



NATIONAL HEALTH MISSION

UTTARAKHAND PROGRAMME IMPLEMENTATION PLAN



A REPORT ON MONITORING OF IMPORTANT COMPONENTS OF HARIDWAR DISTRICT

SUBMITTED TO
MINISTRY OF HEALTH AND FAMILY WELFARE
GOVERNMENT OF INDIA, DECEMBER 2018

DR. WILLIAM JOE
MS. MONALI KUMARI



POPULATION RESEARCH CENTRE
INSTITUTE OF ECONOMIC GROWTH, DELHI-110007

CONTENTS

LIST OF TABLES	4
LIST OF FIGURES/GRAPHS	5
ACKNOWLEDGEMENT	6
ABBREVIATIONS	7
EXECUTIVE SUMMARY	9
1. INTRODUCTION	12
1.1 BACKGROUND AND OBJECTIVES	12
1.2 REVIEW OF THE KEY DEMOGRAPHIC AND HEALTH INDICATORS	15
2. REVIEW OF KEY HMIS INDICATORS	18
2.1 MATERNAL HEALTH	18
2.2 CHILD HEALTH AND IMMUNIZATION	24
3. KEY FINDINGS AND OBSERVATIONS	35
3.1 PHYSICAL ACCESS TO HEALTH FACILITIES.....	35
3.2 TRANSPORT FACILITY	36
3.3 HUMAN RESOURCES FOR HEALTH: STATUS & TRAINING	36
3.4 TRAINING STATUS	37
3.5 AVAILABILITY OF EQUIPMENTS AND DRUGS IN HEALTH FACILITIES EQUIPMENTS	38
3.6 DRUGS	40
3.7 SERVICE DELIVERY IN LAST TWO YEARS	42
3.8 MATERNAL HEALTH, DELIVERY AND CHILD HEALTH.....	43
3.9 MATERNAL DEATH	44
3.10 CHILD HEALTH	45
3.11 SNCU, NRC, NBSU, NBCC	45
3.12 RASHTRIYA BAL SWASTHYA KARYAKRAM.....	46
3.13 JANANI SURAKSHA YOJANA & JANANI SHISHU SURAKSHA KARYAKRAM	47
3.14 FAMILY PLANNING	48
3.15 INFORMATION EDUCATION AND COMMUNICATION.....	48
3.16 COMMUNITY PROCESS	49

3.17 DISEASE CONTROL PROGRAMME.....	49
3.18 HMIS/MCTS	50
3.19 AYUSH	50
3.20 STATEMENT OF NHM EXPENDITURE IN HARIDWAR DISTRICT 2017-18	50
4. FACILITY WISE OBSERVATIONS `	51
4.1 DISTRICT HOSPITAL.....	51
4.2 COMMUNITY HEALTH CENTER BAHADRABAD.....	54
4.3 COMMUNITY HEALTH CENTER BHAGWANPUR	57
4.4 PRIMARY HEALTH CENTER IMLIKHEDA.....	60
4.5 PRIMARY HEALTH CENTER BIHARINAGAR	62
4.6 SUB CENTER JAMALPUR KALA	64
4.7 SUB CENTER IMLIKHEDA	66
5. CONCLUSIONS AND RECOMMENDATIONS	67
6. LIST OF CONTACT PERSON	69
7. ANNEXTURE	71

LIST OF TABLES

TABLE 1. LIST OF INSTITUTIONS AND FACILITIES VISITED BY THE PRC-IEG TEAM	14
TABLE 2. KEY DEMOGRAPHIC INDICATORS OF HARIDWAR DISTRICT	16
TABLE 3. RURAL-URBAN COMPARISON OF DEMOGRAPHIC INDICATORS: INDIA, UTTARAKHAND AND HARIDWAR	16
TABLE 4. HEALTH INDICATORS OF HARIDWAR DISTRICTS	16
TABLE 5. NUMBER OF PREGNANT WOMEN RECEIVED 3 ANC CHECK-UPS.	18
TABLE 6. PERCENTAGE OF PREGNANT WOMEN RECEIVED 3 ANC CHECK-UPS.	18
TABLE 7. PERCENTAGE OF PREGNANT WOMEN RECEIVED TT2 OR BOOSTER TO TOTAL ANC REGISTRATION	18
TABLE 8. PERCENTAGE OF PREGNANT WOMEN GIVEN 100 IFA TO TOTAL ANC REGISTRATION	19
TABLE 9. PERCENTAGE OF PREGNANT WOMEN HAVING SEVERE ANAEMIA (Hb <7) TREATED AT INSTITUTION TO WOMEN HAVING TO HB LEVEL <11	19
TABLE 10. PERCENTAGE OF SBA ATTENDED HOME DELIVERIES TO TOTAL REPORTED HOME DELIVERIES	20
TABLE 11. PERCENTAGE OF MOTHERS PAID JSY INCENTIVE FOR HOME DELIVERY TO TOTAL REPORTED HOME DELIVERY	21
TABLE 12. PERCENTAGE OF WOMEN DISCHARGED IN LESS THAN 48 HOURS OF DELIVERY TO TOTAL REPORTED DELIVERIES AT PUBLIC INSTITUTIONS	21
TABLE 13. PERCENTAGE OF INSTITUTIONAL DELIVERIES TO TOTAL REPORTED DELIVERIES	22
TABLE 14. PERCENTAGE OF HOME DELIVERIES TO TOTAL REPORTED DELIVERIES.....	22
TABLE 15. C - SECTION DELIVERIES (PUBLIC + PRIVATE) TO REPORTED INSTITUTIONAL (PUBLIC + PRIVATE) DELIVERIES	22
TABLE 16. PERCENTAGE OF DELIVERIES CONDUCTED AT PUBLIC INSTITUTION TO TOTAL INSTITUTIONAL DELIVERIES	23
TABLE 17. PERCENTAGE OF WOMEN RECEIVING POST-PARTUM CHECKUP WITHIN 48 HOURS OF DELIVERY TO TOTAL REPORTED DELIVERIES.....	23
TABLE 18. PERCENTAGE OF TOTAL REPORTED LIVE BIRTHS TO TOTAL DELIVERIES	24
TABLE 19. PERCENTAGE OF LIVE BIRTH TO REPORTED BIRTH	24
TABLE 20. PERCENTAGE OF NEW-BORNS GIVEN BCG TO REPORTED LIVE BIRTH	27
TABLE 21. NUMBER OF INFANTS GIVEN PENTAVALENT 1	29
TABLE 22. NUMBER OF INFANTS GIVEN PENTAVALENT 2	30
TABLE 23. NUMBER OF INFANTS GIVEN PENTAVALENT 3	30
TABLE 24. NUMBER OF FULLY IMMUNIZED CHILDREN (9-11 MONTHS)	31
TABLE 25. PERCENTAGE DROP OUT BETWEEN BCG & MEASLES.....	32
TABLE 26. PERCENTAGE OF CHILDREN GIVEN VITAMIN A DOSE 9 TO CHILDREN GIVEN VITAMIN A DOSE 1.....	33
TABLE 27. HUMAN RESOURCES OF HARIDWAR DISTRICT UNDER NHM, 2017 – 18	37
TABLE 28. TRAINING STATUS OF HEALTH FACILITIES	37
TABLE 29. AVAILABILITY OF EQUIPMENT'S OF THE HEALTH FACILITIES IN 2017 – 18	38
TABLE 30. AVAILABILITY OF DRUGS OF THE HEALTH FACILITIES IN 2017 – 18.....	41
TABLE 31. SERVICE DELIVERY IN YEAR 2017-18	42
TABLE 32. BLOCK WISE MATERNAL HEALTH INDICATORS OF HARIDWAR DISTRICT 2017 – 18	43
TABLE 33. MATERNAL HEALTH INDICATORS IN HARIDWAR DISTRICT 2017 – 18	43
TABLE 34. BLOCK WISE ANALYSIS OF IMMUNIZATION IN THE LAST FINANCIAL YEAR	45
TABLE 35. STATUS OF JSY PAYMENTS IN DISTRICT IN THE LAST FINANCIAL YEAR	47
TABLE 36. FUND UTILIZATION IN THE LAST FINANCIAL YEAR.	50

LIST OF FIGURES/GRAPHS

FIGURE 1. MEETING WITH OFFICIAL DESIGNATED OFFICERS AT HARIDWAR DISTRICT	14
FIGURE 2. MAP OF UTTARAKHAND	15
FIGURE 3. HEALTH INFRASTRUCTURE IN HARIDWAR.....	35
FIGURE 4. REFERRAL TRANSPORT IN HEALTH FACILITY.....	36
FIGURE 5. HEALTH EQUIPMENT'S IN THE HEALTH FACILITIES	39
FIGURE 6. DRUGS IN HEALTH FACILITIES	40
FIGURE 7. LABOUR ROOM, OT AND MATERNITY WARD.....	44
FIGURE 8. NRC, SNCU AND NBCC IN HEALTH FACILITIES	46
FIGURE 9. MEETING WITH ANM AND ASHAS.....	47
FIGURE 10. IEC DISPLAY IN THE HEALTH FACILITIES.....	48
FIGURE 11. HEALTH FACILITY IN DISTRICT HOSPITAL	51
FIGURE 12. HEALTH FACILITY IN CHC	54
FIGURE 13. HEALTH FACILITY IN CHC	57
FIGURE 14. HEALTH FACILITY IN PRIMARY HEALTH CENTRE.....	60
FIGURE 15. HEALTH FACILITY IN PRIMARY HEALTH CENTER.....	62
FIGURE 16. HEALTH FACILITIES IN SUB CENTER.....	64
FIGURE 17. HEALTH FACILITIES IN SUB CENTER	66
GRAPH 1. PERCENTAGE OF NEW-BORNS HAVING WEIGHT LESS THAN 2.5 KG	24
GRAPH 2. PERCENTAGE OF NEW-BORNS BREASTFED WITHIN 1 HOUR OF BIRTH TO TOTAL LIVE BIRTH.....	25
GRAPH 3. PERCENTAGE OF NEW-BORNS VISITED WITHIN 24HRS OF HOME DELIVERY TO TOTAL REPORTED HOME DELIVERIES ..	25
GRAPH 4. NUMBER OF INFANTS GIVEN OPV o (BIRTH DOSE)	26
GRAPH 5. NUMBER OF INFANTS GIVEN BCG.....	26
GRAPH 6. PERCENTAGE NEW-BORNS GIVEN OPVo AT BIRTH TO REPORTED LIVE BIRTH.....	27
GRAPH 7. NUMBER OF INFANTS GIVEN DPT1	28
GRAPH 8. NUMBER OF INFANTS GIVEN DPT2.....	28
GRAPH 9. NUMBER OF INFANTS GIVEN DPT3.....	29
GRAPH 10. NUMBER OF INFANTS GIVEN MEASLES	30
GRAPH 11. VITAMIN - A DOSE 1	32
GRAPH 12. PERCENTAGE OF CHILDREN GIVEN VITAMIN A DOSE1 TO REPORTED LIVE BIRTH.....	33
GRAPH 13. PERCENTAGE OF IMMUNISATION SESSIONS WHERE ASHAS WERE PRESENT TO IMMUNISATION SESSIONS PLANNED	34

ACKNOWLEDGEMENT

The Monitoring and Evaluation of NHM, PIP Programme Implementation Plan 2018 in Haridwar district, Uttarakhand was successfully completed with the help and support extended by officials and staff of the NHM and State Department of Health and Family Welfare officials.

We are grateful to Dr. Prem Lal, Chief Medical Officer and Mr Ashok Kumar, Assistant Chief Medical Officer of Haridwar District for overall support. We are thankful to the Block Community Programme Manager in Bahadrabad block for help and their cooperation. The monitoring could not have been possible without support from the NHM staff at the district programme management unit.

We are also grateful to the facility staff for their cooperation during the monitoring visits in the Haridwar district. ASHAs, ANMs and beneficiaries also deserve our special thanks for responding to the questions with enthusiasm.

We would like to give our sincere thanks to research fellow Mr. Bibhuti Ranjan for their kind support and help during the NHM PIP visit at Haridwar.

Finally, we sincerely thank the Director of the Institute and the staff of the Population Research Centre at Institute of Economic Growth, Delhi for their kind support and encouragement.

Dr. William Joe

Ms. Monali Kumari

Population Research Centre (PRC – IEG)

Institute of Economic Growth, Delhi – 110007

ABBREVIATIONS

Short Name	Full Name
ANC	Ante Natal care
ANM	Auxiliary Nurse Midwife
ASHA	Accredited Social Health Activist
AYUSH	Ayurveda, Yoga& Naturopathy, Unani, Siddha, Homeopathy
BB	Blood Bank
BMOC	Basic emergency obstetric care
BCC	Behaviour change communication
BCG	Bacillus Calmette Guerin
BPL	Below poverty line
BSU	Blood storage unit
CDO	Computer data entry operator
CMO	Chief medical officer
CGHS	Central government health services
EMOC	Emergency obstetric care
ESIC	Employee state insurance corporation
EVA	Equine viral arthritis
DGD	Delhi government dispensary
DOTS	Directly treatment strategy
DPMU	District Programme management unit
DPT	Diphtheria, Pertussis (whooping cough), Tetanus
GOI	Government of India
HIV	Human Immunodeficiency Virus
HMIS	Health Management Information System
ICDS	Integrated Child Development Services
ICTC	Integrated Counseling and Testing Centre
IEC	Information Education & Communication
IFA	Iron & Folic Acid
IPD	Indoor-Patients Department
IPHS	Indian Public Health Standards
IUCD	Intra Uterine Contraceptive Device
JSY	Janani Suraksha Yojna
JSSK	Janani Shisu Suraksha Karyakram
LHV	Lady Health Visitor
MCH	Maternal and Child Health

MCTS	Mother and Child Tracking System
MH	Maternity Home
MIS	Management Information System
MOIC	Medical Officer In-Charge
MTP	Medical Termination of Pregnancy
NBCC	New Born Care Corner
NBSU	New Born Special Unit
NHM	National Health Mission
NGO	Non-Government Organization
NRHM	National Rural Health Mission
NUHM	National Urban Health Mission
NSSK	Navjat Shishu Surksha Karyakram
NSV	Non Scalpel Vasectomy
OBG	Obstetrics Gynecology
OCP	Oral Contraceptive Pill
OPD	Outdoor Patients Department
OPV	Oral Polio Vaccine
ORS	Oral Rehydration Solution
PFMS	Public Financial Management System
PIP	Programme Implementation Plan
PPIUCD	Post-Partum IUCD
PHC	Post Natal Care
RCH	Reproductive & Child Health
RKS	Rogi Kalyan Samiti
RTI/STI	Reproductive tract infection/Sexually transmitted infection
SBA	Skilled Birth Attendant (Special training course is available for SBA)
TT	Tetanus Toxoid
VHND	Village Health and Nutrition Day

EXECUTIVE SUMMARY

HARIDWAR

The Ministry of Health and Family Welfare (MoHFW), Government of India has assigned Population Research Centre (PRC) for quality monitoring of essential components of National Health Mission (NHM) State Programme Implementation Plan (PIP 2018-19). It is expected that a timely and systematic assessment of the key components of NHM can be critical for further planning and resource allocation for any areas. Considering PIP as a major task, Population Research Centre, Institute of Economic Growth, Delhi (PRC-IEG) would identify major concerns in implementation of NHM activities and also monitor quality parameters.

This report presents the key findings from the concurrent monitoring of essential components under NHM in Haridwar district of Uttarakhand. The report is prepared on the basis of field-based observations and visits to selected public health facilities in Haridwar.

The following public health care facilities were visited by the PRC-IEG Team: District hospital, CHC Bahadrabad, CHC Bhagwanpur, PHC Imlikheda, PHC Biharinagar, SC Jamalpur kala and SC Imlikheda. Structured checklist was used to collect information on human resources, infrastructure, funds utilization, training, health care services including drugs and equipment, family planning, disease control programmes, JSY and JSSK programme, Maternal and child health, RBSK programme, and other programmes under the umbrella of NHM.

Interactions with district and block level health administrators including the Chief Medical Officer (CMO) and the Block Medical Officer-in-Charge (MOIC), facility and community level health care providers (ANMs, ASHAs etc) and other supporting staff were conducted to understand the strengths and weakness of the facilities in service provisioning.

Besides, review of relevant programmatic data and information available from the Assistant Chief Medical officer (ACMO), Health Management Information system (HMIS) and the observations made during the monitoring and evaluation of field visit and the key components of NHM are included for robust feedback on programme implementation in the district. The major strengths and weaknesses of the district are as follows:

STRENGTHS

1. District women hospital has won second prize from kaya kalp for sanitation and beautification and last year won first prize for the same.
2. Sterilization camp is organised in the CHC Bahadrabad every month and doctors comes from outside for the sterilization.
3. PHC and SC Imlikheda are well maintained as well as cleanliness of these health facilities was good.
4. In both CHCs Bahadrabad and Bhagwanpur delivery room are enhancing for increase the delivery.
5. All registers are maintained in all the visited health facilities.
6. In CHC Bahadrabad under RBSK programme 200 peer educators were selected to give the counselling through the peer educator in village area. Under one ASHA 2 peer educator done their work. Peer educator meeting is held one time in a month. They provide counselling about cleanliness and hygiene practices during period time as well as nutritious food, usage of contraception after the age of 15.
7. In PHC Imlikheda, PHC Biharinagar, SC Jamalpur Kala and Imlikheda pit system were there for bio medical waste and all pits are properly managed health facilities.
8. At sub Centre Imlikheda 1 ANMs and 11 ASHAs were appointed. They had received training on IUCD, NSSK and SBA. They conducted immunization camps at village levels and also provided guidelines related to maternal and child health to the ASHAs.

WEAKNESSES

1. One part of the district hospital is that they have all the type of health facilities and infrastructure available as it works only on Kumbh mela time. On another day it didn't worked and was not properly closed. This district hospital is 70 bedded.
2. This District hospital has only one MBBS doctor who handled SNCU and NRC section as well as OPD. As he had lots of work load.

