



NATIONAL HEALTH MISSION

UTTAR PRADESH PROGRAMME IMPLEMENTATION PLAN

A REPORT ON

MONITORING OF IMPORTANT COMPONENTS OF JYOTIBA PHULE NAGAR PIP

SUBMITTED TO

MINISTRY OF HEALTH AND FAMILY WELFARE

GOVERNMENT OF INDIA

SEPTEMBER 2018



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ACKNOWLEDGEMENT

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

We are grateful to Dr. Ramesh Chandra Sharma, Chief Medical Officer of Jyotiba Phule Nagar District for overall support. We are also thankful to the District Community Programme Manager of Jyotiba Phule Nagar district for help and cooperation. The monitoring could not be possible without support from the NHM staff.

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

Finally, we sincerely thank the Director of the Institute, and research fellow Mr. Bibhuti Ranjan as well as the staff of the Population Research Centre at Institute of Economic Growth, Delhi for their kind support and encouragement.

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ABBREVIATIONS

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

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

EXECUTIVE SUMMARY

JYOTIBA PHULE NAGAR DISTRICT, UTTAR PRADESH

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

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

The following public health care facilities were visited by the PRC-IEG Team: District hospital, CHC Joya, CHC Dhanaura, PHC Rajabpur, PHC Dhyoti, SC Didauli and SC Kapsua. To gather the information on health domains structured checklist was used to collect information on human resources, infrastructure, funds utilization, training, health care services including drugs and equipment, family planning, disease control programmes, JSY and JSSK programme, Maternal and child health, RBSK programme, and other programmes under the umbrella of NHM.

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

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

STRENGTH

1. Poshan Mah has been declared by the government of India on 25 August 2018. All village people participate in this fair through ASHA worker. The height and weight of women, children were measured as well as counselled them about proper nutrition. Also the malnourished children's were identified and refer to the NRC in district hospital for their checkups.
2. Under Aayushman Bharat programme only one Ayushman mitra recruited and 6-7 are nominated. Training has not started as well as guidelines are not clear for the staff. Whereas under this scheme more number of beneficiary are linked through Aadhar card and mobile number.
3. At the district hospital under the Pradhan Mantri Jan Dhan Yojana scheme patients have received medicines in low cost, those medicines were available outside in high cost.
4. Nirankari Seva Samiti and Husaini group have organised blood donation camp twice in a year in the district hospital. That's why hospital never phasing any blood shortage issue.
5. Cleaning and sanitation facility at the district hospital was satisfactory. Conversation with the MOs we came to know that cleanliness and sanitation was maintained in district hospital by Nirankari Seva Samiti.
6. In district hospital the specialist doctors were available with equipment's which were in good condition and functional. The doctors cooperated and showed us ultrasound, X-ray in working condition.
7. Ambulance pilot covers maximum 25 kms area and in a day they cover 13-14 cases. Ambulance 102 is available for delivery, labour pain, child related cases, whereas Ambulance 108 was there for rest of accidental cases. Only 1 private tender provides ambulance services in the district hospital, In all CHCs, PHCs, SCs as well as district hospital, both ambulance service provide 24*7 hours services. All equipment's, drugs, stretcher were available in both ambulances and pilot was well aware about their duties.
8. According to the MOs of Joya under RKS money has been spend on RO, solar plate, water cooler, name plating, laundry, stationary, oxygen cylinder, sugar testing kits, blood pressure machine, and white wash.

9. In the district of Dhaunara HIV test has been conducted by NGO MAMTA, which is tie up with this CHC. NGO MAMTA has organised HIV campaign in this CHC and listed out the patients.
10. According to MOs of Dhanaura there is no provision for ultrasound test, so they hired private nursing home, which is known as UNIQUE hospital in block Dhaunara. No extra fee was charged from patients.
11. PHC Rajabpur is a delivery point. Per day 12-15 deliveries conducted in this PHC and 24*7 hours delivery facility available. Total deliveries conducted at the health facility for the given year were reported as 300 in 2017-2018. Electric supply is good. The facility has a backup with inverter. Regarding water supply, they have running water 24 *7. That's why delivery ratio is in better condition.
12. PHC Rajabpur infrastructure and cleanliness is better than PHC Didoli.
13. Cold chains were available in all the health facilities and maintained by cold chain technician and its cooling automatic maintained by the EVIN software.

WEAKNESSES

1. According to ACOMO malnourished children ratio is very high in the Joya block. When malnourished child identified in Poshan Month fair they are referred for check-ups to the NRC in district hospital.
2. According to ACOMO ASHAs performance is not satisfactory. They are not registering beneficiaries on time, that's why beneficiaries are not getting their amount on time in the account. Also some beneficiaries haven't Aadhar card so they are facing difficulties for opening bank account.
3. According to the MOs in district hospital for NRC wing only meal are provide by the hospital administration, while in another wing such as maternity wing, general ward as well as kangaroo mother wing etc, meal provided through private tender, which was packed meal.
4. With the conversation of MOs and doctors in district hospital 100 bedded maternity building is ready with all the facilities, but due to shortage of the doctors and specialist the facility has not started yet. Same as for the burning wing is available but due to shortage of human resource it couldn't be started yet.
5. With the conversation with medical officer JOYA, he told that beneficiaries are not satisfied with the meal, which is provided by a private tender to this hospital. The

packed foods provided are poor in quality as well as quantities wise. So the MOs and ACMO has identified to banned this vendor after completion of one year in CHC JOYA.

6. BMW waste system is managed by a private company, also at DH it has been done on alternative day, and for CHCs by twice and thrice in a week. While in SC Didoli and kapsua BMW is not available. After every 15 days they keep BMW in open area and before coming of the swapper, they managed BMW in a pit which was dumped in back side of the Sub Centre. This is the major cause for spreading infection in the near areas.
7. According to the MOs of Joya, and Dhanaura, have facing problem of human resources. This is especially for the C- section deliveries, which are most affective, because of unavailability of gynaecologist. Whereas In Joya CHC only 1 gynaecologist were available, but from the last 4 month she is on maternity leave.
8. According to CMO, DPM and DAM post is vacant last year April to till now. Due to unavailability of person DCPM have handled extra work load.
9. ACMO told that they have shortage of measles and BCG vaccine for the last 4 months.
10. Under Pradhanmantri Jan Aarogya seva empanelment process has been done in 4 PHC, 6-7 private hospital and 1 district hospital. ACMO told that they are planning to enroll ASHAs for Jan Aarogya seva or (Ayushman Bharat) in private hospital.
11. In Joya and Dhanaura CHC blood banks are not available, if patients facing any kind of complications related to blood, they refer to district hospital and medical college.
12. According to CMO mostly c-section delivery were conducted in private hospital due to unavailability of the gynaecologist.
13. According to the MOs of Joya, institutional delivery is lower in the PHC. This happened due to unavailability of gynaecologist, specialist.
14. In the family planning unit, PPIUCD team have not received any training in last financial years. Whereas in the district more number of Muslim families are not in favour to do PPIUCD.
15. According to ACMO and medical superintendent there is only one counsellor is available at CHC Joya. However, CHC Joya counsellor also visits the district hospital thrice in a week for family planning counselling.
16. According to the MOs and other doctors during the night shift they are facing basic problem such as security and canteen facility.

17. According to the district hospital MOs, in the hospital dialysis wing is ready but due to unavailability of specialist doctor this section is not working. Also they have done recruitment process for specialist and staff boy, however in the wings equipment's are available but not in working conditions.
18. Mostly in Kapsua block women prefer for home delivery, it is mainly unavailability of maternal delivery room in the sub centre of Kapsua. Also, these sub centre having problem of electricity, water and delivery equipments.
19. In the sub centre Didoli most of women prefer for institutional delivery, but on the leave of ANM, they don't have any alternative arrangement.

1. INTRODUCTION

1.1 BACKGROUND AND OBJECTIVES

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

This report presents the key findings from the concurrent monitoring of essential components of under NHM in Jyotiba Phule Nagar district of Uttar Pradesh. The report is prepared on the basis of field-based observations and visits to selected public health facilities in Jyotiba Phule Nagar. The following public health care facilities were visited by the PRC-IEG Team: District hospital, CHC Joya, CHC Dhanauraa, PHC Rajabpir, PHC Dhyoti, SC Didauli and SC Kapsua. Structured checklist was used to collect information on human resources, infrastructure, funds utilization, training, health care services including drugs and equipment's, family planning, disease control programmes and other programmes under the umbrella of NHM.

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

The main objectives of the monitoring visit to Jyotiba Phule Nagar district are as follows:

To review the key demographic and health indicators of the district.

To report the current availability of physical infrastructure and access to health facilities in selected district hospital, CHCs, PHCs and SCs of the district.

To examine the status and availability of human resources for health including staff in-position, vacancies and staff trainings at the selected health facilities

To monitor status of various hospital services and it's functioning including drugs, diagnostics and other equipment in the selected health facilities

To review the status of implementation of key components of the NHM programme including maternal health care, delivery care, child health care services, Rashtriya Bal Swasthya Karyakram (RBSK), family planning measures, Disease Control Programmes (DCPs) and Information, Education and Communication (IEC) activities.

To understand the utilization of NHM programme budgetary allocations on various components including utilization of untied funds at selected health facilities through Rogi Kalyan Samitis (RKS)

Table 1 List of institutions and facilities visited by the PRC-IEG Team, Jyotiba Phule Nagar

Institutions and Facilities	Key Contact Person
Office of the Chief Medical Officer	CMO: Dr. Ramesh Chandra Sharma
District Programme Management Unit	DCPM Muquarrab
District Hospital, Jyotiba phule Nagar	Dr. Pramod kumar
Community Health Centre, Joya	MOIC: Dr. Md. Waseem Akhtar
Community Health Centre, Dhanaura	MOIC: Dr.R. A. S. Gautam
Primary Health Centre, Rajabpur	MOIC: Dr. Parul Singh
Primary Health Centre, Dhyoti	MO: Dr. Sudhakar Singh
Sub Centre, Didauli	ANM: Smt. Neeraj Kumari
Sub Centre, Kapsua	ANM: Smt. Neeraj Yadav

Health facilities were selected and visited during the 2nd week of August, 2018. Table 1 reports the list of institutions and facilities visited in the Jyotiba Phule Nagar districts. The Team interacted with key programme officials at the Office of the CMO, the DCPM and discussed the status of the key activities. Apart from detailed interactions with the District Nodal Officers and DPMU staff, the team visited selected health facilities in the districts.

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

Figure 1: Meeting with Official Designated Officers at Jyotiba Phule Nagar District



Figure A: Meeting with CMO, Amroha



Figure B: Meeting with ACMO, Amroha



Figure C: Meeting with MoIC at CHC, Joya



Figure D: Meeting with MoIC at CHC, Dhanaura

1.2 REVIEW OF THE KEY DEMOGRAPHIC AND HEALTH INDICATORS

Relative to other countries in the world, India can be categorised as a developing country or middle-income country. It is the second largest populous country in the world, after China. It contains 29 states and 7 union territories. Uttar Pradesh is one of the high population states of India which was also identified under the Empowered Action Group (EAG).

Jyotiba Phule Nagar District, in the Moradabad region is a district of Uttar Pradesh with its administrative headquarters located at Jyotiba Phule Nagar city. According to 2011 census, the district encompasses a geographical area of 2249 sq km and has a population of 18,40,221 (persons) including 9,63,449 (males) and 8,76,772 (females). The district has a sex ratio of 910 (females for every 1000 males). The major religions in the district are Hindu (58.44%) and Muslim (40.78%) of the total population respectively. The literacy rate in the district is 63.84%

(persons), 74.54% (males) and 52.10% (females). Main spoken languages are Hindi (75.21%), Urdu (24.42%) and Punjabi (0.25%). Labour Force Participation Rate is 28.50%. Main source of income in the district is from the agriculture sector and per capita income is Rs. 57,142 . The crime rate in the district is 132.81 for the year 2015. Total cropped area is 2,58,977 in hectares and the forest area is 86 in sq km (2015). Jyotiba Phule Nagar is smallest district of Moradabad division in respect of area, and population. It is situated between 28o 20' and 29o 16' north latitude and 78o 4' and 79o 6' east longitude. It is bounded by districts Bijnor in north, Budaun and Moradabad in south and district Moradabad in east. River Ganga separates this district from districts Meerut, Ghaziabad and BulandShahr in the west. The height of the district is about 200m above the sea level. Total area of the district is 2,249 sq kms.

MAP OF JYOTIBA PHULE NAGAR UTTAR PRADESH

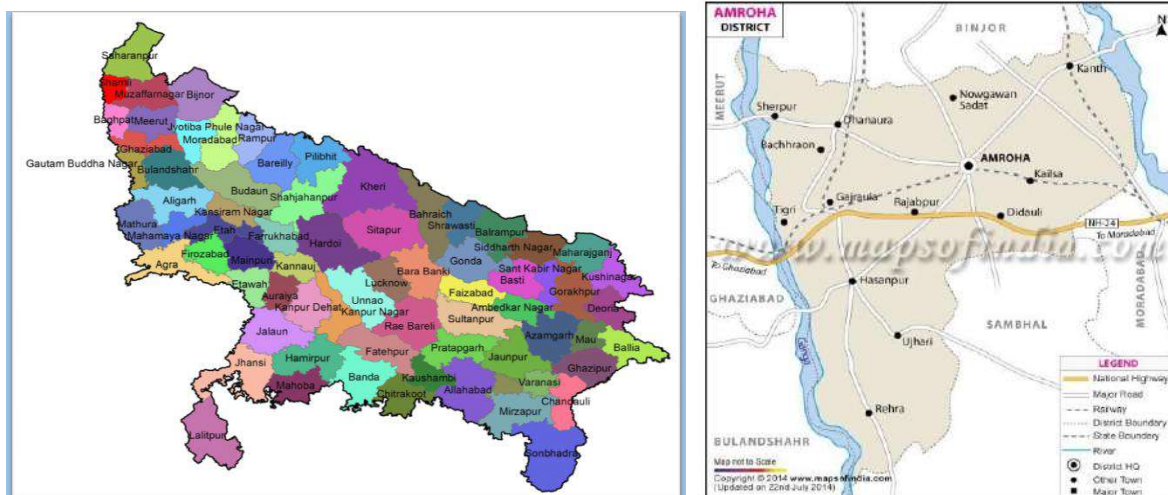


Table 2 shows that total population in Uttar Pradesh is 1,99,812,341 and that of Jyotiba Phule Nagar district is 1,840211 according to the 2011 census. The proportion of female population is less than that of the male population for both the state and the district. Density of population in Uttar Pradesh is 827 per sq km which is higher than the national average, while in Jyotiba Phule Nagar the population density is 818 per sq km. Population growth rate from 2001 to 2011 in India was 29.7 percent and in Uttar Pradesh it was 20.23 percent and the sex ratio for India which is 940 females per 1000 males, in Uttar Pradesh it is 912 females per 1000 males and in Jyotiba Phule Nagar it is 910 females per 1000 males. The Literacy rate for the country as a whole in 2011 was 73 percent for the total population aged 7 years and above, it was 80.9 percent for males and 64.6 percent for females. The literacy rate in Uttar Pradesh and Jyotiba Phule Nagar district is lower than the national level

Table 2: Key demographic indicators of Jyotiba Phule Nagar district

Indicators	India	Uttar Pradesh	Jyotiba Phule Nagar
Actual population	1,21,05,69,573	199812341	1,840,221
Male	62,31,843	104480510	963499
Female	58,74,47,730	95331831	876772
Population growth	17.7	20.2	29.7
Sex ratio	940	912	910
Density / km ²	382	828	818
Total Child Population (0-6 years)	16,38,19,614	30791331	300231
Male Population (0-6 years)	8,49,99,203	16185581	157737
Female Population (0-6 years)	7,88,20,411	14605750	142494
Literacy (%)	73.0	69.7	63.8
Male literacy (%)	80.9	79.2	74.5
Female literacy (%)	64.6	59.3	52.1

Source: Census of India 2011, NA= Not Available

Table 3: Rural-Urban Comparison of Demographic Indicators: India, Uttar Pradesh and Jyotiba Phule Nagar

Description	India		Uttar Pradesh		Jyotiba Phule Nagar	
	Rural	Urban	Rural	Urban	Rural	Urban
Population (%)	68.8	31.2	77.7	22.2	75.1	24.9
Total population	83,30,87,662	37,71,05,760	15,53,17,278	4,44,95,063	1381508	458713
Male Population	427.9 (ln m)	195.8	8,09,92,995	2,34,87,515	724539	238910
Female Population	405.1 (ln m)	181.3	7,43,24,283	2,10,07,548	656969	219803
Sex Ratio	947	926	918	894	907	920
Child Sex Ratio (0-6)	919	902	906	885	898	923
Child Percentage	14.1	10.9	16.1	12.9	16.8	15.0
Average Literacy (%)	68.9	85	65.5	75.2	63.4	65.1
Male Literacy (%)	78.6	89.7	76.3	80.5	75.7	71.0
Female Literacy (%)	58.8	79.9	48.5	60.9	49.9	55.1

Source: Census of India 2011, NA= Not Available

Table shows that the proportion of rural urban population in India is 68.84 percent and 31.16 percent respectively. However, in Uttar Pradesh, the rural –urban population distribution is 77.73 percent and 22.27 percent respectively whereas in Jyotiba Phule Nagar district 75.1 percent population lives in rural area and 24.9 percent live in urban area. Sex ratio in rural area of the Country and in Uttar Pradesh is better than urban area, though in Jyotiba Phule Nagar district the sex ratio is better in urban areas than rural area. Literacy rate in rural areas of India, Uttar Pradesh and in Jyotiba Phule Nagar district is lower than in urban areas. Whereas the sex wise literacy for both male and female in urban areas of India, Uttar Pradesh and in Jyotiba Phule Nagar is better than rural areas. The difference between male and female literacy is still high.

