NATIONAL HEALTH MISSION

A REPORT ON

MONITORING OF IMPORTANT COMPONENTS OF

NHM PROGRAMME IMPLEMENTATION IN JHANSI DISTRICT,

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Contents

Contents

LIST OF TABLES Page No

LIST OF FIGURES

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ACRONYMS AND ABBREVIATIONS

ANC	Ante Natal Care
ANM	Auxiliary Nurse Midwife
AYUSH	Ayurveda, Yoga & Naturopathy, Unani, Siddha and Homoeopathy
BEMOC	Basic Emergency Obstetric Care
BMW	Biomedical waste
BSU	Blood Storage Unit
CMO	Chief District Medical Officer
CHC	Community Health Centre
DH	District Hospital
DMPA	Depot Medroxyprogesterone Acetate
DPM	District Programme Manager
ECG	Electrocardiography
EMOC	Emergency Obstetric Care
FRU	First Referral Unit
HMIS	Health Management Information System
IEC	Information, Education and Communication
IMEP	Infection Management and Environment Plan
IPD	In Patient Department
IUCD	Intra Uterine Contraceptive Device
IYCF	Infant and Young Child Feeding
JSSK	Janani Shishu Suraksha Karyakram
JSY	Janani Suraksha Yojana
LHV	Lady Health Visitor
LSAS	Life Saving Anaesthetic Skill
LT	Laboratory Technician
M&E	Monitoring and Evaluation
MCTS	Mother and Child Tracking System
MDR	Maternal Death Review
MMU	Mobile Medical Unit
MoHFW	Ministry of Health and Family Welfare
MOIC	Medical Officer In- Charge
NBCC	New Born Care Corner
NBSU	New Born Stabilization Unit
NSSK	Navjat Shishu Suraksha Karyakram
NSV	No Scalpel Vasectomy
OCP	Oral Contraceptive Pill
OPD	Out Patient Department
OPV	Oral Polio Vaccines
PIP	Programme Implementation Plan
PNC	Post Natal Care
PPP	Public Private Partnership
PRC	Population Research Centre
RBSK	Rashtriya Bal Suraksha Karyakram
RCH	Reproductive Child Health
RKS	Rogi Kalyan Samiti
RPR	Rapid Plasma Reagin
SBA	Skilled Birth Attendant
SKS	Swasthya Kalyan Samiti
SN	Staff Nurse
SNCU	Special New Born Care Unit
TFR	Total Fertility Rate
TT	Tetanus Toxoid
VHND	Village Health and Nutrition Day

EXECUTIVE SUMMARY

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

This report hence focuses on the monitoring of essential components of NHM in Jhansi district for the year 2017-18. The assessment was carried out in the month of September, 2018 and thus captures the status of NHM activities in the said district of Uttar Pradesh. The report highlights key observations made during the visit of Delhi team PRC to various health facilities of the district and also brings forth essential inputs provided by the key personnel of NHM. The evaluation preceded a desk review of the RoP and PIP of the state by the PRC team based on which questionnaire schedules were prepared for field investigation.

The report thus provides an analysis of the status of Public Health Care in Jhansi, Uttar Pradesh during the financial year 2017-18 with regards to NHM and its components namely Maternal Health, Child Health, Family Planning, etc.

The strengths and weaknesses observed during our visits to different health facilities and interactions with the NHM Personnel as well as the beneficiaries of the district are discussed in the sections to follow.

STRENGTHS

- The district has observed a progressive increase in institutional deliveries as compare to other districts of Uttar Pradesh.
- Since progressive increase in institutional deliveries has been reported in the Jhansi district, it can be deduced that the district's level of MMR and IMR is gradually declining to a level as prescribed by the NHM goal (1/1000 live births) and (25/1000 live births) respectively.
- More than 86 percent of all JSY payment to the beneficiaries were completed in Jhansi district. The district has a dedicated pool of NHM personnel who are striving to work in accordance with the mission and vision of the programme.
- The DPM is effectively involved with all NHM activities and possesses a sound knowledge of the current status and the future plans.
- With respect to innovations, the DPMU of the district initiated and launched a portal based call centre so as to keep track of mother and child tracking system (MCTS), namely Niramay. Apart from tracking, it also generated reports for the same.
- Rastriya Bal Swasthya Karyakram (RBSK) programmes was found to be effectively implemented in the district.
- Ambulance services under JSSK with respect to 102 and 108 were found to be very efficient in this district with response time of 18 minutes.
- Nutrition Rehabilitation Centre (NRC) and SNCU of 10 bedded were effectively functional in the district hospital.
- Under the family planning programme, Antara and Chaya methods were running effectively and in some area Antara successfully reached its 2nd dose.
- Family planning counselling centre was there at the district hospital and CHC. Annual camps for adoption of permanent family planning methods were also held in the district and around the peripheral areas.
- Maintenance of herbal gardens was seen in all the facilities visited in the district.
- Training of ASHAs under 6 module was held at the block level and monthly meeting with ASHAs and ANMs was facilitated by the ASHA Officer or ASHA Coordinator.

- NHM proposed 34 Health and Wellness centres in Jhansi district. About 30 Sub centres and 4 PHCs were selected for health and wellness centre, in which 18 sub centres and 4 PHC are working under supervision of Community Health Officer (CHO).
- Jhansi district has dedicated staff due to which, programme implementation in the entire district as compare to other districts of Uttar Pradesh is comparatively better.
- With regards to Blindness Control Programme, district is performing well in its implementation and funds for the same have been increased.
- Total immunization coverage of the district was reported to be 73 percent.

WEAKNESSES

- Training in (Public Finance Management System) PFMS was reported to be inadequate which resulted in delay of staff salaries, payment to beneficiaries, etc.
- No special meeting for HMIS data validation were reported to be held. Data entry operators are overloaded to feed the data on 26 different portals.
- No master training was conducted from the state level especially for Non-communicable diseases.
- Many ASHA workers reported that average payment of ASHA was 2319 rupees which is less as compare to other districts of Uttar Pradesh.
- For electricity backup generators were available at the district hospital while the staff reported that there was no provision for their fuel.
- With respect to BMW management, the service was outsourced. The service for collection of BMW was available at CHC level only. Very few facilities reported availability of pits for the disposal of BMW.
- The medical official reported that they did not have any budget for cleaning, sweeping and laundry services for PHCs and SCs and Only six out of eight blocks of Jhansi got the budget for cleaning, sweeping & laundry at CHC level.
- District has a dire need of Human Resources Manager and IT expert for managing of human resource and the MIS in the district respectively. One of the major issues is the shortage of Gynecologist, specialist, surgeons at the district hospital. District has severe shortage of cleaning and sweeping staff.
- District Programme Manager is entrusted with multiple responsibilities with regards to various programmes and their implementation.

- All programmes were not equally focussed, new programmes were given more importance and were prioritised in lieu of that the older programmes got side-lined.
- Shortage of IFA, Calcium tablets and PCM medicine was reported in the district. Supply side hindrance was reported to be the reason for shortage which led to significant increase in demand.
- Four PHCs were constructed but non-functional due to lack of equipment and Medical Staffs.
- Shortage of complete ASHA kit was reported by the ASHA worker.
- Many of Sub Centers which were accredited as delivery centers but many of the sub centers not serving as a delivery point. This could be probably because patients want a better service which is available at DH level. Also another reason for not availing services at SC is that the SCs are located at the out skirts of the village due to which women prefer to go at the DH.

1. INTRODUCTION

NHM envisages "Attainment of Universal Access to Equitable, Affordable and Quality health care services, accountable and responsive to people's needs, with effective intersectoral convergent action to address the wider social determinants of health". The mission thus encompasses a wide range of services.

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

The monitoring and evaluation system for various national health programmes is integral to their strengthening. PRC, Delhi has time and again provided a continuous flow of good quality information on inputs, outputs and outcome indicators which are deemed essential for monitoring the progress of NHM at regular intervals.

This PIP monitoring report concerns the district of Jhansi in Uttar Pradesh. The report provides a review of key population, socio-economic, health and service delivery indicators of the Jhansi District. The report also deals with health infrastructure and human resource of the district and

provides insights on MCH service delivery including JSSK and JSY schemes, family planning, ARSH, bio-medical waste management, referral transport, ASHAs, communicable and non-communicable diseases and status of HMIS and MCTS. This report is based on the interviews of CMO, District Health Officials, ANM and beneficiaries.

1.1. METHODOLOGY

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

The assessment is based on the observations made and information collected during:

a) Round table meeting with CMO, DPMU and other Nodal officers and NHM staff

b) Visits to health facilities

c) Beneficiary interactions

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

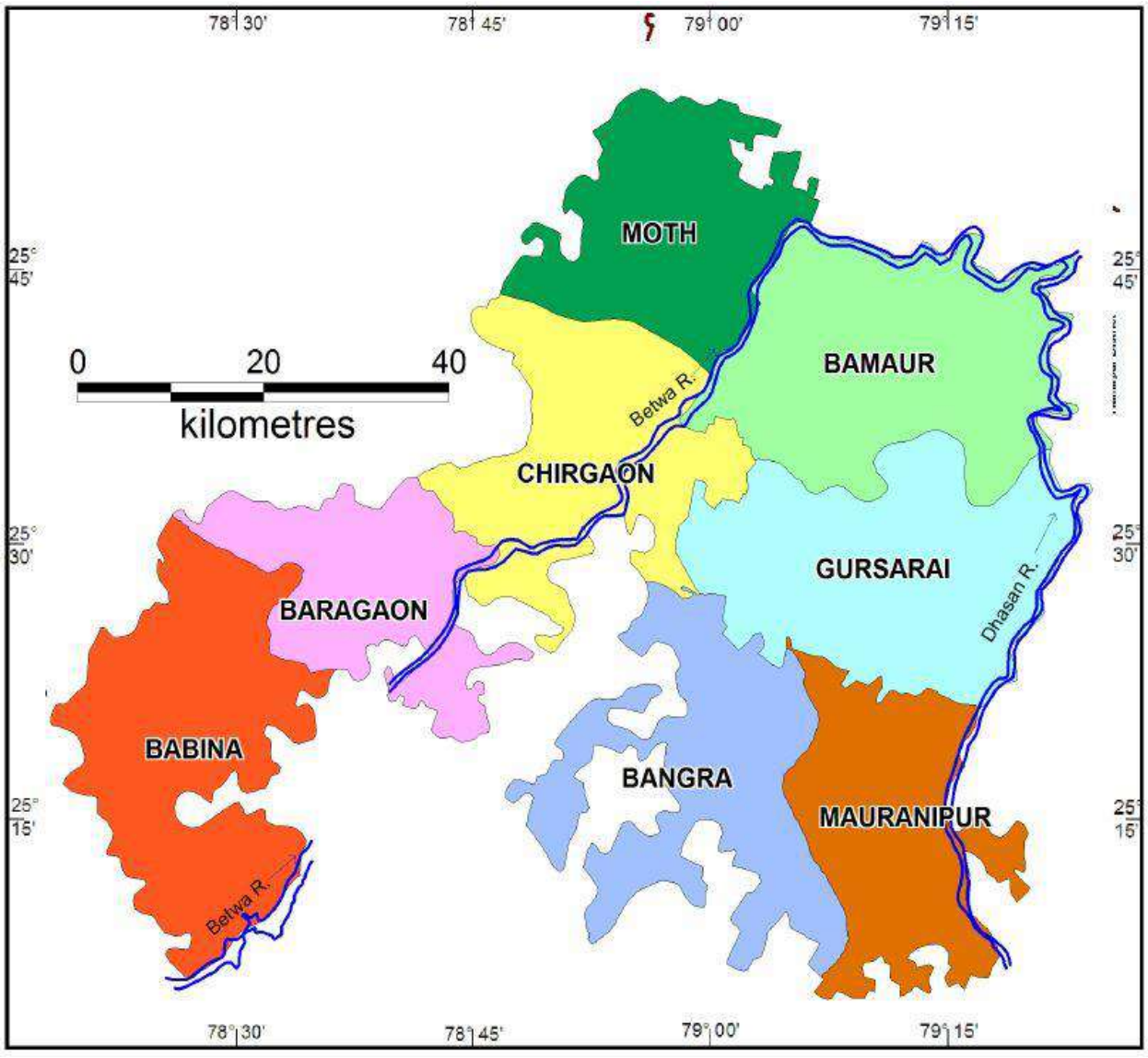
Table 1: List of Health Facilities visited, Jhansi, 2017-18

Facility Type	Facility Name
District Hospital	District Women Hospital, Jhansi
FRU	CHC (FRU) Babina, Jhansi
CHC	CHC Badagaon, Jhansi
PHC	PHC Badagaon, Jhansi
Sub health Centre	Sub Centre, Ambabai, Jhansi
Sub health Centre	Sub Centre, Sarmau, Jhansi

.2. DEMOGRAPHIC PROFILE

Jhansi is a historic city in the Indian state of Uttar Pradesh. It lies in the region of Bundelkhand on the banks of the Pahuj River, in the extreme south of Uttar Pradesh. Jhansi is the administrative headquarters of Jhansi district and Jhansi division.

The district is divided into eight development blocks namely – Babina, Badagaon, Bamaur, Chirgaon, Moth, Bangra, Gursarai and Mauranipur. At present Jhansi district is a Divisional Commissioner's Headquarter for district Jhansi, Lalitpur and Jalaun.



Source: Central Ground Water Board, Ministry of Water Resources

Figure 1.District Map of Jhansi, Uttar Pradesh

Table 2 summarises the demographic and socio-economic profile of the Jhansi.

