

NATIONAL HEALTH MISSION



**MONITORING OF IMPORTANT COMPONENTS OF NHM PROGRAMME
IMPLEMENTATION PLAN IN *EAST DISTRICT*, DELHI**

SUBMITTED TO



**MINISTRY OF HEALTH AND FAMILY WELFARE
GOVERNMENT OF INDIA**

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TABLE OF CONTENTS

NATIONAL HEALTH MISSION	1
TABLE OF CONTENTS	1
LIST OF TABLES	3
LIST OF FIGURES	4
ACKNOWLEDGEMENT	5
ACRONYMS AND ABBREVIATIONS	6
EXECUTIVE SUMMARY	7
<i>Strengths.....</i>	<i>7</i>
<i>Weaknesses</i>	<i>8</i>
1. INTRODUCTION.....	9
1.1. BACKGROUND	9
1.2. STUDY APPROACH	10
1.3. SOCIOECONOMIC AND DEMOGRAPHIC PROFILE: EAST DISTRICT, DELHI	10
1.4. FACILITY WISE OBSERVATION.....	13
<i>DISTRICT Hospital.....</i>	<i>13</i>
<i>Maternity Home Khichripur</i>	<i>16</i>
<i>Delhi Government Dispensary IP Extension</i>	<i>19</i>
<i>Delhi Government Dispensary, New LAHORE SHASTRI NAGAR</i>	<i>21</i>
<i>Delhi government Dispensary, geeta colony.....</i>	<i>22</i>
2. HUMAN RESOURCE & HEALTH INFRASTRUCTURE	24
2.1. HUMAN RESOURCE.....	24
2.2. TRAINING STATUS OF HUMAN RESOURCE	25
2.3. HEALTH INFRASTRUCTURE	25
3. MATERNAL HEALTH.....	26
3.1. MATERNAL HEALTH	27
3.2. JANANI SURAKSHA YOJANA	28
3.3. JANANI SHISHU SURAKSHA KARYAKRAM	29
3.4. MATERNAL DEATH REVIEW	29
4. CHILD HEALTH.....	30
4.1. CHILD HEALTH.....	30
4.2. SICK NEWBORN CARE UNIT	31
4.3. IMMUNIZATION.....	31
4.4. RASTRIYA BAL SURAKSHA KARYAKARAM	32
5. FAMILY PLANNING	32
5.1. FAMILY PLANNING.....	32
6. ADOLESCENCE REPRODUCTIVE AND SEXUAL HEALTH.....	33
7. AYURVEDA, YOGA AND NATUROPATHY, UNANI, SIDDHA AND HOMOEOPATHY (AYUSH).....	33
8. QUALITY IN HEALTH SERVICES.....	34

8.1. INFECTION CONTROL.....	34
8.2. BIO MEDICAL WASTE MANAGEMENT	34
8.3. INFORMATION, EDUCATION AND COMMUNICATION(IEC)	35
9. REFERRAL TRANSPORT	35
10. COMMUNITY PROCESS	35
11. DISEASE CONTROL PROGRAMME	36
12. GOOD INNOVATION AND PRACTICE	37
13. HMIS	37
14. CONCLUSION AND RECOMMENDATIONS.....	38
14.1. CONCLUSION	38
14.2. RECOMMENDATIONS	39
15. ANNEXURE 1	I
15.1. DISTRICT LEVEL MONITORING CHECKLIST.....	I
15.2. DISTRICT HOSPITAL MONITORING CHECKLIST.....	IX
15.3. CHC/PHC LEVEL MONITORING CHECKLIST	XVII
15.4. SC LEVEL MONITORING CHECKLIST	XXIV

LIST OF TABLES

TABLE 1: FACILITIES VISITED BY DELHI PRC FOR MONITORING & EVALUATION	10
TABLE 2: KEY DEMOGRAPHIC INDICATORS: ALL INDIA, DELHI AND EAST DELHI (SOURCE: CENSUS 2011)	11
TABLE 3: SERVICE DELIVERY AT LBSH, DH, EAST DELHI, 2015-16 & 2016-17	15
TABLE 4: SERVICE DELIVERY AT MH, EAST DELHI, 2015-16 & 2016-17.....	18
TABLE 5: SERVICE DELIVERY AT DGD, IP EXTENSION, EAST DELHI, 2016-17.....	20
TABLE 6: SERVICE DELIVERY AT DGD NEW LAHORE SHASTRI NAGAR, EAST DELHI 2015-16 & 2016-17	22
TABLE 7: SERVICE DELIVERY AT DGD GEETA COLONY, EAST DELHI, 2015-16 & 2016-17	23
TABLE 8: HUMAN RESOURCE 2016-17 EAST DISTRICT, DELHI	24
TABLE 9: TRAINING STATUS OF HUMAN RESOURCE 2016-17.....	25
TABLE 10: DETAILS OF HEALTH INFRASTRUCTURES 2016-17: EAST DELHI, DELHI	26
TABLE 11: SERVICE DELIVERY INDICATORS (MATERNAL HEALTH) 2015-16 & 2016-17	27
TABLE 12: OTHER KEY MATERNAL AND CHILD HEALTH INDICATORS: EAST, DELHI.....	28
TABLE 13: STATUS OF JSY PAYMENTS IN DISTRICT 2016-17.....	28
TABLE 14: JSSK PROGRESS IN DISTRICT 2016-17	29
TABLE 15: MATERNAL DEATH REVIEW, 2016-17, EAST DISTRICT, DELHI.....	30
TABLE 16: CHILD HEALTH: ANALYSIS OF IMMUNIZATION, EAST DELHI 2016-17	31
TABLE 17: FAMILY PLANNING ACHIEVEMENT, EAST DELHI DISTRICT, 2016-17.....	33
TABLE 18: AYUSH PROGRESS DISTRICT 2016-17	33
TABLE 19: QUALITY OF HEALTH CARE SERVICES.....	34
TABLE 20: COMMUNITY PROCESS IN DISTRICT 2016-17.....	36
TABLE 21: DISEASE CONTROL PROGRAMME PROGRESS DISTRICT 2016-17	37

LIST OF FIGURES

FIGURE 1: EAST DISTRICT, DELHI12

FIGURE 2: DISTRICT HOSPITAL.....13

FIGURE 3: HEALTH INFRASTRUCTURE, DISTRICT HOSPITAL14

FIGURE 4: MATERNITY HOME KHICHRIPUR.....17

FIGURE 5: HEALTH INFRASTRUCTURE AT MATERNITY HOME17

FIGURE 6: HEALTH INFRASTRUCTURE, DGD IP EXTENSION20

FIGURE 7: HEALTH INFRASTRUCTURE, DGD, NEW LAHORE SHASTRI NAGAR, EAST DELHI21

FIGURE 8: HEALTH INFRASTRUCTURE, DGD, GEETA COLONY, EAST DELHI.....23

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ACRONYMS AND ABBREVIATIONS

AMG	Annual Maintenance Grant
ANM	Auxiliary Nurse Midwife
AYUSH	Ayurveda, Yoga & Naturopathy, Unani, Siddha and Homoeopathy
BEMOC	Basic Emergency Obstetric Care
BMW	Biomedical waste
BPM	Block Programme Manager
BSU	Blood Storage Unit
CMO	Chief Medical Officer
DH	District Hospital
DPM	District Programme Manager
ECG	Electrocardiography
EMOC	Emergency Obstetric Care
FRU	First Referral Unit
HMIS	Health Management Information System
IEC	Information, Education and Communication
IPD	In Patient Department
IUCD	Intra Uterine Contraceptive Device
IYCF	Infant and Young Child Feeding
JSSK	Janani Shishu Suraksha Karyakram
JSY	Janani Suraksha Yojana
LHV	Lady Health Visitor
LSAS	Life Saving Anaesthetic Skill
LT	Laboratory Technician
MCTS	Mother and Child Tracking System
MMU	Mobile Medical Unit
MO	Medical Officer
MoHFW	Ministry of Health and Family Welfare
NBCC	New Born Care Corner
NBSU	New Born Stabilization Unit
OCP	Oral Contraceptive Pill
OPD	Out Patient Department
OPV	Oral Polio Vaccines
PIP	Programme Implementation Plan
PRC	Population Research Centre
SBA	Skilled Birth Attendant
SN	Staff Nurse
SNCU	Special New Born Care Unit

EXECUTIVE SUMMARY

STRENGTHS AND WEAKNESSES

This Report focuses on the monitoring of essential components of NHM in East District of NCT of Delhi (2017). This report has been prepared by Population Research Centre, Delhi, based on the observation made during the Monitoring and Evaluation of the key components of NHM. This report analyses and highlights the progress of NHM in the district.

The major strengths and weaknesses of the district are as below:

STRENGTHS

- Mohalla clinics have played an important role in providing basic health facilities in interior areas of the district where no health facilities were available.
- Immunization coverage of the district is quite convincing. Some of the facilities are actively participating in outreach activities due to which immunization coverage is good.
- The district has shown a great jump in use of contraceptives, especially IUCD and PPIUCD, for family planning. This shows the dedication of the staff and increasing awareness among the people for family planning measures.
- Though there are no trained counsellors, but the MOI/Cs, ANMs and other doctors are conducting counselling sessions for adolescents and patients with RTI/STI problems.
- LBSH, District Hospital has a 'One Stop Centre' for all women who have been victims of violence such as, sexual abuse or rape.
- Management of biomedical waste is functioning well in the district. The facilities maintain different colored bins to segregate the waste before disposing them off.
- The HMIS data is maintained well in the district. Each facility has a format in which data is entered in excel files by CDOs and is reviewed before entering the final data in the portal.

