NATIONAL HEALTH MISSION

A REPORT ON

MONITORING OF IMPORTANT COMPONENTS OF

NHM PROGRAMME IMPLEMENTATION IN FIROZABAD DISTRICT,

UTTAR PRADESH

Dr. Gagandeep Kaur
Ms. Jyoti Chaudhary

POPULATION RESEARCH CENTRE
INSTITUTE OF ECONOMIC GROWTH,
UNIVERSITY OF DELHI ENCLAVE, NORTH CAMPUS,
DELHI 110007

AUGUST, 2018

TABLE OF CONTENTS

LIST OF TABLES

LIST OF FIGURES

ACKNOWLEDGEMENT

Monitoring and Evaluation of NHM PIP in Firozabad district of Uttar Pradesh was successfully completed with the help and cooperation received from district NHM staff and support extended by officials from state medical, health and family welfare department.

We wish to extend, first, our immense gratitude to Smt. Rajnish Jain, Director General (Stat) and Smt. Navanita Gogoi, Director (Stat), Ministry of Health and Family Welfare, Government of India for trusting Population Research Centre, Institute of Economic Growth, Delhi with the work of monitoring of the important components of NHM Programme Implementation Plan.

We are grateful to Dr. S. K. Dixit, Chief Medical Officer, Dr. Pratap Singh, Additional Chief Medical Officer, and FirozabadNHM staff without whose support and cooperation the evaluation would not had been possible. We would further like to thank Mr. Sarju Khan, District Programme Manager of Firozabad, for investing his full efforts in facilitating the visits to health facilities. He has been actively participating in promotion of all the programmes and his dedication towards work is appreciable.

The Monitoring & Evaluation of National Health Mission Programme Implementation Plans would not have been possible without the active participation and insightful inputs by each and every Medical, Paramedical and Administrative staff, which form the public health system of Firozabad.

August, 2018

Dr. Gagandeep Kaur

Ms. Jyoti Chaudhary

ACRONYMS AND ABBREVIATIONS

ANC	Ante Natal Care	**MDR**	Maternal Death Review
ANM	Auxiliary Nurse Midwife	**MMU**	Mobile Medical Unit
AYUSH	Ayurveda, Yoga & Naturopathy, Unani, Siddha and Homoeopathy	**MoHFW**	Ministry of Health and Family Welfare
BEMOC	Basic Emergency Obstetric Care	**MOIC**	Medical Officer In- Charge
BMW	Biomedical waste	**NBCC**	New Born Care Corner
BSU	Blood Storage Unit	**NBSU**	New Born Stabilization Unit
CMO	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	**SKS**	Swasthya Kalyan Samiti
JSY	Janani Suraksha Yojana	**SN**	Staff Nurse
LHV	Lady Health Visitor	**SNCU**	Special New Born Care Unit
LSAS	Life Saving Anaesthetic Skill	**TFR**	Total Fertility Rate
LT	Laboratory Technician	**TT**	Tetanus Toxoid
M&E	Monitoring and Evaluation	**VHND**	Village Health and Nutrition Day
MCTS	Mother and Child Tracking System	**ALOS**	Average Length of Stay

EXECUTIVE SUMMARY

The National Health Mission (NHM) is a flagship initiative of Government of India in the public health sector. It aims at enhancing people's access to quality health care services in a colossal manner via umpteen initiatives. Since its inception, NHM has tailored itself to the needs of the society by identifying the existing lacunae and eliminating them. One of the salient factors that measure the progress of NHM remains the Monitoring and Evaluation activities undertaken by The Ministry of Health and Family Welfare on a continuous basis. The Ministry of Health and Family Welfare has established a network of 18 Population Research Centres (PRCs), services of which are utilized in monitoring of State Programme Implementation Plans.

This report hence focuses on the monitoring of essential components of NHM in Firozabad district for the year 2018-19. The assessment was carried out in the month of August, 2018 and thus captures the status of NHM activities in the said district of Uttar Pradesh. The report highlights key observations made during the PRC, Delhi team's visit to various health facilities of the district and also brings forth essential inputs provided by the key personnel of NHM. The evaluation preceded a desk review of the RoP and PIP of the state by the PRC team based on which questionnaire schedules were prepared for field investigation.

The report thus will provide an analysis of the status of Public Health Care in Firozabad, Uttar Pradeshwith regards to NHM and its components namely Maternal Health, Child Health, Family Planning, etc.

The strengths and weaknesses observed based on the facility visits and interactions with the NHM Personnel as well as the beneficiaries of the district, are discussed in the sections to follow.

Based on monitoring the strength and weaknesses are stated below:

STRENGTHS

MATERNAL HEALTH

- Janani Suraksha Yojana (JSY)has contributed in increasing the number of institutional deliveries. The District has been performing well in terms of JSY payment disbursement; it is significant to report that large number of women have been benefited from the JSY, as 32007 women has undergone institutional deliveries.
- In terms of service delivery, facilities in Tundla and Firozabad Block of the district are performing exceptionally well.
- JSSK (Janani Shishu Suraksha Karyakaram) in all 9 blocks, beneficiaries reported availing free food and rest. JSSK beneficiaries also reported well utilization of the transportation/ ambulance facility. Transport facility was well provided from home to facility and facility to home, thereby facilitating the beneficiaries by reducing their out of pocket expenditure on diagnostics and transportation.

CHILD HEALTH

- The district observes more than 99.6 percent of full immunization coverage.
- The District reported SNCU, NBSU and only one NRC is available. All the equipments with effect were in place in SNCU.
- Rashtriya Bal Swasthya Karyakram (RBSK) is running well in the district. About 162576 children were registered under the said programme.
- The district has a major thrust on implementation of Home Based New Born Care (HBNC).

FAMILY PLANNING

- Contraceptive methods, ANTARA and Chhaya were reported to be well accepted and have shown a good response.
- Condom usage was still a prominent method amongst male users.

STATUS OF ASHA WORKERS and AYUSH

- ASHAs training for Modules 6 and 7 have been successfully completed.

- ASHA and ASHA Sangini are performing efficiently in the district; they are maintaining documentation and records of all incentives provided.
- The provision of insurance coverage for ASHAs has been initiated in the district.
- Block Community process manager has also been involved in ensuring effective implementation of **ASHA** Grievance Redressal Mechanism. ASHAs in specific have gained in terms of timely and accurate receipt of payments.
- AYUSH was fully functional and use of AYUSH facilities and medicine are well accepted in the entire district.

HMIS and UNTIED Funding

- HMIS Data Validation is done periodically by the district officials and the differences are conveyed to the block in-charges for corrections.
- Monthly periodic review meetings are being held. Block Community Process Manager aided in implementation, supportive supervision, monitoring and documentation of all interventions initiated under the Community Process.
- As Annual maintenance and other types of grants are being provided to the facilities which thereby has helped them in getting required repairs and maintenance at the facility level.

BIO MEDICL WASTE (BMW) and IEC

- For BMW proper segregation is done. Moreover, Infection Prevention methods as well as for infection Control, Restricted Entry in labour room and OT was being practiced by the staff.
- IEC posters, banners, wall-paintings were put up in terms of the NHM subjects, which has effectively spread across DH and CHC level.

WEAKNESS

- There is a shortfall of human resource in the Firozabad district with respect to specialists, doctors, and Staff Nurses.
- The district observes an acute shortage of manpower especially at the female district hospital. There was only one gynecologist who was handling administration work apart from the primary medical responsibilities. Women with emergency cesarean method

requirement were forced to go to private hospitals and thus incur huge out of pocket expenditure which thereby dilute the purpose of all maternal health programmes running across the district. There is a stark shortage of Gynecologist and Anesthetist and lady health workers at all facilities.

- The district had many unreported deliveries as due to unavailability of gynaecologist, many of the deliveries were taking place at private institutions.
- There was no Adolescent Counselor at the District Hospital.
- There is a shortage of data entry operators in the district. Due to multiplicity of programmes which require regular data feeding, the data entry operators are made to shift from one programme to other depending on priority and this increases the probability of reporting errors.
- Infrastructure was found to be inadequate at some of the visited facilities. One of the Sub centre had no electricity connection. The sub-centre Makhanpur has been in place for the past four decades, functioning without official electricity supply.
- There is a shortage of drug supply in the district. It was reported that only one firm was given the contract to supply drugs for the entire state. The inability of a single firm to cater to the demand of the entire state results in short supply.
- Supply of AAYUSH Medicines was also reported to be inadequate.
- The solitary market presence of the company catering to the biomedical waste needs of the district leads to irregularity in bio medical waste collection.
- There has been no capacity building training of the officials handling accounts at the block as well as district level.
- At CHC level, infrastructure needs to be improved and well facilitated keeping in mind the number of OPD the facility is dealing with.

1. INTRODUCTION

NHM envisages "Attainment of Universal Access to Equitable, Affordable and Quality health care services, accountable and responsive to people's needs, with effective intersectoral convergent action to address the wider social determinants of health". The mission thus encompasses a wide range of services. Program Implementation Plan (PIP) process facilitates the planning, approval and allocation of budgets of various programmes under the National Health Mission (NHM). The monitoring of PIPs also enables measurement of physical and financial progress made by states against the approved PIPs. PIPs help in standardizing and institutionalizing the planning and implementation of programmes under NHM funding.

States prepare Program Implementation Plans (PIPs) on an annual basis which goes through a formal process of appraisal each year by MoHFW and with subsequent approval, the states commence implementation. A state PIP is a comprehensive document comprising of situation analysis, Goals and strategies and corresponding costs. A holistic reporting of commitments made in the State PIP forms an essential component of Monitoring and Evaluation of NHM progress.

PIP is an integral part for the monitoring and evaluation system for various national health programmes. PRC, Delhi has supported the activities for effective and time bound examination of NHM programmers' and giving good quality information on inputs, outputs and outcome indicators which are considered vital for monitoring the progress of NHM.

As part of this qualitative report, key highlights are provided on the following four broad areas described in the Records of Proceedings (RoPs);

- 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 context

This PIP monitoring report concerns the district of Firozabad in Uttar Pradesh. The report provides a review of key population, socio-economic, health and service delivery indicators of the Firozabad District. 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, ASHAs, communicable and non-communicable diseases and status of HMIS and MCTS. This report is based on the interviews of CMO, District Health Officials, ANM and beneficiaries.

1.1 OBJECTIVES

- To analyze implementation and performance of different scheme under NHM.
- To review healthcare functioning for natal, ante-natal and post-natal services.
- To monitor the status of physical infrastructure of health facilities under NHM Programmes.
- To identify the availability and efficiency of human resource.
- To analyze the demand and supply of healthcare services and delivery of services underNHM programme.
- To monitor the functionality of equipment, supply and essential drugs, essentialconsumables, record maintenance, Biomedical Waste Management, referral transports system, IEC material, disease control programme etc available at facility level.
- To assess availability of finance for the NHM activities in the district.
- Also to acknowledge the limitations and hindrances to achieve the Mission goals.

1.2. METHODOLOGY

The report is based on Primary data collected from health facility visits as well secondary data collected from CMO office and DPM as well as information collected from HMIS Web Portal for Firozabad district, 2017-18. Structure interview schedules were used for nodal officers and health facilities.

The assessment is based on observations made and information collected during:
a) Round table meeting with CMO, DPMU, other Nodal officers and NHM staff.
b) Visits to the health facilities
c) Interactions with beneficiaries

Prior to the assessment of health facilities, a meeting with key personnel of NHM, Firozabad was held. The interactions gave an enriching insight into the health situation of the district, key challenges that lay ahead, and a prospective way forward. The DPM further elaborated the plan of visit to the health facilities. Table 1 provides the details of the health facilities visited for evaluation.

Table 1: List of Health Facilities visited, Firozabad, 2018-19

Facility Type	Facility Name
District Hospital	S.N.M Female District Hospital
CHC FRU	CHC Tundla
PHC	PHC Usayani
Sub health Centre	Sub Centre, Matsena
Sub health Centre	Sub Centre, Makhanpur

1.3. DEMOGRAPHIC PROFILE

Firozabad is 44 km away from the historical city Agra and having area of 2361 sq. km. This district is situated in the south-western part of the state. The district is bounded by Etah district in the North, Mainpuri and Etawah districts in the east and Agra district in the south and in the west. The district comprises of 04 Sub districts (tahsils) namely namely Tundla, Firozabad, Jasrana and Shikohabad in the district. Among them Firozabad is the most populous sub district with population of about and Tundla is the least populous sub district with population of about. There are 09 Development Blocks in the district namely Tundla, Kotla (Narkhi), Firozabad, Eka, Kheragarh, Jasrana, Shikohabad, Araon and Madanpur. Total area of the district is 2407.0 Sq. Km. The rural area covers 2344.0 Sq. Km. and urban recorded 63.0 Sq. Km. There are 506 Gram Panchayats and 807 Revenue villages out of which 790 inhabited villages and 17 uninhabited villages in the district. In urban area there are 6 statutory Towns and 3 Census Towns. Statutory Towns comprises of 4 Nagar Palika Parishad, and 2 Nagar Panchayats (Census, 2011). Yamuna, Sirsa & Sengar rivers are flowing in the south of the district. The city is well connected by road (Delhi – Howrah National Highway) and Railways through Main Line. Figure 1 displays the district map of Firozabad.