Table 4: Health indicators of Jyotiba Phule Nagar districts

Health Indicator	Number	Percentage/Ratio
NMR	57 per 1000 live birth	SRS 2016
IMR	72 per 1000 live birth	SRS 2016
U5MR	92 per 1000 live birth	
MMR	204 per 1000 live birth	SRS 2016

Source: Supportive supervision checklist, DPMU Jyotiba Phule Nagar :

The above table shows that the NMR of Jyotiba Phule Nagar district is 57 per 1000 live births. The NMR is an important indicator for new born care and directly reflects the prenatal and neonatal care. However, the neonatal period, the first 28 days of life carries the highest risk of mortality per day than any other period during the childhood. Infant mortality was 72 per 1000 live birth in Jyotiba Phule Nagar district in 2016. The maternal mortality ratio is 242 per 100,000 live births in Uttar Pradesh.

2. REVIEW OF KEY HMIS INDICATORS

2.1 MATERNAL HEALTH

Table 5: Percentage of pregnant women who received 3 ANC or 4 ANC check-up

District and blocks	No. of Pregnant women Received 3 ANC check ups					% Pregnant Woman received 3 ANC check				
	2013-14	2014-15	2015-16	2016-17	2017-18	2013-14	2014-15	2015-16	2016-17	2017-18
Jyotiba Phule Nagar	38485	32725	33172	29294	16492	95.3	81.2	64.9	64.4	43.4
Amroha	11831	6936	7454	6026	1716	146.6	93.8	84.7	74.3	31.2
Dhanaura	4697	4960	4926	3016	2183	89	84.1	79.5	55.9	48.6
Gajraula	3682	3217	3388	3459	3051	67.1	58.8	56.3	59.9	53.0
Gegesuwari	5479	4488	3695	3446	2587	80.8	80.8	53.1	52.5	40.3
Hasanpur	5573	5280	5300	5280	2309	85.3	92.7	88.5	74.9	44.8
Joya	6147	6695	4992	4623	2119	90.8	86.2	68.7	64	32.9

Antenatal care is help to promote protect and maintain the health of mother, detect high risk, positive approach to complications, remove the worry and fear related with pregnancy, decrees maternal and infant mortality and morbidity rate. Table represents the proportion of number of pregnant women who received 3 ANC checks up in the year 2013-2018. Amroha is highest number of women who received 3 ANC check up in the year 2013-2014 at data show 11831(146.6%) as compare to other sub districts but In 2017-2018 only 1716(31.2%) no of women who received 3 ANC check-up which indicate least no of women who received 3 ANC check-up as Comparison with other sub district. This proportion has significantly gone up during the year 2013-2018. Besides, there is no consistency in data of pregnant women who received 3 ANC check-up. Gajraula has least no of women who received 3 ANC check in 2013-2016 as compared to other sub districts but in year 2016-2017 Dhanaura has least no of women who received 3 ANC check-up. We can see that the table, there is an inconsistent data.

Table 6: Pregnant women who received TT2 or Booster to total ANC registration

District and blocks	2013-14	2014-15	2015-16	2016-17
Jyotiba Phule Nagar	85.8	85.9	70.8	82.3
Amroha	90.7	103.5	93.1	93.8
Dhanaura	88.5	80.9	87.3	95.4
Gajraula	88.7	85.9	86.2	79.6
Gegesuwari	84.7	91.1	79.6	89.2
Hasanpur	79.1	82.4	81.6	82.5
Joya	91.3	87.3	81.2	79.1

Tetanus toxoid injections are given to women during pregnancy to prevent maternal and neonatal tetanus. Women should receive at least two doses of tetanus toxoid during their pregnancy. Table represents the percentage of pregnant women who received TT2 or Booster dose to ANC registration in Jyotiba phule nagar district of Uttar Pradesh. Table shows that the Joya sub district is 91.3 % of women who received TT2 or Booster during pregnancy in 2013-2014 which is highest percentage to show as compare with other sub district. After the year this percentage are decline. In 2016-2017 only 79.1 % of pregnant women who received TT2 or Booster dose to ANC registration which is least percentage to indicate compare with other sub district. There is no consistency in data of pregnant who received TT2 or Booster dose to ANC registration. In 2014-2016 Amroha was highest no of pregnant women who received TT2 or Booster dose to ANC registration as compare with other sub district but there is inconsistent of data.

Table 7: Pregnant women given 100 IFA to Total ANC Registration (180 IFA for 2018)

District and blocks	2013-14	2014-15	2015-16	2016-17	2017 - 18
Jyotiba Phule Nagar	117.1	87.2	52	96	79.5
Amroha	211.5	110.7	67	91.2	80.9
Dhanaura	104.3	91	80	95.3	96.7
Gajraula	86.1	81.8	25.3	90.7	87.3
Gegesuwari	88	71	50.9	100.1	46.1
Hasanpur	93.1	89.3	76.5	105.6	82.3
Joya	99.9	80	46	99.4	95.5

The provision of iron and folic acid (IFA) tablets to pregnant women to prevent nutritional anaemia forms an integral part of the safe motherhood services offered as part of 5th reproductive and child health programme in the country. During 2013-2014, in Amroha sub district is 211.5 percent of pregnant women given 100 IFA to total ANC registration which is highest of any sub district of Jyotiba phule nagar . In this period Gajraula has least no of pregnant women given 100 IFA tablets only 86.1 percent. In 2014-2015 Amroha sub district is highest no of pregnant women given 100 IFA tablets which is 110.7 percent but only 71 percent of pregnant women given 100 IFA tablets of Gegesuwari sub district. In 2017-2018

Dhanaura has highest no of pregnant women given 100 IFA tablets which is 96.7 percent compare with other sub district but only 46.1 percent of women given 100 IFA tablets in Gegesuwari sub district which is least as compare with other sub district. We can see the table of all sub district of Jyotiba phule nagar there are decreasing trend and data is inconsistent.

Table 8: Pregnant women having severe anaemia (Hb<7) treated at institution

District and blocks	2013-14	2014-15	2015-16	2016-17	2017 - 18
Jyotiba Phule Nagar	15.9	9.2	3.8	1.7	20.8
Amroha	13.4	0.2	3.3	2	3.5
Dhanaura	24.2	19.3	2.3	0.4	3.2
Gajraula	10.3	6.1	2.8	0.8	40
Gegesuwari	0	0	4.8	0.5	12.3
Hasanpur	0	0	3.7	3.2	19.1
Joya	1.2	-	8.5	3.7	0

Pregnant women and children are the most vulnerable to anaemia. The number of pregnant women tested during ANC visits and found with Hb <11 g/dl and Hb <7 g/dl during the reporting month are considered as anaemic and severely anaemic respectively. In 2013-2014, Dhanaura has 24.2 percentage of pregnant having severe anaemia (Hb<7) treated at institution to women having hb level<11, which is highest no of pregnant women having anaemia compare with other sub district. Joya has only 1.2 Percentage of Pregnant women having severe anaemia (Hb<7) treated at institution to women having hb level<11 which has least no of women having severe compare with other district. In 2017-2018 is 19.2 Percentage of Pregnant women having severe anaemia (Hb<7) treated at institution to women having hb level<11 in Hasanpur block which highest as compared with other sub district. Table 4 shows there is a decreasing trend.

Table 9: Percentage of skill birth attendance (SBA) attended home deliveries

District and blocks	2013-14	2014-15	2015-16	2016-17	2017 - 18
Jyotiba Phule Nagar	37.9	28.7	20.4	14.2	23.1
Amroha	10.7	28.3	17.4	15.5	2.7
Dhanaura	77	37.6	5.3	8.3	36.8
Gajraula	36.2	19.3	22.7	15	1
Gegesuwari	2.6	0	0	0	0
Hasanpur	51.7	51.4	42.4	21.2	3.7
Joya	41.4	30.1	19.5	18.5	68.3

Obstetric care provided by a qualified health professional during delivery (skill birth attendance) is recognized as the most critical factor in reducing maternal and neonatal mortality. Table 5 shows the status of Percentage of skill birth attendance (SBA) attended

home deliveries to total reported home deliveries in the Jyotiba Phule Nagar district for the period march 2013-march 2018. As per HMIS data, 51.7 to 51.4 percentage of SBA attended home deliveries to total reported home deliveries in Hasanpur take place at home which is highest as compared with other sub district in the fiscal year 2013-2015.

The proportion of SBA attended home deliveries to total reported home deliveries has declined from 51.7 percent in 2013-2014 to 3.7 percent in 2017-2018. Gegesuwari has only 2.6 percentage of SBA attended home deliveries to total reported home deliveries which is least as compared with other sub district after the year 2013-2014 but there are not any data available in 2014-2018. In 2017-2018 Joya sub district is 68.3 percent of skill birth attendance (SBA) attended home deliveries to total reported home deliveries which is highest as compared with other sub district. The proportion of skill birth attendance (SBA) attended home deliveries to total reported home deliveries has inconsistent because the data are increase in some year and decrease in some year.

Table 10: Percentage of Mothers paid JSY incentive for home deliveries

District and blocks	2013-14	2014-15	2015-16	2016-17
Jyotiba Phule Nagar	0	0	0	0
Amroha	0.1	0	0.2	0
Dhanaura	0	0	0	0
Gajraula	0.1	0.2	0	0
Gegesuwari	0	0	0	0
Hasanpur	0	0	0	0
Joya	0.1	0	0	0

Janani Suraksha Yojna is an initiative for safe motherhood under national health mission (NHM). It is basically aim to reducing maternal and neo-mortality rate by promoting institutional deliveries among poor pregnant women. Under this scheme, each mother is given an incentive Rs 1400/- after the birth of her first or second child, given that the delivery was institutionalized. This payment is done directly made to the aadhar linked account of the mother. The scheme was particularly aimed at providing monetary incentive to encourage institutional deliveries. JSY patients are being provided with food for three times in a day for three days for normal deliveries and seven days for C-Section deliveries.

According to the table 6 in the fiscal year 2013-2014, Amroha, Gajraula and Joya sub district has only 0.1 percentage of mothers paid JSY incentive for home deliveries to total reported home deliveries which is very least and other sub district there are no available data. In the year 2014-2016 has only two sub district Amroha and Gajraula is 0.2 Percentage of mothers paid JSY incentive for home deliveries to total reported home deliveries and other sub district has not available data. In the fiscal year 2016-2017, data are not available. This percentage is very bad as compared to the percentage of mothers paid JSY incentive for home deliveries to total reported home deliveries done in the district.

Table 11: Percentage of Women discharged in less than 48 hours of delivery

District and blocks	2013-14	2014-15	2015-16	2016-17	2017 - 18
Jyotiba Phule Nagar	95.5	62.9	49.9	45.4	5.7
Amroha	91.7	38.8	29.9	52.4	0
Dhanaura	100	67.9	65.4	26.5	0
Gajraula	94.9	49.1	76	61.6	0
Gegesuwari	100	86.2	79.9	54.1	-
Hasanpur	94	39.1	7.4	13.1	-
Joya	96.2	90.9	54.8	58.8	18.5

All women should be kept in hospital for at least 48 hours risk of postnatal complications and maternal mortality is highest during this period. The above table shows that Gegesuwari and Hasanpur sub district has 100 percentage of women discharged in less than 48 hours of delivery to total reported deliveries at public institutions in the fiscal year 2013-2014 and other district is also a very good performance in the 2013-2014. In 2014-2017, all sub district had percentage are decline is deliveries at public institutions. Joya sub district is 18.5 percentage of women discharged in less than 48 hours of delivery to total reported deliveries at public institutions in the year 2017-2018 which is highest and not available data of other sub district.

Table 12: Percentage of Institutional deliveries to Total Reported Deliveries

District and blocks	2013-14	2014-15	2015-16	2016-17	2017 - 18
Jyotiba Phule Nagar	56.4	54.7	63.2	66.9	65.3
Amroha	55.8	45.5	71.7	73.2	80.9
Dhanaura	42.1	35.8	50.6	64.2	44.8
Gajraula	48.4	40.1	43.9	64.8	66.2
Gegesuwari	65.9	60.7	70.2	68.7	72.5
Hasanpur	52.4	50.4	57.2	63	61.1
Joya	65.6	61.3	57.8	64.1	72.3

This is an important component in effort to reduce the health risks of mothers and children under national rural health mission (NRHM) is to increase the proportion of babies delivered in a safe under the supervision of skilled health professionals. Table shows that 65.9 percent of the reported births during 2013-2014 in health facilities in Gegesuwari sub district which is highest as compared with other sub district and 42.1 percent of the reported births during 2013-2014 in Dhanaura which is least in the district. Joya sub district is 61.3 percent of Institutional deliveries to total reported deliveries in the year 2014-2015 which is highest as compare with other sub district and only 35.8 reported births during 2014-2015 in Dhanaura sub district which is low. Amroha is highest percentage of institutional deliveries to total reported deliveries during 2015-2018 as compare with other sub district. This data shows increasing and decreasing trend because the data in some years are increase as well as decrease.

Table 13: Percentage of Home deliveries to Total Reported Deliveries

District and blocks	2013-14	2014-15	2015-16	2016-17	2017 - 18
Jyotiba Phule Nagar	43.6	45.3	36.8	33.1	34.7
Amroha	44.2	54.5	28.3	26.8	19.1
Dhanaura	57.9	64.2	49.4	35.8	55.2
Gajraula	51.6	59.9	56.1	35.2	33.8
Gegesuwari	34.1	39.3	29.8	31.3	27.5
Hasanpur	47.6	49.6	42.8	37	38.9
Joya	34.4	38.7	42.2	35.9	27.7

Table shows the status of percentage of home deliveries to total reported deliveries in the Jyotiba Phule Nagar district for the period March 2013-March 2018. Dhanaura experienced a total of 57.9-64.2 percent home deliveries in 2013-15. More than the other sub district and Gegesuwari is only 34.1 percent of home deliveries to total reported deliveries in 2013-2014 and Joya is only 38.7 percent of home deliveries conducted in 2014-2015 and in the year 2015-2018 Amroha sub district is 28.3-19.1 percent of home deliveries to total reported deliveries conducted, which is least as compare with other sub district. This is a good sign to women aware of delivery complication and going for institutional deliveries. More than 90% of these were carried out by untrained Dai's.

Table 14: Percentage of C-section deliveries (Public and Private.)

District and blocks	2013-14	2014-15	2015-16	2016-17	2017 - 18
Jyotiba Phule Nagar	0.1	0	0.4	3.3	4.1
Amroha	0	0	0	0	0
Dhanaura	0	0	5.6	26.6	32.4
Gajraula	0	0	0	4.7	5.2
Gegesuwari	0	0	0	0	0
Hasanpur	0	0	0	0.1	0
Joya	0	0	0	0	0

Table shows the percentage of C-section deliveries to total deliveries conducted in the district at both public and private health facilities. Data are not available in the year 2013-2015. Dhanaura is only sub district has conducted C-section deliveries (Public + Pvt.) to reported institutional (Public + Pvt.) deliveries is 5.6-32.4 percent from 2015-2018, which is highest as compared with other sub district. The data are increasing order. The district is C-section rate is only 4.1 percent.

Table 15: Percentage of Deliveries conducted at Public Institutions

District and blocks	2013-14	2014-15	2015-16	2016-17	2017 - 18
Jyotiba Phule Nagar	100	84.1	85.8	81.8	85.9
Amroha	100	100	100	73.4	78.5
Dhanaura	100	100	93.4	69.4	64.9
Gajraula	100	100	100	75.8	81.7
Gegesuwari	100	100	100	100	100
Hasanpur	100	100	100	75.3	100
Joya	100	100	99.7	90.7	80.3

Table presents information about the percentage of deliveries conducted at public institutions to total institutional deliveries. HMIS data shows that 100 percent of the institutional deliveries at public institutions in all sub district of Jyotiba Phule Nagar in the year 2013-2015. In 2015-2016, Dhanaura has 93.4 percent of institutional deliveries which is least as compare with other sub district and other sub district data shows that 100 percent of the institutional deliveries at public institutions. Amroha is 73.4 percent of the institutional deliveries at public institutions, which is least as compare with other districts. Gegesuwari and Hasanpur are 100 percent of the institutional deliveries at public institutions in the year 2017-2018. Dhanaura is only 64.9 percent of the institutional deliveries at public institutions in the year 2017-2018. The percentage of deliveries conducted at public institutions has decline from 100 percent in 2013-2014 to 85.9 percent in 2017-2018 of Jyotiba Phule Nagar.