3. This DWH has also one LMO and she handled OPD, ANC and PNC ward also. But she had lots of workload.
4. With the conversation of CMS, she told that this DWH is 34 bedded and in the condition of overload of delivery they can't fulfil to provide the health facility to the patient.
5. In CHC Bahadrabad Delivery is conducted in NBSU wing because of construction of Delivery room.
6. In PHC Biharinagar (Sahdevpur) home delivery is very high because surrounding the village women has trust on day of delivery spreading fear about Hospital facilities which is out of pocket expenditure.
7. According to the senior pharmacist in CHC Bhagwanpur shortage of folic acid since the last one month as it can't be fulfilled till now. MOIC also saying to the patient to borrow some kind of medicine from outside.
8. Misbehaving with ANM in SC Imlikheda from the past two years. Due to that reason delivery was not conducted in this SC from the last one year. As well as Quarters are not available and also power backup is not provided for the staff so now the time delivery is very low here.
9. Toilets were not clean in all visited health facilities like as CHCs, PHCs, and SC.
10. No proper training have been given to the staff such as ASHAs, ANM, and Nurse in all visited health facilities.
11. No power backup facility was available in PHC Biharinagar and SC Jamalpur Kala.
12. Quarters are available only in district hospital, CHC Bahadrabad and CHC Bhagwanpur, any facility of quarters is not visited in PHCs and SCs that's why doctors and staff can't stay for long time here.

1. INTRODUCTION

1.1 BACKGROUND AND OBJECTIVES

The Ministry of Health and Family Welfare (MoHFW), Government of India has assigned Population Research Centre (PRC) for quality monitoring of essential components of National Health Mission (NHM) State Programme Implementation Plan (PIP 2018-19). Considering PIP as a major task, Population Research Centre, Institute of Economic Growth, Delhi (PRC-IEG) would identify critical concerns in implementation of NHM activities and also evolve suitable quality parameters to monitor the listed components.

This report presents the key findings from the concurrent monitoring of essential components of under NHM in Haridwar district of Uttarakhand. The report is prepared on the basis of field-based observations and visits to selected public health facilities in Haridwar. The following public health care facilities were visited by the PRC-IEG Team: District hospital, CHC Bahadrad, CHC Bhagwanpur, PHC Biharinagar, PHC Imlikheda, SC Jamalpur Kala and SC Imlikheda. Structured checklist was used to collect information on human resources, infrastructure, funds utilization, training, health care services including drugs and equipment's, family planning, disease control programmes and other programmes under the umbrella of NHM.

Further, interactions with district and block level health administrators including the Chief Medical Officer (CMO) and the Block Medical Officer-in-Charge (MOIC), facility and community level health care providers (ANMs, ASHAs etc.) and other supporting staff to understand the strengths and weakness of the facilities in service provisioning. Besides, review of relevant programmatic data and information available from the Assistant Chief Medical Officer (ACMO), Health Management Information system (HMIS) and the observations made during the monitoring and evaluation of field visit and the key components of NHM are included for robust feedback on programme implementation in the district.

OBJECTIVE OF THE STUDY

The overall objective of this study is to monitor the functioning of National Health Mission in Haridwar district of Uttarakhand. Especially the study aims to look into the coverage of the mission, constraints during service delivery and utilization of health services by the population of rural and underserved areas at large. Further it seeks to examine the status of utilization of health care services under NHM by the underserved section of the population. The quality monitoring of Programme Implementation Plan (PIP) and some other aspects of

the programme have been evaluated in this study which will help the planners and Policy makers to modify the existing policies for better service delivery under the mission. Apart from assessing the availability and adequacy of health services in the study area, the monitoring process intends to assess the performance of the health facilities. The specific objectives of the study are mentioned below:

- ✓ To assess the adequacy of physical infrastructures like buildings, hospital beds, Ambulances, medical equipment's and essential drugs needed for better service delivery at the DH, CHC, PHC and SC level.
- ✓ To assess the availability of human resources and specialists along with their training status working under National Health Mission.
- ✓ To obtain Block-wise reports on the status of Institutional deliveries, antenatal care, post-natal care, maternal deaths and immunization, family planning in the district
- ✓ To obtain information about the coverage of beneficiaries under JSSK and JSY of NHM.
- ✓ To assess the availability of infrastructures and other facilities under Neonatal Health. To obtain the achievements of family planning and immunization against the targets in the district.
- ✓ To obtain the progress of different programs like RBSK, AYUSH and ARSH functioning under NHM.
- ✓ To assess the quality in health care services like bio-medical waste management and infection control; community progress like status and activities related to ASHAs; functioning of disease control programs etc.
- ✓ To understand the utilization of NHM programme budgetary allocations on various components including utilization of untied funds at selected health facilities through Rogi Kalyan Samitis (RKS).

INSTITUTIONS AND FACILITIES VISIT

- Health facilities were selected and visited during the 4th week of November, 2018. Table 1 reports the list of institutions and facilities visited in the Haridwar districts. The Team interacted with key programme officials at the Office of the CMO, the DCPM and discussed the status of the key activities. Apart from detailed interactions with

the District Nodal Officers and DPMU staff, the team visited selected health facilities in the districts.

Table 1. List of institutions and facilities visited by the PRC-IEG Team

Institutions and Facilities	Key Contact Person
Chief Medical Officer	Dr. Prem Lal
District Programme Management Unit	Miss Monika
District Hospital	Shikha Jangpangi
Community Health Centre, Bahadrabad	Insar Ali
Community Health Centre, Bhagwanpur	Dr. vikrant Sirogi
Primary Health Centre, Biharinagar	Dr. Anita Kaushal
Primary Health Centre, Imlikheda	Dr. Ashok Kumar
Sub Centre, Jamalpur Kala	Preety Gola
Sub Centre, Imlikheda	Sudha Saini

Health facilities from all the three levels (at district, block and village level) were selected for supportive supervision after consultations with the CMO and the ACO. Further, to understand the health service providers' perspectives about the services delivery, in-depth discussions were done with the Chief Medical Officer, Block Medical Officer-in-Charge, Medical Officers, ANMs and ASHAs.

Figure 1. Meeting with Official Designated Officers at Haridwar District



Figure 1: Meeting with ACMO, Haridwar



Figure 2: Meeting with CMS in DH, Haridwar



Figure 3: Meeting with MOIC in CHC, Bahadrabad



Figure 4: Meeting with MoIC in CHC, Bhagwanpur

1.2 REVIEW OF THE KEY DEMOGRAPHIC AND HEALTH INDICATORS

Relative to other countries in the world, India can be categorised as a developing country or middle-income country. It is the second largest populous country in the world, after China. It contains 29 states and 7 union territories. Hardwar District, in the Garhwal region is a district of Uttarakhand with its administrative headquarters located at Hardwar city. According to 2011 census, the district encompasses a geographical area of 2360 sq km and has a population of 18, 90,422 (persons) including 10, 05,295 (males) and 8, 85,127 (females). The district has a sex ratio of 880 (females for every 1000 males). The major religions in the district are Hindu (64.27%) and Muslim (34.28%) of the total population respectively. The literacy rate in the district is 73.43% (persons), 81.04% (males) and 64.79% (females). Main spoken languages are Hindi (82.59%), Urdu (15.34%) and Punjabi (1.07%). Labour Force Participation Rate is 30.92%. Main source of income in the district is from the agriculture sector and per capita income is Rs. 1,22,1. The crime rate in the district is 145.63 for the year 2015. Total cropped area is 1, 61,681 in hectares and the forest area are 588 in sq km (2015).

Figure 2. Map of Uttarakhand



Table 2. Key demographic indicators of Haridwar district

Indicators	India	Uttarakhand	Haridwar
Actual population	1,21,05,69,573	10086292	1890422
Male	62,31,843	5137773	1005295
Female	58,74,47,730	4948519	885127
Sex ratio	940	963	880
Density / km ²	382	189	801
Literacy (%)	73.0	78.82	73.43
Male literacy (%)	80.9	87.4	81.04
Female literacy (%)	64.6	70.1	64.79

Source: Supportive supervision checklist, DPMU Haridwar

Table 2 shows that total population in Uttarakhand is 10086292 and that of Haridwar district is 1890422 according to the 2011 census. The proportion of female population is less than that of the male population for both the state and the district. Density of population in Uttarakhand is 189 per sq km which is lesser than the national average. The sex ratio for India which is 940 females per 1000 males, in Uttarakhand it is 963 females per 1000 males and in Haridwar it is 880 females per 1000 males. The Literacy rate for the country as a whole in 2011 was 73 percent for the total population aged 7 years and above, it was 80.9 percent for males and 64.6 percent for females. The literacy rate in Uttarakhand and Haridwar district is higher than the national level

Table 3. Rural-Urban Comparison of Demographic Indicators: India, Uttarakhand and Haridwar

Description	India		Uttarakhand		Haridwar	
	Rural	Urban	Rural	Urban	Rural	Urban
Total population	83,30,87,662	37,71,05,760	7036954	3049338	1197328	693094
Male Population	427.9 (In m)	195.8	3519042	1618731	633784	371511
Female Population	405.1 (In m)	181.3	3517912	563544	563544	321583
Sex Ratio	947	926	1000	884	889	866

Source: Supportive supervision checklist, DPMU Haridwar

Table shows that the proportion of rural urban population in India is 68.84 percent and 31.16 percent respectively. Sex ratio in rural area of the Country and in Uttarakhand is better than urban area, though in Haridwar district the sex ratio is better in rural areas than urban area. The difference between male and female literacy is still high.

Table 4. Health indicators of Haridwar districts

Health Indicator	Number	Percentage/Ratio
NMR	28 per 1000 live birth	AHS 2012-13
IMR	40 per 1000 live birth	AHS 2012-13
U5MR	48 Per 1000 live birth	AHS 2012-13
MMR	165 per 1000 live birth	AHS 2012-13

Source: Supportive supervision checklist, DPMU Haridwar

The above table shows that the NMR of Haridwar district is 28 per 1000 live births. The NMR is an important indicator for new born care and directly reflects the prenatal and neonatal care. However, the neonatal period, the first 28 days of life carries the highest risk of mortality per day than any other period during the childhood. Infant mortality was 40 per 1000 live birth in Haridwar district in 2012-13. The maternal mortality ratio is 165 per 100,000 live births in Haridwar.

2. REVIEW OF KEY HMIS INDICATORS

2.1 MATERNAL HEALTH

Table 5. Number of Pregnant women received 3 ANC Check-ups.

District and blocks	2012-13	2013-14	2014-15	2015-16	2016-17	2017 - 18
Haridwar	20,249	29,807	31,745	35,418	35,058	17,535
Bahadradabad	9,332	11,908	11,280	12,202	12,117	5,002
Bhagwanpur	1,866	3,555	4,381	5,633	5,445	3,001
Khanpur	519	813	956	822	963	666
Laksar	2,081	2,852	3,159	3,131	3,267	1,322
Narsan	2,509	4,200	4,629	4,183	4,656	2,357
Roorkee	3,942	6,479	7,340	9,447	8,610	5,187

According to the recent five year HMIS data on 3 and 4 ANC check-ups received by women in the year 2015 – 16 is 35,418 with the highest number compared to the other year of Haridwar District. Whereas in year 2012 – 13 to 2015- 16 table is showing consistency in the data. In Khanpur district, table presents less number of women receiving 3 ANC check-ups in all the year as compared to the other districts. Whereas 2017-18 table represents 4 ANC Check-ups received by women and table also shows the number of women is increasing for taking 4 ANC check-ups.

Table 6. Percentage of pregnant women received 3 ANC Check-ups.

District and blocks	2012-13	2013-14	2014-15	2015-16	2016-17	2017 - 18
Haridwar	61.9	69.4	68.1	70.4	68.8	46.5
Bahadradabad	75.7	80.5	70.3	63.1	67.7	34.2
Bhagwanpur	51.8	63.1	68.2	85.3	83.0	60.7
Khanpur	44.9	64.3	66.9	66.5	73.5	65.1
Laksar	51.0	60.2	61.4	70.0	67.4	43.2
Narsan	53.1	58.6	59.6	59.4	59.7	46.1
Roorkee	57.9	69.6	74.9	81.5	68.7	58.2

The given bar diagram represents the percentage of pregnant women received 3 ANC check-ups and it was found that total 70.4 % had covered in the year 2015 – 16 in Haridwar district. Only 59.4 % women used 3 ANC check- ups to total the ANC registration in Narsan during their pregnancy in the year 2016-17. The highest % has covered in the year 2014 – 15; which was 85.3 % in Bahadradabad. In some of the sub district of Haridwar there has been regular increase in ANC check-ups during the year 2012 – 13 to 2015 - 16. According to 2017-18 data % of 4 ANC check-ups is also increasing the entire sub district, because of awareness of the maternal and child health care.

Table 7. Percentage of pregnant women received TT2 or booster to total ANC registration

District and blocks	2012-13	2013-14	2014-15	2015-16	2016-17	2017 - 18
Haridwar	73.4	85.2	86.8	84.7	85.1	86.0
Bahadrabad	71.7	87.2	87.6	77.5	83.9	73.9
Bhagwanpur	76.7	89.5	91.6	94.8	95.4	101.5
Khanpur	75.2	91.2	92.9	89.0	90.2	96.7
Laksar	74.9	84.4	86.1	87.0	87.5	86.2
Narsan	68.1	80.8	84.4	88.5	86.6	97.8
Roorkee	77.4	82.5	83.8	87.6	79.1	89.4

Most of the countries followed a universal standard for Tetanus Toxoid (TT) immunization for mother health care. The proportion of women who received TT2 or Booster, in Bhagwanpur district; table presents percentage of data increased continuously in every year. According to the HMIS data in the year 2017-18 in Bhagwanpur sub district, 101.5% TT2 or Booster were received by pregnant women. In Bahadrabad and Khanpur 2015 – 16 covered low percentage compared to the 2014 – 15, which is 77.5%. In 2015 – 16 and in 2014 – 15 same sub district is 87.6 percentage; whereas in Khanpur 89.0 % is in 2015 – 16 and 92.9 % is in 2014 – 15.

Table 8. Percentage of pregnant women given 100 IFA to total ANC registration

District and blocks	2012-13	2013-14	2014-15	2015-16	2016-17	2017 - 18
Haridwar	41.0	83.6	57.3	70.3	18.6	59.1
Bahadrabad	47.9	86.8	62.7	89.7	30.0	95.3
Bhagwanpur	37.4	96.9	68.6	62.1	2.4	28.9
Khanpur	15.2	93.4	69.0	51.9	10.8	40.2
Laksar	19.8	81.5	45.1	56.4	1.5	21.3
Narsan	35.6	71.8	54.7	39.0	4.9	67.6
Roorkee	51.4	79.6	48.0	69.0	27.1	27.0

As per WHO pregnant women requires additional iron and folic acid to meet their own nutritional needs as well as those of the developing foetus. Figures from the table tell us about percentage of pregnant women who received 100 IFA to Total ANC Registration. In the year 2016 – 17 pregnant women who received 100 IFA to total ANC registration during pregnancy is 18.6 % is lowest compared to the other fiscal year. In 2016-17 all sub districts of Haridwar also presenting lowest percentage were compared to the other fiscal year. Figure shows inconsistency in data of Haridwar and sub districts in all the year. Daily oral iron and folic acid supplementation with 30 mg to 60 mg of elemental iron and 400 µg (0.4 mg) folic acid is recommended for pregnant women to prevent maternal anaemia, puerperal sepsis, low birth weight, and preterm birth.

Table 9. Percentage of pregnant women having severe anaemia (Hb <7) treated at institution to women having to Hb level <11

District and blocks	2012-13	2013-14	2014-15	2015-16	2016-17	2017 - 18
Haridwar	7.1	5.0	6.1	5.1	4.3	28.8
Bahadrabad	8.3	2.8	5.1	6.7	6.1	44.5
Bhagwanpur	9.3	15.3	3.4	0	0.1	9.1
Khanpur	0	0	0.8	1.7	0	-
Laksar	0	0	7.7	0	0	0
Narsan	0	6.9	20	15.1	1.8	0
Roorkee	6.7	13.7	9.2	2.6	2.8	21.2

In the present HMIS data, the prevalence of % Pregnant women having severe anaemia (Hb<7) treated at institution to women having Hb level<11 anaemia is missing in some sub district like as, Khanpur and Laksar of Haridwar. Also about other sub districts, figure is showing percentage of anaemia is very low, and also found inconsistency of data. There has been a substantial increase in percentage relative to other fiscal years, in the year 2017-18 with range of about 28.8 %, 44.5 %, and 21.1 % in Haridwar and two another districts Bahadrabad and Roorkee.

Table 10. Percentage of SBA attended home deliveries to total reported Home deliveries

District and blocks	2012-13	2013-14	2014-15	2015-16	2016-17	2017 - 18
Haridwar	27.4	24.4	21.8	21.0	16.4	12.9
Bahadrabad	36.2	20.2	16.6	24.3	10.0	7.4
Bhagwanpur	11.0	10.6	14.2	12.6	15.7	5.7
Khanpur	14.3	12.5	11.8	15.8	11.2	15.3
Laksar	12.1	13.3	9.7	19.2	9.1	8.6
Narsan	53.4	51.1	52.0	45.5	49.9	37.1
Roorkee	20.3	24.6	19.5	11.6	7.4	9.4

According to the figure percent SBA attended home deliveries to total reported home deliveries is continuing decreasing and it could be seen in Bhagwanpur district from the year 2012-18, because of proper women educated, government programme, and also health conscious of women during pregnancy. Hitherto, the lowest percentage from the data is for Haridwar that is 12.9 % in the year 2017-18, but there has been a remarkable decrease. Data suggest that Narsan district has highest turned up in all the year compared to the other sub districts. Besides this government should focus on poor uneducated and younger rural women as well as it should ensure at least four ANC visits for every pregnant woman as well. So that maternal mortality can be combated on time.

Table 11. Percentage of mothers paid JSY incentive for home delivery to total reported home delivery

District and blocks	2012-13	2013-14	2014-15	2015-16	2016-17
Haridwar	4.8	6.2	6.4	1.7	4.2
Bahadrabad	4.1	3.8	4.9	1.1	3.6
Bhagwanpur	11.2	9.7	8.3	0	7.1
Khanpur	4.6	15.4	30.5	11.4	24.5
Laksar	7.8	13.4	12.3	8.6	8.7
Narsan	6.8	6.8	4.8	1.0	0.4
Roorkee	0.2	0.2	0.9	0	0.6

Building on the phenomenal progress of the (under the JSY scheme, Janani Shishu Suraksha Karyakram (JSSK, launched in 2011) provides service pregnant women, sick new-borns and infants for free delivery including caesarean section and free treatment in public health institutions. This includes free to free transport between home and institution, diet, diagnostics, drugs, other consumables and blood transfusion if required. Figure from the table tell us about % Mothers paid JSY incentive for home delivery to total reported home delivery. Year 2015 – 16 shows lowest percentage to women received JSY incentives for home delivery in all sub districts including Haridwar compare to other fiscal year. Roorkee also presented lowest percentage in all the year compare to the other districts. For rest of the sub-districts the data is very inconsistent and the percent fluctuates in all the districts. Data is not available in the year 2017 – 18.