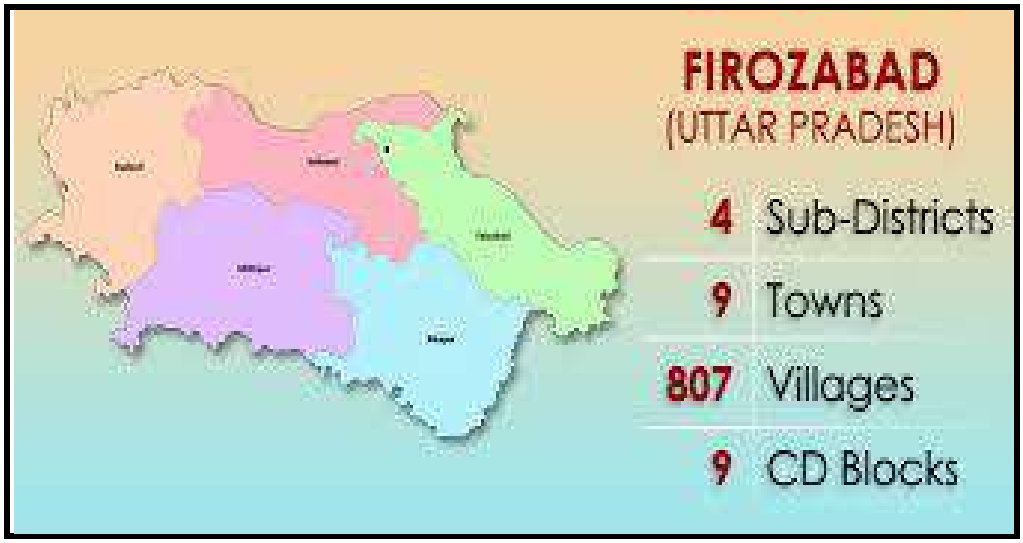


Figure 1: Map of Firozabad, Uttar Pradesh

Table 2 summarises the demographic and socio-economic profile of the Firozabad, Uttar Pradesh and India as well as per the Census 2011. The state has the population of 199,812,341 out of which the district Firozabad has a total population of 2,498,156 of which male and female were 1,332,046 and 1,166,110 respectively. Census 2011 indicates that the total child population in India in the age group 0-6 is 15,87,89,287 out of which 30,791,331 comprises from Uttar Pradesh, whereas, for the Firozabad district child population in the age group 0-6 comprises of 88,163, 46,491 males and 41,672 female.Total Schedule Castespopulation of the district is 473,890 and 2,565 is of Scheduled Tribes.The literacy rate of the district is 66.32 percent which is just one percent less than the state average (67.68 per cent). Moreover, there is a gender difference with regards to literacy as female literacy rate is lower than male literacy rate 72.54 percent male and 59.34 percent female. The sex ratio of the Firozabad District is 892 females per 1000 males while that for Uttar Pradesh is 912.The child sex ratio for the district is 896 as against 902 for the state. The total area of Firozabad district is 2407 km^2. Thus the density of Firozabad district is 1038 people per square kilometer.

Table 2: Key Demographic Indicators: India, Uttar Pradesh and Firozabad

Parameter	India	Uttar Pradesh	Firozabad
Total Population	1210569573	199,812,341	2,498,156
Male	623121843	104,480,510	1,332,046
Female	587447730	95,331,831	1,166,110
Total Child Population (0-6)	15,87,89,287	30,791,331	88,163
Male	8,29,52,135	16,185,581	46,491
Female	7,58,37,152	14,605,750	41,672
Schedule Castes	201,378,372	41,357,608	473,890
Scheduled Tribes	104545716	1,134,273	2,565
Population Growth	17.7	20.23	21.69
Area Sq. Km	3,287,240	240,928	2,407
Density/km2	382	829	1038
Sex Ratio	943	912	892
Child Sex Ratio	919	902	896
Average Literacy	72.99	67.68%	66.32
Male Literacy	80.89	77.28	72.54
Female Literacy	64.64	57.18	59.34
			Source: Census, 2011

1.4. HEALTH PROFILE

Table 3 presents the health profile of Firozabad district for the year 2017-18. It 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 Firozabad with respect to various domains such as, Maternal Health, Child Health, Delivery care, Family Planning, Adult Health, etc.

Table 3: Health and Health Care Service Delivery Indicators, Firozabad, 2017-18

Health and Health Care Service Delivery Indicators	HMIS (2017-18)			Health Outcomes
	Uttar Pradesh	Firozabad		
I) Maternal Health				
Total number of pregnant women Registered for ANC	5,814,051	67,357		**^MMR:**
% 1st Trimester registration to Total ANC Registrations	45.2	47.8		**153**
% Pregnant Woman received 4 or more ANC checkups to Total ANC Registrations	45	43.6		
% Pregnant women given 180 IFA to Total ANC Registration	85.3	76.5		
II) Delivery Care				
a) Home Deliveries				
Number of Home deliveries	623608	1687		**^NMR:**
% SBA attended home deliveries to Total Reported Home Deliveries	15.2	25.3		**49**
b) Institutional Deliveries				
Institutional deliveries (Public Insts.+Pvt. Insts.)	2946226	34651		
% Institutional deliveries to Total Reported Deliveries	82.5	95.4		
% Deliveries conducted at Public Institutions to Total Institutional Deliveries	86.7	92.5		
% Deliveries conducted at Private Institutions to Total Institutional Deliveries	13.3	7.5		
% Institutional deliveries to Total ANC	50.7	51.4		

Registrations				
% Women discharged in less than 48 hours of delivery to Total Reported Deliveries at public institutions	65.6	39.8		
c) C-Section and Complicated deliveries (Public and Private Facilities)				
% C-section deliveries (Public + Pvt.) to reported institutional (Public + Pvt.) deliveries	5.2	11.2		**^IMR:**
% C-sections conducted at public facilities to Deliveries conducted at public facilities	3.8	0.3		**56**
% C-sections conducted at Private facilities to Deliveries conducted at private facilities	14.3	144.8		
d) Post Natal Care				
% Newborns breast fed within 1 hour of birth to Total live birth	89.1	72.8		
% Newborns weighed at birth to live birth	90.2	74.9		
% Women getting 1st Post Partum Check up between 48 hours and 14 days to Total Reported Deliveries	35.3	26.8		
III) Child Health				
Number of fully immunized children (9-11 months)	4721897	54031		
Number of cases of Childhood Diseases (0-5 years): Pneumonia	89367	1240		
Number of cases of Childhood Diseases (0-5 years): Diarrhoea	412309	4497		**^Fully Immunized children 89.5 %**
Number of cases of Childhood Diseases (0-5 years): Malaria	89367	1240		
IV) Immunisation coverage				
Infants received BCG to full Immunisation %	4898246	62121		
Infants received Measles to full Immunisation %	4607092	58769		**^U5MR: 90**
V) Family Planning				
Total Sterilisation Conducted	262188	2765		
% Male Sterlisation (Vasectomies) to Total sterilisation	1.5	0.4		
% Female Sterlisation (Tubectomies) to Total sterilisation	98.5	99.6		***Unmet Need for Family**

				Planning:
% IUCD insertions to all family planning methods (IUCD plus permanent)	80	85.5		16.9
Number of beneficiaries given 3rd dose of Injectable (Antara Program)	3013	2011		
Condom pieces distributed	38782273	573558		
VI) Facility Service Delivery				*High blood sugar level Men: 6.3 Women: 4.0 *hypertension Men: 5.7 Women:5.3
IPD	6628029	112779		
OPD(Ayush+Allopathic)	142272113	1974454		
% IPD to OPD	4.7	5.7		Women age 15-49 years anaemic 34.1
Source: HMIS, Firozabad 2017-18;	***^: CMO Office, Firozabad, 2018;***			****: NFHS-4***

Health care Services can be understood through services for women in different stages. It starts with the pregnancy of women till the post-delivery care for them. The maternal health services under NHM like Antenatal care, Delivery care and post Natal care are important and are the areas of concern for the protection of women health as a whole. NHM under its various initiatives to protect maternal health and its one of the key component is ANC. Antenatal care is the systemic supervision of women during pregnancy to ascertain the well-being of the mother and the foetus. It allows for the timely management of complications and provides opportunity to prepare a birth plan and identify the facility for delivery. Table 4shows that in district Firozabad47.8 percent of women in Firozabad registered for ANC in the first trimester who register for ANC receive 4 or more checkups. Early registration of pregnancy allows for adequate care during the cycle. IFA supplementation was given to 76.5 per cent of all women who registered for ANC. The Maternal Mortality ratio in the district is 153 maternal deaths per 1, 00,000 live births.

Delivery care is an important component of Infant health. However, Number of Home deliveries reported in Firozabad district is 1687, of the total home deliveries, 25.3 percent were SBA attended.

GoI recognises an SBA as someone who can handle common obstetric and neonatal emergencies. Thus presence of SBA in cases home delivery is essential to combat maternaldeaths. Appropriate delivery care is crucial for both maternal and infant's health thus increasing skilled attendance at birth is a one of the important component of the safe motherhood and child survival movements. About 95.4 per cent of all deliveries are institutional deliveries and of all the institutional deliveries in Firozabad, 92.5 per cent took place in Public Institutions. Of all women who registered for ANC, only 51.4 per cent went for institutional delivery, while 11.2percent of allinstitutional deliveries were C-section deliveries.With regards to Post Natal Care, 72.8 percent of the newborns were breast fed within 1 hour of delivery while only74.9 per cent of newborns were weighed at birth. About 26.8per cent of women received the 1st post-partum checkup within 48 hours and 14 days of delivery. Infant Mortality Rate(IMR) for the district is 56.

As per Census 2011, the share of children in Firozabad's total population is 15.4 per cent. Child Mortality is a threat facing India since decades. The Reproductive and Child Health programme (RCH) II under the National Rural Health Mission (NRHM) comprehensively integrates interventions that improve child health and addresses factors contributing to Infant and under-five mortality. With regards to the service delivery for Child Health, Firozabad observes 89.5 per cent of full immunisation coverage rate. The utmost childhood disease reported in the year 2017-18is diarrhoea with registered4497 cases along with Pneumonia and Malaria registered 1240 cases each. The observed Under Five Mortality rate in Firozabad is 90 per 1000 live births.

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 sterilisation as a method of permanent family planning dominates the statistics with 99.6 percent of all sterilisation conducted in 2017-18 in Firozabad being Tubectomies. The Unmet Need for family Planning in the district is 16.9 per cent.

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 summarised in section 6 of Table 3. The OPD

patient load is as high as 1974454 number of OPD(Ayush+Allopathic) patients in 2017-18 as against 112779 IPD Patients. According to NFHS-4, 5.7 per cent men and 5.2 percent women have hypertension whereas 6.3 per cent men and 4.0 per cent women suffer from diabetes in Firozabad. While all women aged between 15-49 years who were anaemic was 34.1 percent.

2. HUMAN RESOURCE & 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 largely based on the requirements. 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 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

CMO Meeting and discussions with BPMs unanimously mentioned manpower crunch as a significant limiting factor affecting the NHM effectiveness in their district. There is shortage of HR in Firozabad at all facility levels. Table 4 gives the status of HR availability in Firozabad. It also highlights the training status under NHM of the medical staff. In the last financial year, there are only 3 filled positions for the Medical Officers against 44 sanctioned positions. Medical Officers received training for NSV, SBA,MiniLap/ PPS and NSSK. While there is large crunch of man power at with regards to gynecologists, pediatricians and surgeon as only one position is filled for against the mentioned positions. The probable reason for vacant positions is connectivity to big city Agra, which is 44 km away from Firozabad. Doctors see more growth opportunities to work in Agra city than in Firozabad.

High vacancy pertains in the district for mostly doctors wherein 9 positions of gynecologists, 8 positions of Pediatrician and 8 surgeon's position are vacant. The vacancy for the position of technicians, both lab technicians and X-ray Technicians, is also significantly high. ANMs postsare sanctioned for 220 but only 119 are filled and 121 are still vacant for regular.Moreover against 79 sanctioned contractual posts, 62 are hired. While there are 20 ANM at PHC level and 146 at SC level but 74 positions at SC are still vacant. With respect to training, the district is performing less active. However, the issue that remains is of manpower availability. The present shortage affects both, the quality as well as the quantity, of services delivered under NHM.

Table 4: Status of Human Resource under NHM in Firozabad, 2017-18

	Regular			Contractual		
Position Name	**Sanctioned**	**Filled**	**Vacant**	**Sanctioned**	**Filled**	**Vacant**
MOs including Specialists	44	3	41	-	5	-
Of which:						
NSV trained	2					
SBA trained	2					
Minilap/ PPS	17					
NSSK trained	1					
Gynaecologists	9	1	8	-	-	-
Paediatrician	9	1	8	-	-	-
Surgeon	9	1	8	-	-	-
Dental Surgeon	0	0	0	-	-	-
LHV	42	39	3	-	-	-
ANM	240	119	121	79	62	-
Of which:						
IUCD insertion trained	186					
SBAtrained	75					
ANM at PHC	20	20	0	0	0	-
ANM at SC	220	146	74	0	0	-
Pharmacist	75	73	2	12	12	-
Lab Technician	17	5	12	6	6	-
X-Ray Technician	9	5	7	2	2	-
Data Entry Operators	0	0	0	3	3	-
Staff Nurses	28	3	25	59	59	
Staff Nurse at CHC	20	3	17	59	59	-

Staff Nurse at PHC	08	0	08	0	0	-
Of which:						
SBA trained	10					
IUCD insertion trained	22					
Any other, please specify	0	0	0	9	9	
Source: CMO Office Firozabad 2018						

2.2. HEALTH INFRASTRUCTURE

Table 5 presents the details of Health Infrastructure in Firozabad. With regards to Public health infrastructure, there are 3 District Hospitals, 4 First Referral Units(FRUs), 7 Community Health Centers (CHCs), 5 Primary Health Centers (PHCs), 220 Sub Centers (SCs) in Firozabad. In addition, one skill lab is functioning in the district. The district observes a total 0f 69 delivery points.

