

NATIONAL HEALTH MISSION



A REPORT ON
MONITORING OF IMPORTANT COMPONENTS OF
NATIONAL HEALTH MISSION PROGRAMME IMPLEMENTATION IN
FATEHABAD, HARYANA

MINISTRY OF HEALTH AND FAMILY WELFARE

GOVERNMENT OF INDIA



संस्कारो जयते
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Table of Contents

Contents

Table of Contents	2
List of Tables	3
List of Figures	4
List of Abbreviations	5
Acknowledgement	6
Executive Summary	7
Strengths	7
Weaknesses	7
Introduction	9
District Profile: Fatehabad	9
Health Profile: Fatehabad	11
Facility-Wise Observations	20
Civil Hospital	20
SDH Tohana	25
CHC Jakhal	31
PHC Bangaon	34
SC Chinder	38
Conclusion	43
Recommendations	46

List of Tables

Table 1: Census Data on Fatehabad and Haryana	10
Table 2: Health Infrastructure in Fatehabad, Haryana	11
Table 3: Human Resource under NHM in Fatehabad, Haryana	12
Table 4: Status of ANC in Fatehabad, Haryana	13
Table 5: Delivery Indicators in Fatehabad, Haryana	13
Table 6: Delivery Indicators in Fatehabad, Haryana	14
Table 7: Status of JSY payments in Fatehabad, Haryana	14
Table 8: JSSK Progress in Fatehabad, Haryana	15
Table 9: Details of Neonatal Infrastructure & services in Fatehabad in 2016-17	15
Table 10: Admissions in SNCU & NBSU in Fatehabad, Haryana	16
Table 11: Neonatal Deaths in Fatehabad, Haryana	16
Table 12: Immunisation Progress in Fatehabad, Haryana	16
Table 13: RBSK Progress in Fatehabad, Haryana	17
Table 14: Family Planning Achievement in Fatehabad District (2016-17)	17
Table 15: Details of Non- Communicable Diseases in Fatehabad (2016-17)	18
Table 16: AYUSH progress in Fatehabad (2016-17)	18
Table 17: Biomedical Waste Process in Fatehabad, Haryana	18
Table 18: Community Process in Fatehabad (2016-17)	19

List of Figures

Figure 1: Essential Drugs List in Civil Hospital, Fatehabad	21
Figure 2: DEIC in Civil Hospital, Fatehabad	23
Figure 3: ICTC Lab in Civil Hospital, Fatehabad	24
Figure 4: Blood Bank in Civil Hospital, Fatehabad	24
Figure 5: Sub-District Hospital, Tohana	26
Figure 6: Family Planning Methods for disbursement at Sub-District Hospital, Tohana	30
Figure 7: Community Health Centre, Jakhal	31
Figure 8: Labour Room and SNCU, Community Health Centre, Jakhal	32
Figure 9: Stock Position Display at Community Health Centre, Jakhal	33
Figure 10: Primary Health Centre, Bangaon	34
Figure 11: Labour Ward at Primary Health Centre, Bangaon	36
Figure 12: IEC display at Primary Health Centre, Bangaon	37
Figure 13: Sub-Centre, Chinder	38
Figure 14: ILR equipment at Sub-Centre, Chinder	39
Figure 15: ANM demonstrating use of blood pressure equipment, Sub-Centre, Chinder	40
Figure 16: RNTCP Section, Sub-Centre, Chinder	42

List of Abbreviations

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

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With enthusiasm.

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Executive Summary

The report is based on the NHM PIP monitoring visit by the PRC team Delhi to various health facilities in Fatehabad, Haryana. It is prepared by the Population Research Centre, Delhi based on the observations and check list during the Monitoring and Evaluation of the key components of NHM. In Fatehabad, the Monitoring and Evaluation Team visited the Civil Hospital, Sub District Hospital in Tohana, Community Health Center in Jakhal, Primary Health Center in Bangaon and the sub-centre in Chinder. The staff in these facilities has assisted us in the preparation of the report. We also benefitted from the interaction with beneficiaries in the facilities.

The status of NHM in the district is highlighted in this report. The major strengths and weaknesses of the district are listed below

Strengths

1. All the facilities are functioning in government buildings. The premises of most of the facilities visited were clean and hygienic. Bed covers for hospital beds and toilets were also clean and in good condition.
2. The district has strong mechanisms in place for infant and child health. Rastriya Bal Surakha Karyakaram is functional in the district. There are three RBSK teams in Fatehabad- two in DH and one in CHC. Pharmacists, ANMs and doctors are part of the team. District Early Intervention Centre is available in the district.
3. Mechanism for disposal of bio-medical waste in all facilities has bio-medical pits and color-coded bins. No new pits are needed in any facility as existing pits have not reached their full potential.
4. MIS and MCTS have been implemented at all the facilities. The data from HMIS is analyzed and discussed with concerned staff at state and district levels for necessary corrective action to be taken in future. It is used for monthly reviews also.
5. The ill-effects of burgeoning family size i.e. reducing size of land holdings are known to families in the district. Parents prefer less number of children. Family planning measures are resorted to as early as after one child, especially if the first child is male.
6. Financial assistance is provide to cancer patients for treatment.

Weaknesses

1. Several infrastructural issues plague health facilities in the district. The district faces a shortage of labour rooms. The ambulance vehicles were not in decent shape. The vehicles were old and did not have proper equipment. No 108 ambulances or mobile medical units are available in the district. Six out of the fourteen ambulances were older than 7 years. Staff Quarters are not available in CHC Jakhal and PHC Bangaon. Separate male and female toilets are not available in the PHC. Regular fumigation of the PHC in Bangaon is not done. RBSK teams visit schools, but often the sub centre is not informed about these visits. This proves to be a problem for the sub-centre as the curative role following a RBSK visit needs to be fulfilled by the SC. Information gap between the teams and the health facility inhibit proper planning by the SC. There is no lift in the DH, the gynecology section is located on the 2nd floor, while OT is located on the 3rd floor. This creates difficulty in access.

2. There is a shortage of human resources in the facility. The district has been facing a shortage of doctors since 2014. Out of the sanctioned 8 posts for MOs, 2 positions are vacant- 1 in SNCU and 1 in urban NHM. There are two sanctioned positions for gynecologist, both of which are vacant. There are no sanctioned posts for surgeon, LHV, X-Ray technicians or ANMs at PHCs under NHM. Presently, there is a vacancy for 3 ANMs, 1 Pharmacist, 1 lab technicians and 1 staff nurse at PHC. There is shortage of fourth class employees.
3. None of the CHCs are FRUs. This puts considerable load on the larger health facilities, even as they grapple with limited resources.
4. The district faces certain problems in the various data portals that it uses. Internet speed in the facilities coupled with electricity shortages has meant that only 7-8 data entries are done in a full day. This creates huge workload on information assistants. The district faces shortage of registers- MIDS, IDR and MDR. These are supplied by state, and are not available frequently. HBPNC (Home Based Post-Natal Care) portal is not working presently. The availability of formats in English puts hindrance in the ability of ANMs to complete them. Further, while the staff has been trained on data entry, intermittent training has meant problems in data entry.
5. While the systems for child health care are operational, the districts targets for the same are below those expected. The district achieved only 73% of its full immunization target in 2016-17
6. There are no ARSH clinics in the entire district. The district does not have a ARSH counselor at present. Focus on ARSH has been reducing since the last 4 years. There is no peer educator, and the reports are not asked for. No allocated room for ARSH exists in the facilities.
7. There is no separate family planning counselor.

According to the 2011 census Fatehabad district has a population of 942,011. The district has a population density of 371 inhabitants per square kilometer (960/sq mi). Its population growth rate over the decade 2001–2011 was 16.79%. Fatehabad has a sex ratio of 902 females for every 1000 males, while child sex ratio is 854. Literacy rate is 68%. Female literacy (59%) is way below the male literacy rate (76%).

