NATIONAL HEALTH MISSION

A REPORT ON

MONITORING OF IMPORTANT COMPONENTS OF

NHM PROGRAMME IMPLEMENTATION IN EAST DISTRICT, SIKKIM

Dr. SURESH SHARMA
Ms. GARGEE SARKAR

POPULATION RESEARCH CENTRE
INSTITUTE OF ECONOMIC GROWTH
Delhi-110007

October, 2018

Contents

List of Tables

List of Figures

Acknowledgement

The Monitoring and Evaluation of National Health Mission/ Programme Implementation Plan in Sikkim district of East was successfully completed due to the help and active cooperation received from District NHM staff and support extended by the officials from Health Care, Human Services & Family Welfare Department.

First and foremost, we would like to thank Smt. Rajnish Jain, Deputy Director General (Stat) and Smt. Navanita Gogoi, Director (Stat), Ministry of Health and Family Welfare, Government of India for handing over responsibility of the work of monitoring of the important components of NHM Programme Implementation Plan to Population Research Centre, Institute of Economic Growth, Delhi as well as for their corporation towards monitoring team without which this evaluation would not have been possible.

We convey our warm gratitude to Dr. Tsering Laden, C.M.O., East district, and other District Staff for their complete support to the team for conducting the monitoring and evaluation exercise in the district. We also thank the health facility staffs for their active involvement during the monitoring visits in the district particularly, the MOICs and ANMs and the ASHAs for their cooperation in sharing with us the information vis-à-vis their respective health facilities. The beneficiaries are also much appreciated for imparting valuable information to us which is an important addition to the making of this report.

Dr. Suresh Sharma
Ms. Gargee Sarkar

October, 2018

List ofAcronyms and Abbreviations

ANC	Ante Natal Care
ANM	Auxiliary Nurse Midwife
AYUSH	Ayurveda, Yoga & Naturopathy, Unani, Siddha and Homoeopathy
BEMOC	Basic Emergency Obstetric Care
BMW	Biomedical waste
BSU	Blood Storage Unit
CDMO	Chief District Medical Officer
CHC	Community Health Centre
DH	District Hospital
DMPA	Depot Medroxyprogesterone Acetate
DPM	District Programme Manager
ECG	Electrocardiography
EMOC	Emergency Obstetric Care
FRU	First Referral Unit
HMIS	Health Management Information System
IEC	Information, Education and Communication
IMEP	Infection Management and Environment Plan
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
M&E	Monitoring and Evaluation
MCTS	Mother and Child Tracking System
MDR	Maternal Death Review
MMU	Mobile Medical Unit
MoHFW	Ministry of Health and Family Welfare
MOIC	Medical Officer In- Charge
NBCC	New Born Care Corner
NBSU	New Born Stabilization Unit
NSSK	Navjat Shishu Suraksha Karyakram
NSV	No Scalpel Vasectomy
OCP	Oral Contraceptive Pill
OPD	Out Patient Department
OPV	Oral Polio Vaccines
PIP	Programme Implementation Plan
PNC	Post Natal Care
PPP	Public Private Partnership
PRC	Population Research Centre
RBSK	Rashtriya Bal Suraksha Karyakram
RKSK	Rashtriya Kishor Swasthya Karyakram
RCH	Reproductive Child Health
RKS	Rogi Kalyan Samiti
RPR	Rapid Plasma Reagin
SBA	Skilled Birth Attendant
SKS	Swasthya Kalyan Samiti
SN	Staff Nurse
SNCU	Special New Born Care Unit
TFR	Total Fertility Rate
TT	Tetanus Toxoid
VHND	Village Health and Nutrition Day

Executive Summary

The National Health Mission represents the principal undertaking of the government of India for the overall Indian Health scenario. The most important determinant that evaluates the advancement of the NHM is the Monitoring and Evaluation actions which are carried out by the Ministry of Health and Family Welfare in a successive basis. An established network of 18 Population Research Centre (PRCs) in 17 major states shoulders the responsibility of monitoring the State Programme Implementation Plans as a representative of the Ministry of Health and Family Welfare.

This report hence focuses on the monitoring of essential components of NHM in East district of Sikkim for the year 2017-18. The assessment was conducted in the month of October, 2018 and highlights upon the status of NHM activities in the given district of Sikkim.

Furthermore, the report underlines the key observations made during the PRC, Delhi team's visit to five health facilities of the district and also brings forth essential inputs provided by the key personnel of NHM. The evaluation follows up a desk review of the Record of Proceeding (RoP) and Program Implementation Plans (PIPs) of the state by the PRC team based on which questionnaire schedules were prepared for field investigation.

In addition, Beneficiaries who are spotted at the health facilities visited were interviewed about the utilization of JSSK, out of pocket expenditure, knowledge &awareness and birth preparedness. The strengths and weaknesses observed with regards to service delivery, infrastructure, RMNCH+A, Child Health, Quality, etc are also discussed below:

Strengths

- The National Health Mission (NHM) has been a successful undertaking in the district with all health facilities running in government building and only four Sub-Centres running in rented building.
- ASHA's contribution is in the district was found effectual. Training till module 6-7 successfully completed for most ASHAs. ASHAs in the district were also reported to be undertaking household re-survey.
- Immunisation coverage very much significant and achieved its target vaccination undertaking with check posts vaccination booths and other initiatives and measures.
- Mission Indradhanush running successfully, higher degree of dropout clearance achieved.
- Polio immunization has been successfully completed in the district with greater community awareness, IEC responsiveness etc.
- Ayushmaan Bharat has been recently launched in the recent. As of the present status of the proceedings of the scheme, only registration and acquirement of card has taken place.
- Blood Bank is effectually serviceable in the district.
- JSY programme was successful in increasing Institutional deliveries.
- JSSK initiatives' are operative and effective in the district.
- As under the JSSK initiatives HR at Sub-Centre was reported to successfully the Staff Quarter into maternity homes with provision of free diet at the sub-centre itself, hence effectively converting the same into a delivery point with 48 hours stay facility post-delivery.
- The district hospital took distinctive measures to prevent maternal deaths by admitting the beneficiary immediately as the first step of treatment policy undertaken. Further, nutritional support amounting to Rs 500 as well as additional Rs 2500 (from government of Sikkim) for BPL and high priority cases.
- The Government of Sikkim, under the Health Care Human service & Family Welfare Department has launched the "PROUD MOTHER" scheme to motivate mothers to undergo institutional delivery and opt for two children with provision of monetary assistance.

- Rashtriya Bal Swasthya Karyakram (RBSK) is functional in all blocks and implemented at Schools, Anganwadis and Delivery points.
- The district conducted monthly VHNDs, VHNC meetings, timely ASHAs training with respect of awareness interventions as well.
- District Early Intervention Centre (DEIC) is active and effectual.
- Rashtriya Kishor Swasthya Karyakram (RKSK) is well-operative in the district.
- Rogi Kalyan Samiti (RKS) are present in the district.
- AYUSH facilities of the district are in some way functional. However, more incentives required.
- Under Family Planning, Antara Programme has been launched and serviceable at the District Hospital. However, non-Injectable methods are more preferred.
- Trauma Centre is recently constructed and located at the District Hospital, Singtam.
- The District also has CATCH (Comprehensive Annual and Total Checkup for Healthy Sikkim) programme running successfully.
- IEC/BCC actions have successfully done its task of spreading awareness regarding various aspects of health entitlements for the beneficiaries.
- The Communicable disease control programme is effective and functional in the district.
- The Data Entry Operators were found to be well aware of all schemes running in the district which eventually leads to successful update of district data in HMIS.
- The quality coordinator of the district oversees performance concerning Kayakalp. BMW Management is efficient and systematically outsourced at district hospital level. While deep burial pits at block and peripheral level.

Weaknesses

- Mental health issues are on the rise in the district with increasing number of cases with coming years comprising mostly Depression, suicidal feelings.
- There was a universal scarcity of Human Resources in the district with respect to Medical staff as well as other general staff required at each facility level.
- Many health facilities at block level faced infrastructural issues due to building being old, outdated electricity boards, and lack of staff quarters. Most facility are in need of expansion owing to higher patient load as they also cater to the medical needs of the migrated cases from west Bengal.
- There is a universal power backup issue in all PHCs especially with respect to maintaining immunization.
- Most health facilities reportedly having outdated, old equipment.
- The most reported issue faced by the district was in the matters regarding budget. There is great delay in funds assigned to reach the health facilities
- Delay in payment under JSY program. Since the funds reaches the facilities late. Even so funds for JSSY are not received on time thus at times expenses are reportedly borne by the HR themselves.
- The district did not receive funds for ASHAs for the last two financial years
- The District is in fact falling short of 45 more ASHAs leading to additional difficulties. Hence ASHA functioning and mobility affected.
- Infertility is on the rise in the district, especially for men.
- With low success rate of IVF, late marriages, higher cost of living and women undergoing late pregnancy and opting only for one child, the TFR is considerably lower than the National rate.

Introduction

National Health Mission (NHM) previously known as National Rural Health Mission was launched in order to make health care more accessible and affordable to all especially who are vulnerable and underserved and at the moment, it has become one of the essential part of the health services in the country. The Mission is both flexible and dynamic and is intended to guide states towards ensuring the achievement of universal access to health care through strengthening of health systems, institutions and capabilities. Also, the need for an effective Inter-sectoral convergent action to address the wider social determinants of health is envisioned.

The Ministry of Health and Family Welfare (MoHFW) has consigned Population Research Centres (PRCs) for quality monitoring of important components of NHM State Programme Implementation Plan (PIP) 2018-19. A timely and systematic assessment of the key components of NHM is important for further planning and resource allocation. 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 conditionality and new innovations.
- ☑ Strategic areas identified in the roadmap for priority action.
- ☑ Strengths and weaknesses in implementation.

This monitoring report concerned the East district in Sikkim where the monitoring was carried out in the month of October 2018. In the district apart from the Chief Medical Officer's meeting (based at District Hospital Singtam), Singtam District Hospital, Community Health Centre, Rhenock, Primary Health Centre Pakyong, Sub Centre Rorathang, Sub Centre Changey Senti were visited.

This report provides a review of key population, socio-economic, health and service delivery indicators of the East District, Sikkim. The report also deals with health infrastructure and human

resource of the district and provides insights on MCH service delivery including JSSK and JSY schemes, Family Planning, ARSH, Bio-Medical waste management, Referral Transport, ASHA scheme, Communicable, Non-Communicable diseases and status of HMIS and MCTS. This report is based on the interviews of CMO, District Health Officials, ANM and beneficiaries.

The health care facilities visited to accomplish the objective of the visits are enlisted in table 1 below:

Table 1: Health Facilities visited in the PIP Monitoring of East District

Facility Type	Name of the facility
District Hospital	**District Hospital, Singtam**
Community Health Centre (Non-FRU)	**Community Health Centre Rhenock**
Primary Health Centre	**Primary Health Centre Pakyong**
Sub-Centre	**Sub Centre Changey Senti**
Sub-Centre	**Sub-Centre Rorathang**

Objectives

The given are the objectives which are to be followed as the NHM norms and guidelines:

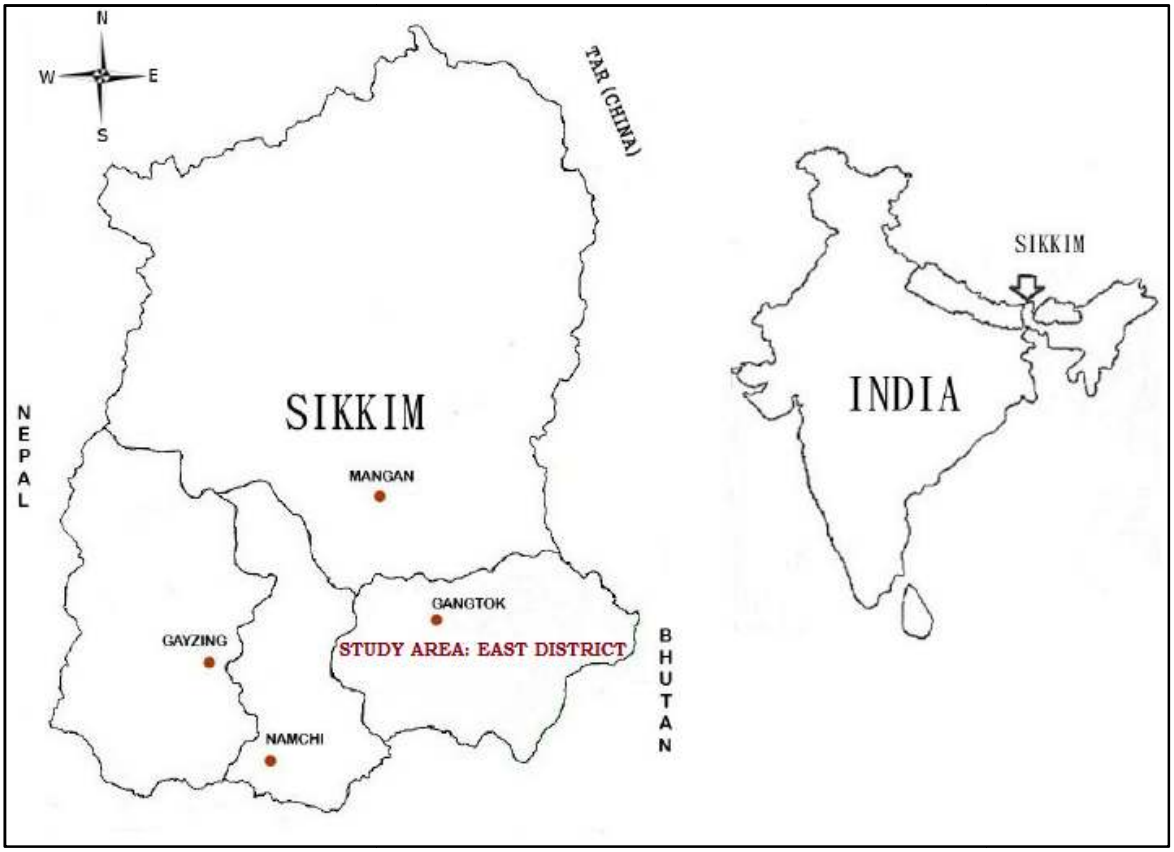
- ☑ To monitor the status of physical infrastructure of health facilities under NHM Programme.
- ☑ To understand the availability and efficiency of human resource.
- ☑ To understand the gap between Demand and supply of health service delivery under NHM programme.
- ☑ To assesses functionality of equipment, supply and essential drugs, essential consumables etc.
- ☑ To analyze and ascertain the implementation and performance of different scheme under NHM such as JSSK, NRC, RBSK, ARSH, etc.
- ☑ To analyze other important components namely service delivery, record maintenance, Biomedical Waste Management, referral transports system, IEC material, disease control programme etc.
- ☑ To assess availability of finance for the NHM activities in the district.

1.District Profile: East Sikkim

Sikkim is a small hilly State in the Eastern Himalayas with formidable physical features. It is bounded by vast stretches of the Tibetan Plateau in the North, the Chumbi Valley of Tibet and the kingdom of Bhutan in the East, the Federal Democrate Republic of Nepal in the West and Darjeeling District of West Bengal in the south.

The state of Sikkim has a total area of 7096 sq.kms and stretched over 112 kms from North to South and 64 kms from East to West. It lies in the North Eastern Himalayas between 27°00'46" to 28°07'48" North Latitude and 88°00'58" to 88°55'25" East Longitude.

Figure 2: Integrated map of Sikkim and East District



East Sikkim is one of the four administrative districts of the Indian state of Sikkim. Geographically, East Sikkim occupies the south-east corner of the state. The capital of East Sikkim is Gangtok, which is also the state capital. It is the hub of all administrative activity in the state. East district occupies an area of 964 km² and is the second smallest district area wise in the

state. East District administers 954 square km of area (95400 Hect). It is divided into four Sub-Divisions- Gangtok, Pakyong, Rongli and Rangpo. The Subdivisions are further divided into 10 Gram Vikash Kendras namely Duga, Rhenock, Pakyong, Gangtok, Rakdong Tintek, Khamdong, Ranka, Regu, Martam and Parakha. The Gram Vikash Kendras are divided into Gram Panchayat Unit and auxiliary into the villages. There are 52 Gram Panchayat Unit and 250 villages in East District. The District is a land of diverse culture and tradition. East District is constituted by Nepali, Bhutia and Lepcha communities. Nepali is the predominant language in the region.

Table 2: Key Demographic Parameters of East District, Sikkim and India

Parameter	India	Sikkim	East District
Actual Population	**1,210,569,573**	**610,577**	**283,583**
Male	**623,121,843**	**323070**	**151,432**
Female	**587,447,730**	**287507**	**132,151**
Population Growth	**17.7**	**12.89**	**15.73**
Area Sq. Km	**3287240**	**7096**	**964**
Density/km2	**382**	**86**	**297**
Proportion to Sikkim Population (in Percentage)	**-**	**100**	**46.4**
Sex Ratio	**943**	**890**	**873**
Child Sex Ratio	**919**	**957**	**960**
Average Literacy	**72.99**	**81.42**	**83.85**
Male Literacy	**80.89**	**86.55**	**88.47**
Female Literacy	**64.64**	**75.61**	**78.5**
Total Child Population (0-6)	**164,478,150**	**64,111**	**27,984**
Male Population (0-6)	**85,732,470**	**32,761**	**14,277**
Female Population (0-6)	**78,745,680**	**31,350**	**13,707**
Total Fertility Rate (TFR)	**2.3**	**1.2**	**-**
Infant Mortality Rate (IMR)	**34**	**19**	**19**
Maternal Mortality Rate (MMR)	**130**	**9**	**8**
3 or more ANCs	**-**	**84.8**	**86.2**
Women who had Institutional Deliveries	**-**	**7,651**	**5,027**

Source: Census 2011

Table 2 elaborates the key demographic details of the East District Sikkim in the following observations as such:

- ☑ The district is home to about 2.83 lakh people, among them about 0.53 lakh (53.3 percent) are male and about 0.47 lakh (46.6 percent) are female. The population of the district equals to around 46.44 percent of the total population of Sikkim.

- ☑ Of the total Female population in Sikkim, 45.96 per cent resides in the East District.

- ☑ Literacy rate (children under 6 are excluded) of East District is 83.85 percent out of which 88.47 percentage of male and 78.5 percentage of female population.
- ☑ Child (aged under 6 years) population of East district is 43.6 percent, among them 51.01 percent are boys and 48.98percent are girls.
- ☑ The population growth rate of East District is 15.7 percent which is more rapid than the state growth rate of 12.89 percent.
- ☑ The sex ratio of the East District reveals that the female population is comparatively more outnumbered than the state estimate where data shows 873 females per 1000 males in East District while that for Sikkim is 890.
- ☑ The child sex ratio for the district is 960 as against 957 for the state.
- ☑ East district has population density of 297 persons per square kilometers which is exceedingly more than the state average of 86 persons per square kilometers.

1.1 Health Profile

The health profile highlights the performance of major service delivery indicators and the subsequent health outcomes in terms of the quantifiable goals of NHM. It analyses the input, output and outcomes of the public health delivery system in East with respect to various domains such as, Maternal Health, Child Health, Delivery care, Family Planning, etc. Table 3 presents the health profile of East district for the year 2017-18

Table 3: Health and Health Care Service Delivery Indicators, East District

Health And Health Care Service Delivery Indicators	East
I) Maternal Health	
Total Number Of Pregnant Women Registered For ANC	**2,603**
% 1st Trimester Registration To Total ANC Registrations	**62.7**
% Pregnant Woman Received 4 Or More ANC Checkups To Total ANC Registrations	**50.4**
% Pregnant Women Given 180 IFA To Total ANC Registration	**70**
II) Delivery and Post-Delivery Care	
Number Of Home Deliveries	**16**
% SBA Attended Home Deliveries To Total Reported Home Deliveries	**37.5**
% Home deliveries to Total Reported Deliveries	**0.75**
Institutional Deliveries	**2,079**
% Institutional Deliveries To Total Reported Deliveries	**99.25**
% Institutional Deliveries To Total ANC Registrations	**79.9**
% Women Discharged In Less Than 48 Hours Of Delivery To Total Reported Deliveries	**16.2**
% Women Getting 1st Post-Partum Checkup Between 48 Hours And 14 Days To Total Reported Deliveries	**79.2**
% Newborns Breast Fed Within 1 Hour Of Birth To Total Live Birth	**82.8**
% Newborns Weighed At Birth To Live Birth	**100**
III) Child Health	
Number Of Fully Immunized Children (9-11 Months)	**1,867**
Number Of Cases Of Childhood Diseases (0-5 Years): Pneumonia	**28**
Number Of Cases Of Childhood Diseases (0-5 Years): Diarrhoea	**990**
IV) Immunization Coverage	
Fully Immunized Children	**251 (47.92 per cent)**
V) Family Planning	
Total Sterilisation Conducted	**20**
% Male Sterilisation (Vasectomies) to Total sterilisation	**0**
% Post-Partum Sterilisations to Total Female Sterilisations	**95**
Number of Combined Pills Distributed	**8,739**
Number of Condom pieces distributed	**32,172**
VI) Facility Service Delivery	
IPD (Number)	**10,079**
OPD (Allopathic)	**3,08,075**

Source: -HMIS, East District, 2017-18

Most needed and vital component for Maternal Health is Antenatal Care (ANC). ANC is a methodical care of women during pregnancy to make certain the wellbeing of mother and foetus. Taking up the ANC provides for timely supervision of complications so as to ensure a safe birth plan and assign a facility for delivery. Early registration of pregnancy sees to it that adequate care is provided from the utmost initiation and through entire duration of the gestation period. In East, 62.7 percent of women register for ANC in the first trimester. IFA supplementation was given to 70 per cent of all women who registered for ANC.

A vital component of Infant Health is proper Delivery care. GoI recognizes Skilled Birth Attendant (SBA) as someone who can handle common obstetric and neonatal emergencies, hence form a crucial presence in times of such emergencies. As observed, only 37.5 percent of all home deliveries are SBA attended in East. Institutional deliveries is an important initiative by NHM for both mother and child care. 99.25 per cent of all deliveries were observed to be institutional deliveries. With regards to Post Natal Care, 82.8 per cent of the newborns were breast fed within 1 hour of delivery and 100 per cent of newborns were weighted at birth. 72.9 per cent of women the 1st post-partum checkup within 48 hours and 14 days of delivery.

With regards to the service delivery for the Child Health, East observes 47.92 per cent of full immunization coverage rate (as per the District Profile reported, CMO Office, 201 8-19). The most common childhood disease is reported as diarrhea and in the year 2017-18, the district had 990 cases of diarrhoeal disease.

Unmet need for family planning is a significant factor that contributes to population growth. Family planning services work in accordance to lower the unmet need. Female sterilization (Tubectomies) as a method of permanent family planning dominates the statistics with 100 percent of all sterilization conducted in 2017-18 in East. Total Sterilization Conducted was 20, all of which was conducted at government health facility

To improve the health care delivery, increase in the OPD and IPD services through better facilitation and coordination of public health systems has been a contribution of NHM. Facility Service Delivery with regards to patient services is summarized in section 6 of Table 3. The OPD patient load is as high as 3,08,075 in 2017-18 as against 10,079 IPD Patients.

2. Human Resource and Health Infrastructure

The component of Human Resources under NHM is to ensure availability of adequate manpower at the public health facilities in the State. Human Resources are mainly based on the necessities. The component/scheme of Human Resources under NHM includes different interventions to ensure recruitment, deployment, continued capacity building and functioning of adequate health care man power. Interventions for increasing the generation of health Human Resources are required in order to meet the demands in the public sector.

The Public Health Care Infrastructure includes of Sub Health Centres at the most peripheral level, Primary Health Centres envisaged to provide an integrated curative and preventive health care, and Community Health Centres which serve as a referral centre for PHCs and also provides facilities for obstetric care and specialist consultations.

2.1. Human Resource

Chief Medical Officer (CMO) Meeting and discussions with BPMs time and again mentioned manpower crisis as a major restraining factor affecting the NHM effectiveness in the district. There is a lack of Medical and Para-medical Human Resource in East district at all facility levels. Sub-optimal Human Resource capacity at subordinate hierarchal level of health facilities in the district runs alongside the said issue.

Table 4 depicts the Human Resource (HR) availability at the district hospital in East. There is an acute shortage of specialists namely Dental and AYUSH doctors. It was reported that since district hospital at Singtam was a universal cater for all medical services, special OBG care was provided by STNM, Gangtok which is a 300 bedded health facility.

Overall, a significant shortage significant shortage of skilled human resources was observed across the district. The scarce availability of specialists, paramedical and administrative staff strains the efficiency in the system. The following Table 4 illustrates the Human Resource Position in the East District, Sikkim.