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

- Sub Centre: 1 per 5,000 population
- Primary Health Centre: 1 per 30,000 population
- Community Health Centre: 1 per 1,00,000 population

All the facilities are running in government buildings. Transport facilities in the district include 20 '108 ambulances' and 30'102 ambulances'.

Table 5: Status of Health Infrastructure in Firozabad, 2017-18

Facilities		
Health Facility	**Number of Institutions**	**Functioning in a Govt. building**
District Hospital	3 (DH, DJH, DWH)	Yes
Sub district hospital	0	-
First referral unit	4	Yes
CHC	7	Yes
PHC	5	Yes
Sub Centre	220	Yes
Adolescent friendly health clinics	0	-

District Early Intervention Centre	0	-
Skill Labs	1	Yes
Delivery Points	69	Yes
Transport Facility	**Number Available**	**Number Functional**
108 Ambulances	20	20
102 Ambulance	30	30
Referral Transport	-	-
Mobile Medical Units	0	NA
		Source: CMO Office, Firozabad*,, 2018*

3. MATERNAL HEALTH

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

Maternal health refers to the health of women during pregnancy, childbirth and the postpartum period. While motherhood is often a positive and fulfilling experience, for too many women it is associated with suffering, ill-health and even death. The RMNCH+A strategy aim to reduce child and maternal mortality through strengthening of health care delivery system.

3.1. OVERVIEW OF MATERNAL AND CHILD HEALTH INDICATORS

Maternal health refers to the health of women during pregnancy, childbirth and the postpartum period. There has been continues efforts for improving and providing quality services for mother and child. Since the beginning of the Safe Motherhood Initiative programs in India, there has been enough maternal health initiative and financial resource for funding public health activities. Maternal Health programs play a key role reducing maternal mortality and also infant and child mortality. The maternal Health Programs focus around Antenatal care, and Post-natal care and Institutional Deliveries but we are still far away despite its programmatic efforts and rapid economic progress over decades.

India's National Rural Health Mission (NRHM) launched in 2005 contributed significantly to India's improved maternal and child health outcomes, thereon the Government of India (GOI) has been working to launch a number of large strategic investments to improve the maternal and child health. The Government of India held its own historic Summit on the Call to Action for Child Survival, where it launched "A Strategic Approach to Reproductive, Maternal, Newborn, Child, and Adolescent Health (RMNCH+A) in India." Since that time, RMNCH+A has become the heart of the GOI's flagship public health program, the National Health Mission (NHM). The RMNCH+A strategy is based on provision of comprehensive care through the five pillars, or thematic areas, of reproductive, maternal, neonatal, child, and adolescent health. moreover, it essential to look into health indicators responsible for major causes of mortality among women and children as well as the delays in accessing and utilizing health care and services.

Table 6 gives performance indicators of Maternal Healthby various stages for the last two financial years of the district Firozabad, for the year 2017-18 and 2016-17.Antenatal care is the primary stage relating to maternal health services, thereon, delivery care and postnatal care. All the stages are equally important and equal areas of concern that need specific care for the protection of women health as a whole.With regards to accessibility of ANC services, 47.8 percent women registered in first trimester in 2017-18, the percent of registrations have been reduced as against 60.4 per cent women in 2016-17. Similarly, In 2017-18,43.6 per cent women received 3/ 4 ANC checkups against 71.1 per cent women in 2016-17. IFA tablets were distributed throughout the district, percentage of women who received 100/ 180 IFA tablets declined to 76.5 in 2017-18 to 98.5 percent women receiving 100 IFA tablets in year 2016-17. The percentage of women with obstetric complications reported is 4.1 percent in 2017-18. Pregnant women receiving TT2 or Booster to total number of ANC registered have improved in 2017-18 from 87.4 percent to 72.8 percent in 2016-17. Anaemia is characterized by a low level of hemoglobin in blood. Anaemia usually results from a nutritional deficiency of iron, folic, vitamin B12, or some other nutrients. In Firozabad district, around 34.6 percent of pregnant women having severe anemiawere treated at institution to women having Hb level<7 /11.

In 2017-18, 25.3 percent of all home deliveries were attended by a skilled birth attendant; Percentage of institutional deliveries to total ANC registration has been constant in with 51.4 percent each year. Data also indicates there has been an increase in C-section deliveries in the

last financial year from 11.2 percent in 2017-18 to meager percent of 1.7 in 2016-17. Postnatal care is yet another domain integral to maternal health. It is critical that women be kept under observation up to 48 hours after institutional delivery. However, in Firozabad, 39.8 percent of women were discharged under 48 hours of delivery in public institutions. A decline in 2017-18 (72.8 percent) was also observed in the percentage of women who breastfed within 1 hour of delivery when compared to 81.6 percent women in 2016-17. While there has been decline in the low birth weight of newborns, Newborns weighing less than 2.5 kg to newborns weighed at birth was reported to be 11.2 percent in 2017-18 to 18.8 percent in 2016-17

Family Planning is not only confined to dealing with population stabilization but it also promotes reproductive health and thereby reducing maternal, infant& child mortality and morbidity. Under Family planning, IUCD insertion is a priority area under spacing services. Pertaining to the performance under reproductive health, percent of women opting for IUCD insertions as a family planning method has slightly decreases in 2017-18 to 85.5 per cent. Women continue to bear an uneven burden of sterilization. In 2017-18, percentage of male sterilization procedures to total sterilizations dropped to 0.4 from 0.9 in 2016-17.

Table 6: Maternal Health indicators, Firozabad, 2016-17 &2017-18

Stages	Indicators	2017-18	2016-17
Pregnancy care	1st Trimester registration to total ANC registration	47.8	60.4
	Pregnant women received 3 or 4 ANC check-ups to total ANC registration	43.6	71.1
	Pregnant women given 100 or 180 IFA to total ANC registration	76.5	98.5
	Cases of pregnant women with Obstetric Complications and attended to reported deliveries	4.1	5.4
	Pregnant women receiving TT2 or Booster to total number of ANC registered	87.4	72.8
	% Pregnant women having severe anemia treated at institution to women having Hb level<7 / 11	34.6	6.1
Child Birth	SBA attended home deliveries to total reported home deliveries	25.3	27.9
	Institutional deliveries to total ANC registration	51.4	51.4
	C-Section to reported institutional deliveries	11.2	1.7
Postnatal, maternal &	Newborns breast fed within 1 hour to live births	72.8	81.6
	Women discharged under 48 hours of delivery in	39.8	34.1

new born care	public institutions to total deliveries in public institutions		
	Newborns weighing less than 2.5 kg to newborns weighed at birth	11.2	18.8
Family Planning	Post-partum sterilization against total female sterilization	99.6	99.1
	Male sterilization to total sterilization conducted	0.4	0.9
	IUCD insertions to all family planning methods (IUCD plus permanent)	85.5	86.7
Source: HMIS Firozabad:2017-18, 2016-17			

3.2. JANANI SURAKSHA YOJANA (JSY)

JSY is a safe motherhood intervention with the objective of reducing maternal and neo natal mortality by promoting institutional delivery among poor pregnant women. Janani Suraksha Yojana is one of the key maternal health strategies under NHM. The scheme provides cash assistance to mothers who have delivered in Govt., health institutions and accredited private hospitals. It has been lauded as a successful 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.

Table 7: Status of Janani Suraksha Yojana (JSY) in Firozabad, 2017-18

Number of beneficiaries under JSY			Record maintenance
Institutional deliveries	32007		**Available:** YES **Updated:** YES
Home Deliveries	0		
Deliveries brought by ASHAs	27489		
Source: CMO Office, Firozabad, 2018			

In Firozabad, beneficiaries were responsively aware about the JSY schemes, Table 7 highlights Status of Janani Suraksha Yojana (JSY) in Firozabad, while it is significant to report that large number of women have been benefited by JSY, as 32007 women delivered in an institutional facility and thereby received JSY Payments. About 27489 numbers of these women were bought by ASHA which highlights their active role in emphasizing institutional deliveries. Most of the

beneficiaries had bank accounts.ASHAs are playing a vital part in enrolling the beneficiaries under JSY. Moreover, the ASHAs were helping beneficiaries to open bank accounts. However, very few reported that some women are reluctant to get into the hassles of opening a bank account for a meager sum of money and in some cases, beneficiaries even deny the entitlements.

3.3. JANANI SHISHU SURAKSHA KARYAKRAM (JSSK)

To complement JSY, Government of India launched Janani Shishu Suraksha Karyakram (JSSK) Implemented from February, 2012 JSSK is a National initiative. JSSK makes available better health facilities for women and child. The new initiative of JSSK would provide completely free and cashless services to pregnant women including normal deliveries and caesarean operations and sick new born (up to 30 days after birth) in Govt. Hospitals and accredited Pvt. Hospitals in both rural and urban areas. Pregnant women are entitled for free and cashless delivery, free caesarean section, free drugs and consumables, free diagnostics tests such as blood test, urine test etc.

Table 8: Status of Janani Shishu Suraksha Karyakram (JSSK) in Firozabad, 2017-18

Block	Number of Beneficiaries under JSSK			District Total =32007		
	Diet	Drugs	Diagnostics	Transport		
				Home to facility	Referral	Facility to home
Tundla	4031	4751	4751	5022	55	3010
Firozabad	6902	8871	8871	8207	501	4295
Narkhi	1113	2524	2524	1557	60	1277
Hathwant	2267	3075	3075	2372	28	2389
Eka	1231	2141	2141	1589	33	1586
Jasrana	1683	2010	2010	1642	0	719
Araon	857	1436	1436	1029	613	1006
Shikohabad	4004	4871	4871	1312	259	1354
Madanpur	1733	2039	2039	2029	183	1519
NUHM (Firozabad)	0	289	289	0	0	0

Source: CMO Office, Firozabad, 2018

JSSK beneficiaries were observed to be well utilizing the transportation/ ambulance. The transportation/ ambulance were available to the far reach or extremely scattered peripheral location of beneficiaries in the district. Transport facility was well provided from home to facility and facility to home, thereby facilitating the beneficiaries by not spending out of pocket

expenditure on diagnostics and transport was the district. Beneficiaries who availed transport entitlement facility to home. The fact also reflects in Table 8 where the maximum number of beneficiaries availing transport from home to facility is8207 from Firozabad block, similarly maximum transport facility to home (4295) was reported from the same block.Beneficiaries from Tundla and Hathwant Block (5022 and 2372 respectively) also availed transport facility higher in number as compared to other blocks. None of the beneficiaries reported any out of pocket expenditure on drugs. The Medical Officers reported that there has been an increase in the utilization of drugs and diagnostics facility in the Blocks of Tundla, Firozabad and Shikohabad during the pregnancy. Thereby, facilitating maximum number of beneficiaries in availing pregnancy related assistance. Proper diet was also provided to the beneficiaries, the kitchen services at the health facilities were tendered to outside agencies.

3.4. MATERNAL DEATH REVIEW

Maternal Death Review (MDR) as a strategy has been spelt out clearly in the RCH –II National Programme Implementation Plan document. The purpose of a maternal death review is to improve the quality of safe motherhood programming to prevent future maternal and neonatal morbidity and mortality. 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.

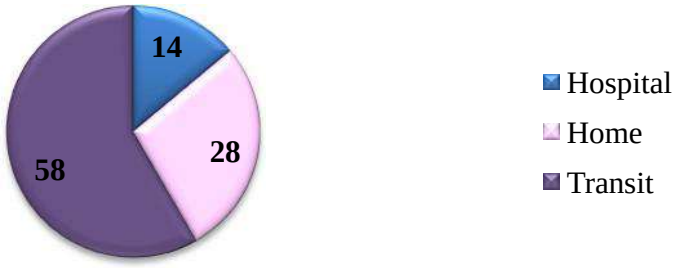
Table 9: Maternal Death Review in Firozabad, 2017-18

Total Maternal Deaths	Place of Death			Major Reasons (% of death due to reasons given below)	Month of pregnancy		
	Hospital	Home	Transit		During pregnancy	During Delivery	During Delivery
36	5	10	21	Hemorrhage- Obstetric Complications- Sepsis- Hypertension- Abortion- Others-	36	0	0

Source: CMO Office Firozabad

Firozabad observed 36maternal deaths in the year 2017-18. Table 9 illustrates the total number of maternal deaths by place, reason and period. A total of 21 maternal deaths took place during transit, 5 during in Hospital and 10 at home.The major reasons for maternal deaths in the district include Hemorrhage, obstetric Complications, Sepsis, Hypertension, abortion and other factors. Majorly, the maternal deaths occurredduring duration of pregnancy period.Figure 2 shows the percentage of Maternal Deaths by Place of Death in Firozabad during Pregnancy.

