

# NATIONAL HEALTH MISSION



## A REPORT ON

### MONITORING OF IMPORTANT COMPONENTS OF

### NHM PROGRAMME IMPLEMENTATION IN JAUNPUR DISTRICT, UTTAR PRADESH



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## ACRONYMS AND ABBREVIATIONS

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

## EXECUTIVE SUMMARY

The State PIPs spell out the strategies to be deployed, budgetary requirements and health outcomes aimed for. Based on the PIPs submitted by the States and the approved ROPs, Delhi PRC is expected to carry out a monitoring and evaluation exercise. The primary focus of the exercise is to examine whether the State is adhering to key conditionalities while implementing the approved PIP and to what extent the key strategies identified in the PIP are implemented and also to what extent the Road Map for priority action and various commitments are adhered to by the State and various districts.

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

### STRENGTHS:

- All the Health Facilities in the district are functioning in government buildings. The infrastructure of visited PHCs, CHCs and Subcentres was huge and well maintained.
- Under JSY and JSSK Programs, financial assistance to poor pregnant women for institutional delivery and post delivery care is successfully being provided.
- Rashtriya Bal Swasthya Karyakram (RBSK) was functioning well in the district, the appointed team member were working diligently to provide services to the school going children.

- Immunization Program was working well in the district. Proper immunization cards are maintained in District Hospital, PHCs and CHCs. ANMs are actively involved in the process of immunization and creating awareness about vaccination programmes.
- Essential Testing facilities like hemoglobin, urin albumin and sugar, blood sugar malaria, TB, and HIV are being provided at all three level of visited facilities i.e. DH, CHC & PHC of Jaunpur district.
- HMIS ant MCTS Portals were being maintained well. Data entry operators were recording and submitting the data timely.
- ASHA involvement at the community level to act as an interface between community and public health system is evident. Also, the ASHAs reported timely receipt of their payments.
- Awareness among the beneficiaries about the incentives and services under schemes such as JSY and JSSK was very high in the district. This was true even for the women belonging to socially and economically backward classes.

## **WEAKNESSES:**

- The only Sick Newborn Care Unit (SNCU) at the District Hospital in the District is partially functional.
- Blood bank in not available at female district hospital even though it has very high delivery load. Also, the quality of food being provided under JSSK at the facility was poor in quality.
- In most of the visited facilities, the essential equipments were either found to be non – functional or found with no proper maintenance.
- No targeted program for the adolescents either in the name of Adolescent Reproductive and Sexual Health (ARSH) or Rashtriya Kishor Swasth Karyakram (RKSK) is functional in the district.



- At the District Hospital, a severe lack of hygiene was observed. It was reported that the class four employs in the facility were not adequate. Lack of motivation and awareness exists with regards to regular fumigation and infection control.
- Service delivery at the Subcentre level was found to be very poor. Although the structure was in place and staff appointed, the place was neither serving as a delivery point nor any OPD was being run.
- Monitoring mechanisms through supervisory visits are weak in the district. In none of the visited facilities visits by higher authorities for corrective action are recorded.
- Staff quarters for doctors and other para-medical staff were found to be either insufficient in numbers or in poor infrastructural condition.

## 1. INTRODUCTION

The National Health Mission was implemented to address the health needs of the underserved in rural areas. The mission aims to make health care accessible and affordable to all especially who are vulnerable and underserved. Moreover the provision of good quality health services is the priorities of this mission. Initially the program was implemented in 18 states having weak public health indicators. Different strategies have been adopted over years in order to make the health system more accessible and affordable since the implementation of NHM. In this context, timely assessment of key components of NHM state Programme Implementation Plan is vital for key changes in the programme and strengthening it further. Apart from this, a clear picture on the functioning of NHM will prove helpful for further planning and resource allocation.

The Ministry of Health and Family Welfare (MoHFW) has involved Population Research Centres (PRCs) for quality monitoring of important components of NHM State Programme Implementation Plan (PIP) 2018-19. While engaging with the task, PRCs would identify critical concerns in implementation of NHM activities and also evolve suitable quality parameters to monitor the various components.

PRC DELHI is engaged in quality monitoring of State PIPs in – Uttar Pradesh, Uttarakhand and Sikkim. This report discusses the Monitoring & Evaluation findings and observations for Jaunpur District in Uttar Pradesh. Before visiting Jaunpur District, the Monitoring & Evaluation Team reviewed the Uttar Pradesh PIP document and prepared semi-structured interview schedules for District Programme Manager Unit (DPMU), Facility Staff and Beneficiaries.

This report provides a review of key population, socio-economic, health and service delivery indicators of the Jaunpur District. The report also deals with health infrastructure and human resource of the district and provides insights on MCH service delivery including JSSK and JSY schemes, Family Planning, ARSH, bio-medical waste management, referral transport, ASHA scheme, communicable, non-communicable diseases and status of HMIS and MCTS.

## 1.1 OBJECTIVES OF THE STUDY

Major objectives of this monitoring and evaluation PIP study are:

- To monitor the status of physical infrastructure of health facilities under NHM Programme.
- To understand the availability and efficiency of human resource required for better service facilities.
- To understand the gap between Demand and supply of health service delivery under NHM programme.
- To assesses functionality of equipment, supply and essential drugs, essential consumables etc.
- To analyse implementation and performance of different scheme under NHM such as JSY, JSSK, RBSK, RKSK, etc.
- To analyses other important components namely service delivery, record maintenance, Biomedical Waste Management, referral transports system, IEC material, disease control programme etc.
- Availability of finance for the NHM activities in the district.

Before visiting the different level of healthcare facilities we had an enriching session with NHM officials of the district. The main motive of the interaction with the officials such as CDMO, DPMO, Block officers and MCD Nodal officer, was to know their problems and take their opinions for the improvement of the program. A brief profile of health scenario of the district has been discussed that added a lot to facilitate our PIP monitoring visit of Jaunpur District.

The health care facilities visited to accomplish the objective of the visits are enlisted in table 1 below.

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

Facility Type	Name of the facility
District Hospital	District Women Hospital, Jaunpur
Community Health Centre	Community Health Centre, <b>Muftiganj</b> , Jaunpur
Primary Health Centre	Primary Health Centre, <b>Norari</b> , Jaunpur
Sub Centre	Sub Centre, <b>Bhanpur</b> , Jaunpur

## 1.2 DEMOGRAPHIC PROFILE: JAUNPUR DISTRICT

Jaunpur district, is a district of Uttar Pradesh State of India. Forming a part of Varanasi Division, Jaunpur lies in eastern part of state. Jaunpur City is situated on the bank of the Gomti River. It is located 228 km southeast of state capital Lucknow. Its attitude varies from 261 ft to 290 ft. above Sea Level.

Gomti and Sai are its main parental rivers. The topography of the district is a flat plain undulating with shallow river valleys. Jaunpur district has a climate consistent with that of the Northern Plain and Central Highlands including the Aravalli range, hot semi-arid eco-region 4.3 and hot dry ecoregion 9.2. The temperature varies between about 4 °C (39 °F) and 44 °C (111 °F). District's main economical activity is agriculture and allied sector. Jaunpur district has six administrative subdivisions (Tahsils). Jaunpur district is further divided into twenty-one development blocks.



**Figure 1: Map of Uttar Pradesh**

The morbidity and general health problems, reproductive behaviour and problems, and also the health care seeking behaviour of any community is affected by their demographic, socioeconomic and cultural characteristics. Rate of population growth, composition of population and lack of education etc have also been recognized to be instrumental in highlighting the truer linkages amongst supply and demand side factors influencing crucial RCH and general health conditions.

**Table 2: Key Demographic Indicators: Uttar Pradesh & Jaunpur District**

Description	Uttar Pradesh	Jaunpur
<b>Actual Population</b>	199,812,341	4,494,204
<b>Male</b>	104,48,51	2,220,465
<b>Female</b>	95,331,831	2,273,739
<b>Population Growth</b>	20.23%	14.89%
<b>Area Sq. Km</b>	240,928	4,038
<b>Density/km2</b>	829	1,113
<b>Sex Ratio (Per 1000)</b>	912	1024

<b>Child Sex Ratio (0-6 Age)</b>	902	918
<b>Literacy</b>	67.68%	71.55%
<b>Male Literacy</b>	77.28%	83.80%
<b>Female Literacy</b>	57.18%	59.81%
<b>Total Child Population (0-6 Age)</b>	30,791,331	676,216
<b>Male Population (0-6 Age)</b>	16,185,581	352,561
<b>Female Population (0-6 Age)</b>	14,605,750	323,655
<b>Literates</b>	114,397,555	2,731,677
<b>Male Literates</b>	68,234,964	1,565,394
<b>Female Literates</b>	46,162,591	1,166,283

Source: Census, 2011

Table 2 lists some of the key demographic indicators for Uttar Pradesh and Jaunpur District. The district has a population of around 45 lakhs of which male population is 22,20,465 and female population is 22,73,739. The population of Jaunpur equals 2.25% of the total population of Uttar Pradesh. The density of population of the district is 1,113 persons per square kilometer which makes it more densely populated compared to the State.

The District has a sex ratio of 1024 females per 1000 males which far exceeds of the same for Uttar Pradesh which is 912 per 1000 males. Similar is the case of Child Sex Ratio which is 918 females per 1000 males. The literacy rate of the district is 71.55%. This is higher compared to the literacy rate for Uttar Pradesh as whole which is 67.68%. Population growth rate in Jaunpur is lower than state average and is estimated equal to 14.89%.

### 1.3 HEALTH AND HEALTH SERVICE DELIVERY INDICATORS: UTTAR PRADESH & JAUNPUR

Uttar Pradesh is the most populous state in the country while district Jaunpur ranks 26th in terms of the size of population. The Total Fertility rate of Uttar Pradesh as well as Jaunpur is more than replacement level of 2.1, so the need of assessing the progress of family planning is vital to check the fertility rates. The strategic options before the Mission include integration of RCH, family welfare, and national programs of disease control under NRHM to achieve desired health indicators and population stabilization goals within reasonable period.