WEAKNESSES

- Some of the mohalla clinics are operating in a very close proximity of other health facilities. This is leading to resource wastage.
- ANMs have been withdrawn from quite a few DGDs and have been shifted to Mohalla clinics. Shortage of ANM hampers the smooth functioning of the DGD and over burdens the ANMs. Other NHM staffs like the DPM, HMIS expert and even the Nodal officer are also involved in Mohalla clinic's work.
- The biggest weakness of the district is manpower shortage. ANMs, CDOs and doctors are lesser in number that required which leads to decline in efficiency of the currently employed staff.
- Salaries of the staff are not at par with staffs employed by the state or the MCD. This discourages people from joining the health sector through NHM..
- There is only one 100 bedded District Hospital in the district. Though, extension of LBSH hospital is planned but it is still on paper only.
- There are no Nutritional Rehabilitation Centre (NRC) in the district. Although it is being run by the hospital in a temporary space but bigger and permanent space is required for the same.
- Supply of sanitary napkins, which is one of the basic essential needs, has been stopped to the health facilities from some time.
- Quality of training is another concern. No ToTs (Training of Trainers) are conducted in the district.
- Staffs do not have any creative liberty for IEC. There is not much scope of implementing new ideas and inputs as most of the IEC is designed at the state level.
- Delay in Release of funds delays all the activities that are to be undertaken in the district. Generally, funds are released around October and then the district is only left with 6 months to utilise the funds which were allocated to be used for the whole year.

1. INTRODUCTION

1.1. BACKGROUND

The Ministry of Health and Family Welfare (MoHFW) has involved Population Research Centres (PRCs) for quality monitoring of important components of NHM State Programme Implementation Plan (PIP), 2016-17. A systematic assessment of the key components of NHM is critical for further planning and resource allocation under NHM for various schemes and programmes. While engaging with the task, PRCs would identify critical concerns in implementation of NHM activities and also evolve suitable quality parameters to monitor the various components. Specifically, as part of the qualitative reports, the PRCs are required to observe and comment on four broad areas described in the Records of Proceedings (RoPs) as follows:

- Mandatory disclosures on the state NHM website
- Components of key conditionalities and new innovations
- Strategic areas identified in the roadmap for priority action
- Strengths and weaknesses in implementation.

Following the approval of National Health Mission (NHM) State Programme Implementation Plan, 2016-17 for Delhi, the Ministry of Health and Family Welfare has asked Population Research Centre, Delhi to conduct quality monitoring of its important components. While engaging with the quality monitoring of PIPs it is expected that PRCs would evolve suitable quality parameters and would assume a critical role in monitoring various components of NHM every month. As part of this, our Delhi PRC was assigned to monitor and evaluate the NHM activities in the East district of Delhi. The major objective of this monitoring and evaluation process was to understand the public health system in the district and to observe the health facilities available on ground. Also, to suggest them to get equipped with tools and skills required for better service delivery, and to introduce them to various replicable programmes and facilities under NHM.

1.2. STUDY APPROACH

Ministry of Health and Family Welfare (MoHFW) has assigned the task of monitoring the overall health setup of East Delhi District. PRC Delhi Team visited the district to evaluate their health performance during the period (August 3 2017-August 8 2017). The Secondary Data was taken from the CDMO office, Health facilities from all the three levels were selected for Supervision after discussions with the Chief Medical Health Officer and the District Program Manager. District Hospitals, Maternity Home (CHCs) were visited for supportive supervision. The tools used for collecting the relevant data can be seen in the Annexure section of the report. The attempt was to understand and find solutions to the problems faced and support the health functionaries in identifying gaps and sensitizing them about the same and then to find areas where action can be taken within their capacities.

After a valuable discussion with the District Program Manager five facilities were selected for monitoring purpose in the district and the same are mentioned in the table below:

TABLE 1: FACILITIES VISITED BY DELHI PRC FOR MONITORING & EVALUATION

Facility Type	Name of Facility
District Hospital	Lal Bahadur Shashtri Hospital
Maternity Home(CHC)	Khichripur
Delhi Government Dispensary(PHC)	IP Extension
Delhi Government Dispensary(PHC)	New Lahore Shastri Nagar
Delhi Government Dispensary(PHC)	Geeta Colony

1.3. SOCIOECONOMIC AND DEMOGRAPHIC PROFILE: EAST DISTRICT, DELHI

East Delhi district is one of the 11 districts of national capital Territory of Delhi. Earlier there were 9 districts in Delhi but in September 2012, two new districts, viz. South East and Shahdara were added to the city's map, taking the total count to 11. East Delhi is an administrative district of the National Capital Territory of Delhi in India. It is bounded by the Yamuna River on the west, North East Delhi to the north, Ghaziabad District of Uttar Pradesh state to the east, and Gautam Buddha Nagar District of Uttar Pradesh to the south.

Despite being part of the National Capital and enjoying a high degree of urbanization, the East Delhi district shows a low level of health facilities. Thus, there is an increasing need of better health services and sensitization of the masses needs to be carried out effectively.

As per the 2011 census, the total population of East district is 1,709,346 of which 907,500 are Male and 801,846 are female. The population density of the district is 27,132 persons per km² while for Delhi it is 11,320 persons per km². Total geographical area of Delhi is 1483 sq.Km and for East District is 63 sq. km. Total population growths for Delhi was 21.21 percent while it is 16.79 percent for East district.

TABLE 2: KEY DEMOGRAPHIC INDICATORS: ALL INDIA, DELHI AND EAST DELHI (SOURCE: CENSUS 2011)

Description	Delhi	East District
Approximate Population	1.68 Crores	17 Lakhs
Actual Population	16,787,941	1,709,346
Male	8,987,326	907,500
Female	7,800,615	801,846
Population Growth	21.21%	16.79%
Sex Ratio	868	884
Child Sex Ratio	871	871
Density/km ²	11,320	27,132
Area km ²	1,483	63
Literacy	86.21 %	89.31%
Male Literacy	90.94 %	93.13%
Female Literacy	80.76 %	84.99%
Child Proportion (0-6 Age)	11.98%	11.37%
Boys Proportion (0-6 Age)	6.40%	11.45%
Girls Proportion (0-6 Age)	5.58%	11.28%

Table 2 depicts that the proportion of girls and boys in the age group (0-6 Age) is quite high in the East District than Delhi itself which is appreciable. The literacy rate of Delhi is 86.21 percent while

for East district 89.31 percent higher than Delhi itself. Male literacy is 93.13 percent and female literacy is 84.99 percent for the East District. Sex ratio in Delhi is 868 girls per 1000 boys while for east district it is 884 girls per 1000 boys in 2011.



FIGURE 1: EAST DISTRICT, DELHI

1.4. FACILITY WISE OBSERVATION

DISTRICT HOSPITAL

Lal Bahadur Shastri Hospital is the only District hospital in the East Delhi District. It is easily accessible by a well maintained road to the beneficiaries. Being the only DH in the district it is mostly over burdened by OPD, ANC, Delivery, immunisation and other services. The hospital is using the available resources to the best to provide timely and quality services to their patients.

- It is a 100 bedded hospital of which 25 are assigned to obstetric and Gynecology department and 25 to Paediatric department. In addition to this, it also has 2 beds in Neo Natal, 5 beds in Labour Room 14 beds in post-natal ward.
- On an average, 500 deliveries are conducted in the hospital on a monthly basis. Given the above infrastructure, this seems a really difficult task to carry out so many deliveries.



FIGURE 2: DISTRICT HOSPITAL

- All the Information Education Communication (IEC) material provided by the District are on display in the hospital. Apart from these, it also has boards that display the benefits under JSSK and JSY for the convenience of the beneficiaries. More can be done to improve health indicators in this area by organising awareness drives on various issues. The hospitals lags here because of shortage of staff.
- The Operation Theatre (OT) is well equipped with the equipments such as ventilators, pulse-oximeter, surgical diathermies, laparoscopes and autoclaves. The laboratory of the facility has a

functional microscope, hemoglobin meter, centrifuge, semi-auto analyzer and testing kits. Laboratory services are available round the clock.

- The hospital has Pregnancy testing kits, oral contraceptives, condoms and IUCDs available. It also has separate counselling room for family planning counselling where couples or individuals are counseled about use of different types of contraceptives and its benefits. But the facility doesn't have a trained family planning and sexual health counsellor.
- Seating area is small compared to the no. of OPD and ANC patients that visit the hospital. Its heavily crowded most of the time and patients have to stand in queues for long, while waiting.
- The hospital has a 12 bedded SNCU which is very small. Sometimes, they have to manage with 2 infants on the same bed. There is no Nutritional Rehabilitation Centre (NRC) in the hospital.
- There is a committee that has been formed for grievances of the beneficiaries as well as a complaint box is maintained in the hospital compound where anyone can drop in their complaints.
- The diet provided to the patients in the hospital under the JSSK scheme is outsourced and the quality of food is good.