Figure 2: Percentage of Maternal Deaths by Place of Death in Firozabad during Pregnancy, 2017



Source: CMO Office, Firozabad, 2018

4. CHILD HEALTH

The RMNCH+A under the National Health Mission (NHM) 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 tenet 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 in Firozabad is 13.1 percent of the total population.

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 Care

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

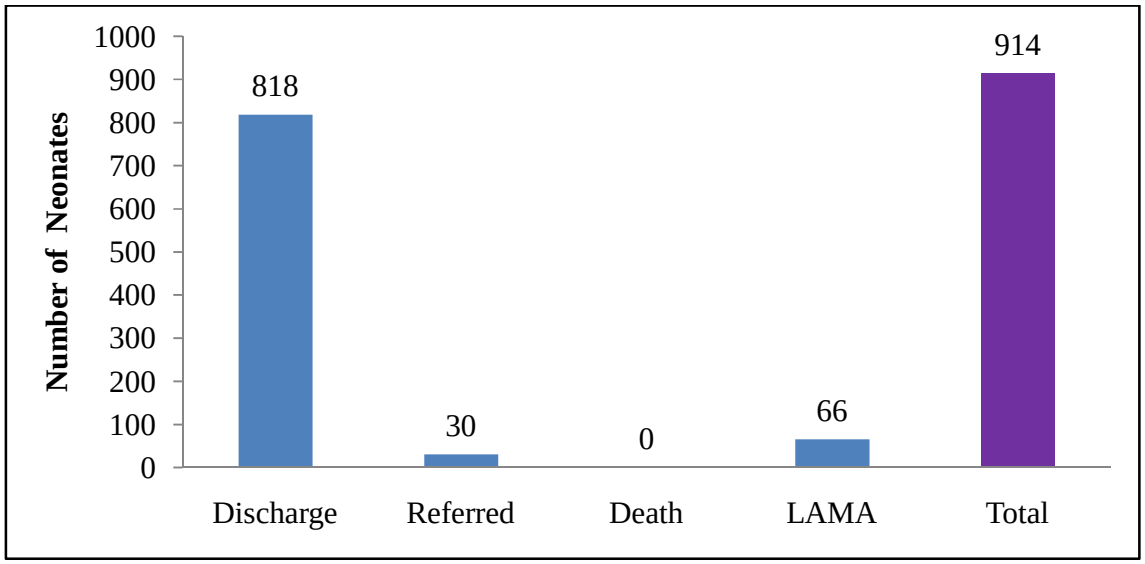
According to HMIS data, the district has observed 34651 institutional deliveries in year 2017-18 to total deliveries 36338. Of the total newborns, 32363 (74.9 percent) were weighed at birth. About 3612 newborns had a birth weight less than 2.5 kg. The total home deliveries in the district for the last financial year are 1687 which accounts to 4.6 percent Home deliveries to total reported deliveries in Firozabad.

The service delivery for neonatal health in terms of infrastructure is discussed in Table 10. The district has two NBSUs and 12 NBCCs. Manpower dedicated to NBSUs in the district include 6 medical staff members. The total numbers of neonates admitted in NBSU are 226. There is one NRC with total of 4 staff members. The total number of neonates admitted in NRC is 219. Total neonates admitted in to SNCU were 1362 in number, while the 1172 were discharged after treatment, 62 were referred and high number of neonates (70) died and 37 signed LAMA. Major reasons for death were prematurity, birth Asphyxia, Sepsis, Pneumonia and other reasons. Of the total NBSU admissions (914) about 818 of the neonates were discharged, 30 percent were referred, and 66 percent signed LAMA. The health infrastructure pertaining to neonatal health in the district needs serious improvement along with trained staff. Figure 3 shows the treatment Outcome of Neonatal admission in NBSU, Firozabad, 2017-18

Table 10: Status of Neonatal Health Infrastructure, Firozabad, 2017-18

Facility type	Number of facilities across district		Total Staff	Admissions in last financial year
SNCU	1		7	1362
NBSU	2		6	914
NBCC	12		-	-
NRCs	1		4	219
	Treatment outcome			
Facility type and Admissions in last financial year	Discharge	Referred	Death	LAMA
Total neonates admitted in to SNCU (1362)	1172	62	70	37
Total neonates admitted in to NBSU (914)	818	30	0	66
Total neonates deaths in to SNCU	Major reasons of Death			
70	Prematurity-06	Birth Asphyxia-13	Diarrhea-0	Sepsis-08	Pneumonia-	
Source: CMO Office, Firozabad, 2017-18				

Figure 3: Treatment Outcome of Neonatal admission in NBSU, Firozabad, 2017-18



Source: CMO Office, Firozabad, 2018

4.2.CHILD HEALTH NUTRITION AND MANAGEMENT OF COMMON CHILDHOOD ILLNESSES

Figure 4 NRC at the Main District Hospital

Nutrition is the key to human well being and is acknowledged as one of the most effective entry points for human development, poverty reduction and economic development, with high economic returns. Child health and nutrition are one of the core priorities for any country, more for India with greatest burden of maternal, newborn, and child deaths. Nutritional level among the children is the basic element of their overall mental and physical development. Malnutrition and mortality among children are the two faces of a single coin. Nutrition is central to the achievement of other National and Global Sustainable Development Goals. It is critical to prevent undernutrition, as early as possible, across the life cycle, to avert irreversible cumulative growth and development deficits. Factors contributing to undernutrition during infancy and childhood include low birth weight and poor breast feeding.

RMNCH includes calcium, iron and Vitamin A supplementation to improve maternal and infant survival. With regards to the same, early initiation of breastfeeding is crucial to child nutrition and should be encouraged. Mothers should be encouraged to exclusively breastfeed their infants for the first 6 months of age to achieve optimal growth, development and health. Table 11 shows the indicators of nutrition and management of common childhood illnesses which depicts that, 31458 newborns in the district were breastfed within 1 hour of delivery which accounts to 72.8 per cent of the total live births. Infants and young children should increase vitamin A requirements to support rapid growth and to help combat infections. Inadequate intakes of vitamin A may lead to vitamin A deficiency, which when severe, can cause visual impairment (night blindness), anemia, weakened resistance to infections, and can also increase the risk of illness and death from childhood infections such as measles and those causing diarrhea.While in Firozabad, percentage of children given Vitamin A dose 1 is 122 percent (HMIS, 17-18) to

report live birth while the percent of children given Vitamin A dose 9 is 51 percent.The low levels of micronutrient supplementation as well as the high dropout between dose 1 and dose 9 is suggestive of both, the demand side hindrance as well as the supply side hindrance. Pentavalent Vaccine is a vaccine that contains five antigens (diphtheria, Pertussis, tetanus, and hepatitis B and Haemophilus influenzae type b), number of infants given Pentavalent 3 are 59999.

Table 11: Indicators ofChild Health Nutrition and Management of Common Childhood Illnesses

Child Health indicators	
Number of New Born Breast Fed within 1 hour	31458
Percentage Children given Vitamin A dose1 to Reported live birth	122
Percentage Children given Vitamin A Dose 9 to Children given Vit A dose1	51
Number of Infants given Pentavalent 3	59999
Management of Common Childhood Illnesses	
Diarrhoea in Children 0-5 Years of Age	4497
Total Number of Infant Deaths reported	107
Diarrhoea treated in Inpatients in Children 0-5 Years of Age	1201
Percentage Deaths due to Diarrhoea to Total Reported Infant Deaths	7.5
Pneumonia in Children 0-5 Years of Age	1240
Percentage Deaths due to Pneumonia to Total Reported Infant Deaths	7.5

Source: HMIS, 2017-18

Every year some 8 million children in developing countries die before they reach their fifth birthday; many 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 combination of these conditions.(WHO)

In India, common childhood illnesses in children under 5 years of age include fever acute respiratory infections,diarrhoea and malnutrition (43 percentage) – and often in combination. Despite the available and effective treatments, pneumonia and diarrhoea remain the biggest causes of deaths of under five children.In FirozabadDiarrhoea in Children 0-5 Years of Age was reported by 4497 of which only 1201 per cent were treated in IPD.

4.4. IMMUNISATION

Immunization protects against a large number of childhood diseases considered dangerous. Immunization Programme is one of the key interventions for protection of children from life threatening conditions, which are preventable.The improvements in immunization coverage and the introduction new vaccines will significantly alleviate disease and financial burden in Indian households.Despite the availability of safe and effective vaccines, the coverage of immunization is still uneven across different regions of India. Although increasing immunization coverage is essential, it is also important that vaccines are administered when the child is at the appropriate age, which will provide protection from disease when the risk is highest.

Table 12shows the performance of immunization programme coverage block-wise in Firozabad district.

Table 12: Block wise Immunization status in Firozabad, 2017-18

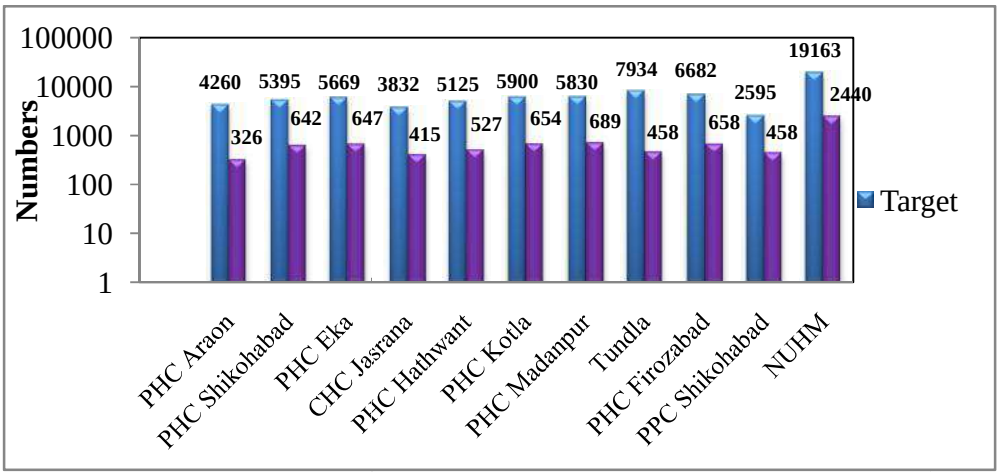
Block	Target	OPV at birth	BCG	DPT			Pentavalent			Measles	Full Immunization
				1	2	3	1	2	3		
PHC Araon	4260	313	199	0	0	0	308	342	336	326	326
PHC Shikohabad	5395	420	348	0	0	0	459	386	457	642	642
PHC Eka	5669	380	389	0	0	0	377	367	359	647	647
CHC Jasrana	3832	381	279	0	0	0	376	350	346	415	415
PHC Hathwant	5125	544	280	0	0	0	310	298	281	527	527
PHC Kotla	5900	665	249	0	0	0	297	295	334	654	654
PHC Madanpur	5830	653	475	0	0	0	560	515	571	689	689
Tundla	7934	527	686	0	0	0	612	548	640	458	458

PHC Firozabad	6682	715	1245	0	0	0	353	382	561	658	658
PHC Shikohabad	2595	155	263	0	0	0	193	160	149	458	458
NUHM	19163	2558	1663	0	0	0	1361	1369	1340	2440	2440

Source: CMO Office, Firozabad, 2018

Against the target set, Firozabad is behind in achieving immunization targets. Achievement in BCG vaccination coverage against the target was highest in PHC Firozabad and PHC Madanpur. OPV at birth was highest reported from PHC Firozabad and PHC Kotla. No significant dropout is observed in pentavalent vaccine schedule. Achievement percentage with regards to Measles vaccination is satisfactory among the blocks of the district. All other block has under achieved the target blocks wise. Full immunization / vaccination coverage was highest in PHC Firozabad and PHC Madanpur. Full immunization for the year 2017-18 accounts for 54031 children according to the HMIS data.

Figure 5 highlights the immunization coverage block wise in Firozabad



Source: CMO Office, Firozabad

4.5. RASHTRIYA BAL SURAKSHA KARYAKRAM (RBSK)

Rashtriya Bal 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.