Table 12. Percentage of women discharged in less than 48 hours of delivery to total reported deliveries at public institutions

District and blocks	2012-13	2013-14	2014-15	2015-16	2016-17	2017 - 18
Haridwar	13.0	6.2	9.4	13.6	8.8	61.6
Bahadrabad	15.9	3.3	7.3	10.2	7.2	72.5
Bhagwanpur	0	0	30.2	30.8	9.0	36.7
Khanpur	100.0	0	100.0	85.6	100.0	53.6
Laksar	15.9	12.5	29.5	38.8	39.0	17.0
Narsan	10.7	13.8	5.0	0	0.5	25.4
Roorkee	8.3	4.5	2.7	16.3	4.0	90.5

In Khanpur district 100 % of achievement in the year 2012 – 13, 2014 – 15 and 2016 – 17, women discharged in less than 48 hours of delivery to total reported deliveries at public institution. In the Narsan sub-district showing the decreased percent of women discharged in less than 48 hours of delivery to total reported deliveries at the public institution, in the given year (2014-15, 2015-16, and 2016-17), which is 5%, 0% and 0.5% respectively.

Table 13. Percentage of institutional deliveries to total reported deliveries

District and blocks	2012-13	2013-14	2014-15	2015-16	2016-17	2017 - 18
Haridwar	59.8	66.6	69.7	77.1	72.1	79.1
Bahadrabad	81.0	86.6	86.8	90.6	87.8	92.6
Bhagwanpur	26.3	22.3	23.0	27.2	32.9	28.9
Khanpur	0.2	0	4.8	51.6	40.5	65.3
Laksar	46.3	55.6	56.4	56.5	45.4	58.7
Narsan	43.0	45.2	53.6	71.0	65.5	69.7
Roorkee	31.4	47.5	54.5	55.7	53.0	53.8

Percentage of Institutional deliveries to total reported deliveries is highest in Bahadrabad sub district of Haridwar, which is 92.6 % in the year 2017-18. But in the year 2013-14 and 2014-15, in Khanpur percentage was found very low compared to the other district, which is negligible In Bahadrabad.

Table 14. Percentage of home deliveries to total reported deliveries

District and blocks	2012-13	2013-14	2014-15	2015-16	2016-17	2017 - 18
Haridwar	40.2	33.4	30.3	22.9	27.9	20.9
Bahadrabad	19.0	13.4	13.2	9.4	12.2	7.4
Bhagwanpur	73.7	77.7	77.0	72.8	67.1	71.1
Khanpur	99.8	100.0	95.2	48.4	59.5	34.7
Laksar	53.7	44.4	43.6	43.5	54.6	41.3
Narsan	57.0	54.8	46.4	29.0	34.5	30.3
Roorkee	68.6	52.5	45.5	44.3	47.0	46.2

The study revealed that in spite of the efforts in this direction, decreasing trend has been identified from 2013 to 2018; this was the situation in a village located in the periphery of a state capital that had easy access to all the health facilities. During the year 2017 -18 it is clearly observed that mostly home delivery had reported in Bhagwanpur.

Table 15. C - Section deliveries (public + private) to reported institutional (public + private) deliveries

District and blocks	2012-13	2013-14	2014-15	2015-16	2016-17	2017 - 18
Haridwar	10.5	12.7	10.2	12.1	8.2	13.4
Bahadrabad	13.6	16.2	13.0	16.8	11.6	18.3
Bhagwanpur	0	0	0	0	0	0
Khanpur	0	0	0	0	0	0
Laksar	0	0	0	0	0	0
Narsan	0	0	0	0	0	0
Roorkee	7.2	11.3	8.8	2.6	2.5	0

Percentage C-Section deliveries (Public and Private) to reported institutional (Public and Private) deliveries, data are not available in four sub district of Haridwar. In the district of Bahadrabad during the year 2017- 18 percentage of c- section deliveries increased compared to the 2016-17, and also the percentage fluctuation of increasing and decreasing was from the year 2012 to 2018.

Table 16. Percentage of deliveries conducted at public institution to total institutional deliveries

District and blocks	2012-13	2013-14	2014-15	2015-16	2016-17	2017 - 18
Haridwar	53.5	52.4	55	55.1	58.5	53.7
Bahadrabad	36.3	32.9	35.5	36.7	39.5	37.0
Bhagwanpur	100.0	100.0	100.0	100.0	100.0	100.0
Khanpur	100.0	-	100.0	100.0	100.0	100.0
Laksar	100.0	100.0	100.0	100.0	100.0	100.0
Narsan	100.0	100.0	100.0	100.0	100.0	100.0
Roorkee	100.0	100.0	100.0	100.0	100.0	100.0

In Haridwar district Percentage deliveries conducted at public institutions to total institutional deliveries table showing continuously increasing percentage from the year 2012 - 18 but rest of Bahadrabad district and all other sub district covering 100 % results. Year 2012 – 13 to 2017 – 18 percentages varies between 32-37 % in the sub district of Bahadrabad.

Table 17. Percentage of women receiving post-partum checkup within 48 hours of delivery to total reported deliveries.

District and blocks	2012-13	2013-14	2014-15	2015-16	2016-17
Haridwar	67.8	89.9	70.0	53.5	88.4
Bahadrabad	69.9	107.0	69.3	52.0	102.1
Bhagwanpur	44.7	51.5	55.5	58.1	64.3
Khanpur	42.7	52.4	67.3	83.9	82.1
Laksar	69.6	83.7	98.0	84.8	91.6
Narsan	67.8	49.9	40.4	19.8	44.2
Roorkee	73.2	85.2	85.3	69.5	85.0

In Bhagwanpur district percentage of women receiving post-partum check-up within 48 hours of delivery to total reported deliveries is continuously increasing all the year. But the other district percentage varies from year to year. Also, in some district data is not available in this context.

2.2 CHILD HEALTH AND IMMUNIZATION

Table 18. Percentage of total reported live births to total deliveries

District and blocks	2012-13	2013-14	2014-15	2015-16	2016-17	2017 - 18
Haridwar	97.9	99.8	99.2	99.1	99.8	98.8
Bahadradabad	93.3	99.2	99.7	99.1	99.8	99.7
Bhagwanpur	99.4	98.1	99	98.9	100	98.2
Khanpur	99	100.7	98.9	98.7	99.3	101.8
Laksar	102.2	98.9	99.4	99.8	103.7	98.4
Narsan	115.4	107	98.1	99.1	99.4	98.3
Roorkee	96.8	97.9	98.5	99	98.6	95.6

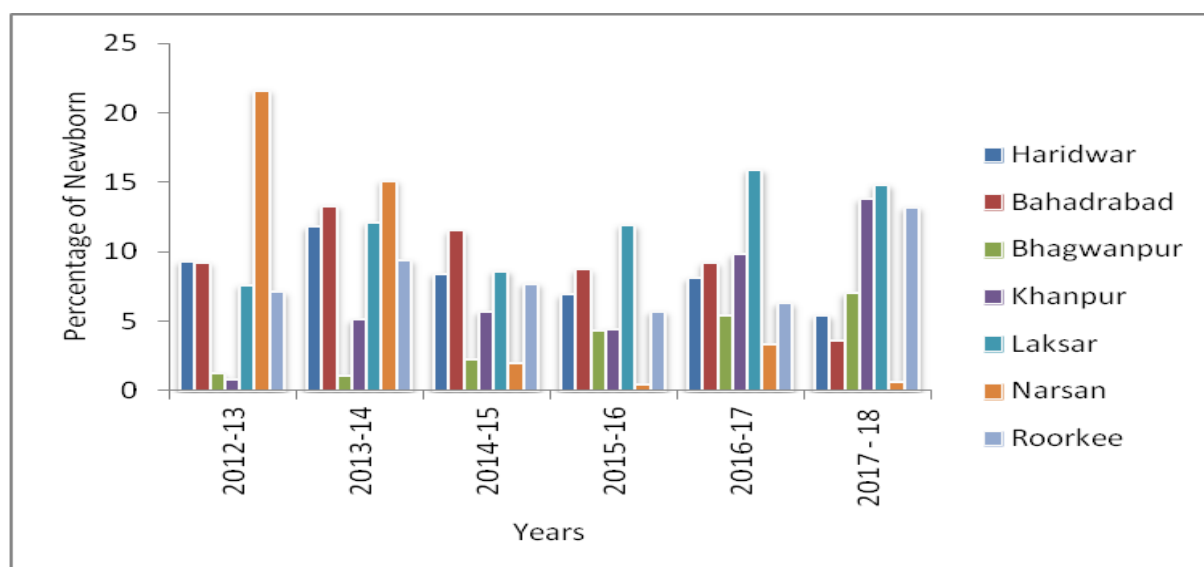
The table is representing the percentage of total reported live births to total deliveries. Almost 100 % reporting is covering from Haridwar and sub districts in all the year. All other sub-districts have shown marginally fluctuating result for in all the year.

Table 19. Percentage of live birth to reported Birth

District and blocks	2012-13	2013-14	2014-15	2015-16	2016-17	2017 - 18
Haridwar	98.4	98.6	98.8	98.7	98.9	99
Bahadradabad	98.5	98.9	99.1	99.1	99.2	99.3
Bhagwanpur	98.7	98.2	98.5	99.1	99.5	98
Khanpur	99.7	99	98.7	96.9	99.3	97.2
Laksar	98.9	98.5	99.1	98.4	99.3	98.7
Narsan	97.8	98.7	98.4	98.1	98	98
Roorkee	97.7	97.3	98.3	97.7	98	98.8

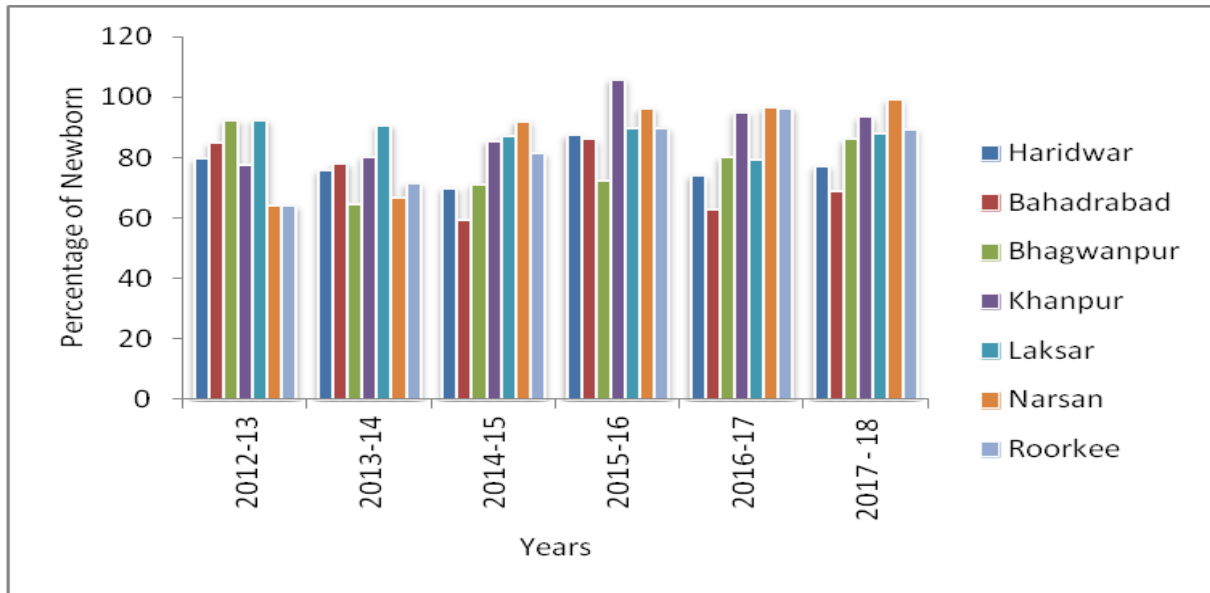
The table is showing percentage of live birth to Reported Birth from the year 2012 to 2018. Digits in the table shows percent live birth to reported birth and it indicates that there has been consistent increase in all the sub- districts with figures in between 97-100%.

Graph 1. Percentage of new-borns having weight less than 2.5 kg



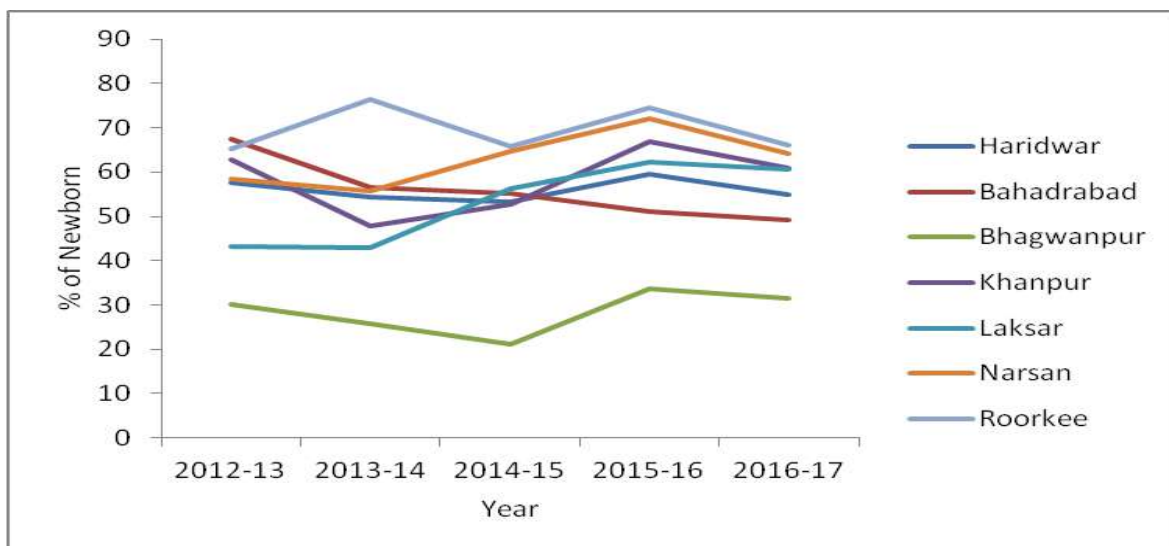
The graphs show that the proportion of percent new-borns having weight less than 2.5 kg to new-borns weighed at birth in Haridwar district is 11.8% in the year 2013 – 14. Whereas in the year 2012 – 13 Khanpur sub-district had lowest percent as compare to all other sub-districts. While looking into the recent year data 2017-18 Laksar is reported higher percent of new-born who weight is less than 2.5 kg and very low in Narsan sub-district of Haridwar.

Graph 2. Percentage of new-borns breastfed within 1 hour of birth to total live birth



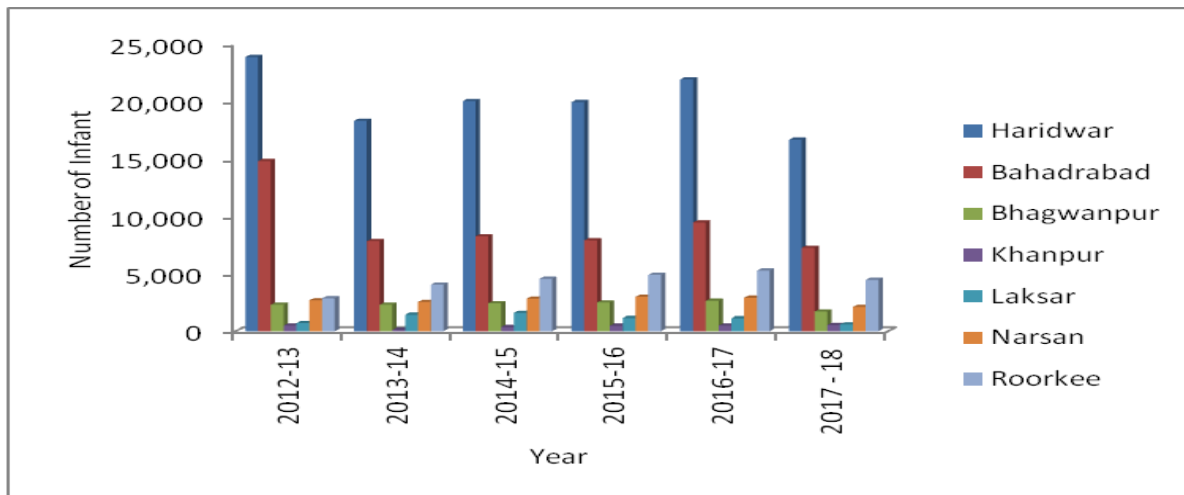
The graph shows that the proportion of percent New-borns breastfed within 1 hour of birth to total live birth. It shows that in year wise as well as sub-district of Haridwar above 50 percent and above new-borns had breastfed within 1 hours. While in the year 2015-16 maximum percentage observed in the sub-district of Khanpur and almost similar trends and pattern are found in all sub-district.

Graph 3. Percentage of new-borns visited within 24hrs of home delivery to total reported home deliveries



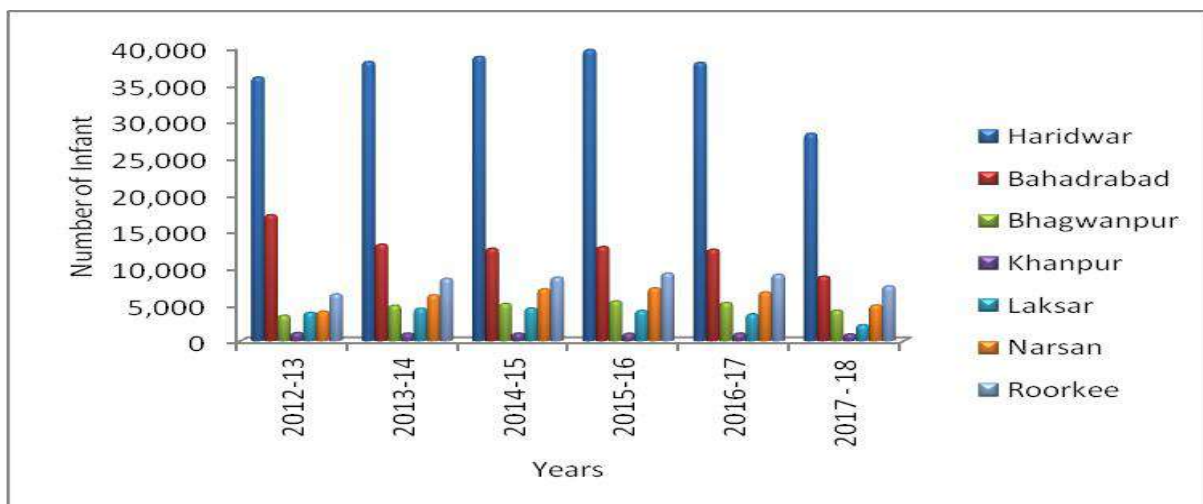
The line diagram shows the percentage of new-borns visited within 24hrs of home delivery to total reported home deliveries and line clearly indicates there are variation in year wise data. While the lowest district is Bhagwanpur where new-borns visited approximately 30 percent and for the highest it is in the sub-district of Roorkee. However, for all the years the percentage indicate somehow fluctuating results.