The state has a population of 199812341 out of which male and female were 104480510 and 95331831 respectively. The district Jhansi has a total population of 1998603 out of which males and females are 1057436 and 941167 respectively. This equals to around 1 per cent of the total population of Uttar Pradesh. The literacy rate of the district is 75.05 per cent which is higher than the state average (67.77 per cent). However, female literacy rate is relatively lower than male literacy rate but fares well when compared with the national and state average. The sex ratio of the Jhansi District is 890 females per 1000 males while that for Uttar Pradesh is 912. The child sex ratio for the district is 866 as against 902 for the state. The total area of Jhansi district is 5,024 km^2. Thus the density of Jhansi district is 398 people per square kilometer.

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

Indicators	Uttar Pradesh	Jhansi
Actual Population	**199,812,341** (16.5% of India's population)	**1998603** (1% of UP's population)
Male	104,480,510	1057436
Female	95,331,831	941167
Decadal Growth Rate	20.23	14.54
Density/km2	829	398
Child Population (0-6 age)	**30,791,331** (15.41%)	**260373** (13.02 %)
Area (sq. km)	**240,928**	**5024**
Literates	**67.7%**	**75.05%**
Male	77.3 %	85.38 %
Female	57.2 %	63.49 %
Sex Ratio (per/000)	**912**	**890**
Child Sex Ratio (0-6 age)	902	866

Source: Census, 2011

1.3. HEALTH PROFILE

Table 3 presents the health profile of Jhansi district for the year 2017-18. It highlights the performance of major service delivery indicators and the subsequent health outcomes in terms of the quantifiable goals of NHM. It analyses the input, output and outcomes of the public health delivery system in Jhansi with respect to various domains such as, Maternal Health, Child Health, Delivery care, Family Planning, Health, etc.

Table 3: Status of Health and Health Care Service Delivery Indicators, Jhansi, 2017-18

Health and Health Care Service Delivery Indicators	HMIS (2017-18)	
	Uttar Pradesh	Jhansi
I) Maternal Health		
Total number of pregnant women Registered for ANC	5814051	56815
% 1st Trimester registration to Total ANC Registrations	45.2	48
% Pregnant Woman received 4 or more ANC checkups to Total ANC Registrations	45	46.8
% Pregnant women given 180 IFA to Total ANC Registration	85.3	72.1
MMR	**233**	
II) Delivery Care		
a) Home Deliveries		
Number of Home deliveries	623608	794
% Home delivery to total reported deliveries	17.5	2.21
% SBA attended home deliveries to Total Reported Home Deliveries	15.2	57.1
b) Institutional Deliveries		
Institutional deliveries (Public Insts.+Pvt. Insts.)	2946226	35030
% Institutional deliveries to Total Reported Deliveries	82.5	97.8
% Deliveries conducted at Public Institutions to Total Institutional Deliveries	86.7	76.4
% Deliveries conducted at Private Institutions to Total Institutional Deliveries	13.3	23.6
% Institutional deliveries to Total ANC Registrations	50.7	61.7
% Women discharged in less than 48 hours of delivery to Total Reported Deliveries at public institutions	65.6	45.8
NMR	**29**	
c) C-Section and Completed deliveries (Public and Private Facilities)		
% C-section deliveries (Public + Pvt.) to reported institutional (Public + Pvt.) deliveries	5.2	20.5
% C-sections conducted at public facilities to Deliveries conducted at public facilities	3.8	7.8
% C-sections conducted at Private facilities to Deliveries conducted at private facilities	14.3	61.7
d) Post Natal Care		
% Women getting 1st Post Partum Checkup between 48 hours and 14 days to Total Reported Deliveries	35.3	46
% Newborns breast fed within 1 hour of birth to Total live birth	89.1	93.6
% Newborns weighed at birth to live birth	90.2	95.7
IMR	**41**	
III) Child Health		
Number of fully immunized children (9-11 months)	4721897	39148
Number of cases of Childhood Diseases (0-5 years): Pneumonia	89367	1731
Number of cases of Childhood Diseases (0-5 years): Diarrhoea	412309	15452
IV) Immunisation coverage		

Infants received BCG to full Immunisation %	136.6	-
U5MR	**59**	
V) Family Planning		
Total Sterilisation Conducted	262188	8196
% Male Sterlisation (Vasectomies) to Total sterilisation	1.5	0.9
% Female Serlisation (Tubectomies) to Total sterilisation	98.5	99.1
% IUCD insertions to all family planning methods (IUCD plus permanent)	80	75.3
Number of beneficiaries given 4th or more than 4 doses of Injectable (Antara Program)	6884	157
Condom pieces distributed	38782273	799789
VI) Facility Service Delivery		
IPD	6628029	150576
OPD (Alopathic+AYUSH)	142272113	2285021
OPD (Allopathic)	125590462	2049232
OPD (AYUSH)	16681651	235789
% IPD to OPD	8113.3	6.6
Source: HMIS, Jhansi, 2017-18		***CMO Office Jhansi, 2018***

An important component of the Maternal Health is ANC. Antenatal care is the systemic supervision of women during pregnancy to ascertain the well-being of the mother and the foetus. It allows for the timely management of complications and provides opportunity to prepare a birth plan and identify the facility for delivery. Early registration of pregnancy allows for adequate care during the cycle. IFA supplementation was given to 72.1 per cent of all women who registered for ANC. About 48 percent of women in Jhansi registered for ANC in the first trimester while registration for 4 or more ANC check-ups reduces to 46.8 percent. The maternal mortality rate in the district is 233 maternal deaths per 100000 live births.

Delivery care is an important component of Infant health. Out of the total home deliveries in Jhansi, 57.1 percent were SBA attended. SBA is regarded as a one who can handle common obstetric and neonatal emergencies. Thus presence of SBA during home delivery is essential to combat maternal deaths. About 97.8 per cent of all deliveries were institutional deliveries and of all the institutional deliveries in Jhansi, 76.4 per cent took place in Public Institutions. Out of the women who registered for ANC, only 61.7 per cent went for institutional delivery. About 20.5 percent of all institutional deliveries were C-section deliveries. With regards to Post Natal Care, 93.6 per cent of the newborns were breast fed within 1 hour of delivery while 95.7 per cent of newborns were weighed at birth. Nearly 46 per cent of women received the 1st post-partum checkup within 48 hours and 14 days of delivery. Infant mortality rate (IMR) for the district is 41.

As per Census 2011, the share of children population in Jhansi's total population is 13.03 per cent. Child Mortality is a threat India is facing since decades. The Reproductive and Child Health programme (RCH) II under the National Rural Health Mission (NRHM) comprehensively integrates interventions that improve child health and addresses factors contributing to Infant and under-five mortality. With regards to the service delivery for Child Health, 39148 children under (9 to 11 Months) received full immunization in Jhansi. The most common childhood disease was reported as diarrhoea and in the year 2017-18, the district registered 15452 cases of diarrhoeal disease. The under five mortality rate in Jhansi was reported to be 59 per 1000 live births.

Unmet need for family planning is a significant factor that contributes to population growth. Family planning services work in accordance to lower the unmet need. Female sterilisation (Tubectomies) as a method of permanent family planning dominates the statistics with 99.1 percent of all sterilisation conducted in 2017-18 in Jhansi. Male sterilization (Vasectomy) was only 0.9 percent in Jhansi.

To improve the health care delivery, increase in the OPD and IPD services through better facilitation and coordination of public health systems has been a contribution and service enhancement of NHM. Facility Service Delivery with regards to patient services is summarised in section 6 of Table 3. The OPD patient load is as high as 2285021 number of OPD patients in 2017-18 as against 150576 IPD Patients. In Jhansi out of total OPD patients, 2049232 patients belongs to Allopathic OPD and rest 235789 patients belongs to AYUSH OPD.

2. HUMAN RESOURCE & HEALTH INFRASTRUCTURE

The component of Human Resources under NHM is to ensure availability of adequate manpower at the public health facilities in the State. Human Resources are largely based on the requirements. The component/scheme of Human Resources under NHM includes different interventions to ensure recruitment, deployment, continued capacity building and functioning of adequate health care man power.

The Public Health Care Infrastructure includes of Sub Health Centres at the most peripheral level, Primary Health Centres envisaged to provide an integrated curative and preventive health care, and Community Health Centres which serve as a referral centre for PHCs and also provides facilities for obstetric care and specialist consultations.

2.1. HUMAN RESOURCE

Meetings with CMO, DPM and various BPMs officials unanimously indicated a severe shortage of specialist and surgeons in the district. Table 4 gives the status of HR availability in Jhansi district. It is also highlighted that the training status under NHM of the medical staff in the last financial year 2017-18 has been also presented in the table 4. The Medical Officers received training for SBA, BeMOC, MTP, Minilap and NSV. Of the 76 LHVs, 10 received training for SBA. Also 25 ANMs and 15 Staff Nurses at PHC and SC level received training for SBA. With respect to training, the district is actively performing well. However, the issue that remains is of manpower availability. The present shortage affects both, the quality as well as the quantity, of services delivered under NHM. Figure 2 and 3 presents the vacant positions for the various Medical, Paramedical and Administrative positions in Jhansi.

Table 4: Status of Human Resource in Jhansi, 2017-18

Position Name	Regular			Contractual		
	Sanctioned	Filled	Vacant	Sanctioned	Filled	Vacant
MO's including specialists	276	69	207	47	33	14
Of Which:						
SBA Trained	12					
BeMOC Trained	3					
MTP Trained	8					
Minilap Trained	46					
NSV Trained	2					
Gynecologists	10	1	9	3	2	1
Pediatrician	12	7	5	2	1	1
Surgeon	11	1	10	0	0	0
Nutritionist	0	0	0	1	1	0
Dental Surgeon	3	1	2	3	2	1
LHV	87	76	11	0	0	0
Of Which:						
SBA Trained	10					
ANM	370	218	152	158	158	0
Of Which:						
SBA Trained	25					
Pharmacist	67	64	3	23	16	7
Lab technicians	13	8	5	30	27	3
X-ray technicians	8	8	0	2	2	0
Data Entry Operators	NA	NA	NA	8	8	0
Staff Nurse at CHC	0	0	0	46	46	0
Staff Nurse at PHC	0	0	0	26	26	0

Of Which:						
SBA Trained	**15**					
ANM at PHC	36	36	0	55	55	0
ANM at SC	334	182	152	138	138	0
Data Entry Operators	NA	NA	NA	21	21	0
Any other, please specify	-	-	-	-	-	-