Fatehabad district occupies 18th position in population size during 2011. In terms of density Fatehabad ranks at 19th position with a density of 371. The general Sex Ratio of the district which was 902 in 2011. The Sex Ratio in rural is 902 and it is better than the urban Sex Ratio which is 899 during 2011 Census. In terms of Child Sex Ratio (0-6 years age group) the district stands at 5th place with a Child Sex Ratio of 854. In 2001 the district Child Sex Ratio was 828. The proportion of Child Population (0-6 years) is 12.85 per cent in Fatehabad district. The percentage of Scheduled Caste Population to Total Population in the district is 30.2 per cent and it ranks at 1st position whereas during 2001 it was 27.4 per cent. In terms of literacy Fatehabad stands at 20th place. The literacy rate in 2011 is 67.9 per cent. The literacy rate amongst Male population which was 68.2 per cent during 2001 has increased to 76.1 per cent and in urban area it is 83 per cent.

Table 1: Census Data on Fatehabad and Haryana

Description	Haryana	Fatehabad
Actual Population	25,351,462	942,011
Male	13,494,734	495,360
Female	11,856,728	446,651
Population Growth	19.90%	16.85%
Area Sq. Km	44,212	2,538
Density/km2	573	371
Proportion to Haryana Population	100%	3.72%
Sex Ratio (Per 1000)	879	902
Child Sex Ratio (0-6 Age)	834	854
Average Literacy	75.55%	67.92
Male Literacy	84.06%	76.14
Female Literacy	65.94%	58.87
Total Child Population (0-6 Age)	3,380,721	121,024 (12.85%)
Male Population (0-6 Age)	1,843,109	65,279 (13.18%)
Female Population (0-6 Age)	1,537,612	55,745 (12.48%)
Literates	16,598,988	557,578
Male Literates	9,794,067	327,471
Female Literates	6,804,921	230,107

Health Profile: Fatehabad

Health Infrastructure

- The district has 5 CHCs and 16 PHCs. In Fatehabad, none of the CHCs are FRUs. The operational FRUs are the government hospital and the sub-district hospital in Tohana. The CHC at Ratia is a 30-bedded hospital, and is in process of building a 20-bedded maternity ward. 9 of the PHCs run 24*7, while two of these are low performing. Urban PHCs (those in Ratia, Tohana and Fatehabad) are fully funded by NHM.
- No, 108 ambulances or mobile medical units are available in the district. Fourteen 102 ambulances are available in the district. 2 of these are old, while 6 ambulances are older than 7 years.
- Internet speed in the facilities coupled with electricity shortages has meant that only 7-8 entries are done in a full day. This creates huge workload on information assistants.
- The district faces shortage of registers- MIDS, IDR and MDR. These are supplied by state, and are not available frequently.

Table 2: Health Infrastructure in Fatehabad, Haryana

Health Facility	Number available	Govt. building
District hospital	01	Govt
Poly Clinics	01	Govt
District Early Intervention Centre	01	Govt
Delivery Points	00	00
Transport Facility	Number available	Number functional
108 Ambulances	00	00
CATS	00	00
102 Ambulance	14	14
Referral Transport	00	00
Mobile Medical Units	00	00

Source- DPMU Office, 2017

Human Resource and Trainings

- Haryana has no special cadre for health.
- The district has been facing a shortage of doctors since 2014. Out of the sanctioned 8 posts for MOs, 2 positions are vacant- 1 in SNCU and 1 in urban NHM. There are two sanctioned positions for gynecologist, both of which are vacant. There are no sanctioned posts for surgeon, LHV, X-Ray technicians or ANMs at PHCs under NHM. Presently, there is a vacancy for 3 ANMs, 1 Pharmacist, 1 lab technicians and 1 staff nurse at PHC.
- There is shortage of fourth class employees.
- The shortage of employees has meant multiple job roles for existing staff. For instance, the Information Assistant is also involved in compiling data on birth rate and death rate.

Table 3: Human Resource under NHM in Fatehabad, Haryana

Position Name	Sanctioned	Contractual	Total Vacant	Vacant %
MO's including specialists	08	06	02	25
Gynecologists	02	00	00	100
Pediatrician	01	01	00	00
Surgeon	00	00	00	00
LHV	00	00	00	00
ANM	156	153	03	02
Pharmacist	12	11	01	09
Lab technicians	07	06	01	14
X-ray technicians	00	00	00	00
Data Entry Operators	05	05	00	00
Staff Nurse at CHC	13	13	00	00
Staff Nurse at PHC	27	26	01	04
ANM at PHC	00	0	0	0
ANM at SC	131	128	03	02
Any other, (Info. Asst)	20	20	20	20

Source- DPMU Office, 2017

- 14 staff nurses and 3 ANMs were trained for SBA, and 1 MO and 16 ANMs were trained for NSSK. 9 staff nurses were trained for IUCD insertion while 15 for RTI/STI/ HIV screening.
- The district received letters from district/state regarding the following trainings:
 - Mid-Career Training for SMO/Dy CS
 - Induction training for MO/S/N
 - Skill Lab training for S/N, ANM/LHV/PHN at Bhiwani
 - TOT of New contraceptives injectable & oral training for MO/SN at Panchkula

Maternal Health

ANC Check-ups

The details of ANC process in the district are present in Table 4. The district saw 17615 women who registered for ANC. Of these, 81% completed 3 ANC check-ups. Among the various blocks, those having the least ANC check-ups to ANC registrations was in Bhuna district, while the highest was seen in Ratia. In all Urban PHCs, 90% of women completed 3 ANC check-ups.

Table 4: Status of ANC in Fatehabad, Haryana

Block	ANC Registered	3 ANCs
Bhattu Kalan	3520	2885
Bhuna	4350	3468
Jakhal	3126	2512
Ratia	3731	3121
UPHC all	2616	2357
CH Fatehabad	272	0000
SDH Tohana	000	000
Total	17615	14343

Source- DPMU Office, 2017

Delivery Indicators

There are about 1100 deliveries in a month in the district, as can be seen in Table 5. Ninety six percent of all deliveries in the district were institutional, while roughly 4% were home deliveries. Eighty two percent of the home deliveries in the district were non-SBA assisted. The incidence of home deliveries was highest in Jakhal block (11%), and lowest in Ratia block (3.6%).

Table 5: Delivery Indicators in Fatehabad, Haryana

Block	Home Deliveries	Institutional Deliveries
Bhattu Kalan	47	986
Bhuna	93	1232
Jakhal	80	612
Ratia	62	1673
UPHC all	90	216
CH Fatehabad	00	3073
SDH Tohana	00	1272
Total	372	9064

Source- DPMU Office, 2017

Table 6: Delivery Indicators in Fatehabad, Haryana

Block	TT1	TT2	Home Deliveries		Live Birth	Still Birth	Total Births
			SBA assisted	Non-SBA			
Bhattu Kalan	2421	2204	07	40	1018	11	1029
Bhuna	3732	3396	28	65	1313	13	1326
Jakhal	2236	1963	12	68	684	07	691
Ratia	2900	2557	16	46	1715	22	1737
UPHC all	2082	1899	01	89	285	06	291
CH Fatehabad	190	151	00	00	3032	82	3114
SDH Tohana	400	240	00	00	1257	19	1276
Total	13961	12410	64	308	9304	160	9464

Source- DPMU Office, 2017

Janani Suraksha Yojana (JSY)

- Updated record of payments made for JSY is maintained in the district.
- Payments to 1455 beneficiaries were made in 2015-16. This number is much lower than the number of institutional deliveries that occurred in the district, i.e., 9064.
- Out of 372 Home Deliveries, 2 mothers have availed the benefits of JSY.

Table 7: Status of JSY payments in Fatehabad, Haryana

Status of payments			Record maintenance		
Institutional deliveries	Home Deliveries	Deliveries brought by ASHAs	Available	Updated	Non-updated
1455	02		Yes	updated	

Source- DPMU Office, 2017

Janani Shishu Suraksha Karyakaram (JSSK)

JSSK was functional in the district. From the interactions with the beneficiaries, it was found that people used their own transport vehicles to come to the facility due to lesser waiting time in cases of emergency.