**Table 3: Key Health and Health Care Indicators: Uttar Pradesh and Jaunpur**

Indicators	Uttar Pradesh	Jaunpur
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IMR	<b>64</b>	<b>75*</b>
U5MR	<b>78</b>	<b>91*</b>
MMR	<b>201<sup>^</sup></b>	<b>281*</b>
TFR	<b>2.7</b>	<b>2.9*</b>
Percentage of Fully Immunized Children	<b>51.1%</b>	<b>53.1%</b>
Children aged 6-59 months who are anemic.	<b>63.2%</b>	<b>58%</b>
Mothers who had ANC in the first trimester	<b>45.9%</b>	<b>44.8%</b>
Mothers who had 4 Ante-Natal Care Visits	<b>26.4%</b>	<b>28.3%</b>
Mothers who received JSY Incentive for institutional delivery	<b>48.7%</b>	<b>53.3%</b>
Institutional Births	<b>67.8%</b>	<b>73.3%</b>
Percentage of women received PNC checkups within 48 hours from some health personnel	<b>54%</b>	<b>49.9%</b>
Women aged 15-49 who are anemic	<b>52.4%</b>	<b>51.7%</b>
Women whose BMI is below normal	<b>25.3%</b>	<b>29%</b>
Use of any Family Planning Method	<b>45.5%</b>	<b>38.1%</b>

Source: NFHS 4 (2015-16) Factsheets; \*CMO Office, Jaunpur, 2018;<sup>^</sup> NITI AAYOG 2014-16

Against an MMR of 359 in 2007-09, Uttar Pradesh MMR is 201 in 2004-16 which is a drop of 158 points. However, the MMR for the district is 281 which is quite high compared to the rate for the State. An important contributor to low MMR is Antenatal care that is the systemic supervision of women during pregnancy to ascertain the well-being of the mother and the foetus. 44.8% percent of women in Jaunpur register for ANC in the first trimester. More awareness and efforts on the part of district health personnel are needed to motivate mothers to get early ANC.

The proportion of women receiving PNC Care within two days of delivery is lower for the district (49.9%) as compared to the State (54%). Only about 50% of the mothers who have institutional delivery received JSY Payments both in the district as well as the State. Of all the women aged 15-49 in the district, 51.7% are anemic as per the estimates and 29% women in the district have BMI below normal.

With regards to child health, the IMR (75) and the U5MR (91) of the Jaunpur District are quite high compared to the State while the percentage of fully immunized children is lower for the State as compared to Jaunpur (87%). The district has a Total Fertility rate of around 2.9 with the

uptake of family planning methods (38.1%) being very low. NHM's major stress has been on improving Maternal and Child Health. However from Table 3 it is evident that there is still huge scope for the district to improve on the indicators of Maternal and Child Health.

## 2. HUMAN RESOURCE AND HEALTH INFRASTRUCTURE

### 2.1 HUMAN RESOURCE

A health system need adequate human resources for better service delivery and the lack of this lead to the poor quality of health services. In order to make the health care services accessible to all and to improve the quality of services human resources have large role to play. Under NHM, financial support is provided to strengthen the health system including engagement of Nurses, doctors and specialist on contractual basis based on the appraisal of requirements proposed by the States in their annual Programme Implementation Plans.

The number of health workers available in a district is a key indicator of that district's capacity to provide delivery and intervention. Table 4 provides the Human Resource Availability in the Jaunpur District. Against 274 sanctioned posts for Medical Officers including specialists only 177 are filled. The state of availability of Gynecologists is even scarcer with only 4 gynecologists serving the entire district against sanctioned posts of 17. There is 1 Nutritionist in Jaunpur. The district has 5 Pediatricians. The number of Lab technicians, X-ray technicians and Pharmacists in position are close to the sanctioned posts.

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

**Table 4: Human Resource: Jaunpur District, 2017-2018**

Position Name	Regular			Contractual		
	Sanctioned	Filled	Vacant	Sanctioned	Filled	Vacant

<b>MO's including specialists</b>	<b>268</b>	<b>177</b>	<b>91</b>	<b>6</b>	<b>0</b>	<b>6</b>
<b>Gynecologists</b>	<b>17</b>	<b>4</b>	<b>13</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Pediatrician</b>	<b>6</b>	<b>5</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Surgeon</b>	<b>17</b>	<b>11</b>	<b>6</b>	<b>1</b>	<b>1</b>	<b>0</b>
<b>Nutritionist</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>1</b>	<b>0</b>
<b>Dental Surgeon</b>	<b>8</b>	<b>5</b>	<b>3</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>LHV</b>	<b>85</b>	<b>76</b>	<b>9</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Pharmacist</b>	<b>103</b>	<b>97</b>	<b>6</b>	<b>2</b>	<b>2</b>	<b>0</b>
<b>Lab Technician</b>	<b>28</b>	<b>27</b>	<b>1</b>	<b>05</b>	<b>03</b>	<b>2</b>
<b>X-ray technicians</b>	<b>11</b>	<b>9</b>	<b>2</b>	<b>2</b>	<b>2</b>	<b>0</b>
<b>Data Entry Operators (MCTS HMIS)</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>24</b>	<b>24</b>	<b>0</b>
<b>Staff Nurse at CHC</b>	<b>82</b>	<b>64</b>	<b>18</b>	<b>88</b>	<b>88</b>	<b>0</b>
<b>Staff Nurse at PHC</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>ANM at SC</b>	<b>552</b>	<b>455</b>	<b>97</b>	<b>115</b>	<b>111</b>	<b>0</b>
<b>Data Entry Operators</b>				<b>24</b>	<b>24</b>	<b>0</b>

Source: CMO Office, Jaunpur, 2018.

Workforce training is another important component. A properly trained and competent workforce is essential to any successful health care system. In the last financial year, no Health Personnel in the district has received any training. New options for the education and in-service training of health care workers are required to ensure that the workforce is aware of and prepared to meet a particular country's present and future needs.

## 2.2 HEALTH INFRASTRUCTURE

Adequate health infrastructure is one of the most important requisites for the effective rendering of health services. There are certain provisions regarding the population norms for setting up public health facilities. In the hierarchy of rural health care system, District Hospital is considered as the apex health institution in a district. District hospital comprises of all the adequate health equipments with specialists in different departments which cover the whole population of the district and records all the health activities of the district as a whole. District Hospital is followed by the Community Health Centre (CHC), PHC and SC respectively Infrastructure provides health system the foundation to deliver, evaluate and respond to community health needs.



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

Health Facility	Number available	Govt. building	Rented building/ Under const.
District hos pital	3	YES	NO
Sub-District hos pital	0	NO	NO
First Referral Units (FRUs)	3	YES	NO
CHC	22	YES	NO
PHC	71	YES	NO
Sub Centre	478		
Adolescent friendly Health Clinic	0	-	-
Medical College	0	-	-
District Early Intervention Centre	0	-	-
Delivery Points	151	YES	YES

Source: CMO Office, Jaunpur, 2018.

Table 5 presents the details of Health Infrastructure in Jaunpur. With regards to Public health infrastructure, there are 3 District Hospitals, no Sub-District Hospital, 3 First Referral Units(FRUs), 22 Community Health Centres(CHCs), 71 Primary Health Centres(PHCs), 478 Sub Centres (SCs) in Jaunpur. The district has no adolescent friendly health clinics and no medical college. The District has a total of 39 delivery points.

The physical infrastructure of the health facilities visited was disparate. This is shown in Table 6. While the CHC and PHC functioning in the government building were in a good condition, the infrastructure maintenance of the District Hospital was quite dissatisfactory. It was unhygienic and lacked infection control mechanism. The hospital also lacked staff quarters. The subcentre at Bhanpur had no electricity.

**Table 6: Status of Infrastructure in Health Facilities visited, Jaunpur**

Facilities Visited Physical Infrastructure Indicators	DH (Female)	CHC Muftiganj	PHC Nonari	SC Bhanpur
Health facility easily accessible from nearest road head	Yes	Yes	Yes	Yes

Functioning in Govt building	Yes	Yes	Yes	Yes
Building in good condition	Yes	Yes	Yes	Yes
Residential Quarters for medical and Para medical staff?	No	Yes	Yes	Yes
Regular electric supply available?	Yes	Yes	Yes	No
Piped Water Supply (24*7)	Yes	Yes	Yes	No
Clean wards	No	Yes	Yes	No
Clean separate Toilets	No	Yes	Yes	No
Availability of complaint/suggestion box	Yes	Yes	No	No

Source: Data from visited facilities

Health infrastructure also includes the transport facilities provided by the district for safe and timely movement of patients. These include ambulances or any other form/mode of transport used to commute by the people of the community. Jaunpur District had 34 “108 Ambulances” and 50 “102 Ambulances”. There are no Referral transport vehicle and Mobile Medical Units in working in the District.

**Table 7: Details of Transport Facilities, Jaunpur District, 2017-2018**

Transport Facility	Number available	Number functional
108 Ambulances	34	34
CATS	0	0
102 Ambulance	50	50
Referral Transport	0	0

Source: CMO OFFICE, Jaunpur, 2018.

Source: CMO Office, Jaunpur, 2018.

## 3. MATERNAL HEALTH

### 3.1 MATERNAL HEALTH

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

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

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

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

Block	ANC Registered	3 ANCs	PNC within 48 hrs after delivery	Institutional Deliveries
Badlapur	6010	4444	31	4140
Buxa	5020	5033	298	2323
Barsathi	5715	1468	24	1561
Karnjakala	6593	4676	594	1282
Kerakat	5354	3958	260	1872
Khuthan	5352	3691	0	1508
Machhalishahar	6708	2795	51	4065
Mariyahun	6198	5047	180	1570
Maharajganj	4550	3470	121	1195
Mugrabadshahpur	6063	2977	150	3355
Muftiganj	5285	2833	227	1648
Ramnagar	7175	2983	1927	4714
Rampur	5202	3840	411	3347
Sondhi	7107	7078	2307	3966
Sikrara	5886	3835	12	2295
Suithakala	5332	4909	2275	2518
Sujanganj	4632	1950	45	2376
Dharmapur	5395	1694	217	1385

Dobhi	4207	3120	228	3860
Jalapur	5121	2681	32	3877
Total				52857

Source: CMO Office, Jaunpur, 2018.

From Table 8, it can be seen that the number of women receiving PNC within 48 hours is quite low as compared to the number of women delivering. Postnatal care is yet another domain integral to maternal health. It is critical that women be kept under observation up to 48 hours after institutional delivery.