Source: CMO Office Jhansi, 2018

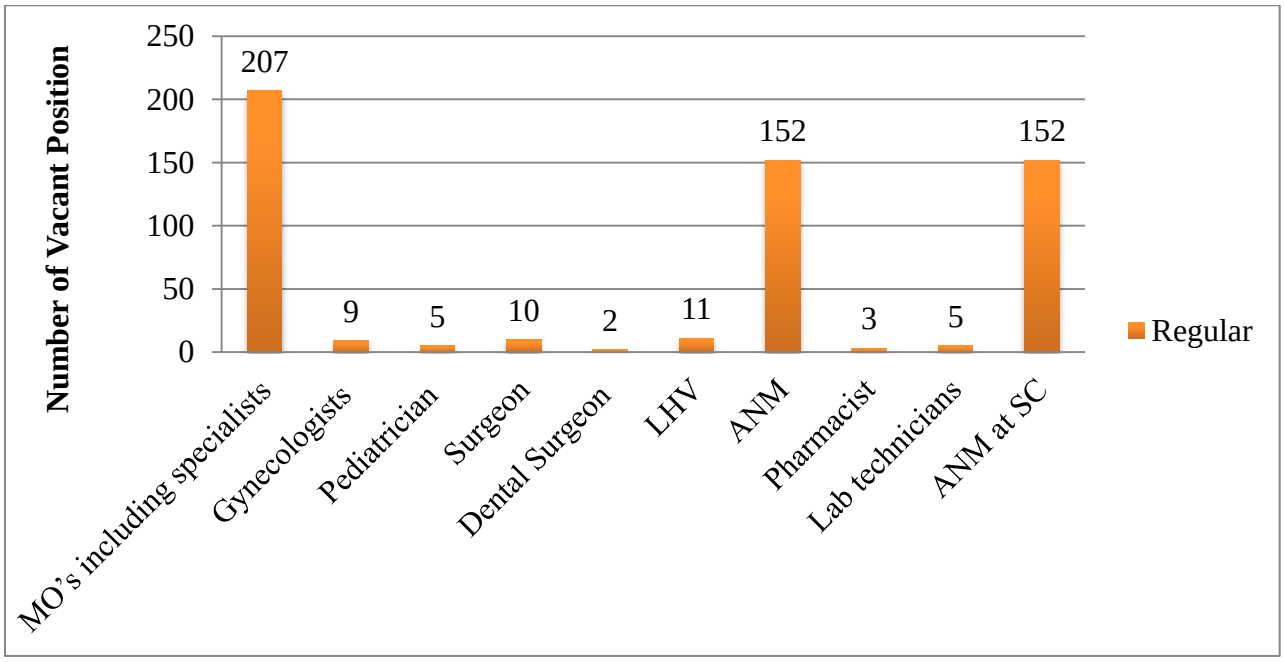


Figure 2.Status of Human Resources (Regular) in Jhansi, 2017-18

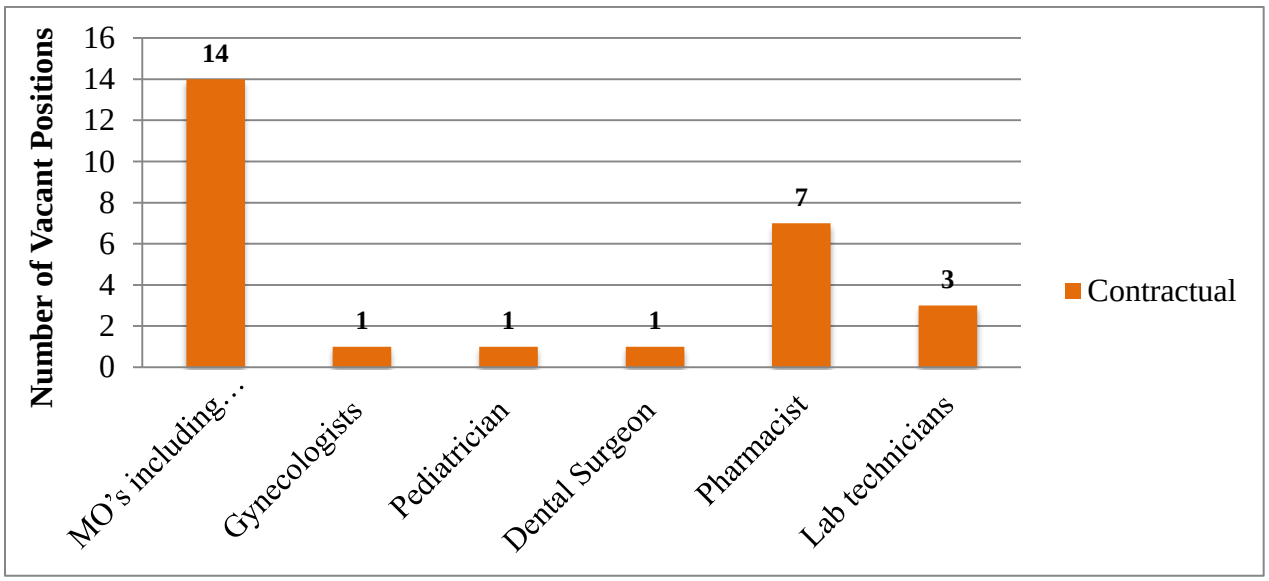


Figure 3.Status of Human Resources (Contractual) in Jhansi, 2017-18

High vacancy pertains in the district wherein 207 positions of MOs, 9 positions of Gynecologist, 5 positions of Pediatrician, 10 positions of Surgeons, 2 positions of Dental Surgeons, 11 position of LHV, 152 positions of ANM, 3 Positions of pharmacist, 5 positions of LT and 152 positions for ANMs at SC level were vacant against the sanctioned regular post. With regards to contractual staff, 14 positions for MOs, 1 position for Gynecologist, 1 position of Pediatrician, 1 position of Dental Surgeon, 7 Pharmacist and 3 LT were vacant against contractual post. Availability of nursing staff was reported optimal in the district. As noted during the visits to various health facilities in the district, the staff is not efficiently trained in PFMS transfer.

2.2. HEALTH INFRASTRUCTURE

Table 5 presents the details of Health Infrastructure in Jhansi. With regards to Public health infrastructure, there are 2 District Hospitals (Male and Female), 4 First Referral Units (FRUs), 6 Community Health Centers (CHCs), 51 Primary Health Centers (PHCs) and 326 Sub Centers (SCs) and 1 Medical College in Jhansi. The district observes a total of 166 delivery points at the SC level.

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

- Sub Centre: 1 per 5000 population
- Primary Health Centre: 1 per 30000 population
- Community Health Centre: 1 per 120000 population
- District Hospital: 1 per 35000 to 3000000 populations as per IPHS standards.

All the facilities are running in the government building except for 32 SCs which are functioning at rented building. Transport facilities in the district include 18 vehicles of '108 ambulances', 24 vehicles of '102 ambulance' and 2 'Advance Life Support Ambulance (ALS).

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

Health Facility	Number available	Govt. building	Rented building/ Under const
District hospital	**2**	**2**	**-**
Sub-District hospital	**0**	**0**	**-**
First Referral Units (FRUs)	**4**	**4**	**-**
CHC	**6**	**6**	**-**
PHC	**51**	**39**	**12**
Sub Centre	**326**	**326**	**-**

Mother & Child Care	**0**	**0**	**-**
Adolescent friendly Health	**2**	**2**	**-**
Medical College	**1**	**1**	**-**
Skill Labs	**0**	**0**	**-**
District Early Intervention	**0**	**0**	**-**
Delivery Points	**166**	**166**	**-**
Transport Facility	**Number available**	**Number**	**Remarks**
108 Ambulances	**18**	**18**	**-**
CATS	**0**	**00**	**-**
102 Ambulance	**24**	**24**	**-**
Referral Transport	**0**	**0**	**-**
Mobile Medical Units	**2 (ALS)**	**2 (ALS)**	**-**

Source: CMO Office, Jhansi, 2018

3. MATERNAL HEALTH

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

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

3.1. OVERVIEW

Reproductive, maternal, newborn, child, and adolescent health (RMNCH+A) approach has been launches in 2013 and it essentially aims to address the major causes of mortality among women and children as well as the delays in accessing and utilizing health care and services. The 5x5 RMNCH+A matrix under NHM throws light on 4 important life cycle stages of maternal and reproductive health. Table 6 gives performance indicators by various stages for the last two financial years.

IUCD insertion is a priority area under spacing services. Pertaining to the performance under reproductive health and family planning, percentage of women opting for IUCD insertions has increased to 75.3 per cent in 2017-18 against 72.8 percent in 2016-17. Percentage of male sterilization procedures to total sterilizations has dropped from 1.2 in 2016-17 to 0.9 in 2017-18. With regards to accessibility of ANC services, 48 percent women registered in first trimester in 2017-18 as against 49.4 per cent women in 2016-17. Percentage decrease is evident from year 2016-17 to 2017-18. In 2017-18, 46.8 per cent women received 4 ANC checkups against 61.1 percent women who received 3 or 4 ANC check-ups to total ANC registration in 2016-17. With regards to IFA tablets given to pregnant women, there has been a decrease for the year 2017-18 (72.1 percent) against 91.7 percent women received 100 IFA tablets. For the year 2016-17, while there has been improvement with regards to BeMoc, there has been a significant decline in the percentage of women with obstetric complications in 2017-18 (19.5 in 2017-18 against 1.3 in 2016-17).

It is a significant to report that there has been an increase in SBA attended home deliveries to total home delivery in 2017-18. About 57.1 percent of home deliveries were attended by a skilled birth attendant; where as in 2016-17 it was 35.4 percent. The data also indicates increase in C-section deliveries in the last financial year, with 20.5 percent C section deliveries to reported institutional deliveries were reported.

Table 6: Maternal Health indicators, Jhansi, 2017-18

Sl. No.	Stages	Indicators	2016-17	2017-18
1	**Pre Pregnancy / Reproductive age**	Post-partum sterilization against total female sterilization	1.5	4.7
2		Male sterilization to total sterilization conducted	1.2	0.9
3		IUCD insertions to all family planning methods (IUCD plus permanent)	72.8	75.3
4	**Pregnancy care**	1st Trimester registration to total ANC registration	49.4	48
5		Pregnant women received 3 or 4 ANC check-ups to total ANC registration	61.1	46.8
6		Pregnant women given 100 or 180 IFA to total ANC registration	91.7	72.1
7		Cases of pregnant women with Obstetric Complications and attended to reported deliveries	19.5	1.3
8		Pregnant women receiving TT2 or Booster to total number of ANC registered	81.3	76.6
9	**Child Birth**	SBA attended home deliveries to total reported home deliveries	35.4	57.1

10		Institutional deliveries to total ANC registration	61.5	61.7
11		C-Section to reported institutional deliveries	17.5	20.5
12	**Postnatal, maternal & new born care**	Newborns breast fed within 1 hour to live births	98.9	93.6
13		Women discharged under 48 hours of delivery in public institutions to total deliveries in public institutions	34.3	45.8
14		Newborns weighing less than 2.5 kg to newborns weighed at birth	21.6	15.9
15		Infants 0 to 11 months old who received Measles to reported live births	129.2	116.7

Source: HMIS, Jhansi, 2018

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. WHO recommends that a woman not be discharged before 24 hrs after delivery. Regardless of the place of birth, it is important that someone accompanies the women and new born for the first 24 hrs after birth to respond to any changes in her or the babies conditions. Many complications can occur in the first 24 hrs. However, in Jhansi, 45.8 percent of women were discharged under 48 hours of delivery in public institutions this adding to the danger of maternal mortality. The percentage of women who breastfed within 1 hour of delivery were 93.6 percent in 2017-18 against 98.9 percent women in 2016-17. Similarly with regards to TT booster, there has been a slight decrease. With regards to Low Birth Weight (LBW), children having low birth weight in 2016-17 were 21.6 percent and it has decreased in year 2017-18 (15.9 percent).

Table 7: Block Wise Service Delivery Indicators in the Last Financial Year 2017-2018

Block	ANC Registered	3 ANCs	Home Deliveries	Institutional Deliveries
Babina	5341	2518	0	1599
Badagaon	6167	2357	0	1213
Bangra	4557	3023	0	2167
Bamaur	3721	1747	1	1543
Chirgaon	4586	1665	0	3221
Gursarai	5153	2162	0	2447
Mauranipur	5112	2467	1	3781
Moth	5206	2638	3	2015
Urban Jhansi	10520	5193	0	562
DWH	904	632	0	4647
Medical College	1192	834	0	3696

Source: CMO Office, Jhansi, 2018

Table 7 shows the block wise data of ANC registration, home deliveries and institutional deliveries in the last financial year. Block Badagaon registered the highest ANC registration (6167) amongst the all other blocks of Jhansi followed by block Babina and Moth (5341 and 5206 respectively). Block Bamaur reported the least ANC registration for the year 2017-18. Block Bangra registered the highest number of 3 ANC checkups followed by Block Moth and Babina. Block Chirgain reported the least number of 3 ANC registrations. While only three block reported of home deliveries, Moth, Bamaur and Mauranipur. Highest numbers of home deliveries were reported from Moth block. The highest number of institutional deliveries were reported from the block Mauranipur followed by Chirgaon while least number of institutional deliveries were reported for block Badagaon.

3.2. JANANI SURAKSHA YOJANA (JSY)

Janani Suraksha Yojana is one of the key maternal health strategies under NHM. JSY, a demand promotion scheme was launched in April 2005 with the objective of reducing Maternal and Infant Mortality. This is a conditional cash transfer scheme for pregnant women coming into the institutional fold for delivery. It has been lauded as a successful scheme bringing about a surge in institutional deliveries since its launch. Cash assistance of INR 1400 is provided to mothers who deliver in institutional facilities. Table 8 highlights that in Jhansi 26891 women who delivered in an institutional facilities received JSY Payments and 21603 deliveries were bought by ASHA which highlights their active role in emphasizing on institutional deliveries. In Jhansi, beneficiaries were satisfactorily aware about the JSY schemes, and most of the beneficiaries had bank accounts. The ASHAs also assisted the beneficiaries to open bank accounts. However, it was reported that some women were reluctant in getting into the hassles of opening bank account for a meager sum of money and in some cases, beneficiaries even deny the entitlements.

Table 8: Status of Janani Suraksha Yojana (JSY) in Jhansi, 2017-18

Number of beneficiaries under JSY			Record maintenance	
Institutional deliveries	**Home Deliveries**	**Deliveries brought by ASHAs**	**Available**	**Updated**
26891 (91.81 %)	5 (100 %)	21603 (97.58 %)	Available	No

Source CMO Office, Jhansi, 2018

The PFMS mode of making payments was reported to be not efficiently practiced by the staff due to lack of training and in some cases payments were made by cheques. Though the district has initiated steps towards online payment of JSY incentives, implementation is relatively slow.

3.3. JANANI SHISHU SURAKSHA KARYAKRAM (JSSK)

To complement JSY, Government of India launched Janani Shishu Suraksha Karyakram (JSSK) to eliminate out of pocket expenditure for pregnant women and sick new- borns and infants on drugs, diet, diagnostics, user charges, referral transport, etc. The scheme entitles all pregnant women delivering in public health institutions for absolutely free and no expense for delivery including Caesarean section. Table 9 shows the status of Janani Shishu Suraksha Karyakram in Jhansi, 2017-18 block wise.

Table 9: Status of Janani Shishu Suraksha Karyakram (JSSK) in Jhansi, 2017-18

Block	No. of Beneficiaries under JSSK			District Total =		
	Diet	Drugs	Diagnostic	Transport		
				Home to Facility	Referral	Facility to Home
Babina	1205	5272	5272	1018	NA	NA
Badagaon	912	5346	5346	912	NA	NA
Chirgaon	1962	4486	4486	1962	NA	NA
Moth	963	4508	4508	907	NA	NA
Bamaur	0	3624	3624	503	NA	NA
Gursarai	2068	3569	3569	1790	NA	NA
Mauranipu	3701	4835	4835	3327	NA	NA
Bangra	1373	4086	4086	1068	NA	NA
DWH	4647	4647	4647	3091	NA	NA
Medical Hospital	3696	3696	3696	1089	NA	NA
Total	21072	44850	44850	16209	NA	NA

Source: CMO Office, Jhansi, 2018

Under JSSK, transportation facility is very efficient in Jhansi district. Response time of the ambulance service for 108 and 102 was reported within 18 minutes. This is one of the reasons of increase of institutional deliveries in Jhansi. The number of beneficiaries' who availed services under JSSK scheme was reported to be 21072 for diet, 44850 for drugs and 44850 for diagnostic.

The numbers of beneficiaries availing transport service from home to facility were 16209. While no records were maintained for keeping the track for patients who availed transport facility from hospital to home and referral cases.

3.4. MATERNAL DEATH REVIEW

Maternal Death Review (MDR) as a strategy has been spelt out clearly in the RCH –II National Programme Implementation Plan document. The 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.

About 84 maternal deaths were reported in the Jhansi district in the year 2017-18. Figure 4 illustrates the total number of maternal deaths and various reasons attributing maternal deaths. The major reasons for maternal deaths in the district include Aclampsia, PPH, Cardiac Arrest, Severe Anemia, Septicemias and other reasons. Figure 5 illustrate the place of maternal deaths took place in year 2017-18. Maximum number of deaths took place in hospital i.e. 62 in numbers. Followed by during Transit (14) and 8 deaths were reported to held at home.

