



NATIONAL HEALTH MISSION

A REPORT ON
MONITORING & EVALUATION OF KEY COMPONENTS OF DISTRICT PIP 2018-19
DEHRADUN, UTTARAKHAND
SUBMITTED TO
MINISTRY OF HEALTH & FAMILY WELFARE, GOVERNMENT OF INDIA



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LIST OF ABBREVIATIONS

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

| | |
|--------|---|
| MOIC | Medical Officer In-Charge |
| MTP | Medical Termination of Pregnancy |
| NBCC | New Born Care Corner |
| NBSU | New Born Special Unit |
| NGO | Non-Government Organization |
| NHM | National Health Mission |
| NRC | National Rehabilitation Centre |
| NRHM | National Rural Health Mission |
| NSSK | Navjat Shishu Surksha Karyakram |
| NSV | Non Scalpel Vasectomy |
| NUHM | National Urban Health Mission |
| OBG | Obstetrics Gynaecologist |
| OCP | Oral Contraceptive Pill |
| OPD | Outdoor Patients Department |
| OPV | Oral Polio Vaccine |
| ORS | Oral Rehydration Solution |
| PFMS | Public Financial Management System |
| PHC | Primary Health Centre |
| PIP | Programme Implementation Plan |
| PNC | Post Natal Care |
| PNC | Post Natal Care |
| PPIUCD | Post-Partum Intrauterine Contraceptive Device |
| RCH | Reproductive & Child Health |
| RKS | Rogi Kalyan Samiti |
| RTI | Reproductive Tract Infection |
| SBA | Skilled Birth Attendant |
| SN | Staff Nurse |
| SNCU | Special Newborn Care Unit |
| STI | Sexually Transmitted Infection |
| TT | Tetanus Toxoid |
| U5MR | Under 5 Mortality Rate |
| VHND | Village Health and Nutrition Day |
| WIFS | Weekly Iron and Folic Acid Supplementation |

EXECUTIVE SUMMARY

The Ministry of Health and Family Welfare (MoHF), Government of India has assigned Population Research Centres (PRCs) the task of monitoring of essential components of National Health Mission (NHM) State Programme Implementation Plan (PIP 2018-19). It is expected that a timely and systematic assessment of the key components of NHM can be critical for further planning and resource allocations. Considering PIP as a major task, Population Research Centre, Institute of Economic Growth, Delhi (PRC-IEG) would identify critical concerns in implementation of NHM activities and also evolve suitable quality parameters to monitor the NHM components.

This report presents the key findings from the concurrent monitoring of essential components of NHM in Dehradun district of Uttarakhand. The report is prepared on the basis of field-based observations and visits to selected public health facilities in Dehradun. The following public health care facilities were visited by the PRC-IEG Team: Doon Women Hospital, Dehradun, CHC Vikasnagar, CHC Raipur, PHC Pachimwala, PHC Nehrugram, Sub-centre Sherpur and Sabhawala. Structured checklist were used to collect information on human resources, infrastructure, funds utilization, training, health care services including drugs and equipments, family planning, disease control programmes and other programmes under the umbrella of National Health Mission.

Meetings were conducted with district and block level health administrators including the Chief Medical Officer (CMO) and the Block Medical Officer-in-Charge (MOIC), facility and community level health care providers (ANMs, ASHAs etc) and other supporting staff to understand the strengths and weakness of the facilities in service provisioning. Further, we reviewed relevant programmatic data and information available from the District Programme Management Unit (DPMU), Health Management Information system (HMIS) and also made observations regarding performance of key components of NHM for robust feedback on programme implementation in the district. The major strengths and weaknesses of the district are as follows:

STRENGTHS

- ❖ AYUSH wing of primary health centre, Nehrugram has started School Health Programme from February 2018. Under this programme, each primary and upper primary school was selected for health examination.

- ❖ Under the family planning programme, most of the women reportedly preferred an injectable contraceptive MPA provided under the 'Antara' programme at district hospital.
- ❖ JSY and JSSK programme is effectively working in the district and has helped increase the institutional deliveries across the block through provision of free medicine, diet and transportation facility pregnant women and mothers
- ❖ Rashtriya Kishor Swasthya Karyakaram (RKSK) and Rashtriya Bal Swasthya Karyakaram (RBSK) programmes are functioning in the district. Under RKSK, the teams are visiting selected schools to provide information about sanitation and hygiene practice to the children and also distribute key micronutrients such as Iron and Calcium supplements.
- ❖ District hospital has sufficient blood storage capacity; there is no lack of blood in the hospital. Blood is provided to patients on replacement basis. Only pregnant women and emergency cases have received free blood.
- ❖ School going children suffering from any ailment was referred to the nearest CHC and district hospital under the School Health Programme. The Health team was carrying out general check up of all students.
- ❖ Sub-centre, Sherpur and Sabhawala have power back-up and provide delivery care services regularly. ANM organises immunisation session on every 1st and 3rd Wednesday at sub-centre and one outreach visit in the village.
- ❖ The district hospital has not reported any cases of neonatal death during the last financial year.
- ❖ For neo-natal health facility, district hospital has well functioning SNCU and NRC facilities which improve condition of malnourished children as well as those suffering from low birth weight.
- ❖ Bio-medical waste (BMW) management facilities were available at district hospital, 7 CHCs and 17 PHCs, outsourced by hospital in the district and monthly basis fumigation has done at health facilities.
- ❖ Disease control programmes (Communicable and non-communicable) are functional in the district.
- ❖ All essential IEC material related to JSY, JSSK, PMMVY and drugs lists etc. was displayed in health facilities.

WEAKNESSES

- ❖ Community Health Centre at Raipur has reported huge shortage of human resources which affected the number of C-section deliveries. Lack of infrastructure and space is the major problem of this CHC.
- ❖ Lack of facility for diagnostic tests and X-ray is noted at Primary Health Centre, Nehrugram. MOIC has reported that it is required of equipment for better health facility.
- ❖ Medicines like IFA tablet, IFA syrup, Vitamin A syrup and PCM tablet were not available at sub-centre Sherpur from the last one year. .
- ❖ No regular replenishment of ASHA drug kit in the last two years at sub-centre Sherpur, has been observed during the visit.
- ❖ Women who had given birth at sub-centre, Sherpur, ANM was not vaccinated child due to lack of vaccination.
- ❖ Lack of cold storage facility at sub-centre, which has not given Hepatitis and Polio vaccine after delivery, due to no cold storage facility available at the sub-centre.
- ❖ ANM has to travel to primary health centre, Harbertpur to stock for vaccine, kept it at sub-centre, Sherpur, which is 20-22 km away from this PHC. No transport facility provided to receive the vaccine from the PHC.
- ❖ Only OPD services were available at PHC, Sabhawala and delivery is take place of adjoin sub-centre which acquired separate room. Sub-centre has no sitting facility for visited patients and ASHA, they want tin shaded roof outside the SC. No permanent sweeper working at both the sub-centre.
- ❖ Non-availability of RMNCHA+A counsellor was reported at CHC Raipur. This absence is particularly affect to the services regarding the maternal, child and adolescent health.
- ❖ There has scarcity of staff nurse, lab technician and ANM at primary health centre, Pachimwala and Nehrugram.
- ❖ It observed that no separate toilets were available for male and female in the health facility and also no attached toilet available with labour room.
- ❖ During the last financial year, no training has been conducted for human resources at CHCs and PHCs level. Few training namely; IUCD, PPIUCD provided to ANM at both CHCs.

1. INTRODUCTION

1.1 Background

Uttarakhand was formed on the 9th November 2000 as the 27th state of India and carved out from the Uttar Pradesh. It was covered total geographical areas of 53,483 sq. km. and mostly covered with mountains and forests. The state adjoined international boundaries with China in the north and Nepal in the east. It was rich in natural resources like water and forests with many glaciers and rivers. The state is divided into two divisions namely; Kumaun and Garhwal. The Kumaun division comprises six districts are: Almora, Nainital, Pithoragarh, Dehradun, Bageshwar and Champawat while Garhwal division includes seven districts are: Dehradun, Haridwar, Chamoli, Rudraprayag, Tehri Garhwal, Uttarkashi and Pauri Garhwal. Out of the 13 districts, only three are plain district such as Dehradun, Haridwar and Dehradun. According to Census 2011, Uttarakhand state had population of 10116752 and Dehradun have total population was 1648902.

1.2 Demographic Characteristics: Dehradun

Dehradun district is located in the Sivalik range of Himalayas on the western border of the state. Dehradun district are consists of six blocks namely: Raipur, Doiwala, Sahaspur, and Vikasnagar, Chakrata and Kalsi and seven tehsils.

Table 1: Demographic indicators: India, Uttarakhand and Dehradun

| Indicates | India | Uttarakhand | Dehradun |
|---|--------|-------------|----------|
| Actual Population | 1210.5 | 10086292 | 1696694 |
| Male | 6.2 | 5137773 | 892199 |
| Female | 587.4 | 4948519 | 804495 |
| Decadal Population Growth (2001-11, Census) | 17.6 | 18.8 | 32.3 |
| Sex Ratio (per 1000 male) | 940 | 963 | 902 |
| Density of population (Persons per sq. km.) | 382 | 189 | 549 |
| Literacy Rate (%) | 73.0 | 78.8 | 84.25 |
| Male Literacy (%) | 80.9 | 87.4 | 89.4 |
| Female Literacy (%) | 64.6 | 70.0 | 78.5 |
| Schedule Castes (%) | 16.6 | 18.8 | 13.5 |
| Schedule Tribes (%) | 8.6 | 2.9 | 6.6 |

Source: Census of India, 2011

Dehradun district ranked 3rd in the terms of population in the state. It is one of the highest urbanised districts in the sate having more than 35.6 per cent of the population in urban areas. Dehradun district has population density of 649 persons per sq.km. Which is higher than the state average? The decadal growth rate of the district is 33.4 per cent is much higher than

state as well as India average of 18.8 and 17.7 per cent respectively. Dehradun district have 13th ranks in term of literacy rate (73.1%), which is lower than the state and above from India average of 78.8 and 73.0 per cent respectively. There are only 14 uninhabited villages out of total 688 villages in the district. Dehradun district is ranks 11th in terms of sex ratio (920), which is lower than the state average of 963 females per 1000 males. The district has 19 towns and about 308581 household in the district.

Table 2: Health indicators for Uttarakhand and Dehradun

| Key Health Indicators | Uttarakhand | Dehradun |
|---|--------------------|-----------------|
| Mothers who had at least 4 antenatal care visits (%) | 30.9 | 47.1 |
| Mothers who consumed iron folic acid for 100 days or more (%) | 24.9 | 29.2 |
| Mothers who had full antenatal care (%) | 11.5 | 18.9 |
| Mothers who received postnatal care within 2 days of delivery | 54.8 | 68.6 |
| Mothers who availed financial assistance for delivery under JSY (%) | 49.4 | 50.0 |
| Institutional births (%) | 68.6 | 83.7 |
| Institutional birth in public facility (%) | 43.8 | 49.5 |
| Delivery at home conducted by skilled attendant (%) | 4.6 | 2.4 |
| Births in a private health facility delivered by caesarean section | 36.4 | 34.8 |
| Proportion of fully immunized children (%) | 57.6 | 60.7 |
| Total fertility rate (children per woman)# | 2.1 | 1.8 |
| Infant mortality rate (IMR)# (per 1000 live birth) | 40.0 | 34.0 |
| Under-five mortality rate (U5MR)# (per 1000 live birth) | 48.0 | 40.0 |
| Children age 6-59 months who are anaemic (%) | 59.8 | 50.6 |
| Pregnant women age 15-49 years who are anaemic (%) | 46.5 | 33.4 |
| Average out of pocket expenditure per delivery in public sector | 2618 | 2126 |

Source: NFHS 2015-16, #-Annual Health Survey 2012-13.

Table 2 shows the health status of Uttarakhand and Dehradun district. Mother visited four antenatal care was higher in Dehradun against Uttarakhand state. Full antenatal care was higher (18.9%) in Dehradun as compared with state average of 11.5% in 2015-16. Infant mortality rate is 35 deaths per 1000 live birth in Dehradun which is lower than the state figure. Overall, institutional birth was 68.6% in Uttarakhand state which is lower than Dehradun district (83.7%) in 2015-16. Anaemia rate is 33.4% among pregnant women (15-49 years) in Dehradun district, which is lower than the state average in 2015-16. Uttarakhand was reported higher percentage of children (6-59 months) who suffered from anaemic than Dehradun district. Expenditure was incurred on public sector delivery was lower in the Dehradun district than the state average.

2. ANALYSIS OF KEY HMIS DATA

2.1 Introduction

The Government of India had launched the National Rural Health Mission (NRHM) in 2005 to improve the availability and access to quality health care by people especially for those living in rural areas, the poor, women and children. Over the year, it was required to change in health care system which is based on accurate and timely available micro level data to indicate gaps in the existing and future perspective action for strengthening health sector. For this quality improvement, Ministry of Health and Family Welfare, Government of India has set-up the HMIS web portal in 2008 for collection and sharing of data in a timely manner. Initially this portal reached out upto district level and further has been expanded to allow block-level facility-wise data. The HMIS in India provides information on service delivery regarding the maternal and child health care, physical infrastructure and financial performance of all public health facilities in rural areas. These data are available on monthly basis. Moreover, the HMIS gives information on laboratory testing for disease like HIV, STI/RTI, TB and blindness. Under this section, we have analysed the key indicators of maternal and child health care in Dehradun district across blocks level during 2012-13 to 2017-18.

2.2 Review of Maternal Health Indicators

Maternal health is the health of women during pregnancy, childbirth and postpartum period, antenatal care and post natal care. Pregnancy and childbirth are generally time of joy for parents and families. Maternal health has been becoming critical issues due to life of million women in reproductive age can be saved through maternal health care like antenatal care and care provided to women and newborn by skill health personnel and their families. The large number of maternal deaths happened in developing countries due to delay in seeking health care, low proportion of ANC coverage and haemorrhage.

