a correct measure of immunization coverage in the district. Overall the data shows that the district has been lagging behind in reducing immunization drop-out rate.

4.3. Rashtriya Bal Suraksha Karyakram (RBSK)

- Rashtriya Bal Swasthya Karyakaram is another major initiative by NHM for monitoring the child health and adolescent health to spread awareness, detect the adolescent problems and counsel the adolescent children in the district. Under this program team of experts are sent to schools for regular checkups of the children. The checkups include, the eye testing, dental checkups, and any prominent symptoms of any communicable and non-communicable disease are being screened.

- Rashtriya Bal Swasthya Karyakram is working efficiently in the district with the help of Anganwaddi workers. There is a team of doctors which are regularly visiting the schools of the district. After checkups if any child is detected with some irregularity, then he/she is referred to nearby facility, however the follow-up of the patient is not happening effectively.

Table-20: Rashtriya Bal Suraksha Karyakram (RBSK), Progress Report

Years	No. of Schools	No. of Children Registered	Children Diagnosed	No. of Children referred	Eye Disease	Ear Disease	Heart Disease	Physically challenged	Anemic
2016-17	2376	148826	5778	5778	619	1374	40	70	292
2015-16	1682	92518	2755	2755	217	401	21	34	68

Source: CM&HO Office, Dausa District

- In the financial year 2016-17 and 2015-16, 2376 and 1682 schools were targeted and approximately 148826 and 92518 children got themselves registered under this program.

5. FAMILY PLANNING

- Family planning allows individuals and couples to anticipate and attain their desired number of children and the spacing and timing of their births. It is achieved through use of contraceptive methods and the treatment of involuntary infertility. A woman's ability to space and limit her pregnancies has a direct impact on her health and well-being as well as on the outcome of each pregnancy. District was trying its level best to perform in the field of family planning, but still lot can be done in terms of creating awareness regarding family planning.

- Table 22 shows the achievement status of family planning targets in the last financial year. It can be observed from the table that spacing methods have been adopted by majority of population residing in Dausa district. The district is performing exceptionally well in meeting its family planning targets. Further the male sterilization has been very low in the district as compared to the numbers of female sterilized.

Table-21: Achievements of Family Planning targets in the Dausa District in the last financial year

Block	Sterilization			IUCD Insertions		Oral Pills		Emergency Contraceptives		Condoms	
	Target	Male	Female	Target	Ach*	Target	Ach*	Target	Ach*	Target	Ach*
Mahwa	1436	19	1232	1526	1274	2286	1194	804	554	2786	1680
Sikrai	1434	0	738	1524	1561	2283	1934	557	336	2781	2468
Dausa	2318	04	2379	2463	1561	3691	1646	2033	4664	4496	1900
Lalsot	1826	02	1193	1941	2033	2907	2006	332	730	3541	1992
Bandikui	1919	13	2109	2049	1122	3031	10624	430	241	3721	16026

Source: CM&HO Office, Dausa District
Note- * Ach- Achievements

6. ADOLESCENCE REPRODUCTIVE AND SEXUAL HEALTH (ARSH)

ARSH was effectively functional in the district. Regular counselling is done regarding reproductive and sexual health and various camps were organized in the district. But these programs were not conducted regularly and the district officials must focus upon spreading awareness among the adolescents and educate them regarding the reproductive and sexual health. Though health talks are being organised but more efforts needs to be taken to tie up with the school authorities to widen the coverage.

7. QUALITY IN HEALTH SERVICES

7.1. Infection Control

- Proper norms were followed in the district for infection control. However there were some issues of cleanliness and hygiene in some of the facilities in the district.

7.2. Bio-Medical Waste Management

All the facilities had colored bins to dispose-off bio medical waste. The waste redressal mechanism was running smoothly at all the facilities. There were IEC materials displayed at all the wards in a facility regarding disposal of waste into different coloured bins. The waste was collected by a sweeper every day and disposed–off.

7.3. Information Education and Communication (IEC)

IEC is the best method to aware the people regarding health programme like immunisation, family planning, JSSK benefit, and child nutrition. We observed from the facilities that IEC display was effective. When patients came to the facilities, they are able to know the scheme by the help of visual picture posted in health facilities. In District Hospital, IEC cover on: citizen charter, visiting time, list of service available, essential drugs list, protocol posters, and JSSK entitlement in the wall of health facility.

8. REFERRAL TRANSPORT

The transport system was not very effective in the district and many beneficiaries were not even aware about this facility. Free referral transport was available in the district, but ambulances (102 and 108) were very less and further it was difficult to reach in the remote areas thus the referral transport system was not functioning effectively in the district and it is strongly recommended to provide ambulances to the district.

9. COMMUNITY PROCESS

9.1 ASHA and ANM Interaction

NHM provide ASHAs in village level. ASHAs trained at state level. VII module training conducted for ASHAs so that she can provide better guidance to the patients. In Dausa district

presently 1243 ASHAs working. 103 vacant seat is left for ASHAs to be filled. Skill development and refresher training was conducted monthly in unit level. In a year 14348 meeting conducted with ASHAs. In this district there is no ASHAs resource or ASHAs ghar for ASHAs. ASHAs have taken care to the pregnant women and children of outreach areas. From interaction with ASHAs we found that they have malaria testing kit but not aware to use.

Table 22: Community Process in Dausa District in the last financial year

Last status of ASHAs (Total number of ASHAs)	Number
Last status of ASHAs (Total number of ASHAs)	1346
ASHAs presently working	1243
Positions vacant	103
Total number of meeting with ASHA (in a Year)	14348
Total number of ASHA resource centers/ ASHA Ghar	0
Drug kit replenishment	1243 at PHC level
No. of ASHAs trained in last year	841
Name of trainings received	1) 6 & 7 module 3 2) 6 & 7 module 4

Source: CM&HO Office, Dausa District

10. DISEASE CONTROL PROGRAMME

Provision of disease control programme is to cure disease like T.B., RTI/STD, leprosy, malaria, dengue, and others communicable and non-communicable diseases. Communicable diseases affected more to patients. However, treatment is essential without any delay to avoid risk on mortality. Sometime viral fever promote to non-communicable diseases if treatment not done at time. However, it should control in early stage. In Dausa 1311 cases were detected in the year 2016-17 for diabetes patients and for hypertension 1663 patients.

Table-23: Disease control Programme Progress in Dausa District

Name of the programme/Disease	2015-16		2016-17	
	No. of cases screened	No. of detected cases	No. of cases screened	No. of detected cases
Diabetes	3343	1893	1525	1311
Hypertension	3836	2313	1990	1663
Osteoporosis	0	0	0	0
Heart Disease	1105	801	134	123
Others, if any	207	87	22	19

Source: CM&HO Office, Dausa District

11. GOOD INNOVATION AND PRACTICE

- Apart from various programs under National Health Mission, the district is effectively conducting district level programs which focus upon various aspects ranging from maternal and child health to vaccination and nutrition.

- District has been successful in mobilising funds through Corporate Social Responsibility. Separate Registers with printed service names have been maintained by ANMs for data entry.

12. HMIS

HMIS were functioning well in the district with timely recording of data. This has been helpful in tracking women and child health timely and to know how much district is able to achieve its targets of health indicators.

Duplication of work due to uploading data on multiple portals needs consideration as it increases the work load of staff members. Timely and accurate data can be achieved if we minimize the duplication effort and centralize the data uploading portal from where respective authorities can consider it for their use. Another method can be by provisioning for handy computer tablets for direct data uploading on site and therefore avoiding entries in registers.

Trainings are required for ANMs for HMIS as it was observed that they were not trained enough to upload data on portals. Data entry operator is not available for all 7 days in all facilities and therefore training the ANMs is essential for timely uploading the data. Sometimes the data entered in portal mismatches the data entries in registers. Therefore, there is a need to improve the quality of existing training sessions to improve the quality of data.