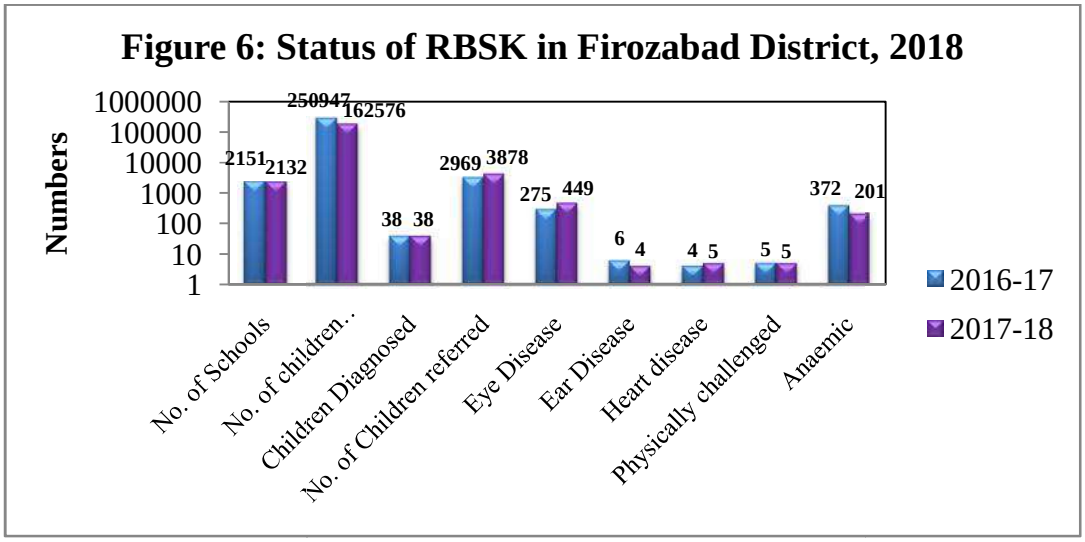
Table 13 depicts the status of RBSK activities in the district for the years 2016-17 and 2017-18. Around 2132 schools were covered under RBSK in the year 2017-18 as against 2151 schools in the year 2016-17. About 162576 children were registered under the programme of which 38 percent children were diagnosed.

Table 13: Rashtriya Bal Suraksha Karyakram Progress in Firozabad, 2016-2018

	2016-17	2017-18
No. of Schools	2151	2132
No. of children registered	250947	162576
Children Diagnosed	38	38
No. of Children referred	2969	3878
Eye Disease	275	449
Ear Disease	6	4
Heart disease	4	5
Physically challenged	5	5
Anaemic	372	201

Source: CMO Office, Firozabad, 2018

The numbers of anemic children reported in the year 2016-17 were372; decrease in the number of children with anemia can be seen from the year 2016-17 to 2017-18 with 201 cases detected during period.In 2017-18, 449 Children were diagnosed with eyediseases;there was an increase in number of cases since 2016-17 years with 275 cases reported in the same year. Very few cases were reported for physically challenged, ear and heart diseases.The evaluation team interacted with efficient RBSK teams at the health facilities. Thus, RBSK functioning is backed by efficient teams facilitating effective implementation of the programme. Figure 6: shows the status of RBSK in Firozabad District, 2018



5. FAMILY PLANNING

Family planning provides a choice & freedom to Women for deciding their Family size number of children and determines 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 basket of choices for contraceptive methods. By reducing rates of unintended pregnancies, family planning also reduces the need for unsafe abortions.

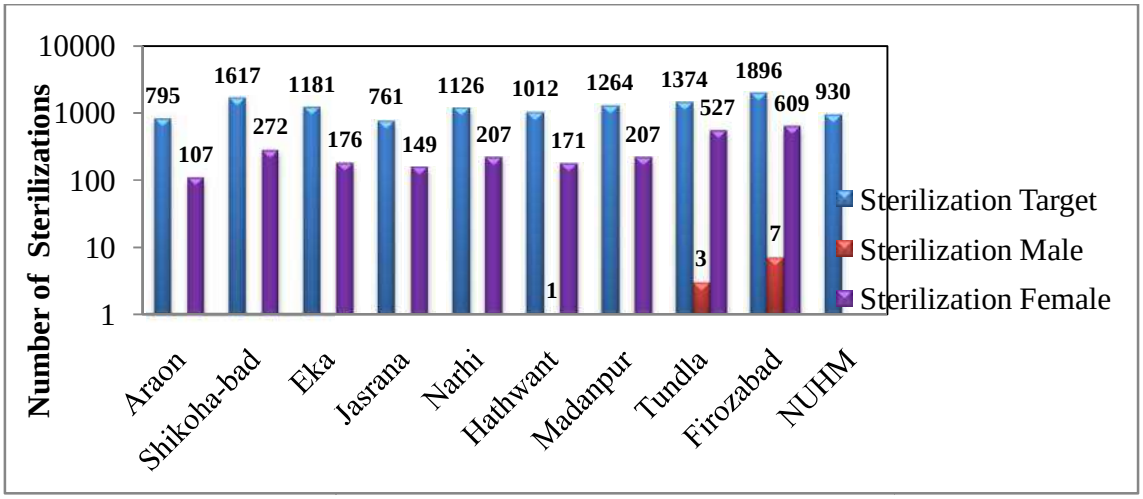
Table 14: Family Planning achievement in Firozabad, 2017-18

Block	Sterilization			IUCD insertions		Oral Pills		Emergency Contraceptives		Condoms		Injectable Contraceptives
	Target	M	F	Target	Ach*	Target	Ach*	Target	Ach*	Target	Ach*	
Araon	795	0	107	2074	819	845	145	No target	303	1510	834	0
Shikoha-bad	1617	0	272	4235	2664	1711	224		341	3094	1270	0
Eka	1181	0	176	3098	578	1249	111		530	2225	1161	0
Jasrana	761	0	149	1972	959	819	129		154	1448	562	0
Narhi	1126	0	207	2951	1063	1189	138		279	2124	854	0
Hathwant	1012	1	171	2658	1331	1078	88		1326	1922	768	0
Madanpur	1264	0	207	3314	2235	1330	147		1160	2376	2081	0
Tundla	1374	3	527	3607	2577	1430	223		600	2583	1207	0
Firozabad	1896	7	609	4973	4971	1988	184		353	3603	1669	0
NUHM	930	0	0	2428	634	986	88		0	1840	981	0

Source: CMO Office, Firozabad, 2018

Female sterilization is noted to be the dominate method under permanent sterilization. According to HMIS data, the total sterilizations conducted in 2017-18 were 99.6 percent (Tubectomies).Family Planning achievement block wise As can be seen in Table 14. The maximum number of female sterilizations was observed in Firozabad and Tundla block. Very little male sterilization was report from the entire district. IUCD insertions were reported in higher in numbers from the entire district. Firozabad, Shikohabad and Tundla block accounted for higher number of IUCD insertions. Use of Oral pills was also prominent in entire district with Shikohabad and Tundla reportedthe more usage regarding the same. Usage of Emergency Contraceptives (1326) and Condom (2081) was reported highest from Hathwant and Madanpur block respectively. Condoms distribution was satisfactory in the district with a total of 573558 condoms distributed in 2017-18. Use of Inject able contraceptives are yet to pick up acceptance in the district. Use of Antara contraceptive is yet to pick up in the district of Firozabad. Awareness about the same needs to be generated and a positive approach must be instilled among women with regards to the adoption of new methods.Figure 7 shows the block wise Status of Sterilisation in Firozabad, 2018

Figure 7: Block wise Status of Sterilisation in Firozabad, 2018



6. QUALITY MANAGEMENT IN HEALTHCARE SERVICES

Quality of health care services is essential to the smooth functioning of the public health sector as well as the dignity and comfort 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 behaviour. 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.

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”.

6.1. HEALTH CARE WASTE MANAGEMNT

One of the key dimensions of Quality of Care is cleanliness of health facilities. The level of cleanliness and ambience of a facility directly affects the perception of patients and the public regarding confidence they build up in health care offered in a facility. The low levels of cleanliness in health care facilities deterrents people to use it. Lack of cleanliness is also a contributor to hospital acquired infections.

In a health facility, there are a wide range of chemicals and disinfectants used for various clinical, nursing, laboratory and radiological procedures. Bio-medical pits and colour-coded bins are important for the proper disposal of medical wastes and there appropriate usage should be adopted in every corner of the facility. Bio-medical pits and colour-coded bins were observed in all the facilities across the district. Against a total of 3 DH, 7 CHCs and 5 PHCs in the district, all the facilities had bio-medical waste management out sourced. Table 15 shows a broad status of Technical Quality in Health Facilities in Firozabad.

Table 15: Status of Technical Quality in Health Facilities, Firozabad, 2017-18

Quality in Health Care Services			
Bio-Medical Waste Management	**DH**	**CHC**	**PHC**
No. of facilities having bio-medical pits	3	7	5
Do the facilities have color coded bins	3	7	5
Outsourcing for bio-medical waste	Yes	Yes	Yes
If yes, name company	Bio-Medical Waste Mathura		
How many pits have been filled	3	7	5
Number of new pits required	0	0	0
Infection Control			
No. of times fumigation is conducted in a year	0	0	0
Training of staff on infection control	0	0	0
Source: CMO Office, Firozabad 2018			

With regards to disposal of waste in the district, services for waste disposal have been outsourced from the Bio-medical Mathura. With regards to sterilization practices in the district, record for fumigation of OTs was not kept or maintained.

7. INFORMATION, EDUCATION AND 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. 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.

8. COMMUNITY PROCESS

One of the key components of the National Health Mission is to provide every village in the country with a trained female community health activist ASHA or Accredited Social Health Activist. ASHA acts as a link worker between the community and the Health System, to improve the access of the community to Health Care. The ASHAs are given basic training on Anti Natal Care, Post Natal Care; Home based Neonatal Care, communicable and Non-Communicable diseases.

There on, ASHA are provided performance based incentives for each activity such as AN Care, Mobilizing and escorting the AN Mother for Institutional Deliveries, PN Care, HBNC, Immunization, Communicable and Non-Communicable Case detection and mobilising community for Village Health Nutrition Day, Village Health Water Sanitation and Nutrition Committee and adolescent Health Clinics. ASHAs are provided with a Drug and a Neonatal Care Kit. 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 16. At present, a total of 1546 ASHAs are working in the district. Apart from 118 positions vacant positions for ASHA. The district held432 ASHA meetings in the year 2017-18. These monthly meetings focus on capacity building of ASHAs and review their performance. The district also has ASHA ghars in various health facilities. There are total 9 ASHA resource centers/ ASHA Ghar in the district. An important element of these meetings is the replenishment of ASHA drug kits. ASHA is provided with a drug kit containing a set of drugs/ equipments and products that enable her to provide

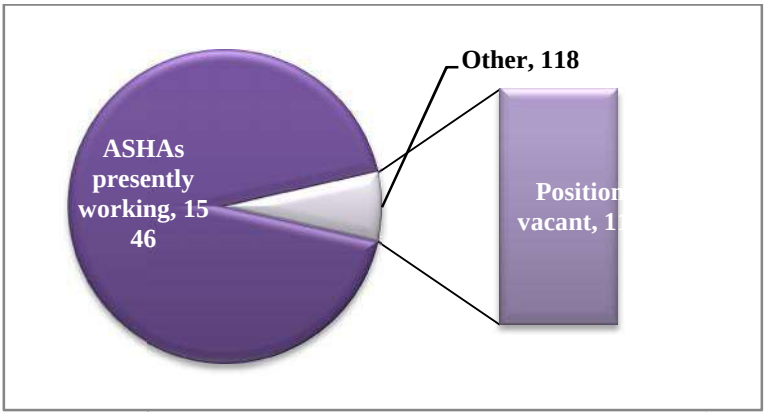
basic level care the drug kit mainly contains drugs for minor ailments along with home based newborn care kit for providing growth assessment of newborn care. There has been 1452 drug kit replenishment during the ASHA meetings. However, few of the ASHAs have reported that they have not received their kits since a few months back.

Table 16: Details of ASHA Workers in Firozabad, 2017-18

Community Process in Firozabad, 2017-18	
Last status of ASHAs	**Total number of ASHAs**
ASHAs presently working	1546
Position vacant	118
Total number of meeting with ASHA (in a Year)	432
Total number of ASHA resource centers/ ASHA Ghar	9
Drug kit replenishment	1452
No. of ASHAs trained in last year	66
ASHA's Trained in Digital Literacy	0
Name of trainings received	1)Induction 2) Module 687+4 1/2/3
Source: CMO Office, Firozabad, 2018	

With respect to training, all ASHAs have receivedtrainingin SBA, NSSK, IUCD insertions, etc. The total number of ASHA's trained in last year was 66 in number; this is very less regards to total number of ASHA's working. ASHA's were trained in Induction training and Module 687+4. None of the ASHA's was trained in digital literacy. 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 reportedan absence of a strong grievance redressal system which hinders their motive and performance. Figure 8 shows the status of Community process with respect to ASHA in Firozabad District

Figure 8: Status of Community process with respect to ASHA in Firozabad District



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

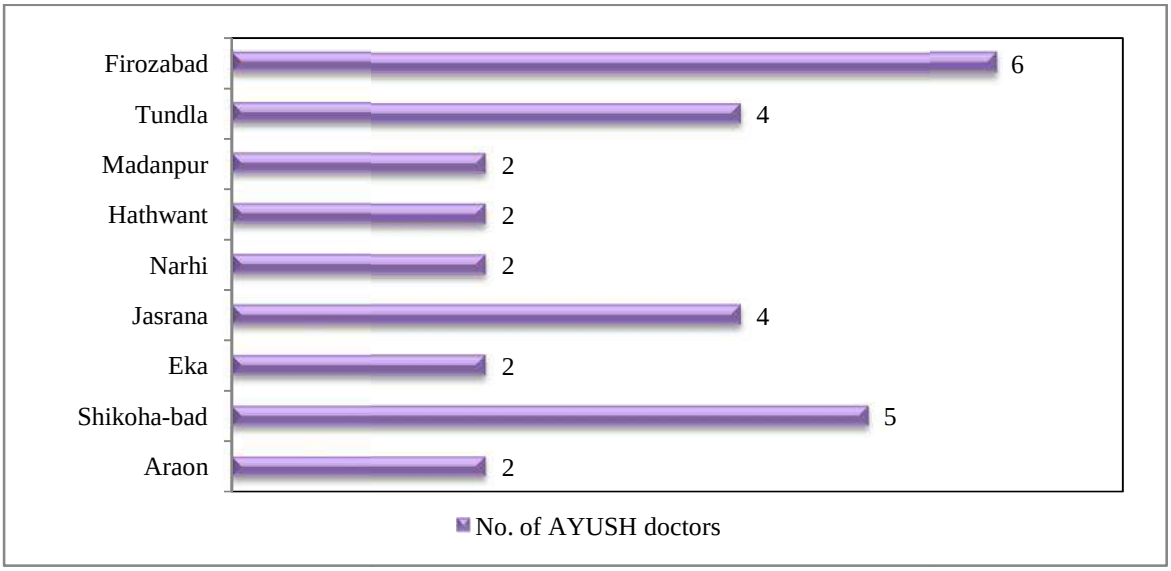
Mainstreaming of AYUSH (Ayurveda, Yoga & Naturopathy, Unani, Siddha & Homoeopathy) systems of Medicine and revitalization of LHT (Local Health Traditions) is a major vision of NHM. The AYUSH systems, especially Ayurveda and Homeopathy play an important role in the Health Care Delivery System. In Firozabad, a total of 9 AYUSH health centers are there in each 9 blocks. There has been an increase in acceptance of AYUSH treatment. AYUSH doctorsare available at every AYUSH centre of the block, in fact, there are a total 29 AYUSH doctors working in the district of which 6 working doctors are from Firozabad block. For the financial year 2017-18, 357942 patients received AYUSH treatment in Firozabad district as depicted in Table 17 below. Figure 9 shows the block wise number of AYUSH Doctors in Firozabad.

