

NATIONAL HEALTH MISSION



MONITORING OF IMPORTANT COMPONENTS OF NHM PROGRAMME IMPLEMENTATION PLAN INGHAZIABAD DISTRICT, UTTAR PRADESH



SUBMITTED TO



MINISTRY OF HEALTH AND FAMILY WELFARE
GOVERNMENT OF INDIA

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ACRONYMS AND ABBREVIATIONS

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

EXECUTIVE SUMMARY

STRENGTHS AND WEAKNESSES

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

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

STRENGTHS

- The district has shown tremendous improvement in ANC registrations and SBA assisted home deliveries in the last year.
- JSY payments has a very good graph over the years in the district. Around 90% institutional deliveries are paid JSY incentives. And more than 90% ASHAs are paid their incentives for the same.
- The District has adopted a few innovative practices such as outsourcing diet supply under JSSK to Self-Help Groups (SHGs). This helps in empowering women who are a part of the SHG and it also helps in maintaining the quality of food.
- The district has shown a great jump in use of contraceptives, especially IUCD, for family planning. This shows the dedication of the staff and increasing awareness among the people for family planning measures.
- Though there are not many trained counselors, but the MOI/Cs, ANMs and other doctors are conducting counseling sessions for adolescents and patients with RTI/STI problems.
- Immunization coverage of the district is quite convincing. Some of the facilities are actively participating in outreach activities due to which immunization coverage is good.
- Management of biomedical waste is functioning well in the district. The facilities maintain different colored bins to segregate the waste before disposing them off.

WEAKNESSES

- There is shortage of manpower especially because many of the sanctioned posts are lying vacant for years in the district.
- There are issues with salary payment of manpower hired through third party. They were not paid salaries for a month which discourages them to work.
- Differences in salaries of employees hired by different authorities creates divide among the staff and reduces efficiency.
- No trainings have been conducted for BeMoc, FIMNCI, MTP and NSSK for any of the health staff in the district. These areas need attention.
- There is no provision for referral transport in the district. Also, the 108 and 102 ambulances are not placed in a manner that they cover the entire district.
- Quality of training is another concern. No ToTs (Training of Trainers) are conducted in the district.
- The district does not have the liberty to allocate funds under different heads according to its needs. All the directions and bifurcations are given by the state.
- Delay in Release of funds delays all the activities that are to be undertaken in the district. Generally, funds are released around October and then the district is only left with 6 months to utilise the funds which were allocated to be used for the whole year.

1. INTRODUCTION

1.1. BACKGROUND

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

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

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

1.2. STUDY APPROACH

Ministry of Health and Family Welfare (MoHFW) has assigned the task of monitoring the overall health setup of Ghaziabad District, Uttar Pradesh. PRC Delhi Team visited the district to evaluate their health performance during the period (September 5, 2017-September 9, 2017). The Secondary

District level Data was provided by the CDMO office. Health facilities from all the Four levels were selected for Supervision after discussions with the Chief Medical Health Officer and the District Program Manager. District Hospital, Community Health Centre (CHCs), Primary Health Centre (PHC) and Sub-Centre (SC) were visited for supervision and monitoring. The tools used for collecting the relevant data can be seen in the Annexure section of the report. The attempt was to monitor the districts performance, understand the bottlenecks in the system and find solutions to the problems faced. Also, to support the health functionaries in identifying gaps and sensitizing them about the same and then to find areas where action can be taken within their capacities.

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

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

Facility Type	Name of Facility
District Hospital	District Women Hospital, District Combined Hospital
Community Health Centre (CHC)	Dasna (Rajapur)
Primary Health Centre (PHC)	Duhai (Rjapur)
Sub-Centre (SC)	Sainthly (Muradnagar)
Sub-Centre (SC)	Pur-Purh (Muradnagar)

1.3. SOCIOECONOMIC AND DEMOGRAPHIC PROFILE: GHAZIABAD DISTRICT, UP

Ghaziabad was founded in 1740 by the emperor, Ghazi-ud-din, who called it Ghaziuddinnagar after himself. Later the name of the place was shortened to Ghaziabad. Ghaziabad district in Uttar Pradesh (UP) was carved out of Meerut district in 1976 with an area of 2550 km². Later, districts Gautam buddha Nagar and Hapur were carved out of Ghaziabad district, reducing its area to 1273 km². It is bounded on the northwest by Baghpat District, on the north by Meerut District, on the east by Hapur District, on the southeast by Bulandshahr District, on the southwest by Gautam Buddha Nagar District, and on the west by Delhi state across the Yamuna River.

It is a part of the National Capital Region (NCR) and has a high degree of urbanization. With a very high decadal population growth rate of 41.3% as compared to that of the whole of Uttar Pradesh (20.2), there is a need for expansion of existing health infrastructure and to take necessary measures to reduce the population growth rate in the district.

As per the 2011 census, the total population of Ghaziabad district of UP is 4,681,645 of which 2,488,834 are Male and 2,192,811 are female. The population density of the district is 3971 persons/km² while for the whole of UP it is 829 persons per km². A huge number of migratory population in the area could be a reason for this stark difference in the population densities. Total geographical area of UP is 240,928 km² and for Ghaziabad District is 1179 km².

TABLE 2: KEY DEMOGRAPHIC INDICATORS: UTTAR PRADESH AND GHAZIABAD (SOURCE: CENSUS 2011)

Description	Uttar Pradesh	Ghaziabad District
Actual Population	199,812,341	4,681,645
Male	104,480,510	2,488,834
Female	95,331,831	2,192,811
Population Growth (2001-2011)	20.2	41.3%
Sex Ratio	912	881
Child Sex Ratio	902	850
Density/km ²	829	3971/ km ²
Area km ²	240,928km ²	1179 km ²
Literacy	67.7	78.1%
Male Literacy	77.3	85.4%
Female Literacy	57.2	69.8%

Table 2 depicts that the Sex Ratio for Ghaziabad is 881 (Female/1000 Males), which is lower than UP's average of 912 (Female/1000 Males). Child sex ration is also poor for Ghaziabad when compared to state's average. The literacy rate of Ghaziabad (78.1%) is higher than that of UP's (67.7%). Female Literacy rate is low in the district at 69.8%.