Table 3 shows the proportion of pregnant women who received 3 ANC checkups to total ANC registration. It indicates the trend of pregnant women who received 3 ANC checkups has marginal increase from 77.3 percent to 83.4 percent during 2012-13 to 2017-18. While it shows the pregnant women who received 3 ANC checkups is only 83.4 percent in 2017-18. However, in Sahaspur the pregnant women received 3 ANC checkups is higher (125%)

among blocks, on the other hand in Chakrata block reported lower among block in 2017-18. ANC coverage was fluctuated over the year across blocks in Dehradun district.

Table 3: Percentage of woman received 3 ANC to total registrations, 2012-18

| District / Blocks | 2012-13 | 2013-14 | 2014-15 | 2015-16 | 2016-17 | 2017-18 |
|-------------------|---------|---------|---------|---------|---------|---------|
| Dehradun | 77.3 | 89.8 | 103.5 | 109.9 | 101.8 | 83.4 |
| Chakrata | 53.1 | 68.4 | 73.2 | 49.9 | 37.6 | 28.7 |
| Doiwala | 69.1 | 88.8 | 103 | 108 | 115.1 | 69.0 |
| Kalsi | 78.3 | 88.4 | 102.7 | 89.9 | 82.9 | 59.6 |
| Raipur | 74.9 | 91.2 | 124.8 | 136.4 | 115.5 | 87.0 |
| Sahaspur | 101.6 | 96.1 | 66.4 | 70.0 | 75.2 | 125 |
| Vikasnagar | 76.2 | 80.4 | 83.8 | 73.2 | 90.5 | 41.8 |

Source: HMIS data 2012-18, Dehradun district

Table 4: Percent of pregnant women given 100 IFA to total ANC registration

| Blocks | 2012-13 | 2013-14 | 2014-15 | 2015-16 | 2016-17 | 2017-18 |
|------------|---------|---------|---------|---------|---------|---------|
| Dehradun | 58.2 | 92.1 | 28.6 | 20 | 50.2 | 41.7 |
| Chakrata | 37.5 | 86.3 | 21.7 | 0 | 7.2 | 16.8 |
| Doiwala | 56.8 | 92.5 | 29.9 | 30.6 | 31.5 | 49.7 |
| Kalsi | 45.9 | 83.7 | 11.2 | 0.3 | 49.8 | 24.4 |
| Raipur | 62.3 | 91.4 | 37.1 | 22.5 | 55.9 | 45.7 |
| Sahaspur | 49.2 | 88.3 | 19.7 | 20.6 | 63.6 | 27.7 |
| Vikasnagar | 60.8 | 107.2 | 12.7 | 0.6 | 42.6 | 47.0 |

Source: HMIS data 2014-18, Dehradun district

Table 4 indicates the trend of pregnant women who received 100 IFA to total ANC registration in Dehradun across the blocks. In Dehradun, pregnant women who received 100 IFA have significant increased from 58.2 per cent to 92.1 per cent during 2012-13 to 2013-14. But it was declined during 2014-15 to 2015-16. The proportion of pregnant women given 100 IFA is lower in Chakrata followed by Kalsi blocks in 2017-18. On the other hand, Dehradun was lagged behind in coverage of 100 IFA tablets in 2017-18 from Doiwala, Raipur and Vikasnagar blocks in the district.

Table 5: Institutional deliveries to total reported deliveries, 2012-18

| Blocks | 2012-13 | 2013-14 | 2014-15 | 2015-16 | 2016-17 | 2017-18 |
|------------|---------|---------|---------|---------|---------|---------|
| Dehradun | 90.7 | 89.9 | 93.8 | 94.9 | 95.8 | 95.9 |
| Chakrata | 46.8 | 44.8 | 47.6 | 68.5 | 76.9 | 78.2 |
| Doiwala | 96.9 | 95.9 | 96.6 | 97.6 | 97.4 | 98.5 |
| Kalsi | 67.4 | 63.2 | 75.9 | 76.3 | 71.8 | 55.9 |
| Raipur | 95.1 | 93.4 | 96.8 | 96.7 | 97.0 | 96.4 |
| Sahaspur | 89.4 | 88.6 | 94.2 | 95.3 | 97.2 | 98.6 |
| Vikasnagar | 67.6 | 74.3 | 84.1 | 85.7 | 87.8 | 92.7 |

Source: HMIS data 2014-18, Dehradun district

Table 5 shows the trend of institutional deliveries to total reported deliveries during 2012-13 to 2017-18 across the blocks. According to HMIS data, the proportion of institutional deliveries increased from 90.7 per cent in 2012-13 to 96 per cent in 2017-18, a rise of 5 per cent points in Dehradun. Institutional deliveries were increased over the years across the blocks. Institutional deliveries in Doiwala with 98.5 per cent share to the total reported deliveries was at top of the list followed by Sahaspur (98.6 per cent), Raipur (96.4 per cent), Dehradun (95.9 per cent) and Vikasnagar (92.7 per cent). Kalsi and Chakrata blocks accounted lower proportion of delivery in health facility in 2017-18.

Table 6: Percent of home deliveries to total reported deliveries, 2012-18

| Blocks | 2012-13 | 2013-14 | 2014-15 | 2015-16 | 2016-17 | 2017-18 |
|------------|---------|---------|---------|---------|---------|---------|
| Dehradun | 9.3 | 10.1 | 6.2 | 5.1 | 4.2 | 4.1 |
| Chakrata | 53.2 | 55.2 | 52.4 | 31.5 | 23.1 | 21.8 |
| Doiwala | 3.1 | 4.1 | 3.4 | 2.4 | 2.6 | 1.5 |
| Kalsi | 32.6 | 36.8 | 24.1 | 23.7 | 28.2 | 44.1 |
| Raipur | 4.9 | 6.6 | 3.2 | 3.3 | 3.0 | 3.6 |
| Sahaspur | 10.6 | 11.4 | 5.8 | 4.7 | 2.8 | 1.4 |
| Vikasnagar | 32.4 | 25.7 | 15.9 | 14.3 | 12.2 | 7.3 |

Source: HMIS data 2014-18, Dehradun district

The HMIS data on home deliveries have decreased substantially by 5.2 per cent points during 2012-13 to 2017-18 in Dehradun district. Home deliveries declined in all the 7 blocks in the district. The highest decline by 31.4 per cent points during this period was reported in Chakrata followed by Vikasnagar (25.1 per cent points) and Sahaspur (9.2) blocks. The least decline of 1.3 per cent points was found in Raipur block. Kalsi is one of the blocks has reported increased home delivery from 32.6 per cent in 2012-13 to 44.1 per cent in 2017-18 (Table 6).

2.3 Child Immunization

Child healths are the major concern to the child mortality and improve the quality of maternal as well as child during the birth. In this section, it is explore the child health situation in terms of live birth, weight less than 2.5 kg, breast feeding within one hour after birth, hospital visited after birth within 24 hour and level of immunisation which included the OPV 0 at birth, Pentavalent dose and measles across blocks in the district by using HMIS data from 2012-13 to 2017-18.

Table 7 indicates proportion of live births to total reported births across the blocks in Dehradun. It shows about 99 percent live births out of total reported births in Dehradun in all

observational years except Kalsi in 2017-18. Data shows that all the blocks have reported about 99 per cent live birth against total birth.

Table 7: Live births to reported birth, Dehradun

| Blocks | 2012-13 | 2013-14 | 2014-15 | 2015-16 | 2016-17 | 2017-18 |
|------------|---------|---------|---------|---------|---------|---------|
| Dehradun | 98.4 | 98.1 | 98 | 98.3 | 98.3 | 99.1 |
| Chakrata | 98.7 | 98.7 | 99 | 97.9 | 98.6 | 98.7 |
| Doiwala | 99.0 | 98.5 | 98.1 | 98.7 | 98.6 | 99.5 |
| Kalsi | 98.9 | 98.3 | 98.7 | 99.2 | 97.6 | 97.3 |
| Raipur | 98.3 | 98 | 97.8 | 98.1 | 98 | 99.0 |
| Sahaspur | 99.1 | 98.3 | 98.5 | 98.7 | 98.9 | 99.4 |
| Vikasnagar | 97.5 | 97.9 | 97.9 | 98.2 | 98.8 | 99.0 |

Source: HMIS data 2014-18, Dehradun district

Table 8 indicates the proportion of newborns having weight less than 2.5kg at birth. It shows, the proportion of the newborns having weight less than 2.5 kg out of all the newborns has increased from 14.4 per cent in 2012-13 to 20.5 per cent in 2017-18 in Dehradun. However, the trend of newborns having weight less than 2.5kg at birth is higher among the blocks in Raipur in 2017-18. Although, in Chakrata block the trend of newborns having weight less than 2.5kg is lower among all blocks during 2012-13 to 2017-18.

Table 8: Percentage of weight less than 2.5 kg at birth, Dehradun

| Blocks | 2012-13 | 2013-14 | 2014-15 | 2015-16 | 2016-17 | 2017 – 18 |
|------------|---------|---------|---------|---------|---------|-----------|
| Dehradun | 14.4 | 20.8 | 15.8 | 14.5 | 17.1 | 20.5 |
| Chakrata | 0.8 | 0.6 | 0.1 | 0 | 1.0 | 2.7 |
| Doiwala | 6.7 | 4.7 | 12.4 | 4.4 | 5.2 | 11.7 |
| Kalsi | 4.9 | 2.7 | 4.6 | 1.2 | 1.7 | 4.9 |
| Raipur | 19.7 | 29.6 | 21.5 | 21.4 | 25.8 | 30.5 |
| Sahaspur | 5.6 | 11.2 | 4.8 | 4.5 | 5.3 | 2.5 |
| Vikasnagar | 1.9 | 5.6 | 8.0 | 6.3 | 5.5 | 7.7 |

Source: HMIS data 2012-18, Dehradun district

Table 9 shows the newborns breast fed within 1 hour of birth out of the total live births during 2012-13 to 2017-18. The HMIS data shows that the newborns breast feeding within 1 hour of birth has increased from 80.7 per cent in 2012-13 to 87.1 per cent in 2016-17 in Dehradun and trend was declined in 2017-18. The proportion of more than 95 per cent was shows in Chakrata, Kalsi, Sahaspur and Vikasnagar in 2017-18. However, in Raipur block, newborns breast feeding within 1 hour of birth is lower among all blocks of Dehradun across the years. All the blocks shows about 95 per cent of the women were stay in the health facility after delivery in the district.

Table 9: Percentage of breast feeding within 1 hour of total live birth

| Blocks | 2012-13 | 2013-14 | 2014-15 | 2015-16 | 2016-17 | 2017-18 |
|------------|---------|---------|---------|---------|---------|---------|
| Dehradun | 80.7 | 88.4 | 92.5 | 96.2 | 87.1 | 64.6 |
| Chakrata | 99.0 | 100.1 | 99.4 | 96.1 | 98.6 | 96.9 |
| Doiwala | 90.3 | 98.4 | 98.9 | 96.2 | 89.7 | 92.2 |
| Kalsi | 99.4 | 100 | 99.7 | 100 | 99.2 | 94.5 |
| Raipur | 73.1 | 83.4 | 89.0 | 96.3 | 82.6 | 49.6 |
| Sahaspur | 98.3 | 92.1 | 94.7 | 93.5 | 92.9 | 97.7 |
| Vikasnagar | 98.3 | 99.7 | 99.7 | 99.6 | 99.8 | 95.8 |

Source: HMIS data 2012-18, Dehradun district

Table 10 presents information regarding the newborns visited the hospital within 24 hours of home delivery out of the total home deliveries reported in Dehradun has about 11 per cent points increased during 2012-13 to 2016-17, while the higher proportion shows in 2014-15 was about 93 per cent in Dehradun. However, among all the blocks, newborns visited the hospital within 24 hours of home delivery out of the total home deliveries has significant increased during 2012-13 to 2016-17.

Table 10: Percentage of newborns visited hospital within 24hrs of home delivery

| Blocks | 2012-13 | 2013-14 | 2014-15 | 2015-16 | 2016-17 |
|------------|---------|---------|---------|---------|---------|
| Dehradun | 82.1 | 84.8 | 92.9 | 92.3 | 92.6 |
| Chakrata | 87.6 | 94.5 | 94.5 | 81.9 | 87.5 |
| Doiwala | 95.4 | 95.0 | 99.3 | 100 | 100 |
| Kalsi | 96.5 | 96.0 | 92.3 | 98.3 | 94.3 |
| Raipur | 69.4 | 69.0 | 88.6 | 89.1 | 87.6 |
| Sahaspur | 69.2 | 93.3 | 89.4 | 94.4 | 99.1 |
| Vikasnagar | 94.1 | 99.3 | 97.0 | 97.8 | 97.3 |

Source: HMIS data 2012-17, Dehradun district

Table 11 summarise the percentage of infant given OPV 0 dose at birth in Dehradun district. It was found that proportion of newborn given OPV 0 dose has increased from 75.5 per cent in 2012-13 to 82.4 per cent in 2017-18 in Dehradun district which show about 7 per cent points increment during this year. It was observed that the proportion of more than 100 per cent coverage in Doiwala, Sahaspur and Vikasnagar in the year 2017-18. Kalsi block has reported lower proportion of immunisation coverage across the years. Overall, coverage of new born who received OPV 0 dose was increased during 2012-13 to 2017-18.

Table 11: Percentage of OPV 0 given at birth to reported live birth

| Blocks | 2012-13 | 2013-14 | 2014-15 | 2015-16 | 2016-17 | 2017-18 |
|------------|---------|---------|---------|---------|---------|---------|
| Dehradun | 75.5 | 84.0 | 75.7 | 93.6 | 87.8 | 82.4 |
| Chakrata | 28.1 | 97.7 | 119.6 | 38.1 | 33.5 | 45.4 |
| Doiwala | 139.1 | 87.3 | 113.5 | 118.3 | 120 | 101.8 |
| Kalsi | 77.8 | 55.6 | 38.0 | 33.3 | 62.3 | 32.1 |
| Raipur | 60.3 | 85.6 | 61.2 | 92.9 | 78.2 | 71.1 |
| Sahaspur | 117 | 88.1 | 83.5 | 83.6 | 92.0 | 123.3 |
| Vikasnagar | 71.0 | 59.0 | 89.4 | 91.6 | 100.5 | 104.2 |

Source: HMIS data 2012-18, Dehradun district

Table 12 indicates the number of infant who received measles vaccine during 2012-13 to 2017-18. In Dehradun district, number of infant who given measles vaccine has declined from 34331 in 2012-13 to 13879 in 2017-18. The number of infant who has received measles declined in 2017-18 as compared in the year 2012-13 in all the blocks. However, the number of infant given measles vaccine was higher in 2013-14 across the blocks. On the other hand, Dehradun block was reported higher number of infant received measles vaccine among all the blocks during the years. While less number of infant was reported in Kalsi block, which received the measles vaccine over the year.