Jaunpur District had 52857 Institutional Deliveries in the year 2017-18. Amongst the blocks, Ramnagar has the highest number of deliveries. It can also be noticed that though quite a large number are registering for First ANC but the number of women with ANC three coverage is comparatively low.

The district had a total of 6041 home deliveries in the year 2017-18 and all of these were Non SBA attended. The total number of births for the district is 52857, out of which 458 resulted in Still Births. Women taking TT TWO is slightly lower compared to the number of women taking TT ONE in almost all blocks.

**Table 9: Details of Maternal Health Service Delivery Indicators, Jaunpur, 2017-18**

Block	TT1	TT2	Home Deliveries		Live Birth	Still Birth	Total Births
			SBA assisted	Non-SBA			
Badlapur	4800	4423	0	31	4116	24	4140
Buxa	4959	4544	0	137	2320	3	2323
Barsathi	5715	3833	0	24	1525	36	1561
Karnjakala	5027	4681	0	594	1262	20	1282
Kerakat	3958	3277	0	260	1851	21	1872
Khuthan	5148	4737	0	105	1495	13	1508
Machhalish	5965	6223	0	51	4014	51	4065
Mariyahun	6198	5477	0	180	1569	1	1570
Maharajga	4296	3320	0	121	1193	2	1195
Mugrabad	4283	3888	0	150	3325	30	3355
Muftiganj	4863	3109	0	227	1622	26	1648
Ramnagar	7175	6677	0	374	4704	10	4714
Rampur	5202	4494	0	411	3329	18	3347
Sondhi	6971	6122	0	307	3883	83	3966
Sikrara	5350	5410	0	107	2258	37	2295
Suithakala	5045	4971	0	275	2498	20	2518
Sujanganj	4166	3680	0	215	2375	1	2376

Dharmapur	3252	2792	0	217	1379	6	1385
Dobhi	3120	2978	0	2228	3860	0	3860
Jalalpur	5121	4891	0	27	3821	56	3877
Total			0	6041	52399	458	52857

Source: CMO OFFICE, Jaunpur, 2018.

### 3.2 JANANI SURAKSHA YOJANA

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

The Yojana has identified ASHA, the accredited social health activist as an effective link between the Government and the poor pregnant women. Wherever, AWW and TBAs or ASHA like activist has been engaged in this purpose, she can be associated with this Yojana for providing the services.

The scheme documents that registered pregnant women should receive payments in one installment at the time of discharge from the institution where the delivery took place, with the ANM/ASHA being responsible to ensure disbursement.

Table 10 shows the status of JSY payments in the district for the year 2017-18. 52857 women, who delivered in institutions in the last financial year, received the JSY Incentive. With regards to women having home deliveries, 9390 received JSY Incentive. And 43467 of the deliveries bought by ASHAs got the JSY Incentive.

**Table 10: Status of JSY Payments in Jaunpur District, 2017-18**

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

52857	9390	43467	YES	YES	
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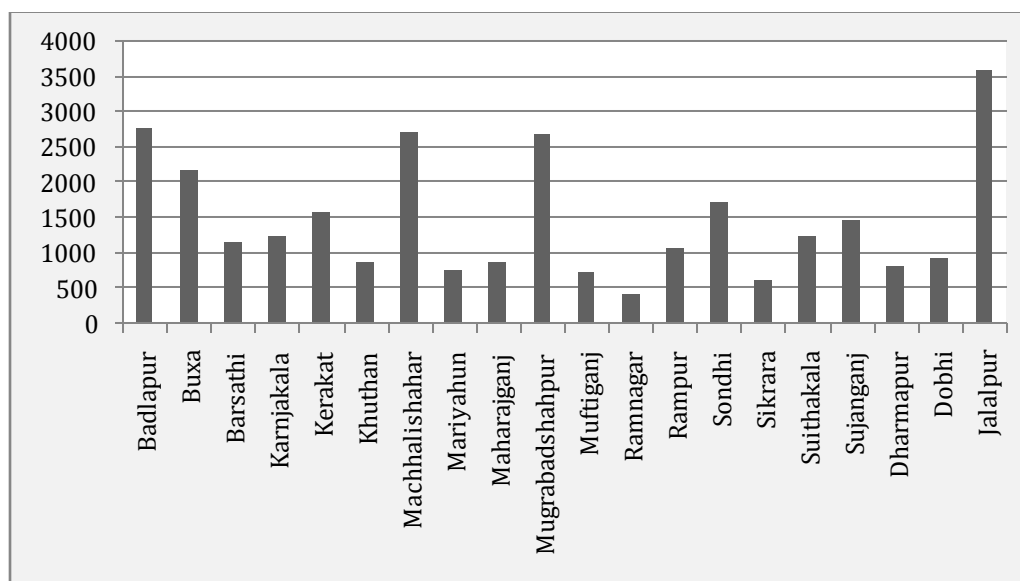
Source: CMO Office, Jaunpur, 2018.

### 3.3 JANANI SHISHU SURAKSHA KARYAKRAM

Janani Shishu Suraksha Karyakram (JSSK) is another initiative taken by NRHM to complement Janani Suraksha Yojana. Implemented from February, 2012 JSSK is a National initiative for safe motherhood. In this program free of cost medicines, diagnostics, diet and transport is provided to the pregnant women.

Free entitlement services are as follows 1) cashless delivery, 2) Free C-Section, 3) Free drugs, 4) Free diagnostics, 5) Free diet during stay in the hospital, 6) Free provision of blood, 7) Exemption from user charges, 8) Free transport from home to health institutions, 9) Free transport to other facilities if required for referral, 10) Free drop from institution till home after 48 hours. Further, similar entitlements are given to sick new born till 30 days of birth.

Graph 2 shows the blockwise distribution of beneficiaries availing the free diet service under JSSK. Highest number of beneficiaries availing this is in Jalalpur Block followed by Machhalishahar and Mugrabadshahpur whereas lowest is in Rarnagar and Muftiganj. Number of beneficiaries who availed JSSK transport from home to facility was reported to be 6685 and number of patients from facility to home was 6876.

**Figure 2: Block wise Distribution of Beneficiaries availing free diet under JSSK, Jaunpur**

Out of pocket expenditure on diagnostics and medicines has been reduced substantially in the district. However JSSK beneficiaries were observed to be spending on pick-up transportation/ ambulance due to the far reach or extremely scattered peripheral location of beneficiaries in the district. However, beneficiaries were aware of the drop-back from facility to the home. No beneficiary in the facilities visited reported spending on drugs. During the visit it was observed that the food being given at the District Hospital is of poor quality.

### 3.4 MATERNAL DEATH REVIEW

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

The importance of MDR lies in the fact that it provides detailed information on various factors at facility, district, community, regional and national level that are needed to be addressed to reduce maternal deaths. Analysis of these deaths can identify the delays that contribute to maternal deaths at various levels and the information used to adopt measures to fill the gaps in service.

**Table 11: Maternal Death Review, Jaunpur, 2017-18**

Total Maternal Deaths	Place of Deaths			Month Of pregnancy		
	Hospital	Home	Transit	During pregnancy	During Delivery	Post Delivery
32	7	18	7			

Source: CDMO Office, Jaunpur, 2018.

Table 11 indicates the total number of maternal deaths that have occurred in the Jaunpur District with the place and month of pregnancy of these deaths. A total number of 32 maternal deaths were reported during the year of 2017-18. Out of the total deaths, 18 occurred at home whereas 7 each occurred in transit and at Hospital.

#### 4. ADOLSCENT & CHILD HEALTH

The child health programme under the National Health Mission (NHM) comprehensively integrates interventions that improve child survival and addresses factors contributing to infant and under-five mortality. Reduction of infant and child mortality has been an important tenet of the health policy of the Government of India.

It is now well recognized that child survival cannot be addressed in isolation as it is intricately linked to the health of the mother, which is further determined by her health and development as an adolescent. Therefore, the concept of Continuum of Care, that emphasizes on care during critical life stages in order to improve child survival, is being followed under the national programme.

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



## 4.1 NEO-NATAL HEALTH

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

Table number 12 shows the infrastructure and services of neonatal health in the Jaunpur District. The district has good infrastructure for child care. There are 7 NRC, 1 SNCU, 3NBSUs and 22 NBCCs. 4 staff members are present in the SNCU while 7 are present in NRC.

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

	Numbers	whether established in last financial year (Yes/No)
<b>Total SNCU</b>	<b>1</b>	<b>YES</b>
<b>Total NBSU</b>	<b>3</b>	<b>NO</b>
<b>Total NBCC</b>	<b>22</b>	<b>YES</b>
<b>Total Staff in SNCU</b>	<b>4</b>	<b>YES</b>
<b>Total Staff in NBSU</b>	<b>9</b>	<b>NO</b>
<b>Total NRCs</b>	<b>7</b>	<b>NO</b>
<b>Total Admissions in NRCs</b>	<b>0</b>	<b>NO</b>
<b>Total Staff in NRCs</b>	<b>7</b>	<b>NO</b>
<b>Average duration of stay in NRCs</b>	<b>14 DAYS</b>	

Source: CMO Office, Jaunpur, 2018.

## 4.2 IMMUNIZATION

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

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

Table 13 shows, against the target set by the district, achievement in immunisation coverage for OPV at birth is lowest in Barsathi Block (68.2%) whereas it is highest in the Karnjakalaa block (105%). For all other blocks it ranged between 85% and 100%. Achievement in BCG vaccination coverage was close to the target set among all blocks.