Table 17: Status of AYUSH in Firozabad, 2017-18

Block	No. of facilities with AYUSH health centers	No. of AYUSH doctors
Araon	1	2
Shikoha-bad	1	5
Eka	1	2
Jasrana	1	4

Narhi	1	2
Hathwant	1	2
Madanpur	1	2
Tundla	1	4
Firozabad	1	6
Ayush OPD (Number)(HMIS)	**357942**	
		Source: CMO Office, Firozabad 2018

Figure 9: Number of AYUSH Doctors (Block wise per AYUSH Clinic) in Firozabad



10.DISEASE CONTROL PROGRAMME (COMMUNICABLE DISEASES AND NON COMMUNICABLE DISEASES)

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.Table 18summarizes the progress of disease control programme with regards to communicable diseases and Non-Communicable diseasesfor the years 2016-17 & 2017-18.

In the year 2016-17, the maximum number of cases detected was that of malaria. The incidence of malaria has significantly decreased in 2017-18 (164) as against the 2016-17 level of 181 cases. 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.

In cases of Non communicable diseases, screening for cases of blindnessincreased in 2017-18 to 99540 as against 82234 numbers of cases in year 2016-17.The incidence of blindness remains the highest in both the years. This highlights the need for an efficient network of ophthalmologists in the district, which at present was not observed. Eye specialty services suffered hindrances related to equipment and manpower availability. Similarly number of cases screened for Chronic Lung Disease has also increased from 14832 in 2016-17 to 18105 in the year 2017-18. However, no other cases were reported from the data received from CMO office. Overall, increase in the cases of blindness and lung disease probably could be due to workers working in glass factories as they work in hazardous conditions with limited means of safety and precaution.

Table 18: Status of Communicable diseases and Non-Communicable diseases in Firozabad, 2016-2018

Disease Control Programme (CDs), Firozabad, 2017-18				
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**
Communicable diseases				
Malaria	181	181	164	164
Non-Communicable diseases				
Blindness	82234	8190	99540	6290
Chronic Lung Disease	14832	2142	18105	2007
Source: CMO Office, Firozabad 2018				

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. Although HMIS/ MCTS has been implemented in entire district but 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 manpower. Data entry operators/statisticians etc. are not available with the majority of health facilities. In such a scenario, paramedical staff is mostly allotted to complete the task which leads to multitude of errors. It was also observed during the meeting that very less number of meetings is held for the necessary corrective action. Moreover, no MCTS call centre has been set up at the District level to check the veracity of data and service delivery. This was mainly due to shortage of manpower. It was further reported that the validation and error is not being considered while reporting and uploading the data. As depicted in Table 19, there has been some progress with regards to HMIS while the system still has wide scope of improvement.

Table 19: HMIS/MCTS Status in Firozabad, 2017-18

Parameters	Remarks
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 staff at all levels for necessary corrective action to be taken in future?	**Yes**

Source: CMO Office, Firozabad, 2018

12. BUDGET UTILISATION

The budget utilization summary for Firozabad district by the five NHM flexi pools and their major components is presented in Table 20 and 21 respectively. NRHM +RMNCH plus A Flexi pool was highest with the budget of 483306750 while NUHM Flexi pool for budgeted of 52582445.While analyzing budgetutilization parameters, the highest part of the budget accrues to RMNCH+A flexi pool.However, for Adolescent Health / RKSK the funds have been sanctioned but they have not been utilized in the last financial year 2017-18. Other Flexi pools were well utilized for strengthening of schemes and programmes under NHM.

Table 20: Pool wise Budget Summary

S. No	Budget Head	Budget	Expenditure (As on 31st March, 2017)
PART I	NRHM +RMNCH plus A Flexipool	483306750	339370606
PART II	NUHM Flexipool	52582445	37419084
PART III	Flexipool for disease Control Programme	24955034	20423173
PART IV	Flexipool for Non-Communicable Disease	24100041	8182779
PART V	Infrastructure Maintenance	0	0
			Source: CMO Office, Firozabad, 2018

Table 21: Budget Utilization Parameters, Firozabad, 2017-18

Scheme/Programme	Funds 2017-18	
	Sanctioned	**Utilized**
NRHM + RMNCH plus A Flexipool		
Maternal Health	86118110	61063716
Child Health	5194874	1512175
Family Planning	18229352	10637041
Adolescent Health/RKSK	115000	0
Immunization	23960141	15231598
NUHM Flexipool		
Strengthening of Health Services	44066358	33141025
Flexipool for disease control programme (Communicable Disease)		
Integrated Disease Surveillance Programme (IDSP)	833134	719036
National Vector-Borne Disease Control programme	355918	227780

Flexipool for Non-Communicable Diseases		
National Mental Health programme (NMHP)	2760000	878210
National Programme for the Healthcare of the Elderly (NPHCE)	5205000	1548800
National Tobacco Control Programme (NTCP)	4021668	1065761
National Programme for Prevention and Control of Cancer, Diabetes, Cardiovascular Diseases and Stroke (NPCDCS)	8349120	3760705
Infrastructure		
Infrastructure	-	-
Maintenance	-	-
Basic training for ANM/LHVs	-	-
Source: CMO Office, Firozabad, 2017-18		

13. FACILITY WISE OBSERVATIONS

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

13.1. S. N.M DISTRICT HOSPITAL, FIROZABAD

The monitoring team visited district hospital S.N.M District Hospital at Rehna Road, Arya Nagar, Firozabad. The facility has been shifted to a new building within the premises of the District Hospital. The Female District Hospital shares the ground with the main District Hospital. The newly constructed Female District Hospital is 100-bedded. Figure 9 presents the picture of new 100

Figure 10: New Female District Hospital, Firozabad

bedded Female District Hospital in Firozabad.

Table 21 displays the service delivery indicators of the hospital. At the time of monitoring visit the following observations were made:

- The new building was well constructed and had a well panned infrastructure. There was well managed provision for electricity, the district hospital have 24*7 running supply of water.
- The new Female District Hospital had clean corridors, established SNCU centre and an organized OT as well. The building has a vast infrastructure with facilities provision in not less than any commercial or private hospital.
- IEC materials were appropriately displayed.
- The female district hospital has service of 24*7 under the E-Raktkosh/blood bank or laboratory services.
- The main District hospital had a water harvesting system which was well established and maintained.
- The hospital also provided patients with clean drinking water, as a new RO plant was installed for the services of people.
- With regards to Bio-Medical Waste Management, the facility was outsourced the Bio-Medical Waste with regular pick up at the facility.

st **Figure 11: Monitoring visit to Female Hospital, Firozabad**

- Doctors of the main District Hospital actively initiates the maintenance of hospital, they have also converted the barren land and junkyard into gardens.
- The administrative took initiatives to display the list of doctors with concerned departments along with putting on view of the IEC with respect to each department.
- AYUSH clinic in the facility was aptly managed and medicines were available.

- The facility had adequate supply of contraceptive pills, sugar testing kits and pregnancy testing kits along with new conceptive ANTARA and CHAYA were available.
- OPD, IPD, ANC, PNC,OT, etc were appropriately maintained and updated along with IEC display.
- Only two gynecologists were working in the District Hospital. The two gynecologists are burdened with work as they do administrative work, visit to court / Juvenile court in case of sexual assault / rape cases, while their work at hospital remains unattended.
- All the caesarian cases are referred to Agra Hospitals as there is no gynecologist to perform C-section in the given facility.
- There is serious problem with regards to availability of female doctors, as no one wants to work in Firozabad due to less pay and excess work-load. Moreover, many doctors prefer to work in Agra city which is just a 40 min drive away from Firozabad. Many doctors find more growth and security in the bigger city than in Firozabad.
- Although the new Female District Hospital has great infrastructure, Human resource is still a challenge.
- Data Entry Operators were less skilled; they were over burdened with updating of data regarding ongoing programmes like Ayushmaan Bharat, HMIS, RCH, etc.
- This District Hospital is located near the main national highway. Due to heavy downpour, main entrance of the Hospital often gets logged in water. Water logging was also observed in the entire hospital. This was mainly due to elevation and up-slope highway. Water poured down to the service road and floods in the District hospital premises adding difficulties for the patients to avail the concerned medical department.
- Availability of an SNCU is critical to new born health care. The facility had a functional SNCU but there was vacant post of a pediatrician. Non-availability of a pediatrician in the female district hospital is a worrisome situation.
- MCTS register was maintained but data entry operator was less trained with regards to entry of data.
- At the time of monitoring visit, the interaction with beneficiaries surfaced that no cost was borne by them for the delivery and timely doctor rounds were observed. There was delay in service of Ambulance hence most of the patients availed their own vehicles.

Table 22 highlights the service delivery indicators of the district hospital. In 2017-18, the hospital had a higher OPD with 134179 against 124393 in 2016-17. IPD has reduced to 20206 in 2017-18 than in the 2016-17 (20588). Similarly, total numbers of deliveries at district hospital have also reduced. C-Section deliveries have declined to 53 in 2017-18 against 69 in 2016-17. Number of neonates initiated breast feeding within one hour was 5944. Due to non-availability of a pediatrician, neonatal admissions in NBSUs have been almost reduced to half as compared to 2016-17 figures.

There has been a drastic change in the first ANC registration as against 6133 woman in 2016-17 got registered and only 1675 women got registered for first ANC registration. Number of IUCD has reduced and numbers of PPIUCD insertion have increased in the same year 2017-18. Regarding health provisioning of children, ORC+Zinc were administered; however fall in Vitamin A has been observed.

Decrease in the number of MTPs conducted can be seen in 2017-18 (448). This can be attributed to the fact that there are only two gynecologists in the entire district hospital and no other female doctors to attend to emergency or complicated cases. The district hospital did not have any ARSH clinic, so no counseling was provided to the adolescent girls or boys at district hospital level. Provisions with regards to Biomedical Waste Management were in place and well managed. Overall, the main problem of HR is that it does not meet the demand-supply. HR is important and issues pertaining to availability of doctors must be resolved at the earliest to ascertain smooth functioning district hospital.

Table 22: Service Delivery at District Hospital Firozabad, 2016-18

Service Utilization Parameter	2016-17	2017-18
OPD	124393	134179
IPD	20588	20206
Total deliveries conducted	7384	6987
No. of C section conducted	69	53
No. of neonates initiated breast feeding within one hour	7050	5944
No of admissions in NBSUs/ SNCU, whichever available	733	1362

No. of pregnant women referred	554	510
ANC1 registration	6133	1675
ANC 3 Coverage	1164	-
No. of IUCD Insertions	354	233
No. of PPIUCD Insertion	2743	3336
No. of children fully immunized	3408	901
No. of children given ORS + Zinc	13200+650	12400+4645
No. of children given Vitamin A	5951	1660
Total MTPs	1696	448
Number of Adolescent attending ARSH clinic	0	0
Maternal deaths	0	0
Still births	137	61
Neonatal deaths	27	70
		Source: CMO Office, Firozabad 2018

13.2. Community Health Centre -FRU Tundla

The facility is situated in Tundla block and it is also a FRU (Figure 11). The facility been awarded with Kayakalp award for the year 2017-18. It ranks 11th in the state. The facility provides all the necessary facilities with regards to health care such as OPD, IPD with general medicine, OBG, Orthopedics, Dental, ENT, Ophthalmology, etc. Ultrasound, X-Ray and Physiotherapy facilities are also available at the hospital.

Figure 12: CHC Tundla, Firozabad

The service and facilities provided here meets the demand of the patient load of district hospital. This facility takes the load equal to the 100-bedded hospital. This facility is located near National highway

Figure 13: Certificate of Kayakalp Award, CHC Tundla.

making it more accessible to general patients and accident cases.