Table 12: Number of infants given measles in Dehradun, 2012-18

| Blocks | 2012-13 | 2013-14 | 2014-15 | 2015-16 | 2016-17 | 2017-18 |
|------------|---------|---------|---------|---------|---------|---------|
| Dehradun | 34,331 | 37,998 | 30,184 | 34,025 | 32,118 | 13,879 |
| Chakrata | 1,284 | 1,228 | 1,051 | 1,002 | 815 | 436 |
| Doiwala | 5,434 | 5,857 | 5,623 | 6,152 | 6,818 | 2,962 |
| Kalsi | 804 | 825 | 907 | 822 | 618 | 332 |
| Raipur | 19,965 | 22,076 | 14,901 | 17,516 | 15,951 | 5,890 |
| Sahaspur | 4,041 | 4,547 | 4,365 | 4,933 | 4,646 | 2,599 |
| Vikasnagar | 2,803 | 3,465 | 3,337 | 3,600 | 3,270 | 1,660 |

Source: HMIS data 2012-18, Dehradun district

Table 13 indicates the trend of fully immunized children (9-11 months old) during the year of 2012-18. It reveals that, the number of fully immunized children has declined during 2012-13 to 2017-18 in Dehradun district. For example, in 2012-13 total 26136 children were fully immunised and declined at 13761 children in 2017-18. However, the number of fully immunised children was higher in 2013-14 across the blocks but number was further declined in all the blocks over the year. In contrast, Dehradun shows the number of full immunized children is higher among the blocks in all observational years followed by Raipur.

Table 13: Number of fully immunized children (9-11 months)

| Blocks | 2012-13 | 2013-14 | 2014-15 | 2015-16 | 2016-17 | 2017-18 |
|------------|---------|---------|---------|---------|---------|---------|
| Dehradun | 26,136 | 32,019 | 26,649 | 26,896 | 29,209 | 13,761 |
| Chakrata | 872 | 995 | 891 | 873 | 739 | 410 |
| Doiwala | 5,512 | 5,474 | 6,047 | 5,666 | 6,382 | 2,883 |
| Kalsi | 798 | 823 | 907 | 821 | 618 | 331 |
| Raipur | 15,461 | 19,925 | 13,225 | 13,404 | 15,534 | 6,524 |
| Sahaspur | 2,215 | 3,087 | 3,976 | 4,557 | 4,285 | 2,379 |
| Vikasnagar | 1,278 | 1,715 | 1,603 | 1,575 | 1,651 | 1,234 |

Source: HMIS data 2012-18, Dehradun district

Table 14: Percentage of immunisation sessions held where ASHAs presented

| Blocks | 2012-13 | 2013-14 | 2014-15 | 2015-16 | 2016-17 | 2017-18 |
|------------|---------|---------|---------|---------|---------|---------|
| Dehradun | 84.6 | 86.6 | 92.8 | 91.7 | 90.7 | 86.6 |
| Chakrata | 68.9 | 86.3 | 99.0 | 99.1 | 96.6 | 87.1 |
| Doiwala | 98.9 | 100 | 99.1 | 96.3 | 96.6 | 96.7 |
| Kalsi | 81.2 | 85.8 | 84.4 | 90.0 | 93.8 | 71.6 |
| Raipur | 86.7 | 81.5 | 90.6 | 87.7 | 87.9 | 81.1 |
| Sahaspur | 84.4 | 91.3 | 94.2 | 93.6 | 92.9 | 95.9 |
| Vikasnagar | 79.5 | 89.4 | 92.4 | 92.3 | 85.6 | 81.3 |

Source: HMIS data 2012-18, Dehradun district

Table 14 shows the immunization sessions held where ASHAs presented in Dehradun during 2012-13 to 2017-18. In Dehradun district, the trend of immunization sessions where ASHAs were present has increased from about 85 per cent to 87 per cent during 2012-13 to 2017-18. At the block level, Doiwala was held higher number of session where ASHAs were presented followed by Sahaspur (96 per cent).

3. KEY FINDINGS & OBSERVATIONS

3.1 Health Infrastructure: Dehradun District

Health infrastructure is an important indicator to understand the health care policy and quality of health care services. Infrastructure has been described as the basic support for smooth functioning of public health activities. Health infrastructure is divided into five parts: skilled workforce, well infrastructure of building (CHCs, PHCs and SCs), information system, public health organisation and research. The Bhore Committee (1946) had recommended three tier health systems which included at village, block and district level. This report stressed upon on access to primary health care as a basic right of health care for the people. In past days, India made progress in terms of infrastructure as well as medical education, which is found from the recently come out the National Health profile, 2018 launched by Central Bureau of Health Intelligence. The country has 476 medical colleges and 313 dental colleges. There are 23,582 hospitals having 7, 10,761 bed. Among these 19,810 hospitals are in rural areas having 2, 79,588 bed. In urban areas, total 3,772 hospitals with 43, 1,173 beds. Under AYUSH, we have a total 27,698 dispensaries and 3,943 hospitals in the country.

Table 15: Health infrastructure in Dehradun, 2017-18

| Health facility | Number available | Government building | Rented building |
|------------------------------------|-------------------------------------|---------------------|---|
| District Hospital | 02 (Converted into medical college) | 02 | 01 (under construction) |
| Sub-District Hospital | 04 | 04 | 01 (Nagar palika building) |
| First Referral Units | 03 | 03 | |
| Community Health Centre | 07 | 07 | - |
| Primary Health Centre | 18 | 17 | 01 (Panchayat building, PHC Herbertpur) |
| Sub-Centre | 168 | 149 | 19 |
| Medical College | 01 | 01 | Under construction |
| Skill Lab | 01 | 01 | Govt. |
| District Early Intervention Centre | 01 | 01 | Govt. building |
| Delivery Points | 56 | 56 | - |
| Transport Facility | Number available | Number function | Remark |
| 108 Ambulances | 17 | 16 | - |
| 102 Ambulances | - | - | - |
| Referral Transport | 16 | 16 | - |
| Mobile Medical Units | 02 | - | 02 Non functional |

Source: Supporting check list, 2018-2019

Table 16: Health infrastructure of the health facility in Dehradun

| Infrastructure | DH Dehradun | CHC Vikasn agar | CHC Raipur | PHC Pachimwala | PHC Nehrugram | SC Sabhawala | SC Sherpur |
|---|----------------|-----------------------|---------------|-------------------|------------------|-----------------|---------------|
| Health facility easily accessible from nearest road head | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Functioning in Govt building | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Building in good condition | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Staff Quarters for Mos | ✓ | ✓ | ✓ | ✓ | ✓ | NA | NA |
| Staff Quarters for SNs | ✓ | ✓ | ✓ | ✓ | NA | NA | NA |
| Staff Quarters for other categories | ✓ | ✓ | ✓ | ✓ | NA | NA | NA |
| ANM Quarter available at SC | ✓ | NA | NA | NA | NA | ✓ | ✓ |
| ANM residing at SC | ✓ | NA | NA | NA | NA | ✓ | ✓ |
| Electricity with power back up | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Running 24x7 water supply | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Clean toilets separate for Male/Female | ✓ | ✓ | ✓ | ✓ | X | ✓ | ✓ |
| Functional and clean labour Room | ✓ | ✓ | ✓ | X | X | ✓ | ✓ |
| Functional and clean toilet attached to labour room | ✓ | X | ✓ | X | X | X | X |
| Functional New born carecorner(functional radiant warmer with neo-natal ambu bag) | ✓ | ✓ | ✓ | X | X | ✓ | ✓ |
| Functional New Born Stabilization Unit | ✓ | ✓ | X | X | NA | NA | NA |
| Functional SNCU | ✓ | X | X | NA | NA | NA | NA |
| Clean wards | ✓ | ✓ | ✓ | ✓ | ✓ | NA | NA |
| Separate Male and Female wards (at least by partitions) | ✓ | ✓ | X | X | X | NA | NA |
| Availability of Nutritional Rehabilitation Centre | ✓ | X | X | NA | NA | NA | NA |
| Functional BB/BSU, specify | ✓ | X | X | X | X | NA | NA |
| Separate room for ARSH clinic | ✓ | ✓ | ✓ | NA | NA | NA | NA |
| Complaint/suggestion box | ✓ | ✓ | X | X | ✓ | ✓ | ✓ |
| Availability of mechanisms for Biomedical waste management (BMW)at facility | ✓ | ✓ | ✓ | X | X | ✓ | ✓ |
| BMW outsourced | ✓ | X | ✓ | X | X | X | X |
| ICTC/ PPTCT Centre | ✓ | X | X | X | X | X | X |
| Rogi Sahayta Kendra | ✓ | NA | NA | X | X | X | X |

Source: Supportive check list, Field visit, PRC-Delhi team, Note: ✓-Yes, ×-No, NA-Not Applicable/Available



Figure 1: SNCU, District Hospital



Figure 2: Maternity ward, DH



Figure 3: Blood donor room, DH



Figure 4: CHC, Raipur

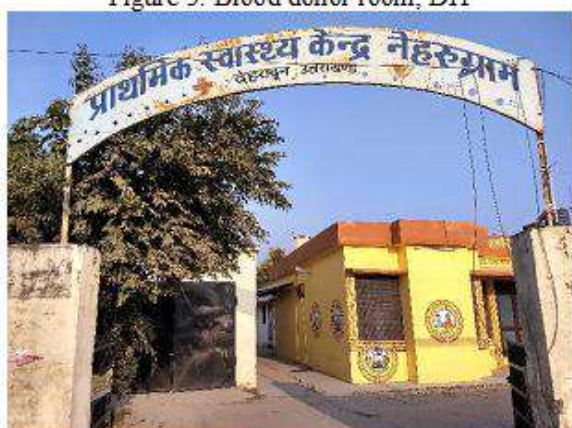


Figure 5: PHC, Nehrugram



Figure 6: CHC, Pachimwala

Dehradun has 2 district hospital, 4 sub-district hospital, 3 FRU, 7 CHCs, 18 PHCs and 168 sub-centre functioning. Apart from that, 1 medical college, 1 skill lab and one district early intervention centre and 56 delivery points working in the district. In case of transport facility district hospital has 17 ambulances (108) and no ambulance for 102 was reported in the district. All the health facilities are functioning under government building except only 19 sub centres are functioning at rented building.

3.2 Human Resources: Training and Status

Human resources are an important component of health care system. Achievement of good health outcomes is not possible without sufficient qualified health workforce and its shortage will lead to decrease in the quality of health care services. There are some improvements in human resources after implementation of National Rural Health Mission in 2005 (now National Health Mission). But many states in India particularly in low performing states like Uttar Pradesh faces huge shortage of human resources in health facilities. During the visit it was noticed that staff shortage is a major concern for all health facilities in Saharanpur district. Table 17 describes the status of human resources in Dehradun district in 2017-18. It shows that post for Gynaecologist (12), Surgeon (15), Paediatrician (5) and Nutritionist (1) is vacant despite all these post have been sanctioned. There were 25 post sanctioned for Gynaecologist among them only 13 post filled and 12 post are vacant. Total 173 post have filled so far against 346 post were sanctioned for medical officers including specialist. Similarly, 3 posts for X-ray technician are vacant while 20 posts were sanctioned in district hospital. ANM post were vacant at sub-centre level, which shows 20 post vacant against 168 posts has been sanctioned.

Table 17: Human resources in Dehradun district under NHM, 2017-18

| No. | Position name | Sanctioned | In-position | Vacant |
|-----|------------------------------|------------|-------------|--------|
| 1 | MOs including specialists | 346 | 173 | 173 |
| 2 | Gynaecologist | 25 | 13 | 12 |
| 3 | Paediatrician | 15 | 10 | 05 |
| 4 | Surgeon | 32 | 17 | 15 |
| 5 | Nutritionist | 01 | 01 | 00 |
| 6 | Dental Surgeon | 32 | 30 | 02 |
| 7 | Pharmacist | 126 | 127 | 04 |
| 8 | Lab Technician | 33 | 25 | 08 |
| 9 | X-ray Technician | 20 | 17 | 03 |
| 10 | Staff Nurse at CHCs / others | 282 | 228 | 54 |
| 11 | Staff Nurse at PHCs | 02 | 03 | 08 |
| 12 | LHV | 42 | 37 | 05 |
| 13 | Data Entry Operator | 17 | 14 | 03 |
| 14 | ANM at PHCs | 14 | 14 | 00 |
| 15 | ANM at SCs | 168 | 148 | 20 |

Source: Supportive check list, Field visit, PRC team, 2018

Table 18 observed that regular trainings were not conducted for the staff members at district hospital Dehradun. Only 5 Mo was received training of RTI/STI/HIV screening and one has mini lap / PPS. There was 3 lab technician trained for RTI/STI screening and no ANM received training for SBA, RTI/STI/HIV screening and IUCD insertion. However, in the last

financial year no trainings conducted for BeMOC, RTI/STI/HIV screening, MTP, F-IMNCI, NSSK, NSV, IUCD insertion, SBA and EMOC.