Table 4: Human Resource (HR) position in the District, East District

Position Name	Regular	Contractual
MO's including specialists	14	16
Gynecologists	2	0
Pediatrician	2	0
Surgeon	0	0
Nutritionist	0	0
Dental Surgeon	3	5
LHV	9	
ANM	113	26
Pharmacist	1	1
Lab technicians	13	10
X-ray technicians	2	3
Data Entry Operators	0	6
Staff Nurse at CHC	0	2
Staff Nurse at PHC	0	13
ANM at PHC	27	7
ANM at SC	64	15
Data Entry Operators	0	6
Any other, please specify	0	0

Source: CMO Office, East District, 2017-18

2.2. Health Infrastructure

With regards to Public health infrastructure, there are one District Hospital, one First Referral Units (FRUs), one Community Health Centres (CHCs), six Primary Health Centres (PHCs) and forty-eight Sub Centres(SCs) in East District. In addition, fifty-six Mother & child Care Centers, eight adolescent friendly health clinics, eight Skill Labs, and one District Early Intervention Centre (DEIC) are functioning in the district. It has also been reported that Sub-Centers are on the way to be converted to Health and Wellness Centres. Table 5 presents the details of Health Infrastructure in East District.

The population norms for setting up of public health facilities in Hilly areas are as under:

- Sub Centre: 1 per 3,000 population
- Primary Health Centre: 1 per 20,000 population
- Community Health Centre: 1 per 80,000 population

Table 5: Details of Health Infrastructure, East District

Health Facility	Number available	Govt. building	Rented building
District hospital	**1**	**1**	**0**
First Referral Units (FRUs)	**0**	**0**	**0**
CHC	**1**	**1**	**0**
PHC	**6**	**6**	**0**
Sub Centre	**48**	**44**	**4**
Mother & Child Care Center	**56**	**52**	**4**
Adolescent friendly Health Clinic	**8**	**8**	**0**
Medical College	**0**	**0**	**0**
Skill Labs	**1**	**1**	**0**
District Early Intervention Centre	**1**	**1**	**0**
Delivery Points	**NA**	**NA**	**NA**
Transport Facility	**Number available**		**Number functional**
108 Ambulances	**-**		**-**
102 Ambulance	**-**		**-**
Referral Transport ALS	**2**		**2**
Mobile Medical Units	**1**		**1**

Source: CMO Office, East District, 2017-18

All the facilities are run in a government building except for four sub centers and four Mother & Child Care Centres which are functioning in rented buildings. Transport facilities in the district include two 'Referral transports ALS' and one MMU. However, the district lacks '108' and '102' Ambulances.

Table 6 highlights the details of infrastructure parameters of the facilities visited as provided by the specific health facilities as well as based on observations. The District Hospital, Singtam, and CHC Rhenock has all facilitations, however, for PHC Pakyong all amenities available except that of staff quarter for SNs. For Sub-Centers either the Staff quarter was not in usable conditions with lack of water and electricity or else or present at all Observation reveals the scarce state where the SC lack electricity supply and piped water supply and complaints/suggestion box as well.

Among the visited health facilities, PHC Pakyong reportedly having cleans wards. Also there was clean separate toilets. The Facility also has a building donated by the AAI. PHC Pakyong, being a Kayakalp awardee rightfully exhibits a Kayakalp worthy general cleanliness all around its facility premises.

Table 6: Status of Health Infrastructure in facilities visited, East District

Facilities Visited Physical Infrastructure Indicators	DH Singtam	CHC Rhenock	PHC Pakyong	SC Rorathang	SC Changey Senti
Health facility easily accessible from nearest road head	**Yes**	**Yes**	**Yes**	**Yes**	**Yes**
Functioning in Govt building	**Yes**	**Yes**	**Yes**	**Yes**	**Yes**
Building in good condition	**Yes**	**Yes**	**Yes**	**Yes**	**Yes**
Residential Quarters for medical and Para medical staff?	**Yes**	**Yes**	**Yes (only for Doctors)**	**Yes**	**No**
Regular electric supply available?	**Yes**	**Yes**	**Yes**	**No**	**No**
Piped Water Supply (24*7)	**Yes**	**Yes**	**Yes**	**Yes**	**No**
Clean wards	**Yes**	**Yes**	**Yes**	**Yes**	**Yes**
Clean separate Toilets	**Yes**	**Yes**	**No**	**No**	**No**
Availability of complaint/suggestion box	**Yes**	**Yes**	**Yes**	**No**	**No**

Source: CMO Office, East District, 2017-18

Having mentioned all the observations made by visiting the health facilities and reported facts it can be concluded in terms of health infrastructure that East Sikkim lies quite ahead however it is needful to resolve the issue of lack of Staff quarters for Paramedical Staffs at PHCs and at Sub-Centres. Systematic monitoring of health facilities undertaken can ensure compliance to IPHS norms over a period of time.

3. Maternal Health

Maternal Health is a key aspect for the development of any country in terms of increasing equity &alleviating poverty. The survival and well-being of mothers is not only important in their own right but are also crucial to solving large broader, economic, social and developmental upfront.

Maternal health refers to the health of women during pregnancy, over childbirth and through the post-partum period. While motherhood is often a positive and fulfilling experience, but for many unfortunate women it is associated with suffering, ill-health and even death. The foremost causes of maternal morbidity and mortality include hemorrhage, infection, high blood pressure, unsafe abortion, and obstructed labour. The RMNCH+A strategy aims to reduce and be disposed to eliminate child and maternal mortality through strengthening of health care delivery system in terms of maternal and child health amenities.

3.1.Overview

The 5x5 RMNCH+A matrix under NHM throws light on 4 important life cycle stages of Maternal and Reproductive Health. Such interventions when implemented efficiently can offer high coverage with high quality in the different stages of Maternal Health. Table 7 summarizes the performance indicators by various selected stages for the last financial year.

IUCD insertion is a priority area under birth-spacing services. Pertaining to the performance under reproductive health, percent of women opting for IUCD insertions as a family planning method in 2017-18 was 88.1 per cent. In 2017-18, percentage of male sterilization procedures to total sterilizations accounts to be nil. This is because of the falling TFR of overall Sikkim being 1.2 only; hence, no permanent family planning methods are encouraged and opted in the East District.

Table 7: Maternal Health indicators, East District

Stages	Indicators	2017-18
Pre Pregnancy / Reproductive age	Post-partum sterilization against total female sterilization (%)	**95**
	Male sterilization to total sterilization conducted (%)	**0**
	IUCD insertions to all family planning methods (IUCD plus permanent) (%)	**88.1**
Pregnancy care	1st Trimester registration to total ANC registration (%)	**62.7**
	Pregnant women received 4 ANC check-ups to total ANC registration (%)	**50.4**
	Pregnant women given 100 IFA to total ANC registration (%)	**70**
	Cases of pregnant women with Obstetric Complications and attended to reported deliveries (%)	**8.1**
	Pregnant women receiving TT2 or Booster to total number of ANC registered (%)	**67**
Child Birth	SBA attended home deliveries to total reported home deliveries (%)	**35.7**
	Institutional deliveries to total ANC registration (%)	**79.9**
	C-Section to reported deliveries (%)	**44.3**
Postnatal, maternal & new born care	New-born breast fed within 1 hour to live births (%)	**82.8**
	Women discharged under 48 hours of delivery in public institutions to total deliveries in public institutions (%)	**16.2**
	New-born weighing less than 2.5 kg to new-born weighed at birth (%)	**9.5**
	New-born visited within 24hrs. of home delivery to total reported home deliveries	**-**
	Infants 0 to 11 months old who received Measles to reported live births (%)	**90**

Source: HMIS, East District, 2017-18

With regards to accessibility of ANC services, 62.7 percent of women registered in first trimester in 2017-18. 50.4 per cent of women received 4 ANC checkups. With availability of IFA tablets, percentage of women who received 100 IFA tablets was70 per cent. Percentage of women with obstetric complications in 2017-18, was 8.1 per cent.

In 2017-18, 35.7 percent of all home deliveries were attended by a skilled birth attendant; but the district do require further improvement from the present level. C-section deliveries reportedly are as high as 44.3 per cent in the year 2017-18.

Postnatal care is on the other hand another key health care facilitation integral to maternal health. It is important to see to it that women are kept under observation up to 48 hours after institutional delivery. However, in East, 16.2 percent of women were discharged under 48 hours of delivery in public institutions. 82.8 per cent of newborn were breast fed within 1 hour of delivery.

3.2. Janani Suraksha Yojana (JSY)

Janani Suraksha Yojana is one of the key maternal health strategies under NHM. JSY, a demand advancement scheme was launched in April 2005 with the objective of reducing Maternal and Infant Mortality. This is a conditional cash transfer scheme for pregnant women coming into the institutional fold for delivery. It has been acclaimed as an effective scheme bringing about a surge in institutional deliveries since its launch. Cash assistance of INR 1400 is provided to mothers who deliver in institutional facilities in the rural areas.

Table 8: Status of JSY Payments in East District

Status of payments for JSY		
Institutional deliveries	Home Deliveries	Deliveries brought by ASHAs
698	**5**	**525**
Record maintenance		
Available and Updated		

Source: HMIS, East, 2017-18

In East District, beneficiaries were sufficiently aware about the JSY schemes, and most of the beneficiaries had bank accounts. The ASHAs were helping beneficiaries to open bank accounts. However, the major drawback in the smooth channel and proper processing of payments under JSY is that there was delay on receiving funds for JSY schemes which in turn lead to untimely payments and thus women obligatorily had to get discharged without payment.

Table 8 highlights that in East698 women who delivered in institutional facilities received JSY Payments and 525 of them were bought by ASHA which also highlights their active role in emphasizing institutional deliveries.

3.3. Janani Shishu Suraksha Karyakram (JSSK)

To complement JSY, Government of India launched Janani Shishu Suraksha Karyakram (JSSK) on 1st June, 2011 to reduce out of pocket expenditure for pregnant women and sick new- born and infants on drugs, diet, diagnostics, user charges, referral transport, etc. The scheme entitles all pregnant women delivering in public health institutions to completely free and no expense delivery including Caesarean section. Related entitlements have been put in place for all sick newborns & infants accessing public health facilities.

Out of pocket expenditure on diagnostics and transport was reported and observed in the district. JSSK beneficiaries were observed to be spending on pick-up transportation/ ambulance due to the far reach or extremely scattered peripheral location of beneficiaries in the district. However, beneficiaries were aware of the drop-back from facility to the home. No beneficiary in the facilities visited reported spending on drugs.

Table 9 depicts the JSSY status in the East district for the last financial year. It has been observed that in rural east there are 295 beneficiaries who availed free diet services, 984 beneficiaries required essential drugs while 289 of them required diagnostics services. As for transport services catered to them, 323 availed JSSK transport services from home to facility for delivery while 299 of them needed a drive back home. 592 beneficiaries reportedly availed JSSK transport facility for Referral transport.

Table 9: Status of JSSK in East District

Block	Number of Beneficiaries under JSSK					
	Diet	Drugs	Diagnostics	Home to Facility Transport	Referral Transport	Facility to Home Transport
Rural East	**295**	**984**	**289**	**323**	**592**	**299**

Source: CMO, East District, 2018-19

3.4. Maternal Death Review

Maternal Death Review (MDR) as a strategy has been presaged out clearly in the RCH –II National Programme Implementation Plan document. The importance of MDR lies in the fact that it provides detailed information on various factors at facility, district, community, regional and national level that are needed to be addressed to reduce maternal deaths. Analysis of these deaths can identify the delays that contribute to maternal deaths at various levels and the information used to adopt measures to fill the gaps in service. As per the reported data provided by the DPM, East, Table 10 tabulates the Number of Maternal Deaths and the Place and month of Pregnancy as concluded by the District.

Table 10: Status of Maternal Death Review (MDR), East District

Total Maternal Deaths	Place of Death			Month of Pregnancy		
	Hospital	Home	Transit	During Pregnancy	During Delivery	Post Delivery
3	2	1	0	0	0	3

Source: CMO Office, East District, 2017-18

As reported total 3 Maternal Deaths has been reported in the last financial year. Two among the three death occurred in hospital itself post-delivery. One death occurred at home post-delivery after discharge. The major reasons for maternal deaths in the district include hemorrhage, obstetric complications, sepsis, and hypertension.