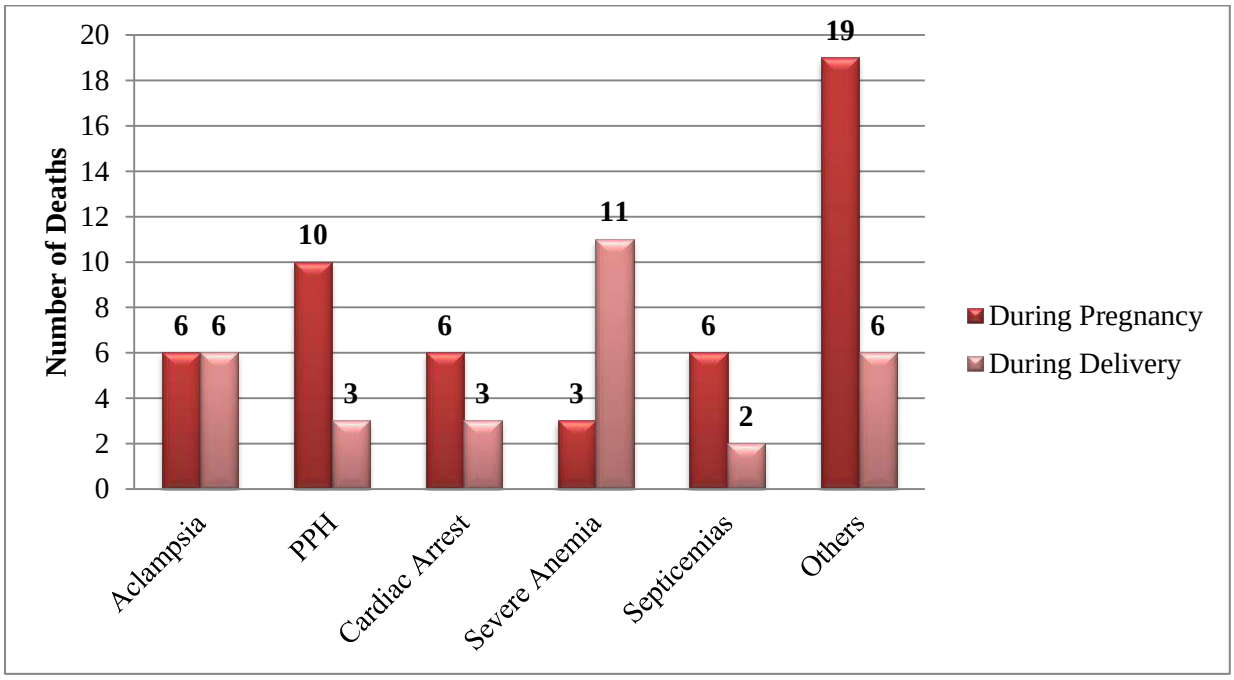


Figure 4. Reasons for Maternal Deaths (In Numbers) Jhansi, 2017-18

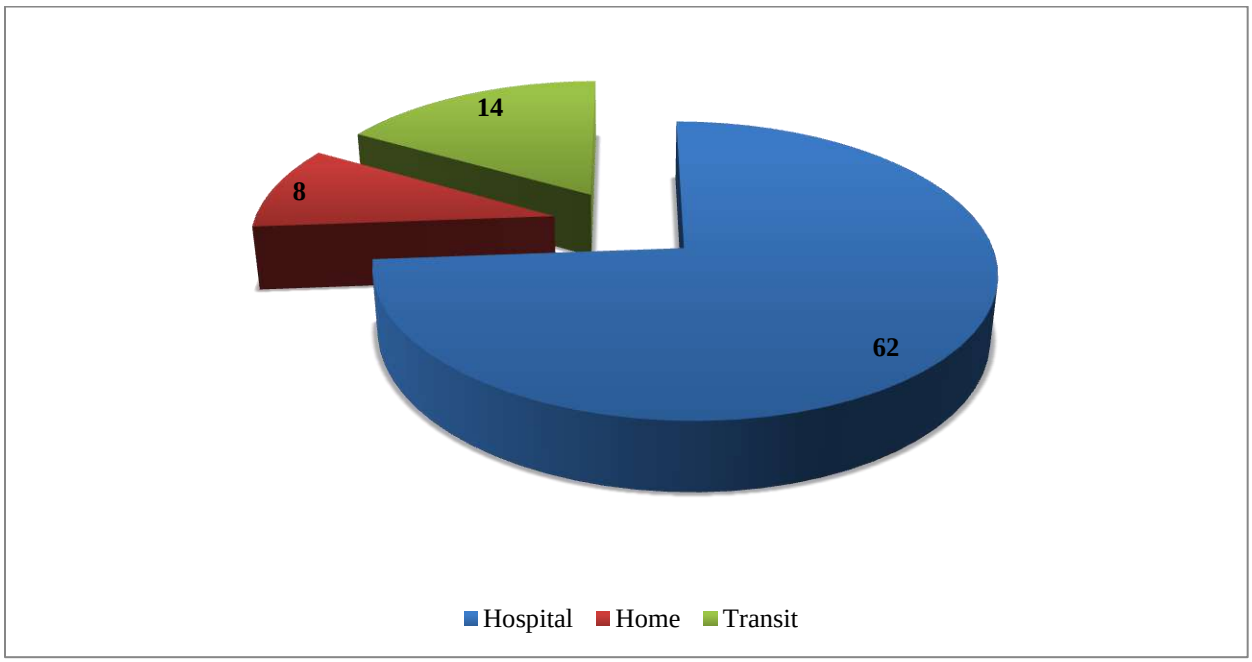


Figure 5.Place of Maternal Deaths, Jhansi, 2017-18

4. CHILD HEALTH

The RMNCH+A under the National Health Mission (NHM) comprehensively integrates interventions that improve child health and addresses factors contributing to Infant and under-five mortality. Reduction of infant and child mortality has been an important tenet of the health policy of the Government of India and it has tried to address the issue right from the early stages of planned development. The National Population Policy (NPP) 2000, the National Health Policy 2002 and National Rural Health Mission (NRHM - 2005 – 2012) have laid down the goals for child health. Further, Twelfth Five Year plan (2012-2017) and National Health Mission (NHM) laid down the Goal to Reduce Infant Mortality Rate (IMR) to 25 per 1000 live births by 2017.

Child population in Jhansi is reported to be 14.02 percent of the total population. The service delivery for neonatal health in terms of infrastructure is shown in table 10. The district has 2 SNCUs, 2 NBSUs, 15 NBCCs and 1 NRC. About 42 staff has been dedicated to SNCUs, 5 staff dedicated to NBSUs and 9 staff members have been dedicated to NRC in the district. The total numbers of neonates admitted in NRC were reported to be 286 with 72.27 percent bed occupancy rate as per CMO office.

Table 10: Child health: Details of Infrastructure & Services in Jhansi, 2017-18

Facilities	Numbers
Total SNCU	**2**
Total NBSU	**2**
Total NBCC	**15**
Total Staff in SNCU	**42**
Total Staff in NBSU	**5**
Total NRCs	**1**
Total Admissions in NRCs	**286**
Total Staff in NRCs	**9**
Average duration of stay in NRCs	**10 days (72.27 % bed occupancy rate)**

Source: CMO Office, Jhansi, 2018

4.1. NEONATAL HEALTH

The district reported total neonates admitted in to SNCU were 1676, out of the total admission 1242 were discharged, 39 were referred, 87 reported Leave Against Medical Advice (LAMA). Figure 6 shown the same. About 298 neonatal deaths were reported in the last financial year 2017-18.

Status of Neonates Admitted to SNCU (In Numbers)	
Discharge	1242
Referred	39
Death	298
LAMA	87

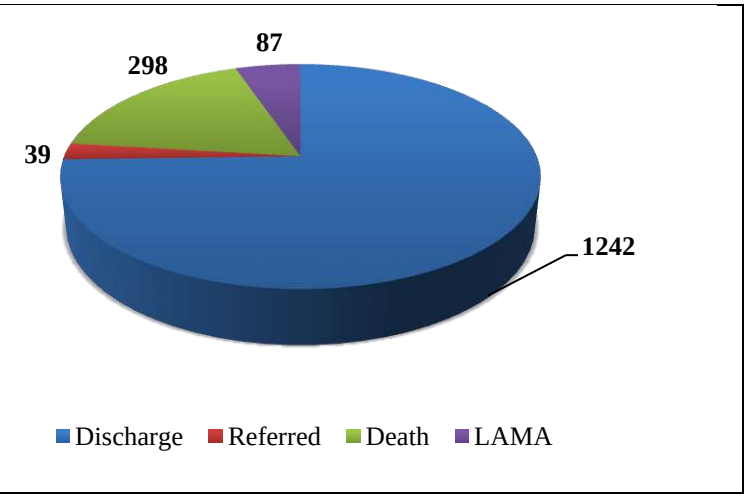


Figure 6.Neonatal Health Status (SNCU) in the last financial year 2017-18, Jhansi

Reason for Neonatal Deaths (In Numbers)	
Prematurity	12
Asphyxia	58
Sepsis/ Pneumonia	57
Respiratory Distress Syndrome	155
Meconium Aspiration Syndrome	9
Congenital Malformation	1
Others	6

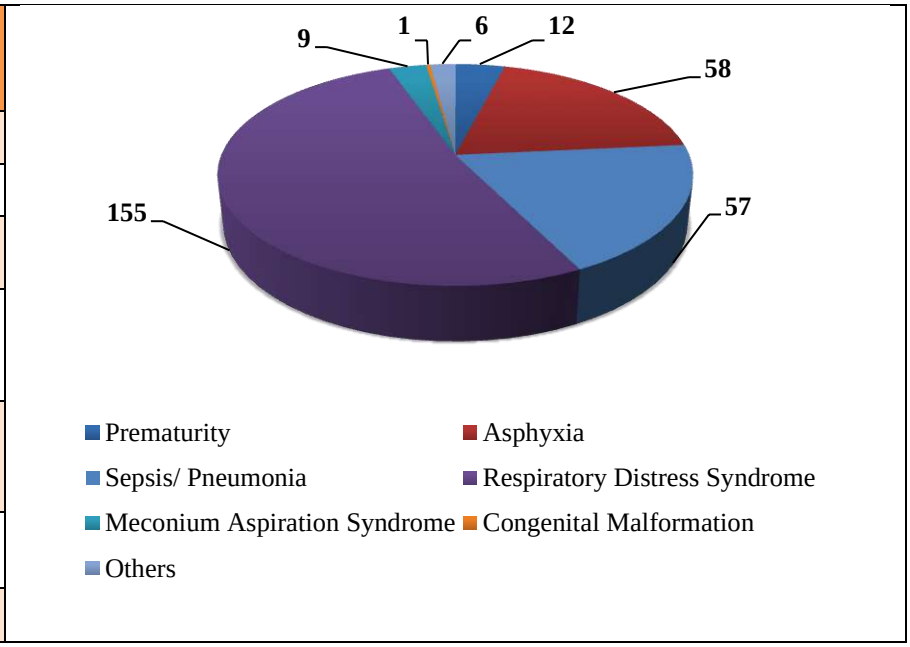


Figure 7.Reason for Neonatal Deaths, Jhansi, 2017-18

Major reasons reported for the cause of deaths of neonates were prematurity, birth asphyxia, sepsis and pneumonia, respiratory distress syndrome, meconium aspiration syndrome. Figure 7 shows, out of total 298 deaths, majority of the deaths were reported due to (155) Respiratory Distress Syndrome, Asphyxia (58), Pneumonia (57), Prematurity (12), Meconium Aspiration Syndrome (9), Congenital Malformation (1) and 6 due to others reason in the last financial year 2017-18.

4.2. IMMUNISATION

Immunization Programme is one of the key interventions for protection of children from life threatening conditions, which are preventable. Immunization Programme under NHM is one of the major public health interventions in the country.

Table 11 gives the block-wise status of immunization in the district. Against the target set, Babina reported to achieve highest number of full immunization coverage (4517), followed by Mauranipur (4503), Bangra (4121), Gursarai (4105) and Chirgaon (4072) block. Moth, Bamaur and Badagaon reported least coverage of immunization targets. Block Badagaon, Moth and Mauranipur reported highest number of BCG dose given to the children were 5184, 4870 and 4768 respectively. Babina and Bamaur blocks were reported less number of BCG doses given to the children amongst all blocks of Jhansi (3231 and 3316). Block Mauranipur, Badagaon and

Moth reported highest number of Measles doses given to the children with 5521, 4959 and 4905 respectively in numbers. Bamaur was reported the least number of Measles injection given to the children (3533).

Table 11: Block Wise Immunization Status in Jhansi, 2017-18

Block	Target	OPV at birth	BCG	DPT			Pentavalent			Measles	Full Immunization
				1	2	3	1	2	3		
Babina	6308	1953	3231	4787	4626	4453	4787	4626	4453	4546	4517
Badagaon	6433	2110	5184	5370	5168	4601	5370	5168	4601	4959	3800
Chirgaon	5358	3907	4352	3353	3223	3543	3353	3223	3543	4204	4072
Moth	6702	2985	4870	4745	4780	4663	4745	4780	4663	4905	834
Bangra	6238	1531	3512	3924	3883	4084	3924	3883	4084	4818	4121
Mauranipur	7149	3626	4768	4559	4406	4748	4559	4406	4748	5521	4503
Gursarai	5742	2179	4477	4516	4446	4438	4516	4446	4438	4385	4105
Bamaur	5034	1822	3316	3530	3969	3658	3530	3696	3658	3533	2757
DWH	1143	4242	4254	1073	910	847	1073	910	847	884	884
Medical Hospital	1178	3827	3686	1370	1429	1426	1370	1391	1426	1095	1095
Urban	15736	4475	10088	10231	10231	10217	10220	10235	10215	10190	10190

Source: CMO Office, Jhansi, 2018

4.3. RASHTRIYA BAL SURAKSHA KARYAKRAM (RBSK)

National Health Mission has ensured significant progress in reducing child mortality. However, a dire need prevails to improve survival outcome which would be reached by early detection and management of childhood conditions in a comprehensive manner.