FIGURE 1: GHAZIABAD DISTRICT, UTTAR PRADESH

1.4. FACILITY WISE OBSERVATION

DISTRICT HOSPITAL

District Women's Hospital in the Ghaziabad District is functional in a newly built building (December 2016) which is easily accessible to the beneficiaries by road. The hospital has been recently shifted to the new building but all the equipments are old and have not been upgraded according to the needs to the new infrastructure,

- The new building has a capacity for 100 beds and the old had a capacity of 68 beds. All 68 beds have now been shifted to the new building without adding any new beds. The new building of the hospital is operating under capacity and this, clearly, is resource wastage.
- On an average, 500-600 deliveries are conducted in the hospital on a monthly basis. Given the above infrastructure, it seems really difficult to carry out so many deliveries.



FIGURE 2: DISTRICT WOMEN'S HOSPITAL, GHAZIABAD, UP

- The O.T is well equipped with the equipments such as ventilators, pulse-oximeter, surgical diathermies, laparoscopes and autoclaves. The laboratory of the facility has a functional microscope, hemoglobin meter, centrifuge, semi-auto analyzer and testing kits. Tests for TB, LFT and X-RAY are not done here.
- The SNCU has sufficient no. of beds. Tuesday is the immunisation day in the district.
- The hospital has a separate NRC wing. SAM cases are also adjusted in the same wing. Children, generally, take 14-28 days to recover. ASHAs, AWWs and RBSK teams refer patients to the NRC. There is a well equipped kitchen to prepare food for children.

- The hospital has Pregnancy testing kits, condoms and IUCDs available but currently there is no supply of Oral Contraceptive Pills. The beneficiaries are counseled by the doctors and nurses about the benefits of contraceptive uses and family planning.
- Seating area is small compared to the no. of OPD and ANC patients that visit the hospital. Its heavily crowded most of the times and patients have to stand in queues for long, while waiting.



Condom Corner



IEC in the Hospital



Labour Room



Radiant Warmer

FIGURE 3: HEALTH INFRASTRUCTURE, DISTRICT HOSPITAL

- Manpower crunch in the labour room and for administrative work is a big problem. Given the load on the hospital, more manpower is required to work in an efficient manner.
- There have been issues in salary payments of employees hired through third party agencies. Salaries for a few employees are pending for over 6 months.
- The cases that are referred to Guru Teg Bahadur Hospital in Delhi are provided with ambulances but are not allowed to cross the Delhi border. This causes inconvenience for the patients and risks their lives in case of emergency.

- All the IEC material provided by the District are on display in the hospital. Apart from these, it also has boards that display the benefits under JSSK and JSY for the convenience of the beneficiaries.
- RKS funds are not received on time. There are delays in fund transfer and even when the fund is received, the bifurcation of funds under different heads is delayed further. Finally, the work starts only in October.

TABLE 3: SERVICE DELIVERY AT DWH, GHAZIABAD, UP 2015-16 & 2016-17

S.No	Service Utilization Parameter	2015 -16	2016 -17
1	OPD	116918	117334
2	IPD	24984	24616
3	Total deliveries conducted	4757	4833
4	No. of C section conducted	845	756
5	No. of neonates initiated breast feeding within one hour	4657	4768
6	No. of pregnant women referred	24	31
7	ANC1 registration	4559	4937
8	ANC 3 Coverage	3829	3336
9	No. of IUCD Insertions	2394	1940
10	No. of PPIUCD Insertion	1391	1097
11	No. of children fully immunized	3190	4488
12	No. of children given Vitamin A	3190	4488
13	Total MTPs	529	826
14	Number of Adolescents attending ARSH clinic	1209	2854
15	Still births	31	61

(Source: District Women's Hospital, Ghaziabad District, UP)

- Table 3 depicts the service delivery indicators of the district hospital for financial year 2015-16 & 2016-17.
- The total no. of deliveries in the hospital during the 2 financial years has not changed much. No. of C-section Deliveries have declined by a minimal amount of 89 in 2016-17 from 2015-16.
- 31 women have been referred to higher facilities in 2016-17 as compared to 24 in 2015-16.
- A matter of concern here is that both IUCD and PPIUCD insertions have declined in 2016-17 from 2015-16. These are one of the most preferred modes of contraception in other district but this diversion here needs to be probed.

- No. of children fully immunised has increased from 3190 in 2015-16 to 4488 in 2016-17. None of the children have been given ORS+Zinc in any of the financial years.
- Total MTPs have also increased from 529 to 826 in 2016-17. There is 50% increase in the no. of still births in the hospital. It has increased from 31 in 2015-16 to 61 in 2016-17.
- There has been a huge jump in the no. of adolescents attending ARSH clinic. It has increased from 1209 in 2015-16 to 2854 in 2016-17.

COMMUNITY HEALTH CENTRE, DASNA (RAJAPUR)

CHC in Dasna of Rajapur Block in Ghaziabad district is functioning in a well maintained government building. The facility is easily accessible by road. The facility provides consultation to more than 400 OPD patients everyday. On an average, 250 deliveries are conducted at the facility every month.



FIGURE 4: CHC DASNA (RAJAPUR)

- Lack of skilled manpower is one of the biggest concerns at the facility. It slows down the pace of work and also reduces the quality of service.
- There are no dental chairs at the facility but a Dental Hygienist has been placed here. This leads to underutilisation and wastage of resource.
- The facility feels that there is shortage of ANMs.
- They also think that interference by other authorities should be less and the facility should be left to be managed by the people working there to avoid clashes and wastage of resources.



IEC on display



Gift box for New born babies



Wards with curtains for Privacy



Operation Theatre

FIGURE 5: HEALTH INFRASTRUCTURE AT CHC, DASNA, GHAZIABAD DISTRICT

- Table 4 summarizes the service delivery indicators of the Community Health Centre during 2015-16 & 2016-17.
- Total deliveries conducted at the CHC have declined marginally from 8044 to 7685 in a matter of 1 year. As can be seen in the table above, no. of ANC1 registrations have remained more or less same during the two years.
- ANC 3 coverage has increased slightly from 5529 in 2015-16 to 6215 in 2016-17.

