

NATIONAL HEALTH MISSION



A REPORT ON
MONITORING OF IMPORTANT COMPONENTS OF
NHM PROGRAMME IMPLEMENTATION IN HATHRAS DISTRICT,
UTTARPRADESH



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ACRONYMS AND ABBREVIATIONS

ANC	Ante Natal Care		MCTS	Mother and Child Tracking System
ANM	Auxiliary Nurse Midwife		MDR	Maternal Death Review
AYUSH	Ayurveda, Yoga & Naturopathy, Unani, Siddha and Homoeopathy		MMU	Mobile Medical Unit
BEMOC	Basic Emergency Obstetric Care		MOIC	Medical Officer In Charge
BMW	Biomedical waste		MAA	Mothers Absolute Affection
BSU	Blood Storage Unit		NBSU	New Born Stabilization Unit
CDMO	Chief District Medical Officer		NSSK	NavjatShishu Suraksha Karyakram
CHC	Community Health Centre		NSV	No Scalpel Vasectomy
DH	District Hospital		OCP	Oral Contraceptive Pill
DPM	District Programme Manager		OPV	Oral Polio Vaccines
ECG	Electrocardiography		PIP	Programme Implementation Plan
EMOC	Emergency Obstetric Care		PNC	Post Natal Care
HMIS	Health Management Information System		PRC	Population Research Centre
IEC	Information, Education and Communication		RBSK	Rashtriya Bal Suraksha Karyakram
IPD	In Patient Department		RKS	RogiKalyanSamiti
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	SwasthyaKalyanSamiti
JSY	Janani Suraksha Yojana		SN	Staff Nurse
LHV	Lady Health Visitor		SNCU	Special New Born Care Unit

EXECUTIVE SUMMARY

This report focuses on quality monitoring of important components of NHM in Hathras District of Uttar Pradesh. It is based on the monitoring visit by the PRC Delhi to various health facilities in Hathras. The report highlights key observations made during the PRC, Delhi team's visit to various health facilities of the district. We used semi-structured interview schedules and observation checklist, which was prepared, based on a desk review of PIP document of the State. These schedules and checklist were used to collect opinions of health service providers including MOICs, ANMs, ASHA etc. to understand the strengths and weakness of those facilities. Beneficiaries spotted at health facilities were interviewed about the utilisation of JSSK, out of pocket expenditure, knowledge & awareness on birth preparedness etc. The current status of NHM in the said district is highlighted in this report. The major strengths and weaknesses of the district are listed below:

STRENGTHS:

- All the visited health care facilities such as District Hospital (DH), Community Health Centres (CHCs), Primary Health Centres (PHCs) and Sub-Centres (SCs) are running in government buildings. The infrastructure of most of the facilities was found to be adequate.
- The district has dedicated family planning councilors in both the male and the female district hospital. The number of ANM's, Staff Nurses and Pharmacists in position are close to the sanctioned posts in the district.
- Home Deliveries as a proportion of total deliveries reported for Hathras District has fallen substantially over a period of five years. This can be accredited to successful implementation of schemes such as JSY, JSSK and ASHA programmes which had a significant impact in behavioral changes and brought pregnant women in large numbers to public health institutions.

The district has been performing well in terms of Implementation of Rashtriya Bal Swasthya Karyakram (RBSK). Each block has two teams which regularly visit schools and aganwadis centres to screen children for deficiencies and diseases.

AYUSH Facilities of the district are fully functional. The district has the second highest percentage of AYUSH OPD to Total OPD among all district of Uttar Pradesh.

Sampoorna clinic has been established at district women hospitals for screening and management of diabetes, hypertension, Cardio Vascular Diseases, Cervical Cancer and breast cancer amongst women aged 30-60 years.

The Pradhan Mantri Surakshit Matritva Abhiyan launched by the MoHFW is running at 7 centers in the district. The program aims to provide assured, comprehensive and quality antenatal care, free of cost, universally to all pregnant women on the 9th of every month.

The district has collaborated with several non-government/private organisations to deliver certain services:

- MAMTA Organization's HIV-AIDS Intervention promotes quality and accessibility to prevention, care, support and treatment services for people affected with HIV across the district.
- Kalyan Karoti organization is engaged with the district to achieve complete eradication of Blindness. Several camps are organized by the organization in the district for cataract operations.
- Another NGO, Naujhil Integrated Rural Project for Health & Development (NIRPHAD) participated in various health activities along with government in providing quality eye care services to the rural community of Hathras. NGO provided to underserved communities awareness on prevention and cure for all forms of avoidable blindness.

WEAKNESSES:

The current level of functioning of the visited Subcentres has been found to be unsatisfactory. Although structures have been built and health personnel appointed, but services delivery is poor.

The untied funds and annual maintenance grants received by Sub Centres are kept in a joint bank account of the ANM and the Sarpanch and the decision on activities for which the funds are to be spent are required to be approved by the Panchayat Sarpanch and the ANM. This decision making power in the hands of Sarpanch however leads to non-judicious use of funds leaving the ANMs helpless.

The district has no pediatrician. This has significant costs to the effective functioning of the SNCU at the district hospital.

Ultrasound is only available at two facilities in the entire district. Pregnant women have to travel long distance and wait in long queues to get ultrasounds done. Given the load of pregnancies, the facility is inadequate.

Lack of motivation and awareness exists with regards to regular fumigation and infection control.

Seasonal migrants, particularly those working in nearby brick kilns, form a considerable proportion of the population of the district. The duration of their stay averages to 2 to 3 months. This restricts the completion of 4 ANCs for pregnant women in the population, and thus does not allow the hospital to hand out JSY payments as often as they should.

Staff quarters for doctors and other para-medical staff were found to be either insufficient in numbers or in poor infrastructural condition.

Contractual employment and low salaries under NHM fail to provide job security and is impacting the performance of staff. It is also resulting in paucity of staff at various levels.

1. INTRODUCTION

National Health Mission (NHM) earlier known as National Rural Health Mission was launched to make health care more accessible and affordable to all especially who are vulnerable and underserved and now it has become one of the integral parts of the health services in the country. The Ministry of Health and Family Welfare (MoHFW) has involved Population Research Centres (PRCs) for quality monitoring of important components of NHM State Programme Implementation Plan (PIP) 2018-19. It is expected that a timely and systematic assessment of the key components of NHM is critical for further planning and resource allocation. While engaging with the task, PRCs would identify critical concerns in implementation of NHM activities and also evolve suitable quality parameters to monitor the various components. Specifically, as part of the qualitative reports, the PRCs are required to observe and comment on four broad areas described in the Records of Proceedings (RoPs) as follows;

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

PRC DELHI is engaged in quality monitoring of State PIPs in – Uttar Pradesh, Uttarakhand and Sikkim. This report discusses the Monitoring & Evaluation findings and observations for Hathras District in Uttar Pradesh. Before visiting Hathras District, the Monitoring & Evaluation Team reviewed the Uttar Pradesh PIP document and prepared semi-structured interview schedules for District Programme Manager Unit (DPMU), Facility Staff and Beneficiaries. This report provides a review of key population, socio-economic, health and service delivery indicators of the Hathras 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, ASHA scheme, communicable, non-communicable diseases and status of HMIS and MCTS.

1.1 OBJECTIVES OF THE STUDY

Major objectives of this monitoring and evaluation PIP study are:

To monitor the status of physical infrastructure of health facilities under NHM Programme.

To understand the availability and efficiency of human resource required for better service facilities.

To understand the gap between Demand and supply of health service delivery under NHM programme.

To assesses functionality of equipment, supply and essential drugs, essential consumables etc.

To analyse implementation and performance of different scheme under NHM such as JSY, JSSK, RBSK, RKSK, etc.

To analyses other important components namely service delivery, record maintenance, Biomedical Waste Management, referral transports system, IEC material, disease control programme etc.

Availability of finance for the NHM activities in the district.

Before visiting the different level of healthcare facilities we had an enriching session with NHM officials of the district. The main motive of the interaction with the officials such as CDMO, DPMO, Block officers and MCD Nodal officer, was to know their problems and take their opinions for the improvement of the program. A brief profile of health scenario of the district has been discussed that added a lot to facilitate our PIP monitoring visit of Hathras District. The field visits to health facilities in the district were planned in consultation with the district NHM officials. The health care facilities visited to accomplish the objective of the visits are enlisted in table 1 below.

Table 1: List of Visited Health Facilities in Hathras District, 2018

Facility Type	Name of the facility
District Hospital	District Women Hospital, Hathras
Community Health Centre	Community Health Centre, Sadabad ,Hathras
Community Health Centre	Community Health Centre, Sasni , Hathras
Primary Health Centre	Primary Health Centre, KaumriJanpad , Hathras
Sub Centre	Sub Centre, BasaiKaji , Hathras

1.2 DEMOGRAPHIC PROFILE: HATHRAS DISTRICT

Hathras district, is a district of Uttar Pradesh State of India. This district was created on 3 May 1997 by incorporating parts of the Aligarh, Mathura and Agra Districts. It was initially named Mahamaya Nagar and was given the name Hathras District shortly after. The district comprises of four tehsils: Hathras, Sadabad, Sikanda Rao and Sasni, which are further divided into seven blocks: Sasni, Hathras, Mursan, Sadabad, Sahpau, Hasanpur Baru, Sikandra Rao and Hasayan.