IEC on Display



IEC in the Hospital



Maternal Ward



Radiant Warmer

FIGURE 3: HEALTH INFRASTRUCTURE, DISTRICT HOSPITAL

- There has been a decline in PPIUCD insertions in the last few months as many NGOs have opposed it saying patients are being forced to get PPIUCD inserted. This discouraged the doctors to motivate patients for PPIUCD which is one of the best contraceptives available.
- The hospital has a ‘One stop Centre’ for women who have been victims of various kinds of violence. The victims can stay there for 15 days during their treatment and counselling following which they will be shifted to women rehabilitation centre, if needed. On an average 25 sexual abuse and rape victims visit the facility every month.

TABLE 3: SERVICE DELIVERY AT LBSH, DH, EAST DELHI, 2015-16 & 2016-17

Sl. No	Service Utilization Parameter	2015-16	2016-17
1	OPD	143783	133765
2	IPD	18767	20038
3	Total deliveries conducted	6441	7109
4	No. of C section conducted	1371	1733
5	No. of neonates initiated breast feeding within one hour	5325	5321
6	No of admissions in NBSUs/ SNCU, whichever available	587	773
7	ANC1 registration	787	810
8	ANC 3 Coverage	7846	8795
9	No. of IUCD Insertions	1693	2347
10	No. of PPIUCD Insertion	1410	2069
11	No. of children fully immunized	927	891
12	No. of children given ORS + Zinc	10960	8966
13	No. of children given Vitamin A	1636	835
14	Total MTPs	134	88
15	Number of Adolescents attending ARSH clinic	35	10
16	Maternal deaths	10	10
17	Still births	77	141
18	Neonatal deaths	63	133
19	Infant deaths	27	26

(Source: District Hospital, East Delhi, Delhi)

- Table 3 depicts the service delivery indicators of the district hospital for financial year 2015-16 & 2016-17.

- It can be observed that there is no major difference in no. of ANC1 registrations and ANC 3 coverage between financial year 2015-16 & 2016-17. Also, it can be seen that there is a huge difference in ANC 1 registrations and ANC 3 coverage. People approach the facility at the last stage of pregnancy.
- There has been a commendable increase in no. of IUCD and PPIUCD insertions of 38% & 47% respectively from 2015-16 to 2016-17.
- There has been a slight decline in no. of children fully immunised over the year and a sharp decrease of 49% in no. of children given vitamin A over the 2 financial years. This is a matter of concern and needs attention.
- MTPs have declined from 134 in 2015-16 to 88 in 2016-17 which is positive news for maternal health.
- There have been 10 maternal deaths and 141 & 133 still births and neonatal deaths respectively in the last financial year. This sharp increase in still births and neonatal deaths from 2015-16 could be due to insufficient infrastructure and low ANC coverage in the district.
- Infrastructure and manpower are the biggest concern for the district which is hindering their performance in provision of health services.

MATERNITY HOME KHICHRIPUR

The Maternity Home in Khichripur is functioning in a well maintained government building. There is a big campus with a 30 bedded maternity home built inside it. On an average, 100 deliveries are conducted here on a monthly basis.

- The campus is really big but is not being utilised in the manner it should be. There is a building inside the same campus which has been built for ANM's trainings 2-3 years back but is not being used because of lack of funds to furnish the building. Currently, ANM trainings are conducted in rented spaces. This building, if furnished, would have saved that cost.
- The Maternity home is situated on the main road and easily accessible. The building is well maintained and is cleaned everyday but the unused part of the campus has grass growing everywhere which should be clean for safety purposes.
- There is adequate supply of IFA, Zinc tablets, all the vaccines, OCPs, EC pills, IUCDs and sanitary napkins.

- JSSK and JSY are functional here but meals are provided in the PNC ward at Rs 100 per day.



FIGURE 4: MATERNITY HOME KHICHRIPUR

- Among laboratory services, the tests for hemoglobin, urine & sugar and blood sugar are available. The facility does not have tests available for TB, RPR and malaria. Lab test for HIV is outsourced and is done on every Saturday.
- The bio-medical waste is segregated in colour coded dustbins/bags and then collected on alternate days by the concerned agency.



IEC on display in the facility



ANM School Building



Delivery Table

FIGURE 5: HEALTH INFRASTRUCTURE AT MATERNITY HOME

- Among the general equipments, the facility has BP instrument, neonatal and Paediatric kit, weighing machine, facility for oxygen parameter and autoclave. There was no semi-autoanalyzer among laboratory equipments.
- NHM only provides funds to the Maternity home for JSY and JSSK benefits, rest all the funds are provided by MCD.
- Registers for Family Planning, ARSH, JSSK and JSY are maintained properly but in regular registers. No stationary is provided either by the district or MCD for maintaining the records in a systematic manner.
- The facility had good amount of IEC material on display covering most of the issues. Some of them can be seen in the figureabove.

TABLE 4: SERVICE DELIVERY AT MH, EAST DELHI, 2015-16 & 2016-17

Sl.No	Service Utilization Parameter	2015-16	2016-17
1	OPD	29097	34955
2	IPD	796	1224
3	Total deliveries conducted	710	1120
6	No. of pregnant women referred	86	104
7	ANC1 registration	1936	2323
8	ANC3 Coverage	2065	2121
9	No. of IUCD Insertions	98	140
10	No. of PPIUCD insertions	71	213
13	No. of children fully immunized	558	488
14	No. of children given Vitamin A	1116	1187
16	Maternal deaths	0	0
17	Still birth	0	1

Source: Maternity Home, Khichripur, Delhi

- Table 4 summarizes the service delivery indicators at the Maternity home during 2015-16 & 2016-17.
- Total deliveries conducted in the maternity home has increased from 796 to 1224 in a matter of 1 year. As can be seen in the table above, no. of ANC1 registrations have also increased to 2323 during 2016-17 which is a positive change.
- No. of PPIUCD insertion has shown a massive jump of 200% during 2016-17. No. of IUCD insertions have also increased by almost 50% during the same year. This shows the commitment of the staff towards motivating women for family planning.

- Though the facility is doing brilliant efforts for family planning, no. of children fully immunised has declined during 2016-17. This raises concern and should be paid attention to.

DELHI GOVERNMENT DISPENSARY IP EXTENSION

The DGD is operating in a well maintained government building. It caters to a total population of 1, 50,000. Out of this, approximately 40,000 is migratory & high risk population. The facility currently has 2 ANMs and 9 ASHAs. They earlier had 3 ANMs, one of them has now been shifted to a Mohalla clinic nearby.

- Re-allocation of manpower to mohalla clinics has led to shortage of staff at the facility and has overburdened the ANM working at the mohalla clinic who has to manage her outreach session and other records simultaneously.
- Manpower crunch is an important concern at the facility. More ANMs and MOs are required for better functioning.
- All the drugs were in stock, registers were well maintained for Drugs in stock and their expiry dates. Sanitary napkins which is one of the essentials are not being provided to the dispensary from a long time.
- MOI/C raised the concern that Iron tablets are being provided but no protein supplements. Iron and Protein both are required for Hemoglobin formation. This is the reason for an increasing no. of anemic women.
- All the registers like ANC, OPD and Family Planning were maintained in the facility.
- A lot of useful, innovative and informative IEC material was well displayed in the facility. A few of the posters were framed to avoid spoiling them, so that can be used over a long period of time.
- The MOIC at the dispensary is quite innovative and is enthusiastic to organise awareness programs to achieve the objectives of NHM.
- There were clean and well maintained washrooms in the facility, separate for men and women.
- The facility does not have an ILR or a Deep freezer and use domestic refrigerator instead for medical uses.
- The facility has provisions for most of the lab test except for Serum Bilirubin test. All the lab equipments and other equipments are functional at the facility.



DGD IP Extension



Suggestion Box



Drug Store



IECat the Facility

FIGURE 6: HEALTH INFRASTRUCTURE, DGD IP EXTENSION

- Table 5 depicts that total OPD load of the district during financial year 2016-17 is 74603.
- A total of 424 women registered for ANC1 but the no. declined to 268 for ANC3 coverage at the facility.
- As can be seen in the above table, 50 IUCD insertions have been done and 314 children have been fully immunised during the last financial year.

TABLE 5: SERVICE DELIVERY AT DGD, IP EXTENSION, EAST DELHI, 2016-17

Sl.No.	Service Utilization Parameter	2016-17
1	OPD	74603
2	No. of pregnant women referred	350
3	ANC1 registration	424
4	ANC3 Coverage	268
5	No. of IUCD Insertions	50
6	No. of children fully immunized	314
7	No. of children given Vitamin A	747

Source: DGD, IP Extension, East Delhi, Delhi

DELHI GOVERNMENT DISPENSARY, NEW LAHORE SHASTRI NAGAR

DGD is easily accessible by road and the infrastructure is good. It is functioning in a government building. It caters to a population of 11,000 which comprises mainly of permanent residents and a very few migratory population.

- There is a cold chain room in the facility. This DGD is the supply point for drugs to other facilities in the district including mohalla clinics. There was no shortage of any drugs as well as vaccine. The records were well kept for drug stocks and the list of drugs available was on display.
- Drugs like IFA tablets, Vitamin A syrup, ORS packets, and zinc tablets were available in the facility. Sanitary napkins are not being supplied to the facility. Pregnancy testing kits, oral contraceptives, emergency contraceptives and IUCDs are available in the facility.
- The facility is using a domestic refrigerator instead of an ILR or a deep freeze for medical usage.
- Bio-medical waste was segregated properly in colour-coded bins and was collected by the responsible agency regularly.