**Table 13: Immunization Status, Jaunpur, 2017-18**

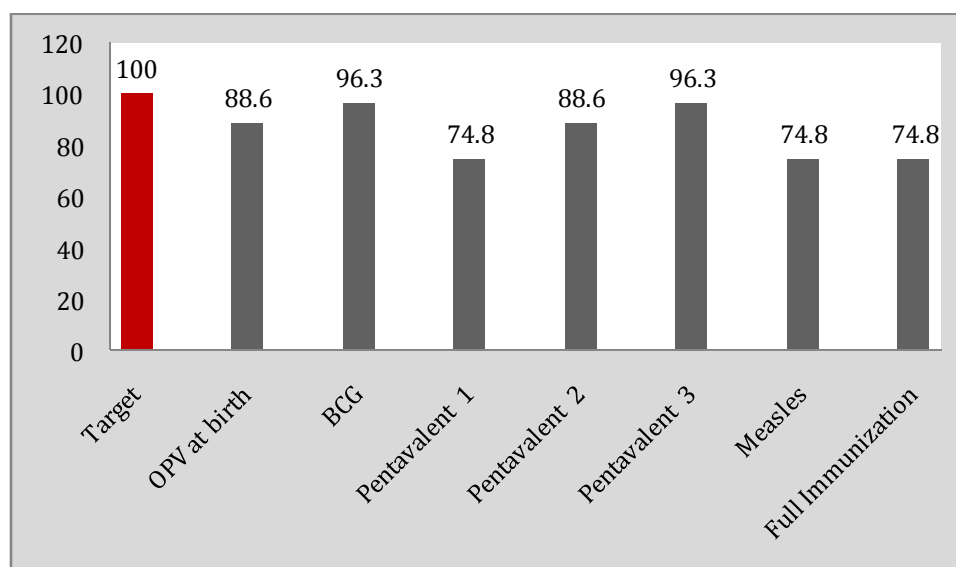
Block	Target	OPV at birth	BCG	Pentavalent			Measles	Full Immunization
				1	2	3		
Badlapur	6664	6067	6567	5107	6067	6567	5107	5107
Buxa	5888	5404	5816	4239	5404	5816	4239	4239
Barsathi	6194	4225	5325	3937	4225	5325	3937	3937
Karnjakalaa	6514	6857	6457	5816	6857	6457	5816	5816
Kerakat	5946	4826	5826	4109	4826	5826	4109	4109
Khuthan	6099	5168	5968	4558	5168	5968	4558	4558
Machhalisha	7281	6982	7183	6072	6982	7183	6072	6072
Mariyahun	6884	5685	5999	4813	5685	5999	4813	4813
Maharajganj	4717	4158	4658	3419	4158	4658	3419	3419
Mugrabadshahpur	6012	5897	5897	5114	5897	5897	5114	5114
Muftiganj	4853	4352	4652	3215	4352	4652	3215	3215
Ramnagar	6786	6874	6674	5957	6874	6674	5957	5957
Rampur	6669	5029	6529	4324	5029	6529	4324	4324
Sondhi	8402	7215	8215	6653	7215	8215	6653	6653
Sikrara	6021	5525	5525	4628	5525	5525	4628	4628
Suithakala	5013	5014	4914	4382	5014	4914	4382	4382
Sujanganj	6193	4698	6098	3719	4698	6098	3719	3719
Dharmapur	7018	5932	6932	4906	5932	6932	4906	4906
Dobhi	4906	4585	4785	3437	4585	4785	3437	3437
Jalalpur	5414	4998	4998	4053	4998	4998	4053	4053
Total	123474	109491	119018	92458	109491	119018	92458	92458

Source: CMO Office, Jaunpur, 2018.

With regards to Pentavalent vaccine, a significant increase is seen across the schedule from Pentavalent One to Pentavalent Three. Compared to OPV and BCG, the achievement percentage with regards to Measles vaccination is lower among the blocks of the district.

Figure 3 summarizes the Immunization Status in Jaunpur District for the year 2017-18. The bars show the percentage achievement across different vaccines compared to the set target for the entire district. The highest achievement rate is of BCG vaccines which is 96.3 percent and that of lowest is Pentavalent One and Three which is 74.8 percent. Full immunisation for the year 2017-18 accounts for 92458 children as against the target of 123474. The achievement rate thus comes out to be 74.8 per cent.

**Figure 3: Immunization Status in Jaunpur District, 2017-18**



#### 4.3 RASHTRIYA BAL SURAKSHA KARYAKRAM

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

**Table 14: RBSK Progress in Jaunpur District**

Years	No. of Schools	No. of children registered	Children Diagnosed	No. of Children referred
2017-18	3336	353305	337713	8861
2016-17	3336	353305	19357	12894

Source: CMO Office, Jaunpur, 2018

Rastriya Bal Surakha Karyakaram is functional in the district. There are 40 RBSK teams in the district with 4 members in each team. From Table 14, we can see that while the number of schools and the number of children registered under the scheme have remained constant, Children diagnosed has increased over the period of one year.

## 5. FAMILYPLANNING

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

Table 15 given below shows the family planning achievement in the Jaunpur district for the past financial year. It can be seen that achievement of IUCD Insertions and condom distribution are far from the targets set by the blocks.

Similarly, it was noticed that couples did not prefer permanent methods of contraception either. The achievement rate was far below the set targets for sterilization with male sterilization lagging even more behind. Male sterilization achievement was almost zero percent across all blocks whereas female sterilization ranged between 209 percent (Khuthan) to 8 percent (Karnjakala).

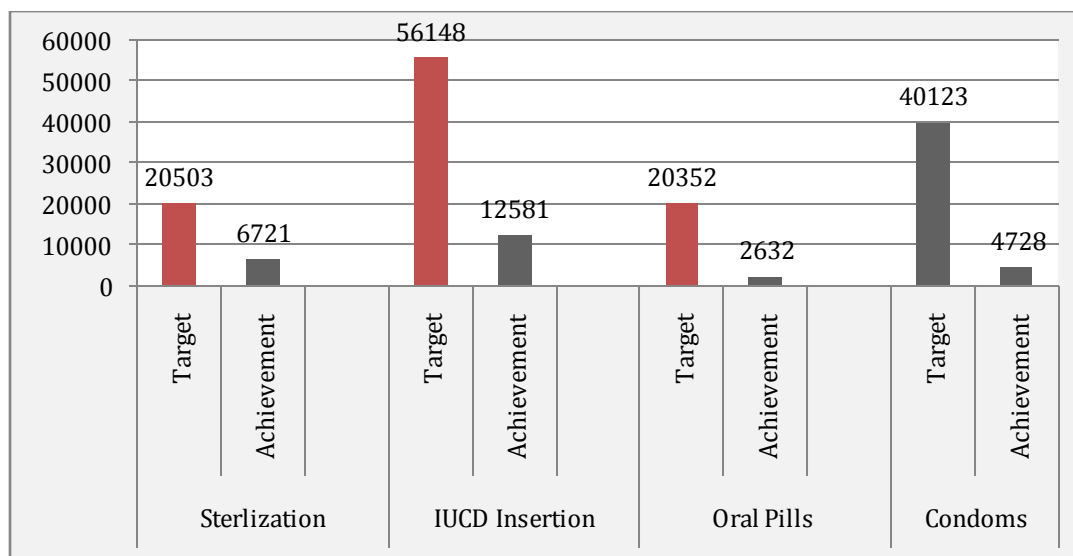
**Table 15: Family Planning Achievement in Jaunpur, 2017-18**

Block	Sterilization			IUCD insertions		Oral Pills		Condoms	
	Target	Male	Female	Target	Ach*	Target	Ach*	Target	Ach*
Badlapur	1156	1	314	3034	1277	1096	138	2109	287
Buxa	944	1	196	2679	254	942	123	1866	222
Barsathi	1132	1	317	2818	1220	1022	143	1963	223
Karnjakala	1143	1	93	2961	75	1073	70	2062	105
Kerakat	1000	1	468	2706	900	983	90	1891	194
Khuthan	107	1	224	2775	0	1006	54	1932	113
Machhalisha	1306	1	494	3306	529	1198	101	2302	342
Mariyahun	1262	1	502	3128	740	1134	139	2159	237
Maharajganj	891	1	318	2151	448	782	32	1500	356
Mugrabadsha	1116	1	412	2735	1065	993	200	1905	335
Muftiganj	840	1	351	2213	1150	805	270	1542	387
Ramnagar	1059	1	296	3084	340	1118	107	2138	247
Rampur	1168	1	352	3031	580	1099	76	2111	136
Sondhi	1269	1	192	3722	300	1405	268	3642	140
Sikrara	981	1	322	2738	605	992	146	1907	354
Suithakala	976	1	340	2299	0	834	54	1632	167
Sujanganj	1173	1	329	2870	618	1022	201	1961	85
Dharmapur	939	1	184	3188	253	1138	54	2220	216
Dobhi	954	1	672	2245	806	815	76	1563	231
Jalalpur	1087	1	325	2465	1421	895	290	1718	351
Total	20503	20	6701	56148	12581	20352	2632	40123	4728

Source: CDMO Office, Jaunpur, 2018.

Acceptance of Oral Pills as a method of contraception is very low across all blocks of Jaunpur. As against the set targets, Muftiganj and Jalalpur achieved the highest (33 percent) of the set target followed by Mugrabadshahpur (20 percent) and Sujanganj (19 percent) each. The lowest was Maharajganj and Dharmapur (4% each).

Figure 4 gives a pictorial representation of the target and achievement status of family planning by method type.

**Figure 4: Target and Achievement in Family Planning, Jaunpur District, 2017-18**

In an attempt to expand contraceptive choice and make modern contraceptive accessible and affordable for women, new contraception in the form of injections (Antara) and Centchroman Pill (Chhaya) have been introduced in the District. However it is yet to be implemented.

## 6. ADOLESCENT REPRODUCTIVE AND SEXUAL HEALTH

Government of India has recognized the importance of influencing health-seeking behavior of adolescents. The health situation of this age group is a key-determinant of India's overall health, mortality, morbidity and population growth scenario.

Therefore investment in adolescent reproductive and sexual health will yield dividends in terms of delaying age at marriage, reducing incidence of teenage pregnancy, meeting unmet contraception need, reducing STI incidence and reducing HIV prevalence.

Any targeted program for the adolescents either ARSH or RKSK is not functional in the district.

## 7. QUALITY IN HEALTH SERVICES

Maintaining the quality of health services being provided is an important aspect under NHM. Quality of care in health care services offer manifold benefits to the facilities as well as the patients in terms of goodwill, upkeep, lower infection rates and promotion of healthy behaviour. For monitoring purposes following aspects were looked for assessing it.

### 7.1 BIO MEDICAL WASTE MANAGEMENT

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

The district had outsourced Bio-medical Waste collection to an outside agency. Facilities visited had different coloured bins in which the waste is segregated and then either disposed off or buried in pits. However the Bio-Medical Waste Management was poor at the District Hospital. There were IEC materials displayed at all the wards in a facilities regarding disposal of waste into different coloured bins. Table 16 shows the status of Bio-Medical Waste Management and Infection Control in the District. Fumigation is conducted twice a year.