During the monitoring visits the following facilitations and gaps were observed:

- All JSY payments were timely made to the beneficiaries and ASHAs. The center reported mainly spending on JSY with 84 percent of overall coverage. While very few report of non-payment was present this was mainly due to unavailability of bank accounts.
- RBSK was running well at the facility, but ARSH clinic was not there, hence there was no provision for counseling of adolescents.
- Treatment through AYUSH was followed by many patients. AYUSH center was appositely maintained and medicines were all available except homeopathy medicines.
- The facility had appropriate display of IEC material at the CHC level.
- An efficient system for Biomedical Waste Management was in place at the CHC, the service was outsourced with the collection of waste on the alternative days.
- The facility also maintained the Dental OPD and surgery; although the equipment and instrument were very old but the dental OPD was high in number.
- There was availability of residential quarters which cater to the MOs and SNs
- The child health infrastructure was well boosted in the facility. There was availability of NBSU or SNCU.
- ASHA facilitator held regular ASHA meetings and sessions at the facility.
- Drugs availability was not an issue of, almost all the medicines were available at the facility such as Iron, calcium medicines etc.
- Regular fumigation of the O.T. was done and the records were maintained for the same.
- The facility was well managed by the single head of the health facility. During our visits itwas observed that due to unavailability of staff, it was hard for him to leave the facility running under the single head.
- OPD number was also quite high at the center with 1500 patient per day in peak seasons and 800-1000 per day normally.
- A critical lack of manpower problem prevailed with regards to deliveries at the facility.
- With high number of OPD and IPD, space is very restricted.

- Cleanliness was observed but with lack of adequate space it becomes congested for the patients to walk during the rush hours.
- Around 563 deliveries per month are conducted at the center.
- During the visit it was informed that no gynecologist is available at the center since last 4 months, staff nurses are conducting the deliveries in the absence of gynecologists.
- HR was not in proportion to the work load at the facility.

As mentioned earlier the facility served as good as the facility of a district hospital, Table 23 shows the number of service utilization parameters at CHC level. The total OPD and IPD has increased over a year, thus showing the load of patient at CHC level. MCTS entry on percentage of women registered in the first trimester has slightly come down to 4908 in 2017-18 to 4992 in 2016-17. With regards to services for deliveries, total number of pregnant women given IFA were 7011 and total 4745 deliveries were conducted at the center along with 52 number of C-section deliveries. Number of admissions in NBSUs/ SNCU has increased over a year to 818 in 2017 against 670 in 2016-17. ANC registration has reduced over a year especially by the 3rd ANC registration which has fallen to 3722 against 5446 in the year 2016-17. As there was no ARSH center at the CHC facility level so no adolescent attended ARSH clinic. The services delivery and pressure over health personnel is high at this facility, moreover in case of complications the doctors are incapable to handle the work load in that case they refer the patients to Agra Hospitals instead of District hospital because it is far from Tundla. Overall, the functioning of the CHC Tundla is indeed appluadable and the present infrastructure is in sufficient to cater the present patient load at the facility. By broadening the available services, and infrastructure utilisation can be improved and overall functioning can be strengthend.

Table 23: Service Delivery at CHC Tundla, Firozabad, 2016-18

Service Utilization Parameter	**2016-17**	2017-18
OPD	150439	163584
IPD	12994	13668
MCTS entry on percentage of women registered in the first trimester	4992	4908
No. of pregnant women given IFA	7131	7011
Total deliveries conducted	4471	4745
No. of C section conducted	48	52
No of admissions in NBSUs/ SNCU, whichever available	670	818

No of children admitted with SAM (Severe Acute Anaemia)	0	0
No. of sick children referred	48	85
No. of pregnant women referred	50	55
ANC1 registration	7131	7011
ANC 3 Coverage	5446	3722
No. of IUCD Insertions	2454	1821
No. of PPIUCD Insertion	1155	761
No. of children fully immunized	6275	6687
No. of children given Vitamin A	6275	6687
Total MTPs	0	0
Number of Adolescent attending ARSH clinic	0	0
Maternal deaths	0	0
Still births	42	39
Neonatal deaths	0	0
Infants Deaths	0	0
Source: CMO Office, Firozabad 2018		

13.3. Primary Health Centre, Usayani

The PHC Usayani was built in the year of 1985. The building is old and ill maintained. The observations made by the monitoring team during the facility visit are listed below:

Figure 14: PHC Usayani, Firozabad

- The facility serves an average of 150 patients per day.
- The center also has 9 additional PHC running along with 26 sub centers under this PHC.
- Record maintenance with regards OPD, IPD, ANC, PNC registers was proper and complete.
- RBSK, Pulse Polio ICDS and JSY programmes were running well at this center.
- Payment of JSY was on time with 80 percent coverage rest of the beneficiaries did not want payment as they considered it a very less amount.

- Under JSSK, diet to the patients is provided at the facility, facility has a cook with a small kitchen maintained within the premises of the facility.
- Ambulance service of 102 and 108 was available and benefitted many beneficiaries.
- Regarding Family planning, training of ANTRA and CHAYA has been provided but they have not reached at this facility.
- No staff quarters are available for any Medical Officers or Staff Nurses as the area under this PHC is junkyard. The building is very old with roof leakages, chipping of wall and ceiling plasters, damp walls.
- The IEC material was not sufficiently displayed as walls were moist and could not hold posters and boards.
- Fumigation is done only in rainy season and it is done at village level also.

Table 24 highlights the service delivery indicators of PHC Usayani. The facility had 64457 OPD cases in 2017-18 as against 63217 OPDs in 2016-17.OPD to IPD ratio is a good indicator of the manner in which Inpatient service is being utilized in the hospital. However, for PHC Usayani the facility is less equipped with services and infrastructure wise also it is incapable to hold more numbers of patients in terms of service delivery. The lab service is available at the facility but the space is too less to keep the lab material moreover stocking is done in the same room. The facility conducted around 1142 deliveries in the year 2017-18.

Table 24: Service Delivery at PHC Usayani, 2016-2018

Service Utilization Parameter	2016-17	2017-18
OPD	63217	64457
IPD	3440	3936
Total deliveries conducted	1399	1142
ANC1 registration	311	247
ANC 3 Coverage	311	247
No. of IUCD Insertions	66	20
No. of Vasectomy	3	0
No. of children fully immunized	189	172
No of children given Vitamin A	189	172

Still births	21	7
Source: CMO Office, Firozabad 2018		

13.4. Sub-Centre, Matsena

The sub centre is located in Matsena, Usayani block. This facility serves four to five villages around the Matsena village as it has a close proximity of medical health need. The Sub center is well maintained and clean. The observations are listed below:

Figure 15: Sub centre, Matsena

- Record maintenance was found to be up to the mark in the facility.
- ASHAs are working efficiently in this block and have acquired the necessary training.
- ASHA had all complete drug kit with her.
- All the equipments in the SC were functional and well-maintained. Supply of essential contraceptives was also observed.

Figure 16: ASHAs of Matsena Village showing Training Certificate, Firozabad

- Approximately 55 to 60 deliveries were reported to be taking place at this center delivery.
- All the procured IEC material was properly displayed.
- No issues were reported with regards to the procurement of untied funds.
- The labor room at the Sub-centre was in accordance with the majority of the labor room guidelines and cleanliness was up to the mark.
- Power back up was there with invertors along with facility of 24*7 water supplies.

13.5. SUB-CENTRE, MAKHANPUR

Figure 17: Sub-centre Makhanpur

The SC Makhanpur building is very old and was built in 1988. The Sub centre is in a poor condition. A total of 2 ANMs and 16 ASHAs are associated with the Sub centre while during the visits of monitoring team only one ASHA was available for interaction. One of the ANM is working at the sub Center since 1988, since the time of construction of this SC.

The observations made during the visit are listed below:

- There has been no electricity since 2-3 years. The center ANM has pulled up an electricity wire from the pole.
- There was no utilization of untied funds.
- With no electricity the ANM is conducting the deliveries using lanterns or emergency lights.
- Location of the facility is not appropriate.
- In emergency case ambulance service cannot reach the facility as the road to this facility is very narrow.
- All the medicines were kept in open.
- The sub centre did not have any equipment in a functional manner.
- Non-availability of the sanitary napkins was observed at the sub-centre.
- Essential record keeping was not done properly maintained.
- Very few IEC materials were displayed.

14. CONCLUSION AND RECOMMENDATION

The Population Research Centre, Delhi undertook the monitoring of NHM Programme Implementation Plan in various states, wherein the team was expected to carry out the field visit of the state for quality checks and further improvement of the different components of NHM. This report explains the Monitoring and Evaluation findings of the Firozabad District of Uttar Pradesh. The following healthcare facilities in Firozabad are visited for Monitoring & Evaluation: S.N.M. Female Hospital, CHC Tundla, PHC Usayani, SC Matsena and SC Makhanpur. A summary of our findings in the district is presented below:

The district has 3 District Hospitals, 7 CHCs, 5 PHCs and 220 SCs. With respect to transport, 52 ambulances are in total with 30 ambulance services of 102, 108 service are 20 and 2 ASL are available in the district. All the visited health care facilities such as District Hospitals (DHs), Community Health Centres (CHCs), Primary Health Centres (PHCs) and Sub-Centres (SCs) are running in government buildings. However, the infrastructure in the District Female Hospital was newly made with health facility premises was proper. The new Female District Hospital is had clean corridors, well established SNCU centre and OT well organized and build. The building has a huge infrastructure with not less facilities than any other commercial or private hospital. Further, staff quarters were also available in the premises of District hospital. Due to unavailability of gynaecologist, many of the deliveries were taking place at private institutions and these numbers of deliveries go unreported. Fumigation at the facility was done on weekly basis. The district has huge HR crunch, there are many vacant position for gynaecologist, ANM, Medical Officers, Anaesthetists, Staff Nurses, Pharmacist, Data Entry Operators, Accountants and Fourth-Class Employees which are sanction but no health personnel is willing to join in the district.

Regarding maternal health, the district has observed 34651 institutional deliveries in year 2017-18 to total deliveries 36338. While Firozabad district observed 36 maternal deaths in the year 2017-18. The major reasons for maternal deaths in the district include Hemorrhage, obstetric Complications, Sepsis, Hypertension, abortion and other factors. Female sterilization was the

most adopted contraceptive method with 99.6 percent Tubectomies. IUCD insertions were reported in higher in numbers from the entire district.

Regarding Child Health, according to the HMIS data, the district had a full immunization for the year 2017-18 accounting for 54031 children. While low birth weight was observed amongst 3612 newborns who had a birth weight less than 2.5 kg. In RBSK programme, around 2132 schools were covered in the year 2017-18.

ASHA's were trained in Induction training and Module 687+4. None of the ASHA's was trained in digital literacy. In cases of Non communicable diseases, screening for cases of blindness increased in 2017-18 to 99540 as against 82234 numbers of cases in year 2016-17. The incidence of blindness remains the highest in both the years. With regards to disposal of waste in the district, services for waste disposal have been outsourced from the Bio-medical Mathura. With regards to sterilization practices in the district, record for fumigation of OTs was not kept or maintained. IEC materials were properly displayed.

RECOMMENDATIONS

Based on the monitoring visits at the facilities in Firozabad the following recommendations for improving the service delivery in the district are made-

- The district is under major HR crunch. Even with best of the infrastructure provided at the District Hospital level, very few health personnel are running the facility. A sustainable long term policy for human resource planning needs to be developed including transfer and recruitment policies. Especially recruitment of specialist doctors, gynecologist's staff should be expedited. While government has scaled up public health services, more health professionals and public health care personnel are needed to ensure broad and adequate health-care coverage at the grass root level.
- In order to improve maternal Health; Promotion and importance of ANC services should be more focused upon, as the district stats according to HMIS shows a decrease in three or more ante-natal checkups. Efficient referral system should be maintained. Access to maternal health care is vital as without an efficient referral system, pregnant women with

complications are referred from facility to facility before they finally reach their place of delivery. This results in loss of precious time and contributes to one of the major reasons responsible for maternal mortality.

- Regarding Child care, to reduce IMR there is a need to establish more SNCU, NBSU and NRC at lower levels of health facilities.
- For Infrastructure enhancement, Sub-centers located across the remote areas are needed to be strengthened through provision of regular power and running water supply. Sterilizers/autoclave need to be provided at sub-centers. Drugs to manage obstetric emergencies should be made available at sub-centers on regular basis.

15. ANNEXURES

NATIONAL HEALTH MISSION

MONITORING OF DISTRICT PIP

POPULATION RESEARCH CENTRE, INSTITUTE OF ECONOMIC GROWTH, DELHI

EVALUATION OF KEY INDICATORS OF THE DISTRICT

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

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

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

2. Detail of health infrastructures in the last financial year

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

3. Human Resource as on 31 March, 2018

Position Name	Sanctioned	Filled	Vacant
MO's including specialists			
Gynecologists			
Pediatrician			
Surgeon			
Nutritionist			
Dental Surgeon			
LHV			
ANM			
Pharmacist			
Lab technicians			

X-ray technicians			
Data Entry Operators			
Staff Nurse at CHC			
Staff Nurse at PHC			
ANM at PHC			
ANM at SC			
Data Entry Operators			

4.1. Training status of Human Resource in the last financial year

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

* Note- Fill number of officials who have received training

4.2. Training status of Human Resource in the last financial year

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

* Note- Fill number of officials who have received training

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

.....
.....