Graph 4. Number of infants given OPV o (birth dose)



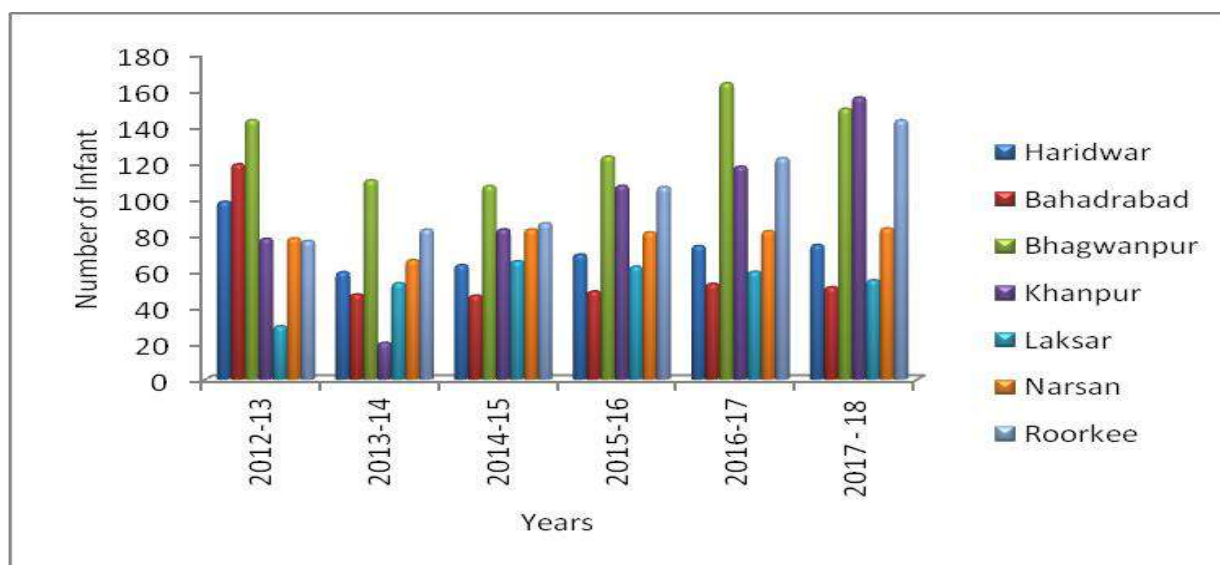
Many communicable diseases that kill millions of children are easily preventable through timely immunization. Children must be immunised in the first week after birth and the full schedule of immunisation should be completed before the first birthday. The HMIS Data indicate that 23,868 children in Haridwar are taking OPVo by birth in the year 2012-13. Whereas in the sub-district Khnapur number of 124 children given OPV o by birth which is the lowest figure in the year all years. While compression between within the sub-district of Haridwar provide us good understanding for the child health performance. Also, results suggested that some sub-district are performing well and few sub-district are less.

Graph 5. Number of infants given BCG



The graph indicates that 39660 infants given BCG by birth in the year 2015-16 in Haridwar district. Data also, indicate that in the sub-district of kxanpur with the lowest number of infants who received BCG by birth in the year 2017-18. While others sub-district figure is showing lowest number of infants who given BCG doses compare to the other sub-districts as well as year wise.

Graph 6. Percentage new-borns given OPVo at birth to reported live birth



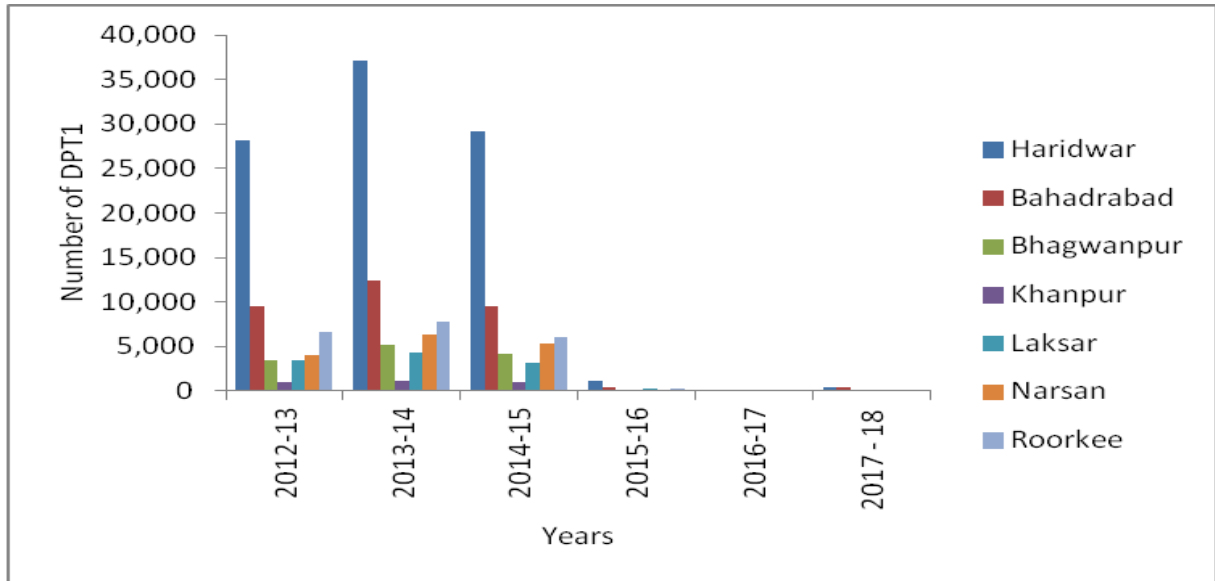
The graph shows the percentage of new-born given OPVo at birth and it is found that the maximum number of infant for the sub-district of Bhagwanpur have received OPV o vaccination as compare to all sub-districts. While it is also low in the Haridwar districts. While in the sub-district Lasker during the 2012-13 there are only 25 percent numbers of infant reported for OPV o to reported live birth and it is almost same for the Khanpur sub-district during the year 2013-1. Overall the graphs showing increasing trends for percentage of new-born receiving OPV dose and it is clearly seen in the recent year 2017-18 only three district have less than 80 percent, which are Bahadrabad, Laskar and Haridwar district.

Table 20. Percentage of new-borns given BCG to reported live birth

District and blocks	2012-13	2013-14	2014-15	2015-16	2016-17	2017 - 18
Haridwar	147.7	123.1	122.1	137.2	127.5	125.8
Bahadrabad	137.6	78.5	70.5	78.7	69.4	61.7
Bhagwanpur	214.3	228.7	221.2	265.4	320.3	363.4
Khanpur	175	163.9	231.9	221.3	241.1	255.5
Laksar	158.8	162.7	181.2	222.1	192.3	201.1
Narsan	116.6	161.1	205.9	194.8	185.9	190.9
Roorkee	169.5	172.9	163.1	199.1	209.3	238.4

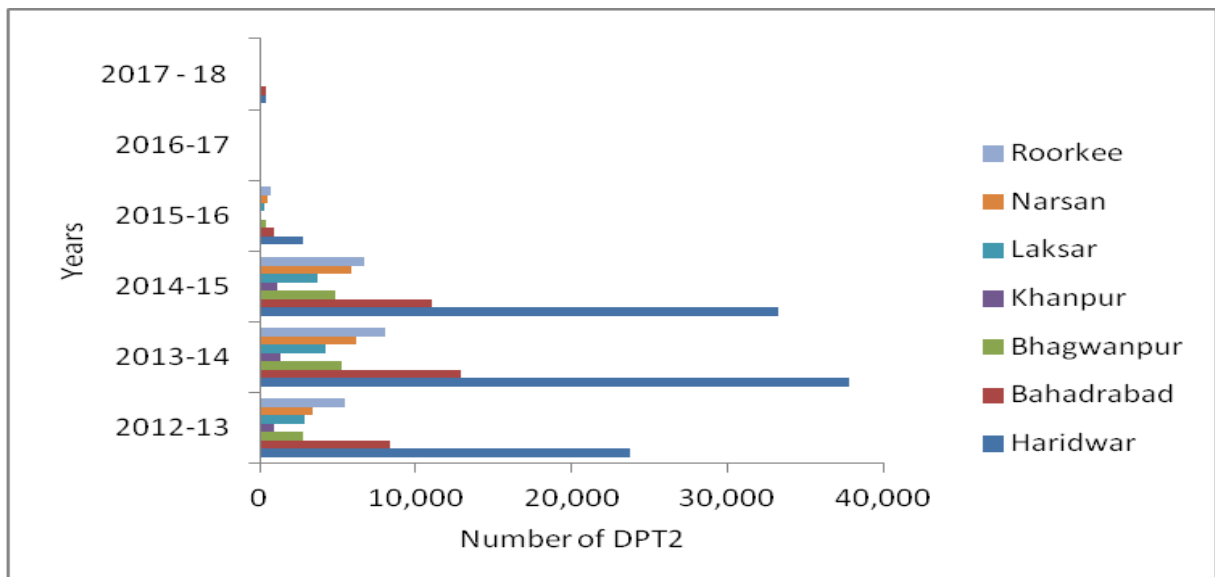
The line graph indicates that percentage of new-borns given BCG to reported live birth and it is clearly found that in the sub-district Bhagwanpur only increasing trends have observed. While other sub-district like Lasker and Roorkee are more or less similar type of trends are observed.

Graph 7. Number of Infants given DPT1



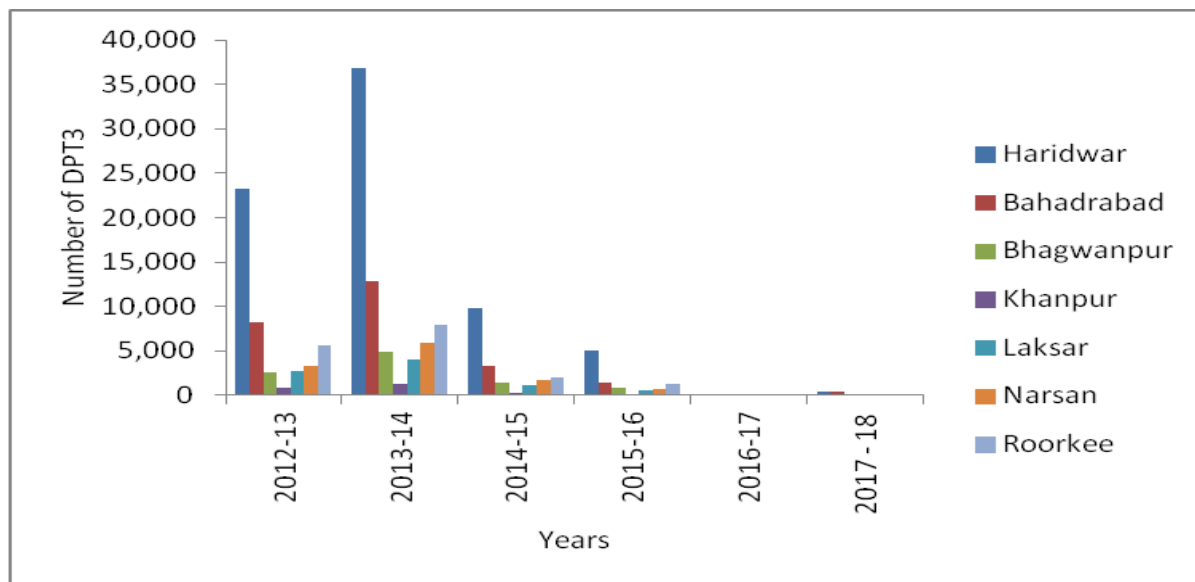
The bar diagram shows that the total number of infants given DPT1. The data reveal that only three-year time period data is available in the HMIS portals. Whereas for the recent year from 2015 onward there is unavailability of data. Also, during the year 2012 to 2015 very less number of infant received DPT1 in all blocks.

Graph 8. Number of Infants given DPT2



The bar diagram revealed that number of total infant given DPT2. While due to data not available of recent year it is difficult to compare with other years. While in the sub-districts of Bhagwanpur only highest number of infant who received DPT2. Whereas other sub-district is below 10000 infant report in all the year during 2012- 2015.

Graph 9. Number of Infants given DPT3



The bar diagram represents the number of infant given DPT3. In the year 2013-14 only Haridwar district have above 35 thousand and above infants reported who received DPT3 dose. While other sub-district of Haridwar have register very less number. Which is also, seen in the DPT1 and DPT2 dose.

Table 21. Number of Infants given Pentavalent 1

District and blocks	2012-13	2013-14	2014-15	2015-16	2016-17	2017 - 18
Haridwar	0	0	9,821	41,681	40,533	30,342
Bahadrabad	0	0	3,300	13,604	13,712	9,619
Bhagwanpur	0	0	1,366	5,931	6,126	4,952
Khanpur	0	0	287	1,117	1,074	919
Laksar	0	0	1,132	4,259	3,893	2,367
Narsan	0	0	1,710	7,440	6,603	5,126
Roorkee	0	0	2,026	9,330	9,125	7,359

The table represent that number of infants given pentavalent 1 dose. It is observed that in all the sub-district of Haridwar increasing trends have identified. While during the recent year 2017-18 the maximum number of infant received dose in the Baradrabad sub-district. While the lowest one is identify in the sub-district of Khanpur 919 followed by Lasker 2367 and Bhagwanpur 4952.

Table 22. Number of Infants given Pentavalent 2

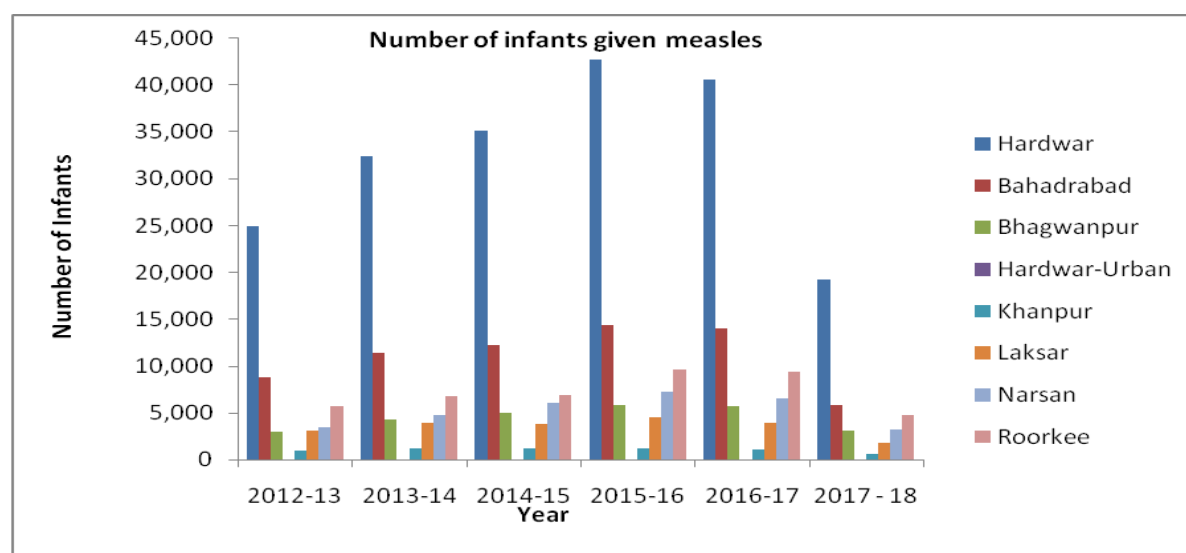
District and blocks	2014-15	2015-16	2016-17	2017 - 18
Haridwar	4,537	39,848	39,116	29,512
Bahadrabad	1,748	12,966	13,576	9,347
Bhagwanpur	538	5,694	5,676	4,755
Khanpur	144	1,145	1,040	918
Laksar	552	4,181	3,607	2,285
Narsan	640	7,003	6,333	5,107
Roorkee	915	8,859	8,884	7,100

The table represent that number of infants given pentavalent 2 dose. It is observed that in all the sub-district of Haridwar increasing trends have identified. While during the recent year 2017-18 the maximum number of infant received dose in the Baradrabad sub-district. While the lowest one is identify in the sub-district of Khanpur 918 followed by Lasker 2285 and Bhagwanpur 4735.

Table 23. Number of Infants given pentavalent 3

District and blocks	2014-15	2015-16	2016-17	2017 - 18
Haridwar	1,387	38,192	38,936	29,397
Bahadrabad	563	12,427	13,578	9,016
Bhagwanpur	181	5,434	5,726	4,767
Khanpur	44	1,122	1,003	908
Laksar	156	4,079	3,591	2,473
Narsan	155	6,784	6,182	4,989
Roorkee	288	8,346	8,856	7,244

The table indicates number of infant given pentavalent 3 and it is clearly observed that during 2014-15 onward increasing trends. While in the year 2017-18 very less number of infants received Pentavalent 3 comparatively 2016-17. Whereas in sub-district of Khanpur is very low number of infant received pentavalent 3.

Graph 10. Number of Infants given Measles

The bar diagram shows that number of infant received measles in the Haridwar and sub-districts, it is clearly observed that only Sub-district Bahadrabad have highest number infants received measles during all the years. While Khanpur sub-district have very less number of infants received measles in all the years. The overall performance of sub-district of Haridwar is bad in context of measles given to infants.

Table 21. Percentage of Infants 0 to 11 months old who received Measles vaccine to reported live births

District and blocks	2012-13	2013-14	2014-15	2015-16	2016-17	2017 - 18
Haridwar	102.6	104.8	110.8	147.9	136.6	90.2
Bahadrabad	70.1	68.3	68.4	88.2	78.2	47
Bhagwanpur	185.5	203.1	221.1	286.7	351.1	274.5
Khanpur	156.9	198.2	276.9	259.2	263.5	177.5
Laksar	127.8	144.1	158	246.5	207.9	169.9
Narsan	99.9	123.9	175.6	197.5	184.4	128.3
Roorkee	152.7	139.3	129.8	207.5	216.3	151.9

The table indicate that percentage of infants 0 to 11 months old who received measles vaccine. In the table clearly observed the increasing trends of children who received vaccine. While sub-district comparison Bahadrabad is reported very less percentage in the respective years. Whereas the maximum percentage had observed in the sub-district of Bhagwanpur.