TABLE 4: SERVICE DELIVERY AT CHC, DASNA, GHAZIABAD, 2015-16 & 2016-17

Sl.No	Service Utilization Parameter	2015-16	2016-17
1	OPD	187719	199382
2	IPD	9877	11982
3	Total deliveries conducted	8044	7685
6	No. of pregnant women referred	0	57
7	ANC1 registration	9986	9425
8	ANC3 Coverage	5529	6215
9	No. of IUCD Insertions	2079	2936
10	No. of PPIUCD insertions	0	194
13	No. of children fully immunized	10629	8758
14	No. of children given Vitamin A	10392	8910

16	Maternal deaths	0	4
17	Still birth	44	47

Source: CHC, Dasna, Ghaziabad

- IUCD insertions done at the CHC have increased from 2079 to 2936. Also, no PPIUCD insertions were done in 2015-16 at the CHC but has increased to 194 in 2016-17.
- No. of children fully immunised and given Vitamin A during 2016-17 is less than that of 2015-16.
- Also, no. of maternal deaths at the CHC has increased to 4 in 2016-17 from zero during 2015-16 but still births during the two financial years have remained almost constant.

PRIMARY HEALTH CENTRE, DUHAI (RAJAPUR)

The Primary Health Centre in Duhai of Rajapur Block is operating in a government building but the entire structure is left unutilised except for a few rooms. The building is not well maintained as well. There are only 3 staff posted here, 1 doctor, 1 pharmacist and a sweeper.

- The facility has a labour room, space for ANC & PNC wards and an Operation Theatre (OT) as well. All of it is unutilized because of lack of equipment and manpower.
- The Pharmacist posted here, actually belongs to the Forensic department. This compromises with the quality and efficiency of service being provided.
- No services other than OPD are being provided at this facility.
- All the drugs were in stock, registers were well maintained for the stock and their expiry dates.



FIGURE 6: HEALTH INFRASTRUCTURE, PHC, DUHAI (GHAZIABAD)

SUB-CENTRE, SAINTHLY

The Sub-Centre is easily accessible by road and is located inside the village. It is functioning in a government building and caters to a population of 5687. It covers 1 village and is 5Km away from the nearest PHC.

- Its an Open Defecation Free (ODF) village. ANM and ASHAs remain in constant touch with the people to ensure sufficient level of hygiene is maintained.
- The infrastructure of the SC is not in good condition. It needs renovation. Also, the staff faces the problem of snakes and other insects entering the premises which is a bit dangerous and affects work condition.



SC, Sainthly

IEC at the Facility

FIGURE 7: HEALTH INFRASTRUCTURE, SC, SAINTHLY, GHAZIABAD DISTRICT

- There is no electricity connection at the sub-centre.
- Beneficiaries prefer PPIUCD over other contraceptives. Condoms and OCPs are available with the ASHAs and ANMs, in case, anyone asks for it.
- There has been 1 maternal death in the area due to high blood pressure during 2016-17. There have been no neo-natal or infant death.

TABLE 5: SERVICE DELIVERY AT SC, SAINTHLY, GHAZIABAD, 2016-17

Sl.No	Service Utilization Parameter	2016-17	2017-18 (April-August)
1	No. of Pregnancies (estimated)	136	136
2	No. of Pregnant women given IFA	101	80
3	ANC1 registration	125	80

4	ANC3 Coverage	99	50
5	No. of IUCD Insertions	20	8
6	No. of children fully immunized	117	43
7	No. of children given Vitamin A	117	43
8	No. of Maternal deaths recorded	1	0
9	Neonatal deaths recorded	0	1 (Jaundice)
10	No. of VHNDs attended	66	25
11	No. of VHNSC meetings attended	12	5

Source: SC, Sainthly, Ghaziabad

- Table 5 depicts the Service Delivery indicators of the Sub-Centre for 2016-17 and April, 2017-August, 2017.
- Estimated pregnancies in the area catered by the this sub-centre is 136 for both financial years 2016-17 and 2017-18.
- 2 deliveries were conducted at the sub-centre during 2016-17. There were no home deliveries in the area under this sub-centre.
- 125 Pregnant women registered for ANC 1 and 99 of these were covered under ANC3 as well.
- 20 IUCD insertions were done in the last financial year.
- 117 children were fully immunised and given vitamin A doses. 1 maternal death has been recorded by the sub-centre but there have been no neonatal deaths during 2016-17
- 66 VHNDs and 12 VHNSC meetings have been attended by the ANM at the sub-centre.

SUB-CENTRE, PUR-PURH (MURADNAGAR)

The Sub-centre which serves a population of 5,600 is functional in a government space and is easily accessible by road to the beneficiaries. It also has a quarter for ANM but is not in a very good condition. It's a delivery point and the nearest CHC is 6 KMs away.

- There is 1 ANM, 4 ASHAs and 1ASHA sangini at the facility. Staff at the SC is really active in the field and constantly work towards making people aware about the importance of health facilities.