4. Child Health

The RMNCH+A under the National Health Mission (NHM) also comprehensively integrates interventions that improve child health and addresses factors contributing to Infant and under-five mortality. Reduction of infant and child mortality has been an important precept of the health policy of the Government of India and it has tried to address the issue right from the early stages of planned development. The National Population Policy (NPP) 2000, the National Health Policy 2002 and National Rural Health Mission (NRHM - 2005 – 2012) have laid down the goals for child health.

Further, Twelfth Five Year plan (2012-2017) and National Health Mission (NHM) laid down the Goal to Reduce Infant Mortality Rate (IMR) to 25 per 1000 live births by 2017. Child population is 9.8 percent of the total population in East District.
The key thrust areas under child health include:

Thrust Area 1: Neonatal Health

- ☑ Essential new born care (at every 'delivery' point at time of birth)
- ☑ Facility based sick newborn care (at FRUs & District Hospitals)
- ☑ Home Based Newborn

Thrust Area 2: Nutrition

- ☑ Promotion of optimal Infant and Young Child Feeding Practices
- ☑ Micronutrient supplementation (Vitamin A, Iron Folic Acid)
- ☑ Management of children with severe acute malnutrition

Thrust Area 3: Management of Common Child hood illnesses

- ☑ Management of Childhood Diarrhoeal Diseases & Acute Respiratory Infections

Thrust Area 4: Immunization

- ☑ Intensification of Routine Immunization
- ☑ Eliminating Measles and Japanese Encephalitis related deaths
- ☑ Polio Eradication

4.1. Neonatal Health

The district has observed 2,079institutional deliveries in year 2017-18 of the total 2,095 deliveries as presented in Table 11. Of the total newborns, 99.14 percent were weighed at birth. 198 newborns had a birth weight of less than 2.5 kg of the total home deliveries in the district. The total home deliveries in the district for the last financial year were 16 which accounts to 0.76 percent of total deliveries in East District.

Table 11: Status of Neonatal Health, East District

Essential Newborn Care (Home + Institutional)	2017-18
Total reported deliveries	**2,095**
Total Number of reported live births	**2,078**
Number of Newborns weighed at birth	**2,077**
Number of Newborns having weight less than 2.5 kg	**198**
Number of Home deliveries	**16**
Institutional deliveries (Public Insts. +Pvt. Insts.)	**2,079**
Number of Infants given OPV 0 (Birth Dose)	**2,024**
Number of Infants given BCG	**1,823**
Number of Infants given Measles	**1,870**
Number of fully immunized children (9-11 months)	**1,867**

Source: HMIS, East, Standard Report, 2017-18

The service delivery for neonatal health in terms of infrastructure is discussed in Table 12. The district has one NBSU and lacked SNCU. Total there are 3 staff in NBSU. The total number of NBCC is8 in the district. The district also lacked NRC.

Table 12: Neonatal Health Infrastructure Status, East District

<table>
<tr><th>Facility Type</th><th>Nos.</th><td rowspan="2">Total Staff in SNCU
0</td><th>Health Facility</th><th>Nos.</th><td rowspan="2">Total Staff in NRCs
00</td></tr>
<tr><td>Total SNCU</td><td>0</td><td>Total NRCs</td><td>0</td></tr>
<tr><td>Total NBSU</td><td>1</td><td rowspan="2">Total Staff in NBSU
3</td><td>Total Admissions in NRCs</td><td>0</td></tr>
<tr><td>Total NBCC</td><td>8</td><td colspan="3">Average duration of stay in NRCs
0</td></tr>
</table>

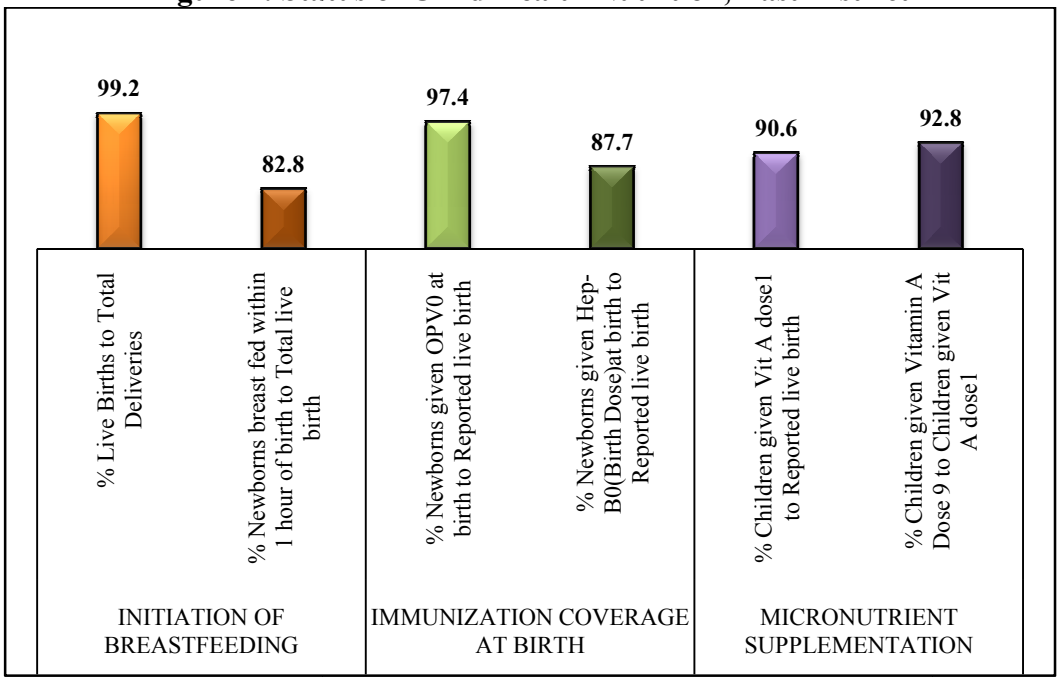
Source: CMO Office, East District, 2017-18

4.2. Nutrition

Nutrition is known as one of the most effective entry points for human development, poverty reduction and economic development, with high economic returns. Nutrition is fundamental to all the achievement of other National and Global Sustainable Development Goals. It is critical to check under-nutrition, as early as possible, across the life cycle, to prevent irreversible cumulative growth and development deficits. Factors contributing to under-nutrition during infancy and childhood include low birth weight and poor breast feeding.

RMNCH implementation in terms of nutrition includes calcium, iron and Vitamin A supplementation to improve maternal and infant survival. With regards to the same, Figure 2 depicts that, 1,721 newborns in the district were breastfed within 1 hour of delivery which accounts to 82.8 per cent of the total live births. Early initiation of breastfeeding is crucial to child nutrition and should be promoted. Percentage of children given Vitamin A dose 1 is 90.6 percent while the number of children given Vitamin A dose 9 is 92.8 per cent. This implies the district supportive initiatives in successfully implementing such a high rate of nutritional dose completion.

Figure 2: Status of Child Health Nutrition, East District



Source: HMIS, East District, Standard Report, 2017-18

4.3. Management of Common Childhood Illnesses

Every year roughly 8 million children in developing countries die before they reach their fifth birthday; amongst which many loses their lives during the first year of life. Eight in ten of these deaths are due to neonatal conditions, acute respiratory infections (mostly pneumonia), diarrhoea (including dysentery), malaria, or severe malnutrition or a fatal combination of these conditions.

In India, common childhood illnesses in children under 5 years of age include fever acute respiratory infections, diarrhoea and malnutrition (43%) – and often in combination. In East 990 children were identified with diarrhoea out of which only 190 of them are treated in Inpatients which accounts only a meager mass of 19.19 percent. 28 children are stricken by Malaria, while none of them are afflicted with Measles, AFP and TB. Pneumonia also has the second most incidental childhood disease where 28 children are afflicted with Pneumonia whereas none are reported being asthmatic.

Children accounts around 27.7 percent in Inpatient to total Inpatients in East in 2017-18. Pertussis, Diphtheria and Tetanus Neonatorum has successfully been eliminated with no children afflicted by the same.

Table 13: Status of Incidence of all Childhood Illness, East District

Childhood diseases	No of Cases
Pneumonia	**28**
Malaria	**28**
Diarrhoea	**990**
Asthma	**0**
Sepsis	**1**
Tuberculosis	**0**
Acute Flaccid Paralysis	**0**
Measles	**0**
Diphtheria	**0**
Pertussis	**0**
Tetanus Neonatorum	**0**

Source: HMIS, East, Standard Report, 2017-18

4.4. Immunisation

Immunization Programme is one of the key interventions for protection of children from life threatening situations, which are avertable. Immunization programme under NHM is one of the major public health interventions in the country.

Table 14 presents the immunization coverage scenario in East district at DHS front. With a target kept at 524 children, OPV at birth was successfully administered to 83.39 per cent of children, while BCG accounted at 88.55 per cent. DPT vaccination was reportedly updated to Pentavalent vaccine, where the latter promisingly safeguard the child's life against not just three preventable life-threatening diseases but five diseases, including Hepatitis B and Hemophilia influenza type b as well. Measles vaccination successfully administered to 251 children accounting to coverage of 47.9 per cent.

Full immunization of the District overall for the year 2017-18 accounts for 251 children which is 47.9 per cent against the target assigned.

Table 14: Immunization coverage of all blocks in East District

Block	Target	OPV at birth	BCG	DPT			Pentavalent			Measles	Full Immunization
				1	2	3	1	2	3		
DHS	**524**	**437**	**464**	**0**	**0**	**0**	**271**	**220**	**238**	**251**	**251**

Source: CMO Office, East District, 2017-18

4.5. Rashtriya Bal Swasthya Karyakram (RBSK)

National Health Mission has made certain noteworthy progress in reducing child mortality. However, a dire need prevails to improve survival outcome which would be reached by early detection and management of childhood conditions in a comprehensive manner.

Rashtriya Baal Swasthya Karyakram (RBSK) is an important initiative aiming at early identification and early intervention for children from birth to 18 years to cover 4 'D's viz. Defects at birth, Deficiencies, Diseases, Development delays including disability. Child Health Screening and Early Intervention Services under RBSK envisages to cover 30 selected health conditions for Screening, early detection and free management.

Table 15 elaborates the status of RBSK progress report for the last two financial years. In East district, as per the discussion in the CMO meeting, 228 schools have been visited in the last two financial years with number of children registered increasing by 9.34 per cent with 2,922 more children in 2017-18. On gradual turn towards improvement, it has been reported that the number of children diagnosed decline last year from the previous financial year 2016-17. Both eye and ear diseases have gone down with 24 and 27 cases respectively. No children were afflicted with neither heart disease nor anemia. However cases being physically challenged increased by 45.45 per cent to 77 cases in 2017-18.

Table 15: Status of RBSK in East District

Years	2017-18	2016-17
No. of Schools	**228**	**228**
No. of children registered	**28372**	**31294**
Children Diagnosed	**3322**	**3216**
No. of Children referred	**844**	**594**
Eye Disease	**85**	**61**
Ear Disease	**76**	**49**
Heart disease	**NIL**	**NIL**
Physically challenged	**42**	**77**
Anaemic	**NIL**	**NIL**

Source: CMO Office, East District, 2017-18

5. Family Planning

Family planning offers a choice of freedom to Women for determining her Family size; number of children and control the spacing of pregnancies. A woman's freedom to choose "When to become pregnant" has a direct impact on her health and well-being as well as the neonate. This could be achieved only by providing privilege of choices for contraceptive methods. By reducing rates of unplanned pregnancies, family planning also reduces the need for unsafe abortions.

Table 16: Status of Non-Injectable Family Planning Methods, East District

Block	Sterilization		IUCD insertions	Oral Pills	Emergency Contraceptives	Condoms
	Male	Female	Achieved			
DHS	**0**	**3**	**39**	**585**	**57**	**6409**

Source: CMO Office, East District, 2017-18

Table 16 throws light upon the status of Non-Injectable family planning methods in East district in the year 2017-18. Female non-permanent family planning is noted to be the lead means under Family planning methods used and encouraged. Out of the total sterilization of 3 conducted, 100 percent were Tubectomies while none were vasectomies.

With regards to IUCD insertion, 39 total insertions were conducted in 2017-18. Tubectomies accounted as the 100 percent method of sterilization prevalent in the East District. Around 6409 condom pieces were distributed in the East District. 585 combined oral pills were distributed out while 57 Emergency pills were distributed.