DGD, New Lahore Shastri Nagar



IEC at the Facility

FIGURE 7: HEALTH INFRASTRUCTURE, DGD, NEW LAHORE SHASTRI NAGAR, EAST DELHI

- Relevant IEC material was on display. All the tests performed in the lab were mentioned on a chart. Records for immunised children and Family planning counselling were maintained.

- There were 2 ANMs and 5 ASHA at the facility and were properly trained. The ANMs were also helping in updating data on the portal as the CDOs are allocated for the facility only 2 days a week.
- Most of the cases are referred to LNJP hospital nearby.

TABLE 6: SERVICE DELIVERY AT DGD NEW LAHORE SHASTRI NAGAR, EAST DELHI 2015-16 & 2016-17

Sl.No	Service Utilization Parameter	2015-16	2016-17
1	OPD	55690	57810
2	No. of pregnant women referred	-	-
3	ANC1 registration	114	203
4	ANC3 Coverage	120	103
5	No. of IUCD Insertions	06	06
6	No. of children fully immunized	245	214
7	No. of children given Vitamin A	586	378

Source: DGD, New Lahore Shastri Nagar

- Table 6 shows that the OPD load of the facility has not changed much in the last 2 years.
- It can also be seen that, on one hand, ANC1 registrations have increased but on the other hand, ANC3 coverage of the facility has decreased from 2015-16 to 2016-17.
- No. of IUCD insertion done during 2016-17 is 6, which is low. This was because most of the women were preferring PPIUCD.
- There is not much change in the no. of children fully immunized during 2015-16 & 2016-17

DELHI GOVERNMENT DISPENSARY, GEETA COLONY

The DGD serves a population of 80,000 which has both migratory and fixed population. The average family size in the area is relatively big. There are 3 ANMs, 17 ASHAs and 2 Doctors at the facility. It is an ASHA unit.

- The physical infrastructure of the government building where the DGD is functioning is not in a good state but is accessible by road. It's a double storey building but only ground and first floor was being used by the facility and the second floor was vacant.
- There is no staff crunch at the facility as told by the MOI/C. Infrastructure is the only constraint.
- Pregnancy testing kit, OCP, IUCDs and other drugs and vaccines were delivered to the DGD on time. The laboratory of facility had all the equipments and were working.



DGD, Geeta Colony

IEC at the Facility

FIGURE 8: HEALTH INFRASTRUCTURE, DGD, GEETA COLONY, EAST DELHI

- ANMs and ASHAs are working efficiently and conducting outreach sessions regularly. ASHAs bring pregnant women for regular ANC checkups and immunisation as well.
- IEC material could be seen on the walls of the facility but more efforts can bring better results in this area.
- The facility has been facing problems with HMIS portal due to the changes in the portal recently. It has been conveyed to the HMIS expert several times by the facility.

TABLE 7: SERVICE DELIVERY AT DGD GEETA COLONY, EAST DELHI, 2015-16 & 2016-17

S.No	Service Utilization Parameter	2015-16	2016-17
1	OPD	72000	73000
2	No. of pregnant women referred	320	340
3	ANC1 registration	320	340
4	ANC3 Coverage	286	260
5	No. of IUCD Insertions	36	45
6	No. of children fully immunized	120	120
7	No. of children given Vitamin A	170	180

Source: DGD, Geeta Colony

- Table 7 depicts that there is not much change in OPD load of the facility over the last 2 financial years.
- ANC1 registrations have increased only on 20 and ANC3 Coverage of the facility has declined by 26 during 2016-17.
- Total IUCD insertions have increased from 36 to 45 in the last 2 years but there is no change in no. of fully immunised children during the same period.

2. HUMAN RESOURCE & HEALTH INFRASTRUCTURE

2.1. HUMAN RESOURCE

Human resource is one of the most important factors that affects the reach, efficiency and quality of health services provided. Adequate amount of human resource is required to fulfill the health goals.

It is a major concern that many of the positions in the health facilities are vacant in the district. This increases the burden on the staff currently employed.

Lack of human resource at each level in the district, starting from specialists to CDOs, ANMs to ASHA workers, raises concern and needs attention to improve the health indicators and provision of quality health services to the population.

TABLE 8: HUMAN RESOURCE 2016-17 EAST DISTRICT, DELHI

Position Name	Sanctioned	Contractual	Total Vacant	Vacant %
MO's including specialists	21	21	-	-
Gynecologists	-	-	-	-
Pediatrician	3	2	1	33%
ANM	52	49	3	6%
Pharmacist	4	4	-	-
Lab technicians	25	21	3	12.5%
Data Entry Operators	21	11	10	47.6%
Staff Nurse at CHC	20	13	7	35%
ANM at PHC	52	49	-	-
RNTCP Staffs	20	19	1	5%
Pathologist	1	1	-	-

Source: CDMO Office, East District, Delhi

- Table 8 depicts the posts sanctioned and vacant for health staff in East District for the financial year 2016-17. There are no regular posts sanctioned in the district.
- All 21 posts sanctioned for MOs including specialists in 2016-17 are filled. No posts were sanctioned for gynecologists and surgeons.
- 3 posts were sanctioned for Paediatrician in 2016-17, out of which one is vacant.

- 3 posts out of 52 sanctioned for ANMs are vacant all 4 posts sanctioned for Pharmacist are filled in 2016-17.
- In 2016-17, 25 posts were sanctioned for Lab Technicians and 21 of them are filled. 10 of the 21 Data Entry operator posts sanctioned in the same year are vacant which has led to delay in updating data on various portals in the district.

2.2. TRAINING STATUS OF HUMAN RESOURCE

TABLE 9: TRAINING STATUS OF HUMAN RESOURCE 2016-17

Position Name	SBA	MTP	NSV	IUCD insertion	RTI/STI/HIV screening
Medical Officers	2	1	1	1	4
Lady Medical Officers	2	1	1	1	3
Staff Nurses	2	-	-	2	-
ANM	1	-	-	13	7

Source: CDMO Office, East Delhi District

- Table 9 depicts trainings conducted in 2016-17 for health staff in East Delhi to train them in respective health activities and to endow with efficient health care facilities.
- No trainings have been conducted for BeMoc, Mnilap/PPS, FIMNCI and NSSK for any of the health staff in financial year 2016-17.
- 4 MOs, 2 Staff Nurses and 1 ANM has been trained for SBA and 2 MOs have been trained for MTP in the entire district during financial year 2016-17.
- 2 MOs and staff nurses each and 13 ANMs have been provided training for IUCD insertion. 7 MOs and 7 ANMs have been trained for RTI/STI/HIV screening in the district.

2.3. HEALTH INFRASTRUCTURE

One of the most crucial aspects in the health sector is infrastructure. Quality, quantity and accessibility of the health infrastructure is directly proportional to the health indicators in the area. Looking at the table below, we can figure out that most of the facilities in the district are being run in government owned buildings except for Mohalla clinics which is an addition to the entire health setup in the district.

TABLE 10: DETAILS OF HEALTH INFRASTRUCTURES 2016-17: EAST DELHI, DELHI

Health Facility	Number available	Govt. building	Rented building/ Under const.
District hospital	1	1	-
Poly Clinics	1	1	-
Mohalla Clinics	15	-	7(Rented) 8 (Porta Cabins)
Delhi Government Dispensaries	19	13	6
Mother & Child Care Centers	8	8	-
MCD Hospitals	3	3	-
Skill Labs	4	4	-
Delivery Points	4	4	-

Source: CDMO Office, East Delhi District

- There is only one District hospital in the district and is being run in a govt. building. All 15 mohalla clinics are functioning in rented spaces or Porta Cabins.
- Out of the 27 PHCs in the district, 21 are running in Government building and rest 6 are functioning in rented buildings. There is no medical college in the district.
- All 4 skill labs in the district are operating in government owned buildings.

3. MATERNAL HEALTH

Promotion of maternal and child health has been an important objective of the NHM to reduce Maternal and Infant and Child mortality by focusing on strategies of promoting wider utilization of essential obstetric and new born care for all, skilled attendance at every birth, emergency obstetric care for those having complications and referral services. The Maternal health care package of antenatal care, delivery care and postnatal care is a crucial component of NHM to reduce maternal morbidity and mortality.

Maternal Health activities in the district involve ANC registration, delivery services, post-natal care, JSY and JSSK services and managing risky deliveries. The district has well functional Health facilities with all the above activities. However, with only 1 district hospital and 3 Maternity Homes, its becoming difficult for the district to bear the burden of

health facilities efficiently. The delivery load on the district hospital is enormous but infrastructure is limited which hampers the quality of services being provided.

3.1. MATERNAL HEALTH

TABLE 11: SERVICE DELIVERY INDICATORS (MATERNAL HEALTH) 2015-16 & 2016-17

District	ANC Registered		3 ANC's		Home Deliveries		Institutional Deliveries		PNC within 48 hrs after delivery		PNC between 48 hrs and 14 days after delivery	
	2015-16	2016-17	2015-16	2016-17	2015-16	2016-17	2015-16	2016-17	2015-16	2016-17	2015-16	2016-17
East District	53323	53141	23562	25237	1011	822	11399	12190	10162	10371	11847	7142

Source: CDMO Office, East Delhi District

- Table 11 depicts data for key maternal health indicators for East Delhi district for financial year 2015-16 & 2016-17.
- There is no significant difference in total number of ANC registration during the 2 financial years. The gap between ANC1 registration and ANC3 Coverage has decreased to some extent from 29761 in 2015-16 to 27904 in 2016-17.
- Number of home deliveries in the district has declined by 19% which can be seen as a big achievement. There is also an increase in number of institutional deliveries from 11399 to 12190 during 2015-16 & 2016-17 respectively.
- There is a decline in PNC given between 48hrs and 14 days after delivery in the district. This is a matter of concern.
- Table 12 shows that there has not been any significant change in SBA assisted home deliveries but Non-SBA assisted Home deliveries have declined from 839 to 655 in 2015-16 and 2016-17 respectively.
- No. of still births have increased from 114 in 2015-16 to 175 in 2016-17.