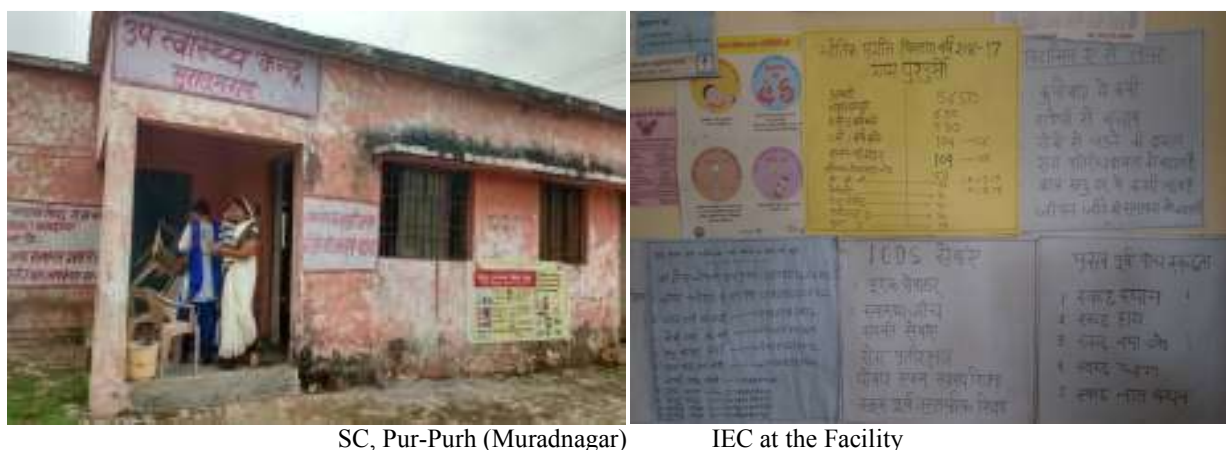


FIGURE 8: HEALTH INFRASTRUCTURE, SC, PUR-PURH, GHAZIABAD DISTRICT

- The facility doesn't have electricity connection. It becomes really difficult to work in such conditions, especially during the summer season.
- The ANM has not received IFA tablets for the last 1 year. It is only given to the ASHAs to be distributed.
- The sub-centre received Rs. 9,000 in the untied funds during 2016-17 to be used for various maintenance and other activities at the sub-centre.

TABLE 6: SERVICE DELIVERY AT SC, PUR-PURH, GHAZIABAD, 2016-17

Sl.No	Service Utilization Parameter	2016-17	2017-18 (April-August)
1	No. of Pregnancies (estimated)	110	110
2	No. of Pregnant women given IFA	52	35
3	Number of deliveries conducted at SC	2	0
4	ANC1 registration	100	56
5	ANC3 Coverage	96	38
6	No. of IUCD Insertions	13	0
7	No. of children fully immunized	79	56
8	No. of children given Vitamin A	79	56
9	No. of VHNDs attended	60	25
10	No. of VHNSC meetings attended	12	5

Source: SC, Purh-Purh, Ghaziabad

- Table 6 depicts the Service Delivery indicators at the Sub-Centre for 2016-17 and April, 2017-August, 2017.

- Estimated pregnancies in the area catered by this sub-centre is 110 for both financial years 2016-17 and 2017-18.
- 2 deliveries were conducted at the sub-centre during 2016-17. There were no home deliveries in the area under this sub-centre.
- 100 Pregnant women registered for ANC 1 and 96 of these were covered under ANC3 as well.
- 13 IUCD insertions were done in the last financial year.
- 79 children were fully immunised and given vitamin A doses. No maternal or neonatal deaths have been reported at the sub-centre.
- 60 VHNDs and 12 VHNSC meetings have been attended by the ANM at the sub-centre.

2. HUMAN RESOURCE & HEALTH INFRASTRUCTURE

2.1. HUMAN RESOURCE

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

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

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

TABLE 7: HUMAN RESOURCE IN GHAZIABAD DISTRICT, UTTAR PRADESH, 2016-17

Position Name	Sanctioned	Contractual	Total Vacant
MO's including specialists	57	33	24
Gynecologists	2	1	1
Pediatrician	2	0	2
Surgeon	1	0	1
ANM	56	14	42
Pharmacist	8	3	5
Lab technicians	10	6	4
Data Entry Operators	5	5	0

Staff Nurse	21	21	0
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Source: CDMO Office, Ghaziabad District, UP

- Table 7 depicts the posts sanctioned and vacant for health staff in Ghaziabad District for the financial year 2016-17. .
- 24 of the 57 sanctioned posts for MOs including specialists in 2016-17 are vacant in the district. This shows that there is a huge shortage of doctors in the district.
- Also, 1 of the 2 posts sanctioned for Gynecologist and 2 posts sanctioned for Pediatrician in the district are vacant. Only 1 post was sanctioned for the post of Surgeon in the last financial year and is also vacant.
- 42 of the 56 posts sanctioned for ANMs are left vacant. This has hugely impacted the services in the district. Also, 5 of the 8 posts for pharmacists are vacant. There is a shortage of Lab technicians as well, as 4 of the 10 posts sanctioned during 2016-17 are not filled.
- Though, all the 5 posts for Data Entry Operators, this is still not sufficient for the quality of data that is required for proper monitoring of the health services in the district.
- 21 posts sanctioned for Staff Nurses have been filled for 2016-17 in the district.

2.2. TRAINING STATUS OF HUMAN RESOURCE

TABLE 8: TRAINING STATUS OF HUMAN RESOURCE, GHAZIABAD DISTRICT, UP- 2016-17

Position Name	SBA	Minilap/PPS	NSV	IUCD insertion	RTI/STI/HIV screening
Medical Officers	3	23	3	0	0
Staff Nurses	23	0	0	0	0
ANM	14	0	0	60	0
LHV/PHN	3	0	0	0	0
Lab Technician	0	0	0	0	2

Source: CDMO Office, Ghaziabad District, UP

- Table 8 depicts trainings conducted in 2016-17 for health staff in Ghaziabad district to train them in respective health activities to serve the people with efficient health care facilities.
- No trainings have been conducted for BeMoc, FIMNCI, MTP and NSSK for any of the health staff in financial year 2016-17.

- 3 MOs, 23 Staff Nurses, 14 ANMs and 3 LHVs have been trained for SBA in the district during financial year 2016-17.
- 60 ANMs have been provided training for IUCD insertion and 2 Lab Technicians have been trained for RTI/STI/HIV screening in the district.
- No ASHA worker has been trained in any of the above activities.

2.3. HEALTH INFRASTRUCTURE

One of the most crucial aspects in the health sector is infrastructure. Quality, quantity and accessibility of the health infrastructure is directly proportional to the health indicators in the area. Most of the facilities in the district are being run in government owned buildings.