**Table 16: Quality in Healthcare Services, Jaunpur, 2017-18**

<b>Bio-Medical Waste Management</b>	<b>DH</b>	<b>CHC</b>	<b>PHC</b>
No of facilities having bio-medical pits	2	14	6
No. of facilities having color coded bins	3	14	6
Outsourcing for bio-medical waste	3	14	6
If yes, name company	M/S Sangam me. PVT LTD	M/S Sangam me. PVT LTD	M/S Sangam me. PVT LTD
How many pits have been filled	1	1	1
Number of new pits required	2	2	2
<b>Infection Control</b>			
No. of times fumigation is conducted in a year	2	2	2
Training of staff on infection control	Every month	Every month	Every month

## 7.2 INFORMATION EDUCATION AND COMMUNICATION

Essential IEC materials relating to NHM facilities and services could be used as a medium for awareness generation among the patients visiting the facilities. Under IEC, posters, flyers, leaflets, brochures, booklets, messages for health education sessions, radio broadcast or TV spots, etc. are printed / produced and circulated / broadcasted as a means of promoting desired & positive behaviors in the community.

The procurement for IEC material was not reported to be a problem. Material was available with the facilities pertaining to all major schemes like JSY, JSSK, Immunisation, Referral Transport, etc. However the display of IEC material was disparate across facilities. The District Women Hospital had a poor display of IEC whereas at the visited CHC and PHC, the display was adequate.

## 8. AYUSH PROGRESS

Mainstreaming of AYUSH is needed to facilitate comprehensive and integrated health care to rural population, especially underserved groups in India. Treatment through Ayurveda, Yunani/Sidhha and Homeopathy (AYUSH) is functional in the district. AYUSH Health Centres are present in 12 blocks in Jaunpur District (Table 17). The district has a total of 19 AAYUSH Doctors. Dharmapur has 3 AYUSH doctors as the highest among blocks.

**Table 17: AYUSH Progress in Jaunpur, 2017-18**

Block	No. of facilities with AYUSH health centers	No. of AYUSH Doctors	No. of patients received treatment
Badlapur	-	1	1773
Kerakat	-	1	5114
Khuthan	-	2	677
Machhalishahar	-	1	1047
Mariyahun	-	1	7080
Mugrabadshahpur	-	2	12779
Muftiganj	-	2	5926
Sondhi	-	1	7569



Dharmapur	-	3	5418
Dobhi	-	1	6084
Shahganj	-	1	14670
DH	1	2	17176
Jalalpur		1	9343

Source: CMO Office, Jaunpur, 2018

## 9. COMMUNITY PROCESS

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

Currently 3790 ASHAs are working in the district (Table 18), while 355 positions are vacant. In a year, 960 meetings have been conducted with ASHAs. There is no ASHA resource centre available in the district. Drug kit replenishment provision is available. ASHA's in the district have been trained in Mobile Kunji.

**Table 18: Community Process in Jaunpur District, 2017-18**

Last status of ASHAs (Total number of ASHAs)	
<b>ASHAs presently working</b>	<b>3790</b>
<b>Positions vacant</b>	<b>355</b>
<b>Total number of meeting with ASHA ( in a Year)</b>	<b>960</b>
<b>Total number of ASHA resource centers/ ASHA Ghar</b>	<b>0</b>
<b>Drug kit replenishment</b>	<b>0</b>
<b>No. of ASHAs trained in last year</b>	<b>3315</b>
<b>ASHA's Trained in Digital Literacy</b>	<b>3315</b>

<b>Name of trainings received</b>	<b>1) Mobile Kunji</b>
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Source: CMO Office, Jaunpur, 2018.

ASHA involvement at the community level to act as an interface between community and public health system was evident in the district. Also, the ASHAs reported timely receipt of their payments. However, given the importance of role played by ASHAs in improvement of institutional delivery, immunization and family planning; their incentives should be increased. A minimum fixed amount as salary apart from the incentives is recommended.

## 10. DISEASE CONTROL PROGRAMME

The National Disease Control Program (NDCP) comprise of preventive and curative measure for control of Malaria, Filarisis, Encephalitis, Dengue, Kalazar, Leprosy, Tuberculosis, Blindness, Iodine Deficiency disorders, and Polio.

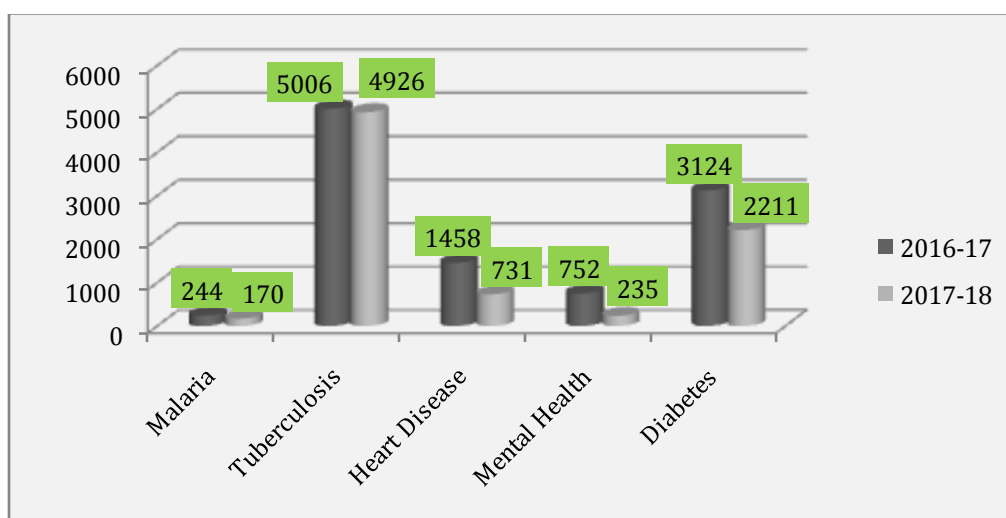
Table 19 summarizes the progress of health with regards to Communicable and Non Communicable diseases in the years 2016-17 & 2017-18. In 2016-17, the maximum number of cases detected was that of tuberculosis. However, screening for Malaria was the highest with 64419 people tested for Malaria. In the following year, 2017-18 the incidence of tuberculosis saw a slight decrease to 4926 although the number of cases screened for the same saw a rise.

A decreasing similar trend can be observed in cases of detected cases of Cancer; however this could be due to fall in the number of cases screened. Cases of dengue have also seen a rise. Figure 5 is a pictorial depiction of the status of Communicable diseases in the district.

**Table 19: Disease Control Programme Progress in Jaunpur District**

Name of the Programme/ Disease	2016-17		2017-18	
	No. of cases screened	No. of detected cases	No. of cases screened	No. of detected cases
Malaria	64419	244	66905	170
Dengue	-	16	-	41
Tuberculosis	26933	5006	34114	4926
Blindness	-	-	23010	16956
Mental Health	1185	752	265	235
Diabetes	40722	3124	42431	2211
Heart Disease	-	1458	-	731
Cancer	-	45	-	26

Source: CMO Office, Jaunpur, 2018.

**Figure 5: Status of Communicable and Non-communicable Diseases in Jaunpur, 2016-17 & 2017-18**

## 11. HMIS & MCTS

Health Management Information System (HMIS) and Mother and Child Tracking System (MCTS) are two most important part of NHM functioning which includes reporting and compiling of the data which includes performance of basic indicators of maternal and child health care in the district. They are integral to assessing the progress, quantifying output as well as outcome of interventions and decision making.

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

As depicted in Table 20, there has been some progress with regards to HMIS while the system still has wide scope of improvement.

**Table 10: HMIS & MCTS Status in Jaunpur, 2017-18**

<b>HMISMCTS STATUS</b>	
<b>Is HMIS implemented at all the facilities</b>	Yes <input checked="" type="checkbox"/>
<b>Is MCTS implemented at all the facilities</b>	Yes <input checked="" type="checkbox"/>
<b>Is HMIS data analyzed and discussed with concerned staff at state and district levels for necessary corrective action to be taken in future?</b>	Yes <input checked="" type="checkbox"/>
<b>Do programme managers at all levels use HMIS data for monthly reviews?</b>	Yes <input checked="" type="checkbox"/>
<b>Is MCTS made fully operational for regular and effective monitoring of service delivery including tracking and monitoring of severely anemic women, low birth weight babies and sick neonates</b>	Yes <input checked="" type="checkbox"/>
<b>Is the service delivery data uploaded regularly</b>	Yes <input checked="" type="checkbox"/>
<b>Is the MCTS call centre set up at the District level to check the veracity of data and service delivery?</b>	Yes <input checked="" type="checkbox"/>
<b>Is HMIS data analyzed and discussed with concerned staff at state and district levels for necessary corrective action to be taken in future?</b>	Yes <input checked="" type="checkbox"/>

## 12. BUDGET UTILIZATION

Under NHM, a funnel type approach has been adopted to ensure the integration of funds for all the national level schemes and thereby the flow of funds to the District Health Mission through the State Health Society. Thus, under the decentralization scheme the district is supposed to be

the hub around which all health and family welfare services are supposed to be planned and managed.

The budget utilisation summary for Jaunpur district for four NHM flexipools and their major components is presented in Table 21 and 22. The highest part of the budget accrues to RMNCH+A flexipool. In The Last Financial Year, the district was not able to utilize the entire sanctioned amount for any of the flexipools. A detailed division according to major components in each flexipool is given in table 20.