TABLE 12: OTHER KEY MATERNAL AND CHILD HEALTH INDICATORS: EAST, DELHI

District	Home Deliveries				Live Birth		Still Birth		Total Births	
	SBA assisted		Non-SBA		2015-16	2016-17	2015-16	2016-17	2015-16	2016-17
	2015-16	2016-17	2015-16	2016-17						
East	172	167	839	655	12446	12899	114	175	12560	13074

Source: CDMO, East Delhi District

3.2. JANANI SURAKSHA YOJANA

Janani Suraksha Yojana is an initiative for safe motherhood under NHM. It basically aims at reducing maternal and neo-natal mortality rate by promoting institutional deliveries through ASHA workers among poor pregnant women.

- East Delhi district has a lot of migrant population from bordering areas of Uttar Pradesh mainly belonging to BPL category. This creates difficulty for them in availing JSY benefits as in most cases they do not have a valid address proof or other necessary documents like an Aadhaar card or bank account.
- The process of availing JSY benefits is a long process with a lot of paper work but the benefit being received by the beneficiary is minimal which can be a factor that discourages beneficiary to not avail the benefit.
- The DBT mechanism is transparent and easy but needs to be implemented in a better manner.

TABLE 13: STATUS OF JSY PAYMENTS IN DISTRICT 2016-17

Status of payments			Record maintenance		
Institutional deliveries	Home Deliveries	ASHAs	Available	Updated	Non updated
738	-	413	Yes	Yes	Nil

- Table 13 depicts that total no. institutional deliveries that were given JSY benefits are 738. Out of these 413 were paid through ASHAs and the mode of payment was DBT.
- All the records of payments and beneficiaries were maintained and available at the time of visit.

3.3. JANANI SHISHU SURAKSHA KARYAKRAM

JSSK is functioning well in the district, beneficiaries are availing the services of free diet, diagnostics and referral transport in the district. Transport facility is not utilized much by the beneficiaries in the District.

- Diet provided to the beneficiaries is outsourced but the quality of food is good, as told by the beneficiaries.
- All the drugs required are provided to the beneficiaries on time.
- In financial year 2016-17, a total of 8842 beneficiaries were provided free diet, 13380 were given free drugs and 12646 were given free diagnostic services under JSSK. 687 beneficiaries availed free referral transport to higher health centers and 473 availed facility to home free transport service. None of the patients availed Home to facility transport services, according to the data provided by CDMO Office.

TABLE 14: JSSK PROGRESS IN DISTRICT 2016-17

District	No. of Beneficiaries under JSSK					
	Diet	Drugs	Diagnostic	Transport		
				Home to Facility	Referral	Facility to Home
East Delhi	8842	13380	12646	0	687	473

3.4. MATERNAL DEATH REVIEW

Maternal death is the death of a woman while pregnant or within 42 days of the end of Pregnancy, irrespective of the duration and the site of the pregnancy, from any cause related to or aggravated by the pregnancy or its management, but not from accidental or incidental causes. Every maternal death that occurs within a refugee camp (of a refugee or a national) or at a referral health facility should be systematically reviewed.

A maternal death review provides a rare opportunity for a group of health staff and community members to learn from a tragic – and often preventable - event. Maternal death reviews should be conducted as learning exercises that can be help in future to avoid any such incidents. The purpose of a maternal death review is to improve the quality of motherhood and make it safe to prevent future maternal and neonatal morbidity and mortality.

TABLE 15: MATERNAL DEATH REVIEW, 2016-17, EAST DISTRICT, DELHI

Total Maternal Deaths	Place of Deaths			Cause of death
	Hospital	Home	Transit	
10	10 LBSH-8 Max-2	0	0	Hypertension-01 Other reason-09

- Total no of maternal Deaths were 10 in East Delhi district which can be seen in table 15. All the 10 deaths happened in hospitals, 8 in district hospital and 2 in a private hospital.
- One of these deaths was due to hypertension. There is a particular team that is assigned for the review of maternal death in the district.
- The district conducts monthly review meeting to discuss maternal deaths and has efficiently maintained all the information relating to maternal deaths that have happened the reasons behind it.

4. CHILD HEALTH

4.1. CHILD HEALTH

Child health programme under NHM stresses upon reducing IMR in India. The Child health program promotes the following points;

- Neonatal Health,
- Nutrition of the child,
- Management of common childhood illness and
- Immunization of the child.

In East District child health program is functioning smoothly expect for the human resource and infrastructural constraints. The district has a SNCU but there is no Nutrition Rehabilitation Centre (NRC) yet. Staff in the district is very active and aware of their responsibilities towards using available resources efficiently to meet the goal of reducing IMR in the district.

4.2. SICK NEWBORN CARE UNIT

SNCU is functioning well in the district. The biggest concern is shortage of beds in the SNCU units. More space is required so that more children can be treated in the unit. Many times two or more neonates share their bed due to lack of space in the SNCU even when it is not advisable.

4.3. IMMUNIZATION

- Immunization day is Wednesday in the district. Proper immunization card are maintained in DH, PHCs, CHCs and Sub- Centers. ANMs are actively involved in the process of immunization. ANMs are also going in the interior areas of the communities to conduct immunisation drives.
- None of the facilities reported any shortage of vaccination. ASHAs are doing a great job by motivating people for timely immunization.
- Mission Indradhanush is also playing a key role in promoting full immunization in the district.
- Cold chain storage was available in most of the facilities.

TABLE 16: CHILD HEALTH: ANALYSIS OF IMMUNIZATION, EAST DELHI 2016-17

District	BCG	DPT			OPV	Pentavalent			Measles	Full Immunization
		1	2	3		1	2	3		
East Delhi	15915	991	834	737	12257	19414	19950	19246	21644	20973

Source: CDMO Office, East Delhi

- Table 16 describes Immunization status of the districts; a total of 15915 beneficiaries were given BCG in the district during financial year 2016-17.
- As can be seen in the table, Only 991, 834 & 737 doses of DPT1, 2 & 3 and 12257 infants were given OPV in the district. Coverage for Vaccines DPT1, 2 & 3 is quite low when compared to other vaccines.
- 19414, 19950 & 19246 infants were provided with Pentavalent 1, 2 & 3 resp. in the district during 2016-17.

- 21644 beneficiaries were given vaccine for Measles and 20973 beneficiaries were fully immunized during financial year 2016-17.

4.4. RASTRIYA BAL SURAKSHA KARYAKARAM

Rashtriya Bal Swasthya Karyakram (RBSK) is not functioning in the district. However, the district has other scheme functional in the district called Chacha Nehru School health yojna. Under this scheme, the district provides medical care for all paediatric related medical and surgical illnesses.

5. FAMILY PLANNING

Family Planning is an effective way to limit the family size after attaining the desired number of children and to space child birth to allow good maternal and child health. This gives individuals and couples an option they can use to plan their family they want to. Family planning is done through use of contraceptives and treatment of involuntary infertility.

Various temporary and permanent family planning methods being used these days are Condoms, oral contraceptive pills, IUD insertions, minilap, Vasectomy and tubectomy etc. East Delhi district is doing its bit in the best possible manner to educate and motivate people for family planning. Injectables are soon going to be introduced. It's a relatively easy to use method and the staff believes that its going to have a great impact on family planning in the district.

5.1. FAMILY PLANNING

- Table 17 depicts that the most used method in the district is condom, followed by oral Contraceptive pills.
- Also, significant no. of women are opting for PPIUCD and IUCD which help in birth spacing and family planning. This proves that the staff is making efforts to encourage women for these methods which were not used as much earlier.
- A total no. of 234 women and 21 Men opted for sterilization in the district during 2016-17.

TABLE 17: FAMILY PLANNING ACHIEVEMENT, EAST DELHI DISTRICT, 2016-17

District Name	Target	Sterilization			IUD	PPIUCD	OCP	CC
		Male	Female	Total				
East Delhi		21	234	255	4758	2369	13764	229251

Source: CDMO Office, East Delhi

6. ADOLESCENCE REPRODUCTIVE AND SEXUAL HEALTH

The ARSH was launched to influence the health seeking behavior of the adolescent and create more awareness among them. It provides appropriate approaches to address selected priority health needs and problems of adolescents.

Facilities in the East Delhi district are counselling adolescents coming to their respective facilities. There were no specific counselling sessions that were held for adolescents in the district during 2016-17. There are no trained counsellors for conducting counselling sessions. MOs and ANMs at the facilities counsel adolescents, mainly girls, on basic issues such as menstrual hygiene, acne problems, irregular menstrual cycle etc.