13. CONCLUSIONS AND RECOMMENDATIONS

13.1 Conclusion

Population Research Centre, Delhi has been assigned various states of the country by the Ministry of Health and Family Welfare for evaluation and monitoring of NHM Programme Implementation Plans (PIPs). The team is expected to carry out field visits for quality checks and improvements of the different components of NHM. This report explains the Monitoring and Evaluation findings of the Dausa District of Rajasthan. The team visited health facilities viz: District Hospital, Dausa; one community health centre, Bandikui; primary health centre, Gadarwala Gujran and two sub centre, Gadarwala Gujran and Muhi.

- The district embraces resettlement colonies and migratory population. It was impacting the district's performance as it is difficult to track the immunisation, ANC and PNC check-up status and others for migratory population.

- The district having Nishulk Dawa Yojana in which they were distributing 397 types of medicines free to the patients both in government and private hospitals.

- Trainings of health personnel like medical officers, staff nurses, ANMs, ASHAs and others act as an essential ground for providing quality healthcare services. The lack of training of human resources was evident in the district for instance ANMs were lacking training in HMIS, immunisation and others. ASHA proper training is going on and it is also well maintained as proper Dharamshala for their staying as they can get more attendance.

- The JSY payments was on time as when the patients were coming for their ANC checkup ASHA on that time only suggest them to open their account so that as that time of delivery patients doesn't face any problem and all the payment would be done on time.

- Maternal deaths and still births were high in the district numbering 19 and 87 respectively in 2016-17. The major reason for high still birth was prevalence of home deliveries in absence of SBA and missing or not undertaking ANC checkups. But efforts were being made by the doctors, ANMs and ASHAs to convince their respective catchment population for

institutional deliveries and undertaking complete ANC and PNC checkups.

- ARSH was found to be functional. The adolescents were being given counselling in the areas of delay of marriages, prevention of teenage pregnancies, safe abortions and so on. Counselling was also being given to young girls for their menstrual issues. The facilities where response was not adequate for ARSH, counselling was being undertaken in OPD itself. On field counselling was also being given by the doctors and ANMs.

- It is important to note that the IECs were displayed in all facilities for timings of the facility, drug list, immunization, eye donation, JSY, JSSK and many others. Colourful charts representing facility's monthly performance for immunisation and IUCD insertions were also displayed at some facilities. One of the facility had an innovate display of ASHA Pehchan. A colourful chart was made and each ASHA and her area were represented so that patience can recognize easily the ASHA associated with him/her.

- In Dausa, maximum number of deliveries are in September to January due high in temperature. Dausa rank top in PPIUCD.

- HMIS were functioning averagely in the district as data entry operators were available on shifting basis which led to delays in uploading data. Also, many facilities were facing server problems wherein they were not able to upload data due to congestion on site. And for some indicators the data is not correct.

13.2. Recommendations

- The employment under NHM is on contractual basis resulting in lack of motivation among the employees to work. Also, it was reported that there was enormous salary differentials along with minimal hike between NHM employees and other medical employees. Thus rational appointments are a priority concern. Performance based salary can offer a solution by proving an opportunity to NHM employees to increase their salary by improving their performance.

- Inadequate training to the health staff in the district is a worrisome factor. No training was conducted for EmoC, BeMoc, LSAS, F-IMNCI, NSSK and Mini lap sterilization. Thus, it is

recommended to immediately take rectifying measures.

- The number of still births is high in the district. This infers the lack of acceptance of available health care services in the community. Thus, some new initiatives should be taken to encourage the people to undertake institutional services like deliveries, ANC and PNC checkups, immunisation and others.

- Clarity in Human resource guidelines was lacking for instance, regarding sanctioning of holiday of the employees, working hours of resident employees under NHM and other issues.

- Some steps should be taken for speedy recruitments. Suggestions were made to decentralise recruitments for lower positions like ANMS, data entry operators and others while key position can continue to be centralised.

- There are delays in JSY payments as beneficiaries do not have their own account or there are verification problems. Thus, some steps should be taken to solve the issue.

- Family planning services need to spread by increasing the number of awareness camps and counselling sessions. Pregnant mothers can be given counselling in their ANC and PNC stages and be motivated to adopt birth control measures.

- The CDO is also not regular in many facilities but is on shifting basis which is impacting timely and accurate data uploading by the facility. This issue needs to be addressed to obtain timely, accurate and complete information.

- Repetitive work should be avoided like doing a head count every time at the start of a new program such as Mission Indradanush and others initiated in same or nearing months. Agencies running the programs are different but the target population is the same. Repetitive survey is getting the population irritated resulting in low response.

14. ANNEXURE

NATIONAL HEALTH MISSION

MONITORING OF DISTRICT PIP

POPULATION RESEARCH CENTRE, INSTITUTE OF ECONOMIC GROWTH, DELHI

EVALUATION OF KEY INDICATORS OF THE DISTRICT

1. DETAIL OF DEMOGRAPHIC & HEALTH INDICATORS FOR THE LAST FINANCIAL YEAR

No. of Blocks	
No. of Villages	
Population (2011)	
Literacy Rate	
Sex Ratio	
Child Sex Ratio	
Density of Population	

Health Indicators	Number	Percentage/Ratio
NMR		
IMR		
U5MR		
MMR		
TFR		
Fully immunized children		
ANC Registration in the first trimester		
Full ANC		
Safe Deliveries(Institutional+SBA attended home deliveries)		
Institutional Deliveries		
No of women received PNC checkups within 48 hours		

2. DETAIL OF HEALTH INFRASTRUCTURES IN THE LAST FINANCIAL YEAR

Health Facility	Number available	Govt. building	Rented building/ Under const.
District hospital			
CHC			
PHC			

SC			
Mother & Child Care Centers			
Medical College			
Skill Labs			
District Early Intervention Centre			
Delivery Points			
Adolescent Friendly Health Clinic			
Transport Facility	**Number available**	**Number functional**	**Remarks**
108 Ambulances			
102 Ambulance			
Referral Transport			
Mobile Medical Units			

3. Human Resource under NHM in the last financial year

Position Name	**Sanctioned**	**Contractual**	**Total Vacant**	**Vacant %**
MO's including specialists				
Gynecologists				
Pediatrician				
Surgeon				
LHV				
ANM				
Pharmacist				
Lab technicians				
X-ray technicians				
Data Entry Operators				
Staff Nurse at CHC				
Staff Nurse at PHC				
ANM at PHC				
ANM at SC				
Any other, please specify				

4.1. TRAINING STATUS OF HUMAN RESOURCE IN THE LAST FINANCIAL YEAR

Position Name	**SBA**	**BeMOC**	**MTP**	**Minilap/PPS**	**NSV**	**Total**
Medical Officers						
Lady Medical Officers						
Staff Nurses						
ANM						

LHV/PHN						

* Note- Fill number of officials who have received training

4.2. TRAINING STATUS OF HUMAN RESOURCE IN THE LAST FINANCIAL YEAR

Position Name	IUCD insertion	RTI/STI/HIV screening	FIMNCI	NSSK	Total
MO					
LMO					
Staff Nurses					
ANM					
LHV/PHN					
Lab technician					
ASHA					
Other					

4.3 WHETHER RECEIVED ANY LETTER FROM THE DISTRICT/STATE INFORMING ABOUT THE TRAININGS, IF YES THEN FOR WHICH TRAININGS?

.....

.....