Hathras falls under the Brij region of Northern India and is located at Latitude of 27.0-29.110 North and longitude of 77.290 - 78.260 East and is about 179.8 meter above mean sea level. The District is bounded from Aligarh District on the North, District Etah on the East, District Agra on the South and District Mathura on the West. The Topography of Hathras district comprises mainly of plains. District enjoys moderate climate throughout the year. It is characterized by hot summer, cold winter and moderate rainy season.

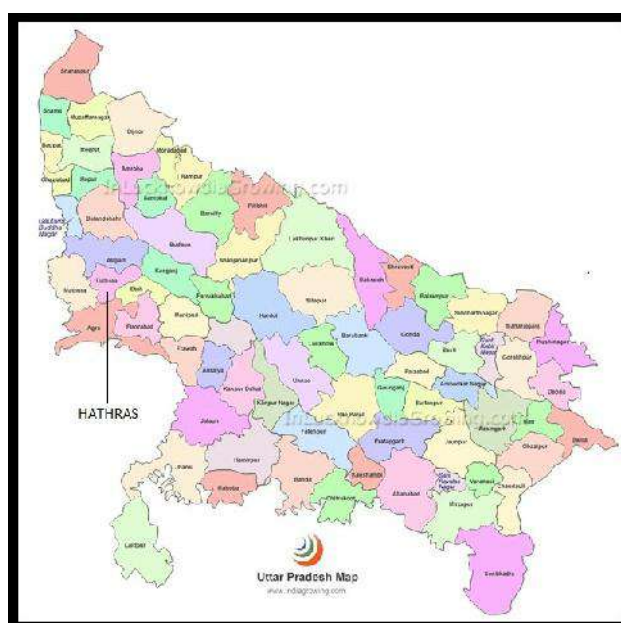


Figure 1: Map of Uttar Pradesh

Table 2: Key Demographic Indicators: Uttar Pradesh & Hathras District

Description	Uttar Pradesh	Hathras
Actual Population	199,812,341	1564708
Male	104,48,51	836127
Female	95,331,831	728581
Population Growth	20.23%	17.12%
Area Sq. Km	240,928	1840
Density/km2	829	850
Sex Ratio (Per 1000)	912	871
Child Sex Ratio (0-6 Age)	902	865
Literacy	67.68%	71.59%
Male Literacy	77.28%	82.38%
Female Literacy	57.18%	59.23%
Total Child Population (0-6 Age)	30,791,331	248,106
Male Population (0-6 Age)	16,185,581	133,057
Female Population (0-6 Age)	14,605,750	115,049
Literates	114,397,555	968831
Male Literates	68,234,964	593806
Female Literates	46,162,591	375025

Source: Census, 2011

Table 2 lists some of the key demographic indicators for Uttar Pradesh and Hathras District. The district has a population of 1564708 of which male population is 836127 and female population is 728581. The population of Hathras equals 0.8% of the total population of Uttar Pradesh. The density of population of the district is 850 persons per square kilometer which makes it more densely populated compared to the State. The District has a sex ratio of 871 females per 1000 males which falls short of the same for Uttar Pradesh which is 912 per 1000 males. Similar is the case of Child Sex Ratio which is 865 females per 1000 males.

The literacy rate of the district is 71.59%. This is higher compared to the literacy rate for Uttar Pradesh as a whole which is 67.68%. The total child population in the age group of 0 to 6 years in the district is 248,106. Population growth rate in Hathras is lower than state average and is estimated equal to 17.12%.

1.3 HEALTH AND HEALTH SERVICE DELIVERY INDICATORS: UTTAR PRADESH & HATHRAS

NHM's major stress has been on improving Maternal and Child Health, and from Table 3 it is evident that positive steps have been taken by the district towards the direction.

The Maternal Mortality is a crucial indicator of Health Outcome and reflects on Country's Human Development Index. According to a special bulletin on Maternal Mortality released by the Sample Registration System, the MMR in India for the time period 2014-2016 stands at 130. Compared to the same bulletin released in year 2007-2009, the ratio has fallen 82 points and the biggest contributor to this decline has been Uttar Pradesh. Against an MMR of 359 in 2007-09, Uttar Pradesh MMR is 201 in 2004-16 which is a drop of 158 points. The MMR for the district is 159 which is even lower compared to the rate for the State.

Table 3: Key Health and Health Care Indicators: Uttar Pradesh and Hathras

Indicators	Uttar Pradesh	Hathras
IMR	64	61*
U5MR	78	78*
MMR	201^	159*
TFR	2.7	3.4*
Percentage of Fully Immunized Children	51.1%	87%*
Children aged 6-59 months who are anemic.	63.2%	48.9%
Mothers who had ANC in the first trimester	45.9%	50.2%
Mothers who had 4 Ante-Natal Care Visits	26.4%	24.4%
Mothers who received JSY Incentive for institutional delivery	48.7%	49.2%
Institutional Births	67.8%	72.1%
Percentage of women received PNC checkups within 48 hours from some health personnel	54%	64%
Women aged 15-49 who are anemic	52.4%	39.2%
Women whose BMI is below normal	25.3%	22.6%
Use of any Family Planning Method	45.5%	60.1%

Source: NFHS 4 (2015-16) Factsheets; *CMO Office, Hathras, 2018; ^ NITI AAYOG 2014-16

An important contributor to low MMR is Antenatal care that is the systemic supervision of women during pregnancy to ascertain the well-being of the mother and the foetus. 50% percent of women in Hathras register for ANC in the first trimester. More awareness and efforts on the part of district health personnel are needed to motivate mothers to get early ANC. The proportion of women receiving PNC Care within two days of delivery is higher for the district (64%) as compared to the State. (54%) Only about 50% of the mothers who have institutional delivery received JSY Payments both in the district as well as the State. Of all the women aged 15-49 in the district, 39.2% are anemic as per the estimates and 22.6% women in the district have BMI below normal.

With regards to child health, the IMR (61) and the U5MR (78) of the Hathras District are comparable to the State. The percentage of fully immunized children (87%) is quite high compared to the State. The district has a Total Fertility rate of around 3.4 despite having high uptake of family planning methods (60%).

2. HUMAN RESOURCE AND HEALTH INFRASTRUCTURE

2.1 HUMAN RESOURCE

Human resources are one of the principle health system inputs with the knowledge, skills and motivation of these individuals deriving the performance and the outcomes of the healthcare delivery. Under NHM, financial support is provided to strengthen the health system including engagement of Nurses, doctors and specialist on contractual basis based on the appraisal of requirements proposed by the States in their annual Programme Implementation Plans.

The number of health workers available in a district is a key indicator of that district's capacity to provide delivery and intervention. Table 4 provides the Human Resource Availability in the Hathras District. Against 101 sanctioned posts for Medical Officers including specialists only 47 are filled. The state of availability of Gynecologists is even scarcer with only 2 gynecologists serving the entire district against sanctioned posts of 13. The district has no Pediatrician. The number of ANM's, Staff Nurses and Pharmacists in position are close to the sanctioned posts.

Also during the facility visits, it was reported that the contractual nature of job is hampering the quality of work by health personnel. They are overburdened with work and yet are paid way less than the regular staff. This leads to low levels of motivation for the staff. However, it was observed that despite these problems, the health personnel are delivering their best possible.

Table 4: Human Resource: Hathras District, 2017-2018

Position Name	Regular			Contractual		
	Sanctioned	Filled	Vacant	Sanctioned	Filled	Vacant
MO's including specialists	101	47	54	0	0	0
Gynecologists	8	1	7	5	1	4
Pediatrician	1	0	1	3	0	3
Surgeon	7	1	6	0	0	0
Nutritionist	0	0	0	1	1	0
Dental Surgeon	1	1	0	0	0	0
ANM (RBSK AND MUMS)	0	0	0	21	20	1
Pharmacist	10	10	0	7	6	1
Lab technicians	16	8	8	6	6	0
X-ray technicians	3	2	1	1	0	1
Data Entry Operators (MCTS HMIS)	0	0	0	10	09	1
Staff Nurse at CHC	45	4	41	36	36	0
ANM at SC	209	113	96	68	59	9
Data Entry Operators				7	6	1

Source: CMO Office, Hathras, 2018.

Workforce training is another important component. A properly trained and competent workforce is essential to any successful health care system. In the last financial year, only 2 Medical Officers in the district have received training in NSV and 1 each in MTP and Minilab respectively. 40 ANM's have been trained in IUCD insertions. New options for the education and in-service training of health care workers are required to ensure that the workforce is aware of and prepared to meet a particular country's present and future needs.

2.2 HEALTH INFRASTRUCTURE

Infrastructure provides health system the foundation to deliver, evaluate and respond to community health needs. It is essential to effectively provide essential public health services. An adequate system is capable of providing preventive, diagnostic, and curative care, according to the requirements of the people being served. The Public Health Care Infrastructure under NHM includes Sub Health Centres at the most peripheral level, Primary Health Centres 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.

Table 5: Details of Health Infrastructure: Hathras District, 2017-2018

Health Facility	Number available	Govt. building	Rented building/ Under const.
District hospital	3	3	0
Sub-District hospital	0	0	0
First Referral Units (FRUs)	3	3	0
CHC	7	7	0
PHC	27	26	01
Sub Centre	194	132	62
Adolescent friendly Health Clinic	2	2	0
Medical College	0	0	0
District Early Intervention Centre	0	0	0
Delivery Points	39	39	

Source: CMO Office, Hathras, 2018.