Rashtriya Bal Swasthya Karyakram (RBSK) is an important initiative aiming at early identification and early intervention for children from birth to 18 years to cover 4 ‘D’s viz. Defects at birth, Deficiencies, Diseases, Development delays including disability. Child Health Screening and Early Intervention Services under RBSK envisages to cover 30 selected health conditions for Screening, early detection and free management.

Table 12 depicts the status of RBSK activities in the district for the years 2016-17 and 2017-18. About 4111 schools were covered under RBSK in the year 2017-18 and 4070 in year 2016-17. Around 294538 children were registered under the Programme out of which 16705 children were

diagnosed in 2017-18 and around 283545 children registered out of which 15426 were diagnosed in 2016-17.

The evaluation team interacted with efficient RBSK team members at the different health facilities. Thus, functioning of RBSK is backed by efficient teams facilitating effective implementation of the programme. In 2017-18, 1437 children were diagnosed who reported with an eye diseases, 32 children reported having a heart disease, 129 children reported having ear disease and 62 physically challenged children were identified. A significant decrease in the number of children with anemia can be observed from the in the year 2016-17 to 2017-18. The numbers of anemic children in 2016-17 were 1147 and in 2017-18 were 254.

Table 12: Rashtriya Bal Suraksha Karyakram Progress in Jhansi, 2016-2018

Year	2017-18	2016-17
Eye Disease	1437	1003
Ear Disease	129	396
Heart disease	32	15
Physically challenged	62	42
Anemic	254	1147
No. of Schools	4111	4070
No. of children registered	294538	283545
Children Diagnosed	16705	15426
No. of Children referred	7159	6872

Source: CMO Office, Jhansi

4.4 Rastriya Kishore Swasthya Karyakram (RKSK)

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 need of contraception, reducing STI incidence and reducing HIV prevalence.

Table 13 shows the status of RKSK in the Jhansi district. The district observed 51 counseling sessions in the District Hospital and 63 counseling session in District Women Hospital in year 2017-18 where total 7831 adolescent attended the counseling session.

Table 13: RKSK progress in Jhansi, 2017-18

Block	No. of Counseling session held conducted	No. of Adolescents who attended the Counseling sessions	No of Anemic Adolescents		IFA tablets given	No. of RTI/STI cases
			Severe Anemia	Any Anemic		
DH	51	3574	13	28	1245	148
DWH	63	4257	12	46	1342	129
Total	114	7831	25	74	2587	277

Cases related to severe anemia (25) and any Anemia (74) were reported. Regarding RTI/STI, untreated infections during adolescent and young age are among the underlying cases for poor reproductive health which can further lead to ectopic pregnancy, infertility, fetal loss and increased risk to HIV. Moreover, 277 cases of RTI/STI were reported. As per records, 2587 IFA tablets were distributed under RKSK scheme.

5. FAMILY PLANNIG

Family planning provides a choice & freedom to Women for deciding their Family size number of children and determines the spacing of pregnancies. A woman's freedom to choose "When to become pregnant" has a direct impact on her health and well-being as well as the neonate. This could be achieved only by providing basket of choices for contraceptive methods. By reducing rates of unintended pregnancies, family planning also reduces the need for unsafe abortions.

Female sterilization was reported to be prominent method under permanent sterilization. In Table 14, the total sterilizations conducted in 2017-18, were reported to be 7900 in numbers (tubectomies). The maximum numbers of female sterilizations were reported from Mauranipur (1610) block followed by Badagaon (879), Babina (831), Gursarai (782) and Bangra (504). Chirgaon (504) and Moth (622) blocks reported least number of female sterilization from the set target. Out of the total target specified Moth (2899), Badagaon (1808), and Babina (831) reported to be achieving the highest number of IUCD insertion, which is highest amongst the other blocks in Jhansi. Chirgaon (397) Bamaur (675) and Mauranipir (945) reported less number of IUCD insertion amongst all other blocks of Jhansi district.

Among Oral pills and Emergency Contraceptives, most of the women opted for oral pills in the district. The maximum numbers of Oral pills (600) were distributed in Gursarai block. Total

10810 emergency contraceptives have been distributed in all blocks of the district which is higher that the set target. Condoms distribution was not satisfactory in the district with a total number of 10862 condoms distributed in 2017-18. Chirgaon (1080), Mauranipur (1055), Gursarai (1042) and Bamaur (1019) reported the highest number of condom distribution.

Table 14: Family Planning Achievement in Jhansi, 2017-18

Block	Sterilization			IUCD insertions		Oral Pills		Emergency Contraceptives		Condoms	
	Target	M	F	Target	Ach*	Target	Ach*	Target	Ach*	Target	Ach*
Babina	1227	19	831	3211	1731	1252	200	1252	221	2567	328
Moth	1011	1	622	2649	2899	984	120	984	1624	2017	588
Mauranipur	1101	3	1610	3092	945	1149	265	1149	974	2355	1055
Gursarai	942	6	782	2466	1398	916	600	916	1126	1877	1042
Badagaon	1005	4	876	3629	1808	977	273	977	505	2002	541
Chirgaon	840	4	504	841	397	818	263	818	1105	1677	1080
Bangra	982	12	781	2570	1300	955	270	955	1415	1957	750
Bamaur	828	8	637	2170	675	806	567	806	109	1652	1019
DHQ	2246	19	1257	5775	5281	2243	2060	2243	3731	4601	4459
Total	10182	76	7900	26403	16434	10100	4618	10100	10810	20705	10862

Source: CMO Office, Jhansi, 2018

6. QUALITY MANAGEMENT IN HEALTHCARE SERVICES

Quality of health care services is essential for the smooth functioning of the public health sector as well as the dignity and comfort of the patients. Quality of care in health care services offer manifold benefits to the facilities as well as the patients in terms of goodwill, upkeep, lower infection rates an and promotion of healthy behaviour. Ministry of Health and Family Welfare, Government of India is committed to support and facilitate a Quality Assurance Programme, which meets needs of Public Health System in the country and is sustainable. Quality in Health System has two components: Technical Quality and Service Quality. An important aspect of the former is “Infection control” and “Health Care Waste Management”.

6.1. HEALTH CARE WASTE MANAGEMNT

Collection of biomedical waste was taken care by Medical Pollution Control Committee (MPCC) in Jhansi district on alternate days. Color-coded bins were observed in all the facilities across the district. Against a total of 6 CHCs in the district, and no CHCs had bio-medical pits .Table 15 shows a broad status of Health care waste management in Jhansi.

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

Bio-Medical Waste Management	DH	CHC	PHC
No of facilities having bio-medical pits	**0**	**0**	**3**
No. of facilities having color coded bins	**2**	**6**	**25**
Outsourcing for bio-medical waste	**Yes**	**yes**	**Yes**
If yes, name company	**MPCC**	**MPCC**	**MPCC**
How many pits have been filled	**0**	**0**	**0**
Number of new pits required	**0**	**0**	**33**
Infection Control			
No. of times fumigation is conducted in a year	**12**	**4**	**1**
Training of staff on infection control	**2**	**6**	**11**

Source: CMO Office, Jhansi, 2018

With regards to fumigation practices in the district, record for fumigation of OTs was not kept and maintained. The staff showed hesitation when they were asked about the conduction of fumigation rounds in the facility. Due to shortage of medical consumables, particularly, gloves, re-use of the same were also reported. Infection control needs prime focus. Although all facilities had autoclave, there was no separate staff to handle sterility procedure. Regular maintenance of autoclaves was also not observed.

Figure 8.Color-Coded Bins at DWH, Jhansi

In addition, Annual Maintenance Contract (AMC) records for autoclaves were also not recorded and maintained at any health facility.

7. INFORMATION, EDUCATION AND COMMUNICATION (IEC)

Information, Education and Communication (IEC) is a public health system approach aiming at changing or reinforcing health-related behaviors in a target audience, concerning a specific problem and within a pre-defined period of time, through communication methods and principles. Under IEC, posters, flyers, leaflets, brochures, booklets, messages for health education sessions, radio broadcast or TV spots, etc. are printed / produced and circulated / broadcasted as a means of promoting desired & positive behaviors in the community. IEC materials play a crucial role in generating awareness and promoting healthy behavior.

All IEC material hoardings, posters and citizen charter charts were properly displayed in all the facilities visited. The procurement for IEC material was not reported to be a problem. Material was available with the facilities pertaining to all major schemes like JSY, JSSK, Immunization, Referral Transport, etc. Figure 8 shows few of the IEC materials cited by the team during visits to various health facilities.

Figure 9.IEC Material Displayed at District Hospital in Jhansi, 2017-18

8. COMMUNITY PROCESS

ASHAs have been established as the first port of call for all health related and allied activities at the community level. Community health workers like ASHAs play strategic role in the area of public health. The bottom up approach of NHM especially draws attention to the role of ASHAs all the more. They help in educating and mobilizing the masses to adopt healthy behaviors.

The broad working status of ASHAs is highlighted in Table 16. At present, a total of 1320 ASHAs are working in the district. About 1133 ASHAs were trained in the last financial year 2017-18. No ASHAs were trained in digital literacy. About 384 ASHA meetings were held in the year 2017-18. These monthly meetings focus on capacity building of ASHAs and review their performance. An important element of these meetings is the replenishment of ASHA drug kits. However, this aspect was reported to be a common problem as ASHAs reported to that they did not receive replenishment drugs kit from the last few months. With respect to training, all ASHAs have received training in SBA, NSSK, IUCD insertions, etc. ASHAs are critical frontline workers who have enabled improved access to health care services and have also facilitated behavior change at the community level. ASHA workers reported an absence of a strong grievance redressal system which hinders their motive and performance.

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

Last status of ASHAs (Total number of ASHAs)	
ASHAs presently working	**1320**
Positions vacant	**56**
Total number of meeting with ASHA (in a Year)	**384**
Total number of ASHA resource centers/ ASHA Ghar	**0**
Drug kit replenishment	**Yes**
No. of ASHAs trained in last year	**1133**
ASHA's Trained in Digital Literacy	**NIL**
Name of trainings received	**1)HBNC** **2)FPLMIS**

Source: CMO Office, Jhansi, 2018

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

Mainstreaming of AYUSH (Ayurveda, Yoga & Naturopathy, Unani, Siddha & Homoeopathy) systems of Medicine and revitalization of LHT (Local Health Traditions) is one of the major vision of NHM. The AYUSH systems, especially Ayurveda and Homeopathy play an important role in the Health Care Delivery System. In Jhansi, a total of 12 AYUSH health centres were reported in the entire district. During visit to the facility AYUSH doctor were available at every AYUSH centre, in fact, there were a total of 21 AYUSH doctors working in the entire district. For the financial year 2017-18, 235789 patients received AYUSH treatments in Jhansi district (Table 17 shows the same).

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

District	No. of facilities with AYUSH health centers	No. of AYUSH Doctors	No. of patients received treatment
Babina	2	3	65519
Badagaon	2	3	27385
Bamaur	1	2	8215
Bangra	1	2	10872
Chirgaon	1	2	29477
Gursarai	1	2	14965
Mauranipur	1	2	19605
Moth	2	3	32436
DH	1	2	27315
Total	12	21	235789

Source: CMO Office, Jhansi, 2018

10. DISEASE CONTROL PROGRAMME

Several National Health Programmes such as the National Vector Borne Diseases Control, Leprosy Eradication, TB Control, Blindness Control and Iodine Deficiency Disorder Control Programmes, etc come under the umbrella of National Disease Control Programme (NDCP). The status of some communicable and non-communicable diseases in the district has been discussed below.

10.1. COMMUNICABLE DISEASES

Table 18 summarizes the progress of health with regards to communicable diseases in the years 2016-17 & 2017-18. In 2016-17, the maximum number of cases detected for the disease was that of Tuberculosis. As observed the incidence of Tuberculosis has increased to 2272 cases in 2017-18, as against the number of detected cases (2095) in year 2016-17.

Status of communicable diseases in Jhansi is shown in figure 10, for both the years the maximum number of cases screened annually was reported for the disease Malaria. As observed the incidence of Malaria has marginally decreased to 278 cases in 2017-18, as against the highest recorded number of cases (290) in 2016-17. Number of detected cases for Dengue decreased to 8 in 2017-18, from 108 cases in 2016-17. Only 2 Influenza cases have been reported in 2017-18. Number of detected cases of typhoid increased to 1164 in 2017-18, form 506 cases in year 2016-17.