5.1 BLOCK WISE SERVICE DELIVERY INDICATORS IN THE LAST FINANCIAL YEAR

Block	ANC Registered	3 ANCs	TT1	TT2

Note- Please include the data for Medical College and DH

5.2 BLOCK WISE SERVICE DELIVERY INDICATORS OF POST NATAL CARE (PNC) IN THE LAST FINANCIAL YEAR

Block	PNC within 48 hrs after delivery	PNC between 48 hrs and 14 days after delivery

5.3 BLOCK WISE SERVICE DELIVERY INDICATOR IN THE LAST FINANCIAL YEAR

Block	Institutional Deliveries	Home Deliveries		Live Birth	Still Birth	Total Births
		SBA assisted	Non-SBA			

Note- Please include the data for Medical College and DH

5.4. STATUS OF JSY PAYMENTS IN DISTRICT IN THE LAST FINANCIAL YEAR

Status of payments for (in per cent)			Record maintenance (tick whichever is appropriate)		
Institutional deliveries	Home Deliveries	Deliveries brought by ASHAs	Available	Updated	Non updated

5.5. BLOCK WISE JSSK PROGRESS IN DISTRICT IN THE LAST FINANCIAL YEAR

Block	No. of Beneficiaries under JSSK			District Total =		
	Diet	Drugs	Diagnostic	Transport		
				Home to Facility	Referral	Facility to Home

5.6. MATERNAL DEATH REVIEW IN THE LAST FINANCIAL YEAR

Total Maternal Deaths	Place of Deaths			Major Reasons	(% of deaths due to reasons given below)	Time of Death		
	Hospital	Home	Transit			During pregnancy	During Delivery	Post Delivery
				Hemorrhage				

				Obstetric Complications				
				Sepsis				
				Hypertension				
				Abortion				
				Others				

6.1. CHILD HEALTH: BLOCK WISE ANALYSIS OF IMMUNIZATION IN THE LAST FINANCIAL YEAR

Block	**Target**	**OPV at birth**	**BCG**	**DPT**			**OPV**			**Measles**	**Full Immunization**
				1	**2**	**3**	**1**	**2**	**3**		

6.2. CHILD HEALTH: DETAIL OF INFRASTRUCTURE & SERVICES UNDER NEONATAL HEALTH, IN THE LAST FINANCIAL YEAR

	Numbers	**whether established in last financial year (Yes/No)**
Total SNCU		
Total NBSU		
Total NBCC		
Total Staff in SNCU		
Total Staff in NBSU		
Total NRCs		
Total Admissions in NRCs		
Total Staff in NRCs		
Average duration of stay in NRCs		

6.3. NEONATAL HEALTH: (SNCU, NRCS & CDR) IN THE LAST FINANCIAL YEAR

Total	**Treatment Outcome**	**Total**	**Treatment Outcome**

neonates admitted in to SNCU	Discharge	Referred	Death	LAMA*	neonates admitted in to NBSU	Discharge	Referred	Death	LAMA*

Total neonates admitted in to NRCs	Treatment Outcome			
	Discharge	Referred	Death	LAMA*

Note- * Leave against medical advise

6.4. NEONATAL DEATHS IN THE LAST FINANCIAL YEAR

Total Deaths	Place of Death			Major Reasons for death	(% of deaths due to reasons given below)
	Hospital	Home	Transit		
				Prematurity-	
				Birth Asphyxia	
				Diarrhea	
				Sepsis	
				Pneumonia-	
				Others	

6.5. RASHTRIYABALSURAKSHAKARYAKRAM (RBSK), PROGRESS REPORT IN THE LAST TWO FINANCIAL YEARS

Years	No. of Schools	No. of children registered	Children Diagnosed	No. of Children referred	Eye Disease	Ear Disease	Heart disease	Physically challenged	Anemic
2016-17									
2015-16									

7. FAMILY PLANNING ACHIEVEMENT IN DISTRICT IN THE LAST FINANCIAL YEAR

Block	Sterilization			IUCD insertions		Oral Pills		Emergency Contraceptives		Condoms	
	Target	Male	Female	Target	Ach*	Target	Ach*	Target	Ach*	Target	Ach*

*Achievement

8. RASHTRIYAKISHORSWASTHYAKARYAKRAM (RKSK)/ARSH PROGRESS IN DISTRICT IN THE LAST FINANCIAL YEAR

Block	No. of AHDs conducted	No. of Adolescents who attended the Counseling sessions	No. of Anemic Adolescents		Number of WIFSbeneficiaries	No. of RTI/STI cases	No. of Peer Educators
			Severe Anemia	Any Anemia			

9. QUALITY IN HEALTH CARE SERVICES

Bio-Medical Waste Management	DH	CHC	PHC
No of facilities having bio-medical pits			
No. of facilities having color coded bins			
Outsourcing for bio-medical waste			
If yes, name company			
How many pits have been filled			
Number of new pits required			
Infection Control			
No. of times fumigation is conducted in a year			
Training of staff on infection control			

10. COMMUNITY PROCESS IN DISTRICT IN THE LAST FINANCIAL YEAR

Last status of ASHAs (Total number of ASHAs)	
ASHAs presently working	
Positions vacant	
Total number of meeting with ASHA (in a Year)	
Total number of ASHA resource centers/ ASHA Ghar	
Drug kit replenishment	
No. of ASHAs trained in last year	
Name of trainings received	**1)** **2)** **3)**

11.1 DISEASE CONTROL PROGRAMME PROGRESS IN DISTRICT (COMMUNICABLE DISEASES)

Name of the Programme/ Disease	2014-15		2015-16		2016-17	
	No. of cases screened	No. of detected cases	No. of cases screened	No. of detected cases	No. of cases screened	No. of detected cases
TB						
Leprosy						
Malaria						

Japanese Encephalitis						
Others, if any						

11.2 DISEASE CONTROL PROGRAMME PROGRESS DISTRICT (NON-COMMUNICABLE DISEASES)

Name of the Programme/ Disease	2014-15		2015-16		2016-17	
	No. of cases screened	No. of detected cases	No. of cases screened	No. of detected cases	No. of cases screened	No. of detected cases
Diabetes						
Hypertension						
Osteoporosis						
Heart Disease						
Others, if any						

12. AYUSH PROGRESS DISTRICT IN THE LAST FINANCIAL YEAR

Block	No. of facilities with AYUSH health centers	No. of AYUSH Doctors	No. of patients received treatment

13. BUDGET UTILISATION PARAMETERS:

Sl. no	Scheme/Programme	Funds	
		Sanctioned	Utilized
13.1	RCH Flexible Pool		
13.2	NHM Flexible Pool		
13.3	Immunization cost		
13.4	NIDDCP		
13.5	NUHM		
13.6	Communicable disease Control Programmes		
13.7	Non Communicable disease Control Programmes		
13.8	Infrastructure Maintenance		

14. HMIS/MCTS PROGRESS DISTRICT IN THE LAST FINANCIAL YEAR

HMIS/MCTS		Remarks
Is HMIS implemented at all the facilities	Yes ☐ No ☐	
Is MCTS implemented at all the facilities	Yes ☐ No ☐	
Is HMIS data analyzed and discussed with concerned staff at state and district levels for necessary corrective action to be taken in future?	Yes ☐ No ☐	
Do programme managers at all levels use HMIS data for monthly reviews?	Yes ☐ No ☐	
Is MCTS made fully operational for regular and effective monitoring of service delivery including tracking and monitoring of severely anemic women, low birth weight babies and sick neonates	Yes ☐ No ☐	
Is the service delivery data uploaded regularly	Yes ☐ No ☐	
Is the MCTS call centre set up at the District level to check the veracity of data and service delivery?	Yes ☐ No ☐	
Is HMIS data analyzed and discussed with concerned staff at state and district levels for necessary corrective action to be taken in future?	Yes ☐ No ☐	

DH level Monitoring Checklist

Name of District: _____ **Name of Block:** _____ **Name of DH:** _____

Catchment Population: _____ **Total Villages:** _____

Date of last supervisory visit:_____

Date of visit: _____ **Name& designation of monitor:**_____

Names of staff not available on the day of visit and reason for absence:_____

_____

Section I: Physical Infrastructure:

S.No	Infrastructure	Yes	No	Additional Remarks
1.1	Health facility easily accessible from nearest road head	**Y**	**N**	
1.2	Functioning in Govt building	**Y**	**N**	
1.3	Building in good condition	**Y**	**N**	
1.4	Staff Quarters for MOs	**Y**	**N**	
1.5	Staff Quarters for SNs	**Y**	**N**	
1.6	Staff Quarters for other categories	**Y**	**N**	
1.7	Electricity with power back up	**Y**	**N**	
1.9	Running 24*7 water supply	**Y**	**N**	
1.10	Clean Toilets separate for Male/Female	**Y**	**N**	
1.11	Functional and clean labour Room	**Y**	**N**	
1.12	Functional and clean toilet attached to labour room	**Y**	**N**	
1.13	Functional New born care corner(functional radiant warmer with neo-natal ambu bag)	**Y**	**N**	
1.14	Functional Newborn Stabilization Unit	**Y**	**N**	
1.16	Functional SNCU	**Y**	**N**	
1.17	Clean wards	**Y**	**N**	
1.18	Separate Male and Female wards (at least by partitions)	**Y**	**N**	
1.19	Availability of Nutritional Rehabilitation Centre	**Y**	**N**	
1.20	Functional BB/BSU, specify	**Y**	**N**	
1.21	Separate room for ARSH clinic	**Y**	**N**	
1.22	Burn Unit	Y	N	
1.23	Availability of complaint/suggestion box	**Y**	**N**	
	Availability of mechanisms for Biomedical waste management	**Y**	**N**	

	(BMW)at facility			
1.24	BMW outsourced	**Y**	**N**	
1.25	Availability of ICTC/ PPTCT Centre	**Y**	**N**	
1.26	Availability of functional Help Desk	**Y**	**N**	

Section II: Human Resource under NHM in the last financial year:

S. no	Category	Regular	Contractual	Remarks if any
2.1	OBG			
2.2	Anaesthetist			
2.3	Paediatrician			
2.4	General Surgeon			
2.5	Other Specialists			
2.6	MOs			
2.7	SNs			
2.8	ANMs			
2.9	LTs			
2.10	Pharmacist			
2.11	LHV			
2.12	Radiographer			
2.13	RMNCHA+ counsellors			
2.14	Others			

Section III: Training Status of HR in the last financial year:

S. no	Training	No. trained	Remarks if any
3.1	EmOC		
3.2	LSAS		
3.3	BeMOC		
3.4	SBA		
3.5	MTP/MVA		
3.6	NSV		
3.7	F-IMNCI		
3.8	NSSK		
3.9	Mini Lap-Sterilisations		
3.10	Laproscopy-Sterilisations		
3.11	IUCD		
3.12	PPIUCD		
3.13	Blood storage		
3.14	IMEP		

3.16	Immunization and cold chain		
3.15	Others		

Section IV: Equipment:

S. No	**Equipment**	**Yes**	**No**	**Remarks**
4.1	Functional BP Instrument and Stethoscope	**Y**	**N**	
4.2	Sterilised delivery sets	**Y**	**N**	
4.3	Functional Neonatal, Paediatric and Adult Resuscitation kit	**Y**	**N**	
4.4	Functional Weighing Machine (Adult and child)	**Y**	**N**	
4.5	Functional Needle Cutter	**Y**	**N**	
4.6	Functional Radiant Warmer	**Y**	**N**	
4.7	Functional Suction apparatus	**Y**	**N**	
4.8	Functional Facility for Oxygen Administration	**Y**	**N**	
4.9	FunctionalFoetal Doppler/CTG	**Y**	**N**	
4.10	Functional Mobile light	**Y**	**N**	
4.11	Delivery Tables	**Y**	**N**	
4.12	Functional Autoclave	**Y**	**N**	
4.13	Functional ILR and Deep Freezer	**Y**	**N**	
4.14	Emergency Tray with emergency injections	**Y**	**N**	
4.15	MVA/ EVA Equipment	**Y**	**N**	
4.16	Functional phototherapy unit	**Y**	**N**	
4.17	Dialysis Equipment	**Y**	**N**	
4.18	**O.T Equipment**			
4.19	O.T Tables	**Y**	**N**	
4.20	Functional O.T Lights, ceiling	**Y**	**N**	
4.21	Functional O.T lights, mobile	**Y**	**N**	
4.22	Functional Anesthesia machines	**Y**	**N**	
4.23	Functional Ventilators	**Y**	**N**	
4.24	Functional Pulse-oximeters	**Y**	**N**	
4.25	Functional Multi-para monitors	**Y**	**N**	
4.26	Functional Surgical Diathermies	**Y**	**N**	
4.27	Functional Laparoscopes	**Y**	**N**	
4.28	Functional C-arm units	**Y**	**N**	

4.29	Functional Autoclaves (H or V)	**Y**	**N**	
	Laboratory Equipment			
4.1a	Functional Microscope	**Y**	**N**	
4.2a	Functional Hemoglobinometer	**Y**	**N**	
4.3a	Functional Centrifuge	**Y**	**N**	
4.4a	Functional Semi autoanalyzer	**Y**	**N**	
4.5a	Reagents and Testing Kits	**Y**	**N**	
4.6a	Functional Ultrasound Scanners	**Y**	**N**	
4.7a	Functional C.T Scanner	**Y**	**N**	
4.8a	Functional X-ray units	**Y**	**N**	
4.9a	Functional ECG machines	**Y**	**N**	

Section V: Essential Drugs and Supplies:

S.No	Drugs	Yes	No	Remarks
5.1	EDL available and displayed	***Y***	***N***	
5.2	Computerised inventory management	***Y***	***N***	
5.3	IFA tablets	***Y***	***N***	
5.4	IFA syrup with dispenser	***Y***	***N***	
5.5	Vit A syrup	***Y***	***N***	
5.6	ORS packets	***Y***	***N***	
5.7	Zinc tablets	***Y***	***N***	
5.8	Inj Magnesium Sulphate	***Y***	***N***	
5.9	Inj Oxytocin	***Y***	***N***	
5.10	Misoprostol tablets	***Y***	***N***	
5.11	Mifepristone tablets	***Y***	***N***	
5.12	Availability of antibiotics	***Y***	***N***	
5.13	Labelled emergency tray	***Y***	***N***	
5.14	Drugs for hypertension, Diabetes, common ailments e.g PCM, metronidazole, anti-allergic drugs etc.	***Y***	***N***	
5.15	Adequate Vaccine Stock *available*	***Y***	***N***	
S.No	**Supplies**	**Yes**	**No**	**Remarks**
5.17	Pregnancy testing kits	***Y***	***N***	
5.18	Urine albumin and sugar testing kit	***Y***	***N***	
5.19	OCPs	***Y***	***N***	
5.20	EC pills	***Y***	***N***	
5.21	IUCDs	***Y***	***N***	
5.22	Sanitary napkins	***Y***	***N***	
S.No	**Essential Consumables**	**Yes**	**No**	**Remarks**
5.23	Gloves, Mckintosh, Pads, bandages, and gauze etc.	***Y***	***N***	

Section VI: Other Services:

S.no	Lab Services	Yes	No	Remarks
6.1	Haemoglobin	**Y**	**N**	
6.2	CBC	**Y**	**N**	
6.3	Urine albumin and sugar	**Y**	**N**	
6.4	Blood sugar	**Y**	**N**	
6.5	RPR	**Y**	**N**	
6.6	Malaria	**Y**	**N**	
6.7	T.B	**Y**	**N**	
6.8	HIV	**Y**	**N**	
6.9	Liver function tests(LFT)	**Y**	**N**	
6.10	Ultrasound scan (Ob.)			
6.11	Ultrasound Scan (General)			
6.12	X-ray			
6.13	ECG			
6.14	Endoscopy			
6.15	Others , pls specify	**Y**	**N**	
S.No	**Blood bank / Blood Storage Unit**	**Yes**	**No**	**Remarks**
6.16	Functional blood bag refrigerators with chart for temp. recording	**Y**	**N**	
6.17	Sufficient no. of blood bags available	**Y**	**N**	
6.18	Check register for number of blood bags issued for BT in last quarter			

Section VII: Service Delivery in Last two financial years:

S.No	Service Utilization Parameter	2015-16	2016-17
7.1	OPD		
7.2	IPD		
7.3	Total deliveries conducted		
7.4	No. of C section conducted		
7.5	No. of neonates initiated breast feeding within one hour		
7.6	No of admissions in NBSUs/ SNCU, whichever available		
7.7	No. of children admitted with SAM (Severe Acute Malnutrion)		
7.8	No. of pregnant women referred		
7.9	ANC1 registration		
7.10	ANC 3 Coverage		
7.11	No. of IUCD Insertions		
7.12	No. of PPIUCD Insertion		
7.13	No. of children fully immunized		
7.13	No. of children given ORS + Zinc		