Table 5 presents the details of Health Infrastructure in Hathras. With regards to Public health infrastructure, there are 3 District Hospitals, no Sub-District Hospital, 3 First Referral Units (FRUs), 7 Community Health Centres (CHCs), 27 Primary Health Centres (PHCs), 194 Sub Centres (SCs) in Hathras. In addition, 2 adolescent friendly health clinics, are functioning in the district. The District has a total of 39 delivery points.

The physical infrastructure of the health facilities visited was disparate. While the PHC at KaumriJanpad, functioning in the government building was in a good condition, the infrastructure of the Sub Centre at BasaiKal was quite dissatisfactory. The staff quarters at CHC Sasni and CHC Sadabad were not well maintained and required renovation.

Health infrastructure also includes the transport facilities provided by the district for safe and timely movement of patients. These include ambulances or any other form/mode of transport used to commute by the people of the community. Hathras District had 14 108 Ambulances and 18 104 Ambulances. There are no Referral transport vehicle and Mobile Medical Units in working in the District.

Table 6: Details of Transport Facilities, Hathras District,2017-2018

Transport Facility	Number available	Number functional
108 Ambulances	14	14
CATS	0	0
102 Ambulance	18	18
Referral Transport	0	0

Source: CMO OFFICE, Hathras, 2018.

Source: CMO Office, Hathras, 2018.

3. MATERNAL HEALTH

3.1 MATERNAL HEALTH

Improving maternal health is a major focus of NHM. The Mission aims to reduce Maternal, Infant and Child mortality by focusing on strategies of promoting wider utilization of essential obstetric and new born care for all, skilled attendant at every birth, emergency obstetric care for those having complications and referral services. NHM schemes like Janani Suraksha Yojana and Janani Shishu Suraksha Karyakram have been created to improve the condition of maternal health prevalent in the country.

Maternal health service delivery indicators are the counts of the services that need to be provided to a woman after she has conceived as well as after she has delivered the child. These services include the Ante Natal Care, Post Natal Care, Place of Delivery and other related services which have been understood as important measures to ensure safety of mother after the child birth.

Table 7: Details of Maternal Health Service Delivery Indicators, Hathras, 2017-18

Block	ANC Registered	3 ANCs	PNC within 48 hrs after delivery	Institutional Deliveries
DHQ	4554	2927	4208	7369
HASAYAN	5758	3024	425	2932
MAHO	5695	2618	4712	1378
MURSAN	6245	3959	3068	1733
SADABAD	8729	4749	810	4040
SAHPAU	3580	1676	1175	1757
SASNI	6219	4648	214	3111
SIKANDRARAO	9720	4440	186	2636
TOTAL	50500	28051	14798	24956

Source: CMO Office, Hathras, 2018.

From Table 7, it can be seen that the number of women receiving PNC within 48 hours is quite low as compared to the number of women delivering. 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. Hathras District had 24956 Institutional Deliveries in the year 2017-18. Amongst the blocks, Sadabad has the highest number of deliveries. It can also be noticed that though quite a large number are registering for First ANC but the number of women with ANC three coverage is low.

The district had a total of 14823 home deliveries in the year 2017-18 and a major portion of these were Non SBA attended. The total number of births for the district is 39162, out of which 283 resulted in Still Births. Women taking TT TWO is almost equivalent to the number of women taking TT ONE in all blocks except Sadabad where a large drop in the numbers is seen.

Table 8: Details of Maternal Health Service Delivery Indicators, Hathras,2017-18

Block	TT1	TT2	Home Deliveries		Live Birth	Still Birth	Total Births
			SBA assisted	Non-SBA			
DHQ	2964	2302	0	0	5605	59	5664
HASAYAN	4293	3748	0	1538	4404	57	4461
MAHO	4762	3370	0	3675	5027	34	5061
MURSAN	4303	3668	1442	283	3463	3	3466
SADABAD	8242	5577	0	2919	7173	12	7185
SAHPAU	3479	3343	0	1777	3654	58	3712
SASNI	4895	4802	397	2410	5851	5	5856
SIKANDRA	4274	8189	107	285	3702	55	3757
TOTAL	40212	34999	1936	12887	38879	283	39162

Source: CMO OFFICE, Hathras, 2018.

3.2 JANANI SURAKSHA YOJANA

Janani Suraksha Yojana is an initiative for safe mother hood under NHM. The initiative was implemented with the objective of reducing maternal and neo-natal mortality by promoting institutional delivery among the poor pregnant women. The Yojana, was launched on 12th April 2005 in all states and UTs with special focus on low performing states. JSY is a 100 % centrally sponsored scheme and it integrates cash assistance with delivery and post-delivery care.

The Yojana has identified ASHA, the accredited social health activist as an effective link between the Government and the poor pregnant women. Wherever, AWW and TBAs or ASHA like activist has been engaged in this purpose, she can be associated with this Yojana for providing the services. The scheme documents that registered pregnant women should receive payments in one installment at the time of discharge from the institution where the delivery took place, with the ANM/ASHA being responsible to ensure disbursement.

Table 7 shows the status of JSY payments in the district for the year 2017-18. 91.57% of total women who delivered in institutions in the last financial year, received the JSY Incentive. No JSY incentives were given to women having home deliveries. And 82.25% of the deliveries bought by ASHAs got the JSY Incentive.

Table 9: Status of JSY Payments in Hathras District, 2017-18

Status of payments for (in %)			Record maintenance		
Institutional deliveries	Home Deliveries	Deliveries brought by ASHAs	Available	Updated	Non updated
91.57	0	82.25	Yes	Yes	

Source: CMO Office, Hathras, 2018.

3.3 JANANI SHISHU SURAKSHA KARYAKRAM

JSSK is another initiative taken by NRHM for safe motherhood. In this program free of cost medicines, diagnostics, diet and transport is provided to the pregnant women. Free entitlement services are as follows 1) cashless delivery, 2) Free C-Section, 3) Free drugs, 4) Free diagnostics, 5) Free diet during stay in the hospital, 6) Free provision of blood, 7) Exemption from user charges, 8) Free transport from home to health institutions, 9) Free transport to other facilities if required for referral, 10) Free drop from institution till home after 48 hours. Further, similar entitlements are given to sick new born till 30 days of birth.

Table 10: JSSK Progress in Hathras District, 2017-18

Block	No. of Beneficiaries under JSSK					
	Diet	Drugs	Diagnostic	Transport		
				Home to Facility	Referral	Facility to Home
Sadabad	2754	8629	8629	3019	83	2819
Sinadrarao	1962	7381	7381	1941	159	1789
Sasni	1992	6003	6003	4340	100	1881
Sahpau	1641	3579	3579	1297	36	1273
Maho	617	5695	5695	559	121	480
Mursan	1676	6206	6206	2155	124	1601
Hasayan	2124	5946	5946	2553	82	1432
DWH	4538	4652	4652	5039	368	1143

Source: CMO Office, Hathras, 2018.

Table 10 represents the JSSK beneficiary's status for the financial year 2017-18 for Hathras District. According to the table, it can be inferred all the blocks are providing free diet and drugs to the beneficiaries, however there is a difference in the use of the facilities provided under the JSSK scheme by the beneficiaries. Beneficiaries are more bent towards availing free drugs and diagnostics in comparison to free diet. Transport facility is availed by relatively fewer beneficiaries.

3.4 MATERNAL DEATH REVIEW

The process of maternal death review (MDR) has been implemented and institutionalized by all the States as a policy since 2010. Each facility is required to conduct MDR according to the guidelines and report deaths along with the analysis for cause of death.

Table 11 indicates the total number of maternal deaths that have occurred in the Hathras District with the place and month of pregnancy of these deaths. A total number of 33 maternal deaths were reported during the year of 2017-18. Hemorrhage was the more prevalent causes of maternal deaths while no death was caused due to obstetric complications.

Table 11: Maternal Death Review, Hathras, 2017-18

Total Maternal Deaths	Place of Deaths			Month Of pregnancy		
	Hospital	Home	Transit	During pregnancy	During Delivery	Post Delivery
33	18	6	9			

Source: CDMO Office, Hathras, 2018.

4. ADOLSCENT & CHILD HEALTH

The child health programme under the National Health Mission (NHM) comprehensively integrates interventions that improve child survival 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. It is now well recognised that child survival cannot be addressed in isolation as it is intricately linked to the health of the mother, which is further determined by her health and development as an adolescent. Therefore, the concept of Continuum of Care, that emphasises on care during critical life stages in order to improve child survival, is being followed under the national programme.

Another dimension of this approach is to ensure that critical services are made available at home, through community outreach and through health facilities at various levels (primary, first referral units, tertiary health care facilities). The newborn and child health are now the two key pillars of the Reproductive, Maternal, Newborn, Child and Adolescent health (RMNCH+A) strategic approach.

4.1 NEO-NATAL HEALTH

To address the issues of higher neonatal and early neonatal mortality, facility based newborn care services at health facilities have been emphasized. Setting up of facilities for care of Sick New Born such as Special New Born Care Units (SNCUs), New Born Stabilization Unit (NBSUs) and New Born Care Corners (NBCCs) at different levels is a thrust area under NHM.