- According to the table, there is a difference in the use of the facilities provided under the JSSK scheme by the beneficiaries. Beneficiaries are more bent towards availing free drugs in comparison to free diet or diagnostics.
- The transportation from facility to home is less in comparison to home to facility.

Table 8: JSSK Progress in Fatehabad, Haryana

Block	No. of Beneficiaries under JSSK				District Total	
	Diet	Drugs	Diagnostic	Transport		
				Home Facility	to Referral	Facility to Home
Bhattu Kalan	948	951	786	406	109	240
Bhuna	1207	1229	1197	722	186	191
Jakhal	302	370	260	154	14	130
Ratia	1648	1665	1631	1245	388	339
UPHC all	143	197	195	63	15	09
CH Fatehabad	2494	2494	2494	2024	10	1503
SDH Tohana	1100	1100	1109	00	00	00
Total	7842	8006	7672	4614	722	2412

Source- DPMU Office, 2017

Maternal Deaths

22 Maternal deaths occurred in the district in the last fiscal year. 16 of these deaths occurred in the hospital, while 5 of these deaths occurred at home. 12 of these deaths happened post-delivery.

Ratia, the largest block, experienced most deaths as it does not have enough doctors to cater to its population of 44 thousand.

Adolescent & Child Health**Neo-Natal Health**

The district has one SNCU, one NBSU and 9 NBCCs. No NRCs are available. The staff positions at the SNCU are 9, while those at the NBSU are 4. The number of staff available in these is lower than capacity.

888 neonates were admitted to the SNCU. 569 of these were discharged, and 152 of these were referred further. 146 neonates were admitted to NBSU. 139 of these were discharged.

Table 9: Details of Neonatal Infrastructure & services in Fatehabad in 2016-17

	Numbers	whether established in last financial year (Yes/No)
Total SNCU	01	Yes
Total NBSU	01	Yes
Total NBCC	09	Yes
Total Staff in SNCU	09	Yes
Total Staff in NBSU	04	N/A

Source- DPMU Office, 2017

Table 10: Admissions in SNCU & NBSU in Fatehabad, Haryana

Total neonates admitted in to SNCU	Treatment Outcome				Total neonates admitted in to NBSU	Treatment Outcome			
	Discharge	Referred	Death	LAMA*		Discharge	Referred	Death	LAMA*
888	569	152	75	87	146	139	5	2	0

Source- DPMU Office, 2017

The data on neonatal deaths is present in the table below. Out of the 774 neonatal deaths, most neonatal deaths occurred in the government hospitals (282).

Table 11: Neonatal Deaths in Fatehabad, Haryana

Total Death	Place of Death		
	Hospital	Home	Transit
75	75	00	00
774	229 Pvt	193	10

Source- DPMU Office, 2017

Immunization

The district achieved only 73% of its full immunization target in 2016-17. Given the target, all the blocks have not been able to achieve 85% full immunization. Tohana block has the highest level of completed full immunization as compared to the target (80%), while Bhuna block has the lowest (69%).

Table 12: Immunization Progress in Fatehabad, Haryana

Block	Target	OPV at birth	BCG	DPT			OPV			Measles	Full Immunization
				1	2	3	1	2	3		
Fatehabad	1718	2777	3207	2	8	1	1744	2086	1651	1401	1401
Tohana	1500	1532	2076	13	9	11	1264	1203	1150	1209	1209
Ratia	4898	2663	1904	2	2	0	3630	3633	3581	3710	3710
Bhattu	4372	976	1635	0	0	2	3076	3011	2904	3116	3116
Bhuna	4815	1248	2127	2	21	22	3659	3532	3413	3365	3365
Jakahal	3807	630	1411	2	21	12	2671	2529	2482	2630	2630
Total	21110	9826	12360	21	61	48	16044	15994	15181	15431	15431

Source- DPMU Office, 2017

The low coverage of DPT may be due to the availability of pentavalent. Dropout can be seen in OPV doses from first dose and further from second dose.

Rashtriya Bal Suraksha Karyakram

Rastriya Bal Surakha Karyakaram is functional in the district. There are 3 RBSK teams in Fatehabad- two in GH and one in CHC. Pharmacists, ANMs and doctors are part of the team.

Table 13: RBSK Progress in Fatehabad, Haryana

Years	No. of Schools	No. of children registered	Children Diagnosed	No. of Children referred	Eye Disease	Ear Disease	Heart disease	Physically challenged	Anaemic
2016-17	588	100189	17482	16452	5233	106	349	365	4757
2015-16	578	106394	18567	17393	4658	164	190	357	2495

Source- DPMU Office, 2017

From table 13, we can see that while the schools covered under the scheme have reduced, the number of children registered and diagnosed have increased over the period of one year. Children diagnosed with ear diseases have reduced, while those having diseases of the eye, heart, physical challenges or anemia have reduced.

District Early Intervention Centre

There is one DEIC available in the district.

Adolescent Health

The district does not have a ARSH counselor at present. Focus on ARSH has been reducing since the last 4 years. There is no peer educator, and the reports are not asked for. No allocated room for ARSH exists in the facilities.

Family Planning

Table 14: Family Planning Achievement in Fatehabad District (2016-17)

Sterilization			IUCD insertions		Oral Pills		Emergency Contraceptives		Condoms	
Target	Male	Female	Target	Ach*	Target	Ach*	Target	Ach*	Target	Ach*
2980	30	3174	7300	5979	34500	36245	Nil	1031	820000	834987

Source- DPMU Office, 2017

Block wise data on family planning was not made available. However, in the district we can see that sterilization among females was as much as 10 times higher than that in males. 5979 IUCD insertions were carried out in the previous fiscal year. The distribution of oral pills, emergency contraceptives and condoms surpassed the targets. Condoms seem and oral pills seem to be the most preferred method of family planning.

Non- Communicable Diseases

Table 15: Details of Non- Communicable Diseases in Fatehabad (2016-17)

Name of the Programme/ Disease	No. of detected cases		
	2014-15	2015-16	2016-17
Diabetes	5211	1649	1899
Hypertension	1265	727	1142
Heart Disease	7977	3218	2793

Source- DPMU Office, 2017

The number of detected cases of diabetes and hypertension saw a fall from 2014-15 to 2015-16, followed by an increase from 2015-16 to 2016-17. The number of cases of heart disease have been falling steadily.

AYUSH Progress in District

Table 16: AYUSH progress in Fatehabad (2016-17)

Block	No. of facilities with AYUSH health centers	No. of AYUSH Doctors
GH Fatehabad	01	03
Ratia	01	01
Bhuna	01	01
Bhattu	03	02

Source- DPMU Office, 2017

The details of AYUSH health centers and doctors are available in the table above. The GH in Fatehabad, Ratia and Bhuna Blocks has one AYUSH centers each, while the Bhattu Block has 3 AYUSH centers. 3 AYUSH doctors are present in GH Fatehabad, one each in Ratia and Bhuna Block and 2 doctors in Bhattu Block.

Data on number of patients in these centers is not available.

Bio-Medical Waste Process in District

Table 17: Biomedical Waste Process in Fatehabad, Haryana

Bio-Medical Waste Management	DH	CHC	PHC
No of facilities having bio-medical pits	02	05	17
No. of facilities having color coded bins	02	05	17
Outsourcing for bio-medical waste	Yes	Yes	Yes
If yes, name company	InvisonInviro Dish, Sirsa		
How many pits have been filled	00	00	00
Number of new pits required	00	00	00
Infection Control			

No. of times fumigation is conducted in a year			
Training of staff on infection control	NA	NA	NA

Source- DPMU Office, 2017

The details of biomedical waste process in the district are available in the table above. All facilities have bio-medical pits and color coded bins. No new pits are needed in any facility as existing pits have not reached their full potential.