Table 24. Number of fully immunized children (9-11 months)

District and blocks	2012-13	2013-14	2014-15	2015-16	2016-17	2017 - 18
Haridwar	25,003	31,380	35,109	42,675	40,823	19,012
Bahadrabad	8,737	10,882	12,202	14,368	14,061	5,597
Bhagwanpur	2,658	4,255	5,030	5,822	5,684	3,115
Khanpur	977	1,189	1,196	1,156	1,091	578
Laksar	2,758	3,887	3,851	4,543	3,870	1,758
Narsan	4,284	4,449	6,013	7,280	6,570	3,241
Roorkee	5,589	6,718	6,817	9,506	9,547	4,723

The bar diagram represents number of fully immunized children 9-10 months. It is clearly found that in sub-district Bahadrabad the maximum numbers of children are fully immunized and also increasing trends were observed. While considering the recent year data 2017-18 the less number of children reported for the fully immunized. While overall in Haridwar district were indicate maximum 40,000 and above number of children are immunized.

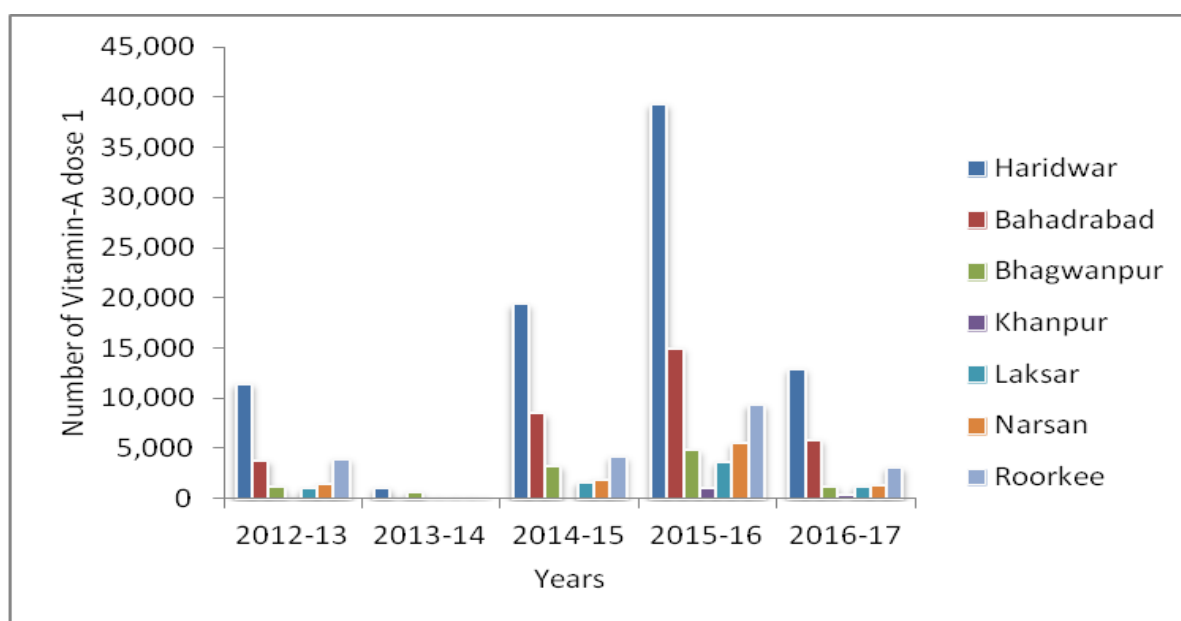
Table 25. Percentage drop out between BCG & Measles

District and blocks	2012-13	2013-14	2014-15	2015-16	2016-17	2017 - 18
Haridwar	30.5	14.8	9.2	-7.8	-7.2	31.7
Bahadrabad	49.1	13	3	-12.2	-12.7	34.3
Bhagwanpur	13.4	11.2	0.1	-8	-9.6	24.5
Khanpur	10.3	-20.9	-19.4	-17.1	-9.3	30.5
Laksar	19.5	11.4	12.8	-11	-8.2	15.5
Narsan	14.4	23.1	14.7	-1.4	0.8	32.8
Roorkee	9.9	19.4	20.4	-4.2	-3.3	36.9

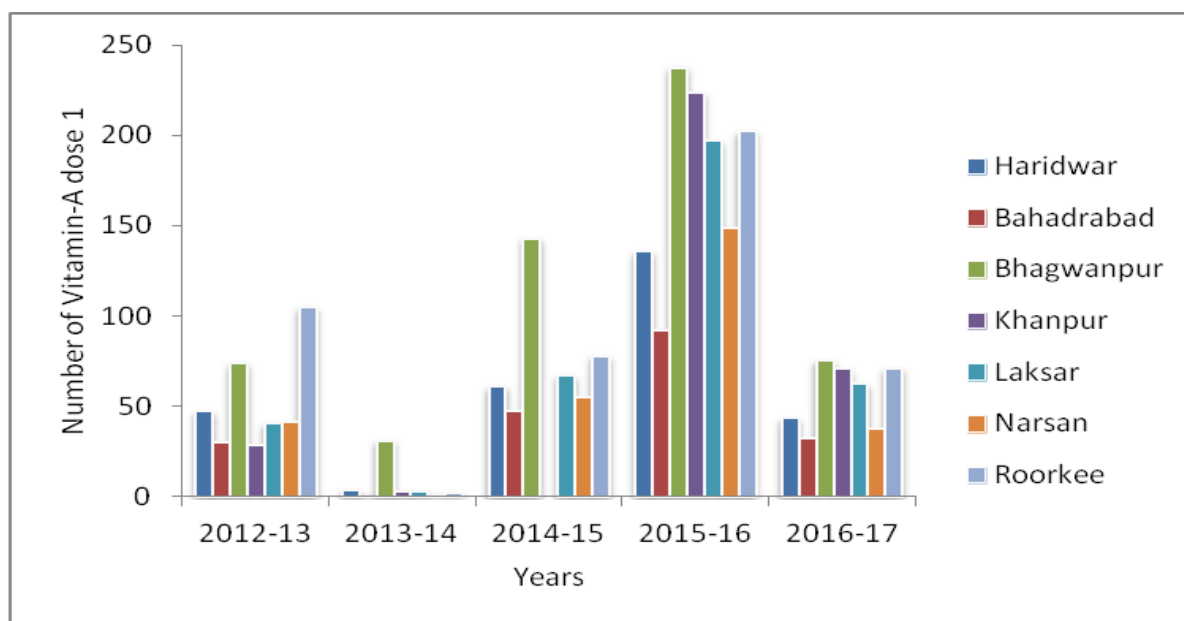
The table represent the percentage of drop out BCG and Measles, whereas dropout rate is determined using coverage's of BCG as entry vaccine and Measles as exit vaccine. However, in the exiting data for the district of Haridwar during the recent years 2017-18, it is found that approximately 31.7 percent of children dropout for the BCG and Measles. While in other sub-district of Haridwar between the 2013-14 to 2016-17 there were negative values are observed. Whereas sub-district like Roorkee and Bahadrabad recorded highest dropout in the year 2017-18. This reflects the current as well as future situation of the district.

The bar diagram represent the scenario of Vitamin-A Dose 1 children received in the district of Haridwar. The picture clearly indicates that there is huge variation have been in all the sub-district of Haridwar. Whereas it is found that maximum number of vitamin-A dose given in only Bahadrabad district and the lowest in Khanpur during the year 2015-16.

Graph 11. Vitamin - A dose 1



Graph 12. Percentage of children given vitamin A dose1 to reported live birth



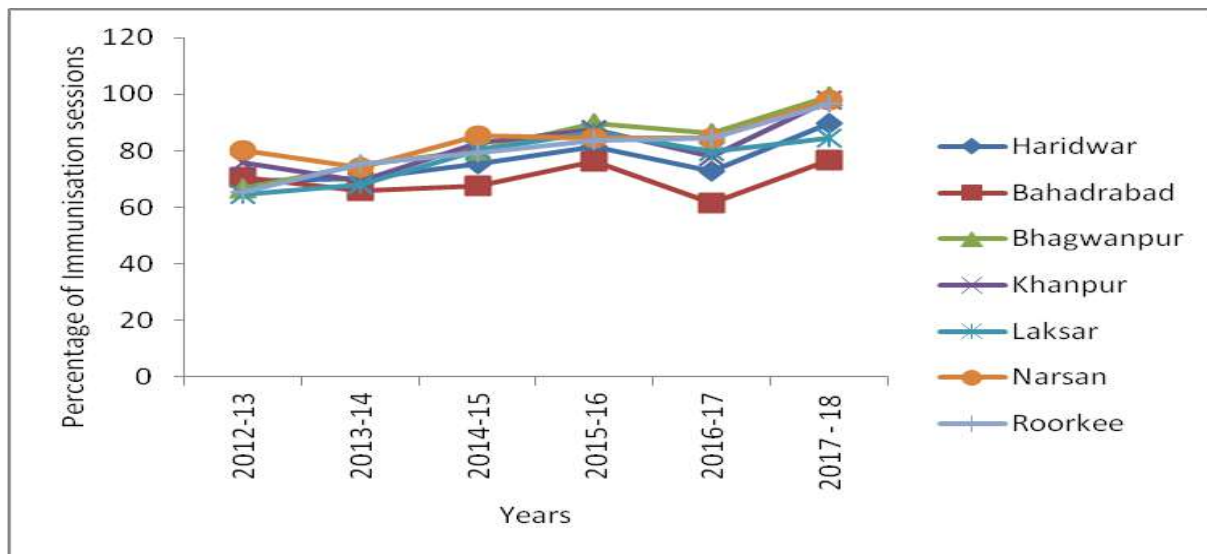
The bar diagram shows the percentage of Children given Vitamin A dose 1 to reported live birth in the district of Haridwar. It is found that maximum number children received vitamin dose in the year 2015-16 in all the sub-district of Haridwar and the maximum percentage is reported in the Bhagwanpur and Khanpur sub-district. While during the year 2016-17 data shows the percentage of children given vitamin A dose is decrease and the very less percent is reported in the Bahadrabad sub-districts of Haridwar.

Table 26. Percentage of children given vitamin A dose 9 to children given vitamin A dose 1

District and blocks	2012-13	2013-14	2014-15	2015-16	2016-17	2017 - 18
Haridwar	15	19.9	6.1	7.6	16.6	11.4
Bahadrabad	11.7	29.6	3.2	10.1	18.9	0
Bhagwanpur	12.1	3.1	22.7	0	0	
Khanpur	44.6	150		0	0	0
Laksar	38.3	150.7	0	0	0	0
Narsan	25.8	13	5.5	0	5.3	0
Roorkee	8	0	1.8	15.8	31.9	15.9

The bar diagram shows the percentage of Children given Vitamin A dose 9 to given vitamin A dose 1 in the district of Haridwar. It is found that maximum number children received vitamin A dose 9 in the year 2013-14 in all the sub-district of Bahadrabad and Haridwar. While data is not comparable for the year 2014 onward and there are less number of percentage is reported in all sub-districts.

Graph 13. Percentage of immunisation sessions where ASHAs were present to immunisation sessions planned



The line diagram is representing the percentage of immunisation sessions where ASHAs were present to immunisation session. It is varying between 60 to 80 percent were immunisation sessions is performed in all sub-district. Whereas the lowest percentage is found in Bahadrabad during the year 2016-17. While in the Narsan sub-district maximum percentage reported during the year 2017-18. However, the data also indicate increasing pattern as compare to 2016-17 in all the sub-district of Haridwar.

3. KEY FINDINGS AND OBSERVATIONS

3.1 PHYSICAL ACCESS TO HEALTH FACILITIES

District hospital, CHC Bahadrabad, CHC Bhagwanpur, PHC Biharinagar, PHC Imlikheda, SC Jamalpur Kala and SC Imlikheda are running under government building. CHC Bahadrabad and Bhagwanpur enhancing their labour room. Only 3 delivery points is in CHC Bahadrabad, and overloaded of delivery could see because of lack of delivery point. District hospitals are separated in two parts such as: district women hospital and general district hospital. Building condition of our visited health facilities is good. Whereas water and electricity facility was also good. In absence of electricity health facilities have power backup through generator.

Figure 3. Health infrastructure in Haridwar



Figure 1: CMO office, Haridwar



Figure 2: District hospital, Haridwar



Figure 3: CHC, Bahadrabad



Figure 4: CHC, Bhagwanpur



Figure 5: PHC, Bihari Nagar



Figure 6: Health & wellness centre, Imlikhera

3.2 TRANSPORT FACILITY

In DWH one 108 and one 102 ambulance facility was available, where as in CHC Bahadrabad only one 108 ambulance facility was there. While at CHC Bhagwanpur one 102 and one 108 facilities was available. Whereas all type of drugs and equipment's is being available in ambulance. As in visited SCs which was delivery point's ambulance facility were available.

Figure 4. Referral transport in health facility



Figure 1: Referral transport in district hospital



Figure 2: Referral transport in CHC, Bhagwanpur

3.3 HUMAN RESOURCES FOR HEALTH: STATUS & TRAINING

In district Haridwar HR is the main concern in behalf of health facilities. Infrastructure was available but lack of HR is affecting health facilities. In all visited health facilities specialist doctor and general surgeon are not available. Only one gynaecologist are available in DWH, so she couldn't handle all C-section and OT. Also CHCs are in same condition. In SC Imlikheda there are not any ANM and staff nurse are available from last one and a half year. From the last three months one staff nurse joined. In PHC Biharinagar MOIC position are vacant from the last 2 years.

Table 27. Human resources of Haridwar district under NHM, 2017 – 18

Position Name	In position		In position
	District hospital	CHC Bahadrad	CHC Bhagwanpur
MO's	2	2	2
Gynaecologists	1	-	-
Paediatrician	1	-	-
Surgeon	-	-	-
Nutritionist	1	-	-
Dental Surgeon	1	-	-
LHV	1	1	1
ANM	1	1	1
Pharmacist	3	2	2
Lab Technicians	1	1	1
X-Ray Technicians	-	-	-
Data Entry Operators	2	1	1
Staff Nurse	11	-	3

Sources: Supportive supervision checklist, DPMU Haridwar

3.4 TRAINING STATUS

In district women hospital they have not maintained proper record of training status. According to CMS for SBA, IUCD and PPIUCD training happens. In CHC Bahadrad in SBA, MTP/MVA, IUD, RTI/STI and immunization and cold chain training is provided. In CHC Bhagwanpur training provides in SBA, NSSK, IUCD and PPIUCD. Whereas in PHC Imlikheda SBA, NSV, NSSK, IUD, RTI/STI, Immunization and cold only 1 training provide in these section. In PHC Biharinagar doctors and staffs have not received any training program during the last financial year.

Table 28. Training status of health facilities

Training	District hospital	CHC Bahadrad	CHC Bhagwanpur	PHC Biharinagar	PHC Imlikheda
EmOC	-	-	-	-	-
LSAS	-	-	-	-	-
BeMOC	1	1	-	-	-
SBA	1	1	1	-	1
MTP/MVA	1	-	-	-	-
NSV	1	-	-	-	1
F-IMNCI	-	-	-	-	-
NSSK	-	-	1	-	1
Mini Lap	-	-	-	-	-
IUD	-	1	1	-	1
IUCD	-	1	1	-	-
PPIUCD	1	1	-	-	-
RTI/STI	1	1	-	-	1
Immunization and cold chain	1	-	1	1	1
Blood storage	1	-	-	-	-
Others	-	-	-	-	-

3.5 AVAILABILITY OF EQUIPMENTS AND DRUGS IN HEALTH FACILITIES EQUIPMENTS

Availability of necessary equipment is important for all health institution. In this section we are discussing about the availability of necessary equipment in the selected health facility.

Table 29. Availability of equipment's of the health facilities in 2017 – 18

Equipment	Districts Hospital	CHC Bahadrabad	CHC Bhagwanpur	PHC Biharinagar	PHC Imlikheda
Functional BP Instrument and Stethoscope	√	√	√	√	√
Sterilised delivery sets	√	√	√	x	√
Functional Neonatal, Paediatric and Adult Resuscitation kit	√	x	√	x	√
Functional Weighing Machine (Adult and child)	√	√	√	√	√
Functional Needle Cutter	√	√	√	√	√
Functional Radiant Warmer	√	√	x	√	√
Functional Suction apparatus	√	√	√	x	√
Functional Facility for Oxygen Administer	√	√	√	x	√
Functional Foetal Doppler/CTG	√	x	x	x	x
Functional Mobile light	√	x	x	x	x
Delivery Tables	√	x	x	x	x
Functional Autoclave	√	√	x	x	√
Functional ILR and Deep Freezer	√	√	√	x	√
Emergency Tray with emergency injections	√	√	√	x	√
MVA/ EVA Equipment	√	x	√	x	√
Functional phototherapy unit	√	x	√	x	x
Dialysis Equipment	x	x	x	x	x
O.T Equipment					
O.T Tables	√	x	x	x	x
Functional O.T Lights, ceiling	√	x	x	x	x
Functional O.T lights, mobile	√	x	x	x	x
Functional Anaesthesia machines	√	x	x	x	x
Functional Ventilators	x	x	x	x	x
Functional Pulse-oximeters	√	x	x	x	x
Functional Multi-para monitors	√	x	x	x	x
Functional Laparoscopes	√	x	x	x	x
Functional C-arm units	x	x	x	x	x
Functional Autoclaves (H or V)	√	x	x	x	x
Laboratory Equipment					
Functional Microscope	x	√	√	x	√
Functional Hemoglobinometer	√	√	√	x	√
Functional Centrifuge	√	√	√	x	√
Functional Semi autoanalyzer	x	√	√	x	√
Reagents and Testing Kits	√	√	√	x	√
Functional ECG machines	x	x	x	x	x

Sources: Supportive supervision checklist, DPMU Haridwar

Table shows that in the female district hospital as well as CHCs equipment such as Dialysis Equipment, Functional Ventilators, Functional Surgical Diathermies, Functional C-arm units, Functional Microscope, Functional Ultrasound Scanners, Functional C.T Scanner, Functional X-ray units, Functional ECG machines are not available. Some equipment's are not available at both CHC as well as PHC. Cold chain was available in all the visited health facilities and manages properly by the cold chain technician by ELVIN machine.