7. AYURVEDA, YOGA AND NATUROPATHY, UNANI, SIDDHA AND HOMOEOPATHY (AYUSH)

AYUSH is a government department that is purposed with developing, education and research in Ayurveda, Yoga, Naturopathy, Unani, Siddha, Homoeopathy, Sowa-Rigpa (Traditional Tibetan medicine), and other Indigenous Medicine systems in India.

TABLE 18: AYUSH PROGRESS DISTRICT 2016-17

District	No. of facilities with AYUSH health centers	No. of AYUSH Doctors	No. of patients received treatment
East District	9	9	226857

Source: CDMO Office, East District

AYUSH is working fine in the district. As shown in the above table, 9 facilities in the district have AYUSH health centres and a total of 226857 patients have received treatment at these centres in the district. Homeopathy is the most preferred among the AYUSH treatments.

8. QUALITY IN HEALTH SERVICES

8.1. INFECTION CONTROL

East Delhi District is constantly making the effort to maintain the hygiene level in their facilities, however, the burden on the district is way too much and that makes it difficult for the district to maintain the quality with the given resources. All the rules for infection control are followed. They have separate footwear and masks are provided to enter Labour room and SNCU.

8.2. BIO MEDICAL WASTE MANAGEMENT

The bio medical waste generated in the district is segregated into three colored bags or dust bins (Red, Black and Yellow). The responsibility of collecting, managing and disposing off waste is outsourced to a private agency which collects the bio-medical waste from each facility in the district on alternate days.

TABLE 19: QUALITY OF HEALTH CARE SERVICES

Bio-Medical Waste Management	DH	CHC	PHC
No of facilities having bio-medical pits	1	3	27
No. of facilities having color coded bins	1	3	27
Outsourcing for bio-medical waste	Yes	Yes	Yes
Infection Control			
No. of times fumigation is conducted in a year	NA		
Training of staff on infection control	Yes		

Source: CDMO Office, East District, 2017

Table 19 describes status of quality of health services in the district; it was observed that all staffs were trained on infection control. However, no data was provided on number of times fumigation was conducted in a year.

Also, all the facilities in the district, i.e. 1 District hospital, 3 CHCs and 27 PHCs have bio-medical pits and colour coded bins for segregating waste.

8.3. INFORMATION, EDUCATION AND COMMUNICATION(IEC)

IEC was very much effective in all the facilities; posters of JSY, JSSK, vaccination and prevention of communicable diseases were effectively displayed. Further list of drugs, list of services were available in the in the District hospital and at PHC & CHC level as well.

9. REFERRAL TRANSPORT

The district has main referral transport in the form of CATs .Transport services have proved to be a boon for both the hospital staff and patients. The patients, who earlier used to have problems in accessing the health facilities, now can easily approach the nearby hospitals with the help of referral transport. Referral transport system has proved to be an aid to the facilities and with its help; the doctors were able to send their patients to higher referral centres where they got timely treatment.

There is also a need to enhance the transport system by increasing the number of ambulances and by creating awareness about the entire structure of transportation.

10. COMMUNITY PROCESS

One of the key components of the National Rural Health Mission is to provide every village/community in the country with a trained female community health activist ASHA or Accredited Social Health Activist. Selected from the village itself and accountable to it, the ASHA will be trained to work as an interface between the community and the public health system.

- Table 20 describes the status of ASHAs working in the district for the financial year 2016-17. A total of 409 ASHAs are working in the District. 18 of the positions are vacant.
- 96 meetings have been held with the ASHAs during 2016-17.
- Out of the 409 ASHAs, 406 have attended the refresher training last year. Trainings have been conducted for Module 1,2,3,4,6,7 and Round 3 in the last financial year. Training for Induction module has been conducted for 52 ASHAs in the district.

- ASHAs are working hard to reach out to the community and motivate them for ANC checkups, Institutional deliveries, Immunisation and family planning as well. People in the community listen to them except for a few conservative families.

TABLE 20: COMMUNITY PROCESS IN DISTRICT 2016-17

Status of ASHAs		
ASHAs presently working	409	
Positions vacant	18	
Total number of meeting with ASHA (in a Year)	96	
Total number of ASHA resource centers/ ASHA Ghar	N/A	
Drug kit replenishment	-	
No. of ASHAs trained in last year	Training Name	No. of ASHAs Trained
	Refresher Training	406
	Module 1	52
	Module 2	21
	Module 3	30
	Module 4	317
	Module 6	401
	Module 7	391
	Round 3	408
	Induction Module	52

Source: CDMO Office, East District, 2017

11. DISEASE CONTROL PROGRAMME

There is a provision of diagnostics for tuberculosis and malaria at all the facilities with separate DOT rooms. Awareness of the harmful diseases is also done through proper IEC. Even the ASHAs help in mobilizing the beneficiaries for consulting a doctor at the health facility in case of any problem felt. There were well functioning Laboratories in the facilities.

It was reported by nodal officers in the district that they have 5 programs running in the district- IDSP, NVB, NLEP, NIDDP, and NBCP. The activities include screening, advisory (according to the guidelines related to the disease), training of the staff and camps are held in the district.

TABLE 21: DISEASE CONTROL PROGRAMME PROGRESS DISTRICT 2016-17

Name of the Program	No. of cases screened	No. of detected cases	No. of treated cases
Leprosy	-	36	57
Malaria	37	23	25

Source: CMHO Office, East District

Table 21 depicts situation of different Disease control programme running in the in the District. It is observed that 36 cases of Leprosy detected and total 57 cases were treated. No data was given for RNTCP by the district office.

12. GOOD INNOVATION AND PRACTICE

- One of the DGDs visited by our team had adopted a few innovative practices that can be replicated at the district level as well.
- The DGD had arranged for a practical cooking workshop for the ASHAs where they cooked themselves. This helped them understand the nutritional value of different food items in a better manner
- They provided ASHA workers with 1KG raw pulses packet instead of regular refreshments during an ASHA rally. This helped the ASHA workers include a nutritious food item in their everyday meals.
- It was also noted that the district is making a lot of effort in going to the communities and making sure that all the children are immunised.
- One of the concerns of the district was that it is so burdened by the health services that they have to provide that they have very little time to denote to ideas and innovative measures for better implementation of NHM.

13. HMIS

HMIS is a very good platform for all the health facilities to keep their records online which is accessible to everyone on a mouse click. This makes data keeping easy. The district has allotted trained CDOs to each of the facilities in the district (on 2 or 3 days a week basis). Regular training are conducted by the districts for CDOs to keep them well informed about any changes in the portal.

There were a few problems faced by the facilities in the district regarding the portal. There has been changes in the portal recently and the CDOs have been informed of the changes but no formal training has been conducted for them. This has led to delay in data updation on the portal. Also, the CDOs have been posted at a facility on alternate day basis, this piles up the data that has to be uploaded on the HMIS portal. Many times there are issues with the internet and this again delays updation of data.

It was noted that ANMs also help in updating the portals in the absence of CDOs which overburdens them. As can be seen in the table below, HMIS is implemented at all the facilities in the district. Programme managers use the data from the portal for monthly reviews. All the data updated on the portal is reviewed by the CDOs and the HMIS expert.

HMIS/MCTS	
Is HMIS implemented at all the facilities	Yes
Is HMIS data analyzed 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 service delivery including tracking and monitoring of severely anemic women, low birth weight babies and sick neonates	Yes
Is the service delivery data uploaded regularly	Yes
Is HMIS data analyzed and discussed with concerned staff at state and district levels for necessary corrective action to be taken in future?	Yes

14. CONCLUSION AND RECOMMENDATIONS

14.1. CONCLUSION

- The health facilities in the district are working with limited infrastructure and manpower but still are making all the efforts to improve the health indicators for the district.
- Difference in salaries of contractual and permanent staff has create a divide among them. It is one of the motivation for the staff to put in all their effort. Hence, it is important to take up this issue and discuss with each of the stakeholders to come to a solution.

- ASHAs have been facing problems in receiving their incentives during the last few months due to some technical and document issues. There should be fast tracked solutions to these problems.
- A few of the facilities have made attempts for innovation and using available resources in a better manner. The same can be replicated for rest of the facilities in the district.
- Migratory population and patients from neighbouring areas of Gautambudha Nagar and Ghaziabad has led to an increase in burden on health facilities. Resources need to be upgraded in the same proportion.
- There are no Nutrition Rehabilitation Centres in the district. This is a matter of concern as malnutrition among children is an area where focus is required.
- Mohalla clinics have helped provide facilities in areas where attention is required but at the same time resources have been shifted from NHM to mohalla clinics that has a negative impact on functioning of NHM in the district.
- The 'One Stop Centre' in the district hospital for victims of violence is a boon for the district as it has helped the victims of rape and sexual abuse. It has sensitised people on the issue and helped them move forward.

14.2. RECOMMENDATIONS

- Incentives for the health staff should be increased and more efforts should be made to fill in the vacant positions to avoid any shortage of staff in the district. Also, health staffs lack training in BeMoc, MiniLap, NSSK and FIMNCI. It is recommended that proper trainings be arranged for the them and regular refresher training should also be conducted. Training of Trainers is also an important aspect that should be focused on.
- An Aadhar based, intra-connected PAN India portal should be built to link the patients to it. This will allow the government to track the progress of ANCs, Immunisation, contraceptive usage of each of the patient. This will particularly be useful in tracking the health progress of migratory population and will help avoid the problem of under reporting or double reporting.
- There is an ANM School building built in Khichripur and is lying unused for the last 2-3 years. It can be furnished by providing some funds and then can be used for ANM and

ASHA trainings. This will save the resources used for renting spaces for training and will also provide a better environment to the trainees.