**Table 21: Pool wise Budget Head Summary, Jaunpur, 2017-18**

S.No.	Budget Head	Budget	Expenditure (As on 31 Dec, 2017)
PART I	NRHM + RMNCH plus A Flexipool	3795.61	2856.11
PART II	NUHM Flexipool	116.56	39.53
PART III	Flexipool for disease control programme	432.06	78.82
PART IV	Flexipool for Non-Communicable Diseases	91.69	11.82
PART V	Infrastructure Maintenance	0.00	0.00

**Table 22: Budget Utilisation summary by major NHM components, Jaunpur, 2017-18**

S.No	Scheme/Programme	Funds 2017-18	
		Sanctioned	Utilized
13.1	<b>NRHM + RMNCH plus A Flexipool</b>	<b>6555.18</b>	<b>5156.87</b>
13.1.1	Maternal Health	1505.54	1162.99
13.1.2	Child Health	21.69	4.86
13.1.3	Family Planning	172.28	168.21
13.1.4	Adolescent Health/RKSK	2.47	1.31
13.1.6	Immunization	229.29	155.87
13.2	<b>NUHM Flexipool</b>		
13.2.1	Strengthening of Health Services	111.93	69.71
13.3	<b>Flexipool for disease control programme (Communicable Disease)</b>		
13.3.1	Integrated Disease Surveillance Programme (IDSP)	8.85	8.05
13.3.2	National Vector-Borne Disease Control programme	53.63	27.72
13.4	<b>Flexipool for Non-Communicable Diseases</b>		
13.4.1	National Mental Health programme (NMHP)	27.60	3.13

13.4.2	National Programme for the Healthcare of the Elderly (NPHCE)	0.00	0.00
13.4.3	National Tobacco Control Programme (NTCP)	40.11	11.99
13.4.4	National Programme for Prevention and Control of Cancer, Diabetes, Cardiovascular Diseases and Stroke (NPCDCS)	33.61	13.26
13.5	<b>Infrastructure</b>		
13.5.1	Infrastructure	43.58	10.11
13.5.2	Maintenance	0.00	0.00
13.5.3	Basic training for ANM/LHVs	0.00	0.00

Source: CMO Office, Jaunpur, 2018

## 13 FACILITY WISE OBSERVATIONS

### 13.1 DISTRICT WOMEN HOSPITAL- JAUNPUR

District Women Hospital of Jaunpur is a 110 bedded facility and has a delivery load of around 470-500 deliveries monthly. The hospital runs in a government building and has electricity backup and 24 hours water supply. The hospital does not have staff quarters for Doctors, ANMs and other staff. The SNCU available at the hospital is only partially functional.



Figure 6: District Women Hospital, Jaunpur

- With regards to the human resource, the hospital has 2 MOs, 6 OBGs, 3 Anaesthetists, 1 Pharmacist, 2 Lab Technicians and 8 pharmacists. There are 30 staff nurses and 4 ANMs. There are no general surgeon, radiographer and nutritionist. The facility has 2 dedicated Family Planning Counselor. The facility has an acute crunch of class four employees.

- Trainings for several skills such as MTP/MVA, SBA, NSSK, Mini Lap-Sterilisations, IUCD and PPIUCD were held in the last financial year.
- Power back-up available and installed at the health facility was functional and is a necessary requirement for especially infant health infrastructure like the SNCU and ICU as well along with an overall demand for the entire facility.
- The facility also has a separate room for Kangaroo care which is also a positive facilitation available for beneficiaries in the district in terms of post-delivery mother and child care.
- Provision of Family Planning methods such as Contraceptive pills, condoms and injectable MPA was easily available for the beneficiaries.
- Record maintenance at the facility was poor and all registers pertaining to OPD, IPD, ANC PNCOT, etc were either not updated or not maintained.
- The hospital has ten ambulances, and almost all are old. Out of these ten, 7 are '102' ambulances and 3 are '108' ambulances.
- JSY payments are fully done if documents of beneficiaries are in place. Some face problems because bank accounts and AADHAAR cards linkage.
- The beneficiary interaction surfaced that no cost was borne by them for the delivery and timely doctor rounds were observed. Beneficiaries were making use of the pick and drop facility by ambulance under JSSK.
- Functional B.P Instrument was not available in labor room & O.T. The Information, Education and Communication material was not adequately displayed. Hospital lacked seating facility for the accompaniments of the Patients.
- Hospital beds were in damage condition and no bed sheets were available according to seven color code.
- There was lack of functional/ clean toilets attached to the labour rooms in the hospital.

- The essential drugs availability was not satisfactory at the facility. Injectable contraceptive “Antara” though introduced but is not available at the facility.
- It was observed that although facility had coloured bins for bio-medical waste segregation, it was not managed properly. People were seen entering the labour room without removing or changing their footwear. A lack of hygiene was observed.
- Crowd Management was very poor at the District Hospital. The facility lacked Functional Help Desk/ Rogi Sahayta Kendra. There was no sitting arrangement for patient’s attendant.

**Table 23: Service Delivery in last two years of District Women Hospital, Jaunpur**

S. No	Service Utilization Parameter	2016-17	2017-18
1	OPD	60,000-65,000	60,000-65,000
2	IPD	9777	9568
3	Total deliveries conducted	5113	5755
4	No. of C section conducted	1226	1407
5	ANCI Registration	4714	4700
6	No. of IUCD Insertions	351	591
7	No. of PPIUCD Insertions	1506	1513
8	No. of fully immunized Children	2051	4573
90	No. of children given vitamin A	2044	4573
10	No of Children given ORS+ Zinc	10,300	8040
11	Maternal Deaths	2	5

Source: District Women Hospital, Jaunpur, 2018

Table 23 shows the performance of various service delivery indicators for last two years at hospital. The figures for total deliveries conducted show that it is one of the major hospitals sought for delivery services. 5755 deliveries have been conducted in the year 2017-18 and out of these deliveries around 24 percent have been C-section deliveries.

There have been 5 maternal deaths in the last year. There has been a marked increase in the number of IUCD insertions which increased from 351 in 2016-17 to 591 in 2017-18. No of fully immunized children and children given Vitamin A has also seen a rise in the last year.





**Figure 7: Infrastructure & Service Delivery at DWH, Jaunpur**

### 13.2 COMMUNITY HEALTH CENTRE (CHC), MUFTIGANJ

Community Health Centre, Muftiganj caters to a catchment population of 162440. The building of the facility is in a good condition and has electricity backup and 24 hours water supply. The average monthly delivery load at the facility is around 100-120 deliveries. The following observations were made during the monitoring and evaluation visit:



**Figure 8: CHC, Muftiganj, Jaunpur**

- The CHC has 2 MOs, 8 Staff Nurses, 2 ANMs, 1 Pharmacist and 5 Lady Health Visitors. The CHC does not have a Surgeon and Gynecologist at the facility and it was conveyed that the facility needs a lady doctor.
- In the last financial year, the staff underwent training for Mini Lap, IUCD and Immunisation and cold chain.
- The facility has a separate JSY Ward. Staff Quarters are also available at the CHC. However it requires a structure to function as meeting hall.
- Cameras are installed in the premises of CHC and they are monitored regularly by the Medical Officer.

- A new good practice was noticed that they use biometric attendance system to mark their daily attendance.
- JSY and JSSK are functioning well. Patients reported that they get food, drugs and other supplies timely. Mothers are encouraged to stay for 48 hrs after delivery.
- All mothers initiated breast feeding within one hr of normal delivery, and were counselled on family planning.
- The functional equipment with the health facility includes a BP Instrument and Stethoscope, Sterilised delivery sets, Weighing Machine (Adult and infant/new-born), Needle Cutter, Radiant Warmer, Suction apparatus, Facility for Oxygen Administration, Autoclave, ILR and Deep Freezer, and Emergency Tray with emergency injections.
- The health facility is capable of conducting the following tests: Haemoglobin, Urine albumin and Sugar, Blood Sugar, Malaria, T.B. and HIV.
- New born care corner with a functional radiant warmer with neo-natal ambu bag is available. New-born Stabilisation Unit is not available at the facility.
- The facility is not capable of handling high-risk pregnancies or sick neonates and infants.
- IEC display has information on Timings of the Health Facility, List of services available, Essential Drug List, JSSK entitlements, Immunization Schedule and JSY entitlements.
- Fumigation is not regularly done.

Table 24 shows the performance of various service delivery indicators for last two years at the CHC. ANC One registration has reduced over a year. The facility had 9489 OPD cases in 2017-18 as against 17846 OPDs in 2016-17. OPD to IPD ratio is a good indicator of the manner in which Inpatient service is being utilized in the hospital. The facility conducted around 06 deliveries in the year 2017-18. There have been 7 maternal deaths in the last year. There has been a marked fall in the number of IUCD insertions from 1150 in 2016-17 to 150 in 2017-18. No of fully immunized children and children given Vitamin A has also seen a fall in the last year.

**Table 24: Service Delivery in last two years of CHC Muftiganj, Jaunpur**

S. No	Service Utilization Parameter	2016-17	2017-18
1	OPD	17846	9489
2	IPD	6945	3577
3	Total deliveries conducted	1648	706
4	No. of pregnant women referred	84	46
5	ANC1 Registration	5185	2493
6	No. of IUCD Insertions	1150	150
7	No. of fully immunized Children	3492	1739
8	No. of children given vitamin A	3378	1739
9	Still Births	24	4
10	Maternal Deaths	6	7

Source: CHC Muftiganj, Jaunpur, 2018

**Figure 9: Infrastructure & Service Delivery at CHC, Muftiganj****13.4 PRIMARY HEALTH CENTRE (PHC), NORARI****Figure 10: PHC, Norari, Jaunpur**

The Primary Health Care Centre at Norari is serving to a catchment population of 8896. The infrastructure of the facility is setup on huge premises and there is a separate maternal wing outside the main building. The facility is easily accessible from the nearest road. During the monitoring visit, the following observations were made:

- Located at 15 km from the district headquarters, this facility caters to a population of roughly 8896 from 5 villages.
- Per month average delivery load is of around 40-50 deliveries. The labor room was in a clean and hygienic condition. Instruction to stay away from labor room are demonstrated but no strict attention is paid. Trays, equipments were sufficient.
- The facility is not capable of handling high-risk pregnancies or sick neonates and infants.
- With regards to human resource, the facility has One MO, One ANM, One Pharmacist and Pharmacist. Staff quarters are available for MOs and staff nurses. The facility has electricity with power back and 24 hours running water.
- Provision of Lab services is available with Haemoglobin, CBC, Urine albumin and Sugar tests, Malaria, T.B. and HIV being tested for. Among the general equipments, the facility has BP instrument, Sterilized delivery sets, weighing machine, facility for oxygen parameter and neonatal, pediatric and adult resuscitation kit.
- Among the essential drugs, vaccines IFA syrup, Vitamin A, misoprostal tablet, Mifepriston tablets and oxytocin were available. There is supply of urine albumin and sugar testing kits, OCPs, EC pills, IUCDs. However, the facility does not have supply for sanitary napkins. The Medicine stoke register was not maintained.
- Records maintance for OPD, IPD, ANC, PNC, Indoor bed head ticket, Line listing of severely anaemic pregnant women, Labour room, FP, Immunisation, Updated Microplan, Drug Stock, Referral Registers (In and Out), Payments under JSY was poor.
- Signage and display protocols were poor in this facility. Pictorial IEC are required to increase the awareness among villagers with low literacy rate.
- The given PHC at Norari was found to be under-utilized while also reporting to have almost all mandatory equipment and infrastructure as per a PHC standard in IPHS guidelines as per NHM.