Table 18: Status of Communicable Diseases in Jhansi, 2016-2018

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	**85780**	**290**	**78265**	**278**
Dengue	**1830**	**108**	**542**	**8**
Typhoid	**5957**	**506**	**9641**	**1164**
Hepatitis A/B/C/D/E	**0**	**0**	**1**	**0**
Influenza	**1**	**1**	**4**	**2**
Tuberculosis	**15515**	**2095**	**19370**	**2272**
Filariasis	**NA**	**NA**	**NA**	**NA**
Japanese encephalitis (JE)	**NA**	**NA**	**NA**	**NA**
Others, if any	-	-	-	-

Source: CMO Office, Jhansi, 2018

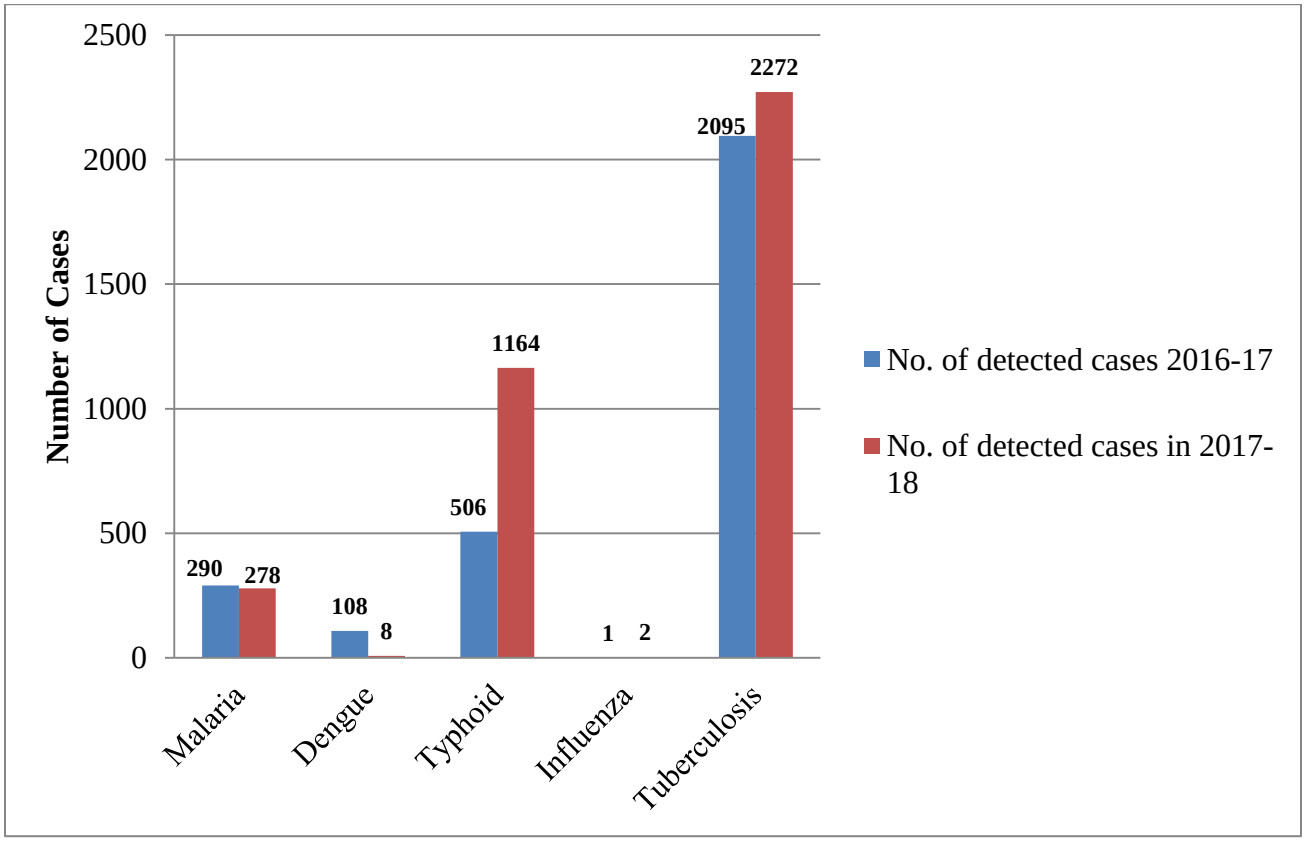


Figure 10.Status of Communicable Disease in Jhansi 2017-18

10.2. NON-COMMUNICABLE DISEASES

Non-communicable diseases (NCDs) are the leading cause of adult mortality and morbidity worldwide. Several programmes which cater to Mental Health, Blindness, Diabetes, Hypertension, Heart Disease, Cancer, etc. are covered under NHM.

Table 19 shows the status of NCDs in Jhansi for the years 2016-17 and 2017-18. The incidence of diabetes remains the highest in both the years, although, the number of cases decreased from 40952 in 2016-17 to 30330 in the year 2017-18. While 413 cases of mental health were detected in 2016-17, and the number of cases (8253) drastically increased for the year 2017-18. The numbers of cases of hypertension were decreased from 20079 in 2016-17 to 16758 in 2017-18. Similarly, the detected cases of blindness were marginally decreased from 20939 in 2016-17 to 20303 in 2017-18.

Table 19: Status of Non-Communicable Diseases in Jhansi, 2017-18

Name of the Programme/ Disease	2016-17		2017-18	
	No. of cases screened	No. of detected cases	No. of cases screened	No. of detected cases
Blindness	69951	20939	82912	20303
Mental Health	413	413	8353	8353
Diabetes	405887	40952	445587	30330
Hypertension	405887	20079	445587	16758
Osteoporosis	0	0	0	0
Heart Disease	0	0	0	0
Obesity	0	0	0	0
Cancer	0	0	0	0
Fluorosis	NA	NA	NA	NA
Chronic Lung Disease	NA	NA	NA	NA
Others, if any	-	-	-	-

Source: CMO Office, Jhansi, 2018

Figure 11 shows the status of non-communicable disease in Jhansi district. Over a year, there has been a decrease in the number of cases detected.

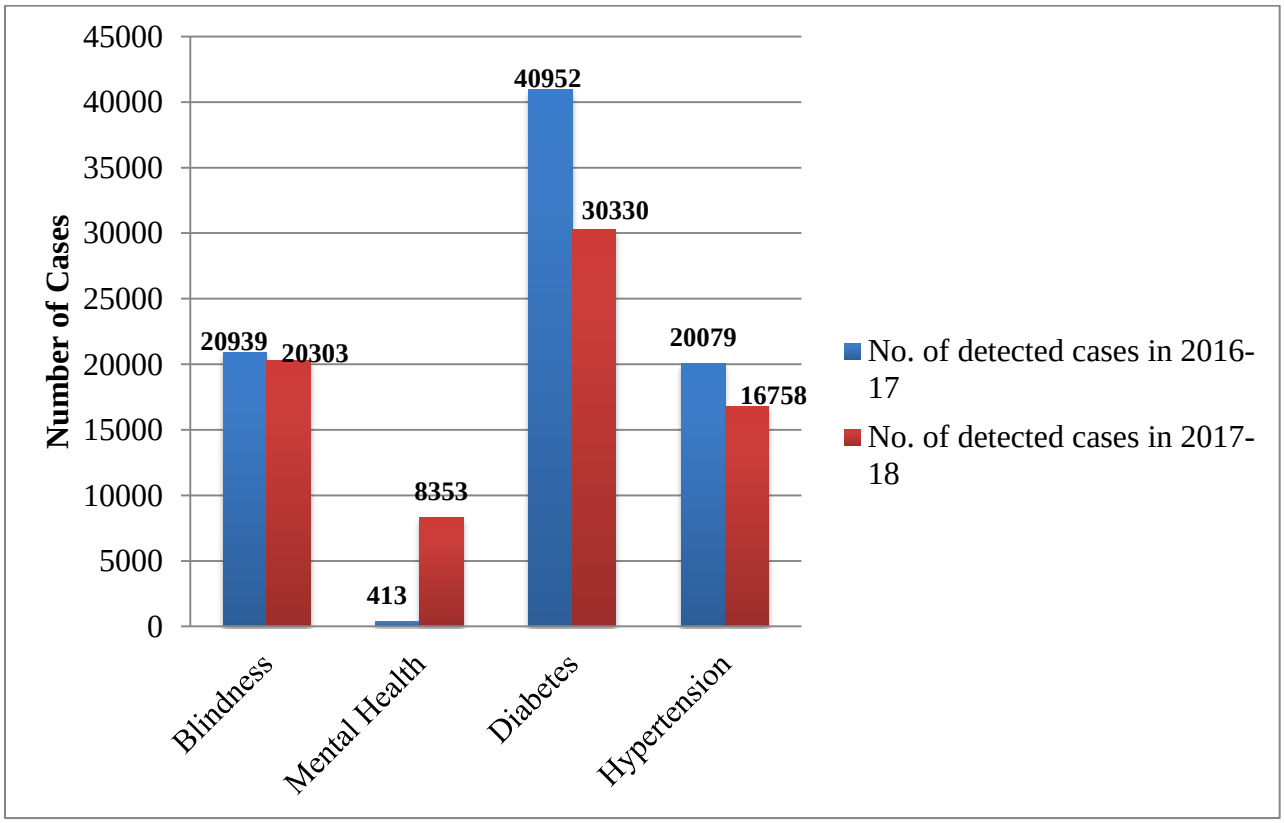


Figure 11: Status of major Non-communicable diseases in Jhansi, 2017-18

11. HEALTH MANAGEMENT INFORMATION SYSTEM

Health Management Information System (HMIS) under National Health Mission (NHM) is integral to assessing the progress, quantifying output as well as outcome of interventions and decision making. As per the observations of the monitoring team, HMIS data feeding is the major problem in the district with errors and multiple entries. Data entry operators/statisticians etc. were not available at the health facilities. It was observed that paramedical staff was mostly allotted to complete the task of data feedings which leads to errors in data punching. It was further observed that the validation and error correction were not being considered before reporting and uploading the data. Network connectivity was another issue. Table 20 shows the status of HMIS/MCTS for the year 2017-2018.

Table 20: HMIS/MCTS Status in Jhansi, 2017-18

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

Source: CMO Office, Jhansi, 2018

12. BUDGET UTILISATION

The budget utilization summary for Jhansi district by the five NHM flexipools and their major components is presented in Table 21. The maximum part of the budget accrues to RMNCH+A flexipool. The construction of a 30 Health and Wellness centers in the district have commenced in the year 2017-18, which is a boost to health care infrastructure of the district as well as to the National Programme for the Healthcare of the Elderly (NPHCE). Scheme/ Programme wise fund allocation and utilization have been shown in the table below.

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

S.No	Scheme/Programme	Funds 2017-18	
		Sanctioned	Utilized
13.1	**NRHM + RMNCH plus A Flexipool**		
13.1.1	Maternal Health	**620.52**	**542.43**
13.1.2	Child Health	**51.58**	**36.87**
13.1.3	Family Planning	**213.01**	**175.34**
13.1.4	Adolescent Health/RKSK	**1.14**	**0.35**
13.1.6	Immunization	**117.56**	**117.37**
13.2	**NUHM Flexipool**		
13.2.1	Strengthening of Health Services	**424.34**	**350.93**
13.3	**Flexipool for disease control programme (Communicable Disease)**		
13.3.1	Integrated Disease Surveillance Programme (IDSP)	**16.97**	**16.63**
13.3.2	National Vector-Borne Disease Control programme	**3.73**	**1.49**
13.4	**Flexipool for Non-Communicable Diseases**		
13.4.1	National Mental Health programme (NMHP)	**16.97**	**14.64**
13.4.2	National Programme for the Healthcare of the Elderly (NPHCE)	**50.40**	**49.24**
13.4.3	National Tobacco Control Programme (NTCP)	**30.16**	**26.75**
13.4.4	National Programme for Prevention and Control of Cancer, Diabetes, Cardiovascular Diseases and Stroke (NPCDCS)	**498.81**	**319.32**
13.5	**Infrastructure**		
13.5.1	Infrastructure	**0**	**0**
13.5.2	Maintenance	**0**	**0**
13.5.3	Basic training for ANM/LHVs	**0**	**0**

Source: CMO Office, Jhansi, 2018

13 FACILITY WISE OBSERVATIONS

The observations made by the monitoring team during the visit to various health facilities in Jhansi are listed below. This section of report summarizes the broad status of the health facilities with regards to infrastructure, service delivery, manpower, drugs and equipment, etc, along with the observations made during the visit to the different facilities in the Jhansi district.

13.1 DISTRICT WOMEN HOSPITAL- JHANSI

Figure 12: District Women Hospital, Jhansi

District Women Hospital of Jhansi is a 47 bedded hospital with an average delivery load of around 400 deliveries monthly. The hospital runs in a government building and has electricity backup and 24 hours water supply. The hospital does not have adequate number of staff quarters as required. Well-equipped and maintained labour rooms, clean wards and functional SNCU were observed at the hospital.

- District Women Hospital was awarded Kayakalp Award for the year 2017-18.
- With regards to the human resource, the hospital has 4 MOs, 6 OBGs, 2 Anaesthetists, 2 Lab Technician, 3 Pediatrician and 3 pharmacists. There are 25 staff nurses, 5 ANMs and 1 LHV. There were no radiographer, RMNCHA+ counselor, dental surgeon, general surgeon and nutritionist. The facility has a dedicated 1 ARSH Counselor.

- Around 72 percent JSY payments have been covered under this facility. For availing the benefits, few beneficiaries faced problems because of non availability of bank accounts and AADHAAR card linkage. The reason behind less JSY payments from this facility was probably due to the location of district hospital. It was located at the border of four district of Madhya Pradesh which are Bina, Chatarpur, Tikamgarh and Sagar.
- Pregnant women from nearby location/ villages visited the district hospital for seeking treatment during pregnancy and would not return back for the follow ups. Due to this keeping track of the patients was reported to be difficult.
- Trainings for several skills such as LSAS, MTP/MVA, SBA, F-IMNCI, NSSK, Mini Lap-Sterilisations, IUCD, PPIUCD, Immunization and maintenance of cold chain were held in the last financial year.
- Training Centre has been established for training of CHOs of Health & Wellness center at the district hospital with collaboration of Indira Gandhi National Open University (IGNOU).
- The DWH has 4 Ambulances of 102 helpline. Beneficiaries were making use of the pick and drop facility by ambulance under JSSK. JSY and JSSK programmes were functioning well and well accepted by the beneficiaries. Patients reported that they get food, drugs and other supplies timely. The food given under JSSK was reported to be prepared at the kitchen within the premises of the facility.
- Supply of the essential drugs were irregular at the facility, it was also reported that no drugs has been supplied at DWH since last one year.
- With regards to family planning, injectable contraceptive “Antara’ has been introduced at the district hospital.
- Regarding management of BMW, it was observed that although facility had colored bins for bio-medical waste segregation, it was not properly managed properly. Proper arrangements of shoe racks, mask and shoe covers was observed outside the labor room.