Table 16: Percentage of women receiving post-partum check-up within 48 hours of delivery

District and blocks	2013-14	2014-15	2015-16	2016-17
Jyotiba Phule Nagar	46.3	34.1	34.9	34.6
Amroha	42.9	11.2	3.9	13.2
Dhanaura	16.3	8.6	17.7	14.9
Gajraula	71.4	78.5	65.3	54
Gegesuwari	48.9	50.7	56.7	58.5
Hasanpur	35.1	7.8	7.6	10.4
Joya	57.2	57	49.4	51.7

Post-partum check-up play an important role in ensuring the health of the mother and baby. Maternal deaths can be bringing down if necessary and proper care is taken within 48 hours after delivery. It opens about the 71.4 percent of mother received postpartum check-up within 48 hours of delivery during 2013-2014 in Gajarula sub district and this has improved further by 7.1 percent during 2014-2015 at the maximum number of mother received postpartum check-up within 48 hours of delivery, which is highest as compare with other sub district.

Dhanaura has only 16.3 percent of mother received postpartum check-up within 48 hours of delivery in the year 2013-2014 and Hasanpur has only 7.8 percent of mother received postpartum check-up within 48 hours of delivery, which is very least as compare with other sub district. In 2015-2016, Gajarula has 65.3 percent of mother received postpartum check-up within 48 hours of delivery, which is highest of all the sub district and Amroha is only 3.9 percent of mother received postpartum check-up within 48 hours of delivery in the year 2015-2016, this is very poor percentage show. Gegesuwari is 58.5 percent of mother received postpartum check-up within 48 hours of delivery in the fiscal year 2016-2017, which is highest percentage as compared with other sub district.

2.2 CHILD HEALTH AND IMMUNISATION

Table 17: Percentage of total reported live births to total deliveries

District and blocks	2013-14	2014-15	2015-16	2016-17	2017 - 18
Jyotiba Phule Nagar	99.4	99.1	99.4	98.9	99
Amroha	99.5	99.3	100.5	99.9	99.8
Dhanaura	99.5	99.3	99.9	99.8	100.4
Gajraula	100	98.8	99.3	98.4	100.2
Gegesuwari	97.4	98.5	98	97.6	97.7
Hasanpur	100.9	100.1	99.9	99.2	96.4
Joya	98.8	98.2	98.9	98.5	99.6

The table represents the proportion of total reported live births to total no. of deliveries in six blocks of Jyotiba Phule Nagar district of Uttar Pradesh. Over the past five years Jyotiba Phule Nagar shows a consistent pattern (i.e above 99) in number of live births recorded to total number of deliveries with only a slight fall in the year 2016-17. Starting with year 2013-14, the maximum proportion (100.9) of reported live births to total deliveries was found in Hasanpur block followed by 100 in Gajraula. In this year minimum live births were reported in Gegesuwari (97.4) while Amroha and Dhanaura had 99.5 each followed by Joya (98.8).

Moving to 2014-15 again Hasanpur block tops the list with 100.1 live births reported followed by Amroha and Dhanaura with 99.3 each. The live births reported in Joya falls by 0.6 as compared to the last year and are least among all six blocks. Looking at 2015-16, Amroha shows an impressive result with its reported live births to total deliveries increasing to 100.5 relative to previous years. Comparing 2015-16 and 2016-17, Gajraula witnessed a fall in the number of live births reported from 99.3 in 2015-16 to 98.4 in 2016-17. In 2017-18, the number of live births reported in Dhanaura was highest (100.4%) followed by Gajraula (100.2%). There was a drastic fall in the live births reported in Hasanpur as compared to previous years and it was only 96.4%.

Table 18: Percentage of live birth to reported birth

District and blocks	2013-14	2014-15	2015-16	2016-17	2017 - 18
Jyotiba Phule Nagar	98.9	99.1	98.9	98.7	98.8
Amroha	99.2	99	99.1	99.3	99.4
Dhanaura	99.2	99.4	99.3	99.4	99.2
Gajraula	99.3	99	98.9	98.8	98.9
Gegesuwari	97.4	98.3	97.5	97.4	97.8
Hasanpur	99.9	99.9	99.3	99	98.5
Joya	98.5	98.8	98.9	98.8	99.1

This table shows the proportion of live births to reported births in six blocks of Jyotiba Phule Nagar district over last 5 years. There is not much variation in this district and the number of live birth to reported births is scattered around 99% in the last five years.

Looking at the year wise data, In 2013-14 this proportion is highest in Hasanpur block(99.9%) followed by Gajraula(99.3).The proportion of live births to reported births is 99.2% each in Amroha and Dhanaura.

Similarly in 2014-15, live births reported in Hasanpur block was almost 100% whereas in Amroha, Dhanaura and Joya this proportion was found to be approximately 99%. In the next three years the live birth to reported birth ratio remained nearly same in all blocks and was observed to be more than 97% in all six blocks.

Table 19: Percentage new-born having weight less than 2.5 kg to new-borns weighted at birth

District and blocks	2013-14	2014-15	2015-16	2016-17	2017 - 18
Jyotiba Phule Nagar	9.9	13.5	11.8	10.4	10.8
Amroha	10.4	5.5	4.6	4.1	10.5
Dhanaura	4.2	7	5.8	3.3	4
Gajraula	7.8	13.4	9.2	11.1	11.1
Gegesuwari	2.6	4.9	3	9	10.3
Hasanpur	13.9	11.7	7.2	5.6	6.2
Joya	17.7	45.2	44.9	29.8	18.9

In Jyotiba Phule Nagar district, the proportion of newborn having weight less than 2.5kg to newborns weighed at birth increased in 2014-15 from 9.9% to 13.5% before declining in 2015-16 to 11.8% and thereafter it settled around 11%. The year wise data shows that in 2013-14 Joya block had the maximum(17.7%) proportion of newborns whose weight was less than 2.5kg. Meanwhile Gegesuwari had the most impressive picture with only 2.6% of newborns having weight below 2.5kg. Amroha, Dhanaura, Gajraula and Hasanpur had 10.4%,4.2%,7.8% and 13.9% of newborns below 2.5kg respectively.

There was a drastic change in 2014-15 with this proportion increasing to 45.2% in Joya and later falling back to 18.9% in 2017-18 .It also decreased to 5.5% in Amroha. In Dhanaura this proportion started falling after 2015 and finally settled at 4% recently. Not much variation is observed in Gajraula and this proportion remained around 11%.

Table 20: Percentage of newborns breast fed within 1 hour of birth to total live birth

District and blocks	2013-14	2014-15	2015-16	2016-17	2017 - 18
Jyotiba Phule Nagar	82.8	82.5	84.7	87.4	93
Amroha	98.2	94	93.4	90.4	93.2
Dhanaura	96.4	91.4	94.6	92.5	92.5
Gajraula	90.3	87	85.6	87.9	84.6
Gegesuwari	67.5	61	82.6	92.3	92.3
Hasanpur	81.2	79.7	95	93.7	98.6
Joya	65.6	71.1	60.6	70.7	100.8

The table shows the percentage of newborns breast fed within 1 hour out of the total live births reported for Jyotiba Phule Nagar district for the duration 2013-14 to 2017-18. Overall ,there can be seen an increase in the percentage of the new borns been breast fed across all the years for the district. When looking for blocks, there is an increase in the percentage of the number of newborns breastfed for Gegesuwari, Hasanpur and Joya, while decrease in percentage for Amroha, Dhanaura and Gajraula.

The increase in percentage is highest in Joya to as high as 100.8% in 2017-18. There is significant improvement in the percentage of breastfed newborns for Gegesuwari block as well. The highest percentage of decrease in the newborns breastfed is for Gajraula block where the percentages have decreased from 99.5% to 75.9% and 90.3% to 84.6% respectively for the years 2013-14 to 2017-18.

Table 21: Percentage newborn within 24 hrs of home delivery to total reported home delivery

District and blocks	2013-14	2014-15	2015-16	2016-17
Jyotiba Phule Nagar	17.5	11.9	31.5	47.7
Amroha	9.2	0	25.5	51.5
Dhanaura	14.8	0.4	14	64.1
Gajraula	52.7	55.6	76	59.4
Gegesuwari	3	0	36	57.9
Hasanpur	17.4	3.5	19.5	67.5
Joya	4.6	9.6	10	0.5

The table shows the percentage of newborns visited within 24 hours of home delivery to total reported home deliveries. Jyotiba Phule Nagar experienced a slight fall in this ratio from 2013-14 to 2014-15 and thereafter it increased significantly in the next two years.

In the year 2013-14, this proportion was 52.7% in Gajraula which was very high as compared to other five blocks. Meanwhile in the same year Gegesuwari had only 3% of newborns visited within 24hrs of home delivery.

Coming to 2014-15, no newborn was visited within 24hrs of home delivery in Amroha and Gegesuwari. Similarly Dhanaura block also witnessed a large fall in this proportion (0.4%) as compared to 3% in the previous year.

It can also be inferred from the table that this ratio was consistently above 50% in Gajraula throughout these years while in Amroha, Dhanaura, Gegesuwari and Hasanpur it rose to more than 50% only in 2016-17. Percentage of newborns visited within 24hrs of home delivery remains very low in Joya from 2013 till today.

Table 22: Number of infants given OPV o (Birth Dose)

District and blocks	2013-14	2014-15	2015-16	2016-17	2017 - 18
Jyotiba Phule Nagar	25,534	23,002	20,722	21,419	20,477
Amroha	4,481	3,221	3,167	3,479	2,424
Dhanaura	2,189	2,354	2,448	2,523	2,321
Gajraula	4,530	3,823	3,230	3,518	3,629
Gegesuwari	4,004	3,280	3,632	3,647	3,252
Hasanpur	3,020	2,638	3,390	3,912	3,691
Joya	6,910	7,494	4,181	3,236	2,899

This table shows the number of Infants provided with OPV o i.e birth dose. It is quite visible from the table that this count attained maximum 25,534 in Jyotiba Phule Nagar in 2013 but since then it gradually started declining and settled around 20,000 in 2017-18.

In 2013-14, number of infants given OPV o was 6910 in Joya which is very impressive. This count was only 2,189 in Dhanaura which was least as compared to other blocks.

Moving to 2014-15, this count declined in all blocks except Dhanaura and Joya. In the next year (2015-16) there was a sharp fall in Joya from 7494 infants to 4181 infants provided with OPV o.

Table 23: Number of infants given BCG

District and blocks	2013-14	2014-15	2015-16	2016-17	2017 - 18
Jyotiba Phule Nagar	39,970	39,179	43,989	45,077	36,969
Amroha	9,016	8,894	8,851	7,520	5,147
Dhanaura	5,178	5,179	6,069	5,750	4,794
Gajraula	5,673	5,290	6,149	5,676	5,932
Gegesuwari	6,543	6,101	6,246	7,171	5,292
Hasanpur	6,358	6,009	7,329	7,607	5,641
Joya	6,890	7,531	7,203	7,113	6,103

It can be inferred from the above table that the number of infants in Jyotiba Phule Nagar given BCG increased every year from 2013 till 2017, then fell sharply between 2017-18. Amroha

block witnessed a continuous fall in the number of infants give BCG with each passing year. In 2013-14 Dhanaura had the lowest (5178) count of infants given BCG and no significant improvement can be seen in this block till the 2015, it increased a little to 6069 infants but then again started falling thereafter. It can also be seen that number of infants given BCG increased initially but then again started falling and presently it is worse than 2013-14 count. This count also increased in Hasanpur block between 2015-17 and then declined thereafter.

Table 24: Number of infants given DPT1

District and blocks	2013-14	2014-15	2015-16	2016-17	2017 - 18
Jyotiba Phule Nagar	40,650	39,022	30,787	1,396	12
Amroha	8,699	8,938	6,587	140	0
Dhanaura	5,093	5,228	4,164	29	0
Gajraula	5,499	5,076	4,089	32	0
Gegesuwari	6,729	5,306	4,225	274	0
Hasanpur	6,374	6,021	5,063	764	2
Joya	8,045	8,417	5,366	0	0

The table shows number of infants who were given DPT 1 vaccine during the time period 2013-14 to 2017-18 for Jyotiba Phule Nagar and its blocks. The data shows a continuous decrease in the number of infants across all the years. There is a huge decline in the number of infants from 2015-16 to 2016-17 and in 2017-18 as well. Similar trend is observed for all the blocks. The number has even fallen down to zero for all the blocks except DHQ and Hasanpur ,but they too have very small number of infants. Amroha and Joya had highest numbers of infants in 2013-14 , in which Joya has declined to zero number of infants in 2016-17 which has not increased in the subsequent year. In 2016-17, only one block which is Hasanpur has still a high number of infants which are 764. The maximum sudden decline in number is for Amroha district from 2015-16 to 2016-17 and the decline in number is 6447.

Table 25: Number of infants given DPT2

District and blocks	2013-14	2014-15	2015-16	2016-17	2017 - 18
Jyotiba Phule Nagar	36,631	34,281	33,297	2,227	4
Amroha	7,813	7,863	7,451	317	0
Dhanaura	4,711	4,787	4,604	105	0
Gajraula	5,247	4,764	4,477	199	0
Gegesuwari	5,646	4,534	4,151	702	0
Hasanpur	5,737	5,108	5,592	593	0
Joya	7,312	7,191	5,532	42	0

The table shows the number of infants given DPT2 vaccine for Jyotiba Phule District and its blocks for the years from 2013-14 to 2017-18. The data shows that there is a decline in the number of infants for all the years .The maximum decline are in the years 2016-17 and 2017-18. This number falls to zero for almost all the years in 2017-18. The highest number of infants

are in Amroha and Joya block .The mximum decline is in Joya block by 7270 from 2013-14 to 2017-18.The fall in the number of infants is very high for Joya block even when we consider from 2015-16 to 2016-17 ,as high as by a number 5490.Gajraula and Gegesuwari have almost similar number of infants in 2013-14 and the variation in decline is also similar with more decline for Gajraula block IN 2017-18.The decline for Gajraula is 5048 and for Gegesuwari block,it is by an amount 4944.

Table 26: Number of infant given DPT3

District and block	2013-14	2014-15	2015-16	2016-17	2017 - 18
Jyotiba Phule Nagar	34,199	32,578	34,001	4,067	75
Amroha	7,182	7,448	7,515	658	0
Dhanaura	4,395	4,432	5,037	329	0
Gajraula	5,212	4,764	4,671	353	71
Gegesuwari	5,227	4,209	4,045	1,023	0
Hasanpur	5,441	4,682	5,300	715	0
Joya	6,592	7,009	5,790	527	0

The table shows the number of infants given DPT3 vaccine for Jyotiba Phule District and its blocks for the years from 2013-14 to 2017-18. The data shows that there is a decline in the number of infants in 2014-15 ,then there is a significant increase in the number of infants in 2015-16 but these numbers again decrease in 2016-17 .The maximum decline are in the years 2016-17 and 2017-18.The number has declined to zero for nearly all the blocks except DHQ and Gajraula. The highest numbers of infants in 2016-17 are in Gegesuwari in 2017-18 while the minimum numbers are in Dhanaura. In 2013-14, the highest number of infants given DPT3 is in Amroha and minimum are in DHQ.

Table 27: Number of infants given pentavalent 1

District and block	2013-14	2014-15	2015-16	2016-17	2017 - 18
Jyotiba Phule Nagar	0	0	11,013	42,272	35,622
Amroha	0	0	2,240	7,031	4,811
Dhanaura	0	0	1,700	5,551	4,649
Gajraula	0	0	1,543	4,916	4,651
Gegesuwari	0	0	1,370	6,583	5,107
Hasanpur	0	0	1,492	7,064	5,593
Joya	0	0	1,742	6,674	5,964

The given table shows the number of infants given Pentavalent 1 vaccine for the period between 2013-14 to 2017-18 in Jyotiba Phule Nagar and its blocks. Pentavalent1 vaccine is the combined vaccine for Hepatitis 1 vaccine and DPT 1 vaccine given now to the infants. Initially the number is zero for the district as well as its sub blocks for the years 2013-14 and 2014-15, this data could be due to Hepatitis 1 And DPT 1 vaccine been given separately at that time. After 2014-15, we see both increase and decrease in the number of infants given pentavalent

1 vaccine but the similar trend is followed across all the districts. The number first increases from 2015-16 to 2016-17 and then it starts to decrease. The least number of infants been given the vaccine are in Dhanaura and Gajraula while the most numbers are in Joya.

Table 28: Number of infants given pentavalent 2

District and blocks	2013-14	2014-15	2015-16	2016-17	2017 - 18
Jyotiba Phule Nagar	0	0	4,951	37,885	32,787
Amroha	0	0	1,025	6,149	4,566
Dhanaura	0	0	881	5,226	4,431
Gajraula	0	0	722	4,456	4,143
Gegesuwari	0	0	454	5,479	4,536
Hasanpur	0	0	623	6,261	4,850
Joya	0	0	750	6,141	5,529

In the table, the data for the number of infants been given Pentavalent 2 vaccine is provided between the year 2012-13 to 2017-18 for Jyotiba Phule District and its blocks. Pentavalent2 vaccine is the combined vaccine for Hepatitis 2 vaccine and DPT 2 vaccine given now to the infants. The number of infants is zero for the district as well as its sub districts for the years 2013-14 and 2014-15, this could be due to Hepatitis 2 vaccine and DPT 2 vaccine given separately at that time and not with the name as Pentavalent2. After 2014-15, there is an increase for the year 2015-16 and then decrease in the number of infants given pentavalent 2 vaccine in 2017-18 followed by for all the sub blocks of Jyotiba Phule Nagar. The minimum number of infants been given the vaccine are in Gajraula while the maximum are in Joya in 2017-18. There is a sudden and a very high increase in the number of infants for all the sub districts between 2015-16 to 2016-17.