BMW collection is outsourced to Invison Inviro Dish in Sirsa. This facility collects waste every alternate day from PHC and daily from CHC and GHC.

Data on fumigation in the facilities or training of staff on infection control was not made available.

Community Process in District

- 828 ASHAs are presently working in the district. 5 positions remain vacant. One ASHA ghar is available in the district.
- On the PHC level, monthly meetings with ASHAs are held.
- 125 ASHAs were trained for all three levels of HBPNC last year.
- The filling of formats is sometimes a problem for the ASHAs because of low education levels. Adequate training on these needs to be imparted.

Table 18: Community Process in Fatehabad (2016-17)

Last status of ASHAs (Total number of ASHAs)	
ASHAs presently working	828
Positions vacant	05
Total number of meeting with ASHA (in a Year)	PHC wise monthly Basic
Total number of ASHA resource centers/ ASHA Ghar	01
Drug kit replenishment	Monthly Basis
No. of ASHAs trained in last year	
Name of trainings received	1) HBPNC-I=125 2)HBPNC-II=117 3)HBPNC-III=114

Source- DPMU Office, 2017

Data Portals

- MIS and MCTS have been implemented at all the facilities. The data from HMIS is analyzed and discussed with concerned staff at state and district levels for necessary corrective action to be taken in future. It is used for monthly reviews also.
- MCTS has been 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. Data on service delivery is uploaded regularly.
- MCTS call centre has not been set up at the District level to check the veracity of data and service delivery.

Facility-Wise Observations

Civil Hospital

Coverage

Population 10 lakhs

Physical Infrastructure

- Functioning in a government building, the civil hospital in Fatehabad catered to a population of over 2 lakhs for OPD in 2016. The building does not meet norms of NABH. Expansion of the health facility is not viable due to lack of space. A new building has been sanctioned for the facility, but it is yet to shift into that. The facility was a 50-bedded hospital till 2005, but now functions as a 100-bedded hospital.
- AYUSH, separate room for ARSH clinic, ICTC/PPTCT, SNCU, NBSU, NBCC are available in the hospital. The hospital also has a blood bank since 2010.
- While staff quarters for MOs, SNs and other categories are available, they are in poor condition.
- Electricity with power back up and running 24*7 water supply is available in the facility.
- Mechanisms of biomedical waste disposal are in place in the facility. The collection has been outsourced to a company called Embion. The company collects waste from the hospital daily. Pits for disposal of needles are available in the facility.

Human Resource

- No regular position under NHM is available in the facility for OBGs. On a contractual basis, the hospital has one OBG, one pediatrician and 22 staff nurses. The hospital also employs one general surgeon, 20 staff nurses, 2 lab technicians, 5 pharmacists, 1 LHV and 3 RMNCHA counselors on regular basis. X-Ray specialist and radiologist available. Positions for pharmacist and LTs are vacant.
- Shortage of fourth class employees.
- In the previous fiscal year, the staff underwent training for MTP/MVA (14 staff nurses and 3 ANMs). 2 MOs underwent training for NSV, 16 staff nurses and 2 MOs underwent training for NSSK. Training on blood storage, IMEP and immunization and cold chain was also held.

Equipment:

- Functional BP Instrument and Stethoscope, Sterilized delivery sets, Neonatal, Pediatric and Adult Resuscitation kit, Weighing Machine (Adult and child), Needle Cutter, Radiant Warmer, Suction apparatus, Facility for Oxygen Administration, Foetal Doppler/CTG, Mobile light, Delivery Tables, Autoclave, ILR and Deep Freezer, Emergency Tray with emergency injections, MVA/ EVA Equipment, Functional phototherapy unit and Dialysis Equipment

- O.T Equipment like O.T Tables, Functional O.T Lights, ceiling, O.T lights, mobile, Anesthesia machines, Ventilators, Pulse-oximeters, Multi-para monitors, Surgical Diathermies and Autoclaves (H or V) are available in the facility. It does not have Laparoscopes, C-arm units and ventilators.
- The facility has Laboratory Equipment like functional Microscope, Hemoglobinometer, Centrifuge, Semi auto analyzer, Reagents and Testing Kits, X-ray units, ECG machines. It does not have functional Ultrasound Scanners or C.T Scanner. Ultrasound is outsourced on panel. The facility has X-Ray and radiology machine available.

Essential Drugs & Supplies

- Essential Drugs List is available and displayed. They resort to a computerized inventory management.

Figure 1: Essential Drugs List in Civil Hospital, Fatehabad



- The hospital has adequate supply of the following drugs: IFA tablets, IFA syrup with dispenser, Vit A syrup, ORS packets, Zinc tablets, Inj. Magnesium Sulphate, Inj. Oxytocin, Misoprostol tablets,

Mifepristone tablets, antibiotics and Drugs for hypertension, diabetes, common ailments e.g PCM, metronidazole, anti-allergic drugs etc.

- Labeled emergency tray is available.
- The hospital has adequate Vaccine Stock.
- Supplies such as Pregnancy testing kits, Urine albumin and sugar testing kit, OCPs, IUCDs, Sanitary napkins, Gloves, Mckintosh, Pads, bandages, and gauze etc. are available. EC pills are not available.

Lab Services

The facility can conduct tests on hemoglobin, CBC, blood sugar, malaria, TB, HIV, liver function test

Maternal Health

- Most deliveries in the district are institutional. The health facility caters to 300 deliveries and 70-100 C-sections in a month. There is a high-risk pregnancy unit to deal with cases such as C-Section, hypertension, anemia and LSCS. There are 36 beds available in the MCH, 1 bed in the labour room and 1 bed in the septic labour room. There is a separate OT for MCH.
- The position for a regular gynecologist is vacant in the facility. Presently, a gynecologist has been hired on deputation. MCH wing in the facility has dedicated staff who work to increase awareness for institutional delivery
- There has been an increase in the number of pregnant women referred in the last two years.
- There were 22 maternal deaths in the previous year. Further, in 2015 only 45% of neonates were initiated on breastfeeding one hour after delivery. In 2016, the proportion had dropped to 37%.
- While the facility faces no problem in the HMIS portal, slow internet speed poses some problems in data entry. This considerably increases the workload on the data entry operator.

Infant & Child Health

- One RBSK team is associated with this facility. It is comprised of a pharmacist, ANM and a doctor. Children detected with ailments during RBSK visits are referred to DEIC. The DEIC screens children for diseases, deficiencies, disability and developmental delays, and faces a daily OPD of 20 to 30. There is no designated room for DEIC in the facility. It presently functions out of a makeshift room in a corridor.

Figure 2: DEIC in Civil Hospital, Fatehabad

- Through the outreach activities of the facility, 9 kids were detected with congenital heart disease in the previous year. They were referred to Naraina Hridayala in Jaipur.
- The facility has a 17-bedded nursery. There is a staff crunch in the nursery. The nursery requiring 24*7 care is managed by 3 MOs, who also handle casualty.
- Immunization is carried out weekly. Often, gaps in immunization coverage seep in due to delayed reporting or migration.
- Low weight babies facing deficiency in nutrition are referred to the SNCU. The SNCU at the facility has 1 specialist, 3 round the clock doctors and 10 staff nurses who were trained at Kalavati. At present, there are 12 kids in the SNCU.
- Record of birth defects is maintained.

Family Planning

- Females are counseled on family planning methods such as PPIUCD or Copper T, Mala-D.
- There were 267 cases of sterilization in the last month. In May there were 373 cases.

- In Less than 0.5 % of cases women opted to go for PPIUCD insertion after delivery. 118 IUCD insertions in the last year.

ICTC

Figure 3: ICTC Lab in Civil Hospital, Fatehabad



- In the previous month, the facility saw 10 patients of HIV. There were two new cases- one male and one female. Among the patients of HIV in the facility, more patients contract the disease sexually than by other means.