TABLE 9: DETAILS OF HEALTH INFRASTRUCTURES 2016-17: GHAZIABAD DISTRICT, UP

Health Facility	Number available
District hospital	3
CHC	4
PHC	16
UPHC	35
SC	145

- There are 3 District hospitals in the district and are all being run in government buildings.
- There are 4 CHCs, 16 PHCs and 35 Urban-PHCs in the district.
- The district also has 145 SCs but no Medical College or skill labs.

3. MATERNAL HEALTH

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

Maternal Health activities in the district involve ANC registration, delivery services, post-natal care, JSY and JSSK services and managing risky deliveries. The district has well functional Health facilities with all the above activities. However, with bad placement of health facilities, the district has uneven load of each of the facilities.

3.1. MATERNAL HEALTH

TABLE 10: SERVICE DELIVERY INDICATORS (MATERNAL HEALTH) 2015-16 & 2016-17

District	ANC Registered	3 ANC's	Home Deliveries		Institutional Deliveries
			SBA assisted	Non-SBA	
2015-16	93966	74838	9106	4708	82808
2016-17	112385	80490	15389	4445	28906

Source: CDMO Office, Ghaziabad District

- Table 10 depicts data for key maternal health indicators for Ghaziabad district for financial year 2015-16 & 2016-17.
- Total ANC registrations have increased by 20% but ANC 3 coverage has only increased by 8% in the district in 2016-17. This district has some amount of migratory population which can be one of the reasons for difference in ANC registration and ANC 3 coverage.
- SBA assisted Home deliveries have increased from 9106 to 15389 from 2015-16 to 2016-17 respectively. Also, Non-SBA attended Home deliveries have declined by a very small margin. More can be done to reduce such home deliveries.

TABLE 11: OTHER KEY MATERNAL AND CHILD HEALTH INDICATORS: GHAZIABAD DISTRICT, UP

District	PNC within 48 hrs after delivery	PNC between 48 hrs and 14 days after delivery	Live Birth	Still Birth
2015-16	49838	22249	100767	448
2016-17	37130	33535	71757	543

Source: CDMO, Ghaziabad District

- As can be seen in Table 11, PNC given within 48hrs after delivery has declined to 49838 in 2015-16 to 37130 in 2016-17.

- There is an increase in PNC given between 48hrs and 14 days after delivery in the district. This shows that people in the district have become aware about the benefits of Post-Natal Care.
- Total live birth in the district is 71757 for 2016-17.
- No. of still births have increased from 448 in 2015-16 to 543 in 2016-17.

3.2. JANANI SURAKSHA YOJANA

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

Ghaziabad district has a proportion of migrant population from other areas of Uttar Pradesh and Bihar, mainly belonging to BPL category. This creates difficulty for them in availing JSY benefits as in most cases they do not have a valid address proof or other necessary documents like an Aadhaar card or bank account.

This district is doing a fair job at making timely JSY payments to the beneficiaries as well as incentives to the ASHA workers. A few minor issues that are faced are resolved at the district level only.

TABLE 12: STATUS OF JSY PAYMENTS IN DISTRICT 2016-17

Status of payments (in percentage)			Record maintenance		
Institutional deliveries	Home Deliveries	ASHAs	Available	Updated	Non updated
89.28	0	92.92	Yes	Yes	Nil

- Table 12 depicts that 89% of the total institutional deliveries were provided JSY benefits. 93% of the ASHAs who brought patients for institutional deliveries were given JSY incentives during 2016-17.
- All the records of payments and beneficiaries were maintained and available at the time of visit.

3.3. JANANI SHISHU SURAKSHA KARYAKRAM

JSSK is functioning well in the district, beneficiaries are availing the services of free diet, diagnostics and referral transport in the district. This programme has been playing a big role in boosting institutional deliveries.

- Diet provided to the beneficiaries is outsourced to different Self Help Groups (SHGs). The women who are a part of the SHGs, prepare and provide food to the beneficiaries at the facilities in the district. This is an initiative taken at the district level.
- All the drugs required are provided to the beneficiaries on time.

TABLE 13: JSSK PROGRESS IN DISTRICT 2016-17

District	No. of Beneficiaries under JSSK					
	Diet	Drugs	Diagnostic	Transport		
				Home to Facility	Referral	Facility to Home
Ghaziabad	15076	15286	15286	15286	348	13603

- In financial year 2016-17, a total of 15076 beneficiaries were provided free diet, 15286 were given free drugs and diagnostic services under JSSK Programme. 15286 beneficiaries availed free Home to facility and 13603 beneficiaries availed Facility to Home transport services. 348 women availed referral transport to higher health centers.

3.4. MATERNAL DEATH REVIEW

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

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

TABLE 14: MATERNAL DEATH REVIEW, 2016-17, GHAZIABAD DISTRICT, UP

Total Maternal Deaths	Place of Death			Cause of death		Time of death		
	Hospital	Home	Transit			During Pregnancy	During Delivery	Post Delivery
21	7	9	5	Hemorrhage	65%	3	2	16
				Sepsis	9%			
				Obstetric Complications	4%			
				Hypertension	9%			
				Abortion	4%			
				Others	9%			

- 21 Maternal Deaths took place in Ghaziabad district during 2016-17 as can be seen in table 14. 7 of these deaths happened at a health facility, 9 at home and 5 in Transit.
- 65% of these deaths is due to hemorrhage. A very few are due to sepsis, hypertension, abortion or other obstetric complications.
- 16 of the 21 deaths have happened post-delivery. 3 happened during pregnancy and 2 during delivery.
- The district conducts monthly review meeting to discuss maternal deaths and has efficiently maintained all the information relating to maternal deaths that have happened the reasons behind it.

4. CHILD HEALTH

4.1. CHILD HEALTH

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

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

In Ghaziabad District child health program is functioning smoothly expect for the human resource and infrastructural constraints. The district has a SNCU and Nutrition Rehabilitation

Centre (NRC) as well. Staff in the district is very active and aware of their responsibilities towards using available resources efficiently to meet the goal of reducing IMR in the district.