Table 18: Training status of human resources in Dehradun

| Types of Training | MOs | LMOs | SNs | ANM | LHV/PHN | Lab Tech. | ASHA |
|-----------------------|-----|------|-----|-----|---------|-----------|------|
| SBA | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| BeMOC | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| MTP | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Mini Lap/PPS | 1 | 0 | 0 | 0 | 0 | 0 | 0 |
| NSV | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| IUCD Insertion | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| RTI/STI/HIV Screening | 5 | 0 | 0 | 0 | 0 | 3 | 0 |
| F-IMNCI | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| NSSK | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Total | 6 | 0 | 0 | 0 | 0 | 3 | 0 |

Source: Supportive check list, Field visit, PRC-Delhi team, 20180

3.3 Availability of Equipment at Health Facility

Availability of necessary equipment is important for all health institution. In this section we will discuss about the availability of necessary equipment in the selected health facility. Table 19 shows that District Hospital have BP instrument and stethoscope, sterilise delivery sets, neonatal kit, weight machine, needle cutter, radiant warmer, suction apparatus, oxygen, try with emergency injection, radiant warmer, mobile light, apparatus, oxygen, autoclave, MVA equipment's, photography unit, ILR and Deep freezer are available and also functioning. For laboratory testing, microscope, Haemoglobinometer, and centrifuge machines are available and functioning. Equipment's for NBSU was also available. Community health centre in Raipur and Vikasnagar have availability of equipment such as BP Instrument and Stethoscope, Sterilised delivery sets, Neonatal, Paediatric and Adult Resuscitation kit, Functional Weighing Machine (Adult and child), Needle Cutter, Radiant Warmer, Suction apparatus, facility for Oxygen Administration, Autoclave, ILR and Deep Freezer, Emergency Tray with emergency injections, MVA/ EVA Equipment. In case of laboratory testing equipment, both CHCs have Functional Microscope, Functional Haemoglobinometer, and Centrifuge, Semi auto analyzer and Reagents and Testing Kits. Both the PHC Pachimwala and Nehrugram have functional ILR and Deep Freezer, but non availability of Microscope at both PHCs.

Table 19: Availability of equipment of the health facility, Dehradun

| Equipment | DH | CHC Vikasnagar | CHC Raipur | PHC Pachimwala | PHC Nehrugram | SC Sabhawala | SC Sherpur |
|---|----|-------------------|---------------|-------------------|------------------|-----------------|---------------|
| Functional BP and Stethoscope | √ | √ | √ | √ | √ | √ | √ |
| Sterilised delivery sets | √ | √ | √ | X | X | X | NA |
| Functional neonatal, paediatric & adult resuscitation kit | √ | √ | √ | X | X | X | NA |
| Functional weighing machine (adult and child) | √ | √ | √ | √ | √ | √ | √ |
| Functional Needle Cutter | √ | √ | √ | √ | √ | √ | √ |
| Functional Radiant Warmer | √ | √ | √ | X | X | NA | NA |
| Functional Suction apparatus | √ | √ | √ | √ | √ | NA | NA |
| Functional facility for oxygen administration | √ | √ | √ | √ | √ | NA | NA |
| Functional Foetal Doppler/CTG | √ | X | X | X | X | NA | NA |
| Functional Mobile light | √ | X | √ | X | X | NA | NA |
| Delivery Tables | √ | √ | √ | √ | X | √ | NA |
| Functional Autoclave | √ | √ | √ | √ | √ | NA | NA |
| Functional ILR and Deep Freezer | √ | √ | √ | √ | √ | NA | NA |
| Emergency tray with emergency inj. | √ | √ | √ | √ | X | NA | NA |
| MVA/ EVA Equipment | √ | √ | √ | X | X | NA | NA |
| Functional Phototherapy unit | √ | √ | √ | X | X | NA | NA |
| Dialysis Equipment | X | X | X | NA | NA | NA | NA |
| Laboratory Equipment | | | | | | | |
| Functional Microscope | √ | √ | √ | X | X | NA | NA |
| Functional Hemoglobinometer | √ | √ | √ | X | √ | √ | √ |
| Functional Centrifuge | √ | √ | √ | X | X | NA | NA |
| Functional semi autoanalyzer | √ | √ | X | X | X | NA | NA |
| Reagents and Testing Kits | √ | √ | √ | X | X | NA | NA |
| Functional Ultrasound Scanners | X | X | X | X | X | NA | NA |
| Functional C.T Scanner | X | X | X | X | X | NA | NA |
| Functional X-ray units | X | X | X | X | X | NA | NA |
| Functional ECG machines | X | X | X | X | X | NA | NA |
| Other method for Haemoglobin | NA | NA | NA | NA | NA | √ | X |
| Blood sugar testing kits | NA | NA | NA | NA | NA | X | √ |
| Delivery Equipment | NA | NA | NA | NA | NA | √ | √ |
| Neonatal ambu Bag | NA | NA | NA | NA | NA | √ | √ |
| Colour Coded Bins | NA | NA | NA | NA | NA | √ | √ |

Source: Supportive check list, Field visit, PRC-Delhi team, 2018, Note: NA-Not Applicable/Not Available



Figure 7: X-Ray machine



Figure 8: Platelets incubator machine



Figure 9: Lab facility, CHC, Raipur



Figure 10: Radiant Warmer, SC, Shepur



Figure 11: Labour room, SC, Sabhawala



Figure 12: Lab facility, CHC, Vikasnagar



Figure 13: Labour room in CHC, Raipur



Figure 14: Labour room in CHC, Vikasnagar

No laboratory equipment's were available at both primary health centres. However, sub centres at village level were functioning with BP Instrument and Stethoscope, Functional Weighing Machine (Adult and child), Functional Needle Cutter, Haemoglobinometer, any other method for Haemoglobin estimation, Blood sugar testing kits and Delivery equipment in both SCs in Sherpur and Sabhawala. Some equipment's are not available at both CHC as well PHC level (Table 19).

3.4 Availability of Drugs in Health Facility

Availability of essential drugs is very important for better health care provisioning in any health facility. In any health care system, the availability and accessibility of medicines, vaccines and other supplies plays a critical role in reducing barriers to treatment particularly in lower section of the people.

Table 20: Availability of drugs at health facilities in Dehradun

| Drugs | DH | CHC Vikas nagar | CHC Raipur | PHC Pachimwala | PHC Nehrugram | SC Sabhawala | SC Sherpur |
|--|----|-----------------------|---------------|-------------------|------------------|-----------------|---------------|
| EDL available and displayed | √ | √ | √ | X | X | NA | NA |
| Computerised inventory management | X | √ | X | X | X | NA | NA |
| IFA tablets | √ | √ | √ | X | √ | X | X |
| IFA syrup with dispenser | X | X | X | X | √ | X | X |
| Vit A syrup | X | X | X | X | X | X | X |
| ORS packets | √ | √ | √ | √ | √ | √ | √ |
| Zinc Tablets | X | √ | X | √ | √ | √ | √ |
| Inj. Magnesium Sulphate | X | √ | X | X | X | X | X |
| Inj. Oxytocin | √ | √ | X | √ | X | X | X |
| Misoprostol tablets | X | √ | X | X | X | X | X |
| Mifepristone tablets | X | X | X | X | X | X | X |
| Availability of antibiotics | √ | √ | √ | √ | √ | X | X |
| Labelled emergency tray | √ | √ | √ | √ | √ | X | X |
| Drugs for hypertension, Diabetes, common ailments e.g PCM, metronidazole, anti-allergic drugs etc. | √ | √ | √ | √ | √ | X | X |
| Adequate Vaccine Stock available | √ | √ | √ | √ | √ | X | X |
| Supplies | | | | | | | |
| Pregnancy testing kits | √ | X | X | √ | √ | X | X |
| Urine albumin and sugar testing kit | √ | √ | √ | X | √ | X | X |
| OCPs | √ | √ | √ | X | √ | √ | √ |
| EC pills | √ | √ | √ | √ | √ | √ | X |
| IUCDs | √ | √ | √ | √ | √ | √ | √ |
| Sanitary napkins | √ | √ | √ | √ | √ | X | X |
| Gloves, Mackintosh, Pads, bandages, and gauze etc. | √ | √ | √ | √ | √ | NA | NA |

Source: Supportive check list, Field visit, PRC-Delhi team, 2018, Note: NA-Not Applicable/Not Available

Table 20 described the drugs were available at health facility during the visit. Availability of essential drugs is very important for better health care provisioning in any health facility. In any health care system, the availability and accessibility of medicines, vaccines and other supplies plays a critical role in reducing barriers to treatment particularly in lower section of the people. EDL is available and displayed, Computerised inventory management, IFA tablets, IFA syrup with dispenser, VIT A syrup, ORS packets, Zinc tablets, Inj Magnesium Sulphate, INJ Oxytocin, Misoprostol tablets, Mifepristone tablets, Availability of antibiotics, Labelled emergency tray, Drugs for hypertension, Diabetes, common ailments e.g. PCM, metronidazole, anti-allergic drugs, Adequate Vaccine Stock available, Pregnancy testing kits, Urine albumin and sugar testing kit, OCPs, EC Pills, IUCDs, Sanitary napkins, Essential consumables, and gloves are available properly at Female DH and some facility was also available at both CHC and PHC level. Only IFA blue and syrup were not available. Sometime drugs not supply adequately. Drugs supply under in charge of CMO. Blood bank was functioning in district hospital.

3.5 Maternal Health Care

Maternal health is a key indicator of the quality of care in health services in the country. Maternal Mortality Ratio (MMR) is one of the imperative factors of the quality of health services in the country. India has made remarkable in reducing the maternal deaths since the launched of National Health Mission in 2005. Some of the key indicators for maternal health are antenatal check-up, institutional delivery and delivery by trained skill birth personnel, post natal care etc. All these indicators are regularly monitored by HMIS and Annual Health Survey.

Table 21: Utilisation of delivery indicators in Dehradun, 2016-17

| Blocks | ANC registered | 4 or more ANC | Institutional deliveries | Home deliveries |
|------------|----------------|---------------|--------------------------|-----------------|
| Doiwala | 5650 | 3783 | 2038 | 28 |
| Raipur | 21806 | 16081 | 14276 | 507 |
| Sahaspur | 7759 | 9281 | 1953 | 36 |
| Vikasnagar | 3996 | 1707 | 1920 | 152 |
| Kalsi | 684 | 400 | 67 | 53 |
| Chakrata | 1079 | 283 | 215 | 57 |

Source: CMO Office, Dehradun, 2018

Under the NHM, 100, 50, 30 bedded state of art Maternal and Child Health Wing are being established in district hospital, district women hospital, sub-district hospital and CHC-FRUs to overcome the difficulties of increasing case loads and institutional deliveries at these

facilities. Table 24 shows total 5650 ANC were registered by women in Doiwala block and reported lowest number of women given birth at home. Raipur and Sahaspur blocks were reported higher of women registered for ANCs in the Dehradun district. On the other hand, institutional deliveries were higher in Raipur (14276) followed by Doiwala (2038) and lower in Kalsi (67) in contrast, home delivery was reported higher in Raipur (507) and Vikasnagar (152) blocks, shows in table 21.

Table 22: Block wise post-natal care services in Dehradun, 2016-17

| Blocks | PNC within 48 hrs after delivery | PNC between 48 hrs and 14 days after delivery |
|------------|----------------------------------|---|
| Doiwala | 108 | 1464 |
| Raipur | 269 | 13690 |
| Sahaspur | 603 | 1709 |
| Vikasnagar | 123 | 767 |
| Kalsi | 56 | 286 |
| Chakrata | 73 | 45 |

Source: CMO Office, Dehradun, 2018

Table 22 shows higher number of women (603) was received post natal care within 48 hours after delivery in Sahaspur. Post natal care was higher in case of between 48 hours and after 14 days of delivery in Raipur block. Chakrata and Kalsi blocks were shows less number of women received both PNC within 48 hrs and between and after 14 days of delivery respectively.

Table 23: Block wise service delivery indicators in the last financial year

| Blocks | TT1 | TT2 | Home deliveries conducted by | | Live birth | Still birth | Total birth |
|------------|-------|-------|------------------------------|---------|------------|-------------|-------------|
| | | | SBA assisted | Non-SBA | | | |
| Doiwala | 5253 | 4360 | 15 | 13 | 2124 | 8 | 2132 |
| Raipur | 12324 | 11577 | 29 | 478 | 14625 | 158 | 14783 |
| Sahaspur | 6117 | 5541 | 6 | 30 | 1979 | 11 | 1990 |
| Vikasnagar | 3608 | 3088 | 16 | 136 | 2060 | 22 | 2082 |
| Kalsi | 625 | 617 | 20 | 33 | 118 | 3 | 121 |
| Chakrata | 821 | 762 | 0 | 57 | 270 | 4 | 274 |

Source: CMO Office, Dehradun, 2018

Table 23 shows that block wise information regarding services like TT, home delivery by SBA and non-SBA, live birth and still birth in the district. Number of women has received TT1 and TT2 higher in Raipur block while Kalsi reported lower women received both TT. In case of TT2, only 617 women received TT2 in Kalsi block which is lower among the blocks followed by Chakrata. No SBA assisted home delivery was reported in Chakrata block while, Sahaspur was reported only 6 home based birth assisted by SBA. Few numbers of women have given birth by SBA in all the blocks as compared with non-SBA. Still birth was 158 in

Rudrapur which is much higher and only 3 still births in Kalsi followed closely Chakrata block.

3.6 Janani Suraksha Yojana (JSY) & Janani Shishu Suraksha Karyakaram (JSSK)

Janani Suraksha Yojana is a safe motherhood intervention under National Health Mission. This scheme was launched in 2005 with the objective of promoting institutional delivery and to reduce maternal and neonatal death during delivery care. JSY is cash incentive scheme for mothers who deliver their babies in a health facility. There is also provision for cost reimbursement for transportation and incentive to Accredited Social Health Activists (ASHA) for promoting mothers to go for institutional delivery. The scheme is implemented in all states and UTs with more focus on low-performing states (LPS). Most of the women who preferred institutional delivery are not willing to stay for 48 hours, this creates hurdle for the provision of essential services for mother and child health. Against this backdrop, another scheme is Janani Shishu Suraksha Karyakaram (JSSK) was introduced in 2011.