Table 29: Number of infants given pentavalent 3

District and blocks	2013-14	2014-15	2015-16	2016-17	2017 - 18
Jyotiba Phule Nagar	0	0	1,754	35,083	31,545
Amroha	0	0	329	5,928	4,330
Dhanaura	0	0	281	5,225	4,432
Gajraula	0	0	272	4,335	4,035
Gegesuwari	0	0	110	4,827	4,411
Hasanpur	0	0	353	5,618	4,654
Joya	0	0	232	5,333	5,132

The given table shows the number of infants given Pentavalent 3 vaccine for the period between 2013-14 to 2017-18 for Jyotiba Phule district. Pentavalent1 vaccine is the combined vaccine for Hepatitis3 vaccine and DPT3 Vaccine given now to the infants. The data for the number is unreported for the district as well as its blocks for the years 2013-14 and 2014-15, this could be due to Hepatitis 3 vaccine and DPT 3 vaccine given separately at that time. After 2014-15, there is an increase in the number of infants given pentavalent 3 vaccines for the

year 2016-17 from 2015-16 and then the number decreases in the year 2017-18 .The lowest number of infants vaccine are in Gajraula nearly for all the years but the minimum is in Gegesuwari for the year 2015-16.The number of infants are almost the same for all the blocks in 2017-18.

Table 30: Number of infants given measles

District and blocks	2013-14	2014-15	2015-16	2016-17	2017 - 18
Jyotiba Phule Nagar	35,814	34,172	37,972	41,609	37,201
Amroha	7,612	7,997	8,473	6,612	5,065
Dhanaura	4,536	4,570	5,340	5,433	5,235
Gajraula	5,265	4,768	5,250	4,840	5,207
Gegesuwari	5,094	4,621	4,614	6,060	4,700
Hasanpur	6,384	5,277	5,623	6,553	5,068
Joya	6,710	6,916	6,646	6,716	6,705

In the given table, it shows the number of infants given measles vaccine for the period between 2013-14 to 2017-18 in Jyotiba Phule Nagar District and its blocks. Mix trend of both increase and decrease in the number of infants is observed across all the years. The number are closely similar in all the years for Joya block. Hasanpur shows a decreasing number till 2015-16 and then this number increases in 2016-17 but again decreases in the next year. Gegesuwari also follows the similar trend as Hasanpur. For Gajraula, the number changes with a decrease followed by an increase in the number of infants for all the years. In Dhanaura, the number remains almost same from 2013-14 to 2014-15 with a significant increase in 2015-16 and then again there are more or less the same number of infants who were given measles vaccine in all the years. Amroha shows a significant increase in 2015-16, but then this number decreases in 2016-17 and declines further in 2017-18 too.

Table 31: Percentage newborns given OPVo at birth to reported live birth

District and blocks	2013-14	2014-15	2015-16	2016-17	2017 - 18
Jyotiba Phule Nagar	91.2	79.3	74.6	75.7	87
Amroha	85.6	56.1	79.5	65.7	77.2
Dhanaura	63.5	81.8	96.8	87.8	67.1
Gajraula	117.7	98.5	82.3	84.9	102.9
Gegesuwari	90.5	79.2	85.7	83.4	89.9
Hasanpur	52.8	56.2	69.2	69.3	101
Joya	140.5	153.9	77.1	58.5	61.2

This table gives us the percentage of newborns given OPVo at birth to reported live births starting 2013 onwards. Looking at the data it can be inferred that 91.2% newborns in Jyotiba Phule Nagar were given OPV o in 2013-14. This percentage declined in next few years before increasing to 87% in 2017-18.

In 2013-14, more number of newborns were given OPV o than were reported live births in Gajraula and Joya block and constitute 117.7% and 140.5% respectively. This percentage was found to be least (50% approx) in Hasanpur block. In the coming years Hasanpur consistently witnessed an increase in this percentage and presently it is 101%. Meanwhile this proportion was falling in Amroha and is relatively lower in 2017-18 as compared to 2013-14. Alternatively percentage of newborns given OPV o at birth in Joya was rising till 2015 and thereafter a falling trend was observed.

Table 32: Percentage newborns given BCG to reported live birth

District and blocks	2013-14	2014-15	2015-16	2016-17	2017 - 18
Jyotiba Phule Nagar	142.8	135	158.4	159.4	157
Amroha	172.2	154.8	222.2	141.9	164
Dhanaura	150.2	180	239.9	200	138.6
Gajraula	147.4	136.3	156.7	137	168.1
Gegesuwari	147.9	147.4	147.4	164	146.3
Hasanpur	111.2	128.1	149.6	134.8	154.4
Joya	140.1	154.7	132.8	128.5	128.8

The table gives us the percentage of newborns given BCG to reported live births. This proportion consistently remained high in Jyotiba Phule district since 2013 till today and was found to be more than 100% in all five consecutive years.

Throwing light on different blocks of this district, this percentage was approximately equal in Gajraula, Dhanaura and Gegesuwari in the year 2013-14 while it was found to be maximum in Amroha(172.2%) in the same year. Proportion of newborns given BCG in all blocks was more than 100% in all the years which shows that more newborns were given BCG than were reported throughout these years. Infact it crossed more than 200% mark in Amroha and Dhanaura in the year 2015-16.

Table 33: Percentage Infants 0 to 11 months old who received measles vaccine

District and blocks	2013-14	2014-15	2015-16	2016-17	2017 - 18
Jyotiba Phule Nagar	127.9	117.7	136.7	147.1	157.9
Amroha	145.4	139.2	212.7	124.8	161.4
Dhanaura	131.6	158.8	211.1	189	151.4
Gajraula	136.8	122.8	133.8	116.8	147.6
Gegesuwari	115.1	111.6	108.9	138.6	129.9
Hasanpur	111.6	112.5	114.8	116.1	138.7
Joya	136.4	142	122.6	121.3	141.5

This table shows percentage of infants 0 to 11 months old who received Measles vaccine to reported live births. In Jyotiba Phule Nagar district of Uttar Pradesh this proportion initially denined from 128% to 118% and thereafter it is rising till today. In the year 2013-14,this

percentage was maximum(145%) in Amroha block followed by Gajraula and Joya. Meanwhile in Hasanpur, least infants were given measles vaccination as compared to other blocks.

Looking at 2014-15, maximum newborns were given measles vaccination in Dhanaura followed by Joya and Amroha. Again this proportion was found to be above 100% in all the blocks throughout 2013-18. Also it rose to above 200% in Amroha and Dhanaura in same year i.e 2015-16. Comparing 2017-18 with 2013-14, it can be inferred that this proportion was greater in all six blocks in 2017-18.

Table 34: Number of fully immunized children (9-11 months)

District and blocks	2013-14	2014-15	2015-16	2016-17	2017 - 18
Jyotiba Phule Nagar	35,627	34,155	37,686	38,182	36,220
Amroha	7,519	7,956	8,468	6,583	5,034
Dhanaura	4,547	4,570	5,342	5,172	5,250
Gajraula	5,265	4,771	5,252	4,902	5,207
Gegesuwari	5,170	4,619	4,575	4,763	3,941
Hasanpur	6,203	5,288	5,512	5,470	4,883
Joya	6,710	6,928	6,659	6,732	6,769

Data regarding fully immunized children aged between 9-11 months is provided in the table. Jyotiba Phule Nagar district shows an impressive picture with over 30,000 infants fully immunized every year consecutively from 2013 to 2018.

Starting our analysis since 2013, Amroha had maximum number of fully immunized children in 2013-14 as compared to other blocks and this count was further increased in the next two years i.e 2014-16 and declined thereafter but it is still above 5000.

Dhanaura shows a little improvement in these five years, in 2013-14 it had 4547 children with full immunization whereas now in 2017-18 this number has increased to 5250. Meanwhile the number of children fully immunized in Gegesuwari remained around 5000 in these years. Looking at Hasanpur, this count kept on declining with each passing year and has reached below 5000 children. In Joya the number of children fully immunized was always more than 6500.

Table 35: Percentage drop out between BCG & measles

District and blocks	2013-14	2014-15	2015-16	2016-17	2017 - 18
Jyotiba Phule Nagar	10.4	12.8	13.7	7.7	-0.6
Amroha	15.6	10.1	4.3	12.1	1.6
Dhanaura	12.4	11.8	12	5.5	-9.2
Gajraula	7.2	9.9	14.6	14.7	12.2
Gegesuwari	22.1	24.3	26.1	15.5	11.2
Hasanpur	-0.4	12.2	23.3	13.9	10.2
Joya	2.6	8.2	7.7	5.6	-9.9

The table shows percentage drop out between BCG and Measles in Jyotiba Phule Nagar district. This percentage was quite low in Jyotiba Phule Nagar district in the previous five years and it was even negative in 2017-18. In Dhanaura block this proportion was observed to be declining though positive till 2016-17 and then it suddenly declined to -9.2%. Percentage of drop outs between BCG and measles in Gajraula shows a rising trend from 2013-14 to 2016-17 and has declined a little last year but is still above 10%. Hasanpur has shown major improvement as compared to other blocks as this percentage was negative in 2013-14 but now it has reached around 10%.

Table 36: Vitamin - A dose 1

District and blocks	2013-14	2014-15	2015-16	2016-17
Jyotiba Phule Nagar	29,805	34,571	37,105	42,880
Amroha	4,733	8,029	8,348	6,747
Dhanaura	4,418	4,825	5,196	4,851
Gajraula	5,392	5,211	5,237	4,825
Gegesuwari	4,841	4,632	4,605	6,045
Hasanpur	5,871	5,246	5,129	8,607
Joya	4,379	6,603	6,578	7,790

This table represents the number of children provided with Vitamin-A dose1. Jyotiba Phule Nagar district shows an impressive result in the last four years as this count constantly increasing at a good pace every year. Throwing some light on six blocks of this district, it can be inferred that there was a significant improvement in Amroha block as the children given vitamin A DOSE1 increased from 4733 in 2013-14 to 8348 in 2015-16 before falling to 6747 in 2016-17. Meanwhile in Dhanaura and Gajraula this count is nearly concentrated around 5000. Gegesuwari had less than 5000 children given vitamin A DOSE1 from 2013 till 2016 but since then this number has risen to approximately 6000 children. In Joya there was a major advancement between 2013-14 to 2014-15 and since then it is improving at a constant pace.

Table 37: Percentage children given Vitamin A dose1 to reported live birth

District and block	2013-14	2014-15	2015-16	2016-17	2017 - 18
Jyotiba Phule Nagar	106.5	119.1	133.6	151.6	153
Amroha	90.4	139.7	209.5	127.3	149.9
Dhanaura	128.1	167.7	205.4	168.7	135
Gajraula	140.1	134.2	133.5	116.5	147.6
Gegesuwari	109.4	111.9	108.7	138.2	130.8
Hasanpur	102.7	111.8	104.7	152.5	135.2
Joya	89	135.6	121.3	140.7	139.7

This table shows the percentage of children given Vitamin A dose 1 to reported live births. Jyotiba Phule Nagar district always had over 100% children provided with Vitamin A dose 1 and this percentage have shown a rising trend every year since 2013-14 till today. There was a

drastic increase in number of children given Vitamin A dose¹ in Amroha, it increased from 139.7% in 2014-15 to 209.5% in 2015-16 and now it has settled around 150%.

Looking at Gajraula this proportion was falling each consecutive year till 2016-17 before showing a sharp increase in 2017-18. Percentage of children given Vitamin A DOSE 1 in Dhanaura crossed 200% for the first time in 2015-16. Not much variation was observed in Gegesuwari. Also there was a slight increase in this proportion in Hasanpur and it rose to as high as 152.5% in 2016-17 and presently it is 135.2% which is also quite impressive as compared to 102.7%. In Joya, children provided with vitamin A dose 1 was less than 100% in 2013 and thereafter it has shown a rising trend except falling a little in 2015-16.

Table 38: Percentage Children given Vitamin A Dose 9 to Children given Vitamin A dose¹

District and blocks	2013-14	2014-15	2015-16	2016-17	2017 - 18
Jyotiba Phule Nagar	39.9	23.4	12.1	21.3	38
Amroha	10	0	0	0	61.7
Dhanaura	0.9	16.8	0.2	0.6	0.6
Gajraula	155.3	136.7	0	0	19.9
Gegesuwari	0	0	22.1	10.4	122.6
Hasanpur	36.9	2.7	0.6	3	16
Joya	19.1	0	52	104.7	46.3

This table gives the percentage of children given vitamin A Dose⁹ to children given vitamin A dose¹. Considering Jyotiba Phule Nagar district of Uttar Pradesh, only 39.9% of children were given vitamin A Dose 9 which further declined to 12.1% in 2015-16. It has again increased to the initial level approximately. The stats of Amroha was very depressing till 2016-17 as no children were provided with Vitamin A Dose⁹ but now in the last year it has shown some major improvement by rising to 61.7% children given vitamin A dose⁹. Gajraula had 155.3% children with vitamin A dose⁹ which was very impressive but presently this percentage has declined to only 19.9%. There was a drastic increase seen in Gegesuwari from 2016-17 to 2017-18 as this percentage rose from 10% to 122%.

Table 39: Percentage of Immunisation sessions where ASHAs were present to immunisation sessions planned

District and blocks	2013-14	2014-15	2015-16	2016-17	2017 - 18
Jyotiba Phule Nagar	82.4	85.8	82.9	84.8	87.9
Amroha	69.2	65.9	71	84.4	90.2
Dhanaura	83.9	89.8	92.3	81.9	80.4
Gajraula	88.2	92.6	92.4	88.8	91.1
Gegesuwari	94.9	92.4	99.5	93.7	98.3
Hasanpur	85.7	94.8	85	89.1	94.2
Joya	84.3	92.3	83.5	87.7	96.4

This table represents percentage of immunization sessions where ASHAs were present to Immunisation Sessions Planned. There was not much variation in this proportion in Jyotiba Phule Nagar district and this percentage was concentrated between 80-90% throughout last five years. Looking at different blocks of this district this percentage has increased in Amroha over last three years while no such rising trend was observed in Dhanaura. In Joya approximately 84.3% immunization sessions were there where ASHAs were present which has now improved to almost 96%. Hasanpur also witnessed a slight increase over these five years and now has 94% sessions where ASHAs are present.

3. KEY FINDINGS AND OBSERVATIONS

3.1 PHYSICAL ACCESS TO HEALTH FACILITIES

Physical health infrastructure is an important domain of health research. During PIP visit we have found that there were one district and one sub-district hospital are functioning. However, the total number of first referral unit was 3 and the total number of community and primary health centre was 8 and 25 respectively. In the district total number of sub centres were 169, which all are situated under government building, during out visit at Joya block two sub centre, we found that location and condition of the sub centre was poor and one sub centre identify in damage condition. Also, were hygiene, sanitation and delivery point have not properly maintained. Whereas total number of mother and child care centre was 6, which is very less according to the women patient's population in the districts. Mostly hospital and centre are functioning under the state government building.

Table 40: Detail of health infrastructure in the last financial year

Health facilities available	Numbers available	Government building
District Hospital	1	Yes
Sub - District Hospital	1	Yes
First Referral Units (FRUs)	3	Yes
Community Health Centres	8	Yes
Primary Health Centres	25	Yes
Sub Centres	169	Yes
Mother and child care centres (PPC)	6	Yes
Adolescent friendly health clinic	0	No
Medical College	0	No
Skill labs	0	No
District early Intervention centre	0	No
Delivery points	30	Yes

Sources: Supportive supervision checklist, DPMU Jyotiba Phule Nagar

Figure 2: Health infrastructure in Jyotiba Phule Nagar



Figure A: CMO office, Amroha



Figure B: District Hospital, Amroha



Figure C: CHC, Joya



Figure D: CHC Dhanura



Figure E: PHC Dyohti



Figure F: Sub centre Dedoli

3.2 HUMAN RESOURCES FOR HEALTH: STATUS & TRAINING

Human resources in various hospital and health centre need to be major focus of the effectively progress of the district. As reported by the government official there was large number of human resource required in health sector. Data also revealed that out of 117 MO, s including specialist in the district only 65 was filed and still 52 position were vacant and this can be also seen for the Gynaecologist out of 9, total only 1 have filled and 8 position are vacant. Considering the figures of Pharmacist, lab technicians and staff nurse there were a large number of positions are still vacant. This was 12, 9 and 27 respectively. To increase the health facilities at block and village level in the district there is need to increase and filled the vacant position at district hospital, CHCs, PHCs and sub centres.