5.1 Block wise service delivery indicators in the last financial year

Block	ANC Registered	3 ANCs	Home Deliveries	Institutional Deliveries

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

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

5.3 Block wise service delivery indicator in the last financial year

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

Note- Please include the data for Medical College and DH

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

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

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

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

5.6. Maternal Death Review in the last financial year

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

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

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

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

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

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

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

Note- * Leave against medical advise

6.4. Neonatal Health: (SNCU, NRCS & CDR) in the last financial year

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

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

Years	No. of Schools	No. of children registered	Children Diagnosed	No. of Children referred	Eye Disease	Ear Disease	Heart disease	Physically challenged	Anemic
2017-18									
2016-17									

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

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

9. RKSK Progress in District in the last financial year

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

10. Quality in health care services

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

11. Community process in District in the last financial year

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

	3)

11.1 Disease control programme progress District (Non-Communicable Diseases)

Name of the Programme/ Disease	2016-17		2017-18	
	No. of cases screened	No. of detected cases	No. of cases screened	No. of detected cases
Blindness				
Mental Health				
Diabetes				
Hypertension				
Osteoporosis				
Heart Disease				
Obesity				
Cancer				
Fluorosis				

11.2 Disease control programme progress District (Communicable Diseases)

Name of the Programme/ Disease	2016-17		2017-18	
	No. of cases screened	No. of detected cases	No. of cases screened	No. of detected cases
Malaria				
Dengue				
Typhoid				
Hepatitis A/B/C/D/E				
Influenza				
Tuberculosis				
Filariasis				
japanese encephalitis				
Others, if any				

12. AYUSH progress District in the last financial year

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

13. Pool Wise Budget Heads Summary

S.No.	Budget Head	Budget	Expenditure (As on 31 Dec, 2017)
PART I	NRHM + RMNCH plus A Flexipool		
PART II	NUHM Flexipool		
PART III	Flexipool for disease control programme		
PART IV	Flexipool for Non-Communicable Dieases		

PART V	Infrastructure Maintenance		

13.1. Budget Utilisation Parameters:

S.No	Scheme/Programme	Funds 2017-18	
		Sanctioned	Utilized
13.1	**NRHM + RMNCH plus A Flexipool**		
13.1.1	Maternal Health		
13.1.2	Child Health		
13.1.3	Family Planning		
13.1.4	Adolescent Health/RKSK		
13.1.6	Immunization		
13.2	**NUHM 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)		
13.3.2	National Vector-Borne Disease Control programme		
13.4	**Flexipool for Non-Communicable Diseases**		
13.4.1	National Mental Health programme (NMHP)		
13.4.2	National Programme for the Healthcare of the Elderly (NPHCE)		
13.4.3	National Tobacco Control Programme (NTCP)		
13.4.4	National Programme for Prevention and Control of Cancer, Diabetes, Cardiovascular Diseases and Stroke (NPCDCS)		
13.5	**Infrastructure**		
13.5.1	Infrastructure		
13.5.2	Maintenance		
13.5.3	Basic training for ANM/LHVs		

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

HMIS/MCTS progress, 2017-18		
HMIS/MCTS		**Remarks**
Is HMIS implemented at all the facilities	Yes ☐ No ☐	Yes

Is MCTS implemented at all the facilities	Yes ☐ No ☐	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 ☐ No ☐	Yes
Do programme managers at all levels use HMIS data for monthly reviews?	Yes ☐ No ☐	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 ☐ No ☐	Yes
Is the service delivery data uploaded regularly	Yes ☐ No ☐	Yes
Is the MCTS call centre set up at the District level to check the veracity of data and service delivery?	Yes ☐ No ☐	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 ☐ No ☐	Yes
Source: CMO Office, , 2018		

DH level Monitoring Checklist

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

Catchment Population: _____ Total Villages: _____

Date of last supervisory visit:_____

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

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

_____

Section I: Physical Infrastructure:

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

1.23	Availability of complaint/suggestion box	**Y**	**N**	
	Availability of mechanisms for Biomedical waste management (BMW)at facility	**Y**	**N**	
1.24	BMW outsourced	**Y**	**N**	
1.25	Availability of ICTC/ PPTCT Centre	**Y**	**N**	
1.26	Rogi Sahayta Kendra/ Functional Help Desk	**Y**	**N**	

Section II: Human Resource as on March 31, 2018:

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

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

S. 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 Foetal Doppler/CTG	**Y**	**N**	
4.10	Functional Mobile light	**Y**	**N**	
4.11	Delivery Tables	**Y**	**N**	
4.12	Functional Autoclave	**Y**	**N**	
4.13	Functional ILR and Deep Freezer	**Y**	**N**	
4.14	Emergency Tray with emergency injections	**Y**	**N**	
4.15	MVA/ EVA Equipment	**Y**	**N**	
4.16	Functional phototherapy unit	**Y**	**N**	
4.17	Dialysis Equipment	**Y**	**N**	
4.18	**O.T Equipment**			
4.19	O.T Tables	**Y**	**N**	
4.20	Functional O.T Lights, ceiling	**Y**	**N**	

4.21	Functional O.T lights, mobile	**Y**	**N**	
4.22	Functional Anesthesia machines	**Y**	**N**	
4.23	Functional Ventilators	**Y**	**N**	
4.24	Functional Pulse-oximeters	**Y**	**N**	
4.25	Functional Multi-para monitors	**Y**	**N**	
4.26	Functional Surgical Diathermies	**Y**	**N**	
4.27	Functional Laparoscopes	**Y**	**N**	
4.28	Functional C-arm units	**Y**	**N**	
4.29	Functional Autoclaves (H or V)	**Y**	**N**	
	Laboratory Equipment			
4.1a	Functional Microscope	**Y**	**N**	
4.2a	Functional Hemoglobinometer	**Y**	**N**	
4.3a	Functional Centrifuge	**Y**	**N**	
4.4a	Functional Semi autoanalyzer	**Y**	**N**	
4.5a	Reagents and Testing Kits	**Y**	**N**	
4.6a	Functional Ultrasound Scanners	**Y**	**N**	
4.7a	Functional C.T Scanner	**Y**	**N**	
4.8a	Functional X-ray units	**Y**	**N**	
4.9a	Functional ECG machines	**Y**	**N**	

Section V: Essential Drugs and Supplies:

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

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

Section VI: Other Services:

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

Section VII: Service Delivery in Last two financial years:

S.No	Service Utilization Parameter	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 Malnutrion)		
7.8	No. of pregnant women referred		
7.9	ANC1 registration		
7.10	ANC 3 Coverage		
7.11	No. of IUCD Insertions		
7.12	No. of PPIUCD Insertion		
7.13	No. of children fully immunized		
7.13	No. of children given ORS + Zinc		
7.13	No. of children given Vitamin A		
7.14	Total MTPs		
7.15	Number of Adolescents attending ARSH clinic		
7.16	Maternal deaths		
7.17	Still births		
7.18	Neonatal deaths		
7.19	Infant deaths		

Section VII A: Funds Utilisation

Sl. No	Funds	Proposed	Received	Utilised
7a.1	Untied funds expenditure			
7a.2	Annual maintenance grant			

Section VII B: Service delivery in post natal wards:

S. No	*Parameters*	*Yes*	No	Remarks
7.1b	All mothers initiated breast feeding within one hour of normal delivery	**Y**	**N**	
7.2b	Zero dose BCG, Hepatitis B and OPV given	**Y**	**N**	
7.3b	Counselling on Family Planning done	**Y**	**N**	

7.4b	Mothers asked to stay for 48 hrs	**Y**	**N**	
7.5b	JSY payment being given before discharge	**Y**	**N**	
7.6b	Diet being provided free of charge	**Y**	**N**	

Section VIII: Quality parameter of the facility:

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

Section IX: Record Maintenance:

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

Section X: IEC Display

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

Section XI: Additional/Support Services:

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

Qualitative Questionnaires for District Hospital Level

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

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

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

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

FRU level Monitoring Checklist

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

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 Centre	**Y**	**N**	
1.20	Functional BB/BSU, specify	**Y**	**N**	
1.21	Separate room for ARSH clinic	**Y**	**N**	
1.22	Availability of complaint/suggestion box	**Y**	**N**	
1.23	Availability of mechanisms for Biomedical waste management (BMW)at facility	**Y**	**N**	
1.23 a	BMW outsourced	**Y**	**N**	
1.24	Availability of ICTC Centre	**Y**	**N**	

Section II: Human resource as on March 31, 2018 :

S. no	Category	Sanctioned	In-Position	Remarks if any
2.1	OBG			
2.2	Anaesthetist			
2.3	Paediatrician			
2.4	General Surgeon			
2.5	Other Specialists			
2.6	MOs			
2.7	SNs			
2.8	ANMs			
2.9	LTs			
2.10	Pharmacist			
2.11	LHV			
2.12	Radiographer			
2.13	RMNCHA+ counsellors			
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 colour coded bins	**Y**	**N**	
8.5	Bio medical waste management	**Y**	**N**	
8.6	Updated Entry in the MCP Cards	**Y**	**N**	
8.7	Entry in MCTS	**Y**	**N**	

8.8	Action taken on MDR	**Y**	**N**	

Section IX: Record Maintenance:

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

Section X: Fund Utilisation

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

Section XI: IEC Display:

S.No	Material	Yes	No	Remarks
11.1	Approach roads have directions to the health facility	**Y**	**N**	
11.2	Citizen Charter	**Y**	**N**	
11.3	Timings of the health facility	**Y**	**N**	
11.4	List of services available	**Y**	**N**	
11.5	Essential Drug List	**Y**	**N**	

11.6	Protocol Posters	**Y**	**N**	
11.7	JSSK entitlements (Displayed in ANC Clinics/, PNC Clinics)	**Y**	**N**	
11.8	Immunization Schedule	**Y**	**N**	
11.9	JSY entitlements(Displayed in ANC Clinics/, PNC Clinics)	**Y**	**N**	
11.10	Other related IEC material	**Y**	**N**	

PHC/CHC (NON FRU) level Monitoring Checklist

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

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

_____

Section I: Physical Infrastructure:

S.No	Infrastructure	Yes	No	Additional Remarks
1.1	Health facility easily accessible from nearest road head	**Y**	**N**	
1.2	Functioning in Govt building	**Y**	**N**	
1.3	Building in good condition	**Y**	**N**	
1.4	Staff 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 as on March 31, 2018:

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

Section III: Training Status of HR

(*Trained in Last Financial Year)

S. no	Training	No. trained	Remarks if any
3.1	BeMOC		
3.2	SBA		
3.3	MTP/MVA		
3.4	NSV		
3.5	IMNCI		
3.6	F- IMNCI		

3.7	NSSK		
3.8	Mini Lap		
3.9	IUD		
3.10	RTI/STI		
3.11	Immunization and cold chain		
3.12	Others		

Section IV: Equipment

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

Section V: Essential Drugs and Supplies

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

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

Section VI: Other Services :

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

Section VII: Service Delivery in last two years

S.No	Service Utilization Parameter	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	**Y**	**N**	

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

Section IX: Record Maintenance:

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

Section X: Funds Utilisation

Sl. No	Funds	Proposed	Received	Utilised
10.1	Untied funds expenditure (Rs 50,000/25,000-Check % expenditure)			
10.2	Annual maintenance grant (Rs 1,00,000/50,000-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 biomedical waste management / any other mechanism	***Y***	***N***	

Section II: Human Resource as on March 31, 2018:

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

Section III: Equipment :

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

Section IV: Essential Drugs:

S. No	Availability of sufficient number of essential Drugs	Yes	No	Remarks
4.1	IFA tablets	Y	N	
4.2	IFA syrup with dispenser	Y	N	
4.3	Vit A syrup	Y	N	
4.4	ORS packets	Y	N	
4.5	Zinc tablets	Y	N	
4.6	Inj Magnesium Sulphate	Y	N	
4.7	Inj Oxytocin	Y	N	
4.8	Misoprostol tablets	Y	N	
4.9	Antibiotics, if any, pls specify	Y	N	
4.10	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	
5.3	OCPs	Y	N	
5.4	EC pills	Y	N	

5.5	IUCDs	**Y**	**N**	
5.6	Sanitary napkins	**Y**	**N**	

Section VI: Service Delivery in the last two years:

S.No	Service Utilization Parameter	2016-17	2017-18
6.1	Number of estimated pregnancies		
6.2	No. of pregnant women given IFA		
6.3	Number of deliveries conducted at SC		
6.4	Number of deliveries conducted at home		
6.5	ANC1 registration		
6.6	ANC3 coverage		
6.7	No. of IUCD insertions		
6.8	No. of children fully immunized		
6.9	No. of children given Vitamin A		
6.10	No. of children given IFA Syrup		
6.11	No. of Maternal deaths recorded		
6.12	No. of still birth recorded		
6.13	Neonatal deaths recorded		
6.14	Number of VHNDs attended		
6.15	Number of VHNSC meeting attended		

Section VII: Record Maintenance:

Sl. No	Record	Available and updated	Available but non-maintained	Not 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.