### 13.5 SUBCENTRE, BHANPUR



A Sub-centre provides interface with the community at the grass-root level, providing all the primary health care services. The subcentre at Bhanpur is catering to a population of 4000. However, the current level of functioning of the Subcentre visited was much below the expectations. The following observations were made:

**Figure 11: SubCentre, Bhanpur, Jaunpur**

- The facility was located near habitation and was run in a government building. It has ANM quarter available. Although it was not maintained and the ANM was not residing at the SubCentre.
- The Sub centre had no electricity and no piped water supply.
- Record maintenance was found to be very poor. Record of IFA distribution, home deliveries, breast feeding or birth defect record has not been maintained.
- With regards to drugs availability and storage, a similar situation existed. Non-availability of the sanitary napkins was observed at the sub-centre. All the medicines were kept in open.
- Complaint/suggestion box was not installed at the facility. Also Bio-medical Waste management was not effectual. Color coded bins were also not observed at the facility premises. Pictorial RBSK toolkit was not present at the facility as well.
- The equipments available included B.P instrument, Ambu Bag and Newborn weighing machine.
- Neither is the Subcentre a delivery point, nor is any immunization programmes conducted at the facility.
- The IEC on display was outdated. There was no utilization of untied funds.

## 14 CONCLUSION AND RECCOMENDATIONS

### 14.1 CONCLUSION

The report has thrown up information crucial to maternal healthcare. It has also highlighted the intricacies in child health care and immunization. The areas like family planning and chronic diseases control services have also been analyzed effectively to suggest ways of improving upon their implementation. It discusses the Monitoring and Evaluation findings of the Jaunpur District of Uttar Pradesh. The health facilities visited by the team comprises of: District Women Hospital, Jaunpur; CHC Muftiganj; PHC Norari and Sub-Centre Bhanpur. The monitoring of various health facilities in the district reveals a clear picture of the functioning of health system and the findings will definitely help to further strengthen the health service delivery system.

With regards to Health Infrastructure, the district has 3 District Hospitals, 3 First Referral Units (FRUs), 22 Community Health Centres (CHCs), 71 Primary Health Centres (PHCs) and 478 Sub Centres (SCs). All the healthcare facilities are functioning in government buildings. The Female district hospital was however found to be in very unhygienic condition. The district has good infrastructure for child care. There are 7 NRC, 1 SNCU, 3NBSUs and 22 NBCCs. 4 staff members are present in the SNCU while 7 are present in NRC. Jaunpur District had 34 '108 Ambulances' and 50 '102 Ambulances'. There are no Referral transport vehicle and Mobile Medical Units working in the District.

As is the case with most districts, Jaunpur also lacks adequate number of medical and para-medical staff. Against 274 sanctioned posts for Medical Officers including specialists only 177 are filled. 4 gynecologists are serving the entire district against sanctioned posts of 17. There is 1 Nutritionist in Jaunpur. The district has 5 Pediatricians. The number of Lab technicians, X-ray technicians and Pharmacists in position are close to the sanctioned posts.

Jaunpur District had 52857 Institutional Deliveries and 6041 home deliveries in the year 2017-18. The total number of births for the district is 52857, out of which 458 resulted in Still Births. The district is doing its best to achieve higher levels of Immunization. IUCD insertion and usage of condom were the main methods of family planning utilized in the district.

The NHM Umbrella has a multitude of programmes and schemes aimed at improving maternal and child health. Of these programmes, under JSSK, beneficiaries are receiving the services of free diet and free medicines in Jaunpur. 52857 women, who delivered in institutions in the last financial year, received the JSY Incentive. There are 40 Rastriya Bal Surakha Karyakaram (RBSK) teams in the district with 4 members in each team. Currently 3790 ASHAs are working in the district, while 355 positions are vacant. AYUSH health centres are also functional in the district. It was reported that facilities receive all IEC materials on time. The display of the same was however not adequate at most of the facilities.

## 14.2 RECOMMENDATIONS

- Under the decentralization scheme of fund utilization in NHM, the district is supposed to be the hub around which all health and family welfare services are to be planned and managed. Given the autonomy, the district must invest in new and innovative initiatives suited to the local needs and requirements of the district. Possibilities under Public Private Partnership (PPP) must be explored.
- There is a need to synergize health with social determinants of health viz. nutrition, sanitation, hygiene and safe drinking water. District and block level quality assurance teams may be instituted to streamline health quality protocols for different health institutions and identify gaps for corrections to improve the quality of health services.
- Coordination between key village level functionaries like ASHA, AWW and ANM and involvement of VHSC is needed to better serve the community in terms of quality health services and bring around effective convergence in terms of nutrition, sanitation, etc.
- Given the importance of SNCU in reducing neo-natal mortality, it should be made fully functional immediately in the district facilities for providing better care to the neonates. Also, NBSUs should be well equipped with adequate infrastructures and human resources.

- Peripheral public health facilities like SCs and PHCs are primarily used for antenatal, postnatal and children's immunization services and thus proper provisioning of ANMs, ASHAs and LHVs and also provisioning of cold chains would facilitate improvements in outreach of the health services in rural areas. SCs and PHCs with poor service delivery must be identified and worked upon.
- Monitoring mechanisms through supervisory visits are weak in the district. In none of the visited facilities visits by higher authorities for corrective action are recorded. It is essential to strengthen the monitoring chain to track the progress of the different health facilities.



## 15 ANNEXURES

### 15.1 DH LEVEL MONITORING CHECKLIST

<b>Name of District:</b> _____	<b>Name of Block:</b> _____	<b>Name of DH:</b> _____
<b>Catchment Population:</b> _____	<b>Total Villages:</b> _____	
<b>Date of last supervisory visit:</b> _____		
<b>Date of visit:</b> _____	<b>Name &amp; designation of monitor:</b> _____	
<b>Names of staff not available on the day of visit and reason for absence:</b> _____		

#### Section I: Physical Infrastructure:

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

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

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

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

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

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

3.6	NSV	
3.7	F-IMNCI	
3.8	NSSK	
3.9	Mini Lap-Sterilisations	
3.10	Laprosopy-Sterilisations	
3.11	IUCD	
3.12	PPIUCD	
3.13	Blood storage	
3.14	IMEP	
3.16	Immunization and cold chain	
3.15	Others	

### Section IV: Equipment:

S. No	Equipment	Yes	No	Remarks
4.1	Functional BP Instrument and Stethoscope	Y	N	
4.2	Sterilised delivery sets	Y	N	
4.3	Functional Neonatal, Paediatric and Adult Resuscitation kit	Y	N	
4.4	Functional Weighing Machine (Adult and child)	Y	N	
4.5	Functional Needle Cutter	Y	N	
4.6	Functional Radiant Warmer	Y	N	
4.7	Functional Suction apparatus	Y	N	
4.8	Functional Facility for Oxygen Administration	Y	N	
4.9	Functional Foetal Doppler/CTG	Y	N	
4.10	Functional Mobile light	Y	N	
4.11	Delivery Tables	Y	N	
4.12	Functional Autoclave	Y	N	
4.13	Functional ILR and Deep Freezer	Y	N	
4.14	Emergency Tray with emergency injections	Y	N	
4.15	MVA/ EVA Equipment	Y	N	
4.16	Functional phototherapy unit	Y	N	
4.17	Dialysis Equipment	Y	N	
4.18	<b>O.T Equipment</b>			
4.19	O.T Tables	Y	N	

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

### Section V: Essential Drugs and Supplies:

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

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

### Section VI: Other Services:

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

**Section VII: Service Delivery in Last two financial years:**

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

**Section VII A: Funds Utilisation**

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

**Section VII B: Service delivery in post natal wards:**

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

7.3b	Counselling on Family Planning done	Y	N	
7.4b	Mothers asked to stay for 48 hrs	Y	N	
7.5b	JSY payment being given before discharge	Y	N	
7.6b	Diet being provided free of charge	Y	N	

### Section VIII: Quality parameter of the facility:

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

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

### Section IX: Record Maintenance:

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

**Section X: IEC Display**

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

**Section XI: Additional/Support Services:**

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

**15.2 FRU LEVEL MONITORING CHECKLIST**

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



## Section I: Physical Infrastructure:

S.No	Infrastructure	Yes	No	Additional Remarks
1.1	Health facility easily accessible from nearest road head	Y	N	
1.2	Functioning in Govt building	Y	N	
1.3	Building in good condition	Y	N	
1.4	Staff Quarters for MOs	Y	N	
1.5	Staff Quarters for SNs	Y	N	
1.6	Staff Quarters for other categories	Y	N	
1.7	Electricity with power back up	Y	N	
1.9	Running 24*7 water supply	Y	N	
1.10	Clean Toilets separate for Male/Female	Y	N	
1.11	Functional and clean labour Room	Y	N	
1.12	Functional and clean toilet attached to labour room	Y	N	
1.13	Functional New born care corner( <i>functional radiant warmer with neo-natal ambu bag</i> )	Y	N	
1.14	Functional Newborn Stabilization Unit	Y	N	
1.16	Functional SNCU	Y	N	
1.17	Clean wards	Y	N	
1.18	Separate Male and Female wards (at least by partitions)	Y	N	
1.19	Availability of Nutritional Rehabilitation Centre	Y	N	
1.20	Functional BB/BSU, specify	Y	N	
1.21	Separate room for ARSH clinic	Y	N	
1.22	Availability of complaint/suggestion box	Y	N	
1.23	Availability of mechanisms for Biomedical waste management (BMW)at facility	Y	N	
1.23a	BMW outsourced	Y	N	
1.24	Availability of ICTC Centre	Y	N	