6. Rashtriya Kishor Swasthya Karyakram (RKSK)

With a view to address, the health and development needs of the adolescent population Ministry of Health and Family Welfare launched the Rashtriya Kishor Swasthya Karyakram (RKSK) on the 7th of January 2014. RKSK has been developed to strengthen the adolescent component of the RMNCH+A strategy. Whilst core programming principles for RKSK are health promotion and a community based approach expanded scope of the programme includes nutrition, sexual & reproductive health, injuries and violence (including gender based violence), non-communicable diseases, mental health and substance misuse. RKSK units are mandated to focus on the following specific interventions:

- ☑ WIFS
- ☑ Facility based RKSK Services
- ☑ Community based RKSK Services
- ☑ Menstrual Hygiene scheme

In the district, there are one male and one female counselor at district level hospitals in terms with the RKSK program.

Table 17 makes clear the status of RKSK progress in the last financial year 2017-18. Total 76 counseling sessions were conducted in 2017-18. About 974 adolescents reportedly attended the sessions. Out of all adolescents, 10 were afflicted with anemia. 540 adolescents were provided with IFA tablets. Around 65 RTI/STI cases were testified at the counseling sessions.

Table 17: Status of RKSK program in East District

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		
DHS	**76**	**974**	**0**	**10**	**540**	**65**

Source: CMO Office, East District, 2017-18

7. Quality Management in Health Care Services

Quality of health care services is essential to the smooth functioning of the public health sector as well as the dignity and well-being of the patients. Quality of care in health care services offer manifold benefits to the facilities as well as the patients in terms of goodwill, upkeep, lower infection rates an and promotion of healthy behavior. Ministry of Health and Family Welfare, Government of India is committed to support and facilitate a Quality Assurance Programme, which meets needs of Public Health System in the country and is sustainable.

Main focus of proposed Quality Assurance Programme would be enhancing satisfaction level among users of the Government Health Facilities.

Quality in Health System has two components: Technical Quality and Service Quality. An important aspect of the former is "Infection control" and "Health Care Waste Management".

7.1. Health Care Waste Management

Bio-medical waste outsourcing for safe, environment friendly disposal and color-coded bins were observed in most of the facilities across the district. Table 18 shows a broad status of Health care waste management in East. The health facilities opted for biomedical pits as the method of biomedical waste disposal.

Figure 3: Color-coded Bins

With regards to sterilization practices in the district, record for fumigation of OTs was kept/ maintained. The district hospital was orderly maintained and even laundry service was functional in the hospital premises. Medical consumables were present at the facility in ample amount and hygiene was maintained which was observed by the visiting team.

The District Hospitals (DH) reported that Bio-Medical Wastes were not outsourced, the facility has Bio-medical Pits. However, a new pit is in requirement for the forthcoming years. All the

PHCs and CHC reported having Bio-medical Pits with requirement of new pits relayed by all facilities. As per the records, the District Hospital was fumigated 42 times a year and the staffs were trained on infection control as well. However, no such information was relayed with respect to CHC and PHCs in the district by the CMO Office. All the facilities have color coded bins in usage at their facility premises.

Table 18: Health Care waste Management in East District

Bio-Medical Waste Management	DH	CHC	PHC
No of facilities having bio-medical pits	**1**	**1**	**6**
No. of facilities having color coded bins	**1**	**1**	**6**
Outsourcing for bio-medical waste	**No**		
If yes, name company			
How many pits have been filled			
Number of new pits required	**1**	**1**	**6**
Infection Control			
No. of times fumigation is conducted in a year	**42**		
Training of staff on infection control	**All staff**	**NA**	**NA**

Source: CMO Office, East District, 2017-18

7.2. Information Education Communication (IEC)

Information, Education and Communication (IEC) is a public health system approach aiming at changing or reinforcing health-related behaviors in a target audience, concerning a specific problem and within a pre-defined period of time, through communication methods and principles. Under IEC, posters, flyers, leaflets, brochures, booklets, messages for health education sessions, radio broadcast or TV spots, etc. are printed / produced and circulated / broadcasted as a means of promoting desired & positive behaviors in the community.IEC Materials play a crucial role in generating awareness and promoting healthy behavior.

The visited facilities put in place the procured IEC material in place. Hoardings, posters and citizen charts were properly displayed, which serve to inform the beneficiaries the name and the availability of medicine, programme running in the districts as well as benefits to avail. The procurement for IEC material was not reported to be a problem. Material was available with the facilities pertaining to all major schemes like JSY, JSSK, Immunization, Referral Transport, etc.

Figure 4 shows few of the IEC materials cited by the team during visits to various health facilities.

Figure 4: IEC display in Health Facilities in East District

8. Community Process

The Accredited Social Health Activists (ASHAs) have been established as the first port of call for all health related and allied activities at the community level. Community health workers like ASHAs play strategic role in the area of public health. The bottom up approach of NHM especially draws attention to the role of ASHAs all the more. They help in educating and mobilizing the masses to adopt healthy behaviors.

The broad working status of ASHAs is highlighted in Table 19. At present, a total of 199 ASHAs are working in the district. 96 ASHA meetings were held in the year 2017-18. These monthly meetings focus on capacity building of ASHAs and review their performance. An important element of these meetings is the replenishment of ASHA drug kits. At present, there are no vacant positions for ASHAs. There is one ASHA Resource centre in the East District.

With respect to training, ASHAs were trained last year in Leprosy, NCDs and Vector Borne Diseases. ASHAs are critical frontline workers who have enabled improved access to health care services and have also facilitated behavior change at the community level. ASHA workers reported an absence of a strong grievance redress system which hinders their motive and performance. However, no report on ASHA being trained in Digital Literacy reported.

Table 19: ASHA Status, East District

Last status of ASHAs (Total number of ASHAs)	
ASHAs presently working	**199**
Positions vacant	**0**
Total number of meeting with ASHA (in a Year)	**96**
Total number of ASHA resource centers/ ASHA Ghar	**1**
Drug kit replenishment	**NA**
No. of ASHs trained in last year	**139**
ASHA's Trained in Digital Literacy	**NA**
Name of trainings received	**1)Leprosy 2) Vector borne diseases 3) NCDs**

Source: CMO Office, East District, 2017-18

9. Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homoeopathy

Mainstreaming of AYUSH (Ayurveda, Yoga & Naturopathy, Unani, Siddha& Homoeopathy) systems of Medicine and revitalization of LHT (Local Health Traditions) is a major vision of NRHM. The AYUSH systems, especially Ayurveda and Homeopathy play an important role in the Health Care Delivery System.

For the financial year 2017-18, 4,490 patients received AYUSH treatment in East district as depicted in Table 20 below. In terms of percentage of Total OPD, AYUSH OPD accounts 4.15 per cent in the district. AYUSH acceptance and usage is comparatively much lower in the district. This reveals the state of AYUSH and the need to resolve the same in the district. Inadequate funds are also a reason for such a meager intake of AYUSH; hence supply side issue is clearly hindering the smooth proceedings of AYUSH. There is only one AYUSH Health Centre. There are at present three AYUSH Doctors in the district.

Table 20: Status of AYUSH in East District

Block	No. of facilities with AYUSH health centers	No. of AYUSH Doctors	No. of patients received treatment
DHS	1	3	4490

Source: CMO Office, East District, 2017-18

10. Disease Control Programme

Several National Health Programmes such as the National Vector Borne Diseases Control, Leprosy Eradication, TB Control, Blindness Control and Iodine Deficiency Disorder Control Programmes, etc come under the umbrella of National Disease Control Programme (NDCP). The status of some communicable and non-communicable diseases in the district has been discussed below.

10.1. Communicable Diseases

Table 21 summarizes the progress of health with regards to communicable diseases in the years 2016-17 & 2017-18. In East, Malaria, Typhoid, Tuberculosis and Hepatitis B Programme is effectual and functioning. In 2016-17, the maximum number of cases detected was that of Tuberculosis. With screening for Malaria, being the highest with 5,517 people tested for Malaria however, only 3 detected Malaria cases were found, which is a positive sign of improved awareness.

The incidence of detected Malaria cases has decreased in 2017-18 (3) as against the number of cases screened being 7006. Improvement can be seen in Tuberculosis cases is clearly visible. In 2016-17, there were 105 detected cases as against 895 screened, while in 2017-18 only 82 cases have been detected as of now against 895 screened cases. In case of Hepatitis B, no detected cases have been reported as against 2,229 cases screened in 2017-18, whereas one detected case against 1408 screened was reported in 2016-17, which is clearly a good indication. Typhoid is one the rise, which is clear from the reported data where 190 cases tested positive for Typhoid against 1571 cases screened in 2017-18, whereas in 2016-17 only 14 detected cases were found against 1178 cases screened. No cases of Filariasis, JE and Influenza were screened in the last two years.

Table 21: Status of Communicable Diseases Programme, East District

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	**5517**	**3**	**7006**	**3**
Dengue	**0**	**0**	**0**	**0**
Typhoid	**1178**	**14**	**1571**	**190**
Hepatitis B	**1408**	**1**	**2229**	**0**
Influenza	**0**	**0**	**0**	**0**
Tuberculosis	**895**	**105**	**895**	**82**
Filariasis	**0**	**0**	**0**	**0**
Japanese Encephalitis	**0**	**0**	**0**	**0**
Others, if any	**0**	**0**	**0**	**0**

Source: CMO Office, East District, 2016-17 and 2017-18

10.2. Non-Communicable Diseases

Non-communicable diseases (NCDs) are the leading cause of adult mortality and morbidity worldwide. Several programmes which cater to Mental Health, Blindness, Diabetes, Hypertension, Heart Disease, Cancer, etc. are covered under NHM.

Table 22 depicts the status of NCDs in East District in the years 2016-17 and 2017-18. No. of cases of screening have been high for all of Diabetes, Hypertension, and Chronic Lung Disease. Hypertension is the highest detected non-communicable disease in both 2016-17 and 2017-18.The incidence of Hypertension has slightly increased in 2017-18 with 1721 detected cases.. Second most widespread disease is found to be Diabetes with 1350 people afflicted in 2017-18, which also an increased rate from 606 number of detected cases in 2016-17.

Number of patients detected with Mental illness has increased from 765 to 773 in 2017-18. The status of Mental Health is critical to observe in the district. Out of 838 cases screened, 773 have been detected of mental disorder in 2017-18. Mental health and well-being must be taken seriously since detected cases also reveal an aggravated scenario.

Table 22: Status of Non-Communicable Diseases in East District

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
Mental Health	**806**	**765**	**838**	**773**
Diabetes	**13073**	**606**	**23418**	**1350**
Hypertension	**13073**	**1631**	**23418**	**1721**
Osteoporosis	-	-	-	-
Heart Disease	-	-	**9**	-
Obesity	-	-	-	-
Cancer	-	-	-	-
Fluorosis	-	-	-	-
Chronic Lung Disease	**13073**	**247**	**0**	**0**
Others, if any	-	-	-	-

Source: CMO Office, East District, 2016-17 and 2017-18

11. Health Management Information System

Health Management Information System (HMIS) under National Health Mission (NHM) is integral to assessing the progress, quantifying output as well as outcome of interventions and decision making.

As per the observations of the monitoring team, HMIS data in the district suffers serious errors, the primary cause of which remains the acute shortage of internet connectivity. Data entry operators/statisticians etc. are effectively trained and made aware about the tasks of NHM which is an improved situation from previous times. In such a scenario, data uploaded are not getting uploaded and validated on time and such further delay the timely sanction of funds or all the major heads, namely JSSK, RBSK and RKSK etc. Initiatives must be undertaken to resolve the given situation for smooth channel of information and smooth running of the health system consequently.

As depicted in Table 23, there has been some progress with regards to HMIS while the system still has wide scope of improvement.

Table 23: HMIS Status, East District

HMIS/MCTS Status	
Is HMIS implemented at all the facilities	**Yes**
Is MCTS 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 the MCTS call centre set up at the District level to check the veracity of data and service delivery?	**No**
Is HMIS data analyzed and discussed with concerned staff at state and district levels for necessary corrective action to be taken in future?	**Yes**

Source: CMO Office, East, 2018

12. Budget Utilisation

The budget utilization summary for East district by the five NHM flexi pools and their major components is presented in Table 24.1 and Table 24.2. The highest part of the budget accrues to NRHM + RNMCH plus A and Flexipool for NCD. The District did not receive NUHM Flexipool and Budget for infrastructure maintenance. Also, funds for Family Planning were not sanctioned. Basic training for ANM/LHVs requires fund which is utilized from the infrastructure budget, however with no infrastructure budget such training gets affected as well. The delay in timely sanctioning of funds is the initial and major issue which in turn causes hindrance in all the undertaking of the district. Thus, it is highly recommended that the timely allocation be dispensed.