4.2. SICK NEWBORN CARE UNIT

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

4.3. IMMUNIZATION

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

TABLE 15: CHILD HEALTH: ANALYSIS OF IMMUNIZATION, GHAZIABAD, 2016-17

District	BCG	DPT			OPV	Pentavalent			Measles	Full Immunization
		1	2	3		1	2	3		
Ghaziabad	97204	4703	6524	9986	59770	64377	62528	62722	106100	115441

Source: CDMO Office, Ghaziabad, UP

- Table 15 describes Immunization status of the district. A total of 97204 beneficiaries were given BCG in the district during financial year 2016-17.
- When compared to BCG dose, only 4703, 6524 & 9986 doses of DPT1, 2 & 3 and 59770 infants were given OPV in the district. Coverage for Vaccines DPT1, 2 & 3 is quite low when compared to other vaccines.

- 64377, 62528 & 62722 infants were provided with Pentavalent 1, 2 & 3 resp. in the district during 2016-17.
- 106100 beneficiaries were given vaccine for Measles and 115441 beneficiaries were fully immunized during financial year 2016-17 in the district.

4.4. RASTRIYA BAL SURAKSHA KARYAKARAM

RashtriyaBal SwasthyaKaryakram (RBSK) is an initiative aiming at early identification and early intervention for children from birth to 18 years to cover 4 'D's which are: Defects at birth, Deficiencies, Diseases, Development delays including disability is functioning well in the district. The services under the scheme aim to cover children of 0-6 years of age in rural areas and urban slums in addition to children enrolled in classes I to XII in Government and Government aided Schools. The programme is working well in the district. Each of the blocks has two RBSK teams working to identify the 4 Ds in their respective blocks.

TABLE 16: RBSK RECORD, GHAZIABAD, 2015-16 & 2016-17

Year	No. of Schools	No. of Children Registered	Children Diagnosed	No. of Children Referred	Eye Disease	Ear Disease	Heart Disease	Differently Abled	Anemic
2016-17	590	53334	12314	5845	1753	584	2	0	292
2015-16	590	53334	4126	5169	958	621	0	0	451

- A total of 590 schools have been covered and 53334 children have been registered under the scheme and in the district.
- 12314 children have been diagnosed and 5845 have been referred by the RBSK teams during 2016-17.
- 1753 and 584 children were diagnosed with Eye and Ear diseases respectively during 2016-17.
- 2 children were diagnosed suffering from heart disease and 292 were anemic. None of the children registered under RBSK in 2016-17 were Differently Abled.

5. FAMILY PLANNING

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

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

5.1. FAMILY PLANNING

- Table 17 depicts that the most used method in the district is condom, followed by oral Contraceptive pills.
- Significant no. of women is opting for IUCD but not as many for PPIUCD in Ghaziabad. People are misinformed about PPIUCD and believe that it will lead to problems in pregnancy later.
- A total no. of 2435 women and 31 Men opted for sterilization in the district during 2016-17. This shows that getting sterilised is still a taboo among Male in the district.

TABLE 17: FAMILY PLANNING ACHIEVEMENT, GHAZIABAD DISTRICT, 2016-17

District Name	Sterilization			IUCD	PPIUCD	OCP	CC
	Male	Female	Total				
Ghaziabad	31	2435	2466	21083	2637	45255	471487

Source: CDMO Office, Ghaziabad District

6. ADOLESCENCE REPRODUCTIVE AND SEXUAL HEALTH

The ARSH program provides appropriate approach to address selected priority health needs and problems of adolescents. This program is functional in the district of Ghaziabad but not to large extent.

TABLE 18: ARSH IN GHAZIABAD DISTRICT, UP, 2016-17

District Name	No. of Adolescents who attended Counselling	No. of Anemic Adolescents		IFA Tablets given
		Severe Anemia	Anemia	
Ghaziabad	3568	285	124	409

Few facilities in Ghaziabad district have ARSH Counselors. A total of 3568 adolescents in the district attended counseling sessions held by the counselors. Out of those who attended the counseling session, 124 had normal anemia and 285 had severe anemia. 409 of the adolescents were given IFA tablets. These sessions mostly cater to problems related to menstrual hygiene and irregularities, acne etc. Mostly, girls attend these sessions.

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

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

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

TABLE 19: AYUSH'S PROGRESS IN GHAZIABAD DISTRICT 2016-17

District	No. of facilities with AYUSH health centers	No. of AYUSH Doctors	No. of patients received treatment
Ghaziabad	17	27	14263

Source: CDMO Office, Ghaziabad District

AYUSH is functional but there is shortage of medicines and AYUSH specific Pharmacist in the district. This hampers the functioning of the AYUSH wing.

As shown in the above table, 17 facilities in the district have AYUSH health centres with 27 AYUSH doctors in total. 14263 patients have received treatment at these centres in the district. Homeopathy and Ayurveda is most preferred among the AYUSH treatments.

8. QUALITY IN HEALTH SERVICES

8.1. INFECTION CONTROL

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

8.2. BIO MEDICAL WASTE MANAGEMENT

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

TABLE 20: QUALITY OF HEALTH CARE SERVICES

Bio-Medical Waste Management	DH	CHC	PHC
No of facilities having bio-medical pits	3	4	1
No. of facilities having color coded bins	3	4	1
Outsourcing for bio-medical waste (Synergy Waste Management Pvt. Ltd)	Yes	Yes	Yes
Infection Control			
No. of times fumigation is conducted in a year	2	2	2
Training of staff on infection control	All	All	All

Source: CDMO Office, Ghaziabad District, 2016-17

Table 20 describes status of quality of health services in the district; it was observed that all staffs were trained on infection control. Fumigation is conducted twice in a year at each of the facilities.

Also, all the facilities in the district, i.e. 3 District hospital, 4 CHCs, 35 UPHCs, 27 PHCs and 145 SCs use colour coded bins for segregating waste. None of the Bio-medical pits at the facilities have

filled yet, hence, no more pits are required at this point of time.