Blood Bank

Figure 4: Blood Bank in Civil Hospital, Fatehabad



- Operating in alliance with Red Cross, the blood bank has functional blood bag refrigerators with chart for temperature recording. Sufficient numbers of blood bags are available with the facility. 3 lab technicians are employed in the blood bank.
- As there are no private blood banks in the district (except one in Tohana), the blood bank through its various camps manages a decent collection. There is no donor replacement policy in the district. In case of emergencies, extra amount is sourced through health facilities in Sirsa.
- Most blood is needed in the labour room. Highest demand comes for the blood group B+.

AYUSH

- AYUSH services such as homeopathy, panchakarma and yoga are offered in the facility.
- The OPD for Homeopathy clinic frequently come in with ailments of arthritis and skin. There is a separate pharmacist for homeopathy.
- Panchkarma clinic in the facility sees a daily OPD of 30 to 35 with ailments such as chronic diseases, senile changes such as reducing bone density, lower back problems, cervical, chronic obesity. Skin diseases, auto immune disease and psoriasis are faced by young people. A separate pharmacist for Panchkarma, an Ayurveda specialist, proper instruments, kitchen and separate male and female therapists for panchkarma are needed.
- Yoga wing of the AYUSH center sees an OPD of 15-20 daily. Yoga camps are also held once a month in schools, colleges and panchayats. These camps see more females than males. Obesity and fitness are common goals of the people attending these camps.

Officials/ Staff Contacted

Position

<i>Dr. Manish Bansal</i>	Civil Surgeon
<i>Dr. Sunita Sofi</i>	Deputy Civil Surgeon
<i>Arun</i>	DPM
<i>Dr. OP Dahmiwal</i>	MS (Surgeon) SMO
<i>Dr. Neha Bidani</i>	Homeopathic doctor.

SDH Tohana

Figure 5: Sub-District Hospital, Tohana



Coverage:

- The sub-district hospital in Tohana caters to a daily OPD of 250-300 people. IPD in this hospital mostly deals in the gynecology. Presently, the hospital has 43 indoor patients. Most emergency cases catered by the hospital relate to heart patients, accidents or abdomen pain.
- The catchment population of the centre is 17 thousand people living in Tohana city, comprising a majorly urban place. However, its proximity to Punjab has increased its workload.
- It is a referral centre.

Infrastructure:

- The infrastructure at the hospital is good, except in the labour room. It functions out of a government building was constructed in 1978 and has not been updated yet. It is a 50-bedded hospital. 12 private rooms are available, 6 of which have been furnished.
- The hospital has 2 ambulances-one ALS (3-year-old) and one BLS (1-year-old). These are new and exist in good condition.
- Previously, they faced some issues in their internet connection. They have now reverted to a private internet connection, face lesser problems.
- Functional and clean labour room, with attached toilet, and blood storage unit are available with the hospital.
- Cases are referred to Agroha Medical College, which is better equipped than Fatehabad District Hospital.
- Electricity with power backup, hotline and running 24*7 water supply is available.

- New-born Stabilization Unit, SNCU, Nutritional Rehabilitation Centre or separate room for ARSH clinic is not available in the hospital.
- Mechanisms for BMW management are available. Bleaching is also done.
- 36 staff quarters are available in the facility for medical officers, staff nurses

Human Resource:

- OBG, Anesthetist, Pediatrician, General Surgeon or other Specialists are available in the hospital. The hospital did not have a specialist in the previous year, either. Orthopedist or casualty MO are also not available.
- Under NHM, the hospital has 1 MO, 8 SNs, 7 ANMs, 1 LT and 1 pharmacist. 3 SNs are working in emergency.
- LHV, Radiographer, RMNCHA+ counselors are not available with the hospital under NHM. X-Ray technician is also not available.
- There are problems in hiring of staff of all classes.
- 4 MO (3 working, 1 on deputation), 2 SMO
- There is a shortage of grade 4 and other workers. No clerk is available. There is one chowkidar available round the clock.
- A gynecologist, dietician and ultrasound technician is available in the hospital aside from the NHM posts.
- There is no ASHA coordinator in Tohana. ASHAs of the region meet with Fatehabad coordinator each month.
- As only 3 doctors are available in the morning, there is too much workload.
- OT specialist, fourth class workers and sweepers needed.
- In the previous year, trainings for LSAS, SBA, MTP/MVA, F-IMNCI, NSSK, Mini-Lap Sterilizations, IUCD, PPIUCD, Blood storage and immunization and cold chain were held.

Equipment

- The facility has functional BP Instrument and Stethoscope, Sterilized delivery sets, Neonatal, Pediatric and Adult Resuscitation kit, Weighing Machine (Adult and child), Needle Cutter, Radiant Warmer, Suction apparatus, Facility for Oxygen Administration, Autoclave, ILR and Deep Freezer and Emergency Tray with emergency injections.
- The Deep Freezer is 15 years old, and is in working condition.
- Intra-uterine ultra sound is not available. There is a need for OT equipment also.
- Ultrasound equipment is 7-8 years old, while the demand is for 80 ultrasounds in a day.
- Microscope, Hemoglobin meter, Centrifuge, Semi auto analyzer and Reagents and Testing Kits are also available with the hospital.

Essential Drugs & Supply

- While computerized inventory management of drugs is not available, Essential drugs list is available and prominently displayed.

- They face no issues about the supply of medicines. Adequate stock of IFA tablets, IFA syrup with dispenser. Iron sucrose is replacing IFA tablets, Vitamin A syrup, ORS packets, Zinc tablets, Inj Magnesium Sulphate, Oxytocin, Misoprostol, Mifepristone, antibiotics, labelled emergency tray, drugs for hypertension, diabetes, common ailments.
- Adequate vaccine stock is available.
- Pregnancy testing kits, urine albumin and sugar testing kit are available, while sanitary napkins are not available.
- While a blood storage unit is available, there is a shortage of both blood bags and blood bag refrigerators with chart for temperature recording.

Lab Services

- The lab at the hospital can conduct tests for hemoglobin, CBC, urine albumin and sugar, Blood sugar, Malaria, T.B and HIV. 8-10 tests for RNTCP are done daily, of which 1-2 turn out to be positive. These are often relapse cases from nearby slums.
- Test kits are available with the hospital.

Funds

- Rupees 3.2 lakhs were made available to the hospital in 2015-16 as untied funds. Funds are received timely.
- The facility does not face any accounts-related problems.

Maternal & Child Health

- The hospital is a delivery point. The facility can manage high-risk pregnancies and provide essential new-born care. It is, however, not capable of handling sick neonates and infants. The post-partum ward has 5 beds. Kangaroo Care Unit is available, while SNCU is not available.
- The prolonged lack of a gynecologist at the facility has trickled the number of deliveries per month in the facilities down from 200 to 60. The number has recently started to pick up. It currently handles 80-85 deliveries in a month.
- JSY payments are made to mothers after discharge. Occasionally, the process is affected by lack of bank accounts or AADHAAR.
- 3 maternal deaths occurred in 2016-17. Recent maternal deaths can be attributed to anemia and PPH majorly. Improper diet could be a major source of anemia.
- About 4 to 5 deliveries in a month are infants suffering from low-birth weight. This is mostly true in case of the second or third born.
- No ANC Registrations occurred in 2016-17. Iron sucrose is given preference over IFA by the populace.
- JSSK diet is available free of charge. Because this is a rural population, chapatis or daliya are not easily accepted diet after delivery. Chapatis comprise a staple food in the household, and most families arrange for diet comprised of it. The hospital thus has resorted to distributing milks and rusk

as diet. The milk is sourced from the kitchen which is functional 24*7. Almonds, which were briefly distributed in other facilities of the district, are not served here as diet as they do not comprise a proper three-times diet.