- Capacity of the only district hospital in the district needs to be increased as it is overburdened and isn't able to function efficiently with the current infrastructural constraints.
- Areas where mohalla clinics and DGDs are in close proximity, they can be clubbed to avoid unnecessary resource wastage.
- Under the digital India Programme, all health staff can be trained for using digital form of data keeping devices and instead of maintaining registers, which is a time taking and tedious process, data can directly be saved in digital formats. This will simplify the process of maintaining records and make it less time consuming.
- It is also recommended that the NHM officials be given creative liberty when it comes to IEC. They should be allowed to use their ideas and innovation to create IEC in a manner required for their district. With changing times, the form in which IEC is implemented should also be changed with more focus on digital form of IEC.

15. ANNEXURE 1

15.1. DISTRICT LEVEL MONITORING CHECKLIST



National Health Mission

Monitoring of District PIP

Population Research Centre, Institute of Economic Growth, Delhi

Evaluation of key indicators of the district

1. Detail of demographic & health indicators for the last financial year

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

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

2. Detail of health infrastructures in the last financial year

Health Facility	Number available	Govt. building	Rented building/ Under const.
District hospital			
Poly Clinics			
Mohalla Clinics			
Delhi Government Dispensaries			
Mother & Child Care Centers			
MCD Hospitals			
Medical College			
Skill Labs			
District Early Intervention Centre			
Delivery Points			
Transport Facility	Number available	Number functional	Remarks
108 Ambulances			
CATS			
102 Ambulance			
Referral Transport			
Mobile Medical Units			

3. Human Resource under NHM in the last financial year

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

Any other, please specify				
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4.1. Training status of Human Resource in the last financial year

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

* Note- Fill number of officials who have received training

4.1. 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					

5.1 Block wise service delivery indicators in the last financial year

Block	ANC Registered	3 ANCs	Home Deliveries	Institutional Deliveries

Note- Please include the data for Medical College and DH

5.2 Block wise service delivery indicators of Post Natal Care (PNC) in the last financial year

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

5.3 Block wise service delivery indicator in the last financial year

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

Note- Please include the data for Medical College and DH

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

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

5.5. Block wise JSSK Progress in district in the last financial year

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

5.6. Maternal Death Review in the last financial year

Total Maternal Deaths	Place of Deaths			Major Reasons (% of deaths due to reasons given below)	Month Of pregnancy		
	Hospital	Home	Transit		During pregnancy	During Delivery	Post Delivery
				Hemorrhage- Obstetric Complications- Sepsis- Hypertension- Abortion- Others-			

6.1. Child Health: Block wise Analysis of immunization in the last financial year

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

6.2. Child Health: Detail of infrastructure & Services under Neonatal Health, in the last financial year

	Numbers	whether established in last financial year (Yes/No)
Total SNCU		
Total NBSU		
Total NBCC		
Total Staff in SNCU		
Total Staff in NBSU		

Total NRCs		
Total Admissions in NRCs		
Total Staff in NRCs		
Average duration of stay in NRCs		

6.3. Neonatal Health: (SNCU, NRCs & CDR) in the last financial year

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

Note- * Leave against medical advise

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-

6.5. Rashtriya Bal Suraksha 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 Disease	Ear Disease	Heart disease	Physically challenged	Anemic
2016-17									
2015-16									

7. Family Planning Achievement in District in the last financial year

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

8. ARSH Progress in District in the last financial year

Block	No. of Counseling session held conducted	No. of Adolescents who attended the Counseling sessions	No of Anemic Adolescents		IFA tablets given	No. of RTI/STI cases
			Severe Anemia	Any Anemic		

9. Quality in health care services

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

10. Community process in District in the last financial year

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

	2)
	3)

11. Disease control programme progress District (Non-Communicable Diseases)

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

12. AYUSH progress District in the last financial year

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

13. Budget Utilisation Parameters:

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

14. HMIS/MCTS progress District in the last financial year

HMIS/MCTS		Remarks
Is HMIS implemented at all the facilities	Yes <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 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"/>	
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"/>	

15.2. DISTRICT HOSPITAL MONITORING CHECKLIST

DH level Monitoring Checklist

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

Catchment Population: _____ Total Villages: _____

Date of last supervisory visit: _____

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

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

Section I: Physical Infrastructure:

S.No	Infrastructure	Yes	No	Additional Remarks
1.1	Health facility easily accessible from nearest road head	Y	N	
1.2	Functioning in Govt building	Y	N	
1.3	Building in good condition	Y	N	
1.4	Staff Quarters for MOs	Y	N	
1.5	Staff Quarters for SNs	Y	N	
1.6	Staff Quarters for other categories	Y	N	
1.7	Electricity with power back up	Y	N	
1.9	Running 24*7 water supply	Y	N	
1.10	Clean Toilets separate for Male/Female	Y	N	

1.11	Functional and clean labour Room	Y	N
1.12	Functional and clean toilet attached to labour room	Y	N
1.13	Functional New born care corner(functional radiant warmer with neo-natal ambu bag)	Y	N
1.14	Functional Newborn Stabilization Unit	Y	N
1.16	Functional SNCU	Y	N
1.17	Clean wards	Y	N
1.18	Separate Male and Female wards (at least by partitions)	Y	N
1.19	Availability of Nutritional Rehabilitation Centre	Y	N
1.20	Functional BB/BSU, specify	Y	N
1.21	Separate room for ARSH clinic	Y	N
1.22	Burn Unit	Y	N
1.23	Availability of complaint/suggestion box	Y	N
	Availability of mechanisms for Biomedical waste management (BMW)at facility	Y	N
1.24	BMW outsourced	Y	N
1.25	Availability of ICTC/ PPTCT Centre	Y	N
1.26	Availability of functional Help Desk	Y	N

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

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

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

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

Section IV: Equipment:

S. No	Equipment	Yes	No	Remarks
4.1	Functional BP Instrument and Stethoscope	Y	N	
4.2	Sterilised delivery sets	Y	N	
4.3	Functional Neonatal, Paediatric and Adult Resuscitation kit	Y	N	
4.4	Functional Weighing Machine (Adult and child)	Y	N	
4.5	Functional Needle Cutter	Y	N	
4.6	Functional Radiant Warmer	Y	N	
4.7	Functional Suction apparatus	Y	N	
4.8	Functional Facility for Oxygen Administration	Y	N	
4.9	Functional Foetal Doppler/CTG	Y	N	
4.10	Functional Mobile light	Y	N	
4.11	Delivery Tables	Y	N	
4.12	Functional Autoclave	Y	N	

4.13	Functional ILR and Deep Freezer	Y	N	
4.14	Emergency Tray with emergency injections	Y	N	
4.15	MVA/ EVA Equipment	Y	N	
4.16	Functional phototherapy unit	Y	N	
4.17	Dialysis Equipment	Y	N	
4.18	O.T Equipment			
4.19	O.T Tables	Y	N	
4.20	Functional O.T Lights, ceiling	Y	N	
4.21	Functional O.T lights, mobile	Y	N	
4.22	Functional Anesthesia machines	Y	N	
4.23	Functional Ventilators	Y	N	
4.24	Functional Pulse-oximeters	Y	N	
4.25	Functional Multi-para monitors	Y	N	
4.26	Functional Surgical Diathermies	Y	N	
4.27	Functional Laparoscopes	Y	N	
4.28	Functional C-arm units	Y	N	
4.29	Functional Autoclaves (H or V)	Y	N	
	Laboratory Equipment			
4.1a	Functional Microscope	Y	N	
4.2a	Functional Hemoglobinometer	Y	N	
4.3a	Functional Centrifuge	Y	N	
4.4a	Functional Semi autoanalyzer	Y	N	
4.5a	Reagents and Testing Kits	Y	N	
4.6a	Functional Ultrasound Scanners	Y	N	
4.7a	Functional C.T Scanner	Y	N	
4.8a	Functional X-ray units	Y	N	
4.9a	Functional ECG machines	Y	N	

Section V: Essential Drugs and Supplies:

S.No	Drugs	Yes	No	Remarks
5.1	EDL available and displayed	Y	N	
5.2	Computerised inventory management	Y	N	

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

Section VI: Other Services:

S.no	Lab Services	Yes	No	Remarks
6.1	Haemoglobin	Y	N	
6.2	CBC	Y	N	
6.3	Urine albumin and sugar	Y	N	
6.4	Blood sugar	Y	N	
6.5	RPR	Y	N	
6.6	Malaria	Y	N	
6.7	T.B	Y	N	
6.8	HIV	Y	N	
6.9	Liver function tests(LFT)	Y	N	

6.10	Ultrasound scan (Ob.)			
6.11	Ultrasound Scan (General)			
6.12	X-ray			
6.13	ECG			
6.14	Endoscopy			
6.15	Others , pls specify	Y	N	
S.No	Blood bank / Blood Storage Unit	Yes	No	Remarks
6.16	Functional blood bag refrigerators with chart for temp. recording	Y	N	
6.17	Sufficient no. of blood bags available	Y	N	
6.18	Check register for number of blood bags issued for BT in last quarter			

Section VII: Service Delivery in Last two financial years:

S.No	Service Utilization Parameter	2015-16	2016-17
7.1	OPD		
7.2	IPD		
7.3	Total deliveries conducted		
7.4	No. of C section conducted		
7.5	No. of neonates initiated breast feeding within one hour		
7.6	No of admissions in NBSUs/ SNCU, whichever available		
7.7	No. of children admitted with SAM (Severe Acute 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

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

Section VII B: Service delivery in post natal wards:

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

Section VIII: Quality parameter of the facility:

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

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

Section IX: Record Maintenance:

S. No	Record	Available and Updated and correctly filled	Available but Not maintained	Not Available	Remarks/Timeline for completion
9.1	OPD Register				

9.2	IPD Register				
9.3	ANC Register				
9.4	PNC Register				
9.5	Line listing of severely anaemic pregnant women				
9.6	Labour room register				
9.7	OT Register				
9.8	Immunisation Register				
9.9	Blood Bank stock register				
9.10	Referral Register (In and Out)				
9.11	MDR Register				
9.12	Drug Stock Register				
9.13	Payment under JSY				

Section X: IEC Display

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

Section XI: Additional/Support Services:

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

11.7	Tally Implemented	Y	N	
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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?