Figure 5. Health equipment's in the health facilities



Figure 1: SNCU in district hospital



Figure 2: X-Ray machine



Figure 3: Platelets incubator testing machine



Figure 4: Dental equipment



Figure 5: Blood storage unit in district hospital



Figure 6: Weight machine

3.6 DRUGS

All kind of drugs which were useable in the health facilities were available in the health facilities according to the MOIC and Pharmacists. Some medicine can have brought from the Pradhan Mantri Bhartiya Jan Ausadhi Kendra in very low cost and which is available in very high cost in outside. IFA and Vitamin A syrup is not available in all the health facilities. CBC test not conducted in all visited health facilities such as district hospital, community health centers. Blood bank also not available at CHCs so critical cases always refer to the district hospital.

Figure 6. Drugs in health facilities



Figure 1: Medicine store room



Figure 2: Generic medicine store

Table 30. Availability of drugs of the health facilities in 2017 – 18

Drugs	Districts Hospital	CHC Bahadr abad	CHC Bhagwanpur	PHC Biharin agar	PHC Imlikheda
EDL available and displayed	√	√	√	x	√
Computerised inventory management	√	x	x	x	√
IFA tablets	√	√	√	x	√
IFA syrup with dispenser	x	X	x	X	x
VIT A syrup	x	X	x	X	√
ORS packets	√	√	√	√	√
Zinc tablets	x	√	√	X	√
INJ Magnesium Sulphate	√	√	√	X	x
INJ Oxytocin	√	√	√	X	x
Misoprostol tablets	√	√	√	X	√
Mifepristone tablets	x	X	x	X	x
Availability of antibiotics	√	√	√	x	√
Labelled emergency tray	√	√	√	x	√
Drugs for hypertension, Diabetes, common ailments.	√	√	√	√	√
Adequate Vaccine Stock available	√	√	√	X	√
Supplies					
Pregnancy testing kits	√	√	√	√	√
Urine albumin and sugar testing kit	√	√	√	x	√
OCPs	√	√	√	x	√
EC pills	√	√	√	x	√
IUCDs	√	√	√	x	√
Sanitary napkins	x	√	x	x	√
Essential Consumables					
Gloves, Mackintosh, Pads, bandages, and gauze etc.	√	√	√	x	√
Lab Services					
Haemoglobin	√	√	√	x	√
CBC	x	X	x	x	x
Urine albumin and sugar	√	√	√	x	√
Blood sugar	√	√	√	x	√
RPR	x	X	x	x	√
Malaria	√	√	√	x	√
T.B	√	√	√	√	√
HIV	√	√	√	x	√
Liver function tests(LFT)	x	x	x	x	x
Ultrasound scan (Ob.)	x	x	x	x	x
Ultrasound Scan (General)	x	x	x	x	x
X-ray	√	x	√	x	x
ECG	x	x	x	x	x
Endoscopy	x	x	x	x	x
Others , Please specify	x	x	x	x	x
Blood bank/ Blood storage unit					
Functional blood bag refrigerators	√	x	x	x	x
Sufficient no. of blood bags available	√	x	x	x	x
Check register for number of blood	√	x	x	x	x

Sources: Supportive supervision checklist, DPMU Haridwar

3.7 SERVICE DELIVERY IN LAST TWO YEARS

Table 31. Service delivery in year 2017-18

Service utilization parameter	District hospital	CHC Bahadrabad	PHC Biharinagar	CHC Bhagwanpur	PHC Imlikheda
OPD	66803	-	-	40906	15472
IPD	10205	-	-	848	19
Total deliveries conducted	4561	-	-	1515	3
No. of admission in NBSUs	761	-	-	64	-
No of sick children referred	-	-	-	14	32
No of pregnant women referred	227	-	-	25	26
ANC 1 registration	2617	-	-	6149	222
ANC 3 coverage	1843	-	-	3749	219
No. of IUCD insertions	65	-	-	872	40
No. of PPIUCD insertions	1222	-	-	18	-
No of Vasectomy	-	-	-	-	-
No of Minilab	-	-	-	-	-
No. of children fully immunized	1557	-	-	222	-
No. of children given Vitamin A	NA	-	-	98	-
No. of MTPs conducted	170	-	-	-	-
Maternal deaths	1	-	-	3	-
Still births	49	-	-	7	4
Neonatal deaths	9	-	-	9	-
Infant deaths	-	-	-	12	-
No. of C-section conducted	606	-	-	-	-
No of children given ORS + ZINC	-	-	-	-	-
No of neonates initiated breast feeding within one hour	4507	-	-	-	-

Sources: Supportive supervision checklist, DPMU Haridwar

During our field visit we have found that only three health facilities have availability of service delivery. Mostly service delivery has reported in district hospital of Haridwar followed by CHC Bhagwanpur and PHC Imlikheda. Whereas in the CHC Bahadrabad and PHC Biharinagar have no such type of facilities were available.

3.8 MATERNAL HEALTH, DELIVERY AND CHILD HEALTH

Table 32. Block wise maternal health indicators of Haridwar district 2017 – 18

Block	3 ANC registered	Home deliveries	Institutional deliveries
Haridwar	46.5	20.9	79.1
Bahadrabad	34.2	7.4	92.6
Bhagwanpur	60.7	71.1	28.9
Khanpur	65.1	34.7	65.3
Laksar	43.2	41.3	58.7
Narsan	46.1	30.3	69.7

Sources: HMIS data

Maternal and child health is key component of health services, whereas at the Haridwar district during the last financial year only 79.1 % Institutional delivery have reported. However, the maximum 3 ANC registration have reported in Khanpur block of Haridwar district. While in the Bhagwanpur the highest numbers of home deliveries are reported in the block. Thus, its indicate most of health facilities at district as well as community and primary health centre were far away, to improve the health situation at ground realities.

Table 33. Maternal health indicators in Haridwar District 2017 – 18

Block	TT2	Home deliveries SBA Assisted	Live Birth	Total birth
Haridwar	86.0	12.5	99.0	98.8
Bahadrabad	73.9	7.4	99.3	99.7
Bhagwanpur	101.5	5.7	98.0	98.2
Khanpur	96.7	15.3	97.2	101.8
Laksar	86.2	8.6	98.7	98.4
Narsan	97.8	37.1	98.0	98.3

Sources: HMIS data

Recent time maternal health is an important concern for reproductive health research and the major focus have been given to the institutional deliveries at all health facilities centre. During the last financial year, it is observed that in home deliveries through SBA assisted is higher in Khanpur block of Haridwar. While the lowest percentage have reported in the Bahadrabad block 7.4 %.

3.9 MATERNAL DEATH

Only one maternal death occurs in district hospital because of patient not reached on time in the hospital. In both CHCs no maternal death was reported in register record. According to the MOIC, and doctor, High risk patient immediately refer to the nearby district hospital. Hygiene and cleanliness maintained by DAI in all the visited health facility. Ambulance facility also provide for the pregnant women to pick and drop facilities.

Figure 7. Labour room, OT and maternity ward



Figure 1: Labour room in district hospital



Figure 2: Maternity ward in district hospital



Figure 3: Labour room in CHC, Bhagwanpur



Figure 4: Labour room in PHC, Imlikhera

3.10 CHILD HEALTH

Table 34. Block wise analysis of immunization in the last financial year

Block	OPV at Birth	BCG	DPT			Pentavalent			Measles	Full
			1	2	3	1	2	3		
Haridwar	16,676	28,236	374	392	424	30,342	29,512	29,397	19,279	19,012
Bahadrabad	7,260	8,774	349	366	383	9,619	9,347	9,016	5,766	5,597
Bhagwanpur	1,702	4,136	6	3	2	4,952	4,755	4,767	3,124	3,115
Khanpur	539	884	2	2	0	919	918	908	614	578
Laksar	591	2,168	0	0	0	2,367	2,285	2,473	1,831	1,758
Narsan	2,115	4,836	2	9	26	5,126	5,107	4,989	3,249	3,241

Sources: Supportive supervision checklist, DPMU, Haridwar

Government of India, given major focus to improve full Immunization coverage in all the district. In the Haridwar district maximum OPV at birth have reported in the Bahadrabad block followed by Narsan, Bhagwanpur, Khanpur and Laskar. Whereas very less number of BCG dose given to children were reported in Khanpur. Considering the figures of full immunization in Bahadrabad block maximum number of children were received vaccination compared to others block.

3.11 SNCU, NRC, NBSU, NBCC

In the visited district hospital SNCU and NRC wing are available with 10 bedded facilities. But in district hospital only one paediatrician is available and he handled both wing, also staff nurse is less in number. During visit time not any single child was admitted. In a week ago children who are admitted they all get leave because doctor have to go to on personal leave for one week. During this time no patient were admitted before coming to the doctor. In district hospital one nutritionist is also available and she provide guideline about cooking and nutrition for the children who admitted in NRC. For outsider hospital also provide food with the cost of 100 per day. Only NBSU is available in CHC Bahadrabad but not functioning, due to construction work on labour room. For temporary phase delivery room shifted in NBSU and critical cases in behalf of infants they referred to the Roorkee district hospital. 5 bedded NBSU is available in CHC Bhagwanpur. Staff shortage such as Paediatrician is a big problem in both CHCs. So local people face such type of difficulty, mainly due to distance factor- Roorkee district hospital are far from their home place.

Figure 8. NRC, SNCU and NBCC in health facilities**Figure 1: NRC Wing****Figure 2: NRC kitchen****Figure 3: NBSU****Figure 4: SNCU**

3.12 RASHTRIYA BAL SWASTHYA KARYAKRAM

Under RBSK programme number of school identified through RBSK team and provide them proper counselling. RBSK team visited school twice in a week and 6-19-year-old children were identified if any complication they referred to the children for their check-ups. Age group of 13-19 RBSK team provide them suggestion about cleanliness, hygiene practices, and proper nutrition. After 15- 19 age group they suggested about uses of contraception. Contraception and pads provide them free of cost in health facilities, even they took from Aanganbadi. In district RBSK team doing their twice in a week but in CHC Bhagwanpur there is no provision for the RBSK. In CHC Bahadabad under RBSK 200 peer educator were selected in a village. 2 peer educator works under 1 ASHA. These peer educators are 12th pass. RBSK team provide training to these peer counsellors and with the support of ASHA they visited school, children home and provide them proper counselling about cleanliness, hygiene practices during period, for girls and boys separately hired girl peer counsellor and boy counsellor.

3.13 JANANI SURAKSHA YOJANA & JANANI SHISHU SURAKSHA KARYAKRAM

Table 35. 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
79.1	20.9	-	√	√	-

Sources: Supportive supervision checklist, DPMU, Haridwar

Government has given more focus on programme Janani suraksha yojana specifically for rural women and their child. There were a large number of women and children have benefited. To successful run the programme at rural area ASHA have playing an important role whereas at the block level with the huge population there were very ASHA was working at the ground. With the successful implementation on JSY programme, it can be seen that in the district of Haridwar a large number of Institutional deliveries have been reported.

Figure 9. Meeting with ANM and ASHAs.



Figure 1: ASHA help desk in DH



Figure 2: Meeting with ANM and ASHAs



Figure 3: Interaction with ASHAs



Figure 4: Conversation with ASHAs

3.14 FAMILY PLANNING

In Haridwar district for family planning mostly women are using IUCD, PPIUCD and condoms. In district hospital women have reported to prefer PPIUCD and IUCD. They are also giving preference to condoms. In Bahadrabad and Bhagwanpur with the conversation of MOIC we knew that women using mostly condoms. In visited PHCs and SCs with the conversation of MOs in PHC and ANM of SCs we knew that women are preferring PPIUCD and Condoms. In visited health facilities we knew that women are doing Sterilization, specially laparoscopy, and only 5% male started sterilization from the last financial year. In CHC Bahadrabad and Bhagwanpur every month sterilization camp organized and doctors call from the outside for sterilization.

3.15 INFORMATION EDUCATION AND COMMUNICATION

IEC display is important for the health and health facilities because it spread awareness about all kind of illness. People can easily read it as well as update about various kind of illness and programmes. IN district hospital and CHC Bahadrabad and Bhagwanpur IEC display were available and updated, also in PHC IEC display were sufficient but not in SCs.

Figure 10. IEC display in the health facilities.



Figure 1: IEC display about Diabetes



Figure 2: IEC display about T.B



Figure 3: IEC display about JSY



Figure 5: IEC display about delivery in government hospital

Figure 4: IEC display about immunization

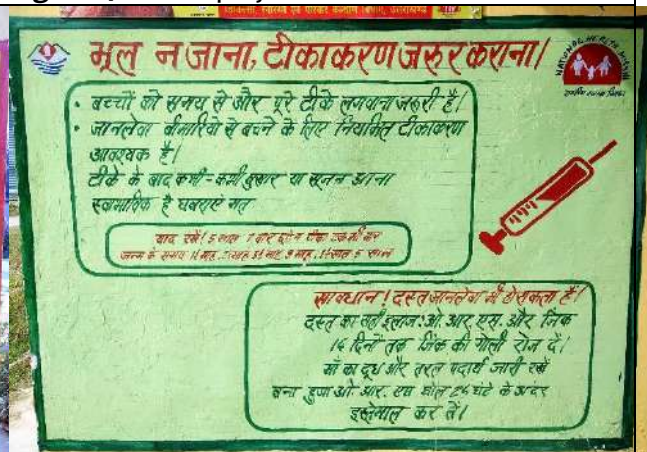


Figure 6: IEC display about immunization

3.16 COMMUNITY PROCESS

The Community level health workers such as ASHAs, play an important role in promoting institutional deliveries which have a big impact on the health of the mother and the newborn at community and primary health centre. According to the information provided by the ACMO ASHA work are satisfactory in the district Haridwar. With the conversation of ASHAs I knew that they get incentives not on time in Bahadrabad district. ANC registration done on time by ASHAs told data account manager, doctors and data manager. But the problem with ASHAS is here that in any complication cases when doctors refer high risk cases in district hospital or anywhere, and women are registered from the referral health facilities that time ASHAs not getting any incentives.

3.17 DISEASE CONTROL PROGRAMME

In district hospital Under disease control programme 31 T.B patient were successfully completed their check-ups from the month of march to till now. Whereas 17 leprosy patient also successfully completed their check-ups. In CHC Bahadrabad only Leprosy, RNTCP and malaria programme is running. In CHC Bhagwanpur TB, malaria patient comes for their check-ups and high risk patient referred to the district hospital Roorkee. In both visited PHCs under disease control programme only TB and malaria patient come for their check-ups and doctor check them and give medicine, but in high risk situation they refer to the patient in nearby district hospital and CHCs.

3.18 HMIS/MCTS

Maintaining the data will be help for the programme and policy purpose. Under the HMIS section all data related to health aspect had properly filled by the data operator manager. This data is also uploaded on HMIS Portal for public uses. These all health data information was provided by the ASHA worker. Our visited centre at the district hospital, CHC Bahadrabad and Bhagwanpur proper data have maintained by data entry operator and respective of all PHC data were reported at nearby CHC. While under the MCTS mostly DPMs and BCPM have track beneficiary household through mobile with the help of ASHA worker. On that basis ASHA were received the incentives according to their work progress.

3.19 AYUSH

Under Ayush programme in the district Haridwar only Ayurveda and Homeopathy doctors are in working position. Both doctors check general as well as ANC patients. Both type of medicine Ayurvedic and Homeopathic are available and doctor provide this medicine. In CHC Bahadrabad and Bhagwanpur under Ayush unit only Homeopathy doctor is available and doctor check both general patient as well as ANC, and also give homeopathic medicine to the patient.

3.20 STATEMENT OF NHM EXPENDITURE IN HARIDWAR DISTRICT 2017-18

Table 36. Fund utilization in the last financial year.

District women hospital			
Funds	Proposed	Received	Utilised
Untied fund expenditure	3,19,000	1,51,082	1,51,082
Annual maintenance grant	4,00,000	3,91,030	3,91,030
CHC Bhadrabad			
Untied fund expenditure (Rs 50,000/25,000- check % expenditure)	-	-	-
Annual maintenance grant (Rs 1,00,000/50.000)	-	-	-
CHC Bhagwanpur			
Untied fund expenditure (Rs 50,000/25,000- check % expenditure)	4,54,540	4,54,540	4,54,425
Annual maintenance grant (Rs 1,00,000/50.000)	-	-	-
PHC Imlikheda			
Untied fund expenditure (Rs 50,000/25,000- check % expenditure)	-	-	-
Annual maintenance grant (Rs 1,00,000/50.000)	7,00,000	7,00,000	7,00,000
SC Jamalpur kala			
Untied fund expenditure (Rs 10,000- check % expenditure)	10,000	10,000	10,000
Annual maintenance grant (Rs 10.000-check expenditure)	-	-	-
SC Imlikheda			
Untied fund expenditure (Rs 10,000- check % expenditure)	10,000	10,000	10,000
Annual maintenance grant (Rs 10.000-check expenditure)	-	-	-

Sources: Supportive supervision checklist, DPMU, Haridwar

4. FACILITY WISE OBSERVATIONS

4.1 DISTRICT HOSPITAL

Figure 11. Health facility in district hospital



Figure 1: District hospital, Haridwar



Figure 2: Patients in queue for prescription



Figure 3: Maternity ward



Figure 4: Emergency ward



Figure 5: Rain basera



Figure 6: PNC ward

- District hospital is running under government building and it has separated from the women district hospital where all health facilities are available for the female. Toilets are not attached with maternity ward as well as general ward.
- Quarters are available for the MOs, permanent staff nurse and doctors. This district hospital has power back up facility through generator. Water supply is available 24*7 hours in toilet as well as for drinking.
- In district women hospital two MBBs, one LMO, one anaesthetic, one paediatrician are available. Every day different colour bedsheet has been changed in all units like as maternity ward, general ward, and also in SNCU.
- Per day OPD load including ANC check- ups is 230-250.
- District women hospital has 34 bedded and mostly time overloaded situations make on bed.
- Training provided in IUCD, PPIUCD, SBA, and NSSK.
- In district hospital one 108 and one 102 ambulances are available. All health equipment's, drugs, stretcher also were available in the both hospital.
- All drugs are available and equipment's are functional in district hospital. In the condition of shortage of medicine, they discussed with CMO and medical officer and fulfilled it as soon as possible.
- Under disease control programme 31 T.B patient were successfully completed their check-ups from the month of March to till now. Whereas 17 leprosy patient also successfully completed their check-ups.
- Although under family planning programme no counsellor was available and one staff nurse gives counselling. She provides counselling during ANC check-ups. Mostly women preferring condoms for family planning and vey less no of women preferring PPIUCD and IUCD.
- Under AYUSH programme Ayurveda and homeopathy wing are available in district hospital. Both doctors check general as well as ANC patients. Both type of medicine (Ayurvedic and Homeopathic) are available and doctor provide such type of medicine.
- In district hospital 450-500 delivery conducted in a month. Not any maternal death is reported in the DWH from the last 6 months. Labour room was clean and OT was also available in DH.