- The facility conducts 20 C-section deliveries in 1 month. 2016-17 saw 180 C-Section deliveries. The number of high-risk deliveries in a month are 4 to 5 on an average.
- All mothers initiated breast feeding within one hour of normal delivery.
- Immunization is done for new-born.
- Mothers are asked to stay for 48 hours after delivery.
- 19 still births occurred in 2016-17.
- There is one RBSK team with the hospital. However, it does not have a male MO.
- Immunization is completed at birth. 328 children were fully immunized in 2016-17.

Adolescent Reproductive and Sexual Health

- No ARSH clinic is available in the hospital.

AYUSH

- The facility does not have a AYUSH clinic.

Family Planning

- Counseling on family planning is done at the facility. 20% of women who delivered at the facility underwent PPIUCD procedures. 102 IUCD insertions were done in 2016-17.
- After 2 children, most mothers opt for tubectomy.
- Condoms for family planning are available freely, without counseling.

Figure 6: Family Planning Methods for disbursement at Sub-District Hospital, Tohana



Blood Storage Unit

- The facility has a blood storage unit, and camps are held for blood collection.
- Blood Shortage is faced mostly for positive groups. B & A blood groups are not available.

AIDS

- 10 to 15 patients come in via OPD for counseling and tests daily.
- 2 to 3 positive cases are reported in a month. The common modes of transmission for these are multiple partners or infected syringes.

Officials/ Staff Contacted

Name	Position	Contact Number
Dr. Satish Garg	SMO	9416131400
Ms. Chandrakanta	Nursing Sister	

Ms. Mangidevi	Nursing Sister	
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CHC Jakhal

Figure 7: Community Health Centre, Jakhal



Coverage

- Located at 60 kms from the district headquarters, the facility caters to a population of 1.84 lakhs in 78 villages.
- It caters to a OPD of 3600 per month. In 2016-17, its OPD was 82 thousand, and IPD was slightly over 1 thousand.

Infrastructure

- Functioning in a good-condition government building, the facility has clean wards with separate male and female wards. The building suffices for the needs of the health facility at present, but it could do with more maintenance.
- Staff Quarters for MOs are not available, while one staff quarter for SNs and three for other categories are available.
- Electricity with power back and running 24*7 water supplies is available.
- The facility has clean toilets (separate for Male/Female), labour Room (toilet attached), New born care corner (with radiant warmer and neo-natal ambu bag) and new-born Stabilization Unit.
- Mechanisms for bio-medical waste management are in place. There is a designated space available outside the premises from where it is collected every alternate day. Disposal of dry leaves could pose a problem.

Human Resource

- No specialists are available in the facility. 4 regular MOs are available in the facility where 8 are needed. One of these is on deputation because of shortage in neighboring districts.

- 6 staff nurses (3 regular and 3 contractual), 2 ANMS (one regular and one contractual), three regular LTs, one regular pharmacist, one regular LHV/PHN are presently employed under NHM in the facility.
- Only one fourth class employee is available in the facility. This is not enough as per the needs of the hospital. There is only one sweeper for the entire hospital premise.
- In the previous year, the staff underwent training for IUD, RTI/STI and immunization and cold chain.

Equipment

- Functional BP Instrument and Stethoscope, Sterilized delivery sets, neonatal, Pediatric and Adult Resuscitation kit, Weighing Machine (Adult and infant/newborn), Needle Cutter, Radiant Warmer, Suction apparatus, Facility for Oxygen Administration, Autoclave, ILR and Deep Freezer, Deep Freezer, Emergency Tray with emergency injections and MVA/ EVA Equipment is available at the facility.

Figure 8: Labour Room and SNCU, Community Health Centre, Jakhal



Essential Drugs & Supply

- Besides displaying of EDL, a Computerised inventory is maintained for management of drugs.

Figure 9: Stock Position Display at Community Health Centre, Jakhal

Sl. No.	Name of Vaccine	Quantity	Remarks
1	DTP 1	100	100
2	DTP 2	100	100
3	DTP 3	100	100
4	DTP 4	100	100
5	DTP 5	100	100
6	DTP 6	100	100
7	DTP 7	100	100
8	DTP 8	100	100
9	DTP 9	100	100
10	DTP 10	100	100
11	DTP 11	100	100
12	DTP 12	100	100
13	DTP 13	100	100
14	DTP 14	100	100
15	DTP 15	100	100
16	DTP 16	100	100
17	DTP 17	100	100
18	DTP 18	100	100
19	DTP 19	100	100
20	DTP 20	100	100
21	DTP 21	100	100
22	DTP 22	100	100
23	DTP 23	100	100
24	DTP 24	100	100
25	DTP 25	100	100
26	DTP 26	100	100
27	DTP 27	100	100
28	DTP 28	100	100
29	DTP 29	100	100
30	DTP 30	100	100

- Adequate stocks of drugs such as IFA tablets, IFA syrup with dispenser, Vit A syrup, ORS packets, Zinc tablets, Inj. Magnesium Sulphate, Inj. Oxytocin, Misoprostol tablets, antibiotics, Labeled emergency tray, drugs for hypertension, Diabetes, common ailments e.g PCM, metronidazole, anti-allergic drugs etc., Vaccine Stock are available.
- The facility also has adequate supplies of Pregnancy testing kits, Urine albumin and sugar testing kit, OCPs, EC pills, IUCDs and essential Consumables such as Gloves, Mckintosh, Pads, bandages, and gauze etc.

Lab Services

- Laboratory Equipment such as microscope, hemoglobinometer, centrifuge and reagents and testing kits are available with the facility.
- Hemoglobin, CBC, Urine albumin and Sugar, Serum Bilirubin test, Blood Sugar, RPR (Rapid Plasma Reagin), Malaria, T.B and HIV tests can be conducted at the facility.

Maternal & Child Health

- The facility saw 2696 deliveries in 2016-17. The number of deliveries is lower than the capacity of the centre, but this is something they hope to overcome soon.
- Of these deliveries, the facility saw 3 maternal deaths and 63 still births.
- 34 MTPs and 3243 ANC registrations were carried out in the previous year.
- The number of ANC registrations was 3243.
- 2674 children fully immunized in the previous year. This has increased steadily compared to 2015-16.

- In 2016-17, there were 89 infant deaths and 22 sick children were referred.

Family Planning:

- In 2016-17, 681 IUCD insertions and 144 PPIUCD insertions were carried out.
- Females are more likely to undergo measures for family planning. 9 vasectomy procedures and 388 minilap procedures were carried out in the previous year.

Officials/ Staff Contacted

Name	Position	Contact Number
Dr. Sushil Kumar	SMO	9417172123

PHC Bangaon

Figure 10: Primary Health Centre, Bangaon



Coverage

- PHC Bangaon in the Bhattu Block of Fatehabad caters to a population of 49 thousand people. Most of this population is local, not seasonal migrants.
- The facility is a delivery point, and has a daily OPD of around 70 people (OPD has grown 16% since the last fiscal year). Common ailments for which people seek care are fever, cough, diarrhea.

Infrastructure & Maintenance

- The facility functions out of a 30-year old building. While the building is in good condition, the provision of a few extra rooms at the facility could ensure that it is functioning at an optimum.
- Staff quarters are not available in the facility for either Medical Officers, staff nurses or other categories.
- Electricity with power backup is available in the facility, while 24*7 running water is also available.
- Bio-Medical Waste is collected by a private company. The tender for the same is floated via the CMO. Garbage bags, mostly in small sizes, provided to the facility.
- One ambulance is available with the facility 24*7.
- Regular fumigation has not been done since the last year.
- Separate male and female toilets are not available.
- Regular fumigation of the facility is not done while laundry services are functional.
- IEC display regarding timings of the health facility and available list of services in the facility is not in place.

Human Resource & Training

- The facility has 2 medical officers.
- 1 regular and three contractual staff nurses are present with the facility. One regular and one contractual ANM is also available with the facility.
- A regular LT, Pharmacist and LHV/PHN are also employed with the facility.
- The facility also has an accountant, who divides his time between three PHCs.
- The staff on duty at night include one staff nurse and one chowkidar.
- The staff underwent training for SBA, IMNCI, F- IMNCI, NSSK, IUD, RTI/STI and Immunization and cold chain in 2016-17.