7.13	No. of children given Vitamin A		
7.14	Total MTPs		
7.15	Number of Adolescents attending ARSH clinic		
7.16	Maternal deaths		
7.17	Still births		
7.18	Neonatal deaths		
7.19	Infant deaths		

Section VII A: Funds Utilisation

Sl. No	Funds	Proposed	Received	Utilised
7a.1	Untied funds expenditure (Rs 10,000-Check % expenditure)			
7a.2	Annual maintenance grant (Rs 10,000-Check % expenditure)			

Section VII B: Service delivery in post natal wards:

*S.*No	*Parameters*	*Yes*	No	Remarks
7.1b	All mothers initiated breast feeding within one hour of normal delivery	**Y**	**N**	
7.2b	Zero dose BCG,Hepatitis B and OPV given	**Y**	**N**	
7.3b	Counselling on Family Planning done	**Y**	**N**	
7.4b	Mothers asked to stay for 48 hrs	**Y**	**N**	
7.5b	JSY payment being given before discharge	**Y**	**N**	
7.6b	Diet being provided free of charge	**Y**	**N**	

Section VIII: Quality parameter of the facility:

Through probing questions and demonstrations assess does the staff know how to…

S.No	Essential Skill Set	Yes	No	Remarks
8.1	Manage high risk pregnancy	**Y**	**N**	
8.2	Provide essential newborn care(thermoregulation, breastfeeding and asepsis)	**Y**	**N**	
8.3	Manage sick neonates and infants	**Y**	**N**	
8.4	Segregation of waste in colour coded bins	**Y**	**N**	
8.5	Bio medical waste management	**Y**	**N**	
8.6	Updated Entry in the MCP Cards	**Y**	**N**	
8.7	Entry in MCTS	**Y**	**N**	
8.8	Action taken on MDR	**Y**	**N**	

Section IX: Record Maintenance:

S. No	Record	Available and Updated and correctly filled	Available but Not maintained	Not Available	Remarks/Timeline for completion
9.1	OPD Register				
9.2	IPD Register				
9.3	ANC Register				
9.4	PNC Register				
9.5	Line listing of severely anaemic pregnant women				
9.6	Labour room register				
9.7	OT Register				
9.8	Immunisation Register				
9.9	Blood Bank stock register				
9.10	Referral Register (In and Out)				
9.11	MDR Register				
9.12	Drug Stock Register				
9.13	Payment under JSY				

Section X: IEC Display

S.No	Material	Yes	No	Remarks
10.1	Approach roads have directions to the health facility	**Y**	**N**	
10.2	Citizen Charter	**Y**	**N**	
10.3	Timings of the health facility	**Y**	**N**	
10.4	List of services available	**Y**	**N**	
10.5	Essential Drug List	**Y**	**N**	
10.6	Protocol Posters	**Y**	**N**	
10.7	JSSK entitlements (Displayed in ANC Clinics/, PNC Clinics)	**Y**	**N**	
10.8	Immunization Schedule	**Y**	**N**	
10.9	JSY entitlements(Displayed in ANC Clinics/, PNC Clinics)	**Y**	**N**	
10.10	Other related IEC material	**Y**	**N**	

Section XI: Additional/Support Services:

Sl. no	Services	Yes	No	Remarks
11.1	Regular Fogging (Check Records)	**Y**	**N**	
11.2	Functional Laundry/washing services	**Y**	**N**	
11.3	Availability of dietary services	**Y**	**N**	
11.4	Appropriate drug storage facilities	**Y**	**N**	
11.5	Equipment maintenance and repair mechanism	**Y**	**N**	
11.6	Grievance Redressal mechanisms	**Y**	**N**	

11.7	Tally Implemented	**Y**	**N**	

Qualitative Questionnaires for District Hospital Level

1. What are the measures being taken or planned for Infection control, bio medical waste management at all facility levels and how IEC is beneficial for health demand generations (MCH, FP related IEC, services available, working hours, EDL, phone numbers etc)?
   .....
   .....
   .....

2. What are the common infrastructural and HR problems faced by the facility?
   .....
   .....
   .....

3. Do you face any issue regarding JSY payments in the hospital?
   .....
   .....
   .....

4. What is the average delivery load in your facility? Are there any higher referral centres where patients are being referred?
   .....
   .....
   .....

FRU LEVEL MONITORING CHECKLIST

Name of District: _____ **Name of Block:** _____ **Name of FRU:** _____

Distance from Dist HQ: _____

Catchment Population: _____ **Total Villages:** _____

Date of last supervisory visit:_____

Date of visit: _____ **Name& designation of monitor:**_____

Names of staff not available on the day of visit and reason for absence:_____

Section I: Physical Infrastructure:

S.No	Infrastructure	Yes	No	Additional Remarks
1.1	Health facility easily accessible from nearest road head	**Y**	**N**	
1.2	Functioning in Govt building	**Y**	**N**	
1.3	Building in good condition	**Y**	**N**	
1.4	Staff Quartersfor MOs	**Y**	**N**	
1.5	Staff Quarters for SNs	**Y**	**N**	
1.6	Staff Quarters for other categories	**Y**	**N**	
1.7	Electricity with power back up	**Y**	**N**	
1.9	Running 24*7 water supply	**Y**	**N**	
1.10	Clean Toilets separate for Male/Female	**Y**	**N**	
1.11	Functional and clean labour Room	**Y**	**N**	
1.12	Functional and clean toilet attached to labour room	**Y**	**N**	
1.13	Functional New born care corner*(functional radiant warmer with neo-natal ambu bag)*	**Y**	**N**	
1.14	Functional Newborn Stabilization Unit	**Y**	**N**	
1.16	Functional SNCU	**Y**	**N**	
1.17	Clean wards	**Y**	**N**	
1.18	Separate Male and Female wards (at least by partitions)	**Y**	**N**	
1.19	Availability of Nutritional Rehabilitation Centre	**Y**	**N**	
1.20	Functional BB/BSU, specify	**Y**	**N**	
1.21	Separate room for ARSH clinic	**Y**	**N**	
1.22	Availability of complaint/suggestion box	**Y**	**N**	
1.23	Availability of mechanisms for Biomedical waste management	**Y**	**N**	

	(BMW)at facility			
1.23a	BMW outsourced	**Y**	**N**	
1.24	Availability of ICTC Centre	**Y**	**N**	

Section II: Human resource under NHM in last financial year :

S. no	Category	Numbers	Remarks if any
2.1	OBG		
2.2	Anaesthetist		
2.3	Paediatrician		
2.4	General Surgeon		
2.5	Other Specialists		
2.6	MOs		
2.7	SNs		
2.8	ANMs		
2.9	LTs		
2.10	Pharmacist		
2.11	LHV		
2.12	Radiographer		
2.13	RMNCHA+ counsellors		
2.14	Others		

Section III: Training Status of HR:
(*Trained in Past 5 years)

S. no	Training	No. trained	Remarks if any
3.1	EmOC		
3.2	LSAS		
3.3	BeMOC		
3.4	SBA		
3.5	MTP/MVA		
3.6	NSV		
3.7	F-IMNCI		
3.8	NSSK		
3.9	Mini Lap-Sterilisations		
3.10	Laproscopy-Sterilisations		
3.11	IUCD		
3.12	PPIUCD		
3.13	Blood storage		
3.14	IMEP		

3.16	Immunization and cold chain		
3.15	Others		

Section IV: Equipment:

S. No	**Equipment**	**Yes**	**No**	**Remarks**
4.1	Functional BP Instrument and Stethoscope	**Y**	**N**	
4.2	Sterilised delivery sets	**Y**	**N**	
4.3	FunctionalNeonatal, Paediatric and Adult Resuscitation kit	**Y**	**N**	
4.4	Functional Weighing Machine (Adult and child)	**Y**	**N**	
4.5	Functional Needle Cutter	**Y**	**N**	
4.6	Functional Radiant Warmer	**Y**	**N**	
4.7	Functional Suction apparatus	**Y**	**N**	
4.8	Functional Facility for Oxygen Administration	**Y**	**N**	
4.9	Functional Autoclave	**Y**	**N**	
4.10	Functional ILR and Deep Freezer	**Y**	**N**	
4.11	Emergency Tray with emergency injections	**Y**	**N**	
4.12	MVA/ EVA Equipment	**Y**	**N**	
4.13	Functional phototherapy unit	**Y**	**N**	
	Laboratory Equipment			
4.1a	Functional Microscope	**Y**	**N**	
4.2a	Functional Hemoglobinometer	**Y**	**N**	
4.3a	Functional Centrifuge	**Y**	**N**	
4.4a	Functional Semi autoanalyzer	**Y**	**N**	
4.5a	Reagents and Testing Kits	**Y**	**N**	

Section V: Essential Drugs and Supplies:

S.No	**Drugs**	**Yes**	**No**	**Remarks**
5.1	EDL available and displayed	***Y***	***N***	
5.2	Computerised inventory management	***Y***	***N***	
5.3	IFA tablets	***Y***	***N***	
5.4	IFA syrup with dispenser	***Y***	***N***	
5.5	Vit A syrup	***Y***	***N***	
5.6	ORS packets	***Y***	***N***	
5.7	Zinc tablets	***Y***	***N***	
5.8	Inj Magnesium Sulphate	***Y***	***N***	
5.9	Inj Oxytocin	***Y***	***N***	
5.10	Misoprostol tablets	***Y***	***N***	
5.11	Mifepristone tablets	***Y***	***N***	
5.12	Availability of antibiotics	***Y***	***N***	

5.13	Labelled emergency tray	*Y*	*N*	
5.14	Drugs for hypertension, Diabetes, common ailments e.g PCM, metronidazole, anti-allergic drugs etc.	*Y*	*N*	
5.15	Adequate Vaccine Stock *available*	*Y*	*N*	
S.No	**Supplies**	**Yes**	**No**	**Remarks**
5.17	Pregnancy testing kits	*Y*	*N*	
5.18	Urine albumin and sugar testing kit	*Y*	*N*	
5.19	OCPs	*Y*	*N*	
5.20	EC pills	*Y*	*N*	
5.21	IUCDs	*Y*	*N*	
5.22	Sanitary napkins	*Y*	*N*	
S.No	**Essential Consumables**	**Yes**	**No**	**Remarks**
5.23	Gloves, Mckintosh, Pads, bandages, and gauze etc.	*Y*	*N*	

Section VI: Other Services :

S.no	Lab Services	Yes	No	Remarks
6.1	Haemoglobin	**Y**	**N**	
6.2	CBC	**Y**	**N**	
6.3	Urine albumin and sugar	**Y**	**N**	
6.4	Blood sugar	**Y**	**N**	
6.5	RPR	**Y**	**N**	
6.6	Malaria	**Y**	**N**	
6.7	T.B	**Y**	**N**	
6.8	HIV	**Y**	**N**	
6.9	Liver function tests(LFT)	**Y**	**N**	
6.10	Others , pls specify	**Y**	**N**	
S.No	**Blood bank / Blood Storage Unit**	**Yes**	**No**	**Remarks**
6.11	Functional blood bag refrigerators with chart for temp. recording	**Y**	**N**	
6.12	Sufficient no. of blood bags available	**Y**	**N**	
6.13	Check register for number of blood bags issued for BT in last quarter			

Section VII: Service Delivery in last two financial years:

S.No	Service Utilization Parameter	2015-16	2016-17
7.1	OPD		
7.2	IPD		
7.3	MCTS entry on percentage of women registered in the first trimester		
7.4	No. of pregnant women given IFA		
7.5	Total deliveries conducted		
7.6	No. of C section conducted		
7.7	No of admissions in NBSUs/ SNCU, whichever available		

7.8	No. of children admitted with SAM (Severe Acute Anaemia)		
7.9	No. of sick children referred		
7.10	No. of pregnant women referred		
7.11	ANC1 registration		
7.12	ANC 3 Coverage		
7.13	No. of IUCD Insertions		
7.14	No. of PPIUCD insertions		
7.15	No. of children fully immunized		
7.16	No. of children given Vitamin A		
7.17	Total MTPs		
7.18	Number of Adolescents attending ARSH clinic		
7.19	Maternal deaths,		
7.20	Still births,		
7.21	Neonatal deaths,		
7.22	Infant deaths		

Section VII a: Service delivery in post natal wards:

***S*.No**	***Parameters***	***Yes***	**No**	**Remarks**
7.1a	All mothers initiated breast feeding within one hr of normal delivery	**Y**	**N**	
7.2a	Zero dose BCG,Hepatitis B and OPV given	**Y**	**N**	
7.3a	Counseling on Family Planning done	**Y**	**N**	
7.4a	Mothers asked to stay for 48 hrs	**Y**	**N**	
7.5a	JSY payment being given before discharge	**Y**	**N**	
7.6a	Diet being provided free of charge	**Y**	**N**	

Section VIII: Quality parameter of the facility:

Through probing questions and demonstrations assess does the staff know how to…

S.No	**Essential Skill Set**	**Yes**	**No**	**Remarks**
8.1	Manage high risk pregnancy	**Y**	**N**	
8.2	Provide essential newborn care(thermoregulation, breastfeeding and asepsis)	**Y**	**N**	

8.3	Manage sick neonates and infants	**Y**	**N**	
8.4	Segregation of waste in colour coded bins	**Y**	**N**	
8.5	Bio medical waste management	**Y**	**N**	
8.6	Updated Entry in the MCP Cards	**Y**	**N**	
8.7	Entry in MCTS	**Y**	**N**	
8.8	Action taken on MDR	**Y**	**N**	

Section IX: Record Maintenance:

S. no	Record	Available and Updated and Correctly filled	Available but Not maintained	Not Available	Remarks/ Timeline for completion
9.1	OPD Register				
9.2	IPD Register				
9.3	ANC Register				
9.4	PNC Register				
9.5	Indoor bed head ticket				
9.6	Line listing of severely anaemic pregnant women				
9.7	Labour room register				
9.8	Partographs				
9.9	OT Register				
9.10	Immunisation Register				
9.11	Blood Bank stock register				
9.12	Referral Register (In and Out)				
9.13	MDR Register				
9.14	Drug Stock Register				
9.15	Payment under JSY				

Section X: Fund Utilisation

Sl. No	Funds	Proposed	Received	Utilised
10.1	Untied funds expenditure (Rs 10,000-Check % expenditure)			
10.2	Annual maintenance grant (Rs 10,000-Check % expenditure)			

Section XI: IEC Display:

S.No	Material	Yes	No	Remarks
11.1	Approach roads have directions to the health facility	**Y**	**N**	
11.2	Citizen Charter	**Y**	**N**	

11.3	Timings of the health facility	**Y**	**N**	
11.4	List of services available	**Y**	**N**	
11.5	Essential Drug List	**Y**	**N**	
11.6	Protocol Posters	**Y**	**N**	
11.7	JSSK entitlements (Displayed in ANC Clinics/, PNC Clinics)	**Y**	**N**	
11.8	Immunization Schedule	**Y**	**N**	
11.9	JSY entitlements(Displayed in ANC Clinics/, PNC Clinics)	**Y**	**N**	
11.10	Other related IEC material	**Y**	**N**	

PHC/CHC (NON FRU) level Monitoring Checklist

Name of District: _____ Name of Block: _____ Name of PHC/CHC: _____
Catchment Population: _____ Total Villages: _____ Distance from Dist HQ: _____
Date of last supervisory visit:_____

Date of visit: _____ Name& designation of monitor:_____
Names of staff not available on the day of visit and reason for absence:_____

_____

Section I: Physical Infrastructure:

S.No	Infrastructure	Yes	No	Additional Remarks
1.1	Health facility easily accessible from nearest road head	**Y**	**N**	
1.2	Functioning in Govt building	**Y**	**N**	
1.3	Building in good condition	**Y**	**N**	
1.4	Staff Quartersfor MOs available	**Y**	**N**	
1.5	Staff Quarters for SNs available	**Y**	**N**	
1.6	Staff Quarters for other categories	**Y**	**N**	
1.7	Electricity with power back up	**Y**	**N**	
1.9	Running 24*7 water supply	**Y**	**N**	
1.10	Clean Toilets separate for Male/Female	**Y**	**N**	
1.11	Functional and clean labour Room	**Y**	**N**	
1.12	Functional and clean toilet attached to labour room	**Y**	**N**	
1.13	Functional New born care corner(functional radiant warmer with neo-natal ambu bag)	**Y**	**N**	
1.14	Functional Newborn Stabilization Unit	**Y**	**N**	
1.15	Clean wards	**Y**	**N**	
1.16	Separate Male and Female wards (at least by Partitions)	**Y**	**N**	
1.17	Availability of complaint/suggestion box	**Y**	**N**	
1.18	Availability of mechanisms for waste management	**Y**	**N**	

Section II: Human resource under NHM in last financial year:

S. no	Category	Regular	Contractual	Remarks if any
2.1	MO			
2.2	SNs/ GNMs			

2.3	ANM			
2.4	LTs			
2.5	Pharmacist			
2.6	LHV/PHN			
2.7	Others			

Section III: Training Status of HR(*Trained in Last Financial Year)

S. no	Training	No. trained	Remarks if any
3.1	BeMOC		
3.2	SBA		
3.3	MTP/MVA		
3.4	NSV		
3.5	IMNCI		
3.6	F- IMNCI		
3.7	NSSK		
3.8	Mini Lap		
3.9	IUD		
3.10	RTI/STI		
3.11	Immunization and cold chain		
3.12	Others		

Section IV: Equipment

S. No	Equipment	Yes	No	Remarks
4.1	Functional BP Instrument and Stethoscope	**Y**	**N**	
4.2	Sterilised delivery sets	**Y**	**N**	
4.3	Functional neonatal, Paediatric and Adult Resuscitation kit	**Y**	**N**	
4.4	Functional Weighing Machine (Adult and infant/newborn)	**Y**	**N**	
4.5	Functional Needle Cutter	**Y**	**N**	
4.6	Functional Radiant Warmer	**Y**	**N**	
4.7	Functional Suction apparatus	**Y**	**N**	
4.8	Functional Facility for Oxygen Administration	**Y**	**N**	
4.9	Functional Autoclave	**Y**	**N**	
4.10	Functional ILR and Deep Freezer	**Y**	**N**	
4.11	Functional Deep Freezer			
4.12	Emergency Tray with emergency injections	**Y**	**N**	
4.13	MVA/ EVA Equipment	**Y**	**N**	
	Laboratory Equipment	**Yes**	**No**	**Remarks**

4.14	Functional Microscope	**Y**	**N**	
4.15	Functional Hemoglobinometer	**Y**	**N**	
4.16	Functional Centrifuge,	**Y**	**N**	
4.17	Functional Semi autoanalyzer	**Y**	**N**	
4.18	Reagents and Testing Kits	**Y**	**N**	

Section V: Essential Drugs and Supplies

S.No	Drugs	Yes	No	Remarks
5.1	EDL available and displayed	***Y***	***N***	
5.2	Computerised inventory management	***Y***	***N***	
5.3	IFA tablets	***Y***	***N***	
5.4	IFA syrup with dispenser	**Y**	**N**	
5.5	Vit A syrup	***Y***	***N***	
5.6	ORS packets	***Y***	***N***	
5.7	Zinc tablets	***Y***	***N***	
5.8	Inj Magnesium Sulphate	***Y***	***N***	
5.9	Inj Oxytocin	***Y***	***N***	
5.10	Misoprostol tablets	***Y***	***N***	
5.11	Mifepristone tablets	***Y***	***N***	
5.12	Availability of antibiotics	***Y***	***N***	
5.13	Labelled emergency tray	***Y***	***N***	
5.14	Drugs for hypertension, Diabetes, common ailments e.g PCM, metronidazole, anti-allergic drugs etc.	***Y***	***N***	
5.15	Adequate Vaccine Stock *available*	***Y***	***N***	
S.No	**Supplies**	**Yes**	**No**	**Remarks**
5.17	Pregnancy testing kits	***Y***	***N***	
5.18	Urine albumin and sugar testing kit	***Y***	***N***	
5.19	OCPs	***Y***	***N***	
5.20	EC pills	***Y***	***N***	
5.21	IUCDs	***Y***	***N***	
5.22	Sanitary napkins	***Y***	***N***	
S.No	**Essential Consumables**	**Yes**	**No**	**Remarks**
5.23	Gloves, Mckintosh, Pads, bandages, and gauze etc.	**Y**	**N**	

Section VI: Other Services :

S.no	Lab Services	Yes	No	Remarks
6.1	Haemoglobin	**Y**	**N**	
6.2	CBC	**Y**	**N**	
6.3	Urine albumin and Sugar	**Y**	**N**	
6.4	Serum Bilirubin test	**Y**	**N**	

6.5	Blood Sugar	**Y**	**N**	
6.6	RPR (Rapid Plasma Reagin)	**Y**	**N**	
6.7	Malaria	**Y**	**N**	
6.8	T.B	**Y**	**N**	
6.9	HIV	**Y**	**N**	
6.10	Others	**Y**	**N**	

Section VII: Service Delivery in last two years

S.No	Service Utilization Parameter	2015-16	2016-17
7.1	OPD		
7.2	IPD		
7.3	Total deliveries conducted		
7.4	No of admissions in NBSUs, if available		
7.5	No. of sick children referred		
7.6	No. of pregnant women referred		
7.7	ANC1 registration		
7.8	ANC3 Coverage		
7.9	No. of IUCD Insertions		
7.10	No. of PPIUCD insertions		
7.11	No. of Vasectomy		
7.12	No. of Minilap		
7.13	No. of children fully immunized		
7.14	No. of children given Vitamin A		
7.15	No. of MTPs conducted		
7.16	Maternal deaths		
7.17	Still birth		
7.18	Neonatal deaths		
7.19	Infant deaths		

Section VII a: Service delivery in post natal wards:

S.No	*Parameters*	*Yes*	No	Remarks
7.1a	All mothers initiated breast feeding within one hr of normal delivery	**Y**	**N**	
7.2a	Zero dose BCG, Hepatitis B and OPV given	**Y**	**N**	
7.3a	Counselling on Family Planning done	**Y**	**N**	
7.4a	Mothers asked to stay for 48 hrs	**Y**	**N**	
7.5a	JSY payment being given before discharge	**Y**	**N**	
7.6a	Diet being provided free of charge	**Y**	**N**	

Section VIII: Quality parameter of the facility

Through probing questions and demonstrations assess does the staff know how to…

S.No	Essential Skill Set	Yes	No	Remarks
8.1	Manage high risk pregnancy	Y	N	
8.2	Provide essential newborn care(thermoregulation, breastfeeding and asepsis)	Y	N	
8.3	Manage sick neonates and infants	Y	N	
8.4	Correctly administer vaccines	Y	N	
8.5	Alternate Vaccine Delivery (AVD) system functional	Y	N	
8.6	Segregation of waste in colour coded bins	Y	N	
8.7	Adherence to IMEP protocols	Y	N	

Section IX: Record Maintenance:

S. no	Record	Available, Updated and correctly filled	Available but Not maintained	Not Available	Remarks/Timeline for completion
9.1	OPD Register				
9.2	IPD Register				
9.3	ANC Register				
9.4	PNC Register				
9.5	Indoor bed head ticket				
9.6	Line listing of severely anaemic pregnant women				
9.7	Labour room register				
9.8	OT Register				
9.9	FP Register				
9.10	Immunisation Register				
9.11	Updated Microplan				
9.12	Drug Stock Register				
9.13	Referral Registers (In and Out)				
9.14	Payments under JSY				