Table 41: Human resources of Jyotiba phule nagar district under NHM, 2017 – 18

Position Name	Sanctioned	Filled	Vacant
MO's Including specialist	117	65	52
Gynaecologists	9	1	8
Paediatrician	1	0	1
Surgeon	9	0	9
Nutritionist	0	0	0
Dental Surgeon	4	4	0
LHV	0	0	0
ANM	0	0	0
Pharmacist	42	30	12
Lab Technicians	12	3	9
X-Ray Technicians	9	9	0
Data Entry Operators	11	11	0
Staff Nurse At CHC	24	6	18
Staff Nurse at PHC	9	0	9

Sources: Supportive supervision checklist, DPMU Jyotiba Phule Nagar

3.3 TRAINING STATUS

To enhance the human capacity building, training at different section is most essential at district and sub-centre level. The figure shows that during the last financial year few number of training was completed and mostly happened at district hospital. Whereas for immunization and cool chain most of number of persons have trained in community health centre at Joya as compare to other community health centre. It has been also reported that there were few number of training was performed related to SBA, NSV, IUD, NSSK and Blood storage.

Table 42: Training status of human resource in the last financial year 2017-18

Training	Number Trained in District Hospital	No Trained in CHC Joya	No Trained Dhanauraa	PHC Rajabpur	PHC Dhyoti
BeMOC	0	0	0	0	0
SBA	4	4	4	1	1
MTP/MVA	2	0	0	0	0
NSV	0	0	0	0	1
IMNCI	0	0	0	0	0
F-IMNCI	4	1	0	0	0
NSSK	0	0	5	0	0
MINI LAP	0	0	0	0	1
LAPROSCOPY - Steirlistion	0	0	0	0	0
IUD	0	5	5	1	0
RTI/STI	0	0	0	0	0
Imunnizaion and Cool Chain	1	39	3	1	1
IUCD	2	0	0	0	0
PPIUCD	2	0	0	0	0
EMOC	2	0	0	0	0
Blood Storage	4	0	0	0	0

Sources: Supportive supervision checklist, DPMU Jyotiba Phule Nagar

3.4 AVAILABILITY OF EQUIPMENTS AND DRUGS IN HEALTH FACILITIES

EQUIPMENTS

According to the WHO framework for health systems, a well-functioning health system ensures equitable access to essential medical products, vaccines and technologies of assured quality, safety, efficacy and cost-effectiveness, and their scientifically sound and cost-effective use. The shortage of equipment, drugs and medical health facilities is a major challenge at state and district level in India. Most of health related death could be avoided if proper equipment and access of medical services available at the district and village level.

While in practical term the accessibility and utilization of these facilities is limited due to shortage of drugs and medical supplies at district hospital, CHCs, PHCs and sub-centers. However, in term of district hospital Jyotiba Phule Nagar, most of equipment and drugs were available and but at the Community health centre Joya and Dhanaura, and Primary health centre Rajabpur and Dhyoti there were few equipment and drugs are available. This indicates that there is huge need of equipment and drugs supply at community and primary health centre. This will be help for strengthening the health system.

Table 43: Availability of Equipment of the Health Facilities in 2017 – 18

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

Sources: Supportive supervision checklist, DPMU Jyotiba Phule Nagar

Figure 3: Health equipments in the Health Facilities



Figure A: Operation theatre



Figure B: SNCU



Figure C: Ultra sound machine



Figure D: X-Ray Machine



Figure E: Pulse measure machine



Figure F: Packed Dialysis machine



Figure 17: Dental care



Figure 18: Blood testing machine

DRUGS

Table 44: Availability of drugs in the Health Facilities in 2017 – 18

Drugs	Districts Hospital	CHC Joya	CHC Dhanauraa	PHC Rajabpur	PHC Dhyoti
EDL available and displayed	√	√	x	x	x
Computerised inventory management	x	x	x	x	x
IFA tablets	√	x	x	√	x
IFA syrup with dispenser	√	√	x	x	x
VIT A syrup	√	√	√	x	√
ORS packets	√	√	√	√	√
Zinc tablets	√	√	√	√	x
INJ Magnesium Sulphate	√	√	√	√	x
INJ Oxytocin	√	√	√	√	x
Misoprostol tablets	√	√	√	√	x
Mifepristone tablets	x	x	x	x	√
Availability of antibiotics	√	√	√	√	√
Labelled emergency tray	√	√	√	√	√
Drugs for hypertension, Diabetes	√	√	√	√	√
Adequate Vaccine Stock available	√	√	√	√	x
Supplies					
Pregnancy testing kits	√	√	√	√	x
Urine albumin and sugar testing kit	√	√	√	√	x
OCPs	x	√	√	x	x
EC pills	√	√	√	x	x
IUCDs	√	√	√	x	x
Sanitary napkins	√	√	√	√	x
Essential Consumables					
Gloves, Mckintosh, Pads, bandages, and gauze etc.	√	√	√	√	√
Lab Services					
Haemoglobin	√	√	x	√	x
CBC	√	x	x	x	x
Urine albumin and sugar	√	√	√	√	x

Blood sugar	√	√	X	X	X
RPR	X	X	X	X	X
Malaria	√	√	√	X	X
T.B	√	√	√	√	X
HIV	√	√	√	√	X
Liver function tests(LFT)	√	X	X	X	X
Ultrasound scan (Ob.)	X	X	X	X	X
Ultrasound Scan (General)	√	X	X	X	X
X-ray	√	X	X	X	X
ECG	√	X	X	X	X
Endoscopy	X	X	X	X	X
Others , Please specify	X	X	X	X	X
Blood bank/ Blood storage unit					
Functional blood bag refrigerators	√	X	X	X	X
Sufficient no. of blood bags available	√	X	X	X	X
Check register for number of blood	X	X	X	X	X

Sources: Supportive supervision checklist, DPMU Jyotiba Phule Nagar

Figure 4: Drugs in health facilities

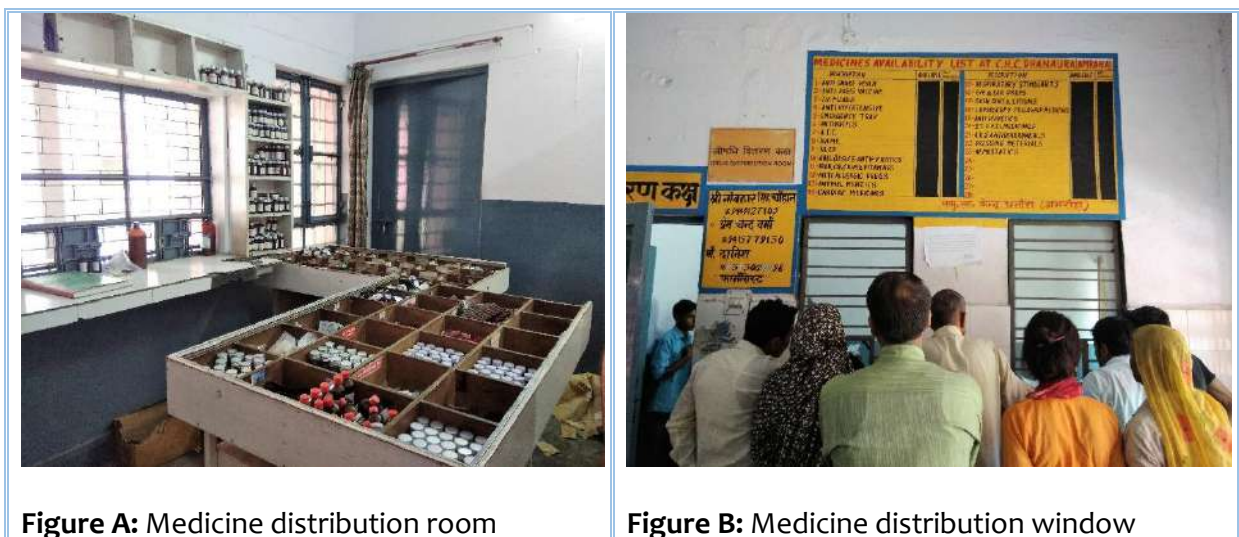


Figure A: Medicine distribution room

Figure B: Medicine distribution window

3.5 SERVICE DELIVERY IN LAST TWO YEARS

More or less similar number of patients has register in both year and almost maximum numbers of service utilization parameter were available at district hospital, CHC Joya and PHC Rajabpur. However very few were available at CHC Dhanaura and PHC Dhyoti (in table 46). In the district OPD and IPD patients has increase over the period at all district hospital and CHC and PHC but in term of total deliveries conducted and number of admission in NBSUs have decrease from the previous year. Which is also seen for other number of children fully immunized and children given vitamin A. whereas at the district hospital the number of C section conducted have reported five-time double from the previous year. Moreover, in term of maternal death, still birth, neonatal death and infant deaths was only reported at the CHC Joya and it was not reported on other visited CHC and PHC of the districts. Also data revel that the mortality has increase over the period, thus there is need to government will more emphasis at district and sub health centre to reduce the mortality and proper reporting of the death.

Table 45: Service delivery in last two financial year

Service utilization parameter	District hospital		CHC Joya		PHC Rajabpur	
	2016-17	2017-18	2016-17	2017-18	2016-17	2017-18
OPD	225442	229847	95250	91949	16876	17003
IPD	8935	9144	8971	9580	300	310
Total deliveries conducted	422	405	2890	2680	173	186
No. of admission in NBSUs	82	52	NA	NA	0	0
No of sick children referred	NA	NA	585	513	3	5
No of pregnant women referred	180	56	398	346	7	12
ANC 1 registration	816	756	5395	5381	307	323
ANC 3 coverage	723	667	2265	2281	307	323
No. of IUCD incretions	0	0	1492	2119	27	30
No. of PPIUCD incretions	118	61	468	499	0	0
No of Vasectomy	NA	NA	379	328	0	0
No of Minilab	NA	NA	NA	NA	0	0
No. of children fully immunized	220	189	7109	7635	192	170
No. of children given Vitamin A	220	185	7109	7635	192	170
No. of MTPs conducted	57	30	NA	NA		
Maternal deaths	0	0	21	22	1	1
Still births	0	0	77	48	0	0
Neonatal deaths	0	1	27	32	0	0
Infant deaths	0	0	31	35	0	0
No. of C-section conducted	5	26	0	0	0	0
No of children given ORS + ZINC	3918	4125	0	0	0	0
No of neonates initiated breast feeding within one hour	390	382	0	0	0	0

Sources: Supportive supervision checklist, DPMU, NA: represent Not available

Table 46: Service delivery in the last two year

Service utilization parameter	CHC Dhanauraa		PHC Dhyoti	
	2016-17	2017-18	2016-17	2017-18
OPD	106714	96121	7220	6954
IPD	1880	2262	NA	NA
Total deliveries conducted	NA	0	NA	NA
No. of admission in NBSUs	NA	0	NA	NA
no of sick children referred	NA	0	NA	NA
No of pregnant women referred	NA	0	NA	NA
ANC 1 registration	NA	0	NA	NA
ANC 3 coverage	NA	0	NA	NA
No. of IUCD inceptions	NA	26	NA	NA
No. of PPIUCD inceptions	4	0	NA	NA
No of Vasectomy	0	0	NA	NA
No of Minilab	5513	6257	NA	NA
No. of children fully immunized	0	0	NA	NA
No. of children given Vitamin A	0	0	NA	NA
No. of MTPs conducted	31	33	NA	NA
Maternal deaths	0	0	NA	NA
Still births	0	0	NA	NA
Neonatal deaths	0	0	NA	NA
Infant deaths	0	0	NA	NA
No. of C-section conducted	0	0	NA	NA
No of children given ORS + ZINC	0	0	NA	NA
No of neonates initiated breast feeding within one hour	0	0	NA	NA

Sources: Supportive supervision checklist, DPMU Jyotiba Phule Nagar

3.6 RECORD MAINTENANCE

In every district of hospital, community and primary health centre, there is need to maintained the record for better monitoring purpose. While during PIP visit of Jyotiba Phule district we found that at the district level most of the record maintenance were filled and maintained each and every day like OPD, IPD ANC, MDR and Drug stock register etc. which is also, properly maintained at CHC Joya, Dhanaura and PHC Rajabpur but we found that at PHC Dhyoti and SCs there are few section was the register was not maintained in proper way. Thus, our team have suggested for proper maintaining of record will be help for the monitoring and evaluation purpose of the health centre.

Table 47: Record maintenance in the visited facility

Record	Available and updated and correctly filled				
	District hospital	CHC Joya	CHC Dhanauraa	PHC Rajabpur	PHC Dhyoti
OPD register	√	√	√	√	√
IPD register	√	√	√	√	√
ANC register	√	√	√	√	x
PNC register	√	√	√	√	x
Line listing of severely anaemic pregnant women	√	√	√	√	x
Labour room register	√	√	√	√	x
OT register	√	√	√	x	x
Immunization register	√	√	√	√	x
Blood bank stock register	√	√	√	√	x
Referral register (in and out)	√	√	√	√	x
MDR register	√	√	√	√	x
Drug stock register	√	√	√	√	√
Payment under register	√	√	√	x	x

Sources: Supportive supervision checklist, DPMU Jyotiba Phule Nagar

Figure 5: Records maintenance in health facilities



Figure A: Register maintained in OPD section



Figure B: Register maintain in delivery section



Figure C: Register maintain in delivery section



Figure D: register maintain in OPD

3.7 MATERNAL HEALTH, DELIVERY AND CHILD HEALTH

Maternal and child health is key component of health services, whereas at the Joytiba Phule Nagar during the last financial year only 31% delivery have reported in district hospital and for JSY the total number have 596 was register. However, the maximum number of JSY has reported in community health centre Joya, which is 757 and the total delivery were 1053 (33.1%). While in the community health centre Dhanaura less number of women registers for the delivery care. Thus, its indicate most of health facilities at district as well as community and primary health centre were far away to improve the health situation at ground realities.

Table 48: Institutional delivery in the last financial year

DH/CHC	JSY	Private Delivery in HMIS Portal	Total Delivery	%
Joytiba Phule Nagar	596	291	887	31.26
Dhanaura	318	184	502	19.52
Joya	757	296	1053	33.14

Sources: Supportive supervision checklist, DPMU Jyotiba Phule Nagar, Till July, 2018

Cause of death study in health research is an important domain and it does provide real scenario of disease specific. As per the official document, there were few number of maternal death have been reported at district hospital as well as the community health centre. Where as in this concern most of maternal death have reported in Dhanaura community health centre, which was only 6. Thus, state and central government will more focus on maternal death aspect at district and block level.

MATERNAL DEATH REVIEW TILL JULY 2018

Table 49: Maternal death in the last financial year

DH/CHC	Expected No	Deaths Reported	% Age of deaths reported against expected	Deaths audited	% Age of audited against reported
Joytiba Phule Nagar	8	5	63	5	100
Dhanaura	8	6	75	6	100
Joya	10	4	40	3	75

Sources: Supportive supervision checklist, DPMU Jyotiba Phule Nagar

CHILD HEALTH

Reduce the child mortality and disease at district level, government of India has setup the nutritional rehabilitation centre. Where most of new-born children care has been functioning. But with the large population of this district there were very few number of new- born case have reported. Also, in the NRC one medical officer, one Paediatrician, and one nutrition counsellor have appointed. However, a total number of 8 staff nurse were

working. In term of duration of stay of new-born children a total number of only 12 have stay more than 15 days at NRC and mostly half of the children stay within 15 days.

SICK NEW-BORN CARE UNIT

Table 50: Human resources in SNBC in the last financial

HR posted at Nutritional Rehabilitation Centre (NRC)	Numbers
Medical officer	1
Paediatricians	1
Class IV	6
DEO	1
Staff nurse	8
nutrition counsellor	1
Cook	1
Attendant	1
Cleaner	1
Total admissions	16
Duration of stay	
Less than 7 days	3
7-15 days	10
more than 15 days	12
Discharge from NRC	
Discharge with more than 15% weight	12
Discharge with less than 15% weight	9

Sources: Supportive supervision checklist, DPMU Jyotiba Phule Nagar

Nutritional health concern is always related to babies' height, weight and age, with this birth weight of babies were a key important aspect of child health. It has been reported at district NRC centre a total number of 27 children have less than 2500 gm weight and 11 & 8 were more than 2500 gm and above 1500 gm weight. Which indicate there are a big percentage of children were coming under the below nutritional status.

Table 51: Birth weight of babies in the last financial year

Birth weight of babies	Number
Less than 2500gm	27
More than 2500gm	11
1500gm-2499gm	8
1000gm-1499gm	0
less than 1000 gm	0

Sources: Supportive supervision checklist, DPMU Jyotiba Phule Nagar

CHILD MORBIDITY

Morbidity pattern of new born children were mostly found different type of disease and the maximum number of the children were suffering for respiratory distress syndrome and HIE/Moderate-severe birth asphyxia, which was a total number of 5. However, the most of new born child were also reported other reason. While we look into the outcome of the patients discharge, referral and left against medical advice, it has been found that most of the patients have not informed to the medical doctor and left medical service with

permission, a total number of 17 and 11 was referred to other hospital were register during the last financial year.

Table 52: Child Morbidity profile in the last financial year

Morbidity profile	Number
Respiratory distress syndrome	5
Meconium aspiration syndrome	1
Other causes of respiratory distress	4
HIE/Moderate-severe birth asphyxia	5
Sepsis/pneumonia/meningitis	1
Major congenital malformation	0
jaundice requiring phototherapy	2
Hypothermia	0
Hypoglycaemia	0
Other	31
Outcome	Number
Discharge	23
Referral	11
Left against medical advice (LAMA)	17

Sources: Supportive supervision checklist, DPMU Jyotiba Phule Nagar

Table 53: Duration of stay in the last financial year

Duration of stay	Number of days
Less than 1 days	8
1-3 days	24
4-7 days	19
More than 7 days	1

Sources: Supportive supervision checklist, DPMU Jyotiba Phule Nagar

It is reported that the maximum number of women who admitted in the hospital have stay in only 1-3 days and afterward they have discharged to the hospital. Whereas it is also reported that 19 women have stay in the hospital during 4-7 days and only 6 women have stay less than 1 day respectively.