- Twelve bedded SNCU are available and all equipment's were in functioning condition. During our visit in the in the district hospital no child was admitted that time. SNCU had personal kitchen and cook were available and she provide meal to the children according to the dietician.
- HIV test has been conducted here and 3 has been found positive from the last financial year. All other test facilities are available in DH like as urine, sugar, malaria etc.
- This district hospital has blood bank. Also 3 lab technician in pathology department are available. Through different NGO and organisation had organise blood donation camp in this DH, So DH never phasing lack of blood.
- In the hospital C- section delivery has conducted and only one gynaecologist is available here. While in the hospital operation theatre are available and only laparoscopy has conducted in OT.
- Women received their JSY payment after delivery in their account. ASHAs have also received their payments after proper competition of work. Under the JSSK programme drugs and ambulance drop back to home facility are provided to the beneficiaries. For diet is not proper and sufficient available for them.
- IEC display were updated and present in different section.
- Three data operating manager are available in DH and handle different kind of work such as HMIS data entry, drugs and others.
- Under KAYA KALP scheme district hospital won second price for hygiene and cleanliness.

4.2 COMMUNITY HEALTH CENTER BAHADRABAD

Figure 12. Health facility in CHC



Figure 1: CHC, Bahadrabad



Figure 2: Lab facility



Figure 3: Toilet



Figure 4: Maternity ward

- CHC Bahadrabad running under the government building and quarters are available for all staff. Also quarters make in between of this CHC.
- This CHC has 30 bedded capacities. While power backup maintained through the generator.
- This CHC is facing HR problem. Only 2 MBBS doctor including MOs, 1 pharmacist, 1 dentist, 1 eye specialist and lab technician handled this CHC. C-section cases mostly referred to the district hospital due to of unavailability of gynaecologist.
- In the centre only one 102 ambulances are available and 108 ambulances are provided services to the patients on call. All equipment's and essential drugs are available in ambulance and pilots are well knowledgeable about their work and responsibility.

- Per day OPD load is 200 and ANC OPD is 100. This CHC has charge Rs/ 10 for one patient for fifteen days. ANC and BPL have not paid any cost. All kind of test are also free for ANC and BPL.
- JSY payment not being given before discharge. For diet this CHC hired a canteen and diet being provided free of charge.
- All mothers are initiating for breast feeding within one hour of normal delivery. Mothers are not staying 48 hours after delivery.
- All types of records like OPD, IPD, ANC, PNC, labour room, OT, immunization, drug stock, payment under JSY, referral cases, anaemic pregnant women related register were regularly maintained by the doctors as well as staff.
- All IEC displays list of drugs, JSSK entitlement, protocol poster, timing of the health facilities, doctors are available.
- 3-4 deliveries have been conducted in a day and in a month the ratio is 50-60. Shortage of gynaecologist C-section delivery almost referred to the district hospital. No maternal death occurs in the last financial year.
- Mostly women not preferring PPIUCD for the family planning they preferring condoms. One counsellor is available in this CHC for the family planning and she counselled them during ANC check-ups.
- Only NBSU is available in this CHC but not in functioning now because of construction of labour room. For temporary phase delivery room shifted in NBSU and critical cases in behalf of infants they referred to the Roorkee district hospital.
- For BMW in this CHC one private tender comes after a day in a week.
- Untied fund was utilized for cleanliness, gardening, building repairing, water supply, caterers, and IEC display.
- Under disease control programme only Leprosy, RNTCP and malaria programme is running.
- Meeting gap found under RKS. Last time meeting held in the month of march and after that it held in the month of November.
- Under RBSK programme counsellor provide proper counselling to the children and aware them for proper diet, cleanliness and hygiene practices. They identified students and if found any major complication they started to provide them treatment.

- In this CHC ultra sound facilities are not available and patient done ultra sound in some private hospital or clinics.
- Cold chain available and through EVIN software it managed and monitor easily.

4.3 COMMUNITY HEALTH CENTER BHAGWANPUR

Figure 13. Health facility in CHC



Figure 1: CHC, Bhagwanpur



Figure 2: Staff quarter



Figure 3: Maternity ward



Figure 4: Under construction OT



Figure 5: Pit



Figure 6: Cold chain

- CHC Bhagwanpur running under the government building and quarters are available for all staff.

- This CHC has 16 bedded capacities. While power backup maintained through the generator.
- This CHC is facing HR problem. Only 3 MBBS doctor including MOs, where 2 are in contract basis, 1 pharmacist, 1 optometrist and lab technician handled this CHC. C-section cases mostly referred to the district hospital due to unavailability of gynaecologist.
- In the centre only one 102 ambulances are available and one 108 ambulances are provided services to the patients. All equipment's and essential drugs are available in ambulance and pilots are well knowledgeable about their work and responsibility.
- Per day OPD load is 180-250. This CHC has charge Rs/ 10 for one patient for fifteen days. ANC and BPL have not paid any cost. All kind of test are also free for ANC and BPL.
- JSY payment not being given before discharge. For diet this CHC hired a hotel, who provide breakfast, lunch and dinner and diet being provided free of charge.
- This CHC have less number of beds that's why they can't stay for PNC for long time. In any emergency situation they stay to the patient after delivery.
- All types of records like OPD, IPD, ANC, PNC, labour room, OT, immunization, drug stock, payment under JSY, referral cases, anaemic pregnant women related register were regularly maintained by the doctors as well as staff.
- All IEC displays list of drugs, JSSK entitlement, protocol poster, timing of the health facilities; doctors are available and maintained properly.
- 1-2 deliveries have been conducted in a day and in a month the ratio is 50-60. Shortage of gynaecologist C-section delivery almost referred to the district hospital Roorkee. 3 maternal deaths and 17 neonatal deaths were found in the last financial year.
- Mostly women not preferring PPIUCD and IUCD for the family planning: they are preferring condom.
- 5 bedded NBSU is available in this CHC and in functioning. For temporary phase delivery room shifted in NBSU and critical cases in behalf of infants they referred to the Roorkee district hospital.
- For BMW in this CHC one private tender comes after a day in a week.

- Untied fund proposed for this CHC is 454540 out of that a total amount received was 454540. which was utilized for cleanliness, gardening, building repairing, water supply, caterers, and IEC display.
- Under disease control programme only TB, malaria patient comes for their check-ups and high risk patient referred to the district hospital Roorkee.
- ASHAs meeting held in CHC wise quarterly and PHC wise it held monthly.
- In this CHC ultra sound facilities are not available and patient done ultra sound in district hospital Roorkee in free of cost.
- Cold chain available and through EVIN software it managed and monitor easily.
- Under Ayush only Homeopathy and Ayurvedic doctor is available. Doctor check both general patient as well as ANC, and give homeopathic and Ayurvedic medicine to the patient.
- 64% vaccination coverage found in this CHC because of migrated population.
- Data entry operator is available and he entered HMIS data on HMIS portal. As well as he maintaining JSY payment data.

4.4 PRIMARY HEALTH CENTER IMLIKHEDA

Figure 14. Health facility in Primary health centre



Figure 1: PHC, Imlikheda



Figure 2: Pathology lab



Figure 3: Toilets



Figure 4: Bio medical waste pit

- The primary health center (PHC) Imlikheda was easily accessible with road connectivity and functioning in a government building.
- The PHC Imlikheda was converted in the health and wellness center.
- A staff quarter was not available in the facility.
- The Human Resource designated at health facility are: 2 MO, 2 ANM, 1 LTs, 1 Pharmacists, 1 Ward boy and 1 swiper at the PHC.
- A homeopathic doctor was available in PHC.
- Labour room of the PHC is functional. Toilet found attached to the labour room and clean.
- Only 2 deliveries conducted at the health facility in a month and the facility was not conducted 24*7 hours' delivery.
- The facility has an average OPD load of 100-150 patients per day, and only 4 beds are available. Toilets and washrooms are available and clean.

- Electricity was available with power backup like inverter and generator and water facility was available in 24*7.
- The facility has B.P instrument and stethoscopes for blood pressure, Sterilized delivery sets, Functional neonatal, Pediatrics and Adult Resuscitation kit, Adult weighing machine, Functional Radiant Warmer, Functional ILR and Deep Freezer and needle hub cutter are available. All laboratory equipment's are available.
- The following tests can happen in the health facility: Hemoglobin, Malaria, HIV T.B, Blood group, Urine test, Serum Bilirubin test, RPR (Rapid Plasma Regain), and Sugar, Blood Sugar but CBC test was not available.
- Drugs such as IFA tablets, Vit. A syrup, ORS packets, Zinc tablets, Misoprostol. Drugs for hypertension, Diabetes, common ailments e.g. PCM, metronidazole, anti-allergic drugs etc. are in stock.
- There was no facility of Bio-medical waste (BMW), it was collected garbage and pit in to underground.
- Untied funds amounting to Rs/ 7,00,000 lakhs are provided every year around June/July. It is spent towards cleaning, procuring supplies and stationery.
- The staff indulges in counselling for family planning. Options available for family planning was condom.
- During the visit, All IEC display found at this PHC.
- Records are maintained for OPD, IPD, Indoor bed head ticket, Drug Stock.

4.5 PRIMARY HEALTH CENTER BIHARINAGAR

Figure 15. Health facility in Primary health center



Figure 1: PHC, Biharinagar



Figure 2: General ward



Figure 3: Medicine store room



Figure 4: AYUSH wing

- The primary health center (PHC) was easily accessible with road connectivity and functioning in a government building,
- Staff quarters are available at PHC, but Doctors and other staff was not residing in this quarter due to security concern.
- The Human Resource designated at health facility are: MO, 1 ANM, 1 Pharmacists, 1 Ward boy and 1 swiper at the PHC.
- The facility has an average OPD load of 15-20 patients per day, and only 3 beds are available. Toilets and washrooms are available but not clean.
- The PHC was running without power backup and water facility available in 24*7.
- The facility has B.P instrument and stethoscopes for blood pressure. Adult weighing machine and needle hub cutter are also available.

- Drugs such as IFA tablets, IFA syrup with dispenser, Vitamin A syrup, ORS packets, Zinc tablets, Misoprostol. Drugs for hypertension, Diabetes, common ailments e.g. PCM, metronidazole, anti-allergic drugs etc. are in stock.
- There is no facility of Bio-medical waste (BMW), it was collected garbage and pit in to underground.
- No IEC display is available inside the facility.
- Records are maintained for OPD, IPD, Indoor bed head ticket, Drug Stock.

4.6 SUB CENTER JAMALPUR KALA

Figure 16. Health facilities in Sub Center



Figure 1: Sub centre Jamalpur kala



Figure 2: Meeting with ANM& ASHAs



Figure 3: Toilets



Figure 4: Baby weight machine

- The health facility was easily assessable and run in government building and the facility was situated in community center of the village. It has no ANM quarter available.
- The facility has 2 ANM, and 11 ASHAs and this facility cover 4 villages.
- The facility was not a delivery point.
- No display is available inside the facility.
- Electricity is available and no Power back up and water facility available in 24*7.
- Records are maintained for ANC, immunization, Drug Stock and vaccine.
- This sub center is mostly used for immunization, ANC registration, VHNC meeting and filed based work.
- In the last month total 38 ANC have registered at this SC.
- The facility got new Wi-Fi connection by Panchayat Bhawan.
- 5 days ANM duties have placed in the village for VHND meeting and immunization.

- ASHA reported that JSY PAYMENT for delivery care was not get during the last 1 year.
- Drugs such as IFA tablets, IFA syrup with dispenser, vitamin A syrup, ORS packets, zinc tablets, Inj. magnesium sulphate & oxytocin, misoprostol & mifepristone tablets. drugs for hypertension, diabetes, common ailments e.g. PCM, metronidazole, anti-allergic drugs etc. are in stock.
- The health facility has a functional BP instrument and Stethoscope, sterilized delivery sets neonatal, pediatrics and adult resuscitation kit, weighing machine (adult and infant/new-born), needle cutter.

4.7 SUB CENTER IMLIKHEDA

Figure 17. Health facilities in Sub Center



Figure 1: Maternity ward, Imlikheda



Figure 2: Contraceptives



Figure 3: Weight machine



Figure 4: Bio medical waste management

- The Sub Centre was run in government building. It has no ANM quarter available.
- The facility is not a delivery point.
- There was no facility of Bio-medical waste (BMW), it was collected garbage and pit in to underground.
- Records are maintained for ANC, immunization, Drug Stock and vaccine.
- This sub center is mostly used for immunization.
- Electricity was available with power backup like inverter and water facility was available in 24*7.
- At sub Centre level 1 ANMs and 11 ASHAs were appointed. They have received training on IUCD, NSSK and SBA. They were conducted immunization camps at village levels and also provide guidelines related to maternal and child health to the ASHAs. ASHAs distribute IFA and other essential drugs to pregnant women.
- All IEC display found at this Sub Centre.

5. CONCLUSIONS AND RECOMMENDATIONS

1. In district women hospital per month delivery load is 450-500. While due to shortage of human resources such as Gynaecologist, overloaded can be seen on gynaecologist. As well as only one pedestrian is available who handled SNCU and NRC. For family planning Mostly women preferring PPIUCD, and sterilization not have done in much amount because of shortage of gynaecologist.
2. In Bahadrad and Bhagwanpur district only normal delivery has been done by the staff nurse, C-section not conducted yet because of shortage of gynaecologist. In both CHCs which are enhancing their labour room because of increasing demands of delivery. NBSU and NBCC are not functioning here because labour room temporarily shifted here. So critical child directly refers to the nearby district hospital.
3. However, in district hospital and both visited CHCs patients have availed the benefit of Pradhan Mantri Generik medicine, which was available at low cost in the hospital
4. All visited community, primary health centre and SC were running under government building, but the available building and resource were not sufficient to manage the load of huge patients. Therefore, there is need to extend or develop new health infrastructure facilities at district, block and village level.
5. Shortage of manpower especially for doctors and fourth grade employees were found as serious issue to maintain the quality of health services.
6. Staffs are not enough for the SNCU in district hospital and in CHCs for NBSU, NBCC staff as well as space are not enough for the children. Both visited health facilities delivery rooms are shifted in NBSU and NBCC that's why a large space is required for shifting the NBSU and NBCC and delivery room.
7. Training or orientation of HRs at regular interval is needed. The number of health personnel should be increased at the sub-center as it is the first contact point between the primary health care system and the village community. So infrastructures of the Sub-Centers need to be strengthened.
8. In most of the CHC and PHC there were more number of patients of tuberculosis and leprosy case was identified. However, in term of medicine only basic medicine was available. Thus, NHM will more focus on the disease specific intervention programme in the district.
9. During our field visit we found that in the SC Imlikheda in the rainy season it's not properly functioning because of rainy water entered into the SC, so the NHM need to be shifted this on another place or renew it.
10. Awareness should be created among the mothers about the risks of shifting from

hospitals before 48 hours of delivery.

11. Effective guidelines should be provided to the health facilities about the utilization of allotted funds so that the stagnant funds will not be occurred.
12. The implementation of ASHAs has made a difference with regard to institutional deliveries. To enhancing and promoting the institutional delivery and maternal and child health related work so NHM should provide the incentive amount on time to motivate them for providing better health care services to the mother as well as the children.
13. The PHCs and SCs should be connected with good roads so that it will be accessible easily by the patients.
14. For the security purposes in health facilities NHM should fill the vacant post as soon as possible.
15. NHM should enhance the PNC ward which is needed in the health facilities.

6. LIST OF CONTACT PERSON

Name	Designation	Office
Dr. Prem Lal	Chief medical officer	CMO Office
Mrs Monika	District programme manager	CMO Office
Mrs Anjana	Data manager	CMO Office
Mrs Reshma	RBSK head	CMO Office
Dr Shikha Jagpangi	Chief medical superintendent	District Hospital
Dr Alpana	Lady medical officer	District Hospital
Iyryn	Sister	District Hospital
Nirmala	Sister	District Hospital
Ankita Sharma	Dietician	District Hospital
Sini Semwal	Staff Nurse	District Hospital
Priyanka Negi	Staff Nurse	District Hospital
Omwati	Cook	District Hospital
Nisha Bora	Lab Technician	District Hospital
Harendar Singh Bist	Data Manager	District Hospital
Smt Amrit Kaur	Cold chain Handler	District Hospital
Manoj Sharma	Cold chain Technician	District Hospital
Ashok Kumar	Immunization Head	District Hospital
Madhuri Rawat	Hospital Manager	District Hospital
Insar Ali	Block Programme manager	CHC Bahadrabad
Banke Lal	Pharmacist	CHC Bahadrabad
Poonam Kumay	Staff Nurse	CHC Bahadrabad
Chandrakanta	Staff Nurse	CHC Bahadrabad
Rita Rani	RKSK counsellor	CHC Bahadrabad
Harsh Chauhan	Peer educator	CHC Bahadrabad
Dr. Vikrant Sirogi	MOIC	CHC Bhagwanpur
Sanjeev Bhardwaj	Block programme manager	CHC Bhagwanpur
Dr. Shailesh	Optimist	CHC Bhagwanpur
Sukhdev Chamali	Pharmacist	CHC Bhagwanpur
Monika Devi	Staff Nurse	CHC Bhagwanpur
Jagdish Singh Negi	T.B.H.V	CHC Bhagwanpur
Yogesh Kumar	Dr Deepak Pandey	CHC Bhagwanpur
Dr. Anita Kaushal	MOCH	PHC Biharinagar
Dr Shailee Sharma	L.M.O	PHC Biharinagar
Pramod Kumar Sengar	X-Ray Technician	PHC Biharinagar
Umesh Verma	Lab Technician	PHC Biharinagar
Pankaj Tiwari	S.S.S	PHC Biharinagar
Dr. Ashok Kumar	MOIC	PHC Imlikheda
Dr Deshpal	BMS	PHC Imlikheda
Dr Diliraman	MBBS	PHC Imlikheda
Dr. Anil Garg	MBBS	PHC Imlikheda
Manish Kumar	BPM	PHC Imlikheda

Arvind Kumar	Lab Technician	PHC Imlikheda
Preeti Gola	ANM	SC Jamalpur Kala
Rita Rawat	ANM	SC Jamalpur Kala
Snehlata	ASHA facilitator	SC Jamalpur Kala
Babita	ASHA	SC Jamalpur Kala
Geeta	ASHA	SC Jamalpur Kala
Kusum	ASHA	SC Jamalpur Kala
Anuradha	ANM	SC Imlikheda

7. ANNEXTURE

ANNEXURE-1



National Health Mission Monitoring of District PIP

Population Research Centre, Institute of Economic Growth, Delhi

Evaluation of key indicators of the district

Section 1. Details 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)		
Institutional Deliveries		
No of women received PNC check-ups within 48 hours		

Section 2. Detail of health infrastructure's in the last financial year

Health Facility	Number available	Govt. building	Rented building/ Under const.
District hospital			
Sub-District hospital			
First Referral Units (FRUs)			
CHC			
PHC			
Sub Centre			
Mother & Child Care Centres			
Adolescent friendly Health Clinic			
Medical College			
Skill Labs			
District Early Intervention Centre			
Delivery Points			

Transport Facility	Number available	Number functional	Remarks
108 Ambulances			
CATS			
102 Ambulance			
Referral Transport			
Mobile Medical Units			

Section 3: Human Resource as on 31 March, 2018

Position Name	Sanctioned	Filled	Vacant
MO's including specialists			
Gynaecologists			
Paediatrician			
Surgeon			
Nutritionist			
Dental Surgeon			
LHV			
ANM			
Pharmacist			
Lab technicians			
X-ray technicians			
Data Entry Operators			
Staff Nurse at CHC			
Staff Nurse at PHC			

ANM at PHC			
ANM at SC			
Data Entry Operators			
Any other, please specify			

Section 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						

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

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

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

.....