Table 22: Service Delivery in last two years of District Women Hospital, Jhansi

S. No	Service Utilization Parameter	2016-17	2017-18
1	OPD	75151	88146
2	IPD	9274	8277
3	Total deliveries conducted	4466	4647
4	No. of C section conducted	487	577
5	No. of Neonates initiated breastfeeding within one hour of birth	4507	4651
6	No. of pregnant women referred	196	125
7	ANC 1 Registration	1374	897
8	ANC 3 Coverage	881	678
9	No. of IUCD Insertions	448	102
10	No. of PPIUCD Insertions	-	-
11	No. of fully immunized Children	1031	767
12	No. of children given vitamin A	2012	1430
13	Total MTPs	-	968
14	Neo-Natal deaths	0	0
15	Still births	37	31

Source: District Women Hospital,Jhansi, 2018

Table 22 shows the performance of various service delivery indicators for last two years at hospital. The figures for total deliveries conducted shows the hospitals has been running well to sought for delivery services. About 4647 deliveries were reported to have been conducted in the year 2017-18 and out of which 577 were C-section deliveries. There on, 31 still births were reported in the last year. There has been a drastic decrease in the number of IUCD insertions which decreased from 448 in 2016-17 to 102 in 2017-18. The registration for the number of first ANC have also fallen from 1374 to 897 in the year 2017-18.

13.2 COMMUNITY HEALTH CENTRE, FRU, BABINA

Figure 13: Community Health Centre (FRU), Babina, Jhnasi

Community Health Centre (FRU), Babina is a 30 bedded FRU Facility with 400 to 450 OPD daily. The building of this facility was good in condition and had electricity backup with 24 hours water supply. The average monthly delivery load at the facility was reported around 100 deliveries per month. The following observations were made during the monitoring and evaluation visit:

- Around 95 percent JSY payments have been covered under this facility. For availing the benefits, few beneficiaries faced problems because of non-availability of bank accounts and AADHAAR card linkage. CHC Babina was located at the border of three districts of Madhya Pradesh which are Bina, Shivpuri and Tikamgarh. Due to which, keeping track of patients visited from nearby villages was difficult.
- With regards to the human resource, the hospital had 5 MOs, 1 OBGs, 1 Anaesthetists, 1 Lab Technician, 1 X-ray Technician and 1 pharmacist. There were 6 staff nurses and 1 ANMs.
- Trainings for several skills such as SBA, NSSK, Mini Lap-Sterilisations, IUCD and PPIUCD were held in the last financial year.
- The FRU had 1 Ambulances of 108 service and 1 Ambulance of 102 service. JSY and JSSK programme were reported to be functioning well.
- ASHAs were playing a vital role for promotion of JSSK programme and encouraging institutional deliveries.
- The health facility reported to have been conducting the various blood tests: like Haemoglobin, Blood Sugar, Malaria, T.B. and HIV in large numbers on the daily basis.
- BMW was collected on every alternate day by MPCC Ltd. The bio-hazard bags to collect waste were not available at the facility. There was scope of improvement with regards to general cleanliness at the facility.
- New born care corner with a functional radiant warmer with neo-natal ambu bag was available and functional. New-born Stabilization Unit was also available with the facility.
- It was reported that only 4 to 5 C-sections were performed in a month due to non-availability of Blood bank and gynecologist.
- IEC material was well displayed at Community Health Center Babina.

Figure 14: Infrastructure & IEC at CHC, Babina

13.3 COMMUNITY HEALTH CENTRE, BADAGAON

Figure 15: CHC, Badagaon, Jhansi

Community Health Centre, Badagaon is a 30 bedded capacity facility and caters to an average of 200 patients daily. The building of the facility was in good condition and has electricity backup with 24 hours water supply. The average monthly delivery load at the facility was reported to be around 45 deliveries. The following observations were made during the monitoring and evaluation visit:

- The CHC has 9 Medical officers including AYUSH doctors, 2 ANMs, 3 Pharmacists, 1 LHV and 5 Staff Nurses. Staff quarters were available for the MOs, Staff Nurses and others. The retraining of the staff in the last financial year was done for BeMOC, SBA, MTP/MVA, Minilap, IUCD, RTI/STI and Immunization and maintenance Cold Chain.

- More than 90 percent JSY payments has been covered at the CHC facility. No C section operation was performed due to non-availability of Gynecologist.
- The facility had 155 ASHA workers who were actively working under this facility. ASHAs were reported to be friendlier in behavior and they have been promoting JSY and JSSK in their respective villages.
- The premises were observed to be very neat and hygienic. Bio-medical waste collection was outsourced and was collected on alternate days. The facilities practices segregation of waste into color coded bins and also had two BMW pits in the CHC premises.
- With regards to family planning methods, Antara and Chaya were yet to be launched at this CHC.
- The insertion of PPIUCD was reported very less due to shortage of trained staffs. The facility reported only 10 to 15 PPIUCD insertions in a month.
- This CHC had no ARSH and RKSK clinic for adolescent counseling.

Table 23: Service Delivery in last two years at CHC, Badagaon

S.No	Service Utilization Parameter	2016-17	2017-18
1.	OPD	30577	33597
2.	IPD	1334	385
3.	Total deliveries conducted	322	365
4.	Number of sick children referred	5	37
5.	No. of pregnant women referred	88	153
6.	ANC 3 Coverage	283	365
7.	No of Minilap	309	287
8.	Still births	2	4

Source: CHC, Badagaon, Jhansi 2018

Table 23 depicts the various service delivery indicators of the facility in the last two years. This facility was reported to be catering to large number of patients. OPDs reported to very high number of patients in last two years with 30577 for 2016-17 to 33597 in the year 2017-18. The number of Minilap performed at the facility have seen a slight decrease from 2016-17 to 2017-18. Total 365 deliveries were reported from the center and 4 still birth reported in the year 2017-18.

13.4 PRIMARY HEALTH CENTRE, AMBABAI

Figure 16: PHC, Ambabai, Jhansi

The Primary Health Centre at Ambabai was a newly constructed facility; it is one of the Health and Wellness Centers of Jhansi district. The infrastructures of the facility was setup on huge premises and have been effectively distributed to make all the services under NHM available to the patients readily. The facility was easily accessible from the main highway road. During the monitoring visit, the following observations were made:

- With regards to human resource, the facility has two MO, four staff nurses, one ANM, one Pharmacist, one Lab Technician, one CHO and one LHV. There was shortage of fourth class employee for cleaning the premises.
- Staff quarters were available for MOs and staff nurses. The facility had electricity with power back and 24 hours running supply of water. For drinking purpose water purifier was also available at the facility.
- At present the average OPD per day was reported to be around 70 patients. Registers were well maintained and records were kept proper.
- The facility has been awarded Kayakalp Award from last two consecutive years. The premises were observed to be very neat and hygienic. The facility had two Burial pits for bio-medical waste management, and herbal garden was maintained within the premises of the facility.
- The PHC had fully equipped operation room, but due to shortage of staff it was not functional.

Figure 17: Infrastructure of PHC Ambabai, Jhansi

13.5 SUB CENTRE, AMBABAI, JHANSI

Figure 18: Sub Centre, Ambabai, Jhansi

A Sub-centre provides interface with the community at the grass-root level, providing all the primary health care services. Sub centre Ambabai was one of the Health and Wellness centers of Jhnasi district. During the monitoring visit, the following observations were made:

- One ANM, One CHO, one ASHA Sanghini and Five ASHAs were associated with the Sub Centre.
- The building was in good condition and it was a well gated premises. For drinking and other purposes, hand pump water was used.
- The average OPD per day was reported to be around 15 to 20 patients.

- Around 50 to 60 percent of the patients reported some of the other kind of infections mainly fungal infection.
- Registers have been well maintained and record of the JSY and JSSK was kept proper by the ANM.
- Deliveries were not conducted at this Sub Centre because the SC is located near district hospital and response time of the ambulance services is 18 minutes.
- With regards to service for pathology testing facility, Hemoglobin, Sugar, Malaria, Urine, Balgum and pregnancy test were available and held at this sub center.
- Six Village Health Nutrition Day (VHNDs) have been organized in a month in the village.
- ASHA kits were not completed and ASHA workers complained about not getting sanitary napkins for distribution to the adolescent girls.
- ANM has been performing Copper T insertion at this sub center.

13.6 SUB CENTRE, SARMAU, JHANSI

Figure 19: Sub Centre, Sarmau, Jhansi

Sub centre Sarmau was one of the Health and Wellness centers of Jhansi district. The population coverage under this facility is reported to be around 4469. During visit to this facility no ASHA worker was avaialable at the sub center also with regards to cleanliness, every equipment was

new and clean. It was newly constructed facility and people in the village were hardly aware about the services available at the health and wellness center as it was located at the outskirts of the village. The observation made by monitoring team during field visit to this Sub Center is mentioned below:

- The building was in good condition and well maintained. For drinking and other purposes, hand pump water was used.
- One ANM, One CHO and Three ASHAs were reported to be working under this Sub Centre.
- An average OPD per day was reported to be around 5 to 7 patients. For maintenance of records, registers of JSY, Immunization and Copper T insertion were well maintained by the ANM.
- In village 2 VHNDs have been organized in a last month.
- ANM reported no sanitary napkins for adolescent girls were provided since last one year.
- No delivery facility was available at this Sub Centre. Although ANM was well trained for assisting the delivery.
- Very few people visit this SC for treatment because it is situated far from the main village.

14. CONCLUSION AND RECOMMENDATION

This report explains the Monitoring and Evaluation findings of the Jhansi District of Uttar Pradesh. The Population Research Centre, Delhi undertook the monitoring of NHM Programme Implementation Plan in various states, wherein the team carried out the field visits to various health care facilities of the district for quality checks and further improvement of the different components of NHM. The following healthcare facilities in Jhansi district of Uttar Pradesh was visited for Monitoring & Evaluation: District Women Hospital, Jhansi, CHC (FRU) Babina, CHC (Non-FRU) Badagaon, PHC Ambabai, SC Ambabai and SC Sarmau. A summary of our findings in the district is presented below:

Infrastructure and facility wise the district had 4 FRUs, 6 CHCs, 51 PHCs and 326 SCs. With respect to transport facility, the district had 18 ambulances of 108 services and 24 ambulances of 102 services and 2 ALS transport facility. All the facilities were running at the government building except for 12 PHCs which were functioning at the rented building. The District had an OPD patient load including (AYUSH) as high as 2285021 in number in the year 2017-18 as against 150576 IPD Patients. AYUSH has been well accepted by people in the district. Supply of AYUSH medicine was also regular. All the blocks had AYUSH health centre, AYUSH medicines were reported to be sufficient in numbers.

Regarding Maternal Health, women who delivered at an institutional facility received JSY Payments and 97.58 percent of these women were bought by ASHA which highlights their active role in emphasizing institutional deliveries. About 97.8 per cent of deliveries were institutional. Further 20.5 percent of all institutional deliveries were C-section deliveries. With regards to Post Natal Care, 93.6 per cent of the newborns were breast fed within 1 hour of delivery while 95.7 per cent of newborns were weighed at birth. Transport facility has been playing a vital role and functioning well in the district. Response time of the ambulance service for 108 and 102 was reported to be within 18 minutes. This is probably one of the reasons for increase in institutional deliveries in Jhansi District. The numbers of beneficiaries availing transport from home to facility were 16209. It was also observed from the visits and interaction with the beneficiaries that none of the beneficiaries reported any out of pocket expenditure on drugs. It is also significant to report that the district reported 84 maternal deaths which occurred in the last financial year owing to sepsis and other causes. Out of which about 62 of these deaths occurred

in hospital. Fumigation in certain facilities was not done on regularly bases. Regarding collection of BMW, all the facilities reported delay in collection of BMW. Fumigation were less carried out at almost all the facility. ASHAs had played significant role in promotion for JSY and JSSK programme in providing ANC and PNC services to the beneficiaries. The ASHAs were also reported to take the beneficiaries for ANC checkups and provided IFA tablets. They also accompanied them at the time of delivery.

Regarding child health, about 298 neonatal deaths were reported in the last financial year. Respiratory Distress Syndrome, Prematurity and Asphyxia were reported to be the prime reason for the neonatal deaths. About 7900 female sterilization was reported to be prominent family planning method. Male sterilization was very less adopted in comparison to female sterilization.

With respect to Non-communicable diseases, disease like mental health, hypertension and heart disease were detected higher in number in the year of 2017-18. For communicable diseases, the number of detected cases for Malaria and Dengue were reported to be fallen from the last financial year and number of detected cases for Typhoid was drastically increased from 506 in the year 2016-17 to 1164 in the year 2017-18.

RECOMMENDATIONS

Based on the monitoring the following recommendations for improving the service delivery in the district are made-

- Acute shortfall of medical staff i.e. specialist, obstetrics and Gynecologist and shortage of staff for cleaning and sweeping was also reported in the district.
- For managing the HR and technical issues in the district, there a need of Human Resource (HR) Manager and Management Information System Officer (MIS).
- Sub Centers are needed to be strengthened to service as delivery points. Re-Training for assistance during delivery should be provided to ANM at Sub-Center level.
- Promotion and importance of PNC services should be promoted at all facility level to curb the incidences of maternal mortality.
- Standard norms and procedure required for the fumigation should be maintained at regular interval.