IMMUNIZATION

Immunization coverage at the district of Jyotiba phule nagar was 75% and above and the maximum coverage were reported at community health centre Joya. It was about 93.4%, while an overall immunization was only 83%. Considering the overall vaccination of immunization in the three health centre Amroha, Dhanaura and Joya, the maximum number of target have reported by Joya block. Where the full immunization was 93.4%..

Table 54: Child health: block wise analysis of immunization in the last financial year

Block	Target	OPV	BCG	DPT			Pentavalent			Measle	Full
				1	2	3	1	2	3		
Amroha	7038	2956	6819	0	0	0	6169	5680	5440	6039	85.8
Dhanaura	7199	2655	5629	12	9	7	5753	5591	5533	6257	86.9
Gajraula	8082	4506	7243	2	3	3	5803	4830	5179	7164	88.6
Joya	8807	3386	7370	2	2	2	7383	6908	6449	8226	93.4
Hasanpur	8285	3498	5640	11	3	3	6187	5534	5571	6357	76.7
Rehra	7991	3876	6460	69	21	37	6671	5982	5605	6049	75.7
Total	23085	23085	43244	254	105	147	43830	40284	39641	44453	83.4

Sources: Supportive supervision checklist, DPMU Jyotiba Phule Nagar

3.8 RASHTRIYA BAL SWASTHYA KARYAKRAM

Under Rashtriya Bal Swasthay Karyakaram main focus has given to increase the number of children at school and anganwadi centre. However, data revealed that the percentage of total AWC visit and school visit was less than 45 % in all block. Notably it was found that almost all block did not achieve the target, which was set for AWC and School visit.

Table 55: Rashtriya bal swasthya karyakaram progress in last financial year

Block	Total AWC visit			Total School visit		
	Target	Achievement	%	Target	Achievement	%
Amroha	492	166	33.7	296	123	41.6
Dhanaura	400	107	26.8	238	77	32.4
joya	590	175	29.7	317	95	30
Gajraula	364	114	31.3	197	63	32
Ghasanpur	398	117	29.4	251	77	30.7
Rehra	382	136	35.6	236	71	30.1
Grand total	2628	815	31	1535	506	33

Sources: Supportive supervision checklist, DPMU Jyotiba Phule Nagar

3.9 JANANI SURAKSHA YOJANA JANANI SHISHU SURAKSHA YOJANA

Government has given more focus on programme Janani suraksha yojana specifically for rural women and their child. There were a large number of women and children have benefited. To successful run the programme at rural area ASHA have playing an important role whereas at the block level with the huge population there were very ASHA was working at the ground. In the district total 1409 ASHA is currently working. Also they were getting a maximum salary or payment for one was approximately two thousand only. Moreover, based on the ranking the first and second rank was given to Gajraula and Hasanpur CHC and lowest rank had been given to Rehra CHC.

Table 56: Block wise JSK and JSSK progress in district in last financial year

CHCs	Working ASHA	MH (JSY+HRP+MDR)	Routine activity	Average per ASHA per month(in Rs)	Rank
Amroha	223	1.24	1.96	1984	4
Dhanaura	197	0.65	1.91	1981	5
Gajraula	213	1.52	1.97	2122	1
Joya	234	1.04	4.33	2002	3
Hasanpur	308	1.34	2.86	2085	2
Rehra	234	1.03	0	1885	6
Total	1409	6.82	13.04	2013	

Sources: Supportive supervision checklist, DPMU Jyotiba Phule Nagar

ASHA SANGINI PAYMENTS

As per the state innovation in family planning services project a new cadre of 'ASHA Sangini' (Facilitator) to oversee, support and supervise ASHAs in an allotted geography, is a step in this direction under National Health Mission program, encouraging peer based supportive supervision of ASHAs. ASHA Sanginis are expected to play a crucial role in providing day to day support and strengthening the work of ASHAs. Based on the principal of first among the equals, ASHA Sanginis are identified amongst the best performing ASHAs with aspiration and potential for career growth. However, in the community health centre total number of 51 ASHA sangini are currently working but it is less in term of the population of CHC, whereas they are getting on an average salary per month between 3000 to 5000.

Table 57: ASHA Sangini payments in Jyotiba Phule Nagar district in the last financial year

CHCs	No. of ASHA Sangini	Average per as per month
Amroha	12	3755
Dhanauraa	7	5000
Gajraula	7	3482
Joya	7	0
Hasanpur	11	2564
Rehra	7	4607
Total	51	3233

Sources: Supportive supervision checklist, DPMU Jyotiba Phule Nagar

Figure 6: Janani suraksha yojana and Janani shishu suraksha yojana



Figure A: Maternal and child care



Figure B: Vaccination



Figure C: Kitchen



Figure D: Ambulance

3.10 FAMILY PLANNING

Uttar Pradesh is a high priority state for family planning the forums are tasked with identifying gaps and areas for improvement, determining possible solutions, and setting benchmarks to streamline family planning service delivery, which support the national government's commitment to the Family Planning 2020 goals. As per official conversation with the ACMO, medical officer, and ANM most of the Muslim women are not in favours of PPIUCD incertion. Also in District hospital and CHC the percentage of sterilization was very less, whereas the maximum of sterilization has performed in Gajraula CHC and the minimum in Joytiba phule nagar hospital, it was 3.44 % and 0.41 % respectively. Also, delivery at the district hospital and community health centre has reported very less in Hasanpur, which in 70.

Table 58: Family planning Achievement in district in the last financial year

DH/CHCs	NSV	Percentage	IUCD	PPIUCD delivery	Percentage
Amroha	0	0.41	328	596	17.11
Dhanauraa	0	1.64	462	318	26.73
Gajraula	5	3.44	536	539	14.1
Joya	3	0.89	778	757	30.12
Hasanpur	0	0.91	125	70	33.24
Rehra	0	1.26	106	606	19.14
DCH+PPc+Urban	0	7	203	239	11.3
Total	8	1.54	2538	3756	23.08

Sources: Supportive supervision checklist, DPMU Jyotiba Phule Nagar

3.11 INFORMATION EDUCATION AND COMMUNICATION

Information, Education and Communication³ (IEC) are important components of Total Sanitation Campaign (TSC). Experience has shown that IEC campaigns involving communities and grassroots level organizations can accelerate the process of change and hasten the adoption of sanitary practices. However, these efforts must include addressing sociocultural attitudes towards owning a household toilet. The intensity of the hygiene promotion and education is important in leading to sustained practices. Intensive hygiene activities also use different channels to reach people such as community meetings, home visits, contacts in classes, traditional media, different IEC materials etc. IEC activities under TSC were area and culture specific, involving all sections of the rural population, in a manner, focusing on various aspects of the programme, including creating willingness of the people to construct latrines, providing information on different designs, cost and technical options, environmental sanitation aspects, use and maintenance of structures, and above all it is aimed at changing hygiene behaviours, for sustained impacts of improved water and sanitation conditions. While during our visit we have found that in the district hospital and CHC Joy IEC display was updated and display in proper section. Which also provide detailed information about different health programme such as deworming, sex determination, vaccination and sterilization etc. At CHC Dhanuara, PHC Rajabpur and CHC Dhyoti, IEC display was not in proper position and vary few were displayed. Whereas at the sub centre Didoli and Kapsua IEC display were not available

Figure 7: Information education and communication display at visited health facilities



Figure A: IEC display about Deworming programme



Figure B: IEC display about sex determination



Figure C: IEC display about vaccination



Figure D: IEC display about sterilization

3.12 COMMUNITY PROCESS

The Community level health workers such as ASHAs play an important role in promoting institutional deliveries which have a big impact on the health of the mother and the newborn at community and primary health centre. According to the information provided by the official medical officer, there were a total number of 1419 ASHAs available in the district and currently 1407 ASHAs are working with 12 positions still lying vacant. In the previous year, 251 meetings were held at the district level. Although, all ASHAs have attended digital literacy training during the last financial years.

Table 59: Community process in district in the last financial year

Last status of ASHAs (Total number of ASHAs)	1419
ASHAs presently working	1407
Positions vacant	12
Total number of meeting with ASHAs (in a year)	251
Total number of ASHAs resource centers/ASHA ghar	0
Drug kit replenishment	1407
Number of ASHAs Trained in last year	1407
ASHAs trained in digital literacy	0
Name of trainings received	1)1407
	2) 1407
	3) 1407

ASHA YOJANA HOME BASED NEW CARE

Reducing infant and child mortality is one of the foremost goals of national rural health mission. India as a whole made significant progress in reducing infant mortality rate (IMR). However, it is now clear that a high proportion of the infant death is related to new-born deaths. The national rural health mission offers several existing platforms that need to be used more effectively to promote HBNC. Whereas ANM at the sub-centres in several areas, increasing number of women accessing health care facilities for delivery and the institutionalization of the monthly village health and nutrition days provide unprecedented opportunities for making quantum improvement in infant, new-born and child health in India. Under this programme there are 1409 ASHA are currently working, out of this a total number of 1200 ASHA have attended the HBNC training under 6-7 module 1st phase. Also the maximum number of ASHA was participated from Hasanpur CHC. Moreover, infant mortality within 28 days, illness new-born baby mostly referred to CHCs/DH of the district, a total number of 569 children were referred during the last financial year.

Table 60: ASHA Yojana-Home based new-born care (HBNC)

CHCs	ASHA Work Details		Infant mortality within 28 days		
	Working ASHA	Trained in HBNC (6-7 module)	Illness new-born baby referred to CHCs/Dh of	Total Death	Percentage
Amroha	223	222	43	0	0
Dhanaura	197	168	79	13	1.2
Gajraula	213	171	96	5	0.47
Joya	308	157	84	12	1.08
Hasanpur	234	269	153	12	0.88
Rehra	234	213	124	15	1.06
Total	1409	1200	579	57	0.8

Sources: Supportive supervision checklist, DPMU Jyotiba Phule Nagar

Figure 8: Interaction with ASHA and Sangini



Figure A: Meeting with ASHA



Figure B: Interaction with ASHAs & sangini



Figure C: interaction with ASHA



Figure D: Meeting with ANM & ASHA

3.13 DISEASE CONTROL PROGRAMME

One of the objectives of the NHM was the prevention and control of most common communicable and non-communicable diseases. In order to fulfil this, number of programs has been bought under the domain of NHM. This program has been divided into two parts for better performance that are communicable diseases and non-communicable diseases. However, the major focus has given to the district level implementation of disease control programme at Joytiba Phule Nagar, where a total number of 1300 tuberculosis patient visited the district hospital during the last financial year. Under the disease control programme at district level approximately 70% treatment was successfully completed and 5% death was occurred, where in CHC Dhanaura 118 patient were register for treatment and 57 cases successfully done. Also, 175 cases were register under blindness control programme and only 34 cases in blindness were in under treatment. Whereas under the leprosy programme out of 31 cases total number of 18 cases success completed

3.14 HMIS/MCTS

HIMS data section was properly filled by the data operator manager. This was uploaded on HMIS Portal. All health data information was provided by the ASHA worker. Whereas at the district hospital, CHC Joya and Dhanura a separate data entry operator was working and maintaining the proper data. However, all PHC data were filled at nearby CHC. While under the MCTS mostly DPMs and DCPM have track beneficiary household through mobile with the help of ASHA worker. On that basis ASHA were received the incentives. Also, during a month 1 to 2 time DCPM have visited the filed in the respective areas. Moreover, based on the official document MCTS composite ranking of district have given, which was assigned through the total marks in all indicator were the first rank was given to Joya (99.27%) followed by Amroha (84.13%), DCH+Urban+PPC (77.9%), Dhanaura (72.04%), Hasanpur (61.15%), Gajraula (60.83%) and Gangesuwari (14.54%).

Table 61: MCTS composite ranking of district (as 25 august, 2018)

Blocks	Registration 2018-19		Updating 2017-18			Total marks in all indicators	Ranking 2018
	Mother registration	Child registration	Full immunization	Full ANC	Delivery		
Amroha	25.77	17.26	24.06	8.77	8.27	84.13	2
Dhanaura	14.53	9.7	25.71	9.02	13.07	72.04	4
DCH+Urban+PPC	17.65	10.36	13.56	17.29	19.04	77.9	3
Gajraula	14.29	11.18	3.66	16.32	15.37	60.83	6
Gangesuwari	3.73	4.81	0.02	2.94	3.05	14.54	7
Hasanpur	18.56	11.49	4.93	9.31	16.86	61.15	5
Joya	21.54	15.34	29.61	16.77	15.99	99.27	1
District average	17.22	11.7	15.77	11.82	13.38	69.89	-
state average as on 31 july 2018	19.04	12.07	17.3	13.58	12	-	-

3.15 AYUSH

AYUSH is the acronym of the medical systems that are being practiced in India namely Ayurveda, Yoga & Naturopathy, Unani, Siddha and Homeopathy. As per official document, which proof that in the district a total number of 19 doctors are currently working on that only DH and CHC Joytiba Phule Nagar were 4 available. While other CHC have only 1 or 2 doctor were available in the position. Moreover, government have sets target to reduce the health burden, as whole a total number of 85500 target have assign, where during the till july they have completed a total number of 75037 target. Also the maximum numbers of doctor for OPD were available at CHC Rehra.

Table 62: AYUSH progress in district in the last financial year

AYUSH	Number of doctors	Target till July	Total OPD till July 2018 as per HMIS portal	Per day doctor OPD
DH/CHCs	4	18000	8665	87
CHC Amroha	4	18000	12363	124
CHC Joya	2	9000	8572	171
CHC Dhanaura	1	4500	7045	282
CHC Gajraula	2	9000	10838	217
CHC Hasanpur	1	4500	2647	106
CHC Rehra	2	9000	16662	333
DCH	3	13500	8245	110
PPC	19	85500	75037	179

Sources: Supportive supervision checklist, DPMU Jyotiba Phule Nagar

3.16 STATEMENT OF NHM EXPENDITURE: JYOTIBA PHULE NAGAR UTTAR PRADESH 2017-18

Table 63: Pool wise budget heads summary and budget utilization parameters

Budget Head	Budget (Rs. In Lac)	Expenditure (As On 31 Mar, 2018)
NRHM+ RMNCH Plus A Flexipool	226879750	172994978
NUHM Flexipool	23873674	14827479
Flexipool for Disease control programme	26573390	20135801
Flexipool for non - Communicable Disease	9356000	1014799
Infrastructure Maintenance scheme/programme	NA	NA
	Funds 2017 - 18	
	Sanctioned	Utilized
NRHM+RMNCH Plus A Flexipool	NA	NA
Matrenal Health	NA	NA
Child Health	NA	NA
family Planning	NA	NA
Adolescent Health/ RKSK	NA	NA
Immunization	10700000	100%
NUHM Flexipool	22174251	19923070
Strengthening Of Health Services	16670000	149432937
Flexi pool for disease surveillance programme (communicable disease)		
Integrated disease Surveillance Programme (IDSP)	1357000	1328000
National Vector - Borne Disease Control Programme	208350	173000
Flexipool for Non - Communicable Disease		
National Mental Health Programme (NMHP)	NA	NA
National Programme for the Healthcare of the elderly (NPHCE)	NA	NA
National Tobacco control programme (NTCP)	3532168	700000
National Programme for prevention and Control of cancer, Diabetes, cardiovascular Diseases and stroke (NPCDCS)	23555396	1358574
Infrastructure		
Infrastructure	NA	NA
Maintenance	NA	NA

Sources: Supportive supervision checklist, DPMU Jyotiba Phule Nagar

4. FACILITY WISE OBSERVATION

FACILITY-WISE OBSERVATIONS

The observations made by the monitoring team during the visit to various health facilities are listed below. The points summarise the broad status of the health facilities with regards to infrastructure, service delivery, manpower, drugs and equipment etc. The monitoring team visited the following health facilities covering one district hospital, two FRU CHC, two PHC, and two SC.

Combined District Hospital, Amroha

The monitoring team has visited the combined district hospital of Amroha which was located in Amroha block. The facility was a 100 bedded hospital.

Figure 9: Health facilities in district hospital



Figure A: District hospital, Amroha



Figure B: dialysis laboratory



Figure C: SNCU ward



Figure D: NRC wing



Figure E: General ward



Figure F: Bio Medical Waste Management

The following observations were made during the monitoring visit at the health facility.