Equipment

- Functional BP Instrument and Stethoscope, Sterilised delivery sets, neonatal, Pediatric and Adult Resuscitation kit, Weighing Machine (Adult and infant/newborn), Needle Cutter, Radiant Warmer, Suction apparatus, Facility for Oxygen Administration, Autoclave, ILR and Deep Freezer, Deep Freezer, Emergency Tray with emergency injections, MVA/ EVA Equipment, Microscope, Hemoglobinometer, Centrifuge and Reagents and Testing Kits.
- It does not have a functional autoanalyzer.

Essential Drugs & Supply

- The facility has adequate supply of essential drugs such as IFA tablets, IFA syrup with dispenser, Vit A syrup, ORS packets, Zinc tablets, Inj Magnesium Sulphate, Inj Oxytocin, Misoprostol tablets, antibiotics, Labeled emergency tray, Drugs for hypertension, Diabetes, common ailments e.g PCM, metronidazole, anti-allergic drugs etc.
- Adequate Vaccine Stock is available.

- Computerized inventory of drug stock is also maintained.
- About supplies, Pregnancy testing kits, Urine albumin and sugar testing kit and IUCDs are available in the facility.
- The facility has adequate supply of essential consumables such as Gloves, Mckintosh, Pads, bandages, and gauze etc.
- Presently, the facility does not have OCP or emergency contraceptive pills as these were sent to the Sub Centers.
- IEC related to essential drugs list is not available.

Lab Services

- The hospital can run laboratory services such as Hemoglobin, Urine albumin and Sugar, Blood Sugar, Malaria and HIV, while it is not capable of running tests pertaining to CBC, Serum Bilirubin test, RPR (Rapid Plasma Reagin) and T.B.

Maternal & Child Health

Figure 11: Labour Ward at Primary Health Centre, Bangaon



- 18-20 deliveries occur monthly in the facility's catchment area. 229 deliveries occurred in the last financial year.
- Records are maintained for ANC, PNC, line listing of anemic women and labour room are maintained.
- IEC regarding JSY is displayed. JSY payments are made after discharge, and a record of these payments is made. However, the unavailability of AADHAAR with certain beneficiaries could cause delays in payments.

- There have been no maternal deaths in the last two fiscal years. No home deliveries occurred in the previous year either.
- Some high-risk cases, such as those involving anemia or in cases where the previous child was delivered via Caesarean section are referred to the district hospital. Anemia may be triggered in 4 to 5 cases by lack of knowledge about feeding practices.
- While JSSK is operational in the district, the first diet after delivery is mostly provided by the family. The IEC for JSSK is absent in the facility.
- Women are encouraged to stay 48 hours after delivery.
- Two cases of still-births occurred in the previous year, while there have been 3 neonatal deaths in the catchment area in the same period.
- Records for immunisation are maintained. There is 100% full immunisation in the district. Only 1-2 children suffer from low birth weight. Feeding practices are good.
- ORS and Zinc are distributed to homes as supplements.
- Good practices such as handwashing are taught to children in schools.

Figure 12: IEC display at Primary Health Centre, Bangaon



Family Planning

- While a specific counselor for family planning is not available, doctors counsel patients of their own accord regarding family planning.
- As the size of land holdings is reduces, parents prefer lower number of children. Family planning measures are resorted to as early as after one child, especially if the first child is male.
- No vasectomy or tubectomy procedures were done in the last financial year.
- MALA-D is the most preferred method of contraception, while the more educated patients opt for copper T. There were 45 IUCD insertions and 13 PPIUCD insertions in the last financial year.

Communicable Diseases

- There is low prevalence of vector borne diseases in the area. This is ensured by checking for water leakages. The cases of dengue outnumber the cases for malaria.

Officials/ Staff Contacted:

Name	Position	Contact Number
Dr. Rakesh		9896369723

SC Chinder

Figure 13: Sub-Centre, Chinder



- The catchment population of the village is 6699. There is not much migratory population in the surrounding population.

- OPD cases mostly deal with fever and diarrhea.
- Gynecology and RTI/STI cases referred to PHC Badokal, while deliveries are referred to DH Agroha or Fatehabad district hospital. Agroha is closer.
- Local initiatives undertaken by the facility include rallies for specific plans and when schemes are launched (for example BetiBachaoAndolan).

Physical Infrastructure

- The sub-centre, located near the main habitation in the centre of the village, functions out of a 7-year-old government building. The building is in a good physical condition.
- The facility has electricity with power back up and running 24*7 water level.
- Water supply checked for chlorination and others
- While staff quarters are available for ANMS, the ANMs do not reside at the Sub-centre.
- Burial pit for the disposal of bio-medical waste is available.

Equipment

- The facility has a Hemoglobinometer, Blood sugar testing kits, BP Instrument and Stethoscope, Delivery equipment, Neonatal ambu bag, Adult weighing machine, Infant/New born weighing machine, Needle & Hub Cutter and Color coded bins.
- RBSK pictorial tool kit is not available.

Figure 14: ILR equipment at Sub-Centre, Chinder



Essential Drugs & Supply

- Sufficient number of essential drugs such as IFA tablets, IFA syrup, Vit A syrup, ORS packets, Zinc tablets, Inj Magnesium Sulphate & Oxytocin, Misoprostol tablets, antibiotics and other drugs for common ailments are available.

- Pregnancy testing Kits, Urine albumin and sugar testing kit, OCPs, EC pills, IUCDs are also available, while sanitary napkins are not available.

Human Resource

- 2 ANMs and 1 male MPW are present in the facility.
- The facility has 6 ASHAs, who receive regular training every 2-3 months.
- Staff is trained for any new vaccines and other schemes introduced monthly.
- The facility does not have a helper.
- While the staff do not stay in quarters, but are available on call 24*7.

Figure 15: ANM demonstrating use of blood pressure equipment, Sub-Centre, Chinder



Maternal & Child Health

- The facility is not a delivery centre
- ANC registration is completed by all expecting mothers, most of them in their 1st trimester. Between April 2017 to June, 2017, 43 ANC registrations were completed.
- No home deliveries were done between April to June 2017, while two home deliveries occurred in the previous year.
- No maternal deaths were recorded in the previous year, while 1 still birth and 3 neonatal deaths were recorded. Recently, any Infant Mortality cases have occurred owing to pre-term delivery, congenital deformity or respiratory failure.
- There is full immunization. The hospital staff encourages reluctant parents to get the procedure done. 111 children were fully immunized in the previous year. Immunization is held on 1st 2nd and 3rd Wednesday in the 1st village, 3rd and 4th Wednesday in the 2nd village
- Details of JSY payments to be made are sent to PHC, which then proceeds to send cheques to mothers. State government payments are pending for one year. However, the non-payment has not impacted institutional delivery much, as people have faith in the system.
- ASHAs' & ANMs' contact numbers available on JSY cards.

Funds

- Untied funds, amounting to Rs. 10 thousand, for the facility come by March. They are spent on electricity bills. Some expenses arising in relation to the functioning of the health centre, particularly those relating to electricity, first aid kits or stationery, are paid out-of-pocket, but are reimbursed later.

Family Planning

- Counseling for family planning is done by the facility staff. Family planning methods particularly tubectomy and vasectomy or IUCD are preferred. There is not much preference for PPIUCD, because of beliefs relating to high bleeding/clots or leakage.
- The family size in the area is about 5, with one or two children per family.

Adolescent Reproductive & Sexual Health

- Sanitary napkins are not available with the facility.
- RBSK teams visit schools, but often the sub centre is not informed about these visits. This proves to be a problem for the sub-centre as the curative role following a RBSK visit needs to be fulfilled by the SC. Information gap between the teams and the health facility inhibit proper planning by the SC.
- Focus on ARSH has been reducing since the last 4 years. There is no peer educator, and the reports are not asked for.