Janani Shishu Suraksha Karyakaram (JSSK) programme was launched in 2011 to entitle all pregnant women delivering in public health facilities completely free with no expenses delivery including caesarean section, free drugs, free diagnostics, free blood, free diets and free transport from home to health facility. Under this programme, free services were provided up to three days for normal delivery and seven days for C-section delivery.

Table 24: Block wise JSSK progress in district during the last financial year

| Blocks | No. of beneficiaries under JSSK | | | Transportation facility | |
|------------|---------------------------------|-------|------------|-------------------------|------------------|
| | Diet | Drugs | Diagnostic | Home to facility | Facility to home |
| Doiwala | 705+1502 (State budget) | 1694 | 19281 | - | 1231 |
| Raipur | 73665 | *** | 106884 | - | 2734 |
| Sahaspur | 1113 | 2391 | 13629 | - | 534 |
| Vikasnagar | 1514 | 1517 | 6760 | - | 1077 |
| Kalsi | 132 | 132 | 1756 | - | 4 |
| Chakrata | 153 | 213 | 624 | - | 56 |

Source: CMO Office, Dehradun, 2018, ***from medical college budget

Table 24 shows the information of JSSK scheme across the blocks and beneficiaries received transport facility for child birth at the hospital. Raipur block was accounted highest number of women received free diet for given birth at health facility. Less number of women in Kalsi was received free diet under the JSSK scheme followed by Chakrata. Free dugs facility availed by 2391 women in Sahaspur under this scheme. Data revealed that there was no data

available of any women, who received transport facility from home to health facility for delivery care in the district while drop women from facility to home was higher in Vikasnagar block. However, Kalsi was reported less number of women availed back drop facility to home for child birth. On the other hand, Raipur block was shows higher number of women received diagnostics facility for diseases check-up than Doiwala in the figure.

3.7 Neo-Natal and Child Health Care

Child health programme under the National Health Mission is comprehensively integrates interventions that improve child survival and figure out factors which was contributing to infant and under-five mortality. There are four major thrust areas under the child health programmes. First, Neonatal health which have essential new born care corner, facility based sick newborn care at FRUs and district hospital and home based newborn care. Second, nutrition which covered promotion of optimal infant and young child feeding practices, micronutrient supplementation, prevent from children of severe acute malnutrition. Third thrust area was management of common childhood illnesses. Fourth, thrust area included child immunisation.

Table 25: Immunization pattern in Dehradun across blocks, 2017-18

| Blocks | Target | OPV at birth | BCG | Pentavalent | | | Measles | Full immunization |
|------------|--------|--------------|-------|-------------|-------|-------|---------|-------------------|
| | | | | 1 | 2 | 3 | | |
| Doiwala | 3843 | 2120 | 2709 | 4669 | 4680 | 4898 | 5189 | 4509 |
| Raipur | 18616 | 23613 | 25461 | 18612 | 15440 | 15514 | 16281 | 15584 |
| Sahaspur | 3860 | 2569 | 3473 | 4743 | 4539 | 4430 | 5886 | 4370 |
| Vikasnagar | 3282 | 2110 | 2474 | 3235 | 3062 | 2910 | 2489 | 1950 |
| Kalsi | 932 | 38 | 415 | 645 | 588 | 584 | 416 | 414 |
| Chakrata | 1183 | 139 | 654 | 876 | 862 | 790 | 815 | 626 |

Source: CMO Office, Dehradun, 2018

Table 25 presents information the immunisation coverage for all blocks in Dehradun district during 2017-18. Raipur block marks the highest number of children got OPV at birth having coverage of 23613 children followed by Sahaspur while lower coverage of OPV at birth reported by Kalsi block having only 38 child against target. Similarly, BCG accounted 25461 children received vaccine in Raipur which is the higher among the blocks. Pentavalent vaccine received by children was decreased across the blocks during 2017-18. Overall, full immunisation of the district was higher in Raipur and lowest coverage in Kalsi blocks in the year 2017-18. For example, full immunisation was 15548 in Raipur block followed by 4509 children immunised in Doiwala. Coverage of measles vaccine was highest in the Raipur block having 16281 and less number shows in Kalsi.

Table 26: Child health infrastructure and their services under neo-natal health

| Neo-natal health facilities | Number | Whether established in the last financial year (Yes / No) |
|----------------------------------|--------|--|
| Total SNCU | 1 | No |
| Total NBSU | 3 | No |
| Total NBCC | 12 | No |
| Total Staff in SNCU | 20 | No |
| Total Staff in NBSU | 12 | No |
| Total NRCs | 0 | No |
| Total Admissions in NRCs | 0 | NA |
| Total Staff in NRCs | 0 | NA |
| Average duration of stay in NRCs | 0 | NA |

Source: CMO Office, Dehradun, 2018

Table 26 shows neo-natal health facility available at the district hospital in Dehradun. Total 1 SNCU, 3 NBSU, 12 NBCC were functioning and 20 staff for SNCU and 12 staff for NBSU available at district hospital.

3.8 Diseases Control Programme

Disease control programme is main objectives to prevent from both communicable and non-communicable disease in the district. To improve health status, Government of India was launched many disease control programme like mental health, tuberculosis programme and diabetes etc. In the table 30 given information only communicable diseases during 2016-18. There was no data available for non-communicable disease.

Table 27: Status of communicable diseases in Dehradun district, 2016-18

| Types of Disease | 2016-17 | | 2017-18 | |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| | No. of cases screened | No. of cases detected | No. of cases screened | No. of cases detected |
| Malaria | 55056 | 770 | 34731 | 369 |
| Dengue | 37700 | 10157 | 15169 | 3271 |
| Typhoid | 67296 | 12735 | 43209 | 10045 |
| Hepatitis A | 980 | 168 | 844 | 207 |
| Hepatitis E | 550 | 274 | 494 | 162 |
| Tuberculosis | 16584 | 2207 | 18670 | 2290 |
| Influenza (H1N1) | 478 | 172 | 169 | 09 |
| Japanese Encephalitis | 73 | 03 | 40 | 00 |

Source: CMO Office, Dehradun, 2018

Table 27 given information about communicable disease cases in Dehradun district during 2016-18. In case of communicable disease, there were 8 diseases like malaria, dengue, typhoid, hepatitis A, E, tuberculosis, influenza and Japanese Encephalitis cases found in the district. Most of the patients were suffered from typhoid and dengue disease in 2016-18.

However, total 12735 patients were suffering from typhoid out of 67296 cases screened in 2017-18 and further declined in year 2017-18.

3.9 AYUSH Programme

AYUSH is the acronym of the medical system that is being practiced in India such as Ayurveda, Yoga, Naturopathy, Unani, Siddha and Homeopathy. The basic approach of all these system on health, disease and treatment are holistic. Yoga has become of the global health icon in many countries to integrating it in their health care delivery system. There is growing need to understand the principles and practices of AYUSH especially due to growing challenges in the medicines in non-commutable disease like life style disorder, long term disease, TB and emergence of new disease today. In 1995, the department of Indian Medicine and Homeopathy was created in the Ministry of Health and Family Welfare. Further, in 2003, this department was renamed as department of AYUSH. In 2009, Government of India has created separate ministry known as Ministry of AYUSH.

Table 28: AYUSH health facility in Dehradun

| Blocks | No. of facilities with AYUSH health centres | No. of AYUSH doctors | No. of patients received treatment |
|------------|---|----------------------|------------------------------------|
| Doiwala | 7 | 7 | - |
| Raipur | 3 | 3 | - |
| Sahaspur | 3 | 3 | - |
| Vikasnagar | 4 | 4 | - |
| Kalsi | 2 | 2 | - |
| Chakrata | 2 | 2 | - |
| Total | 21 | 21 | - |

Source: CMO Office, Dehradun, 2018

Table 28 provide information of availability of AYUSH health facility in Dehradun district. AYUSH health facilities were available in all six blocks in the district and having 21 doctors in health facility. There was no information provided on patients admitted for treatment under the AYUSH facility across the blocks.

3.10 Rashtriya Bal Swasthya Karyakaram (RBSK)

Rashtriya Bal Swasthya Karyakaram (RBSK) programme was launched in 2013 under the National Health Mission which includes provision for child health screening and early intervention services through early detection and provision of 4 Ds that is, Defect at birth, Disease, Deficiencies, Development delays including disability. Child health screening and early detection services will cover nearly 30 common health conditions for early detection

and free treatment and management. The mobile health team were placed in every block screen children from birth to till 6 years at Anganwadi centres twice in a year and screen children who has enrolled in government and aided schools at least once a year. Early Intervention Centres are being operationalised at district hospital for management of cases referred from block.

Table 29: Status of RBSK programme during 2016-18 in Dehradun

| Years | No. of school | No. of children registered | Diagnostic children | No. of children referred | Eye diseases | Ear diseases | Heart disease | Anaemic | PH |
|--------------|---------------|----------------------------|---------------------|--------------------------|--------------|--------------|---------------|---------|----|
| 2017-18 | 1475 | 121513 | 86870 | 1357 | 397 | 401 | 39 | 321 | 25 |
| 2016-17 | 1378 | 120169 | 82991 | 1960 | 427 | 388 | 27 | 228 | 31 |
| Total | 2853 | 241682 | 169861 | 3317 | 824 | 789 | 66 | 549 | 56 |

Source: CMO Office, Dehradun, 2018

Table 29 shows the RBSK programme was running in 1209 school in 2016-17 and increased 1471 school in 2017-18. Total numbers of registered children were 364558 during the 2016-18 in Dehradun district. Under this programme, diseases like eye, ear, heart disease and anaemic were 1546, 344, 108 and 14 detected respectively.

3.11 Community Process

ASHA have emerged as an important resources at the community level, who have been play an imperative role to linked community with the health services especially in the area of maternal and child health. ASHA are now being views as a key member of the primary health care team at the sub-centre level. It was also articulated in the National Health Policy 2017 which suggested that ASHAs in coordination with the Multi-Purpose Workers will play an important role to found out issues of non-communicable diseases.

Table 30: Status of community health in Dehradun district

| Current status of ASHAs | Total No. of ASHAs |
|--|--|
| ASHAs presently working | 1247 |
| Vacant positions | 163 |
| Total number of meetings with ASHA (in a year) | 12 |
| Total number of ASHA resource centre/ASHA Ghar | Nil / 2 |
| Drug Kit replenishment | Yes |
| No. of ASHA trained in last year | Nil |
| Name of trainings received | 1. I to V module, 2. Menstrual hygiene |

Source: CMO Office, Dehradun, 2018

Table 30 provide status of ASHA worker in the Dehradun district. Total 1247 ASHA were working and 167 vacant posts available in the district. ASHA has completed 12 meeting in a year. Only 2 ASHA ghar was available and no replenishment of drug kits on regular basis to ASHA.

3.12 Family Planning

India was the first country in the world to have launched the family planning programme in 1952. Family planning services can help in check the population growth which is mainly due to following three reasons. The first one is being the unmet need of family planning which includes the currently married women who wish to stop the child bearing or wait for next two or more years for the next child birth but not using any method. The second reason is the age at marriage and first child birth. In India 26.8% of the girls get married below the age of 18 years and 7.9% women are teenagers (15-19 year) among the total deliveries in India reported by NFHS 2015-16. The third cause is the spacing between births which reduce the chances of child birth and also help in reducing the impact of population growth if a minimum of 3 years of spacing is managed.

Table 31: Utilisation of family planning method across the blocks

| Blocks | Sterilization | | | IUCD | | Oral pills | Condoms | Emergency contraceptives |
|------------|---------------|------|--------|--------|----------|------------|----------|--------------------------|
| | Target | Male | Female | Target | Achieved | Achieved | Achieved | Achieved |
| Doiwala | 566 | 1 | 212 | 3273 | 1687 | 512 | 1368 | 115 |
| Raipur | 2749 | 23 | 629 | 15903 | 2982 | 1941 | 5307 | 871 |
| Sahaspur | 572 | 8 | 298 | 3310 | 1592 | 863 | 1943 | 517 |
| Vikasnagar | 486 | 5 | 284 | 2812 | 395 | 354 | 1269 | 123 |
| Kalsi | 146 | 0 | 29 | 842 | 58 | 143 | 384 | 27 |
| Chakrata | 183 | 0 | 45 | 1057 | 40 | 197 | 357 | 94 |

Source: CMO Office, Dehradun, 2018

Table 31 shows the utilisation of family planning method used by people across the blocks in Dehradun district. Out of total targeted sterilisation, female having higher sterilisation against male. There were total 34 male used sterilisation methods for family planning. In case of IUCD insertion, total 2982 female used IUCD method in Raipur, which is higher among the blocks against target and Chakrata and Kalsi was reported less numbers of female used this method. Among the family planning method, condoms was most preferred method in the district.

3.13 Rashtriya Kishor Swasthya Karyakram (RKSK)

The Ministry of Health and Family Welfare has launched the scheme in 2014 for adolescents in the age groups of 10-19 years, which would focus on their nutrition, reproductive health, enhance mental health and prevent from injuries and violence. RKSK programme was mainly focused on the specific intervention of theme like Weekly Iron and Folic Acid Supplementation (WIFS), facility based RKSK services (clinics and counselling in AFHC), community based RKSK services (by peer educator and Adolescent Health Day) and menstrual hygiene scheme. Adolescent Health Day (AHD) will be organised in every village once every quarter on a convenience day at AWC or community spaces in the village. Peer education programme is one of the components of the RKSK programme. The peer educator work as a change agent helping in responding to their queries rose within their groups, pertaining to the questions regarding reproductive health, nutrition, communicable diseases, mental health and abuse. Saathiya App is a mobile based app, free to download, which has reference material, frequently asked questions based on the above mentioned theme.