- The district hospital Amroha was easily accessible and functioning in a well-constructed government building with separate male and female wards and has a capacity of 100 beds. The hospital was clean and hygienic. Staff quarters are available for the staff members but the staff quarters were not sufficient.
- The facility has an average OPD load of 1500-2000 patients per day including ANC check-ups and 12 OPD rooms are available.
- 24*7 hours electricity was available with power backup of generator invertors and solar plate.
- The hospital has functional labour room attached with toilets. labour room was not clean as well as not maintain properly by the mid wife. Also, adequate drugs and equipment were available.
- The hospital had 10 bedded special new born care unit (SNCU). During the visit, a total number of 7 children admitted in the SNCU. However, the child was affected by spices, Zondis, pillia and RDS disease.
- There is no adolescent's reproductive & sexual Health (ARSH) clinic facility was available. Also counselling on Family Planning is done by hospital staff during the ANC visits and after delivery due to shortage of counseling staff.
- The Nutritional Rehabilitation Centre (NRC) of the district hospital was functional and a total number of 20 beds are available, kitchen was separate for NRC wing and well maintained by the cook and provides proper food in according to the menu or routine.
- Bio-medical waste (BMW) collection is outsourced through modi care private agencies from Mathura. Waste is segregated in colour coded bins. While at the health centre BMW management room were available.

- The cold chain storage of the district hospital was functional and temperature maintained by ELVIN software.
- All registers including OPD, IPD, ANC, PNC, Immunization etc are maintained. A part from these displays of IEC marked in the district hospital.
- All the lab services including haemoglobin, CBC, blood sugar, R.P.R, HIV, Malaria, T.B are available in the district hospital excluding thyroid test had refer to Moradabad district hospital.
- Availability of O.T, and lab equipment's, it was observed that the facility has not functional ECG, ultrasound, X-Ray machine, dialysis machine and ICU unit. There is no radiographer in district hospital. Physiotherapy department is also available but from last three months doctor is on leave.
- The essential drugs and vaccines are available were satisfactory at the facility. Sanitary napkins were available in the facility as well.
- From the last financial year 1300 T.B patients identified where 70 percent treatment done successfully and 5 percent death found in register.
- Pardhan Mantri Bhartiya Janaushadi Pariyojana was also available in the facility. They provide generik medicine in very low cost.
- Nirankari sewa samiti managed cleaning and gardening in the district hospital.
- The blood storage unit was available in the facility. Husaini group as well as Nirankari sewa samiti organized blood donation camp twice in a year.
- The hospital has facility of burn unit and trauma centre but the unit is not functioning.
- In district hospital there were three data operating manager in different sections, like as: for drugs detail, for HMIS data, and other. Data account manager are also available in district hospital.

COMMUNITY HEALTH CENTER JOYA

Figure 10: Health facilities in CHC Joya



Figure A: CHC, Joya



Figure B: Maternity ward



Figure C: Labour room



Figure D: Transport facility

- This CHC is running in government building and the staff quarters are available for permanent staff. Toilets are available but in poor condition. 24*7 water supplies are available.
- This CHC has 30 bedded. Male and female ward is found separate, but the ward has not attached with the toilets facilities.
- The blood storage unit wasn't available in the centre and most of the patients were refer to district hospital and Meerut medical college.
- The bio medical waste facility has outsourced and the color-coded bins are provided inside the premises and orderly kept as well. BMW managed by Mathura Company twice in a week in this CHC.
- Due to unavailability of Gynaecologist, Counsellor, Radiologist and other posts, mostly C-Section delivery was not conducted in the CHC.

- Essential drugs list (EDL) is available and displayed. drugs such as IFA tablets, IFA syrup with dispenser, Vitamin A syrup, ORS packets, Zinc tablets, Injection, Magnesium Sulphate & Oxytocin, Misoprostol & Mifepristone tablets and anti-biotics are available. Drugs for hypertension, Diabetes, common ailments e.g. PCM, metronidazole, anti-allergic drugs etc are in stock. While during the shortage of drugs they managed from the district hospital.
- In this health center following tests have available- Haemoglobin, Urine albumin and Sugar, Blood Sugar, Malaria, CBC, Serum Bilirubin test, RPR, T.B., HIV and Others (VDRL, HBsAg). In case of any kind of tests like Rapid Plasma Reagin and ultrasound test, which is not available and necessary, that time they refer to the patient in district hospital.
- The hospital has functional labour room attached with toilets. But labour room not maintained by midwife and gynecologist regulary complains to the MOs.
- This health centre has X-Ray machine in working condition but the radiologist is not available, so the X-Ray conducted by the physician.
- Cold chain is also available. They monitor cold chain temperature every day by evin software.
- With the conversation of ASHAs, they participate poshan mela on 25th august and identified malnaruished children and suggested their family about their health as well as they refer to the children in district hospital, because NRC wing is not available in the CHC.
- There is no power backup is available in all units of CHC except only delivery room, cold chain and MO office.
- Per day OPD load was 700 in CHC Joya. 2962 Of the total delivery conducted in the year 2017-2018 and 275 deliveries conducted per month.
- All registers including OPD, IPD, ANC, PNC, Immunization etc are regularly maintained by the staff nurse. A part from these IEC displays are maintained but not updated, also IEC display was not enough display at the centre.
- From the last six-month, 45 T.B patients has been recognized in this block. Those patients were regularly examined by the doctors. Out of the 15 patients complete their checkups and 30 are still under check up.
- Transport facility is also available in the CHC, which cover 25 km. area. Two 102 ambulance and one 108 ambulance are functioning. Both ambulances are providing 24*7 hours services. While 102 ambulance is available for labour pain, delivery, child care.
- Due to mismatch of the name in aadhar card of husband and wife, beneficiaries have facing problem to opening the account in bank and for these reason beneficiaries couldn't get JSY amount on time.

COMMUNITY HEALTH CENTER DHANAURA

Figure 11: Health facilities in CHC Dhanaura



Figure A: CHC, Dhanaura



Figure B: Maternity ward



Figure C: Cold chain



Figure D: Toilet

- The CHC Dhanaura is running in government building and the staff quarters are available for the staff. Toilets are available but in poor condition. 24*7 water supply available.
- The facility has an average OPD load of 400 patients per day including ANC check-ups. Also the CHC has 30 bedded with separate male and female wards without attached toilets.
- Almost all tests are available in the health centre. Whereas CHC tie-up with the unique private hospital for ultra sound check up.
- According to MOs, 95 percent immunization covered in Dhanaura block.

- Under disease control programme, 175 cases identified where as 118 patients from T.B and 57 cases from leprosy, out of those cases 8 cases have been successfully done under T.B and 18-19 cases successfully completed under leprosy.
- Under blindness control programme, 34 patients successfully completed their checkups from the last financial year.
- At this health center no suggestion/ complaint box was available
- Human resource shortage was big problem in this health center and one LMO, one anaesthetic and one gynaecologist are available and perform the multipurpose duty.
- In this health centre has X-Ray services are available and functional proper manner.
- All registers including OPD, IPD, ANC, PNC, Immunization etc are maintained. However, related to maternal death cases were not reported in the registered.
- Sanitary napkins were also available in the facility as well and provide it to in very low cost.
- The hospital has functional labour room attached with toilets but not maintained by midwife.
- The facility outsourced bio medical waste and has color-coded bins inside the premises and orderly kept as well.
- Cold chain available, and also maintained per day by cold chain technician.
- Dental unit was available in this CHC, but all equipments were not available. Only hygiene purposes had been checked by the specialist.
- There is no pharmacist in AYUSH wing of the CHC only Ayurveda doctors is available. The AYUSH department has a daily OPD of 20-25.
- Blood bank is not available in this CHC, but on demand of blood they refer to the district hospital and Meerut medical college.
- Meal has been provided by private tender by nirmal vatika bhojnalya. This company provided meal in packet to the patients of this CHC.
- In Dhanaura block, 197 ASHAs are working and 27 ANM working were as 12 ANM is contractual basis. All ASHAs completed module 7 training. According to MO, 40-50 ASHAs working properly that's why JSY and JSSK programme related graph is very low in this block.
- According to Block Community Programme Manager (BCPM), accountant and data operating manager post are vacant from last six month. Due to their poor work progress and handled another outsource work, MOs suspend them to their post. So now the time BCPC handled all the work.
- In last month this block was affected by floods that's why mostly patients infected by diarrhea, viral fever, and fungal infection in their private parts of the body.

PRIMARY HEALTH CENTER RAJABPUR

Figure 12: Health facilities in PHC Rajabpur



Figure A: PHC Rajabpur



Figure B: labour room

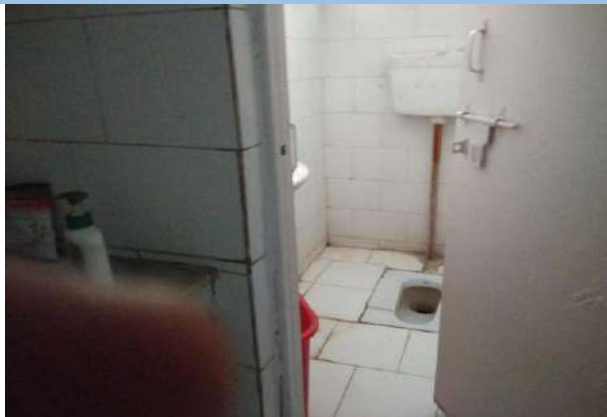


Figure C: Toilet facility



Figure D: BMW manage through pit

The primary health centre Rajabpur is situated at Joya block. The Human Resource designated at health facility is: 1 MO, 1 AYUSH (Homeopathy), 1ANM, 1 LTs and 1 Pharmacists.

The following observations were made by the monitoring team who visited the health facility, PHC Joya:

- The health facility was easily assessable and run in government building. ANM quarter is available at the PHC.
- The facility has an average OPD load of 1500-2000 patients per day including ANC check-ups.
- Under Ayush only homeopathic doctor was available in PHC, and caters to about 30 to 40 OPD in a day.

- Labour room of the PHC is functional. Labour room is attached with toilet, but the toilet was not cleaned and maintained.
- Total deliveries conducted at the health facility for the last year were reported as 300. Whereas in the PHC a total number of 12-15 deliveries conducted and 24*7 hours delivery facility are available for patients.
- The facility is not capable of handling c-section delivery or sick neonates and infants. So mostly patient was refer to the district hospital.
- Electric supply is good. The facility has a backup with invertors and 24*7 hours running water supply.
- Biomedical waste in the facility was available but they dumped in open area.
- Records are maintained for OPD, IPD, ANC, PNC, Line listing of severely anaemic pregnant women, Labour room, FP, Immunisation, , Drug Stock, Referral Registers (In and Out), Payments under JSY. However during the last financial year no maternal, neonatal or infant deaths were reported.
- Drugs such as IFA tablets, IFA syrup with dispenser, Vitamin A syrup, ORS packets, Zinc tablets, Injection, Magnesium Sulphate & Oxytocin, Misoprostol & Mifepristone tablets. Drugs for hypertension, Diabetes, common ailments e.g. PCM, metronidazole, anti-allergic drugs etc are in stock
- The following tests occur in the health facility: Haemoglobin, Malaria, HIV, T.B, Blood group, Urine test. These tests are not available: CBC, Serum Bilirubin test, RPR (Rapid Plasma Reagin), and Sugar, Blood Sugar.
- 84% of children are fully immunized however 15% was not covered because of migrant population.
- The staff induldes in counselling for family planning. Options available for family planning are PPIUCD and tubectomy.
- ARSH meetings are held in Anganwadi Centres, and also counselling provided by ANM, ASHAs and Aanganbari worker.
- Within 2 years only three male sterilization has been conducted in this PHC.
- Under Matri vandana Yojana 1347 applications were filled and 35 cases they covered.
- HMIS data were filled by the data operating manager in HMIS portal.

PRIMARY HEALTH CENTER DHYOTI

Figure 13: Health facilities in PHC DHYOTI



Figure A: PHC, Dyohti



Figure B: Drugs



Figure C: IEC display



Figure D: Toilet facility

- Located at 32 km from the district headquarters, this facility provides to a population of 44 villages.
- The PHC is functioning under government building with good condition. Staff quarters are available at the PHC.
- The facility has an average OPD load of 60-70 patients per day, separate wards for male and female are available and each ward 2 beds are available. Toilets and washrooms are available with 24*7 hours water supply.
- PHC Dyohti was not a delivery point.
- AYUSH doctor was available in PHC, and caters to about 40 to 50 OPD in a day.
- IEC display was not sufficient in the facility.

- Drugs such as Vitamin A syrup, ORS packets, Mifepristone tablets. Drugs for hypertension, Diabetes, common ailments e.g. PCM, metronidazole, anti-allergic drugs etc are in stock.
- Untied funds amounting to Rs. 10,000 are provided every year around June/July. It is spent towards cleaning, procuring supplies and stationery.
- Records are maintained for OPD, IPD, Indoor bed head ticket and Drugs Stock.
- The facility has a total of 2 regular MOs (1 for AYUSH), 1 ANM, 1 Pharmacist, 1 LHV/PHN and 1 swipper (contractual). The ANMs have been trained for SBA.
- In the absence of pharmacist swipper provided drugs to the patients.
- Moreover, this PHC also received referral patient form other 5 sub centre.

SUB CENTER DEDOLI

Figure 14: Health facility in SC Dedoli



Figure A: Sub-centre, Dedoli

Figure B: Interaction with beneficiary

- The facility had 4 ASHAs, 1 Compounder and 1 Staff Nurse.
- Sub Centre running under the government building. It has ANM quarter available. Although it was not maintained, thus the SC has been damaged condition. Also, the facility lacked electricity and piped water supply. Hence ANM was also not residing in SC.
- It was a delivery point, where deliveries were handled by the ANM and the high-risk or complicated deliveries were referred to the nearest CHC.
- According to ANM, from last two month deliveries graph has decreased, because of ANM goes to maternity leave. However, 15-16 deliveries conducted per month.
- There was not any provision for Bio medical waste management. Colour coded bins were also not available at the facility premises. RBSK toolkit was not available at the facility as well.
- Shortage of IFA tablets and injection found in this SC and wasn't reported.
- IEC material was not properly displayed.
- B.P instruments and weighing machine were available in SC.

SUB CENTER KAPSUA

Figure 15: Health facility in SC KAPSUA



Figure A: Sub centre, kapsua

Figure B: Immunization camp at sub centre

- This Sub Centre was running under the government building. It has ANM quarter available. Although it was not maintained. Also, the facility lacked electricity and piped water supply. Hence ANM was also not residing in SC.
- The facility is not a delivery point.
- Bio-medical waste disposal is being done in an unsafe manner as it is disposed off with the regular waste due to unavailability of any pit.
- Records are maintained for ANC, immunization, Drug Stock and vaccine.
- This sub centre is situated in village area and mostly used for immunization, mother and child weight and ANC check-ups.
- Most of time electricity was not available and water facility was available by hand pump.
- At sub Centre level 1 ANMs and 2 ASHAs were appointed. They have received training on IUCD and SBA. They were conducted immunization camps at village levels and also provide guidelines related to maternal and child health to the ASHAs. ASHAs distribute IFA and other essential drugs to pregnant women.

5. CONCLUSION AND RECOMMENDATION

Monitoring and evaluation is major component to evaluate the existing programme. While during our field visit, we have observed the various sections of district hospital and community, primary and primary sub health centre such as maternity, new-born child care, various units' labs etc. The hospital was well connected with private and public transportation like railways station distance was 2km and bus stand distance was 4 km from the hospital. The hospital was well cleaned, maintained sanitation and hygiene practice. While the district hospital is functioning properly and handling a large junk of population by the near district or sub districts areas. Also, at the hospital blood storage sections were available, which was supported by the Nirankari Seva Samiti and Hussaini Group. Moreover, there team have organized several blood donation camp as well as blood donation Mela within the hospital premises as well as outside nearby the areas. Whereas in the hospital the maternity room and general ward was separate, in the ward they have 100 bedded facilities. Considering the maternal health aspect, the women delivery point was well maintained and worker who were working providing full support to patients.

Recently in the districts hospital there are three new infrastructures section were established first burning unit, second ICU unit and third one is 100 warded maternity ward. While due to shortage of human resources such as Gynaecologist, Physician etc. thus these sections is not started till now. Also, in the family planning section there is no permanent family planning counsellor, but the hospital management mange these post on temporary basis and the counsellor from CHC Joya was available thrice in a week at district hospital. Considering the management of the hospital peaceful environment, both patients and worker was facing huge problem of security. Meanwhile in hospital as well hospital residential premise there were no guard or security person was available. However, in this hospital patients have availed the benefit of Pradhan Mantri Generik medicine, which was available at low cost in the hospital. While some time due to unavailability of medicine patients were travelling to long distance to buy the medicine.

RECOMMENDATION

Moreover, government will more focus on the community, primary and sub centre to reduce the health burden in the village area considering the following point.

1. All community and primary health centre were running under government building, but the available building and resource were not sufficient to manage the load of huge patients. Thus there is need to extend or developed new health infrastructure facilities at block and village level.
2. On the basis of our field visit we should have recommended the respective health authorities to look into proper concerns and provide full support to district hospital, community and primary health centre in the district in term of human resource allocation. In the district and primary health centre, we have found in the all health centre a huge shortage of human resource person like, Gynaecologists, counsellor, radiologist and educated ASHA worker.
3. Most of the CHC and PHC health centre there were no child unit section such as NRC wing, which is most important for the village areas and mostly sick new-born and infant children were referred to the district hospital, which is far away from the block and village level. Thus there is need to provide sufficient all facilities related to new child born care at the nearest health centre unit.
4. In most of the CHC and PHC there were more number of patients of tuberculosis and leprosy case was identified. Also in sub-centre the clinical facilities related to adolescents' reproductive and sexual health were not available. However, in term of medicine only basic medicine was available. Thus, NHM will more focus on the disease specific intervention programme in the district.
5. National health mission need to more focus on proper training programme for doctors, nurses, AHSAs etc on regular and update their curriculum on priority basis.
6. Also, NHM should more focus on Bio-Medical waste management facility especially in sub-centre Dedoli and Kapsua.
7. The National health missions need to provide proper monitoring and availability of shortage of measles and BCG vaccination at Joya and Dhanaura health centre.
8. During our field visit we found that in the Dedoli and Kapsua sub-centre having huge problem of electricity and water supply. Thus, NHM should provide alternative solution to overcome problem.
9. Most of the CHC centre doesn't have the following instruments for testing such as Haemoglobin, Malaria, HIV, T.B, Blood group, Urine test. CBC, Serum Bilirubin test, RPR (Rapid Plasma Reagin), and Sugar, Blood Sugar., Thus, the NHM need to provide the measurement tools to the respective health centre.