Table 24.1: Status of Budget Utilization, East District

S.No.	Budget Head	Budget	Expenditure (As on 31 Dec, 2017)
PART I	NRHM + RMNCH plus A Flexipool	39826801	38381372
PART II	NUHM Flexipool	-	-
PART III	Flexipool for disease control programme	5854804	5784691
PART IV	Flexipool for Non-Communicable Diseases	6360418	6198189
PART V	Infrastructure Maintenance	-	-

Source: CMO Office, East District, 2018

Table 24.2: Status of Budget Utilization, East District

S.No	Scheme/Programme	Funds 2017-18	
		Sanctioned	Utilized
13.1	**NRHM + RMNCH plus A Flexipool**		
13.1.1	Maternal Health	-	**1951307**
13.1.2	Child Health	-	**45499**
13.1.3	Family Planning	-	**0**
13.1.4	Adolescent Health/RKSK	-	**96000**
13.1.6	Immunization	-	**1302116**
13.2	**NUHM Flexipool**		
13.2.1	Strengthening of Health Services	-	-
13.3	**Flexipool for disease control programme (Communicable Disease)**		
13.3.1	Integrated Disease Surveillance Programme (IDSP)	**927085**	**927085**
13.3.2	National Vector-Borne Disease Control programme	**156000**	**140000**
13.4	**Flexipool for Non-Communicable Diseases**		
13.4.1	National Mental Health programme (NMHP)	**2376581**	**2297354**
13.4.2	National Programme for the Healthcare of the Elderly (NPHCE)	**1434180**	**1134180**
13.4.3	National Tobacco Control Programme (NTCP)	**207509**	**204000**
13.4.4	National Programme for Prevention and Control of Cancer, Diabetes, Cardiovascular Diseases and Stroke (NPCDCS)	**2642148**	**256255**
13.5	**Infrastructure**		
13.5.1	Infrastructure	-	-
13.5.2	Maintenance	-	-
13.5.3	Basic training for ANM/LHVs	-	-

Source: CMO Office, East District, 2018

13. Facility Wise Observations

The observations made by the monitoring team during the visit to various health facilities are listed below. The points summarizes the broad status of the health facilities with regards to infrastructure, service delivery, manpower, drugs and equipment, etc

The monitoring team visited the following health facilities comprising two DH (one Female and one Male), one FRU CHC, one Non-FRU CHC, one PHC and one SC

13.1. District Hospital, Singtam

Figure 5: District Hospital, Singtam

The District Hospital of the East District, Sikkim was situated at Singtam. The District Hospital was easily accessible from nearest road head. The hospital was in a good condition and was running in a government building. Although the main district hospital building was in Singtam, the OBG department was located at STNM, Gangtok which was a 300 bedded health facility. There was general cleanliness in the hospital grounds.

The Medical Officer-in-charge at the facility was observed to be highly efficient and orderly in keeping the health facility functional as well as systematic to the fullest, given its infrastructure and Human Resource provided at the health facility

The following are the observations and key findings on visit to the facility as well as reported by the human resource staff at the hospital:

- The hospital has staff quarters available for all staffs, namely MOS, SNs and other categories as well. Provision of electricity with back-up and 24*7 piped running water was present at the facility.
- There was clean and functional labour room with clean usable toilet attached to the labour room.
- Separate male and female wards and separate male and female clean and functional toilets were also present.
- Functional newborn care corner comprising of functional radiant warmer with neonatal ambu bag was available. However, functional SNCU was not present.
- Nutritional Rehabilitation centre was also not available at the facility. The facility also lacked a burn unit.
- There was a separate room for ARSH clinic at the hospital.
- Mechanism for Bio-Medical waste management (BMW) was available and effectively functional. BMW was effectually outsourced.
- Complaint/suggestion box was present.
- The hospital has a Rogi Sahayta Kendra/functional Help Desk at its premises.
- Functional ICTC/PPTCT centers were also present.
- In the matter of Human Resources under NHM, the District Hospital has two OBGs, one Anesthetist, two Pediatrician, two other specialists, one regular and seven contractual MOs, twenty-seven SNs, twenty-five ANMs, three regular and nine contractual LTs, one contractual Pharmacist, one LHV, one RMNCH+A counselor, two regular and one contractual dental surgeon.
- As per reported accounts, no training has been conducted on the HR in the last financial year.
- In terms of availability of equipment, the hospital had all required equipment available except functional foetal Doppler/CTG and Dialysis equipment.
- As per OT equipment availability, the hospital lacked functional OT lights, mobile, functional ventilators, functional surgical diathermies, functional laparoscopes, C-arm units. As for lab equipment available, all except functional CT scanner was available.
- In terms of essential drugs and supplies at the hospital, all except Inj. Oxytocin and Sanitary napkins were available.

- All lab test with CBC, RPR, Blood Sugar, LFT, TB, HIV being the important ones, was available.
- The facility has a Blood storage unit as well, with functional blood bags refrigerators and had sufficient number of blood bags available.
- Concerning to services delivered in the last financial year, OPD was recorded to be 1,09,366 while IPD was 3,607. Total deliveries conducted at the hospital accounted to 525, with 89 of them being conducted as C-section. 518 neonates were introduced to breast feeding within one hour of birth.
- Number of children admitted to NBSUs/SNCUs according to report was 138.
- In terms of family planning method prevalent in the east district, IUCD insertion accounted to 39 insertions, while that of PPIUCDs were 25. And a total of 20 MTPs were conducted at the hospital.
- Nine still births were recorded at the facility.
- In matter concerning to post-natal services provided at the facility, apart from failing to provide JSY payments before discharge, all mothers were initiated to breast feeding within one hour of normal delivery as well as asked to stay for 48 hours post-delivery with diet available free of charge and all neonates were given zero dose BCG, Hepatitis B and OPV.
- In terms of essential skill set, the facility was able to manage high risk pregnancy, provide essential new born care and manage sick neonates and infants to name the critical ones highly in requirement.
- All records with key ones relating to OPD, IPD, ANC, PNC etc were available, updated, and correctly filled except a blood bank register which was at present status not available.
- All IEC materials were correctly displayed at the District Hospital as per the guidelines set by the IPHS.
- As for additional support, all except functional laundry and tally implementation were available.

13.2. Community Health Centre (CHC) Rhenock

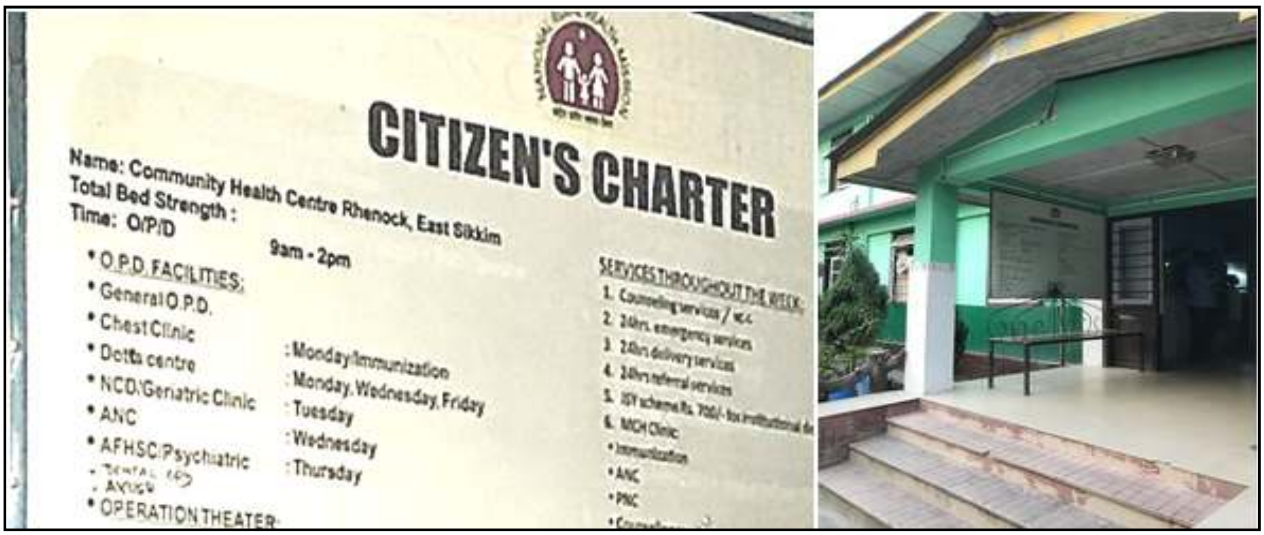


Figure 6: CHC Rhenock

The Community Health Centre (CHC) Rhenock, located in the Rhenock block was at a distance of 35 Kms from the District HQ. The CHC catered to a catchment population of approximately 16,377 and provided medical services to 32 neighboring villages. Easily accessible from the nearest road head, the CHC was functioning in a government building and was in a good condition.

The following are the observations made on visit to the facility and as per reported by the human resources assigned at the facility:

- In a good condition and with the availability of running water supply and electricity, the facility has the provision of staff quarter for all its staffs. Mostly electricity power back-up is used for maintaining the cold chain in terms of storing vaccines for immunization.
- The facility has clean functional labour room with a clean usable toilet attached to the labour room. Functional Newborn Care Corner (with functional radiant warmer and neonatal ambu bag) is also present at the facility. However, they lack a Functional Stabilization Unit.
- The CHC has clean separate wards for male and Female and clean toilets for male and female separately.

- As for Bio-Medical waste management, the facility has specific physical infrastructure available for the same.
- Complaint/suggestion box is available at the CHC.
- In the matter concerning Human Resource assigned at the CHC, the HR under NHM at the Facility are two regular MOs, five contractual SNs/GNMs, three regular ANMs, two contractual LTs, one contractual pharmacist and one regular LHV/PHN.
- As for the training status of Human Resource in the last financial year, the HR of the CHC were trained in SBA, IMNCI, F-IMNCI, NSSK, IUD, RTI/STI and Immunization cold chain.
- In the facility, all medical equipment and laboratory apparatuses were available except adult resuscitation kit.
- All essential drugs and supplies were available at the facility. Essential consumables namely, Gloves, Mckintosh, Pads, Bandages, and gauze etc. were present as well.
- Pertaining to Lab services available at the CHC, all lab tests namely, Haemoglobin, CBC, Urine albumin and sugar, Serum Bilirubin tests, RPR, Malaria, TB, HIV to name the important ones.
- In the matter of services delivered at the facility in the last two years, OPD in the last financial year was 33,329 whereas IPD was 1,160. Total number of deliveries conducted was 44, with number of pregnant women referred to a higher center (STNM, Gangtok) was 77.
- In terms of Family Planning methods prevalent at the block level, the CHC has catered to 20 beneficiaries with respect to IUCD insertions, while number of PPIUCD insertions was recorded to be 7 only. Since the TFR was at a lower rate, no permanent methods, namely, vasectomy and MiniLap was conducted. Also, no MTP was conducted at the facility in the last two years.
- Concerning to mortality, no maternal and neonatal deaths were reported. However, one infant death was reported at the CHC. There was no still born at the facility as well.
- In post-natal wards services, as reported by the facility, all mothers initiated breast feeding within one hour of normal delivery, neonates were given zero dose BCG, Hepatitis B, and OPV and the mothers were asked to stay for 48 hours post-delivery and charge free diet provided as well. Also counseling on Family Planning was also done.

- However, JSY payments were not being given before discharge.
- The health facility had all the essential skills pertaining to high risk pregnancy management, essential newborn care, management of neonates and infants, correct administration of vaccine, AVD, waste segregation and adhered to the IMEP protocols as well.
- All records were available, updated and correctly filled.
- In terms of funds utilizations, Rs 1,00,000 was proposed to be granted to the CHC as untied funds and as AMG respectively. However, they received none.
- All IEC materials pertaining to citizens charter, lists of services available, JSY entitlements, Immunization schedule etc as per the guidelines of the IPHS were aptly displayed at the facility.
- Additional services included fumigation, grievances redressal mechanism etc.
- However, the facility, in its present level of infrastructure was not sufficient to cater to the present load. As per the IPHS norms, a CHC should be a 30 bedded health facility, however the CHC at Rhenock was only a 10 bedded facility hence performing much below its specified standards.