Section 5.1. Block wise service delivery indicators in the last financial year

Block	ANC Registered	3 ANCs	Home Deliveries	Institutional Deliveries

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

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

Section 5.3. Block wise service delivery indicator in the last financial year

Block	TT1	TT 2	Home Deliveries		Live Birth	Still Birth	Total Births
			SBA assisted	Non-SBA			

Section 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

Section 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

Section 5.6. Maternal Death Review in the last financial year

Total Maternal Deaths	Place of Deaths			Major Reasons (% of deaths due to	Month Of pregnancy		
	Hospital	Home	Transit		During pregnancy	During Delivery	Post Delivery

				reasons given below)			
				(Haemorrhage/ Obstetric Complications/ Sepsis/ Hypertension/ Abortion/ Others)			

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

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

Section 6.2. Child Health: Details 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		

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

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

SNCU					NBSU				

Note- * Leave against medical advise

Section 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)

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

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

Section 7. Family Planning achievement in District in the last financial year

Block	Sterilization			IUCD insertions		Oral Pills		Emergency Contraceptives		Condoms		Injectable Contraceptives
	*T	*M	*F	*T	*A	*T	*A	*T	*A	*T	*A	

Section 8. RSK Progress in District in the last financial year

Block	No. of Counsellors	No. of Adolescents who	No of Anemic Adolescents	IFA tablets	No. of RTI/STI cases

	g session held conducted	attended the Counselling sessions	Severe Anaemia	Any Anaemic	given	

Section 9. Quality in health care services

Bio-Medical Waste Management	DH	CHC	PHC
No of facilities having bio-medical pits			
No. of facilities having colour 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			

Section 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 centres/ ASHA Ghar	
Drug kit replenishment	
No. of ASHAs trained in last year	
ASHA's Trained in Digital Literacy	
Name of trainings received	1) 2) 3)

Section 10.1. Disease control programme progress District (Non-Communicable Diseases)

Name of the Programme/ Disease	2016-17		2017-18	
	No. of cases screened	No. of detected cases	No. of cases screened	No. of detected cases
Blindness				
Mental Health				

Diabetes				
Hypertension				
Osteoporosis				
Heart Disease				
Obesity				
Cancer				
Fluorosis				
Chronic Lung Disease				
Others, if any				

Section 10.2. Disease control programme progress district (communicable diseases)

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

Section 11. AYUSH progress District in the last financial year

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

Section 12. Pool Wise Heads Summary

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

PART V	Infrastructure Maintenance		
--------	----------------------------	--	--

Section 12.a. Budget Utilisation Parameters

S.No	Scheme/Programme	Funds 2017-18	
		Sanctioned	Utilized
12.1	NRHM + RMNCH plus A Flexipool		
12.1.1	Maternal Health		
12.1.2	Child Health		
13.1.3	Family Planning		
12.1.4	Adolescent Health/RKSK		
12.1.6	Immunization		
12.2.	NUHM flexi pool		
12.2.1	Strengthening of Health Services		
12.3	Flexipool for disease control programme		
12.3.1	Integrated disease surveillance programme (IDSP)		
12.3.2	National vector borne control programme		
12.4.3	National tobacco control programme (NTCP)		
12.4.1	National mental health programme (NMHP)		
12.4.2	National programme for the healthcare elderly (NPHCE)		
12.4.4	National Programme for Prevention and Control of Cancer, Diabetes, Cardiovascular Diseases and Stroke (NPCDCS)		
12.5	Infrastructure		
12.5.1	Infrastructure		
12.5.2	Maintenance		
12.5.3	Basic training for ANM/LHVs		

Section 13. HMIS/MCTS progress District in the last financial year

HMIS/MCTS progress, Saharanpur, 2017-18

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 analysed 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 anaemic 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 analysed 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"/>	

ANNEXURE-2

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	
1.1	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	
1.2	Functional BB/BSU, specify	Y	N	
1.21	Separate room for ARSH clinic	Y	N	
1.22	Burn Unit	Y	N	
1.23	Availability of complaint/suggestion box	Y	N	
1.24	Availability of mechanisms for Biomedical waste management (BMW)at facility	Y	N	
1.25	BMW outsourced	Y	N	
1.26	Availability of ICTC/ PPTCT Centre	Y	N	
1.27	Rogi Sahayta Kendra/ Functional Help Desk	Y	N	

Section II: Human Resource as on March 31, 2018				
S.No	Category	Sanctioned	In-position	Remarks if any
2.1	OBG			
2.2	Anaesthetist			
2.3	Paediatrician			
2.4	General Surgeon			

2.5	Other Specialists			
2.6	MOs			
2.7	SNs			
2.8	ANMs			
2.9	LTs			
2.1	Pharmacist			
2.11	LHV			
2.12	Radiographer			
2.13	RMNCHA+ counsellors			
2.14	Nutritionist			
2.15	Dental Surgeon			
2.16	Others			

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

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

Section IV: Equipment

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

4.7	Functional Suction apparatus	Y	N
4.8	Functional Facility for Oxygen Administration	Y	N
4.9	Functional Foetal Doppler/CTG	Y	N
4.1	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 Anaesthesia 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
4.30	Laboratory Equipment		
4.31	Functional Microscope	Y	N
4.32	Functional Hemoglobinometer	Y	N
4.33	Functional Centrifuge	Y	N
4.34	Functional Semi autoanalyzer	Y	N
4.35	Reagents and Testing Kits	Y	N
4.36	Functional Ultrasound Scanners	Y	N
4.37	Functional C.T Scanner	Y	N
4.38	Functional X-ray units	Y	N
4.39	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	

5.1	Misoprostol tablets	Y	N	
5.11	Mifepristone tablets	Y	N	
5.12	Availability of antibiotics	Y	N	
5.13	Labelled emergency tray	Y	N	
5.14	Drugs for hypertension, Diabetes, common ailments e.g PCM, metronidazole, anti-allergic drugs etc.	Y	N	
5.15	Adequate Vaccine Stock available	Y	N	

S.No	Supplies	Yes	No	Remarks
5.17	Pregnancy testing kits	Y	N	
5.18	Urine albumin and sugar testing kit	Y	N	
5.19	OCPs	Y	N	
5.2	EC pills	Y	N	
5.21	IUCDs	Y	N	
5.22	Sanitary napkins	Y	N	
S.No	Essential Consumables	Yes	No	
5.23	Gloves, Mckintosh, Pads, bandages, and gauze	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	
6.1	Ultrasound scan (Ob.)	Y	N	
6.11	Ultrasound Scan (General)	Y	N	
6.12	X-ray	Y	N	
6.13	ECCG	Y	N	
6.14	Endoscopy	Y	N	
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 temperature recording	Y	N	
6.17	Sufficient no. of blood bags available	Y	N	
6.18	Check register for number of blood bags issued for BT in last quarter			

Section VII: Service Delivery in Last two financial years

S.No	Service Utilization Parameter	2016-17	2017-18
7.1	OPD		
7.2	IPD		
7.3	Total deliveries conducted		
7.4	No. of C section conducted		
7.5	No. of neonates initiated breast feeding within one hour		
7.6	No of admissions in NBSUs/ SNCU, whichever available		
7.7	No. of children admitted with SAM (Severe Acute Malnutrition)		
7.8	No. of pregnant women referred		
7.9	ANC1 registration		
7.1	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 VIII: Quality parameter of the facility

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

Section IX. Record maintenance

S.No	Record	Available and Updated and correctly filled	Available but Not maintained	Not Available	Remarks/Timeline for completion
9.1	OPD Register				
9.2	IPD Register				
9.3	ANC Register				
9.4	PNC Register				
9.5	Line listing of severely anaemic pregnant women				
9.6	Labour room register				
9.7	OT Register				
9.8	Immunisation Register				
9.9	Blood Bank stock register				
9.1	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	
10.1	Other related IEC material	Y	N	

Section XI: Additional/Support Services

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

Qualitative Questionnaires for District Hospital Level

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

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

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

.....
.....

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

.....
.....

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

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

ANNEXURE-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	
1.1	Clean Toilets separate for Male/Female	Y	N	
1.11	Functional and clean labour Room	Y	N	
1.12	Functional and clean toilet attached to labour room	Y	N	
1.13	Functional New born care corner(functional radiant warmer with neo-natal ambu bag)	Y	N	
1.14	Functional Newborn Stabilization Unit	Y	N	

1.15	Clean wards	Y	N	
1.16	Separate Male and Female wards (at least by Partitions)	Y	N	
1.17	Availability of complaint/suggestion box	Y	N	
1.18	Availability of mechanisms for waste management	Y	N	

Section II. Human resource as on March 31, 2018

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

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

S.No.	Training	No Trained	Remarks if any
3.1	BeMOC		
3.2	SBA		
3.3	MTP/MVA		
3.4	NSV		
3.5	IMNCI		
3.6	F- IMNCI		
3.7	NSSK		
3.8	Mini Lap		
3.9	IUD		
3.1	RTI/STI		
3.11	Immunization and cold chain		
3.12	Others		

Section IV. Equipments

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	
4.1	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	
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	

S.No	Drugs	Yes	No	Remarks
5.9	Inj Oxytocin	Y	N	
5.1	Misoprostol tablets	Y	N	
5.11	Mifepristone tablets	Y	N	
5.12	Availability of antibiotics	Y	N	
5.13	Labelled emergency tray	Y	N	
5.14	Drugs for hypertension, Diabetes, common ailments e.g PCM, metronidazole, anti-allergic drugs etc.	Y	N	
5.15	Adequate Vaccine Stock available	Y	N	
S.No	Supplies	Yes	No	Remarks
5.17	Pregnancy testing kits	Y	N	
5.18	Urine albumin and sugar testing kit	Y	N	
5.19	OCPs	Y	N	
5.2	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	
6.1	Others	Y	N	

Section VII. Service Delivery in last two years

S.No	Service Utilization Parameter	2016-17	2017-18
7.1	OPD		
7.2	IPD		
7.3	Total deliveries conducted		
7.4	No of admissions in NBSUs, if available		
7.5	No. of sick children referred		
7.6	No. of pregnant women referred		
7.7	ANC1 registration		
7.8	ANC3 Coverage		
7.9	No. of IUCD Insertions		
7.1	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		

S.No	Service Utilization Parameter	2016-17	2017-18
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 postnatal 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

S.No	Essential Skill Set	Yes	No	Remarks
8.1	Manage high risk pregnancy	Y	N	
8.2	Provide essential new-born care (thermoregulation, breastfeeding and asepsis)	Y	N	
8.3	Manage sick neonates and infants	Y	N	
8.4	Correctly administer vaccines	Y	N	
8.5	Alternate Vaccine Delivery (AVD) system functional	Y	N	
8.6	Segregation of waste in colour coded bins	Y	N	
8.7	Adherence to IMEP protocols	Y	N	

Section IX: Record Maintenance

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

Section X: Funds Utilisation

S.No	Funds	Proposed	Received	Utilised
10.1	Untied funds expenditure (Rs. 50,000/25,000-Check % expenditure)			
10.2	Annual maintenance grant (Rs. 1,00,000/50,000-Check % expenditure)			

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

Qualitative Questionnaires for PHC/CHC Level

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

- Any good practices or local innovations to resolve the common programmatic issues.

- Any counselling being conducted regarding family planning measures.

ANNEXURE-4

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	
1.1	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 New-born 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	
1.2	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 as on March 31, 2018

S.No.	Category	Sanctioned	In Position	Remarks if any
2.1	OBG			
2.2	Anaesthetist			
2.3	Paediatrician			
2.4	General Surgeon			
2.5	Other Specialists			
2.6	MOs			
2.7	SNs			
2.8	ANMs			
2.9	LTs			
2.1	Pharmacist			
2.11	LHV			
2.12	Radiographer			
2.13	RMNCHA+ counsellors			
2.14	Others			

Section III. Training status of HR

S.No.	Training	NoTrained	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		
3.1	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	
4.1	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	Ye s	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	
5.1	Misoprostol tablets	Y	N	
5.11	Mifepristone tablets	Y	N	
5.12	Availability of antibiotics	Y	N	
5.13	Labelled emergency tray	Y	N	
5.14	Drugs for hypertension, Diabetes, common ailments e.g. PCM, metronidazole, anti-allergic drugs etc.	Y	N	
5.15	Adequate Vaccine Stock available	Y	N	

S. No	Supplies	Yes	No	Remarks
5.17	Pregnancy testing kits			
5.18	Urine albumin and sugar testing kit			
5.19	OCPs			
5.2	EC pills			
5.21	IUCDs			
5.22	Sanitary napkins			
S.No	Essential Consumables	Yes	No	Remarks
5.23	Gloves, Pads, bandages, and gauze etc.			

Section VI. Other services

S.No	Lab Services	Yes	No	
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	
6.1	Others , pls specify	Y	N	

S.No	Blood bank / Blood Storage Unit	Yes	No	
6.11	Functional blood bag refrigerators with chart for temp. recording	Y	N	
6.12	Sufficient no. of blood bags available	Y	N	

6.13	Check register for number of blood bags issued for BT in last quarter			
------	---	--	--	--

Section VII: Service Delivery in last two financial years

S.No	Service Utilization Parameter	2016-17	2017-18
7.1	OPD		
7.2	IPD		
7.3	MCTS entry on percentage of women registered in the first trimester		
7.4	No. of pregnant women given IFA		
7.5	Total deliveries conducted		
7.6	No. of C section conducted		
7.7	No of admissions in NBSUs/ SNCU, whichever available		
7.8	No. of children admitted with SAM (Severe Acute Anaemia)		
7.9	No. of sick children referred		
7.1	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,		
7.2	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 hour of normal delivery	Y	N	
7.2a	Zero dose BCG, Hepatitis B and OPV given	Y	N	
7.3a	Counseling on Family Planning done	Y	N	
7.4a	Mothers asked to stay for 48 hrs	Y	N	

7.5a	JSY payment being given before discharge	Y	N	
7.6a	Diet being provided free of charge	Y	N	

Section VIII: Quality parameter of the facility

S.No	Essential Skill Set	Yes	No	Remarks
8.1	Manage high risk pregnancy	Y	N	
8.2	Provide essential new-born 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 XI. 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				
9.1	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

S.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	
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	
11.1	Other related IEC material	Y	N	

ANNEXURE-5

Sub Centre level Monitoring Checklist

Name of District: _____ Name of Block: _____ Name of SC: _____

Catchment Population: _____ Total Villages: _____ Distance from PHC: _

Date of last supervisory visit: _____

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

Names of staff posted and available on the day of visit: _____

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

Section I. Physical Infrastructure

S.No	Infrastructure	Yes	No	Remarks
1.1	Sub centre located near the main habitation	Y	N	
1.2	Functioning in Govt. building	Y	N	
1.3	Building in good physical condition	Y	N	
1.4	Electricity with power back up	Y	N	
1.5	Running 24*7 water supply	Y	N	
1.6	ANM quarter available	Y	N	
1.7	ANM residing at SC	Y	N	
1.8	Functional labour room	Y	N	
1.9	Functional and clean toilet attached to labour room	Y	N	
1.10	Functional New Born Care Corner (functional radiant warmer with neo-natal ambu bag)	Y	N	
1.11	General cleanliness in the facility	Y	N	
1.12	Availability of complaint/ suggestion box	Y	N	
1.13	Availability of deep burial pit for biomedical waste management	Y	N	

Section II. Human Resource as on March 31, 2018

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

Section III. Equipments

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 II. 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 V. Essential Supplies

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

Section VI. Service Delivery in the last two years

S.No	Service Utilization Parameter	2016-17	2017-18
6.1	Number of estimated pregnancies		
6.2	No. of pregnant women given IFA		

6.3	Number of deliveries conducted at SC		
6.4	Number of deliveries conducted at home		
6.5	ANC1 registration		
6.6	ANC3 coverage		
6.7	No. of IUCD insertions		
6.8	No. of children fully immunized		
6.9	No. of children given Vitamin A		
6.1	No. of children given IFA Syrup		
6.11	No. of Maternal deaths recorded		
6.12	No. of still birth recorded		
6.13	Neonatal deaths recorded		
6.14	Number of VHNDs attended		
6.15	Number of VHNSC meeting attended		

Section VII. Record Maintenance

Sl. No	Record	Available and updated	Available but non-maintained	Not Available
7.1	Payments under JSY			
7.2	VHND plan			
7.3	VHSNC meeting minutes and action taken			
7.4	Eligible couple register			
7.5	MCH register (as per GOI)			
7.6	Delivery Register as per GOI format			
7.7	Stock register			
7.8	MCP cards			
7.9	Referral Registers (In and Out)			
7.1	List of families with 0-6 years children under RBSK			
7.11	Line listing of severely anemic pregnant women			
7.12	Updated Microplan			
7.13	Vaccine supply for each session day (check availability of all vaccines)			
7.14	Due list and work plan received from MCTS Portal through Mobile/ Physically			

Section VII A. Funds Utilisation

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

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

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

Qualitative Questionnaires for Sub-Centre Level

1. Since when you are working here, and what are the difficulties that you face in running the Sub-centre.

2. Do you get any difficulty in accessing the flexipool?

3. On what head do you spend money of flexi pool? Do you keep record of money spend on the maintenance of infrastructure.