Table number 12 shows the infrastructure and services of neonatal health in the Hathras District. The district has good infrastructure for child care. There are 1 NRC, 1 SNCU, 3NBSUs and 39 NBCCs. 21 staff members are present in the SNCU while 8 are present in NRC.

There were 83 admissions in NRCs, with an average duration of stay of 14 hours.

Table 12: Details of Neonatal Infrastructure & Services, Hathras, 2017-18

	Numbers	whether established in last financial year (Yes/No)
Total SNCU	1	NO
Total NBSU	3	NO
Total NBCC	39	NO
Total Staff in SNCU	21	NO
Total Staff in NBSU	6	NO
Total NRCs	1	NO
Total Admissions in NRCs	83	NO
Total Staff in NRCs	8	NO
Average duration of stay in NRCs	14	

Source: CMO Office, Hathras, 2018.

As per the records provided by CMO Office, Hathras, the district experienced no neo-natal mortality in the year 2017-18.

4.2 IMMUNIZATION

Immunization Programme is one of the key interventions for protection of children from life threatening conditions, which are preventable. The thrust areas under the Immunization Programme include: Intensification of Routine Immunization, Eliminating Measles and Japanese Encephalitis related deaths and Polio Eradication.

Immunization program was running smoothly in the district, ASHAs and ANMs were working efficiently and working hard to meet the targets in the district. Furthermore Mission Indradhanush is functional in the district capturing a large number of children in the district. Immunization sessions are organized regularly.

Table 13 shows, against the target set by the district, achievement in immunisation coverage for OPV at birth is 98 per cent in Maho Block whereas it is only 63 per cent in Mursan. More than eighty percentage coverage was observed in 4 blocks of the district namely Sikandrarao, Hasayan, Sahpau and Maho. Achievement in BCG vaccination coverage against the target was highest in Sadabad with 101 % achievement and was higher in all blocks compared to OPV Coverage.

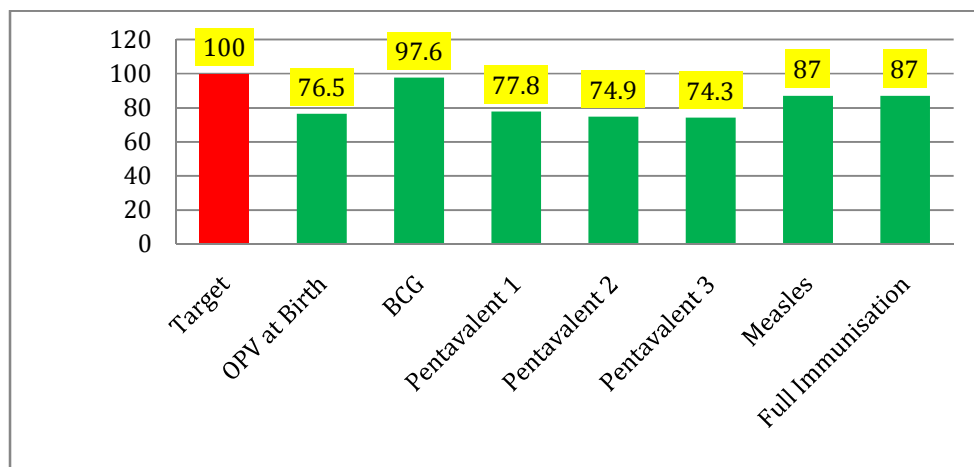
Table 13: Immunization Status, Hathras, 2017-18

Block	Target	OPV at birth	BCG	Pentavalent			Measles	Full Immunization
				1	2	3		
Sikandrarao	6583	5579	6447	4866	4661	4902	6219	6219
Hasayan	5700	4815	4925	4714	4644	4671	5033	5033
Maho	5539	5433	5183	5359	5388	5433	5093	5093
Sasni	6681	4692	5691	5019	4695	4556	5603	5603
Mursan	5727	3611	5497	3841	3619	3576	5523	5523
Sadabad	7028	4855	7124	5846	5325	4855	6186	6186
Sahpau	3872	3151	3639	3080	3090	3151	3230	3230
PPC Hathras	900	772	4333	772	756	748	695	695
Madugarhi	1616	1147	1030	1147	1135	1142	1119	1119
Rani kaNagla	1745	710	462	710	705	712	806	806
Total	45391	34765	44331	35354	34018	33746	39507	39507

Source: CMO Office, Hathras, 2018.

No significant dropout is observed in Pentavalent vaccine schedule. No block in the district shows achievement percentage of less than 60 for Pentavalent 1, 2 and 3. Achievement percentage with regards to Measles vaccination is satisfactory among the blocks of the district. Mursan reports 97 per cent achievement against the target, followed by Sikandrarao (94 per cent), Maho(9 per cent) and Hasayan and Sadabad(88 per cent). All other block have an achievement percentage of more than 80.

Figure 2 summarizes the Immunization Status in Hathras District for the year 2017-18. The bars show the percentage achievement across different vaccines compared to the set target for the entire district. The highest achievement rate is of BCG vaccines which is 97.6 percent and that of lowest is Pentavalent 3 which is 74.3 percent. Full immunisation for the year 2017-18 accounts for 39507 children as against the target of 45391. The achievement rate thus comes out to be 87 per cent.

Figure 2: Immunization Status in Hathras District, 2017-18

4.3 RASHTRIYA BAL SURAKSHA KARYAKRAM

Rashtriya Bal Swasthya Karyakram is an initiative by NHM for monitoring the child health in the different districts. Under this program team of experts are sent to schools for regular checkups of the children. The checkups include, the eye testing, dental checkups, and any prominent symptoms of any communicable and non-communicable disease are being screened.

Table 14: RBSK Progress in Hathras District

Years	No. of Schools	No. of children registered	Children Diagnosed	No. of Children referred
2017-18	1497	113811	103765	1118
2016-17	1493	110286	99836	942

Source: CMO Office, Hathras, 2018

Rastriya Bal Surakha Karyakram is functional in the district. There are 12 RBSK teams in the district with 4 members in each team. From Table 14, we can see that while the number of schools have remained constant, the number of children registered under the scheme have increased over the period of one year.

5. FAMILY PLANNING

Family planning is an important component of NHM as it aims to achieve population stabilization as well as promote reproductive health and reduce maternal, infant and child mortality and morbidity. Family planning allows individuals and couples to anticipate and attain their desired number of children and the spacing and timing of their births. It is achieved through use of contraceptive methods and the treatment of involuntary infertility. A woman's ability to space and limit her pregnancies has a direct impact on her health and well-being as well as on the outcome of each pregnancy.

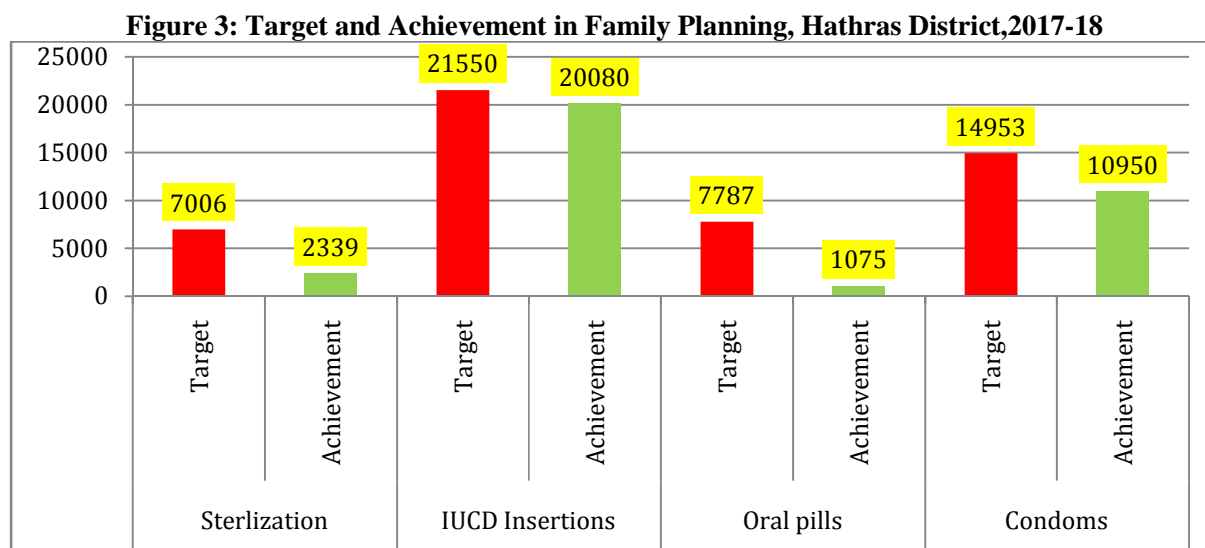
Table 15 given below shows the family planning achievement in the Hathras district for the past financial year. It can be seen that achievement of IUCD Insertions and condom distribution are close to the targets set by the blocks. However, it was noticed that couples did not prefer permanent methods of contraception. The achievement rate was far below the set targets for sterilization with male sterilization lagging even more behind. Male sterilization achievement was around 11 percent across all blocks whereas female sterilization ranged between 15 percent (Sahpau) to 35 percent (Sadabad).