13.3. Primary Health Centre (PHC) Pakyong

Figure 7: PHC Pakyong

The Primary Health Centre (PHC) Pakyong was located at the Pakyong block in easily assessable vicinity. The PHC caters to the health needs of 37 villages. Functioning in Government building, the 10 bedded health facility was in a good condition overall. The airport authority of India has also donated on infrastructure in the premises of the facility. The daily OPD was 100 approximately while it is reported to be 150 during seasonal variations. There have been further policies to upgrade the PHC to a CHC for a higher medical accessibility for the neighboring villages under it, in the coming years. It would also be an important mention that owing to adherence to the norms of general cleanliness of infrastructure in the facility premises, PHC Pakyong is a Kayakalp awardee as well.

The following are the observations made on visit to the Pakyong PHC and also as reported by the MOIC:

- An easily accessible health facility, running in a government building, PHC Pakyong had the provision of 24*7 running piped water supply and electricity with power back-up which was mostly used for maintaining cold chain with respect of Immunization.
- Staff Quarter was available and resided by Doctors. However, no staff quarter was available for Staff Nurses.

- The facility has functional and clean labour room with a clean usable toilet attached to the labour room. The facility also has the facility of separate toilets for male and female.
- As for the availability of functional new born Care corner comprising of radiant warmer and neonatal ambu bag, the facility only possessed a radiant warmer which in essence was not sufficient in terms of requirement. The facility has functional Newborn Stabilization Unit.
- The wards for both IPD and OPD were in general was clean. There was a separate male and female ward as well.
- In matters concerning Bio-Medical Waste management, the facility has sharp pit and deep burial pit.
- Complaint and suggestion box was available as well.
- In terms of Human Resource assigned at the health facility, the facility has two MOs, nine SNs/GNMs, Four regular and one contractual ANM, three Lab Techs, one pharmacist, two LHVs, two ICTS staff and 9 other staffs including two Dentists. The facility has 37 ASHAs working under the facility. The PHC though lacks an AYUSH Doctor.
- As for the training status of HR in the last financial year, two MOs were trained in BeMOC, SBA, IMNCI and F-IMNCI. Other trainings conducted were on IUD, RTI/STI, Immunization, NCDs, RNTCP and Mental health.
- The facility has all equipment available and all essential drugs except Misoprostol and Mifepristone and few important antibiotics and Sanitary napkins. The staff also reported of not having timely supply of essential consumables namely, Gloves, Mckintosh, Pads and gauze etc.
- As for lab test services available at the facility, all tests except CBC, Urine albumin and Sugar and RPR tests was provided. Other tests available were HboAg and anti HCV.
- With respect to services delivered in the last two years, it was reported that the OPD last year was 34,645 beneficiaries, which was a higher number of cases as compared to a year before. As for IPD, only 971 IPD patients were as per the records. Total deliveries conducted at the facility were 50 last year.

- In terms of family planning methods conduced at the facility, 8 IUCDs and 13 PPIUCDs were inserted. No permanent method of family planning was conducted at the facility. Also, no MTPs were conducted as well.
- No maternal, neonatal and infant deaths were reported at the facility. However, one stillborn was reported.
- As regards to post-natal wards services, all mothers initiated breast feeding within one hour of normal delivery, neonates were given zero dose BCG, Hepatitis B and OPV and the family has been counseled on family planning. Even so, all mothers were asked to stay 48 hours post-delivery at the facility with diet being provided free of charge. However, JSY payments were not given before discharge.
- The quality of the facility in terms of providing essential newborn care, managing sick newborns, AVD system, adherence to IMEP protocols were maintained except that of managing of high risk pregnancy who were then referred to a higher facility, namely STNM Gangtok.
- All records were available, updated and filled correctly namely OPD, IPD registers, ANC-PNC registers labor room register to name important few, but Indoor bed head ticket, line listing of anemic pregnant women, FP and OT register was not available at the facility.
- Funds received by the facility in terms of untied funds and AMG grants were Rs 17,000 and Rs 30,000 respectively which were completely used by the facility in the last financial year.
- All IEC materials were displayed as the IPHS norms in the health facility.
- Additional support services conducted at the facility included regular fumigations, appropriate drug store facility, equipment maintenance and repair mechanism and grievances redressal mechanism as well.
- In order to resolve common programmatic issues, good practices and local innovations practiced by the PHC were VHNDs, VHNCs, CATCH program and monthly school programs. Also ANC counseling has been conducted with respect to family planning measures.

13.4. Sub-Centre Rorathang, Block Rhenock

Figure 8: SC Rorathang

The Rorathang Sub-Centre is located in the Rhenock Block, caters to 4 villages, and is at a distance of 10 kms from the Primary Health Center (PHC), Rhenock. The Daily OPD as of the day of visit is reported as 145. The Sub-Centre was situated near the main habitation, functioning in a Government Building. With 24*7 running water supply, the facility had staff quarter available for ANM. However owing to lack of power backup, the ANM opted out of residing in the staff quarters provided.

The following are the observations made on visit as well as the specifics accounted by the staff at the Sub-Centers:

- The Health facility was observably in a good physical condition. It has a functional labour room, with usable clean toilets attached. However, the facility lacked a Functional Newborn Care Corner (with radiant warmer and neo-natal ambu bag),
- Complaint and suggestion box, which is a mandatory component as per the NHM guidelines, was available at the facility.
- With Respect to Bio-Medical Waste (BMW) management, the Sub-Center had the mechanism of deep burial pits available.

- As per the current status, the facility has two ANMs, one Attendant and two ASHAs as Human Resources allotted.
- Except Haemoglobinometer, other methods of hemoglobin estimation and RBSK pictorial tool kit, all other equipment as per norms was available and functional at the facility.
- In terms of Availability of sufficient numbers of essential drugs, namely IFA tablets, Vitamin A, ORS Syrup, Zinc tablet, Inject-able Oxytocin, Misoprostol, Antibiotics and common ailments drugs like PCM, Metronidazole, anti-allergy drugs etc were available.
- As per essential medical supplies available at the facility, apart from Urine albumin and sugar testing kit, Emergency contraceptive pills and Sanitary napkins, all other medical items were accessible and offered at the facility.
- Concerning to service delivery in the last two years, the facility conducted 9 deliveries in 2017-18 from 3 deliveries in 2016-17. No home deliveries were conducted in the area under the care of the given Sub-Centre.
- No Maternal Death was reported in the given facility for the last two financial years. Also, no Neonatal Deaths and Still births were reported as well.
- A total number pertaining to 24 VHNDs were conducted and attended in the last financial years. And 12 VHNSC meetings were attended as well.
- ANC coverage from registration to third ANC was 100 per cent in the last financial year, with 37 pregnant women having registered in the given facility. Also the number of children fully immunized and given vitamin A has increased in the last financial year as well.
- As per records maintained at the Sub-center, all records pertaining to JSY payments, VHND plan, Eligible couple register, MCH register (as per GOI), Delivery register, stock register, Referral register, line listing of anemic pregnant women, families under RBSK, vaccine supply as well as work plan from MCTS Portal was available and maintained.
- In terms of Funds proposed, received and utilized, the facility as per norms had a proposed untied fund allotted amounting to Rs 10,000, however it has received Rs 5,000 only, all of which have been utilized completely. And only 10 per cent of Annual Maintenance Grant (AMG) has been utilized out of the amount of Rs 5,000 received by the facility as of now.

- In the matter of IEC Display, except SBA Protocol posters, all other IEC materials were displayed at the facility.

13.5. Sub-Centre Changey Senti, Block Changey

Figure 9: SC Changey Senti

The Sub-Centre Changey Senti is located in the Changey Block. This health facility serves to three neighboring villages and caters to the health needs of a population of approximately 1730 people. Located near the main habitation, the facility was functioning in Government building and there was an overall general cleanliness in the facility premises.

The following are the observations made on visit and as reported by the HR present at the facility:

- Running in government building, the health facility however lacked electricity with power back-up and 24*7 running piped water supply.
- Although ANM quarter was not available with basic amenities issue in matter of electricity and water supply, a senior sister resided at the Sub-Centre.
- Clean toilet was attached to the labour room, but practically non-Functional due to lack of water.
- Functional New Born Care Corner (with radiant warmer and neo-natal ambu bag) was not available at the facility.

- For Bio-medical waste management, deep burial pit were available.
- However, no complaint/suggestion box was present at the sub-centre.
- In regards of Human resources allotted to the Sub-Centre, there were two ANMs, one MPW, one attendant, and three ASHAs, who were trained till module 7.
- In terms of equipment, the facility lacked Haemoglobinometer including other alternate method for hemoglobin estimation, neonatal ambu bag, color coded bins and RBSK pictorial tool kit. All other important equipment was available and functional.
- Concerning essential drugs, apart from Inj. Magnesium Sulphate, Inj. Oxytocin, Misoprostol tablets and few antibiotics all other drugs were available namely, IFA tablets and Syrup with dispenser, Vitamin A, ORS packets, Zinc tablets and PCM, Metronidazole etc.
- As for essential supplies available for the beneficiaries, with the exception of sanitary napkins, EC pills, and Urine albumin and Sugar testing kits, all other medical supplies was present.
- As for the services delivered in the last two years, the number of children immunized and given Vita A was complete. No neonatal, Maternal death was recorded Even No still births were reported. However only one IUCD insertion was conducted in the last financial year. And no deliveries took place at the facility also.
- The Sub-Centre also took part and undertook VHNDs and VHNSC meetings.
- All records namely payments under JSY, VHND plan, Eligible couple register, stock register, MCP cards, and line listing of anemic pregnant women to name the important ones were available and updated.
- As untied funds, the facility received Rs 5000 per month.
- All IEC materials to be displayed at Sub-Center as per the IPHS guidelines were displayed at the facility.

14. Conclusion and Recommendations

The Population Research Centre, Delhi embarked on the monitoring of NHM, PIP in various states, wherein the teams carry out the field visit of the state for quality checks of the different components of NHM. This report gives details on the Monitoring and Evaluation findings of the East District of Sikkim. The following healthcare facilities in East District are visited for Monitoring & Evaluation District Hospital(Singtam), CHC Rhenock, PHC Pakyong, SC Rorathang and SC Changey Senti. A summary of our findings in the district is presented below:

The district has 1 DHs, 1 CHCs, 6 PHCs and 46 SCs. With respect to transport, 2 referral transports are available. One Mobile Medical Unit (MMU) is available. All facilities visited are running in government buildings except 4 SCs. However, the infrastructure of the facilities at peripheral and block level needed upgrade. Location of the visited facilities was easily assessable. Further, Inhabitable Staff quarters are not available in the visited facilities with respect to Sub-Centres. Deficit of specialized staff was observed for Dental Surgeon, ASHAs and AYUSH Doctors in the district.

Out of the total reported live birth in East experienced, figures reveals a higher proportion of women coming under the envelop of Institutional delivery. Both JSY and JSSK are functional in the district. However, delay in JSY payments due to lack of funds. ASHA is observed to be fairly active in bringing women for Institutional deliveries. MDR records 3 maternal deaths occurring in the East district. Likely reasons are said to be hemorrhage, sepsis or other causes. The district has the following infrastructure for child care:1 NBSUs and 8 NBCCs. Notable degree of immunization was recorded in 2017-18. The district has functional RBSK as well.

In East, Male sterilization is not conducted, with TRF being low, community opting late marriage, and likewise late pregnancy. PPIUCD insertion mostly dominates the family planning method adopted. Certain facilities experienced non-availability of Oral Pills for Medical Termination of Pregnancy. Hypertension leads in terms of non-communicable diseases with diabetes being the second most detected cases in the year 2017-18. An up rise in the number of detected cases in mental health was seen, implying call for greater awareness needs.

Only DH has AYUSH health centre in the district. Currently 45 more ASHAs are needed in the district, for the community processes at grass root or peripheral level.

14.1 Recommendations

Based on the monitoring the following recommendations for improving the service delivery in the district are made-

- ☑ Health facilities that essentially stand non-functional with respect to various NHM activities must be identified and worked on or dropped off with respect to requirement and effectiveness, this includes SCs and PHCs. This, in turn, entails regular monitoring and supervision and makes certain optimal utilization of resources.
- ☑ Training with respect to HMIS data reporting is mandatory and important as well. In order to ensure smooth functioning of the activities, manpower shortage must be resolved. Also Access to essential drugs must be highlighted by the district and supply should match the demand side as per the block requirements.
- ☑ Formulation and strengthening of District Quality Assurance committee is advised, considering the wide scope of improvement that exits with regards to infection control practices.
- ☑ Delay in fund allocation must be resolved so as to ensure smooth proceedings in all the health components under NHM.