8.3. INFORMATION, EDUCATION AND COMMUNICATION (IEC)

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

9. TRANSPORT

The district has main referral transport in the form of CATs .Transport services have proved to be a boon for both the hospital staff and patients. The patients, who earlier used to have problems in accessing the health facilities, now can easily approach the nearby hospitals with 108 & 102 Ambulance services. There is no referral transport in the district for referring patients to higher institutions.

TABLE 21: TRANSPORT DETAILS, GHAZIABAD DISTRICT, 2016-17

Transport Facility	Number Available	Number Functional
108 Ambulances	11	11
102 Ambulances	17	17
Referral Transport	0	0

The no. of ambulances should be increased and placed in a manner that reduces the time it takes for ambulances to reach the beneficiaries. There is also a need to create awareness about the entire structure of transportation among the population, so that, it can be used to full capacity.

10. COMMUNITY PROCESS

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

- Table 22 describes the status of ASHAs working in the district for the financial year 2016-17. A total of 582 ASHAs are working in the District. 130 positions are currently vacant.
- Each block in the district conducts 2 meetings per month with the ASHAs in the block.

- There are 4 ASHA Resource Centres in the district. 582 Drug Replenishment kits have been supplied during 2016-17 to the ASHAs.
- Out of the 582 ASHAs, only 290 have attended any training last year. Trainings have been conducted for induction and Module 6 & 7 during 2016-17.
- ASHAs are working hard to reach out to the community and motivate them for ANC checkups, Institutional deliveries, Immunisation and family planning as well. People in the community listen to them except for a few conservative families.

TABLE 22: COMMUNITY PROCESS IN GHAZIABAD DISTRICT 2016-17

Status of ASHAs	
ASHAs presently working	582
Positions vacant	130
Total number of meeting with ASHA (in a Year)	2 meetings/Block/Month
Total number of ASHA resource centers/ ASHA Ghar	4
Drug kit replenishment	582
No. of ASHAs trained in last year	290
Name of Trainings Received by ASHAs	1) Induction Training 2) Module 6 3) Module 7

Source: CDMO Office, Ghaziabad District

11. DISEASE CONTROL PROGRAMME

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

The activities include screening, advisory (according to the guidelines related to the disease), training of the staff and camps are held in the district.

TABLE 23: DISEASE CONTROL PROGRAMME PROGRESS IN GHAZIABAD DISTRICT 2016-17

Name of the Program	No. of cases screened	No. of detected cases
Diabetes	13461	5977
Hypertension		3801
Osteoporosis		0
Heart Disease		847
Cancer		17

Source: CMHO Office, Ghaziabad District

Table 23 depicts situation of different Disease control programme running in the in the District. 13461 cases have been screened for various diseases. It is observed that 5977 cases of Diabetes and 3801 cases of Hypertension have been detected. 847 cases of Heart diseases and 17 Cancer cases were also detected in the district during 2016-17.

12. HMIS

HMIS is a very good platform for all the health facilities to keep their records online which is accessible to everyone on a mouse click. This makes data keeping easy. The district has allotted trained Data entry operators to each of the facilities in the district.

There were a few problems faced by the facilities in the district regarding the portal. There has been a change in the portal recently and the CDOs have been informed of the changes but no formal training has been conducted for them. This has led to delay in data updating on the portal. Also, the CDOs hired through third party, sometimes, lack the skill and efficiency required by a data operator. Many times there are issues with the internet and this again delays updating of data.

Programme managers use the data from the portal for monthly reviews. All the data updated on the portal is reviewed by the CDOs .

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

14. CONCLUSION AND RECOMMENDATIONS

14.1. CONCLUSION

- The health facilities in the district are working with limited infrastructure and manpower but still are making all the efforts to improve the health indicators for the district.
- Difference in salaries of contractual and permanent staff has created a divide among them. It is one of the motivations for the staff to put in all their effort. Hence, it is important to take up this issue and discuss with each of the stakeholders to come to a solution.
- There have also been issues with salaries of employees hired through third party. This need to be resolved at the earliest given that third party hiring has increased in the recent past.
- AYUSH doctors are helping with immunisation, TB control and other programmes, rather than attending patients opting for AYUSH medication. This is due to lack of AYUSH medicines and attention towards this wing.
- The district hospitals are placed in very close proximity of each other. This limits the usage of one of the hospitals and ultimately, leads to wastage of resources.
- JSY payments are very high in the district. It is commendable that the district has made so much progress in encouraging institutional deliveries.
- A few of the facilities have made attempts for innovation and using available resources in a better manner. The same can be replicated for rest of the facilities in the district.
- ASHAs are the backbone of the mission and it is important to provide them with proper facilities, training and incentives to put in their best effort. There have been incidents of irregularities in ASHAs payments in the district.
- The Nutrition Rehabilitation Centre in the Women's District hospital was working well. Malnutrition among children in the district is a concern and needs to be taken care of by extending NRC wing in the facility.

14.2. RECOMMENDATIONS

- Incentives for the health staff should be increased and more efforts should be made to fill in the vacant positions to avoid any shortage of staff in the district. It is recommended that

proper trainings be arranged for them and regular refresher training should also be conducted. Training of Trainers is also an important aspect that should be focused on.

- District hospitals in the district are placed in a very close proximity of each other. One of the hospitals can be shifted to some other location to serve the needs of the population which requires it. This will save the resources and increase the efficiency of available resources.
- District as a whole and individual facilities should be given some liberty to use funds allocated to them according to their needs.
- AYUSH doctors should be provided with proper AYUSH medicines and other equipment to achieve the goal that the AYUSH wing has been set up with.
- Sub-Centres don't have electricity connection. This worsens the working conditions for ANMs and ASHAs. Each sub-centre should be provided with electricity connection.
- Referral transport should be provided in the district. Also, Ambulances from the district should be allowed to carry patients to nearby hospitals in Delhi in case of emergency.
- Under the digital India Programme, all health staff can be trained for using digital form of data keeping devices and instead of maintaining registers, which is a time taking and tedious process, data can directly be saved in digital formats. This will simplify the process of maintaining records and make it less time consuming.