Table 32: Status of RKSK programme in Dehradun, 2017-18

| Blocks | No. of counselling /session held AHD | | No. of adolescents who attended the counselling / session | | | No. of anaemic adolescents | | IFA tablets given AFHCs | No. of RTI / STI cases |
|------------|--------------------------------------|-------|---|-------|-------|----------------------------|-------------|-------------------------|------------------------|
| | AHD | Visit | AHD | Visit | AFHCs | Severe anaemic | Any anaemic | | |
| Raipur | 53 | 93 | 1242 | 2408 | 1475 | 0 | 0 | 0 | No |
| Doiwala | 60 | 192 | 1620 | 8057 | 1934 | 0 | 0 | 11 | 0 |
| Sahaspur | 60 | 0 | 1485 | 0 | 0 | 0 | 0 | 0 | 0 |
| Vikasnagar | 60 | 192 | 1245 | 13620 | 2727 | 0 | 0 | 10 | 0 |
| Kalsi | 60 | 88 | 1139 | 5450 | 1342 | 0 | 0 | 6 | 0 |
| Chakrata | 51 | 0 | 854 | 0 | 0 | 0 | 0 | 0 | 0 |
| DH | 02 | 192 | 260 | 3811 | 2027 | 0 | 0 | 0 | 0 |
| Total | 346 | 757 | 7845 | 33346 | 9505 | 0 | 0 | 27 | 0 |

Source: CMO Office, Dehradun, 2018

Table 32 shows progress of RKSK scheme in the district. Under this programme, total 346 counselling session were held and 7845 children attended this session. Children, who were found with any disease, referred to AFHC in the district hospital. For example, 9505 children were admitted in AFHC at district level for treatment. The RKSK team was visited in selected school and distributed IFA tablets and aware about RTI / STI disease in school.

3.14 Budget Utilisation under National Health Programme

Budget utilisation under NHM is to operationalise an effective and accountable financial management system for budgeting, monitoring and utilisation of funds at central, state, district and block level. Funds are pooled together under a “mission flexi pool” in NHM and provide support of various programmes under it.

Table 33: Pool wise budget summary and utilisation parameters, Dehradun, 2017-18

| S.No. | Pool wise budget head | Budget | Expenditure (As on 31 Dec, 2017) |
|---|--|-------------------------|--|
| PART I | NRHM + RMNCH plus A Flexi pool | 217840508 | 173217244 |
| PART II | NUHM Flexi pool | 20547431 | 19073261 |
| PART III | Flexi pool for disease control programme | 4577225 | 2889928 |
| PART IV | Flexi pool for Non-Communicable Diseases | - | - |
| PART V | Infrastructure Maintenance | - | - |
| Budget Utilisation Parameters, Dehradun | | | |
| S.No. | Scheme/Programme | Funds 2017-18 (in Lakh) | |
| | | Sanctioned | Utilized |
| 13.1 | NRHM + RMNCH plus A Flexi pool | | |
| 13.1.1 | Maternal Health | 57621790 | 35302036 |
| 13.1.2 | Child Health | 3240600 | 1518171 |
| 13.1.3 | Family Planning | 9602000 | 6006042 |
| 13.1.4 | Adolescent Health/RKSK | 2288200 | 1673239 |
| 13.1.6 | Immunization | 7839822 | 20479864 |
| 13.2 | NUHM Flexi pool | | |
| 13.2.1 | Strengthening of Health Services | 20547431 | 19073261 |
| 13.3 | Flexi pool for disease control programme (Communicable Disease) | | |
| 13.3.1 | Integrated Disease Surveillance Programme (IDSP) | 2304992 | 984620 |
| 13.3.2 | National Vector-Borne Disease Control programme | 2272233 | 1905308 |
| 13.4 | Flexi pool for Non-communicable diseases | | |
| 13.4.1 | National Mental Health programme (NMHP) | - | - |
| 13.4.2 | National Programme for the Healthcare of the Elderly | - | - |
| 13.4.3 | National Tobacco Control Programme (NTCP) | - | - |
| 13.4.4 | National Programme for Prevention and Control of Cancer, Diabetes, Cardiovascular Diseases and Stroke (NPCDCS) | 755000 | 191000 |
| 13.5 | Infrastructure | - | - |

Source: CMO Office, Dehradun, 2018

There are four components of mission flexi pool: NHM and RMNCH+A, NUHM flexi pool, disease control programme and infrastructure maintenance. Table 33 indicate the fund utilisation pattern under the National Health Mission in Dehradun. Under budget heads, NHM and RMNCH+A was received Rs. 217840508 and only Rs. 17321724 expenditure done during last year. All budget head shows under utilisation of the money against received

total budgets. Budget of adolescent health / RKSK, Integrated Disease Surveillance Programme (IDSP) found less expenditure against total received budget during the last financial year.

3.15 Health Management Information System (HMIS)

HMIS and MCTS facility has been implemented at all the health facilities. The Mother and Child Tracking System is a beneficiary's related database for MCH services. It was launched in 2009 for improving the maternal health services. The MCTS is designed to capture all pregnant women and newborn children (up to 5 years of age).

Table 34: HMIS / MCTS progress in Dehradun, 2017-18

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

Source: CMO Office, Dehradun, 2018

Table 34 focused on HMIS/MCTS system in the district. HMIS facility is available was not available in all facilities and implemented in the district. Data on delivery services were regularly updated in the system and monthly progress review at the different level by programme managers. In the district, data on severely anaemic women, low birth weight babies and sick neonates was fully operational at the district level. There was no call set up at district level to check the problem of data and service delivery.

4. Facility-Specific Observations

4.1 Doon District Hospital, Dehradun

- Doon District Hospital is easily accessible and connected with road and functioning in the government building and infrastructure of the district hospital is well-furnished.
- Lack of human resources and vacant post of Gynecologist (12), MOs including specialist (173), Paediatrician (5), Surgeon (15), LHV (5), ANM (20) at SCs and Lab technician (8) at the health facilities in Dehradun district.
- ARSH clinic is functioning at the district hospital.
- All the programmes like RBSK and RKSK is efficiently functioning in the district. Some other programme for disease control were also functioning.
- Functional and clean toilet attached with labour room in the hospital and newborn care corner with radiant warmer and neo-natal ambu bag was functioning in the labour room. District hospital has Rogi Sahayta Kendra / functional help desk for patients.
- District hospital outsourced for bio-medical waste (BMW) management and put colour coded bins orderly at different location in hospital and kept as well.
- No training on BeMOC, NSV, FIMNCI, MTP and NSSK was received by any of the medical specialist during the last one year in the district. Only 1 training on Minilap/PPS to medical officer, 5 training on RTI/STI/HIV given to medical officer and lab technician has been conducted in the last year.
- District hospital has National Rehabilitation Centre, which admitted sick newborn children, who come from the different parts of the district. Total 22 radiant warmer are available in which 16 are functioning.
- All the lab services except C. T. scan are functioning at district hospital. Apart from that, all essential drugs available in the hospital excluding only Vitamin A syrup.
- About 79267 patients were visited for OPD service in 2016-17 to increased at 87916 in 2017-18 in the district hospital. Similarly, IPD patients were decreased from 23648 to 23337 during 2016-18.
- District hospital was reported infant death in the year 2016-18. For example, number of infant deaths were decreased from 182 in 2016-17 to 113 in 2017-18.

- Total 104 still birth were figure out during 2017-18 in the district hospital. No neonatal death has found during this period.
- Women, who had given birth increased from 8863 to 9175 in the year 2016-18 at the district hospital. While C-section deliveries was decreased from 2909 in 2016-17 to 2444 in 2017-18, reported in the district hospital.

4.2 Community Health Centre, Raipur

- ❖ The CHC is running in government building and the staff quarters for MOs and SNs are available. Female ward of the CHC is found separate. Toilets are in poor condition and water supply available 24X7 hours.
- ❖ Community health centre, Raipur has an average 150 OPD patients visited per day including ANC check-ups. CHC is running with 10 bedded hospitals. Electricity was available with power backup.
- ❖ Availability of lab test, CHC was conducted all lab tests like Haemoglobin, Urine albumin and Sugar, Blood sugar, RPR, Malaria and T.B but CBC test are not available at the facility. Also, ultrasound facility was not available at CHC.
- ❖ The facility has 11 MBBS doctors including 2 Specialist, 1 Gynaecologist and 1 child specialist. Following the availability of Surgeon, OBG specialist, 3 Staff Nurse, 1 ANM, 1 LTs, 1 Pharmacist, 1LHV, AND 1 RKSK counsellor in the facility has optimal O.T. utilization.
- ❖ Labour room was functioning with two beds and well maintained. Gynaecologist was conducted C-section delivery. About 8-10 C-section deliveries conducted per month and 60-70 normal delivery in a month at the facility. Labour room has new born care corner. All necessary equipment's available in the labour room.
- ❖ There was no facility of Bio-medical waste (BMW), it was collected garbage and pit in to underground.



- ❖ Adolescents Reproductive & Sexual Health (ARSH) clinic was functioning at the facility. RKSK counsellor available in the CHC. Counselling on Family Planning is done by counsellor during the ANC visits and after delivery.
- ❖ All essential drugs and supplies were available except IFA tablet, IFA syrup with dispenser, Mifepristone and Vitamin A syrup and adequate stocked were available for vaccines. In case of lab test, all test were conducted except CBC and Liver function test at CHC Kichha.
- ❖ All record were available and updated and filled in register but maternal death had not reported in the registered. CHC Kichha had received Rs. 2 lakh as untied fund in 2016-17. All the untied fund has been used for maintenance of health facility.

4.3 Community Health centre, Vikasnagar

- ❖ Community Health Centre (CHC), Vikasnagar is functioning in the government building and staff quarters were available for medical officer and other staff inside the facility. Separate wards are available for the male and female.
- ❖ About 4-6 delivery conducted per month and total 1458 deliveries were conducted in the year 2016-17 and increased at 1514 birth during 2017-18.
- ❖ The health facility has separate toilets for male and female but not attached with labour room. There was no sitting arrangement or waiting room for visited patients.
- ❖ CHC, Vikasnagar was functional New Born Stabilization Unit (NBSU) and also provide facility of New Born Care Corner (NBCC) with functional radiant warmer and neo-natal ambu bag.
- ❖ The blood storage unit was not available in the facility, for any emergency, they refer to the Doon district hospital.
- ❖ Human resources are the major problem in this CHC. Posts like Gynecologist, Counsellor, Radiologist was not available at the health facility.
- ❖ In case essential drugs and supplies, only IFA tablets, IFA syrup with dispenser, Vitamin A syrup and Mifepristone were not in the stock during long stretch of time at the facility. Family planning method like; OCP pill, EC pill, IUCD and sanitary napkins were distributed to the women but pregnancy testing kits was out of stock at the facility.
- ❖ Total 11 still birth has been registered in the year 2017-18 but there was no neonatal and infant death reported during 2017-18 in the CHC.

- ❖ The facility outsourced bio medical waste and has color-coded bins inside the premises and orderly kept as well.
- ❖ With regard to the availability of lab services, health facility is conducting the following tests like Haemoglobin, Urine albumin and Sugar, Blood Sugar, Malaria, Serum Bilirubin test, T.B., Malaria, HIV and Others (VDRL). It was observed that CBC and Rapid Plasma Reagin test not available at the CHC, Vikasnagar.
- ❖ Transport facility is also available at the CHC, Vikasnagar. Two for 102 ambulances and one for 108 ambulances is functioning while 102 ambulances was available for only 12 hours, operated by two pilots and 108 ambulance was working 24X7 hours for patients.
- ❖ All record maintenance of registers containing to OPD, IPD, ANC, PNC, labour room and anaemic pregnant women etc. were updated timely at the facility.

4.4 Primary Health Centre, Pachimwala

- ❖ The primary health centre (PHC) Pachimwala was easily accessible with road connectivity and functioning in a government building,
- ❖ Staff quarters are available at PHC, only staff member was residing in this quarter. No doctor was stay in this quarter.
- ❖ Human resource designated at health facility is: 1 MO, 1 Pharmacists and 1 sweeper at the PHC but MO has special duty at CMO office.

- ❖ The facility has an average OPD load of 15-20 patients per day, and only 4 beds are available. Toilets and washrooms are available and clean. Electricity was available with power backup like inverter and water facility was available in 24x7.



- ❖ Haemoglobinometer was not functioning and used others method for estimating of haemoglobin like strip meter. The facility has also B.P instrument and stethoscopes for measurement of blood pressure. Adult weighing machine and needle hub cutter are also available.

- ❖ Essential drugs such as IFA tablets, IFA syrup with dispenser, Vitamin A syrup, and Misoprostol drugs were out of stock. In case of supplies, PHC did not have stock of OCPs pill and sugar testing kits.
- ❖ There was no facility of bio-medical waste (BMW) management, it was collected garbage and pit in to underground. During the visit, no IEC display found at this PHC.
- ❖ In 2016-17, total 2266 OPD patients were registered to visit this facility while the number was decreased at 1778 during 2017-18. No other facility is available at the PHC.
- ❖ Records are maintained for OPD, IPD, Indoor bed head ticket, Drug Stock.

4.5 Primary Health Centre, Nehrugram

- ❖ The facility was functioning under government building and it is found in well condition and staff quarters are available.
- ❖ Human resource shortage is main issue of both PHC. Only 1 ANM, pharmacist, sweeper, and ward boy was available for each at this PHC.
- ❖ Health infrastructure in PHC is in better condition. In this PHC, only 3 beds hospital was available for both male and female ward.
- ❖ General cleanliness of the facility was not good. Toilet was so filthy and not attached with wards. Drinking water facility was good and water available by bore well.
- ❖ Electricity was not available 24x7 hours and no power backup availability at health facilities. Total 13 deliveries conducted in the last month at PHC. Role of ANM and ASHAs are satisfactory to promoting the beneficiaries for institutional delivery. IEC display was not well maintained and also not updated in the facility.
- ❖ Essential equipment and adequate drugs are available at the PHC. Essential drugs like as ORS and Zinc and others were available for patients. Pregnancy testing kit, EC pill, and IUCD also available for the patients.
- ❖ OPD, IPD and others registers were maintained properly by the staff. There was no facility of Bio-medical waste (BMW), it was collected garbage and pit into underground.

4.6 Sub-Centre, Sherpur

- ❖ Physical structure of sub-centre is in good condition. It was functioning in a government building. Sub-centre has 9446 population and a total of 1 ANM and 9 ASHAs are working with SC. Electricity facility was available with power backup like inverter.