Table 15: Family Planning Achievement in Hathras, 2017-18

Block	Sterilization			IUCD insertions		Oral Pills		Emergency Contraceptives	Condoms	
	Target	Male	Female	Target	Ach*	Target	Ach*	Ach*	Target	Ach*
SIKANDRA RAO	1020	115	141	3140	3012	1160	160	2386	2220	1658
HASAYAN	880	100	209	2710	1858	980	104	3064	1920	1467
MAHO	860	95	129	2660	2353	960	92	1825	1870	1286
SASNI	1045	115	235	3220	2413	1190	161	3003	2220	1521
MURSAN	880	100	247	2710	2131	980	119	3282	1920	1361
SADABAD	1100	120	366	3405	3622	1240	172	3284	2375	1370
SAHPAU	610	70	103	1890	1928	680	96	1500	1415	1187
PPC	611	63	140	1815	2566	597	10	3339	1013	257
URBAN HEALTH POST			0		197		161			843
TOTAL	7006	778	1561	21550	20080	7787	1075	21683	14953	10950

Source: CDMO Office, Hathras, 2018.

Acceptance of Oral Pills as a method of contraception is very low across all blocks of Hathras. As against the set targets, Sikandra Rao achieved 15 percent of the set target followed by Sahpau (14 percent) and Sasni and Sadabad (13 percent) each. Figure 3 gives a pictorial representation of the target and achievement status of family planning by method type.



In an attempt to expand contraceptive choice and make modern contraceptive accessible and affordable for women, new contraception in the form of injections (Antara) and Centchroman Pill (Chhaya) have been launched. These have been introduced at the DH and CHC level in the District. It was reported that the initial acceptance rate of the two is quite high.

6. ADOLESCENT REPRODUCTIVE AND SEXUAL HEALTH

Government of India has recognized the importance of influencing health-seeking behavior of adolescents. The health situation of this age group is a key-determinant of India's overall health, mortality, morbidity and population growth scenario. Therefore investment in adolescent reproductive and sexual health will yield dividends in terms of delaying age at marriage, reducing incidence of teenage pregnancy, meeting unmet contraception need, reducing STI incidence and reducing HIV prevalence.

The district observed 84 counselling sessions in the year 2017-18 where counselling of 2712 adolescents was done. The data on anaemic adolescents is not available. Also, young girls were given counselling for menstrual problems faced by them. At most of the facilities, adolescents came for skin problems such as acne. However there were a few cases of RTI/STI problems as well.

7. QUALITY IN HEALTH SERVICES

Maintaining the quality of health services being provided is an important aspect under NHM. For monitoring purposes following aspects were looked for assessing it.

7.1 BIO MEDICAL WASTE MANAGEMENT



Figure 4: BMW Management at visited facilities

The district had outsourced Bio-medical Waste collection to an outside agency. All facilities visited had different coloured bins in which the waste is segregated and then either disposed off or buried in pits. The only exception was Sub centre at BasaiKaji which had no Bio medical wastage management mechanism. There were IEC materials displayed at all the wards in a facilities regarding disposal of waste into different coloured bins.

7.2 INFORMATION EDUCATION AND COMMUNICATION

Essential IEC materials relating to NHM facilities and services could be used as a medium for awareness generation among the patients visiting the facilities. The procurement for IEC material was not reported to be a problem except at CHC Sasni. Material was available with the facilities pertaining to all major schemes like JSY, JSSK, Immunisation, Referral Transport, etc. However the display of IEC material was disparate across facilities. The District Women Hospital, CHC

Sasni and CHC Sadabad had displayed IEC materials whereas the same at the visited PHC and Subcentre was very poor.



Figure 5: IEC Display at visited Health Facilities

8. AYUSH PROGRESS

Treatment through Ayurveda, Yunani/Sidhha and Homeopathy (AYUSH) is functional in the district. AYUSH Health Centres are present in all the blocks in Hathras District (Table 16). The district has a total of 21 AAYUSH Doctors. Sahpuhas 4 AYUSH doctors as the highest among blocks followed by Sadabad and Sikandrarao with 3 doctors each.

Table 16: AYUSH Progress in Hathras, 2017-18

Block	No. of facilities with AYUSH centers	No. of AYUSH Doctors	No. of patients received treatment
DHQ	1	3	48091
HASAYAN	1	2	N.A
MAHO	1	2	29670
MURSAN	1	2	37556
SADABAD	1	3	15447
SAHPAU	1	4	3732
SASNI	1	2	32113
SIKANDRARAO	1	3	43804
TOTAL	8	21	210413

Source: CMO Office, Hathras, 2018

9. COMMUNITY PROCESS

The Community level health workers such as ASHAs play an important role in promoting institutional deliveries which has a big impact on the health of the mother and the new-born. Currently 1175 ASHAs are working in the district (Table 17), while 57 positions are vacant.

In a year, 84 meetings have been conducted with ASHAs. There is no ASHA resource centre available in the district. Drug kit replenishment provision is available. ASHA's in the district have been trained in Module 6 and Module 7 up to the third round.

Table 17: Community Process in Hathras District, 2017-18

Last status of ASHAs (Total number of ASHAs)	
ASHAs presently working	1175
Positions vacant	57
Total number of meeting with ASHA (in a Year)	84
Total number of ASHA resource centers/ ASHA Ghar	0
Drug kit replenishment	1175
No. of ASHAs trained in last year	127
ASHA's Trained in Digital Literacy	0
Name of trainings received	1)8 Days induction training 2) ASHA 6 and 7 module 3) ASHA 6 and 7 module round3

Source: CMO Office, Hathras, 2018.

Given the importance of role played by ASHAs in improvement of institutional delivery, immunization and family planning; their incentives should be increased. A minimum fixed amount as salary apart from the incentives is recommended.

10. DISEASE CONTROL PROGRAMME

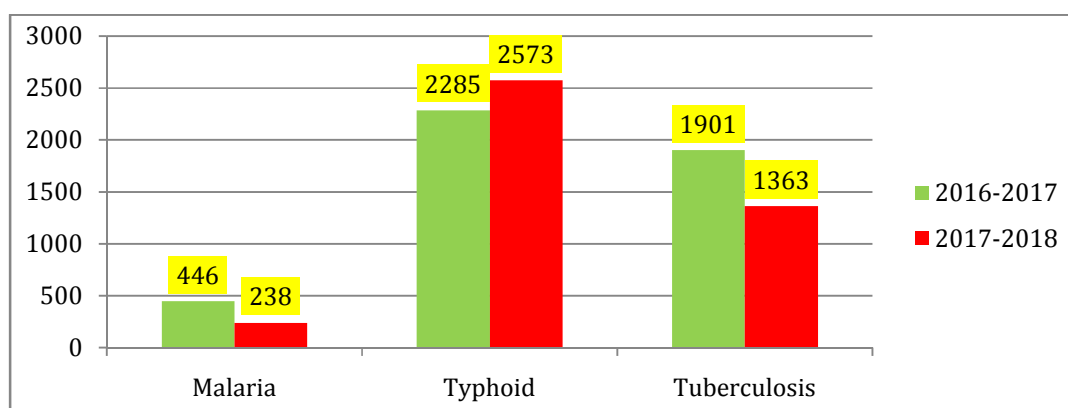
Table 18 summarizes the progress of health with regards to communicable diseases in the years 2016-17 & 2017-18. In 2016-17, the maximum number of cases detected was that of typhoid. However, screening for Malaria was the highest with 46,324 people tested for Malaria. In the following year, 2017-18 the incidence of typhoid has increased to 2573 from 2285 cases in 2016-17. A decreasing similar trend can be observed in cases of detected cases of Tuberculosis, however this could be due to fall in the number of cases screened. Cases of dengue have also seen a rise. Figure 6 is a pictorial depiction of the status of Communicable diseases in the district.

Table 18: Disease Control Programme Progress in Hathras District

Name of the Programme/ Disease	2016-17		2017-18	
	No. of cases screened	No. of detected cases	No. of cases screened	No. of detected cases
Malaria	46324	446	43204	238
Dengue	112	0	146	0
Typhoid	8286	2285	11924	2573
Hepatitis A/B/C/D/E	0	0	0	0
Influenza	0	0	0	0
Tuberculosis	16421	1901	10484	1363
Filariasis	0	0	0	0

Source: CMO Office, Hathras, 2018.

Figure 6: Status of Communicable Diseases in Hathras, 2016-17 & 2017-18



11. HMIS & MCTS

HMIS and MCTS are two most important part of NHM functioning which includes reporting and compiling of the data which includes performance of basic indicators of maternal and child health care in the district.

During the discussion at the CMO office, the district officials claimed that data is regularly updated in the portals and that validation checks are done timely to look for errors. These errors are then communicated to the respective block officials. However these claims appear to be inaccurate given that the HMIS data in the district suffers serious errors.

12. BUDGET UTILIZATION

The budget utilisation summary for Hathras district for four NHM flexipools and their major components is presented in Table 19. The highest part of the budget accrues to RMNCH+A flexipool. In The Last Financial Year, the district was not able to utilize the entire sanctioned amount for any of the flexipools.