## Section II: Human resource:

S. no	Category	Numbers	Remarks if any
2.1	OBG		

2.2	Anaesthetist		
2.3	Paediatrician		
2.4	General Surgeon		
2.5	Other Specialists		
2.6	MOs		
2.7	SNs		
2.8	ANMs		
2.9	LTs		
2.10	Pharmacist		
2.11	LHV		
2.12	Radiographer		
2.13	RMNCHA+ counsellors		
2.14	Others		

### Section III: Training Status of HR:

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

### Section IV: Equipment:

S. No	Equipment	Yes	No	Remarks
4.1	Functional BP Instrument and Stethoscope	Y	N	
4.2	Sterilised delivery sets	Y	N	

4.3	Functional Neonatal, Paediatric and Adult Resuscitation kit	Y	N	
4.4	Functional Weighing Machine (Adult and child)	Y	N	
4.5	Functional Needle Cutter	Y	N	
4.6	Functional Radiant Warmer	Y	N	
4.7	Functional Suction apparatus	Y	N	
4.8	Functional Facility for Oxygen Administration	Y	N	
4.9	Functional Autoclave	Y	N	
4.10	Functional ILR and Deep Freezer	Y	N	
4.11	Emergency Tray with emergency injections	Y	N	
4.12	MVA/ EVA Equipment	Y	N	
4.13	Functional phototherapy unit	Y	N	
	<b>Laboratory Equipment</b>			
4.1a	Functional Microscope	Y	N	
4.2a	Functional Hemoglobinometer	Y	N	
4.3a	Functional Centrifuge	Y	N	
4.4a	Functional Semi autoanalyzer	Y	N	
4.5a	Reagents and Testing Kits	Y	N	

### Section V: Essential Drugs and Supplies:

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

5.17	Pregnancy testing kits	Y	N	
5.18	Urine albumin and sugar testing kit	Y	N	
5.19	OCPs	Y	N	
5.20	EC pills	Y	N	
5.21	IUCDs	Y	N	
5.22	Sanitary napkins	Y	N	
<b>S.No</b>	<b>Essential Consumables</b>	<b>Yes</b>	<b>No</b>	<b>Remarks</b>
5.23	Gloves, Mckintosh, Pads, bandages, and gauze etc.	Y	N	

### Section VI: Other Services :

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

### Section VII: Service Delivery in last two quarters:

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

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

### Section VII a: Service delivery in post natal wards:

S.No	Parameters	Yes	No	Remarks
7.1a	All mothers initiated breast feeding within one hr of normal delivery	Y	N	
7.2a	Zero dose BCG, Hepatitis B and OPV given	Y	N	

7.3a	Counseling on IYCF done	Y	N	
7.4a	Counseling on Family Planning done	Y	N	
7.5a	Mothers asked to stay for 48 hrs	Y	N	
7.6a	JSY payment being given before discharge	Y	N	
7.7a	Mode of JSY payment (Cash/bearer cheque/Account payee cheque/Account Transfer)			
7.8a	Any expenditure incurred by Mothers on travel, drugs or diagnostics( <i>Please give details</i> )	Y	N	
7.9a	Diet being provided free of charge	Y	N	

### Section VIII: Quality parameter of the facility:

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

S.No	Essential Skill Set	Yes	No	Remarks
8.1	Manage high risk pregnancy	Y	N	
8.2	Provide essential newborn care(thermoregulation, breastfeeding and asepsis)	Y	N	
8.3	Manage sick neonates and infants	Y	N	
8.4	Correctly uses partograph	Y	N	
8.5	Correctly insert IUCD	Y	N	
8.6	Correctly administer vaccines	Y	N	
8.7	Segregation of waste in colour coded bins	Y	N	
8.8	Adherence to IMEP protocols	Y	N	
8.9	Bio medical waste management	Y	N	
8.10	Updated Entry in the MCP Cards	Y	N	
8.11	Entry in MCTS	Y	N	
8.12	Action taken on MDR	Y	N	

### Section IX: Record Maintenance:

S. no	Record	Available and Updated and Correctly filled	Available but Not maintained	Not Available	Remarks/ Timeline for completion
9.1	OPD Register				
9.2	IPD Register				
9.3	ANC Register				
9.4	PNC Register				

9.5	Indoor bed head ticket			
9.6	Line listing of severely anaemic pregnant women			
9.7	Labour room register			
9.8	Partographs			
9.9	FP-Operation Register (OT)			
9.10	OT Register			
9.11	FP Register			
9.12	Immunisation Register			
9.13	Updated Microplan			
9.14	Blood Bank stock register			
9.15	Referral Register (In and Out)			
9.16	MDR Register			
9.17	Infant Death Review and Neonatal Death Review			
9.18	Drug Stock Register			
9.19	Payment under JSY			
9.20	Untied funds expenditure (Check % expenditure)			
9.21	AMG expenditure (Check % expenditure)			
9.22	RKS expenditure (Check % expenditure)			

### Section X: Referral linkages in last two quarters:

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

### Section XI: IEC Display:

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

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

### 15.3 PHC/CHC (NON FRU) LEVEL MONITORING CHECKLIST

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

#### Section I: Physical Infrastructure:

S.No	Infrastructure	Yes	No	Additional Remarks
1.1	Health facility easily accessible from nearest road head	Y	N	
1.2	Functioning in Govt building	Y	N	
1.3	Building in good condition	Y	N	
1.4	Staff Quarters for MOs available	Y	N	
1.5	Staff Quarters for SNs available	Y	N	
1.6	Staff Quarters for other categories	Y	N	
1.7	Electricity with power back up	Y	N	
1.9	Running 24*7 water supply	Y	N	
1.10	Clean Toilets separate for Male/Female	Y	N	
1.11	Functional and clean labour Room	Y	N	
1.12	Functional and clean toilet attached to labour room	Y	N	
1.13	Functional New born care corner(functional	Y	N	



	radiant warmer with neo-natal ambu bag)			
1.14	Functional Newborn Stabilization Unit	Y	N	
1.15	Clean wards	Y	N	
1.16	Separate Male and Female wards (at least by Partitions)	Y	N	
1.17	Availability of complaint/suggestion box	Y	N	
1.18	Availability of mechanisms for waste management	Y	N	

## Section II: Human resource:

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

## Section III: Training Status of HR

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

## Section IV: Equipment

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

## Section V: Essential Drugs and Supplies

S.No	Drugs	Yes	No	Remarks
5.1	EDL available and displayed	Y	N	
5.2	Computerised inventory management	Y	N	
5.3	IFA tablets	Y	N	
5.4	IFA tablets (blue)	Y	N	
5.5	IFA syrup with dispenser	Y	N	
5.6	Vit A syrup	Y	N	
5.7	ORS packets	Y	N	
5.8	Zinc tablets	Y	N	
5.9	Inj Magnesium Sulphate	Y	N	
5.10	Inj Oxytocin	Y	N	
5.11	Misoprostol tablets	Y	N	
5.12	Mifepristone tablets	Y	N	

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

### Section VI: Other Services :

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

### Section VII: Service Delivery in last two quarters:

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

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

### Section VII a: Service delivery in post natal wards:

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

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

### Section VIII: Quality parameter of the facility

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

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

### Section IX: Record Maintenance:

S. no	Record	Available , Updated and correctly filled	Available but Not maintained	Not Available	Remarks/Timeline for completion
9.1	OPD Register				
9.2	IPD Register				
9.3	ANC Register				
9.4	PNC Register				
9.5	Indoor bed head ticket				
9.6	Line listing of severely anaemic pregnant women				
9.7	Labour room register				

9.8	Partographs			
9.9	OT Register			
9.10	FP Register			
9.11	Immunisation Register			
9.12	Updated Microplan			
9.13	Drug Stock Register			
9.14	Referral Registers (In and Out)			
9.15	Payments under JSY			
9.16	Untied funds expenditure (Check % expenditure)			
9.17	AMG expenditure (Check % expenditure)			
9.18	RKS expenditure (Check % expenditure)			

### Section X: Referral linkages in last two quarters:

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

### Section XI: IEC Display:

S.No	Material	Yes	No	Remarks
11.1	Approach roads have directions to the health facility	Y	N	
11.2	Citizen Charter	Y	N	
11.3	Timings of the Health Facility	Y	N	
11.4	List of services available	Y	N	
11.5	Essential Drug List	Y	N	
11.6	Protocol Posters	Y	N	
11.7	JSSK entitlements	Y	N	

11.8	Immunization Schedule	Y	N	
11.9	JSY entitlements	Y	N	
11.10	Other related IEC material	Y	N	

### Section XII: Additional/Support Services:

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

### 15.4 SUB CENTRE LEVEL MONITORING CHECKLIST

Name of District: \_\_\_\_\_ Name of Block: \_\_\_\_\_ Name of SC: \_\_\_\_\_  
 Catchment Population: \_\_\_\_\_ Total Villages: \_\_\_\_\_ Distance from PHC: \_\_\_\_\_  
 Date of last supervisory visit: \_\_\_\_\_  
 Date of visit: \_\_\_\_\_ Name & designation of monitor: \_\_\_\_\_  
 Names of staff posted and available on the day of visit: \_\_\_\_\_  
 Names of staff not available on the day of visit and reason for absence : \_\_\_\_\_

### Section I: Physical Infrastructure:

S.No	Infrastructure	Yes	No	Remarks
1.1	Subcentre located near the main habitation	Y	N	
1.2	Functioning in Govt building	Y	N	
1.3	Building in good physical condition	Y	N	
1.4	Electricity with power back up	Y	N	
1.5	Running 24*7 water supply	Y	N	

1.6	ANM quarter available	Y	N	
1.7	ANM residing at SC	Y	N	
1.8	Functional labour room	Y	N	
1.9	Functional and clean toilet attached to labour room	Y	N	
1.10	Functional New Born Care Corner (functional radiant warmer with neonatal ambu bag)	Y	N	
1.11	General cleanliness in the facility	Y	N	
1.12	Availability of complaint/suggestion box	Y	N	
1.13	Availability of deep burial pit for biomedical waste management / any other mechanism	Y	N	

## Section II: Human Resource:

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

## Section III: Equipment :

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



**Section IV: Essential Drugs:**

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

**Section V: Essential Supplies**

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

**Section VI: Service Delivery in the last two quarters:**

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

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

### Section VIII: Record Maintenance:

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

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

### Section X: IEC display:

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