15. ANNEXURE 1**15.1. DISTRICT LEVEL MONITORING CHECKLIST****National Health Mission****Monitoring of District PIP**

Population Research Centre, Institute of Economic Growth, Delhi

Evaluation of key indicators of the district**1. Detail of demographic & health indicators for the last financial year**

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

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

2. Detail of health infrastructures in the last financial year

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

3. Human Resource under NHM in the last financial year

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

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

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

* Note- Fill number of officials who have received training

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

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

5.1 Block wise service delivery indicators in the last financial year

Block	ANC Registered	3 ANCs	Home Deliveries	Institutional Deliveries

Note- Please include the data for Medical College and DH

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

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

5.3 Block wise service delivery indicator in the last financial year

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

Note- Please include the data for Medical College and DH

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

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

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

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

5.6. Maternal Death Review in the last financial year

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

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

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

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

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

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

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

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

Note- * Leave against medical advise

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

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

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

Years	No. of Schools	No. of children registered	Children Diagnosed	No. of Children referred	Eye Disease	Ear Disease	Heart disease	Physically challenged	Anemic
2016-17									
2015-16									

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

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

8. ARSH Progress in District in the last financial year

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

9. Quality in health care services

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

10. Community process in District in the last financial year

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

	2)
	3)

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

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

12. AYUSH progress District in the last financial year

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

13. Budget Utilisation Parameters:

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

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

HMIS/MCTS		Remarks
Is HMIS implemented at all the facilities	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Is MCTS implemented at all the facilities	Yes <input type="checkbox"/> No <input type="checkbox"/>	

Is HMIS data analyzed and discussed with concerned staff at state and district levels for necessary corrective action to be taken in future?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Do programme managers at all levels use HMIS data for monthly reviews?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Is MCTS made fully operational for regular and effective monitoring of service delivery including tracking and monitoring of severely anemic women, low birth weight babies and sick neonates	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Is the service delivery data uploaded regularly	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Is the MCTS call centre set up at the District level to check the veracity of data and service delivery?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Is HMIS data analyzed and discussed with concerned staff at state and district levels for necessary corrective action to be taken in future?	Yes <input type="checkbox"/> No <input type="checkbox"/>	

15.2. DISTRICT HOSPITAL MONITORING CHECKLIST

DH level Monitoring Checklist

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

Catchment Population: _____ Total Villages: _____

Date of last supervisory visit: _____

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

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

Section I: Physical Infrastructure:

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

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

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

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

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

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

Section IV: Equipment:

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

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

Section V: Essential Drugs and Supplies:

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

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

Section VI: Other Services:

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

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

Section VII: Service Delivery in Last two financial years:

S.No	Service Utilization Parameter	2015-16	2016-17
7.1	OPD		
7.2	IPD		
7.3	Total deliveries conducted		
7.4	No. of C section conducted		
7.5	No. of neonates initiated breast feeding within one hour		
7.6	No of admissions in NBSUs/ SNCU, whichever available		
7.7	No. of children admitted with SAM (Severe Acute Malnutrition)		
7.8	No. of pregnant women referred		
7.9	ANC1 registration		
7.10	ANC 3 Coverage		
7.11	No. of IUCD Insertions		
7.12	No. of PPIUCD Insertion		
7.13	No. of children fully immunized		
7.13	No. of children given ORS + Zinc		
7.13	No. of children given Vitamin A		
7.14	Total MTPs		
7.15	Number of Adolescents attending ARSH clinic		
7.16	Maternal deaths		
7.17	Still births		
7.18	Neonatal deaths		
7.19	Infant deaths		

Section VII A: Funds Utilisation

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

Section VII B: Service delivery in post natal wards:

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

Section VIII: Quality parameter of the facility:

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

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

Section IX: Record Maintenance:

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

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

Section X: IEC Display

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

Section XI: Additional/Support Services:

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

11.7	Tally Implemented	Y	N	
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Qualitative Questionnaires for District Hospital Level

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

.....

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

.....

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

.....

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

15.3. CHC/PHC LEVEL MONITORING CHECKLIST

CHC/PHC Level Monitoring Checklist

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

Section I: Physical Infrastructure:

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

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

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

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

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

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

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

Section IV: Equipment:

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

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

Section V: Essential Drugs and Supplies:

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

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

Section VI: Other Services :

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

Section VII: Service Delivery in last two financial years:

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

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

Section VII a: Service delivery in post natal wards:

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

Section VIII: Quality parameter of the facility:

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

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

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

Section IX: Record Maintenance:

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

Section X: Fund Utilisation

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

Section XI: IEC Display:

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

15.4. SC LEVEL MONITORING CHECKLIST

DGD-level Monitoring Checklist

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

Section I: Physical Infrastructure:

S.No	Infrastructure	Yes	No	Additional Remarks
1.1	Health facility easily accessible from nearest road head	Y	N	
1.2	Functioning in Govt building	Y	N	
1.3	Building in good condition	Y	N	
1.4	Staff Quarters for MOs available	Y	N	
1.5	Staff Quarters for SNs available	Y	N	

1.6	Staff Quarters for other categories	Y	N
1.7	Electricity with power back up	Y	N
1.9	Running 24*7 water supply	Y	N
1.10	Clean Toilets separate for Male/Female	Y	N
1.11	Functional and clean labour Room	Y	N
1.12	Functional and clean toilet attached to labour room	Y	N
1.13	Functional New born care corner(functional radiant warmer with neo-natal ambu bag)	Y	N
1.14	Functional Newborn Stabilization Unit	Y	N
1.15	Clean wards	Y	N
1.16	Separate Male and Female wards (at least by Partitions)	Y	N
1.17	Availability of complaint/suggestion box	Y	N
1.18	Availability of mechanisms for waste management	Y	N

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

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

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

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

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

Section IV: Equipment

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

Section V: Essential Drugs and Supplies

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

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

Section VI: Other Services :

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

Section VII: Service Delivery in last two years

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

Section VII a: Service delivery in post natal wards:

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

Section VIII: Quality parameter of the facility

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

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

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

Section IX: Record Maintenance:

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

Section X: Funds Utilisation

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

Section XI: IEC Display:

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

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

Section XII: Additional/Support Services:

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