Table 19: Budget Utilisation summary by major NHM components, Hathras, 2017-18

S.No	Scheme/Programme	Funds 2017-18	
		Sanctioned	Utilized
13.1	NRHM + RMNCH plus A Flexipool		
13.1.1	Maternal Health	66740221	52482482
13.1.2	Child Health	2421717	620901
13.1.3	Family Planning	13590825	7787842
13.1.4	Adolescent Health/RKSK	148400	92718
13.1.6	Immunization	13301088	9280447
13.2	NUHM Flexipool		
13.2.1	Strengthening of Health Services	9089251	6454194
13.3	Flexipool for disease control programme (Communicable Disease)		
13.3.1	Integrated Disease Surveillance Programme (IDSP)	1356791	1161106

13.3.2	National Vector-Borne Disease Control programme	162100	145320
13.4	Flexipool for Non-Communicable Diseases		
13.4.1	National Mental Health programme (NMHP)	2760000	214835
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)	4161668	591494

Source: CMO Office, Hathras, 2018

13 FACILITY WISE OBSERVATIONS

13.1 DISTRICT WOMEN HOSPITAL- HATHRAS

District Women Hospital of Hathras is a 30 bedded hospital with a delivery load of around 280-300 deliveries monthly. The hospital runs in a government building and has electricity backup and 24 hours water supply. The hospital does not have adequate number of staff quarters as required. Functional labour rooms, clean wards, functional SNCU and a nutritional rehabilitation centre are available at the hospital.



Figure 7: District Women Hospital, Hathras

- With regards to the human resource, the hospital has 2 MOs, 2 OBGs, 1 Anaesthetists, 1 Lab Technician and 3 pharmacists. There are 20 staff nurses and 1 ANMs. There are no pediatrician, radiographer and nutritionist. The facility has a dedicated RMNCHA+ counselor and 1 ARSH Counselor.
- Trainings for several skills such as EmOC, BeMOC, MTP/MVA, SBA, NSSK, Mini Lap-Sterilisations, IUCD, PPIUCD, KMC and MAA were held in the last financial year.

- JSY payments are fully done if documents of beneficiaries are in place. Some face problems because bank accounts and AADHAAR cards linkage.
- The beneficiary interaction surfaced that no cost was borne by them for the delivery and timely doctor rounds were observed. Beneficiaries were making use of the pick and drop facility by ambulance under JSSK.
- Hausala Training Centre has been established at the hospital for facility based clinical family planning training. Last year trainings for Kangaroo Mother Care(KMC) and Mothers Absolute Affection (MAA) have been conducted at the centre.
- The essential drugs availability was satisfactory at the facility. Injectable contraceptive ‘Antara’ has been introduced at the facility.
- It was observed that although facility had coloured bins for bio-medical waste segregation, it was not managed properly. People were seen entering the labour room without removing or changing their footwear.

Table 20: Service Delivery in last two years of District Women Hospital, Hathras

S. No	Service Utilization Parameter	2016-17	2017-18
1	OPD	61520	65853
2	IPD	13910	13804
3	Total deliveries conducted	4870	4591
4	No. of C section conducted	248	239
5	No. of Neonates initiated breastfeeding within one hour of birth	4870	4405
6	No. of pregnant women referred	245	380
7	No. of IUCD Insertions	206	193
8	No. of PPIUCD Insertions	1686	2373
9	No. of fully immunized Children	827	668
10	No. of children given vitamin A	827	668
11	Total MTPs	1069	704
13	Neo-Natal deaths	0	0
14	Still births	-	69

Source: District Women Hospital, Hathras, 2018

Table 20 shows the performance of various service delivery indicators for last two years at hospital. The figures for total deliveries conducted show that it is one of the major hospitals sought for delivery services. 4591 deliveries have been conducted in the year 2017-18 and out of these deliveries around five percent have been C-section deliveries. There have been 69 still births in the last year. There has been a marked increase in the number of PPIUCD insertions which increased from 1686 in 2016-17 to 2373 in 2017-18. Total MTPs conducted have seen a fall from 1069 to 704 in the year 2017-18.



Figure 8: Infrastructure & Service Delivery at DWH, Hathras

13.2 COMMUNITY HEALTH CENTRE, SADABAD



Figure 9: CHC, Sadabad, Hathras

Community Health Centre, Sadabad is a 20 bedded FRU Facility. The building of the facility is in a good condition and has electricity backup and 24 hours water supply. The average monthly delivery load at the facility is around 200 deliveries per month. The following observations were made during the monitoring and evaluation visit:

- The CHC has 1 General Surgeon, 1 Dentist, 6 MOs, 11 Staff Nurses, 3 ANMs and 3 Pharmacist. 1 OBG on contractual basis is also deputed at the CHC. In the last financial year, the staff underwent training for EmOC, LSAS, SBA, NSV, MTP/MVA, F-IMNCI, NSSK, Mini Lap, IUCD & PPIUC, Immunisation and cold chain.TOT for MAA programme has been conducted.
- The FRU has 5 Ambulances. JSY and JSSK are functioning well. Patients reported that they get food, drugs and other supplies timely. The food given under NSSK is prepared at the kitchen in the facility itself. Doctors reported that around 40% children born are underweight.
- The functional equipment with the health facility includes a BP Instrument and Stethoscope, Sterilised delivery sets, neonatal, Paediatric and Adult Resuscitation kit, Weighing Machine (Adult and infant/new-born), Needle Cutter, Radiant Warmer, Suction apparatus, Facility for Oxygen Administration, Autoclave, ILR and Deep Freezer, and Emergency Tray with emergency injections.
- The health facility is capable of conducting the following tests: Haemoglobin, Urine albumin and Sugar, Blood Sugar, Malaria, T.B. and HIV.
- BMW is collected every third day. The bio-hazard bags to collect waste were not available. There was scope of improvement with regards to general cleanliness at the facility.
- New born care corner with a functional radiant warmer with neo-natal ambu bag is available. New-born Stabilisation Unit is also available with the facility. It was reported that monthly 20-25 C-sections are performed.
- The full immunization coverage was reported to be around 74 percent.
- Doctors suggested that the Fellow land lying in the premises can be utilized for construction so that the number of beds can be increased.



Figure 10: Infrastructure & Service Delivery at CHC, Sadabad

13.3 COMMUNITY HEALTH CENTRE, SASNI

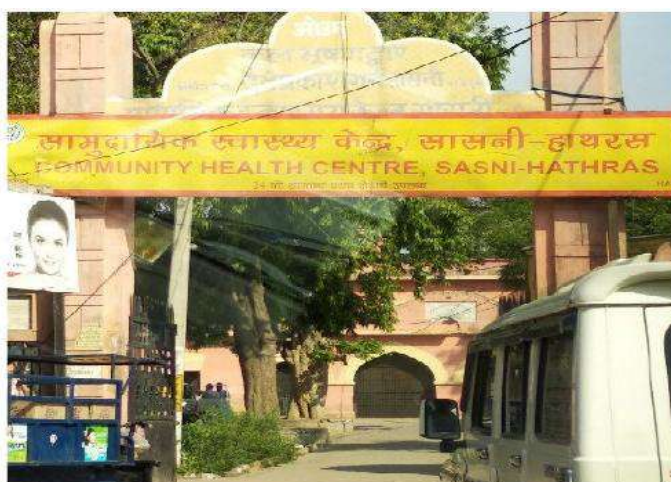


Figure 11: CHC, Sasni, Hathras

Community Health Centre, Sasni caters to an average of 100-150 patients daily. The Catchment population for the facility is 239424. The building of the facility is in a good condition and has electricity backup and 24 hours water supply. The following observations were made during the monitoring and evaluation visit:

- The CHC has 4 Medical officers, 2 ANMs, 4 Pharmacists, 2 LHV, 1 dental hygienist and 10 Staff Nurses. Staff quarters are available for the MOs, Staff Nurses and others. The retraining of the staff in the last financial year include those for BeMOC, SBA, NSSK and Immunization and Cold Chain.
- Essential Drug List was displayed. It was reported that there is an adequate supply of most of the essential drugs except for injections for monkey bites. Lab Services provided include hemoglobin, urine albumin and sugar, blood sugar, RPR, TB, HIV and Hep. B.
- The facility has an OT and NBSU but these are not functional.

- Last year the CHC received 350000 in RKS and entire amount was spent.
- RBSK is running and the facility has 2 teams with 4 members each. They cover 237 schools and 238 aganwadis.
- The facility has 206 ASHAs under it. Digital literacy training for ASHAs was conducted but it was reported that ASHAs are unable to pickup.
- The premises were observed to be very neat and hygienic. Bio-medical waste collection is outsourced and is collected on alternate days. The facility practices segregation of waste into color coded bins.
- X-ray facility is available at the CHC. 9-10 x-rays are done daily. Doctors reported that machine however has now become old. The centre also had provision for HIV testing and counseling.
- All Registers including OPD, ANC, PNC, and Immunization etc are maintained. It was reported that the facility does not receive IEC material from the district timely. Ambulance driver reported that Log book for ambulance has not been provided.