15. Annexure

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**	
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 under NHM in the last financial year:

S. no	Category	Regular	Contractual	Remarks if any
2.1	OBG			
2.2	Anesthetist			
2.3	Pediatrician			
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+ counselors			
2.14	Nutritionist			
2.15	Dental Surgeon			
2.16	Others			

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

S. no	Training	No trained	Remarks if any
3.1	EmOC		
3.2	LSAS		
3.3	BeMOC		
3.4	SBA		
3.5	MTP/MVA		
3.6	NSV		
3.7	F-IMNCI		
3.8	NSSK		
3.9	Mini Lap-Sterilizations		

3.10	Laparoscopy-Sterilizations		
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	Sterilized delivery sets	**Y**	**N**	
4.3	Functional Neonatal, Pediatric 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 Haemoglobinometer	**Y**	**N**	
4.3a	Functional Centrifuge	**Y**	**N**	
4.4a	Functional Semi auto analyzer	**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	Computerized 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	Labeled emergency tray	***Y***	***N***	
5.14	Drugs for hypertension, Diabetes, common ailments e.g. PCM, Metronidazole, anti-	***Y***	***N***	

	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***	
5.20	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, Mackintosh, Pads, bandages, and gauze etc.	***Y***	***N***	

Section VI: Other Services:

S.no	Lab Services	Yes	No	Remarks
6.1	Hemoglobin	**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	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

Sl. No	Funds	Proposed	Received	Utilized
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	Counseling 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**	

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 color 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 anemic pregnant women				
9.6	Labour room register				
9.7	OT Register				
9.8	Immunizations 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	**Y**	**N**	

	health facility			
10.2	Citizen Charter	**Y**	**N**	
10.3	Timings of the health facility	**Y**	**N**	
10.4	List of services available	**Y**	**N**	
10.5	Essential Drug List	**Y**	**N**	
10.6	Protocol Posters	**Y**	**N**	
10.7	JSSK entitlements (Displayed in ANC Clinics/, PNC Clinics)	**Y**	**N**	
10.8	Immunization Schedule	**Y**	**N**	
10.9	JSY entitlements(Displayed in ANC Clinics/, PNC Clinics)	**Y**	**N**	
10.10	Other related IEC material	**Y**	**N**	

Section XI: Additional/Support Services:

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

Qualitative Questionnaires for District Hospital Level

1. What are the measures being taken or planned for Infection control, bio medical waste management at all facility levels and how IEC is beneficial for health demand generations (MCH, FP related IEC, services available, working hours, EDL, phone numbers etc)?
   .....
   .....
   .....
2. What are the common infrastructural and HR problems faced by the facility?
   .....
   .....
   .....
3. Do you face any issue regarding JSY payments in the hospital?

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

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

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

FRU level Monitoring Checklist

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

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	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	Y	N	

	Centre			
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**	
1.23a	BMW outsourced	**Y**	**N**	
1.24	Availability of ICTC Centre	**Y**	**N**	

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

S. no	Category	Numbers	Remarks if any
2.1	OBG		
2.2	Anesthetist		
2.3	Pediatrician		
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+ counselors		
2.14	Others		

Section III: Training Status of HR:

(*Trained in Last year)

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

3.13	Blood storage		
3.14	IMEP		
3.16	Immunization and cold chain		
3.15	Others		

Section IV: Equipment:

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

Section V: Essential Drugs and Supplies:

S.No	Drugs	Yes	No	Remarks
5.1	EDL available and displayed	***Y***	***N***	
5.2	Computerised inventory management	***Y***	***N***	
5.3	IFA tablets	***Y***	***N***	
5.4	IFA syrup with dispenser	***Y***	***N***	
5.5	Vit A syrup	***Y***	***N***	
5.6	ORS packets	***Y***	***N***	
5.7	Zinc tablets	***Y***	***N***	
5.8	Inj Magnesium Sulphate	***Y***	***N***	

5.9	Inj Oxytocin	*Y*	*N*	
5.10	Misoprostol tablets	*Y*	*N*	
5.11	Mifepristone tablets	*Y*	*N*	
5.12	Availability of antibiotics	*Y*	*N*	
5.13	Labelled emergency tray	*Y*	*N*	
5.14	Drugs for hypertension, Diabetes, common ailments e.g. PCM, metronidazole, anti-allergic drugs etc.	*Y*	*N*	
5.15	Adequate Vaccine Stock *available*	*Y*	*N*	
S.No	**Supplies**	**Yes**	**No**	**Remarks**
5.17	Pregnancy testing kits	*Y*	*N*	
5.18	Urine albumin and sugar testing kit	*Y*	*N*	
5.19	OCPs	*Y*	*N*	
5.20	EC pills	*Y*	*N*	
5.21	IUCDs	*Y*	*N*	
5.22	Sanitary napkins	*Y*	*N*	
S.No	**Essential Consumables**	**Yes**	**No**	**Remarks**
5.23	Gloves, 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	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		
7.10	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:

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 color 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	Immunization Register				
9.11	Blood Bank stock register				
9.12	Referral Register (In and Out)				
9.13	MDR Register				
9.14	Drug Stock Register				
9.15	Payment under JSY				

Section X: Fund Utilisation

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

Section XI: IEC Display:

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

PHC/CHC (NON FRU) level Monitoring Checklist

Name of District: _____ **Name of Block:** _____ **Name of PHC/CHC:** _____

Catchment Population: _____ **Total Villages:** _____ **Distance from Dist HQ:** _____

Date of last supervisory visit:_____

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

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

_____

Section I: Physical Infrastructure:

S.No	Infrastructure	Yes	No	Additional Remarks
1.1	Health facility easily accessible from nearest road head	**Y**	**N**	
1.2	Functioning in Govt building	**Y**	**N**	
1.3	Building in good condition	**Y**	**N**	
1.4	Staff 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	Sterilized delivery sets	Y	N	
4.3	Functional neonatal, Paediatric and Adult Resuscitation kit	Y	N	
4.4	Functional Weighing Machine (Adult and infant/newborn)	Y	N	
4.5	Functional Needle Cutter	Y	N	
4.6	Functional Radiant Warmer	Y	N	
4.7	Functional Suction apparatus	Y	N	
4.8	Functional Facility for Oxygen Administration	Y	N	
4.9	Functional Autoclave	Y	N	
4.10	Functional ILR and Deep Freezer	Y	N	
4.11	Functional Deep Freezer			
4.12	Emergency Tray with emergency injections	Y	N	
4.13	MVA/ EVA Equipment	Y	N	
	Laboratory Equipment	**Yes**	**No**	**Remarks**
4.14	Functional Microscope	Y	N	
4.15	Functional Hemoglobinometer	Y	N	
4.16	Functional Centrifuge,	Y	N	
4.17	Functional Semi autoanalyzer	Y	N	
4.18	Reagents and Testing Kits	Y	N	

Section V: Essential Drugs and Supplies

S. No	Drugs	Yes	No	Remarks
5.1	EDL available and displayed	*Y*	*N*	
5.2	Computerised inventory management	*Y*	*N*	
5.3	IFA tablets	*Y*	*N*	
5.4	IFA syrup with dispenser	Y	N	
5.5	Vit A syrup	*Y*	*N*	
5.6	ORS packets	*Y*	*N*	

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

Section VI: Other Services :

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

Section VII: Service Delivery in last two years

S.No	Service Utilization Parameter	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		
7.10	No. of PPIUCD insertions		
7.11	No. of Vasectomy		
7.12	No. of Minilap		
7.13	No. of children fully immunized		
7.14	No. of children given Vitamin A		
7.15	No. of MTPs conducted		
7.16	Maternal deaths		
7.17	Still birth		
7.18	Neonatal deaths		
7.19	Infant deaths		

Section VII a: Service delivery in post-natal wards:

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

Section VIII: Quality parameter of the facility

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

S.No	**Essential Skill Set**	**Yes**	**No**	**Remarks**
8.1	Manage high risk pregnancy	**Y**	**N**	
8.2	Provide essential newborn care(thermoregulation, breastfeeding and asepsis)	**Y**	**N**	
8.3	Manage sick neonates and infants	**Y**	**N**	
8.4	Correctly administer vaccines	**Y**	**N**	

8.5	Alternate Vaccine Delivery (AVD) system functional	**Y**	**N**	
8.6	Segregation of waste in colour coded bins	**Y**	**N**	
8.7	Adherence to IMEP protocols	**Y**	**N**	

Section IX: Record Maintenance:

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

Section X: Funds Utilisation

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

Section XI: IEC Display:

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

11.4	List of services available	**Y**	**N**	
11.5	Essential Drug List	**Y**	**N**	
11.6	Protocol Posters	**Y**	**N**	
11.7	JSSK entitlements	**Y**	**N**	
11.8	Immunization Schedule	**Y**	**N**	
11.9	JSY entitlements	**Y**	**N**	
11.10	Other related IEC material	**Y**	**N**	

Section XII: Additional/Support Services:

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

Qualitative Questionnaires for PHC/CHC Level

1. Population covered by the facility. Is the present infrastructure sufficient to cater the present load?
   .....
   .....

2. Any good practices or local innovations to resolve the common programmatic issues.
   .....
   .....
3. Any counselling being conducted regarding family planning measures.
   .....
   .....
   ……

Sub Centre level Monitoring Checklist

Name of District: _____ Name of Block: _____ Name of SC: _____
Catchment Population: _____ Total Villages: _____ Distance from PHC: _____
Date of last supervisory visit:_____

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

Section I: Physical Infrastructure:

S.No	Infrastructure	Yes	No	Remarks
1.1	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 24*7 water supply	*Y*	*N*	
1.6	ANM quarter available	*Y*	*N*	
1.7	ANM residing at SC	*Y*	*N*	
1.8	Functional labour room	*Y*	*N*	
1.9	Functional and clean toilet attached to labour room	*Y*	*N*	
1.10	Functional New Born Care Corner (*functional radiant warmer with neo-natal ambu bag*)	*Y*	*N*	
1.11	General cleanliness in the facility	*Y*	*N*	
1.12	Availability of complaint/ suggestion box	*Y*	*N*	
1.13	Availability of deep burial pit for	*Y*	*N*	

	biomedical waste management / any other mechanism			

Section II: Human Resource:

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

Section III: Equipment:

S.No	Equipment	Available and Functional	Available but non-functional	Not Available	Remarks
3.1	Haemoglobinometer				
3.2	Any other method for Hemoglobin Estimation				
3.3	Blood sugar testing kits				
3.4	BP Instrument and Stethoscope				
3.5	Delivery equipment				
3.6	Neonatal ambu bag				
3.7	Adult weighing machine				
3.8	Infant/New born weighing machine				
3.9	Needle &Hub Cutter				
3.10	Color coded bins				
3.11	RBSK pictorial tool kit				

Section IV: Essential Drugs:

S. No	Availability of sufficient number of essential Drugs	Yes	No	Remarks
4.1	IFA tablets	**Y**	**N**	
4.2	IFA syrup with dispenser	**Y**	**N**	
4.3	Vit A syrup	**Y**	**N**	
4.4	ORS packets	**Y**	**N**	
4.5	Zinc tablets	**Y**	**N**	
4.6	Inj Magnesium Sulphate	**Y**	**N**	
4.7	Inj Oxytocin	**Y**	**N**	
4.8	Misoprostol tablets	**Y**	**N**	
4.9	Antibiotics, if any, pls specify	**Y**	**N**	

4.10	Availability of drugs for common ailments e.g. PCM, metronidazole, anti-allergic drugs etc.	**Y**	**N**	

Section V: Essential Supplies

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

Section VI: Service Delivery in the last two years:

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)			
7.10	List of families with 0-6 years children under RBSK			
7.11	Line listing of severely anemic pregnant women			
7.12	Updated Microplan			
7.13	Vaccine supply for each session day (check availability of all vaccines)			
7.14	Due list and work plan received from MCTS Portal through Mobile/ Physically			

Section VII A: Funds Utilisation

Sl. No	Funds	Proposed	Received	Utilised

7a.1	Untied funds expenditure (Rs 10,000-Check % expenditure)			
7a.2	Annual maintenance grant (Rs 10,000-Check % expenditure)			

Section VIII: IEC display:

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

Qualitative Questionnaires for Sub-Centre Level

1. Since when you are working here, and what are the difficulties that you face in running the Sub-centre.
   ……
   ……
2. Do you get any difficulty in accessing the flexi pool?
   ……
   ……..
3. On what head do you spend money of flexi pool? Do you keep record of money spend on the maintenance of infrastructure.
   ……
   ……