Communicable Diseases

- The facility presently has 5 DOTS patients who are on medication.
- Vector borne diseases are not a problem faced by the area as there is little to no stagnant water.
- Diarrhea is prevalent.
- No mobile teams are available in high risk areas.

Figure 16: RNTCP Section, Sub-Centre, Chinder



Community Process

- 16 VHNDs and VHNC meetings were held in the last year. Both the VHND plan and VHNSC minutes of meeting and action taken records are maintained.

Officials/ Staff Contacted:

Name	Position	Contact Number
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Conclusion

The present report, based on the NHM PIP monitoring visit to the health facilities in Fatehabad lists various observations and checklist provided by health facilities that became apparent during the monitoring and evaluation process. The facilities visited were: Civil Hospital, Sub District Hospital in Tohana, Community Health Center in Jakhal, Primary Health Center in Bangaon and the sub-centre in Chinder. The main observations from the visit are listed below:

Health infrastructure

- The district has 5 CHCs and 16 PHCs. In Fatehabad, none of the CHCs are FRUs. The operational FRUs are the government hospital and the sub-district hospital in Tohana. 9 of the PHCs run 24*7, while two of these are low performing. Urban PHCs (those in Ratia, Tohana and Fatehabad) are fully funded by NHM.
- All facilities are functioning in government buildings. The premises of most of the facilities visited were clean and hygienic. Bed covers for hospital beds and toilets were also clean and in good condition.
- No 108 ambulances or mobile medical units are available in the district. Fourteen 102 ambulances are available in the district.
- Internet speed in the facilities coupled with electricity shortages has meant that only 7-8 entries are done in a full day. This creates huge workload on information assistants.
- The district faces shortage of registers- MIDS, IDR and MDR. These are supplied by state, and are not available frequently.

Human Resource and Trainings

- The district has been facing a shortage of doctors since 2014. Out of the sanctioned 8 posts for MOs, 2 positions are vacant- 1 in SNCU and 1 in urban NHM. There are two sanctioned positions for gynecologist, both of which are vacant. There are no sanctioned posts for surgeon, LHV, X-Ray technicians or ANMs at PHCs under NHM. Presently, there is a vacancy for 3 ANMs, 1 Pharmacist, 1 lab technicians and 1 staff nurse at PHC. There is shortage of fourth class employees.
- Staff underwent training for SBA, NSSK, IUCD insertion and RTI/STI/HIV screening, Mid-Career Training for SMO/Dy CS, Induction training for MO/S/N, Skill Lab training for S/N, ANM/LHV/PHN at Bhiwani, TOT of New contraceptives injectable & oral training for MO/SN at Panchkula

Maternal Health

- 81% of women registered for ANC completed 3 ANC check-ups.
- There are about 1100 deliveries in a month in the district. 96% of all deliveries in the district were institutional, while roughly 4% were home deliveries. 82% of the home deliveries in the district were non-SBA assisted. The incidence of home deliveries was highest in Jakhal block (11%), and lowest in Ratia block (3.6%).
- JSY payments to 1455 beneficiaries were made in 2015-16. This number is much lower than the number of institutional deliveries that occurred in the district, i.e., 9064.
- JSSK was functional in the district. From the interactions with the beneficiaries, it was found that people used their own transport vehicles to come to the facility due to lesser waiting time in cases

of emergency. Beneficiaries are more bent towards availing free drugs in comparison to free diet or diagnostics.

- 22 Maternal deaths occurred in the district in the last financial year. Ratia, the largest block, experienced most deaths as it does not have enough doctors to cater to its population of 44 thousand.

Adolescent & Child Health

- The district has one SNCU, one NBSU and 9 NBCCs. No NRCs are available. The number of staff available in these is lower than capacity. The district also has one DEIC.
- The district achieved only 73% of its full immunisation target in 2016-17. Given the target, all the blocks have not been able to achieve 85% full immunization.
- Rastriya Bal Surakha Karyakaram is functional in the district. There are 3 RBSK teams in Fatehabad- two in GH and one in CHC. Pharmacists, ANMs and doctors are part of the team.
- The district does not have a ARSH counsellor or an allocated room for ARSH at present. Focus on ARSH has been reducing since the last 4 years. There is no peer educator, and the reports are not asked for.

Family Planning

- No separate family planning counsellor is available in the district.
- As the size of land holdings is reduces, parents prefer lower number of children. Family planning measures are resorted to as early as after one child, especially if the first child is male.
- In the district, sterilization among females was as much as 10 times higher than that in males.

Non- Communicable Diseases

- The number of detected cases of diabetes and hypertension saw a fall from 2014-15 to 2015-16, followed by an increase from 2015-16 to 2016-17. The number of cases of heart disease has been falling steadily.

AYUSH Progress in District

- The GH in Fatehabad, Ratia and Bhuna Blocks have one AYUSH centers each, while the Bhattu Block has 3 AYUSH centers. 3 AYUSH doctors are present in GH Fatehabad, one each in Ratia and Bhuna Block and 2 doctors in Bhattu Block.

Bio-Medical Waste Process in District

- All facilities have bio-medical pits and color-coded bins. BMW collection is outsourced to InvisonInviro Dish in Sirsa. This facility collects waste every alternate day from PHC and daily from CHC and GHC.

Community Process in District

- 828 ASHAS are presently working in the district. On the PHC level, monthly meetings with ASHAs are held.

Data Portals

- MIS and MCTS have been implemented at all the facilities. The data from HMIS is analyzed and discussed with concerned staff at state and district levels for necessary corrective action to be taken in future. It is used for monthly reviews also.
- Internet speed in the facilities coupled with electricity shortages has meant that only 7-8 entries are done in a full day. This creates huge workload on information assistants.

Recommendations

1. Some data portals are bulky and take time in loading. This problem is further intensified by low internet speed and electricity issues. Further, there is also double reporting of data in the various portals. Software data entry should have an option of offline data entry so that delay in entry due to net connectivity problems can be mitigated. Improvement in the interface of the data portal is needed to reduce the workload on existing staff.
2. Another issue in data entry is the availability of formats in English only. The use of local languages on forms would enable ANMs to fill them much easily.
3. The diet being made available to mothers after delivery should be designed keeping in mind the population it caters to. However, being a rural population, most patients prefer to take diet from their homes post-delivery, leading to wastage of the prepared food. Nutritional supplements from JSSK should be altered to meet the needs of the local population. For instance, while almonds do not comprise a proper diet, their use along with a domestically sourced meal would be sufficient for women here.
4. Fourth class employees should also be subject to transfers.
5. Because the roles of several health care agencies are complementary, proper coordination between them is needed to cater to the needs of the population. For example, coordination between the RBSK teams and the sub-centres would ensure that both can fulfill their roles.
6. Increased involvement of the banking sector in the disbursement of payment to beneficiaries could alleviate some gaps in delivery. It could prove to be the link between individuals and health facilities.
7. One ambulance is needed on highways specifically to cater to accident cases.
8. In a lot of facilities, while machines have been made available, there is a shortage of specialists. There is no point in giving X-ray machines to smaller centers with no specialists. Resources could then be targeted specifically.
9. The shortage of human resource puts too much pressure on existing staff even if one staff member proceeds on leave. Eligibility forms are being cross checked by doctors- not able to deliver their core competence. The recruitment process needs simplification owing to labour laws, EPF and escrow accounts. The fulfillment of staff positions can increase efficiency and improve OPD delivery in the district.
10. There is an immense need to simplify health systems and the disbursement of clear directives. The advertisement for hiring alone costs Rs. 20,000. This alone is a huge drain on the resources of the state. There is no legal aid in making tenders, neither is a set format or guideline available. It takes a lot of valuable time away from health care.
11. It is not necessary to hire doctors having completed PG. MBBS doctors can work just as well. People aspiring for PG don't often commit as much time to the facility.