Table 21: Service Delivery in last two years at CHC, SASNI

S.No	Service Utilization Parameter	2016-17	2017-18
1.	OPD	97040	104300
2.	IPD	6730	6950
3.	No. of pregnant women given IFA		
4.	Total deliveries conducted	1845	1990
5.	No. of C section conducted		
6.	Number of sick children referred	39	48
7.	No. of pregnant women referred	158	181
8.	ANC1 registration	5796	5991
9.	ANC 3 Coverage	5129	5726
10.	No. of IUCD Insertions	186	190
11.	No. of PPIUCD insertions	912	987
12.	No. of children fully immunized	4332	4729
13.	No. of children given Vitamin A	4332	4729
14.	Total MTPs	0	0
15.	Maternal Deaths	0	0

16.	Still births	0	0
17.	Neonatal deaths	19	21
18.	Infant Deaths	2	2

Source: CHC, Sasni, Hathras 2018

Table 21 depicts the various service delivery indicators of the facility in the last two years and from the table we can see that facility is catering to large number of patients. OPDs have been very high in last two years. The ANC 3 Coverage has been close to total registrations. The number of IUCD and PPIUCD insertions have seen a slight increase from 2016-17 to 2017-18. It was reported that acceptance of the newly introduced injectable contraceptive Antara is good. The total number of deliveries conducted in last year was 1990. There have been 21 neonatal and 2 infant deaths in the last year.



Figure 12: Infrastructure & Service Delivery at CHC Sasni

13.4 PRIMARY HEALTH CENTRE, KAUMRI JANPAD

The Primary Health Care Centre at KaumriJanpad is a newly constructed facility, which began its functioning in May 2017. The infrastructure of the facility is setup on huge premises and have been effectively compartmentalised to make all the services under NHM available to the patients readily. The facility is easily accessible from the nearest road. During the monitoring visit, the following observations were made:

- With regards to human resource, the facility has One MO, One ANM, One Pharmacist and One Ward boy. There is no fourth class employee for cleaning the premises. Staff quarters are available for MOs and staff nurses. The facility has electricity with power back and 24 hours running water.
- Provision of Lab services is not available. Among the general equipments, the facility has BP instrument, weighing machine, facility for oxygen parameter and autoclave. Among the essential drugs, vaccines IFA syrup, Vitamin A, misoprostal tablet and oxytocin were not available. There is supply of urine albumin and sugar testing kits, OCPs, EC pills, IUCDs. However, the facility does not have supply for sanitary napkins.
- At present the average OPD per day was reported to be around 15-20 patients. Registers have not been maintained well.
- The facility is a delivery point. The provision of deliveries was started in April 2018. Since then around 145 deliveries have been conducted. The team observed that there were no dustbins inside the delivery room and no shoe rack outside it.
- The facility has a Burial pit for bio-medical waste management.No IEC material was on display.
- Location of facility is inrelatively un-inhabited area. People nearby should be made aware of the services being offered at the facility.



Figure 13: PHC, KaumriJanpad, Hathras

13.5 SUBCENTRE, BASAI-KAJI

A Sub-centre provides interface with the community at the grass-root level, providing all the primary health care services. However, the current level of functioning of the Subcentre visited was much below the expectations.

- One ANM and Four ASHAs are associated with the Sub Centre.
- Although a delivery point, the Sub centre had no electricity and no water supply. The washroom was not functional.
- The equipments available included B.P instrument, Ambu Bag and Newborn weighing machine.
- Record maintenance was found to be very poor. With regards to drugs availability and storage, a similar situation existed. The IEC on display was outdated.

It was reported that 71 deliveries had been conducted in the year 2017-18 and 22 IUCD insertions had been done. Local people of the area reported that the Sub-centre is locked most of the times. It is opened only when a pregnant women comes for delivery. Thus ensuring the accessibility and availability of quality primary health care services to the community through the sub-centres is a major concern and requires attention.



Figure 14: SubCentre, BasaiKaji, Hathras

14 CONCLUSION AND RECCOMENDATIONS

14.1 CONCLUSION

Population Research Centre, Delhi has been assigned the task of monitoring and evaluation of several components of National Health Mission by The Ministry of Health and Family Welfare. PRC team is expected to carry out the field visit in several state for quality checks and interact with the members associated with the Program to understand the various dimensions of the program and existing loopholes in its implementation at its grass root level. This report explains the Monitoring and Evaluation findings of the Hathras District of Uttar Pradesh. The health facilities visited by the team comprises of: District Women Hospital, Hathras;CHC Sadabad; CHC Sasni; PHC KaumriJanpad and Sub-Centre Basai-Kaji.

The district has 3 District Hospitals, 3 First Referral Units (FRUs), 7 Community Health Centres (CHCs), 27 Primary Health Centres (PHCs) and 194 Sub Centres (SCs). In addition, 2 adolescent friendly health clinics, are functioning in the district.All the visited healthcare facilities are functioning in government buildings.

Hathras District had 14 108 Ambulances and 18 104 Ambulances. There are no Referral transport vehicle and Mobile Medical Unitsworking in the District. The location of the visited healthcare facilities was such that they were easily accessible.

Against 101 sanctioned posts for Medical Officers including specialists only 47 are filled. The state of availability of Gynecologists is even scarcer with only 2 gynecologists serving the entire district against sanctioned posts of 13. The district has no Pediatrician.

Hathras District had 24956 Institutional Deliveries and 14283 home deliveries in the year 2017-18.The total number of births for the district is 39162, out of which 283 resulted in Still Births. The district is doing its best to achieve higher levels of Immunization. Current coverage is around 74 percent.IUCD insertion and usage of condom were the main methods of family planning utilized in the district.Under JSSK, beneficiaries are receiving the services of free diet

and free medicines. 91.57% of total women, who delivered in institutions in the last financial year, received the JSY Incentive.

The district has good infrastructure for child care. There are 1 NRC, 1 SNCU, 3NBSUs and 39 NBCCs. 21 staff members are present in the SNCU while 8 are present in NRC. Rastriya Bal Surakha Karyakaram is functional in the district. There are 12 RBSK teams in the district with 4 members in each team. Currently 1175 ASHAs are working in the district, while 57 positions are vacant. All the Blocks have AYUSH health centres in the district. A total of 8 AYUSH health centres are running in the district with 21 AYUSH doctors. It was reported that facilities receive all IEC materials on time except for CHC Sasni. The display of the same was however not adequate at most of the facilities.

14.2 RECOMMENDATIONS

There is a dire need to strengthen the service delivery at the SubCentre level. Subcentres with poor service delivery must be identified and worked upon.

Training with respect to HMIS data reporting and validation is essential. Also a timely review by district officials of the Data Validation being done by HMIS expert is recommended.

With regards to Facilities located at relatively distant and un-inhabited places, awareness needs to be created among people about the existence and functioning of these facilities.

The guidelines concerning the filling up of vacant positions must be issued and the positions must be filled. Specifically attempts must be made to appoint a pediatrician at the district hospital.

Considering the wide scope of improvement that exists with regards to infection control practices including fumigation, district must initiate programmes to achieve quality controls.

15 ANNEXURES

15.1 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	Y	N	

	wards (at least by partitions)			
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			

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	

15.2 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 (<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	
1.23a	BMW outsourced	Y	N	
1.24	Availability of ICTC Centre	Y	N	

Section II: Human resource:

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:

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	Laproscopey-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 tablets (blue)	Y	N	
5.5	IFA syrup with dispenser	Y	N	
5.6	Vit A syrup	Y	N	
5.7	ORS packets	Y	N	
5.8	Zinc tablets	Y	N	
5.9	Inj Magnesium Sulphate	Y	N	
5.10	Inj Oxytocin	Y	N	
5.11	Misoprostol tablets	Y	N	
5.12	Mifepristone tablets	Y	N	
5.13	Availability of antibiotics	Y	N	
5.14	Labelled emergency tray	Y	N	
5.15	Drugs for hypertension, Diabetes, common ailments e.g PCM, metronidazole, anti-allergic drugs etc.	Y	N	
5.16	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	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 quarters:

S.No	Service Utilization Parameter	Q1	Q2	Remarks
7.1	OPD			
7.2	IPD			
7.3	Expected number of pregnancies			
7.4	MCTS entry on percentage of women registered in the first trimester			
7.5	No. of pregnant women given IFA			
7.6	Total deliveries conducted			
7.7	No. of assisted deliveries(Ventouse/ Forceps)			
7.8	No. of C section conducted			
7.9	Number of obstetric complications managed, pls specify type			

7.10	No. of neonates initiated breast feeding within one hour		
7.11	Number of children screened for Defects at birth under RBSK		
7.12	RTI/STI Treated		
7.13a	No of admissions in NBSUs/ SNCU, whichever available		
7.13b	Inborn		
7.13c	Outborn		
7.14	No. of children admitted with SAM		
7.15	No. of sick children referred		
7.16	No. of pregnant women referred		
7.17	ANC1 registration		
7.18	ANC 3 Coverage		
7.19	ANC 4 Coverage		
7.20	No. of IUCD Insertions		
7.21	No. of Tubectomy		
7.22	No. of Vasectomy		
7.23	No. of Minilap		
7.24	No. of children fully immunized		
7.25	Measles coverage		
7.26	No. of children given ORS + Zinc		
7.27	No. of children given Vitamin A		
7.28	No. of women who accepted post-partum FP services		
7.29	No. of MTPs conducted in first trimester		
7.30	No. of MTPs conducted in second trimester		
7.31	Number of Adolescents attending ARSH clinic		
7.32	Maternal deaths, if any		
7.33	Still births, if any		
7.34	Neonatal deaths, if any		
7.35	Infant deaths, if any		