Section X: Funds Utilisation

Sl. No	Funds	Proposed	Received	Utilised
10.1	Untied funds expenditure (Rs 10,000-Check % expenditure)			
10.2	Annual maintenance grant (Rs 10,000-Check % expenditure)			

Section XI: IEC Display:

S.No	Material	Yes	No	Remarks
11.1	Approach roads have directions to the health facility	**Y**	**N**	
11.2	Citizen Charter	**Y**	**N**	
11.3	Timings of the Health Facility	**Y**	**N**	
11.4	List of services available	**Y**	**N**	
11.5	Essential Drug List	**Y**	**N**	
11.6	Protocol Posters	**Y**	**N**	
11.7	JSSK entitlements	**Y**	**N**	
11.8	Immunization Schedule	**Y**	**N**	
11.9	JSY entitlements	**Y**	**N**	
11.10	Other related IEC material	**Y**	**N**	

Section XII: Additional/Support Services:

Sl. no	Services	Yes	No	Remarks
12.1	Regular fumigation (Check Records)	**Y**	**N**	
12.2	Functional laundry/washing services	**Y**	**N**	
12.3	Availability of dietary services	**Y**	**N**	
12.4	Appropriate drug storage facilities	**Y**	**N**	
12.5	Equipment maintenance and repairmechanism	**Y**	**N**	
12.6	Grievanceredressal mechanisms	**Y**	**N**	
12.7	Tally Implemented	**Y**	**N**	

Qualitative Questionnaires for PHC/CHC Level

1. Population covered by the facility. Is the present infrastructure sufficient to cater the present load?
   .....
   .....
2. Any good practices or local innovations to resolve the common programmatic issues.
   .....
   .....
3. Any counselling being conducted regarding family planning measures.....
   .....

Sub Centre level Monitoring Checklist

Name of District: _____ **Name of Block: _____** **Name of SC: _____**

Catchment Population: _____ **Total Villages: _____** **Distance from PHC: _____**

Date of last supervisory visit:_____

Date of visit: _____ **Name& designation of monitor:_____**

Names of staff posted and available on the day of visit: _____

Names of staff not available on the day of visit and reason for absence : _____

Section I: Physical Infrastructure:

S.No	Infrastructure	Yes	No	Remarks
1.1	Subcentre located near the main habitation	*Y*	*N*	
1.2	Functioning in Govt building	*Y*	*N*	
1.3	Building in good physical condition	*Y*	*N*	
1.4	Electricity with power back up	*Y*	*N*	
1.5	Running 24*7 water supply	*Y*	*N*	
1.6	ANM quarter available	*Y*	*N*	
1.7	ANM residing at SC	*Y*	*N*	
1.8	Functional labour room	*Y*	*N*	
1.9	Functional and clean toilet attached to labour room	*Y*	*N*	
1.10	Functional New Born Care Corner (*functional radiant warmer with neo-natal ambu bag*)	*Y*	*N*	
1.11	General cleanliness in the facility	*Y*	*N*	
1.12	Availability of complaint/suggestion box	*Y*	*N*	
1.13	Availability of deep burial pit for biomedical waste management / any other mechanism	*Y*	*N*	

Section II: Human Resource:

S.No	Human resource	Numbers	Trainings received	Remarks
2.1	ANM			
2.2	2nd ANM			
2.3	MPW - Male			
2.4	Others, specify			
2.5	ASHAs			

Section III: Equipment :

S.No	Equipment	Available and Functional	Available but non-functional	Not Available	Remarks
3.1	Haemoglobinometer				
3.2	Any other method for Hemoglobin				

	Estimation				
3.3	Blood sugar testing kits				
3.4	BP Instrument and Stethoscope				
3.5	Delivery equipment				
3.6	Neonatal ambu bag				
3.7	Adult weighing machine				
3.8	Infant/New born weighing machine				
3.9	Needle &Hub Cutter				
3.10	Color coded bins				
3.11	RBSK pictorial tool kit				

Section IV: Essential Drugs:

S. No	Availability of sufficient number of essential Drugs	Yes	No	Remarks
4.1	IFA tablets	**Y**	**N**	
4.2	IFA syrup with dispenser	**Y**	**N**	
4.3	Vit A syrup	**Y**	**N**	
4.4	ORS packets	**Y**	**N**	
4.5	Zinc tablets	**Y**	**N**	
4.6	Inj Magnesium Sulphate	**Y**	**N**	
4.7	Inj Oxytocin	**Y**	**N**	
4.8	Misoprostol tablets	**Y**	**N**	
4.9	Antibiotics, if any, pls specify	**Y**	**N**	
4.10	Availability of drugs for common ailments e.g PCM, metronidazole, anti-allergic drugs etc.	**Y**	**N**	

Section V: Essential Supplies

S.No	Essential Medical Supplies	Yes	No	Remarks
5.1	Pregnancy testing Kits	**Y**	**N**	
5.2	Urine albumin and sugar testing kit	**Y**	**N**	
5.3	OCPs	**Y**	**N**	
5.4	EC pills	**Y**	**N**	
5.5	IUCDs	**Y**	**N**	
5.6	Sanitary napkins	**Y**	**N**	

Section VI: Service Delivery in the last two years:

S.No	Service Utilization Parameter	Previous year	Present Year
6.1	Number of estimated pregnancies		
6.2	No. of pregnant women given IFA		
6.3	Number of deliveries conducted at SC		
6.4	Number of deliveries conducted at home		

6.5	ANC1 registration		
6.6	ANC3 coverage		
6.7	No. of IUCD insertions		
6.8	No. of children fully immunized		
6.9	No. of children given Vitamin A		
6.10	No. of children given IFA Syrup		
6.11	No. of Maternal deaths recorded		
6.12	No. of still birth recorded		
6.13	Neonatal deaths recorded		
6.14	Number of VHNDs attended		
6.15	Number of VHNSC meeting attended		

Section VII: Record Maintenance:

Sl. No	Record	Available and updated	Available but non-maintained	Not Availabl e
7.1	Payments under JSY			
7.2	VHND plan			
7.3	VHSNC meeting minutes and action taken			
7.4	Eligible couple register			
7.5	MCH register (as per GOI)			
7.6	Delivery Register as per GOI format			
7.7	Stock register			
7.8	MCP cards			
7.9	Referral Registers (In and Out)			
7.10	List of families with 0-6 years children under RBSK			
7.11	Line listing of severely anemic pregnant women			
7.12	Updated Microplan			
7.13	Vaccine supply for each session day (check availability of all vaccines)			
7.14	Due list and work plan received from MCTS Portal through Mobile/ Physically			

Section VII A: Funds Utilisation

Sl. No	Funds	Proposed	Received	Utilised
7a.1	Untied funds expenditure (Rs 10,000-Check % expenditure)			
7a.2	Annual maintenance grant (Rs 10,000-Check % expenditure)			

Section VIII: IEC display:

S. no	Material	Yes	No	Remarks
8.1	Approach roads have directions to the sub centre	**Y**	**N**	
8.2	Citizen Charter	**Y**	**N**	
8.3	Timings of the Sub Centre	**Y**	**N**	
8.4	Visit schedule of "ANMs"	**Y**	**N**	
8.5	Area distribution of the ANMs/ VHND plan	**Y**	**N**	
8.6	SBA Protocol Posters	**Y**	**N**	
8.7	JSSK entitlements	**Y**	**N**	
8.8	Immunization Schedule	**Y**	**N**	
8.9	JSY entitlements	**Y**	**N**	
8.10	Other related IEC material	**Y**	**N**	

Qualitative Questionnaires for Sub-Centre Level

1. Since when you are working here, and what are the difficulties that you face in running the Sub-centre.
   ……
   ……
2. Do you get any difficulty in accessing the flexi pool.
   ……
   ……..

3. On what head do you spend money of flexi pool? Do you keep record of money spend on the maintenance of infrastructure.

……
……