6. LIST OF CONTACT PERSON

Name	Designation	Office
DR. Ramesh Chandra Sharma	Chief medical officer	Munni Devi district hospital
DR. Dinesh Khatri	Assistant chief medical officer	Munni Devi district hospital
Muqarrab Hussain	District community process manager	Munni Devi district hospital
DR. Pramod Kumar	Medical Superitendent	District hospital
DR. vinay Bhargav	Physician	District hospital
DR. Megh Singh	Anaesthetic	District hospital
DR. Deepak Singh	District hospital cordinator	District hospital
DR. T. P. Singh	EYE sergon	District hospital
DR. R. K. thakur	ENT(Ear, nose and throat)	District hospital
Kanika	Counciller	District hospital
Amit Kumar	ICTC councillor	District hospital
Varun Kumar	Dental Hyginist	District hospital
O.J. Pal	Pharmasist	District hospital
DR. Pramod Kumar	Pathologist	District hospital
Anurag	DEOS	District hospital
Lalit Narayan	Lab Technician	District hospital
Mohit Chaudhary	Lab Technician	District hospital
Shivam Paisal	Lab Technician	District hospital
Vivek Sharma	Lab Technician	District hospital
Kavindar Kumar	Lab assistant	District hospital
Preety	Staff nurse	District hospital
Manisha Singh	ANM	District hospital
Shashi Bala	ANM	District hospital
DR. MD. Waseem	Medical officer	CHC Joya
Karan Singh	Information officer	CHC Joya
Sheela Singh	Staff nurse	CHC Joya
Virendar Singh	Ambulance pilot	CHC Joya
Sanjeev Kumar	Ambulance pilot	CHC Joya
Ankur Kumar	Male staff boy	CHC Joya
ANM	Usha Gupta	CHC Joya
ASHA		CHC Joya
Dr. Parul Singh	Medical officer	PHC Rajabpur
DR. Puneet Sharma	Ayush Doctor	PHC Rajabpur
Neeraj Kumari	ANM	SC Didauli
Renu Devi	ASHA	SC Didauli
DR. R.A.S Gautam	Medical superitendent	CHC Dhanauraa
Manoj Kumar Saini	Block programme manager	CHC Dhanauraa
DR. Sandeep Gupta	MBBS	CHC Dhanauraa
DR. Mohit Kumar Tyagi	Medical officer Ayush	CHC Dhanauraa

DR. Munish Adil	Pediatrician	CHC Dhanauraa
Munendar Singh	HEO	CHC Dhanauraa
Vijay Pal Singh	Optomistist	CHC Dhanauraa
Sandeep Kumar	MCTs operator	CHC Dhanauraa
Naubhor Kumar	Pharmasist	CHC Dhanauraa
MD. Danish	Ayush Pharmasist	CHC Dhanauraa
Amit Pal	X-Ray dark room	CHC Dhanauraa
Prashant Kumar	X-Ray dark room	CHC Dhanauraa
Sanjeev Kumar	Lab assistant	CHC Dhanauraa
Monika Chauhan	Staff nurse	CHC Dhanauraa
Mohit Kumar	Staff Boy	CHC Dhanauraa
Madhu Rani Singh	ANM	CHC Dhanauraa
DR. Kunal Parasher	Medical officer	PHC Dhyoti
DR. Sudhakar Singh	Medical officer Ayush	PHC Dhyoti
Manoj Kumar	Sweeper	PHC Dhyoti
Dharmendra Kumar	Pharmasist	PHC Dhyoti
Neeraj Yadav	ANM	SC Kapasi
Prabha Devi	ASHA	SC Kapasi

7. ANNEXURE

ANNEXURE-1



National Health Mission Monitoring of District PIP

Population Research Centre, Institute of Economic Growth, Delhi

Evaluation of key indicators of the district

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

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

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

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

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

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

Section 3: Human Resource as on 31 March, 2018

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

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

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

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

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

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

.....

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

Block	ANC Registered	3 ANCs	Home Deliveries	Institutional Deliveries

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

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

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

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

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

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

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

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

Section 5.6. Maternal Death Review in the last financial year

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

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

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

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

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

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

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

Note: * Leave against medical advise

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

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

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

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

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

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

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

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

Section 9. Quality in health care services

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

Section 10. Community process in District in the last financial year	
Last status of ASHAs (Total number of ASHAs)	
ASHAs presently working	
Positions vacant	
Total number of meeting with ASHA (in a Year)	
Total number of ASHA resource centres/ ASHA Ghar	
Drug kit replenishment	
No. of ASHAs trained in last year	
ASHA's Trained in Digital Literacy	
Name of trainings received	1) 2) 3)

Section 10.1. Disease control programme progress District (Non-Communicable Diseases)				
Name of the Programme/ Disease	2016-17		2017-18	
	No. of cases screened	No. of detected cases	No. of cases screened	No. of detected cases
Blindness				
Mental Health				
Diabetes				
Hypertension				
Osteoporosis				
Heart Disease				
Obesity				
Cancer				
Fluorosis				
Chronic Lung Disease				
Others, if any				

Section 10.2. Disease control programme progress District (Communicable Diseases)

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

Section 11. AYUSH progress District in the last financial year

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

Section 12. Pool Wise Heads Summary

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

Section 12.a. Budget Utilisation Parameters

S.No	Scheme/Programme	Funds 2017-18	
		Sanctioned	Utilized
12.1	NRHM + RMNCH plus A Flexipool		
12.1.1	Maternal Health		
12.1.2	Child Health		
13.1.3	Family Planning		

12.1.4	Adolescent Health/RKSK		
12.1.6	Immunization		
12.2.	NUHM Flexi Pool		
12.2.1	Strengthening of Health Services		
12.3	Flexipool for disease control programme (Communicable Disease)		
12.3.1	Integrated Disease Surveillance Programme (IDSP)		
12.3.2	National Vector-Borne Disease Control programme		
12.4.3	National Tobacco Control Programme (NTCP)		
12.4.1	National Mental Health programme (NMHP)		
12.4.2	National Programme for the Healthcare of the Elderly (NPHCE)		
12.4.3	National Tobacco Control Programme (NTCP)		
12.4.4	National Programme for Prevention and Control of Cancer, Diabetes, Cardiovascular Diseases and Stroke (NPCDCS)		
12.5	Infrastructure		
12.5.1	Infrastructure		
12.5.2	Maintenance		
12.5.3	Basic training for ANM/LHVs		

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

HMIS/MCTS progress, Saharanpur, 2017-18

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

ANNEXURE-2

DH level Monitoring Checklist

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

Catchment Population: _____ Total Villages: _____

Date of last supervisory visit: _____

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

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

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

1.24	Availability of mechanisms for Biomedical waste management (BMW)at facility	Y	N	
1.25	BMW outsourced	Y	N	
1.26	Availability of ICTC/ PPTCT Centre	Y	N	
1.27	Rogi Sahayta Kendra/ Functional Help Desk	Y	N	

Section II: Human Resource as on March 31, 2018

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

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

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

3.15	Others		
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Section IV: Equipment				
S.No	Equipment	Yes	No	Remarks
4.1	Functional BP Instrument and Stethoscope	Y	N	
4.2	Sterilised delivery sets	Y	N	
4.3	Functional Neonatal, Paediatric and Adult Resuscitation kit	Y	N	
4.4	Functional Weighing Machine (Adult and child)	Y	N	
4.5	Functional Needle Cutter	Y	N	
4.6	Functional Radiant Warmer	Y	N	
4.7	Functional Suction apparatus	Y	N	
4.8	Functional Facility for Oxygen Administration	Y	N	
4.9	Functional Foetal Doppler/CTG	Y	N	
4.1	Functional Mobile light	Y	N	
4.11	Delivery Tables	Y	N	
4.12	Functional Autoclave	Y	N	
4.13	Functional ILR and Deep Freezer	Y	N	
4.14	Emergency Tray with emergency injections	Y	N	
4.15	MVA/ EVA Equipment	Y	N	
4.16	Functional phototherapy unit	Y	N	
4.17	Dialysis Equipment	Y	N	
4.18	O.T Equipment			
4.19	O.T Tables	Y	N	
4.2	Functional O.T Lights, ceiling	Y	N	
4.21	Functional O.T lights, mobile	Y	N	
4.22	Functional Anaesthesia machines	Y	N	
4.23	Functional Ventilators	Y	N	
4.24	Functional Pulse-oximeters	Y	N	
4.25	Functional Multi-para monitors	Y	N	
4.26	Functional Surgical Diathermies	Y	N	
4.27	Functional Laparoscopes	Y	N	
4.28	Functional C-arm units	Y	N	
4.29	Functional Autoclaves (H or V)	Y	N	
	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	
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Section V: Essential Drugs and Supplies

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

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

Section VI: Other Services

S.No	Lab Services	Yes	No	Remarks
6.1	Haemoglobin	Y	N	
6.2	CBC	Y	N	
6.3	Urine albumin and sugar	Y	N	
6.4	Blood sugar	Y	N	
6.5	RPR	Y	N	
6.6	Malaria	Y	N	
6.7	T.B	Y	N	
6.8	HIV	Y	N	
6.9	Liver function tests(LFT)	Y	N	
6.1	Ultrasound scan (Ob.)	Y	N	
6.11	Ultrasound Scan (General)	Y	N	
6.12	X-ray	Y	N	
6.13	ECG	Y	N	

6.14	Endoscopy	Y	N	
6.15	Others , pls specify	Y	N	
S.NO	Blood bank/ Blood storage unit	Yes	No	Remarks
6.16	Functional blood bag refrigerators with chart for temperature recording	Y	N	
6.17	Sufficient no. of blood bags available	Y	N	
6.18	Check register for number of blood bags issued for BT in last quarter			

Section VII: Service Delivery in Last two financial years

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

Section VIII: Quality parameter of the facility

S.No	Essential Skill Set	Yes	No	Remarks
8.1	Manage high risk pregnancy	Y	N	

8.2	Provide essential newborn care(thermoregulation, breastfeeding and asepsis)	Y	N	
8.3	Manage sick neonates and infants	Y	N	
8.4	Segregation of waste in colour coded bins	Y	N	
8.5	Bio medical waste management	Y	N	
8.6	Updated Entry in the MCP Cards	Y	N	
8.7	Entry in MCTS	Y	N	
8.8	Action taken on MDR	Y	N	

Section IX: Record Maintenance

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

Section X: IEC Display

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

Section XI: Additional/Support Services

S.No	Services	Yes	No	Remarks
------	----------	-----	----	---------

11.1	Regular Fogging (Check Records)	Y	N	
11.2	Functional Laundry/washing services	Y	N	
11.3	Availability of dietary services	Y	N	
11.4	Appropriate drug storage facilities	Y	N	
11.5	Equipment maintenance and repair mechanism	Y	N	
11.6	Grievance Redressal mechanisms	Y	N	
11.7	Tally Implemented	Y	N	

Qualitative Questionnaires for District Hospital Level

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

.....

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

.....

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

.....

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

.....

ANNEXURE-3

PHC/CHC (NON FRU) level Monitoring Checklist

Name of District: _____ Name of Block: _____ Name of PHC/CHC: _____
 Distance from Dist. HQ: _____
 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 available	Y	N	
1.5	Staff Quarters for SNs available	Y	N	
1.6	Staff Quarters for other categories	Y	N	
1.7	Electricity with power back up	Y	N	
1.9	Running 24*7 water supply	Y	N	
1.1	Clean Toilets separate for Male/Female	Y	N	
1.11	Functional and clean labour Room	Y	N	
1.12	Functional and clean toilet attached to labour room	Y	N	

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

Section II: Human resource as on March 31, 2018

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

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

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

Section IV: 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	
4.1	Functional ILR and Deep Freezer	Y	N	
4.11	Functional Deep Freezer			
4.12	Emergency Tray with emergency injections	Y	N	
4.13	MVA/ EVA Equipment	Y	N	

	Laboratory Equipment	Yes	No	
4.14	Functional Microscope	Y	N	
4.15	Functional Hemoglobinometer	Y	N	
4.16	Functional Centrifuge	Y	N	
4.17	Functional Semi autoanalyzer	Y	N	
4.18	Reagents and Testing Kits	Y	N	

Section V: Essential Drugs and Supplies

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

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

Section VI: Other Services

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

Section VII: Service Delivery in last two years

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

S.No	Service Utilization Parameter	2016-17	2017-18
7.15	No. of MTPs conducted		
7.16	Maternal deaths		
7.17	Still birth		
7.18	Neonatal deaths		
7.19	Infant deaths		

Section VII a: Service delivery in postnatal wards

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

Section VIII: Quality parameter of the facility

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

Section IX: Record Maintenance

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

Section X: Funds Utilisation

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

Section XII: Additional/Support Services

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

Qualitative Questionnaires for PHC/CHC Level

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.

.....

ANNEXURE-4

FRU level Monitoring Checklist

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

Section I: Physical Infrastructure

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

1.14	Functional New-born Stabilization Unit	Y	N	
1.16	Functional SNCU	Y	N	
1.17	Clean wards	Y	N	
1.18	Separate Male and Female wards (at least by partitions)	Y	N	
1.19	Availability of Nutritional Rehabilitation Centre	Y	N	
1.2	Functional BB/BSU, specify	Y	N	
1.21	Separate room for ARSH clinic	Y	N	
1.22	Availability of complaint/suggestion box	Y	N	
1.23	Availability of mechanisms for Biomedical waste management (BMW)at facility	Y	N	
1.23a	BMW outsourced	Y	N	
1.24	Availability of ICTC Centre	Y	N	

Section II: Human resource as on March 31, 2018

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

Section III: Training Status of HR

S.No.	Training	NoTrained	Remarks if any
3.1	EmOC		
3.2	LSAS		
3.3	BeMOC		
3.4	SBA		
3.5	MTP/MVA		
3.6	NSV		

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

Section IV: Equipment

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

Section V: Essential Drugs and Supplies

S.No	Drugs	Yes	No	Remarks
		s		

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

Section VI: Other Services

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

S.No	Blood bank / Blood Storage Unit	Yes	No	
6.11	Functional blood bag refrigerators with chart for temp. recording	Y	N	
6.12	Sufficient no. of blood bags available	Y	N	
6.13	Check register for number of blood bags issued for BT in			

	last quarter			
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Section VII: Service Delivery in last two financial years

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

Section VII a: Service delivery in post natal wards

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

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

Section VIII: Quality parameter of the facility

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

Section 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				
9.1	Immunisation Register				
9.11	Blood Bank stock register				
9.12	Referral Register (In and Out)				

9.13	MDR Register				
9.14	Drug Stock Register				
9.15	Payment under JSY				

Section X: Fund Utilisation				
S.No	Funds	Proposed	Received	Utilised
10.1	Untied funds expenditure (Rs. 10,000-Check % expenditure)			
10.2	Annual maintenance grant (Rs. 10,000-Check % expenditure)			

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

ANNEXURE-5

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 : _____

Sub Centre level Monitoring Checklist

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 managemen	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 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 V: Essential Supplies

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

Section VI: Service Delivery in the last two years

S.No	Service Utilization Parameter	2016-17	2017-18
6.1	Number of estimated pregnancies		
6.2	No. of pregnant women given IFA		
6.3	Number of deliveries conducted at SC		
6.4	Number of deliveries conducted at home		
6.5	ANC1 registration		
6.6	ANC3 coverage		
6.7	No. of IUCD insertions		
6.8	No. of children fully immunized		
6.9	No. of children given Vitamin A		
6.1	No. of children given IFA Syrup		

6.11	No. of Maternal deaths recorded		
6.12	No. of still birth recorded		
6.13	Neonatal deaths recorded		
6.14	Number of VHNDs attended		
6.15	Number of VHNSC meeting attended		

Section VII: Record Maintenance

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

Section VII A: Funds Utilisation

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

Section VIII: IEC display

Sl.No	Material	Yes	No	Remarks
8.1	Approach roads have directions to the sub centre	Y	N	
8.2	Citizen Charter	Y	N	

8.3	Timings of the Sub Centre	Y	N	
8.4	Visit schedule of “ANMs”	Y	N	
8.5	Area distribution of the ANMs/ VHND plan	Y	N	
8.6	SBA Protocol Posters	Y	N	
8.7	JSSK entitlements	Y	N	
8.8	Immunization Schedule	Y	N	
8.9	JSY entitlements	Y	N	
8.10	Other related IEC material	Y	N	

Qualitative Questionnaires for Sub-Centre Level

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