- In order to improve the reproductive health of adolescent girls they should be educated about and prepared for menarche and maintenance of menstrual hygiene. For, this RBSK team and RKSK counselors should conduct more sessions to impart reproductive health education at facility as well as school level.
- There is a need for data validation at all facility level and coordination between data entry operators at district level and block level is necessary.
- Access to essential drugs must be prioritized by the district.
- Necessary measures should be taken to improve the health of neonates by providing more SNCUs and NBSUs at the district.
- Training of ASHAs under digital literacy should be expedite, which would help in keeping the track of mother and child.

15. ANNEXURES

NATIONAL HEALTH MISSION

MONITORING OF DISTRICT PIP

POPULATION RESEARCH CENTRE, INSTITUTE OF ECONOMIC GROWTH, DELHI

EVALUATION OF KEY INDICATORS OF THE DISTRICT

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

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

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

2. Detail of health infrastructures in the last financial year

Health Facility	Number available	Govt. building	Rented building/ Under const.
District hospital			
Sub-District hospital			
First Referral Units (FRUs)			

CHC			
PHC			
Sub Centre			
Mother & Child Care Centers			
Adolescent friendly Health Clinic			
Medical College			
Skill Labs			
District Early Intervention Centre			
Delivery Points			
Transport Facility	**Number available**	**Number functional**	**Remarks**
108 Ambulances			
CATS			
102 Ambulance			
Referral Transport			
Mobile Medical Units			

3. Human Resource as on 31 March, 2018

Position Name	Sanctioned	Filled	Vacant
MO's including specialists			
Gynecologists			
Pediatrician			
Surgeon			
Nutritionist			
Dental Surgeon			
LHV			
ANM			
Pharmacist			
Lab technicians			
X-ray technicians			
Data Entry Operators			
Staff Nurse at CHC			
Staff Nurse at PHC			
ANM at PHC			
ANM at SC			
Data Entry Operators			
Any other, please specify			

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

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

* Note- Fill number of officials who have received training

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

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

* Note- Fill number of officials who have received training

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

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.....

5.1 Block wise service delivery indicators in the last financial year

Block	ANC Registered	3 ANCs	Home Deliveries	Institutional Deliveries

Note- Please include the data for Medical College and DH

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

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

5.3 Block wise service delivery indicator in the last financial year

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

Note- Please include the data for Medical College and DH

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

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

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

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

5.6. Maternal Death Review in the last financial year

Total Maternal	Place of Deaths	Major	Month Of pregnancy

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

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

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

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

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

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

Total	Treatment Outcome	Total	Treatment Outcome

neonates admitted in to SNCU	Discharge	Referred	Death	LAMA*	neonates admitted in to NBSU	Discharge	Referred	Death	LAMA *

Note- * Leave against medical advise

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

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

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

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

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

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

*Achievement

9. RKSK Progress in District in the last financial year

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

10. Quality in health care services

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

11. Community process in District in the last financial year

Last status of ASHAs (Total number of ASHAs)	
ASHAs presently working	
Positions vacant	
Total number of meeting with ASHA (in a Year)	
Total number of ASHA resource centers/ ASHA Ghar	
Drug kit replenishment	
No. of ASHAs trained in last year	
ASHA's Trained in Digital Literacy	
Name of trainings received	**1)** **2)** **3)**

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

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

11.2 Disease control programme progress District (Communicable Diseases)

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

12. AYUSH progress District in the last financial year

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

13. Pool Wise Budget Heads Summary

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

13.1. Budget Utilisation Parameters:

S.No	Scheme/Programme	Funds 2017-18	
		Sanctioned	Utilized
13.1	**NRHM + RMNCH plus A Flexipool**		
13.1.1	Maternal Health		
13.1.2	Child Health		
13.1.3	Family Planning		
13.1.4	Adolescent Health/RKSK		
13.1.6	Immunization		

13.2	**NUHM Flexipool**		
13.2.1	Strengthening of Health Services		
13.3	**Flexipool for disease control programme (Communicable Disease)**		
13.3.1	Integrated Disease Surveillance Programme (IDSP)		
13.3.2	National Vector-Borne Disease Control programme		
13.4	**Flexipool for Non-Communicable Diseases**		
13.4.1	National Mental Health programme (NMHP)		
13.4.2	National Programme for the Healthcare of the Elderly (NPHCE)		
13.4.3	National Tobacco Control Programme (NTCP)		
13.4.4	National Programme for Prevention and Control of Cancer, Diabetes, Cardiovascular Diseases and Stroke (NPCDCS)		
13.5	**Infrastructure**		
13.5.1	Infrastructure		
13.5.2	Maintenance		
13.5.3	Basic training for ANM/LHVs		

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

HMIS/MCTS progress, 2017-18		
HMIS/MCTS		**Remarks**
Is HMIS implemented at all the facilities	Yes ☐ No ☐	Yes
Is MCTS implemented at all the facilities	Yes ☐ No ☐	Yes
Is HMIS data analyzed and discussed with concerned staff at state and district levels for necessary corrective action to be taken in future?	Yes ☐ No ☐	Yes
Do programme managers at all levels use HMIS data for monthly reviews?	Yes ☐ No ☐	Yes
Is MCTS made fully operational for regular and effective monitoring of service delivery including tracking and monitoring of severely anemic women, low birth weight babies and sick neonates	Yes ☐ No ☐	Yes
Is the service delivery data uploaded regularly	Yes ☐ No ☐	Yes
Is the MCTS call centre set up at the District level to check the veracity of data and service delivery?	Yes ☐ No ☐	Yes

Is HMIS data analyzed and discussed with concerned staff at state and district levels for necessary corrective action to be taken in future?	Yes ☐ No ☐	Yes
Source: CMO Office, , 2018		

DH level Monitoring Checklist

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

Catchment Population: _____ **Total Villages: _____**

Date of last supervisory visit:_____

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

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

_____

Section I: Physical Infrastructure:

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

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

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

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

2.16	Others			

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

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

Section IV: Equipment:

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

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

Section V: Essential Drugs and Supplies:

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

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

Section VI: Other Services:

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

	issued for BT in last quarter		

Section VII: Service Delivery in Last two financial years:

S.No	Service Utilization Parameter	2016-17	2017-18
7.1	OPD		
7.2	IPD		
7.3	Total deliveries conducted		
7.4	No. of C section conducted		
7.5	No. of neonates initiated breast feeding within one hour		
7.6	No of admissions in NBSUs/ SNCU, whichever available		
7.7	No. of children admitted with SAM (Severe Acute Malnutrion)		
7.8	No. of pregnant women referred		
7.9	ANC1 registration		
7.10	ANC 3 Coverage		
7.11	No. of IUCD Insertions		
7.12	No. of PPIUCD Insertion		
7.13	No. of children fully immunized		
7.13	No. of children given ORS + Zinc		
7.13	No. of children given Vitamin A		
7.14	Total MTPs		
7.15	Number of Adolescents attending ARSH clinic		
7.16	Maternal deaths		
7.17	Still births		
7.18	Neonatal deaths		
7.19	Infant deaths		

Section VII A: Funds Utilisation

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

Section VII B: Service delivery in post natal wards:

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

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

Section VIII: Quality parameter of the facility:

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

Section IX: Record Maintenance:

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

Section X: IEC Display

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

	the health facility			
10.2	Citizen Charter	**Y**	**N**	
10.3	Timings of the health facility	**Y**	**N**	
10.4	List of services available	**Y**	**N**	
10.5	Essential Drug List	**Y**	**N**	
10.6	Protocol Posters	**Y**	**N**	
10.7	JSSK entitlements (Displayed in ANC Clinics/, PNC Clinics)	**Y**	**N**	
10.8	Immunization Schedule	**Y**	**N**	
10.9	JSY entitlements(Displayed in ANC Clinics/, PNC Clinics)	**Y**	**N**	
10.10	Other related IEC material	**Y**	**N**	

Section XI: Additional/Support Services:

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

Qualitative Questionnaires for District Hospital Level

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

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

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

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

   .....

   .....

   .....

FRU level Monitoring Checklist

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

Catchment Population: _____ **Total Villages: _____** **Distance from Dist HQ: _____**

Date of last supervisory visit:_____

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

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

_____

Section I: Physical Infrastructure:

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

1.18	Separate Male and Female wards (at least by partitions)	**Y**	**N**	
1.19	Availability of Nutritional Rehabilitation Centre	**Y**	**N**	
1.20	Functional BB/BSU, specify	**Y**	**N**	
1.21	Separate room for ARSH clinic	**Y**	**N**	
1.22	Availability of complaint/suggestion box	**Y**	**N**	
1.23	Availability of mechanisms for Biomedical waste management (BMW)at facility	**Y**	**N**	
1.23 a	BMW outsourced	**Y**	**N**	
1.24	Availability of ICTC Centre	**Y**	**N**	

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

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

Section III: Training Status of HR:

(*Trained in Last year)

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

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

Section IV: Equipment:

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

Section V: Essential Drugs and Supplies:

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

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

Section VI: Other Services :

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

Section VII: Service Delivery in last two financial years:

S.No	Service Utilization Parameter	2016-17	2017-18
7.1	OPD		
7.2	IPD		
7.3	MCTS entry on percentage of women registered in the first trimester		
7.4	No. of pregnant women given IFA		
7.5	Total deliveries conducted		
7.6	No. of C section conducted		
7.7	No of admissions in NBSUs/ SNCU, whichever available		
7.8	No. of children admitted with SAM (Severe Acute Anaemia)		
7.9	No. of sick children referred		
7.10	No. of pregnant women referred		
7.11	ANC1 registration		
7.12	ANC 3 Coverage		
7.13	No. of IUCD Insertions		
7.14	No. of PPIUCD insertions		
7.15	No. of children fully immunized		
7.16	No. of children given Vitamin A		
7.17	Total MTPs		
7.18	Number of Adolescents attending ARSH clinic		
7.19	Maternal deaths,		
7.20	Still births,		
7.21	Neonatal deaths,		
7.22	Infant deaths		

Section VII a: Service delivery in post natal wards:

S.No	*Parameters*	*Yes*	No	Remarks

7.1a	All mothers initiated breast feeding within one hr of normal delivery	**Y**	**N**	
7.2a	Zero dose BCG, Hepatitis B and OPV given	**Y**	**N**	
7.3a	Counseling on Family Planning done	**Y**	**N**	
7.4a	Mothers asked to stay for 48 hrs	**Y**	**N**	
7.5a	JSY payment being given before discharge	**Y**	**N**	
7.6a	Diet being provided free of charge	**Y**	**N**	

Section VIII: Quality parameter of the facility:

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

Section IX: Record Maintenance:

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

9.11	Blood Bank stock register				
9.12	Referral Register (In and Out)				
9.13	MDR Register				
9.14	Drug Stock Register				
9.15	Payment under JSY				

Section X: Fund Utilisation

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

Section XI: IEC Display:

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

PHC/CHC (NON FRU) level Monitoring Checklist

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

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

_____

Section I: Physical Infrastructure:

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

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

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

2.7	Others			

Section III: Training Status of HR

(*Trained in Last Financial Year)

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

Section IV: Equipment

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

4.17	Functional Semi autoanalyzer	**Y**	**N**	
4.18	Reagents and Testing Kits	**Y**	**N**	

Section V: Essential Drugs and Supplies

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

Section VI: Other Services :

S.no	Lab Services	Yes	No	Remarks
6.1	Haemoglobin	**Y**	**N**	
6.2	CBC	**Y**	**N**	
6.3	Urine albumin and Sugar	**Y**	**N**	
6.4	Serum Bilirubin test	**Y**	**N**	
6.5	Blood Sugar	**Y**	**N**	
6.6	RPR (Rapid Plasma Reagin)	**Y**	**N**	

6.7	Malaria	**Y**	**N**	
6.8	T.B	**Y**	**N**	
6.9	HIV	**Y**	**N**	
6.10	Others	**Y**	**N**	

Section VII: Service Delivery in last two years

S.No	Service Utilization Parameter	2016-17	2017-18
7.1	OPD		
7.2	IPD		
7.3	Total deliveries conducted		
7.4	No of admissions in NBSUs, if available		
7.5	No. of sick children referred		
7.6	No. of pregnant women referred		
7.7	ANC1 registration		
7.8	ANC3 Coverage		
7.9	No. of IUCD Insertions		
7.10	No. of PPIUCD insertions		
7.11	No. of Vasectomy		
7.12	No. of Minilap		
7.13	No. of children fully immunized		
7.14	No. of children given Vitamin A		
7.15	No. of MTPs conducted		
7.16	Maternal deaths		
7.17	Still birth		
7.18	Neonatal deaths		
7.19	Infant deaths		

Section VII a: Service delivery in post natal wards:

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

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

Section VIII: Quality parameter of the facility

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

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

Section IX: Record Maintenance:

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

Section X: Funds Utilisation

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

Section XI: IEC Display:

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

Section XII: Additional/Support Services:

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

Qualitative Questionnaires for PHC/CHC Level

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

.....
.....

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

3. Any counselling being conducted regarding family planning measures.
.....
.....

Sub Centre level Monitoring Checklist

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

Section I: Physical Infrastructure:

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

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

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

Section III: Equipment :

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

Section IV: Essential Drugs:

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

Section V: Essential Supplies

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

Section VI: Service Delivery in the last two years:

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

Section VII: Record Maintenance:

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

	Physically			

Section VII A: Funds Utilisation

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

Section VIII: IEC display:

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

Qualitative Questionnaires for Sub-Centre Level

1. Since when you are working here, and what are the difficulties that you face in running the Sub-centre.
   ……
   ……
2. Do you get any difficulty in accessing the flexi pool.
   ……
   ……..
3. On what head do you spend money of flexi pool? Do you keep record of money spend on the maintenance of infrastructure.

……
……