- ❖ In this sub centre, labour room were available and condition of labour room is good but toilet was not attached with labour room.
- ❖ Sub-centre has electricity with power back-up and available drinking water 24x7 hours. ANM quarter was available and residing at SC.
- ❖ The sub centre, Sherpur was conducted 18 deliveries in November 2018. ANM conducted immunisation session of every month on 1st and 3rd Wednesday at the centre. Also, visited one outreach village and provide basic health facility in community.
- ❖ Record maintenance for immunization, ANC visit, VHND meeting, eligible couple, list of 0-6 year children under RBSK, etc. done by ANM. IEC materials were not properly display at wall.
- ❖ Essential medicines like IFA tablet, IFA syrup, Vitamin A, PCM were not available at sub-centre from the last one year. Only ORS packets Zinc and Calcium were available at the SC. Some equipment like thermometer, weight machine, blood pressure machine was available in centre.
- ❖ Total numbers of 32 VHNDs were attended 32 in 2016-17 and number decreased at 28 during 2017-18.
- ❖ Biomedical waste management was available on red and black coded bin but it has been dropped in a pit.



4.7 Sub-centre, Sabhawala

- ❖ The sub-centre is functioning in the government building. Sub-centre is working with 1 ANM and 4 ASHAs.
- ❖ Only Zink, ORS packets were available in stock but most of the drugs were not kept at the Sub-centre during the visit.
- ❖ Non-availability of attached toilets with the labour room, which is major problem faced by women who delivered their child.

- ❖ It was observed that no facility for sitting to visited ASHA and beneficiaries at the sub-centre. It is required to stand the tin shaded roof outside the SC.
- ❖ Number of pregnant women who has received IFA tablets, declined from 55 in 2016-17 to 45 in 2017-18, due to non availability of tablets.
- ❖ Total 138 deliveries has been conducted in the year 2016-17 and slightly increased at 144 deliveries in 2017-18 at sub-centre. While 7 home deliveries performed during the same period.
- ❖ First antenatal care has received by total 271 women in 2016-17 and 292 in 2017-18, however, number of women who got the third antenatal care was decreased from 178 to 137 during 2016-18.
- ❖ All the essential IEC material was put up properly on wall. The sub-centre has received total amount of Rs. 8000 as untied fund in the year 2017-18 and all fund utilised.



5. Conclusion & Recommendations

5.1 Conclusion

Programme Implementation Plan (PIP) is a crucial document under NHM through which identifying and quantifying health programme in public health and address the challenges for further improvement. The Population Research Centre (PRC), Delhi initiated this work and monitoring the many states across country to propose the current health situation of the visited health facilities in Sambhal district. Programme Implementation Plan has focused on major key points such as facility based services, interaction with community based workers, utilisation of untied fund, infrastructure, condition of human resources, training of HR, quality in health facility, IEC, budget utilisation, maternal and child health and disease control programme which support to state for the process of planning to smooth health services. The Population Research (PRC), Delhi team has visited Doon District Hospital, Dehradun, Community Health Centre (CHC), Raipur, CHC Vikasnagar, Primary Health Centre (PHC) Pachimwala, PHC Sabhawala, Sub-centre Sherpur, and Sub-centre Sabhawala.

Dehradun district has total 7 blocks, 655 villages, 2 district hospital, 4 sub-district hospital, 3 FRUs hospital, 7 CHCs, 18 PHCs, 168 sub-centres, 1 DEIC and 56 delivery points. All the health facilities are functioning in the Government building except 19 sub-centres run under the rented buildings. For transport facility, district have 16 (108 ambulance), 16 referral transport are providing facility to the patients. Deficit of human resources especially of medical specialist was observed in the hospital. Total 20 posts were vacant of ANM at different sub-centres in the Dehradun district.

Out of total targeted sterilisation, male has reported very less number of sterilisation cases than female. Condoms have most preferred method by the people. Overall, 22 maternal deaths were reported by district hospital, in which, 16 deaths taken place at hospital and 3 deaths each in home and during the transportation. The major causes of maternal death was Haemorrhage, complication, Sepsis and Hypertension. However, 14 post delivery deaths were found in the district during the last year. RBSK and RKSK programme is functioning in the district. The district has 1 SNCU, 3 NBSU and 12 NBCC functioning to prevent child health from under nutrition and severe anaemia. Family planning budget has under utilisation against the sanctioned budget. Currently, 1247 ASHA are working in the district and total 163 posts are vacant in the district.

5.2 Recommendations

- There is urgent need to strengthen the health infrastructure and fill up the vacant post of medical staffs especially for Surgeon and paediatrician, LHV, ANM at SCs and Lab technician to tackle problem related to the delivery care and C-section complications smoothly in the district specially, at the CHC level.
- Bio-medical waste facility available at district hospital and CHCs level, outsourced through private company. To expand this facility at PHC level to prevent from infections which is generated from waste disposed in the premise of health facility.
- In order to ensure good quality of data and proper reporting into HMIS portal, it must be resolved the data entry operator post at community health centre. Shortage of essential drugs was observed at the visited CHC and sub-centres level, it should be ensure the supply match with demand as per requirement of health facility.
- At the CHCs and PHCs level, there is pit system to manage the bio-medical waste management. It should ensure to proper BMW facility by outsourced in both health facilities across the blocks in the district.
- It should be ensure the up gradation of equipment like manual X-ray machine replace with digital X-ray machine at CHC and PHC level in the district.
- To cover outreach population in Dehradun district, it is important to provide vehicles to frontline workers like ANM at PHC level to ensure that they are able to reach uncovered areas frequently in less time and provide basic health facilities to women and child.
- Replenishment of regular drugs kit is a major issue across the visited blocks in Uttarakhand district. There is need to scale up to this challenge and make ensure timely and regular refill of the drug kit.
- It is urgent need to make provision to provide staying arrangement to ASHA, when they accompanying with pregnant women for delivery at health facility (CHCs, PHCs and SCs) and staying overnight with women. It will build strong correlation between ASHA with community in the villages.

ANNEXURE-1**List of Key Contact Person, Dehradun district**

| S.N. | Key Contact Person | Designation | Health Facility |
|-------------|---------------------------|---------------------------|------------------------|
| 1 | Smt. Minakshi Methani | JSY Accountant | District Hospital |
| 2 | Mr. Praval Dixit | Data Entry Operator | District Hospital |
| 3 | Smt. Rajni Bhatia | Family Planning, Staff | District Hospital |
| 4 | Smt. Puspa Upreti | Family Planning, Staff | District Hospital |
| 5 | Mr. Vijendra Negi | SIT Counsellor | District Hospital |
| 6 | Mr. Ramesh Singh Rawat | Lab technician | District Hospital |
| 7 | Smt. Nidhi Kalra | RKSK Counsellor | District Hospital |
| 8 | Mr. Bharat Negi | RKSK Counsellor | District Hospital |
| 9 | Dr. D. C. Dhyani | Blood Bank | District Hospital |
| 10 | Dr. Sanjeev | SNCU | District Hospital |
| 11 | Smt. Tanuja | Sister, SNCU | District Hospital |
| 12 | Smt. Usha, Salma, Bhavna | Sister, SNCU | District Hospital |
| 13 | Dr. Anand Shukla | MOIC | CHC, Raipur |
| 14 | Smt. Manisha | Lab technician, Pathology | CHC, Raipur |
| 15 | Dr. Priyanka Singh | Dentist | CHC, Vikasnagar |
| 16 | Mr. Deepak Rana | Pharmacist | CHC, Vikasnagar |
| 17 | Smt. Rekha Kukreji | ICTC Counsellor | CHC, Vikasnagar |
| 18 | Dr. Vineeta Chandra | MOCH | PHC, Nehrugram |
| 19 | Dr. Prateek Thapa | Physician | PHC, Nehrugram |
| 20 | Dr. Garima Kothiyar | AYUSH | PHC, Nehrugram |
| 21 | Mr. Sandip Senwal | Pharmacist | PHC, Nehrugram |
| 22 | Dr. Ali Haran | MOIC | PHC, Sabhawala |
| 23 | Mr. Vikram Singh Pawan | Pharmacist | PHC, Sabhawala |
| 24 | Mr. Naresh Rana | Ward Boy | PHC, Sabhawala |
| 25 | Smt. Neelam Chauhan | ANM | Sub-centre, Sherpur |
| 26 | Smt. Kaushal Devi | ASHA Facilitator | Sub-centre, Sherpur |
| 27 | Smt. Santosh Gupta | ASHA | Sub-centre, Sherpur |
| 28 | Devendra Devi | ANM | SC Sabhawala |

ANNEXURE-2



**NATIONAL HEALTH MISSION
MONITORING OF DISTRICT PIP**

POPULATION RESEARCH CENTRE, INSTITUTE OF ECONOMIC GROWTH, DELHI

EVALUATION OF KEY INDICATORS OF THE DISTRICT

Section 1 Details of demographic & health indicators for the last financial year

| | |
|---|--|
| No. of Blocks | |
| No. of Village | |
| Population (Census 2011) | |
| Literacy Rate | |
| Sex Ratio | |
| Child Sex Ratio | |
| Density of Population | |
| Health Indicators | |
| 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 check-ups within 48 hours | |

Section-2: Detail of health infrastructure's in the last financial year

| Health Facility | Number available | Govt. Building | Rented building/ Under |
|------------------------------------|-------------------------|-----------------------|-------------------------------|
| District hospital | | | |
| Sub-District hospital | | | |
| First Referral Units (FRUs) | | | |
| CHC | | | |
| PHC | | | |
| Sub centre | | | |
| Mother & Child Care Centres | | | |
| Adolescent friendly Health Clinic | | | |
| Medical College | | | |
| Skill Labs | | | |
| District Early Intervention Centre | | | |
| Delivery Points | | | |
| Transport Facility | Number available | Number | Remarks |
| 108 Ambulances | | | |
| CATS | | | |
| 102 Ambulance | | | |
| Referral Transport | | | |
| Mobile Medical Units | | | |

Section 3: Human Resource as on 31 March, 2018

| Position Name | Sanctioned | Filled | Vacant |
|----------------------------|-------------------|---------------|---------------|
| MO's including specialists | | | |
| Gynaecologists | | | |
| Paediatrician | | | |
| Surgeon | | | |
| Nutritionist | | | |
| Dental 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 | | | |
| Data Entry Operators | | | |
| Any other, please specify | | | |

Section 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 Nurse | | | | | | |
| ANM | | | | | | |
| LHV/PHN | | | | | | |

Note- Fill number of officials who have received training

| Section 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 | | | | | |

Note- Fill number of officials who have received training

4.3. Whether received any letter from the district/state informing about the trainings, if yes then for which trainings?

.....

 ...

| Section 5.1. Block wise service delivery indicators in the last financial year | | | | |
|---|----------------|--------|-----------------|--------------------------|
| Block | ANC Registered | 3 ANCs | Home Deliveries | Institutional Deliveries |
| | | | | |
| | | | | |
| | | | | |

| Section 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 |
| | | |
| | | |
| | | |
| | | |
| | | |

Section 5.3. Block wise service delivery indicator in the last financial year

| Block | TT1 | TT2 | Home Deliveries | | Live Birth | Still Birth | Total Births |
|-------|-----|-----|-----------------|---------|------------|-------------|--------------|
| | | | SBA assisted | Non-SBA | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

Note- Please include the data for Medical College and DH

Section 5.4. Status of JSY Payments in district in the last financial year

| Status of payments for (in per cent) | | | Record maintenance | | |
|--------------------------------------|-----------------|-----------------------------|--------------------|---------|-------------|
| Institutional deliveries | Home Deliveries | Deliveries brought by ASHAs | Available | Updated | Non updated |
| | | | | | |
| | | | | | |
| | | | | | |

Section 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 |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

Section 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) (Haemorrhage, Obstetric Complications, Sepsis, Hypertension, Abortion, Others) | Month Of pregnancy | | |
|-----------------------|-----------------|------|---------|--|--------------------|-----------------|---------------|
| | Hospital | Home | Transit | | During pregnancy | During Delivery | Post Delivery |
| | | | | | | | |

| Section 6.1. Child Health: Block wise Analysis of immunization in the last financial year | | | | | | | | | | | |
|--|--------|--------------|------|-----|---|---|-------------|---|---|---------|-------------------|
| Block | Target | OPV at birth | BC G | DPT | | | Pentavalent | | | Measles | Full Immunization |
| | | | | 1 | 2 | 3 | 1 | 2 | 3 | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
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| Section 6.2. Child Health: Details of infrastructure & Services under Neonatal Health, in the last financial year | | |
|--|---------|---|
| Services | 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 | | |

| Section 6.3. Neonatal Health: (SNCU, NRCs & CDR) in the last financial year | | | | | | | | | |
|--|-------------------|----------|-------|-------|------------------------------------|-------------------|----------|-------|-------|
| Total neonates admitted in to SNCU | Treatment Outcome | | | | Total neonates admitted in to NBSU | Treatment Outcome | | | |
| | Discharge | Referred | Death | LAMA* | | Discharge | Referred | Death | LAMA* |
| | | | | | | | | | |
| | | | | | | | | | |
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Note- * Leave against medical advise

| Section 6.4. Neonatal Health: (SNCU, NRCs & CDR) in the last financial year | | | | |
|--|----------------|------|---------|--|
| Total Death | Place of Death | | | Major Reasons for death (% of deaths due to reasons given below) |
| | Hospital | Home | Transit | |
| | | | | (Prematurity, Birth Asphyxia, Diarrhea, Sepsis, Pneumonia, Others) |

Section 6.5. Rashtriya Bal Swasthya Karyakram (RBSK), Progress Report in the last two financial years

| Years | No. of Schools | No. of children registered | Children Diagnosed | No. of Children referred | Eye Diseases | Ear Diseases | Heart diseases | Physical challenge | Anemic |
|---------|----------------|----------------------------|--------------------|--------------------------|--------------|--------------|----------------|--------------------|--------|
| 2017-18 | | | | | | | | | |
| 2016-17 | | | | | | | | | |