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 IYCF done	Y	N	
7.4a	Counseling on Family Planning done	Y	N	
7.5a	Mothers asked to stay for 48 hrs	Y	N	
7.6a	JSY payment being given before discharge	Y	N	
7.7a	Mode of JSY payment (Cash/bearer cheque/Account payee cheque/Account Transfer)			
7.8a	Any expenditure incurred by Mothers on travel, drugs or diagnostics(<i>Please give details</i>)	Y	N	
7.9a	Diet being provided free of charge	Y	N	

Section VIII: Quality parameter of the facility:

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

S.No	Essential Skill Set	Yes	No	Remarks
8.1	Manage high risk pregnancy	Y	N	
8.2	Provide essential newborn care(thermoregulation, breastfeeding and asepsis)	Y	N	
8.3	Manage sick neonates and infants	Y	N	
8.4	Correctly uses partograph	Y	N	
8.5	Correctly insert IUCD	Y	N	
8.6	Correctly administer vaccines	Y	N	
8.7	Segregation of waste in colour coded bins	Y	N	
8.8	Adherence to IMEP protocols	Y	N	
8.9	Bio medical waste management	Y	N	
8.10	Updated Entry in the MCP Cards	Y	N	
8.11	Entry in MCTS	Y	N	
8.12	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	FP-Operation Register (OT)				
9.10	OT Register				
9.11	FP Register				
9.12	Immunisation Register				
9.13	Updated Microplan				
9.14	Blood Bank stock register				
9.15	Referral Register (In and Out)				
9.16	MDR Register				
9.17	Infant Death Review and Neonatal Death Review				
9.18	Drug Stock Register				
9.19	Payment under JSY				
9.20	Untied funds expenditure (Check % expenditure)				
9.21	AMG expenditure (Check % expenditure)				
9.22	RKS expenditure (Check % expenditure)				

Section X: Referral linkages in last two quarters:

S. no	JSSK	Mode of Transport (Specify Govt./ pvt)	No. of women transported during ANC/INC/PNC	No. of sick infants transported	No. of children 1-6 years	Free/Paid
10.1	Home to facility					
10.2	Inter facility					
10.3	Facility to Home (drop back)					

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

15.3 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	Y	N	

	radiant warmer with neo-natal ambu bag)			
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:

S. no	Category	Numbers	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

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 tablets (blue)	Y	N	
5.5	IFA syrup with dispenser	Y	N	
5.6	Vit A syrup	Y	N	
5.7	ORS packets	Y	N	
5.8	Zinc tablets	Y	N	
5.9	Inj Magnesium Sulphate	Y	N	
5.10	Inj Oxytocin	Y	N	
5.11	Misoprostol tablets	Y	N	
5.12	Mifepristone tablets	Y	N	

5.13	Availability of antibiotics	Y	N	
5.14	Labelled emergency tray	Y	N	
5.15	Drugs for hypertension, Diabetes, common ailments e.g PCM, metronidazole, anti-allergic drugs etc.	Y	N	
5.16	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	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 quarters:

S.No	Service Utilization Parameter	Q1	Q2	Remarks
7.1	OPD			
7.2	IPD			
7.3	Expected number of pregnancies			
7.4	MCTS entry on percentage of women registered in the first trimester			
7.5	No. of pregnant women given IFA			
7.6	Total deliveries conducted			

7.7	Number of obstetric complications managed, pls specify type		
7.8	No. of neonates initiated breast feeding within one hour		
7.9	Number of children screened for Defects at birth under RBSK		
7.10	RTI/STI Treated		
7.11	No of admissions in NBSUs, if available		
7.12	No. of sick children referred		
7.13	No. of pregnant women referred		
7.14	ANC1 registration		
7.15	ANC3 Coverage		
7.16	ANC4 Coverage		
7.17	No. of IUCD Insertions		
7.18	No. of Tubectomy		
7.19	No. of Vasectomy		
7.20	No. of Minilap		
7.21	No. of children fully immunized		
7.22	Measles coverage		
7.23	No. of children given ORS + Zinc		
7.24	No. of children given Vitamin A		
7.25	No. of women who accepted post partum FP services		
7.26	No. of MTPs conducted		
7.27	Maternal deaths, if any		
7.28	Still births, if any		
7.29	Neonatal deaths, if any		
7.30	Infant deaths, if any		

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 IYCF done	Y	N	
7.4a	Counseling on Family Planning done	Y	N	
7.5a	Mothers asked to stay for 48 hrs	Y	N	

7.6a	JSY payment being given before discharge	Y	N	
7.7a	Mode of JSY payment (Cash/bearer cheque/Account payee cheque/Account Transfer)			
7.8a	Any expenditure incurred by Mothers on travel, drugs or diagnostics <i>(Please give details)</i>	Y	N	
7.9a	Diet being provided free of charge	Y	N	

Section VIII: Quality parameter of the facility

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

S.No	Essential Skill Set	Yes	No	Remarks
8.1	Manage high risk pregnancy	Y	N	
8.2	Provide essential newborn care(thermoregulation, breastfeeding and asepsis)	Y	N	
8.3	Manage sick neonates and infants	Y	N	
8.4	Correctly Uses Partograph	Y	N	
8.5	Correctly insert IUCD	Y	N	
8.6	Correctly administer vaccines	Y	N	
8.7	Alternate Vaccine Delivery (AVD) system functional	Y	N	
8.7	Segregation of waste in colour coded bins	Y	N	
8.8	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	Partographs			
9.9	OT Register			
9.10	FP Register			
9.11	Immunisation Register			
9.12	Updated Microplan			
9.13	Drug Stock Register			
9.14	Referral Registers (In and Out)			
9.15	Payments under JSY			
9.16	Untied funds expenditure (Check % expenditure)			
9.17	AMG expenditure (Check % expenditure)			
9.18	RKS expenditure (Check % expenditure)			

Section X: Referral linkages in last two quarters:

S. no	JSSK	Mode of Transport (Specify Govt./ pvt)	No. of women transported during ANC/INC /PNC	No. of sick infants transported	No. of children 1-6 years	Free/Paid
10.1	Home to facility					
10.2	Inter facility					
10.3	Facility to Home (drop back)					

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	

15.4 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	Subcentre 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:

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

Section III: Equipment :

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

Section IV: Essential Drugs:

S. No	Availability of sufficient number of essential Drugs	Yes	No	Remarks
4.1	IFA tablets	Y	N	
4.2	IFA syrup with dispenser	Y	N	
4.3	Vit A syrup	Y	N	
4.4	ORS packets	Y	N	
4.5	Zinc tablets	Y	N	
4.6	Inj Magnesium Sulphate	Y	N	
4.7	Inj Oxytocin	Y	N	
4.8	Misoprostol tablets	Y	N	
4.9	Antibiotics, if any, pls specify	Y	N	
4.10	Availability of drugs for common ailments e.g PCM, metronidazole, anti-allergic drugs etc.	Y	N	

Section V: Essential Supplies

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

Section VI: Service Delivery in the last two quarters:

S.No	Service Utilization Parameter	Q1	Q2	Remarks
6.1	Number of estimated pregnancies			
6.3	No. of pregnant women given IFA			
6.4	Number of deliveries conducted at SC			
6.5	Number of deliveries conducted at home			
6.8	No. of sick children referred			

6.9	No. of pregnant women referred			
6.10	ANC1 registration			
6.11	ANC3 coverage			
6.12	ANC4 Coverage			
6.13	No. of IUCD insertions			
6.14	No. of children fully immunized			
6.14a	Measles coverage			
6.15	No. of children given ORS + Zinc			
6.16	No. of children given Vitamin A			
6.17	No. of children given IFA Syrup			
6.18	No. of Maternal deaths recorded , if any			
6.19	No. of still birth recorded, if any			
6.20	Neonatal deaths recorded, if any			
6.21	Number of VHNDs attended			
6.22	Number of VHNSC meeting attended			

Section VIII: Record Maintenance:

Sl. No	Record	Available and Upto-date and correctly filled	Available but non-maintained	Not Available	Remarks
8.1	Untied funds expenditure (Rs 10,000-Check % expenditure)				
8.2	Annual maintenance grant (Rs 10,000-Check % expenditure)				
8.3	Payments under JSY				
8.4	VHND plan				
8.5	VHSNC meeting minutes and action taken				

8.6	Eligible couple register				
8.7	MCH register (as per GOI)				
8.8	Delivery Register as per GOI format				
8.9	Stock register				
8.10	Due lists				
8.11	MCP cards				
8.12	Village register				
8.13	Referral Registers (In and Out)				
8.14	List of families with 0-6 years children under RBSK				
8.15	Line listing of severely anemic pregnant women				
8.16	Updated Microplan				
8.17	Vaccine supply for each session day (check availability of all vaccines)				
8.18	Due list and work plan received from MCTS Portal through Mobile/ Physically				

Section X: IEC display:

S. no	Material	Yes	No	Remarks
10.1	Approach roads have directions to the sub centre	Y	N	
10.2	Citizen Charter	Y	N	
10.3	Timings of the Sub Centre	Y	N	
10.4	Visit schedule of "ANMs"	Y	N	
10.5	Area distribution of the ANMs/ VHND plan	Y	N	
10.6	SBA Protocol Posters	Y	N	
10.7	JSSK entitlements	Y	N	
10.8	Immunization Schedule	Y	N	
10.9	JSY entitlements	Y	N	
10.10	Other related IEC material	Y	N	