15.3. CHC/PHC LEVEL MONITORING CHECKLIST

CHC/PHC Level Monitoring Checklist

Name of District: _____ Name of Block: _____ Name of FRU: _____
 Catchment Population: _____ Total Villages: _____ Distance from Dist HQ: _____
 Date of last supervisory visit: _____
 Date of visit: _____ Name & designation of monitor: _____
 Names of staff not available on the day of visit and reason for absence: _____

Section I: Physical Infrastructure:

S.No	Infrastructure	Yes	No	Additional Remarks
1.1	Health facility easily accessible from nearest road head	Y	N	
1.2	Functioning in Govt building	Y	N	
1.3	Building in good condition	Y	N	

1.4	Staff Quartersfor MOs	Y	N
1.5	Staff Quarters for SNs	Y	N
1.6	Staff Quarters for other categories	Y	N
1.7	Electricity with power back up	Y	N
1.9	Running 24*7 water supply	Y	N
1.10	Clean Toilets separate for Male/Female	Y	N
1.11	Functional and clean labour Room	Y	N
1.12	Functional and clean toilet attached to labour room	Y	N
1.13	Functional New born care corner(<i>functional radiant warmer with neo-natal ambu bag</i>)	Y	N
1.14	Functional Newborn Stabilization Unit	Y	N
1.16	Functional SNCU	Y	N
1.17	Clean wards	Y	N
1.18	Separate Male and Female wards (at least by partitions)	Y	N
1.19	Availability of Nutritional Rehabilitation Centre	Y	N
1.20	Functional BB/BSU, specify	Y	N
1.21	Separate room for ARSH clinic	Y	N
1.22	Availability of complaint/suggestion box	Y	N
1.23	Availability of mechanisms for Biomedical waste management (BMW)at facility	Y	N
1.23 a	BMW outsourced	Y	N
1.24	Availability of ICTC Centre	Y	N

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

S. no	Category	Numbers	Remarks if any
2.1	OBG		
2.2	Anaesthetist		
2.3	Paediatrician		
2.4	General Surgeon		
2.5	Other Specialists		
2.6	MOs		

2.7	SNs	
2.8	ANMs	
2.9	LTs	
2.10	Pharmacist	
2.11	LHV	
2.12	Radiographer	
2.13	RMNCHA+ counsellors	
2.14	Others	

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

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

Section IV: Equipment:

S. No	Equipment	Yes	No	Remarks
4.1	Functional BP Instrument and Stethoscope	Y	N	
4.2	Sterilised delivery sets	Y	N	
4.3	Functional Neonatal, Paediatric and Adult Resuscitation kit	Y	N	
4.4	Functional Weighing Machine (Adult and child)	Y	N	
4.5	Functional Needle Cutter	Y	N	

4.6	Functional Radiant Warmer	Y	N	
4.7	Functional Suction apparatus	Y	N	
4.8	Functional Facility for Oxygen Administration	Y	N	
4.9	Functional Autoclave	Y	N	
4.10	Functional ILR and Deep Freezer	Y	N	
4.11	Emergency Tray with emergency injections	Y	N	
4.12	MVA/ EVA Equipment	Y	N	
4.13	Functional phototherapy unit	Y	N	
	Laboratory Equipment			
4.1a	Functional Microscope	Y	N	
4.2a	Functional Hemoglobinometer	Y	N	
4.3a	Functional Centrifuge	Y	N	
4.4a	Functional Semi autoanalyzer	Y	N	
4.5a	Reagents and Testing Kits	Y	N	

Section V: Essential Drugs and Supplies:

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

5.21	IUCDs	Y	N	
5.22	Sanitary napkins	Y	N	
S.No	Essential Consumables	Yes	No	Remarks
5.23	Gloves, Mckintosh, Pads, bandages, and gauze etc.	Y	N	

Section VI: Other Services :

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

Section VII: Service Delivery in last two financial years:

S.No	Service Utilization Parameter	2015-16	2016-17
7.1	OPD		
7.2	IPD		
7.3	MCTS entry on percentage of women registered in the first trimester		
7.4	No. of pregnant women given IFA		
7.5	Total deliveries conducted		
7.6	No. of C section conducted		
7.7	No of admissions in NBSUs/ SNCU, whichever available		
7.8	No. of children admitted with SAM (Severe Acute Anaemia)		
7.9	No. of sick children referred		

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

Section VII a: Service delivery in post natal wards:

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

Section VIII: Quality parameter of the facility:

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

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

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

Section IX: Record Maintenance:

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

Section X: Fund Utilisation

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

Section XI: IEC Display:

S.No	Material	Yes	No	Remarks
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11.1	Approach roads have directions to the health facility	Y	N
11.2	Citizen Charter	Y	N
11.3	Timings of the health facility	Y	N
11.4	List of services available	Y	N
11.5	Essential Drug List	Y	N
11.6	Protocol Posters	Y	N
11.7	JSSK entitlements (Displayed in ANC Clinics/, PNC Clinics)	Y	N
11.8	Immunization Schedule	Y	N
11.9	JSY entitlements(Displayed in ANC Clinics/, PNC Clinics)	Y	N
11.10	Other related IEC material	Y	N

15.4. SC LEVEL MONITORING CHECKLIST

DGD-level Monitoring Checklist

Name of District: _____ Name of Block: _____ Name of PHC/CHC: _____
 Catchment Population: _____ Total Villages: _____ Distance from Dist HQ: _____
 Date of last supervisory visit: _____
 Date of visit: _____ Name & designation of monitor: _____
 Names of staff not available on the day of visit and reason for absence: _____

Section I: Physical Infrastructure:

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

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

S. no	Category	Regular	Contractual	Remarks if any
2.1	MO			
2.2	SNs/ GNMs			
2.3	ANM			
2.4	LTs			
2.5	Pharmacist			
2.6	LHV/PHN			
2.7	Others			

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

S. no	Training	No. trained	Remarks if any
3.1	BeMOC		
3.2	SBA		
3.3	MTP/MVA		
3.4	NSV		

3.5	IMNCI	
3.6	F- IMNCI	
3.7	NSSK	
3.8	Mini Lap	
3.9	IUD	
3.10	RTI/STI	
3.11	Immunization and cold chain	
3.12	Others	

Section IV: Equipment

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

Section V: Essential Drugs and Supplies

S.No	Drugs	Yes	No	Remarks
5.1	EDL available and displayed	Y	N	
5.2	Computerised inventory management	Y	N	
5.3	IFA tablets	Y	N	

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

Section VI: Other Services :

S.no	Lab Services	Yes	No	Remarks
6.1	Haemoglobin	Y	N	
6.2	CBC	Y	N	
6.3	Urine albumin and Sugar	Y	N	
6.4	Serum Bilirubin test	Y	N	
6.5	Blood Sugar	Y	N	
6.6	RPR (Rapid Plasma Reagin)	Y	N	
6.7	Malaria	Y	N	
6.8	T.B	Y	N	
6.9	HIV	Y	N	
6.10	Others	Y	N	

Section VII: Service Delivery in last two years

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

Section VII a: Service delivery in post natal wards:

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

Section VIII: Quality parameter of the facility

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

S.No	Essential Skill Set	Yes	No	Remarks
8.1	Manage high risk pregnancy	Y	N	
8.2	Provide essential newborn	Y	N	

	care(thermoregulation, breastfeeding and asepsis)			
8.3	Manage sick neonates and infants	Y	N	
8.4	Correctly administer vaccines	Y	N	
8.5	Alternate Vaccine Delivery (AVD) system functional	Y	N	
8.6	Segregation of waste in colour coded bins	Y	N	
8.7	Adherence to IMEP protocols	Y	N	

Section IX: Record Maintenance:

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

Section X: Funds Utilisation

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

Section XI: IEC Display:

S.No	Material	Yes	No	Remarks
11.1	Approach roads have directions to	Y	N	

	the health facility			
11.2	Citizen Charter	Y	N	
11.3	Timings of the Health Facility	Y	N	
11.4	List of services available	Y	N	
11.5	Essential Drug List	Y	N	
11.6	Protocol Posters	Y	N	
11.7	JSSK entitlements	Y	N	
11.8	Immunization Schedule	Y	N	
11.9	JSY entitlements	Y	N	
11.10	Other related IEC material	Y	N	

Section XII: Additional/Support Services:

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