Section 7. Family Planning achievement in District in the last financial year

| Block | Sterilization | | | IUCD insertions | | Oral Pills | | Emergency Contraceptives | | Condoms | | Injectable Contraceptives |
|-------|---------------|----|----|-----------------|------|------------|------|--------------------------|------|---------|------|---------------------------|
| | *T | *M | *F | *T | *Ach | *T | *Ach | *T | *Ach | *T | *Ach | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |

Section 8. RKSK Progress in District in the last financial year

| Block | No. of Counselling session held conducted | No. of Adolescents who attended the Counselling sessions | No of Anemic Adolescents | | IFA tablets given | No. of RTI/STI cases |
|-------|---|--|--------------------------|-------------|-------------------|----------------------|
| | | | Severe Anaemia | Any Anaemic | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

Section 9. Quality in health care services

| Bio-Medical Waste Management | DH | CHC | PHC |
|--|----|-----|-----|
| No of facilities having bio-medical pits | | | |
| No. of facilities having colour 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 | | | |

| Section 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 centres/ ASHA Ghar | |
| Drug kit replenishment | |
| No. of ASHAs trained in last year | |
| ASHA's Trained in Digital Literacy | |
| Name of trainings received | 1) 2) 3) |

| Section 10.1. Disease control programme progress District (Non-Communicable Diseases) | | | | |
|--|-----------------------|-----------------------|-----------------------|-----------------------|
| Name of the Programme/ Disease | 2016-17 | | 2017-18 | |
| | No. of cases screened | No. of detected cases | No. of cases screened | No. of detected cases |
| Blindness | | | | |
| Mental Health | | | | |
| Diabetes | | | | |
| Hypertension | | | | |
| Osteoporosis | | | | |
| Heart Disease | | | | |
| Obesity | | | | |
| Cancer | | | | |
| Fluorosis | | | | |
| Chronic Lung Disease | | | | |
| Others, if any | | | | |

| Section 10.2. Disease control programme progress District (Communicable Diseases) | | | | |
|--|-----------------------|-----------------------|-----------------------|-----------------------|
| Name of the Programme/ Disease | 2016-17 | | 2017-18 | |
| | No. of cases screened | No. of detected cases | No. of cases screened | No. of detected cases |
| Malaria | | | | |
| Dengue | | | | |
| Typhoid | | | | |
| Hepatitis A/B/C/D/E | | | | |
| Influenza | | | | |
| Tuberculosis | | | | |
| Filariasis | | | | |
| Japanese encephalitis | | | | |
| Others, if any | | | | |

| Section 11. AYUSH progress District in the last financial year | | | |
|---|--|-----------------------------|---|
| Block | No. of facilities with AYUSH health centres | No. of AYUSH Doctors | No. of patients received treatment |
| | | | |
| | | | |
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Section 12.1 Pool Wise Heads Summary

| S.No. | Budget Head | Budget | Expenditure (As on 31 Dec, 2017) |
|--------------|--|--------------------------------|---|
| PART I | NRHM + RMNCH+A Flexi pool | | |
| PART II | NUHM Flexi pool | | |
| PART III | Flexi pool for disease control programme | | |
| PART IV | Flexi pool for Non-Communicable Diseases | | |
| PART V | Infrastructure Maintenance | | |
| S.No. | Scheme/Programme | Funds 2017-18 (in Lakh) | |
| | | Sanctioned | Utilized |
| 13.1 | NRHM + RMNCH plus A Flexi pool | | |
| 13.1.1 | Maternal Health | | |
| 13.1.2 | Child Health | | |
| 13.1.3 | Family Planning | | |
| 13.1.4 | Adolescent Health/RKSK | | |
| 13.1.6 | Immunization | | |
| 13.2 | NUHM Flexi pool | | |
| 13.2.1 | Strengthening of Health Services | | |
| 13.3 | Flexi pool for Communicable Disease | | |
| 13.3.1 | Integrated Disease Surveillance Programme (IDSP) | | |
| 13.3.2 | National Vector-Borne Disease Control programme | | |
| 13.4 | Flexi pool for Non-Communicable Diseases | | |
| 13.4.1 | National Mental Health programme (NMHP) | | |
| 13.4.2 | National Programme for the Healthcare of the Elderly | | |
| 13.4.3 | National Tobacco Control Programme (NTCP) | | |
| 13.4.4 | National Programme for Prevention and Control of Cancer, Diabetes, Cardiovascular Diseases and Stroke (NPCDCS) | | |
| 13.5 | Infrastructure | | |
| 13.5.1 | Infrastructure | | |
| 13.5.2 | Maintenance | | |
| 13.5.3 | Basic training for ANM/LHVs | | |

| Section 13. HMIS/MCTS progress District in the last financial year | | |
|---|--|----------------|
| HMIS/MCTS progress, Sambhal district, 2017-18 | | |
| HMIS/MCTS | | Remarks |
| Is HMIS implemented at all the facilities | Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| Is MCTS implemented at all the facilities | Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| Is HMIS data analysed and discussed with concerned staff at state and district levels for necessary corrective action to be taken in future? | Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| Do programme managers at all levels use HMIS data for monthly reviews? | Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| 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 <input type="checkbox"/> No <input type="checkbox"/> | |
| Is the service delivery data uploaded regularly | Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| Is the MCTS call centre set up at the District level to check the veracity of data and service delivery? | Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| Is HMIS data analyzed and discussed with concerned staff at state and district levels for necessary corrective action to be taken in future? | Yes <input type="checkbox"/> No <input type="checkbox"/> | |

ANNEXURE-3**District Hospital 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 24x7 water supply | Y | N | |
| 1.1 | 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 | |
| 1.2 | 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 | |
| 1.24 | Availability of mechanisms for Biomedical waste management (BMW)at facility | Y | N | |
| 1.25 | BMW outsourced | Y | N | |
| 1.26 | Availability of ICTC/ PPTCT Centre | Y | N | |
| 1.27 | Rogi Sahayta Kendra/ Functional Help Desk | Y | N | |

| Section II: Human Resource as on March 31, 2018 | | | | |
|--|---------------------|-------------------|--------------------|-----------------------|
| S. no | Category | Sanctioned | In-position | 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 | | | |
| 2.1 | Pharmacist | | | |
| 2.11 | LHV | | | |
| 2.12 | Radiographer | | | |
| 2.13 | RMNCHA+ counsellors | | | |
| 2.14 | Nutritionist | | | |
| 2.15 | Dental Surgeon | | | |
| 2.16 | Others | | | |

| Section III: Training Status of HR in the last financial year: | | | |
|---|-----------------------------|-------------------|-----------------------|
| S. Number | 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 | Laprosopy-Sterilisations | | |
| 3.11 | IUCD | | |
| 3.12 | PPIUCD | | |
| 3.13 | Blood storage | | |
| 3.14 | IMEP | | |
| 3.15 | Immunization and cold chain | | |
| 3.16 | 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 | Functional Foetal Doppler/CTG | Y | N | |
| 4.1 | 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 | |
| 4.2 | Functional O.T Lights, ceiling | Y | N | |
| 4.21 | Functional O.T lights, mobile | Y | N | |
| 4.22 | Functional Anaesthesia 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 | | | |
| 4.2a | Functional Hemoglobinometer | | | |
| 4.3a | Functional Centrifuge | | | |
| 4.4a | Functional Semi autoanalyzer | | | |
| 4.5a | Reagents and Testing Kits | | | |
| 4.6a | Functional Ultrasound Scanners | | | |
| 4.7a | Functional C.T Scanner | | | |
| 4.8a | Functional X-ray units | | | |
| 4.9a | Functional ECG machines | | | |

| Section V: Essential Drugs and Supplies | | | | |
|--|--|------------|-----------|----------------|
| S. N. | 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 | |
| 5.1 | 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 <i>available</i> | Y | N | |
| Supplies | | Y | N | |
| 5.16 | Pregnancy testing kits | Y | N | |
| 5.17 | Urine albumin and sugar testing kit | Y | N | |
| 5.18 | OCPs | Y | N | |
| 5.19 | EC pills | Y | N | |
| 5.20 | IUCDs | Y | N | |
| 5.21 | Sanitary napkins | Y | N | |
| Essential Consumable | | | | |
| 5.22 | Gloves, Mckintosh, Pads, bandages, and gauze etc. | Y | N | |

| Section VI: Other Services | | | | |
|-----------------------------------|---|------------|-----------|----------------|
| S.n. | 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 | |
| 6.1 | Ultrasound scan (Ob.) | Y | N | |
| 6.11 | Ultrasound Scan (General) | Y | N | |
| 6.12 | X-ray | Y | N | |
| 6.13 | ECG | Y | N | |
| 6.14 | Endoscopy | Y | N | |
| 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 | 2016-17 | 2017-18 |
| 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 Malnutrition) | | |
| 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 | | | | |
|---|--------------------------|-----------------|-----------------|-----------------|
| S.No | Funds | Proposed | Received | Utilised |
| 7a.1 | Untied funds expenditure | | | |
| 7a.2 | Annual maintenance grant | | | |

| 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 | | | | |
|--|---|------------|-----------|----------------|
| 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 | | | | |
| 9.1 | 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 | |
| 10.1 | Other related IEC material | Y | N | |

| Section XI: Additional/Support Services | | | | |
|--|--|------------|-----------|----------------|
| S.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?

.....

ANNEXURE-4**PHC/CHC (NON FRU) level Monitoring Checklist**

| | | |
|---|---|------------------------------------|
| Name of District: _____ | Name of Block: _____ | Name of PHC / CHC: _____ |
| 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 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 24x7 water supply | Y | N | |
| 1.1 | 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 as on March 31, 2018 | | | | |
|--|------------|------------|-------------|----------------|
| S. no | Category | Sanctioned | In position | 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 | | |
| 3.1 | 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 | |
| 4.1 | 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 <i>available</i> | Y | N | |
| Supplies | | | | |
| 5.16 | Pregnancy testing kits | Y | N | |
| 5.17 | Urine albumin and sugar testing kit | Y | N | |
| 5.18 | OCPs | Y | N | |
| 5.19 | EC pills | Y | N | |
| 5.20 | IUCDs | Y | N | |
| 5.21 | Sanitary napkins | Y | N | |
| Essential Consumables | | | | |
| 5.22 | 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 | |
| 6.1 | Others | Y | N | |

Section VII: Service Delivery in last two years

| S.No | Service Utilization Parameter | 2016-17 | 2017-18 |
|------|---|---------|---------|
| 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 | | |
| 7.1 | 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 postnatal 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 | | | | |
|--|---|------------|-----------|----------------|
| S.No | Essential Skill Set | Yes | No | Remarks |
| 8.1 | Manage high risk pregnancy | Y | N | |
| 8.2 | Provide essential new-born 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 | | | | |
| 9.1 | 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. 50,000/25,000-Check % expenditure) | | | |
| 10.2 | Annual maintenance grant (Rs. 1,00,000/50,000-Check % expenditure) | | | |

| 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 repair mechanism | Y | N | |
| 12.6 | Grievance redressal mechanisms | Y | N | |
| 12.7 | Tally Implemented | Y | N | |

ANNEXURE-5

FRU level Monitoring Checklist

| | | |
|---|---|---------------------------|
| Name of District: _____ | Name of Block: _____ | Name of FRU: _____ |
| 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 24x7 water supply | Y | N | |
| 1.1 | 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 New-born 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 | |
| 1.2 | 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 (BMW)at facility | Y | N | |
| 1.23a | BMW outsourced | Y | N | |
| 1.24 | Availability of ICTC Centre | Y | N | |

Section II: Human resource as on March 31, 2018

| S.No. | Category | Sanctioned | In-Position | 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 | | | |
| 2.1 | Pharmacist | | | |
| 2.11 | LHV | | | |
| 2.12 | Radiographer | | | |
| 2.13 | RMNCHA+ counsellors | | | |
| 2.14 | Others | | | |

Section III: Training Status of HR

| 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 | | | |
| 3.1 | 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 Needle Cutter | Y | N | |
| 4.5 | Functional Radiant Warmer | Y | N | |
| 4.6 | Functional Suction apparatus | Y | N | |
| 4.7 | Functional Facility for Oxygen Administration | Y | N | |
| 4.8 | Functional Autoclave | Y | N | |
| 4.9 | Functional ILR and Deep Freezer | Y | N | |
| 4.10 | Emergency Tray with emergency injections | Y | N | |
| 4.11 | MVA/ EVA Equipment | Y | N | |
| 4.12 | Functional phototherapy unit | Y | N | |
| Laboratory Equipment | | Y | N | |
| 4.1a | Functional Microscope | Y | N | |
| 4.2a | Functional Hemoglobinometer | Yes | No | Remarks |
| 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 | |
| 5.1 | 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. | Y | N | |

| | | | | |
|-------------|--|------------|-----------|----------------|
| | PCM, metronidazole, anti-allergic drugs etc. | | | |
| 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 | |
| 5.2 | 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, Pads, bandages, and gauze etc. | Y | N | |

| Section VI: Other Services | | | | |
|-----------------------------------|---|------------|-----------|----------------|
| S.N | 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 | |
| 6.1 | 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 | 2016-17 | 2017-18 |
| 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 | | |
| 7.1 | 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, | | |
| 7.2 | 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 hour 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

| S.No | Essential Skill Set | Yes | No | Remarks |
|------|--|-----|----|---------|
| 8.1 | Manage high risk pregnancy | Y | N | |
| 8.2 | Provide essential new-born 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 | | | | |
| 9.1 | 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 | |
| 11.1 | Other related IEC material | Y | N | |

ANNEXURE-6**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 | Sub centre 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 24x7 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 as on March 31, 2018

| S.No | Human resource | Numbers | Trainings received | Remarks |
|------|---------------------|---------|--------------------|---------|
| 2.1 | ANM | | | |
| 2.2 | 2 nd ANM | | | |
| 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 | |

| | | | | |
|-----|---|---|---|--|
| 4.1 | 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 | |
| 5.3 | 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 | 2016-17 | 2017-18 |
|------|--|---------|---------|
| 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 | | |
| 6.1 | 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 Available |
|--------|--|-----------------------|------------------------------|---------------|
| 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) | | | |
| 7.1 | 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

| Sl.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.

.....
.....