NATIONAL HEALTH MISSION

A REPORT ON

MONITORING OF IMPORTANT COMPONENTS OF

NHM PROGRAMME IMPLEMENTATION IN KANNAUJ DISTRICT, UTTAR PRADESH

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Acknowledgement

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List of Acronyms and Abbreviations

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

Executive Summary

The National Health Mission embodies the prime mission of the government of India for the Indian Health scenario holistically. The advancement of NHM is carried out by the Monitoring and Evaluation action which is also a significant determinant. The Ministry of Health and Family Welfare (MoHFW) has assigned the responsibility to Population Research Centres (PRCs) for the evaluation with respect to quality monitoring of important components of NHM State Programme Implementation Plan (PIP) 2017-18.

This report is prepared by the Population Research Centre, Delhi on the basis of the observation during the field visit and also brings with it significant inputs provided by the key personnel of NHM. The assessment was conducted in August 2018, thus captures the status of NHM activities in the Kannauj district of Uttar Pradesh.

The primary focus of this report is the monitoring of essential components of NRHM i.e. Maternal Health, Child Health, and Family Planning in "Kannauj District" Uttar Pradesh (2017-18). Furthermore, the status of NHM functioning of the district is highlighted in this report.

The impact of development and changes in the health sector are quite divergent and unsatisfactory. Thus to understand the reasons behind the unsatisfactory nature of health indicators, government need the timely evaluation of the important components of the Program Implementation Plan and to further strengthen of these plans.

The major strengths and weakness of the district are as follows:

Strengths

- National Health Mission (NHM) staffs have been playing a critical role in providing efficient healthcare services. It was specially mentioned that regular training from the state, helps them in maintaining quality healthcare services.
- With regard to maternal health, the number of maternal deaths has been significantly decreased in a period of time.
- JSY (Janani Suraksha Yojana) and JSSK (Janani Shishu Suraksha Karyakaram) programme for the child and maternal health are effectively functional in the district. Furthermore, JSY has essentially contributed to the increase in institutional deliveries as well.

- The ARSH centre in the district hospital is functioning well with 3 doctors in its domain.
- There are nine counseling centre for adolescents in the district.
- Total Immunization coverage of the district was reported to be 73 percent.
- The district has one SNCU, ten NBCC and one NRC. SNCUs was well equipped and well managed with proper trained staffs to operate the equipments related to newborn care.
- RBSK was functional in all eight Blocks and around 20 visit per month to various schools and Anganwadi centres' were reported in the district. About 296275 children were registered under the said programme in last financial year.
- The newly launched family planning method Antara was more acceptable in district as compare to other family planning methods.
- Female sterilization was still prominent under permanent sterilization as compare to male sterilization. Out of the total sterilization 99 per cent were Tubectomies (Female) while only 1 per cent was vasectomies (Male).
- Use of condom was also reported to be prevalent under family planning method in the district.
- The district has 1380 ASHAs worker. With respect to training status, ASHAs training for Modules 6- 7 (round 1st and 2nd**)** and Induction was reported to be successfully completed.
- HMIS data validation was reported to be done from time to time by the district officials.
- IEC material regarding different program such as JSY, JSSK, immunization and family planning were displayed at the district hospital and some of the facilities even conduct counseling sessions to spread awareness.
- Bio-Medical Waste (BMW) was outsourced and was picked up on every alternate day.
- The DPM was effectively involved with all the NHM activities & possessed a sound knowledge of the current status and the future prospects.
- Regular camp, for promotion of various government programs on monthly basis were reported to be held in the district.

Weaknesses

- In efficiency in data feeding was reported due to lack of skilled human resources. Data Entry Operators (DEO) were overburdened as they were not trained enough to handle the number of programme running in the district.

- There was shortage of Specialist Doctors and Gynecologists at the different facility. Major reason for non-availability of man power was unwillingness to work in rural area or small town.
- Shortage of IFA, Calcium tablets and some basic medicines like PCM was observed in the district. Supply side hindrance was reported to the reason for shortage which led to significant demand. Shortage of AYUSH medicine was also reported.
- MCP card were not available at the most of the facility. Earlier 10 rupees was allocated for printing of 1 Mother and Child Protection (MCP) Card of 20 pages but new MCP card which consist of 40 pages is not getting printed as printer want more money for increased number of pages, they are not ready to print in less amount i.e. 10 rupees.
- The hygiene and sanitation condition inside the all health facilities were not up to the mark.
- Staff quarters were available at all the visited facility except Paithana SC. But due to lack of maintenance they were in unhabitable conditions.
- Training of family planning counselors was not completed and held.

1. Introduction

Over the years, since the introduction of the NHM, various strategies have been introduced to make the healthcare system more accessible and affordable. In this regard, the timely evaluation of the key components of the NHM State Program Implementation Plan is essential for key program changes, resource allocation and to further strengthen of these plans. The Ministry of Health and Family Welfare (MoHFW) has consigned Population Research Centres (PRCs) for quality monitoring of important components of NHM State Programme Implementation Plan (PIP) 2017-18.While engaging with the task, PRCs would identify critical concerns in implementation of NHM activities and also evolve suitable quality parameters to monitor the various components.

This qualitative assessment report to look covers and examine the following four areas described in the procedural documents i.e. Record of Proceeding (RoP):

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

- Strengths and weaknesses in implementation

This PIP monitoring report is concerned to the district of Kannauj, Uttar Pradesh. The report discusses with the population key indicators, health indicators, human resources and healthcare infrastructure of the district and also discuss with the healthcare programme such as JSY, JSSK, Ayushmaan Bharat and family planning method.

The monitoring report is based on both primary as well as secondary data. Primary data collected from visited health facility and CMO Office while secondary data has been collected from HMIS for Kannauj, 2017-18. Structure interview schedules were used for nodal officers and health facilities. Hence, qualitative and quantitative data have been used for collecting the relevant data (Annexure). Table 1 provides the details of the health facilities visited for evaluation.

Table 1: List of Health Facilities visited, Kannauj

Facility Type	Name of the facility
District Hospital	Combined District Hospital, Kannauj
Community Health Centre	Tirva Janpath
Primary Health Centre	Thatiya
Sub-Centre	1. Paithana
	2. Maurya Bujurg

Before visiting the different level of healthcare facilities, a meeting with key personnel of NHM, Kannauj was held. The main motive of the interaction with the officials i.e. CMO, DPMO and Nodal officer was to get an overall view of various programmes running in the district, moreover to know the problems and take their opinions for the improvement of the programmes. Furthermore, the interactions gave an enriching insight into the health situation of the district, key challenges that lay ahead, and a prospective way forward.

1.1 Objectives of the Study

The present study would focus on the performance of the Kannauj district of Uttar Pradesh in NRHM activities. This study would analyze different issues and problems of the district and the specific objectives of the study are as follows:

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

- To identify the gap between demand and supply of health service delivery under NHM
- To highlight the performance and implementation of different scheme under NHM.
- To understand the availability and efficiency of human resource.
- To assesses functionality of equipment, supply & essential drugs etc.
- To analyze other key components i.e. service delivery, BMW, record maintenance, referral transports system, IEC material, disease control programme etc.

1.2 Demographic Profile: Uttar Pradesh & Kannauj

Uttar Pradesh is one of the most populous state in India with a population of 199,812,341 people. The state contributes 16.50 per cent of India's population. The population density of Uttar Pradesh is 829 per sq. km., making it fourth most densely populated state in the country. It is situated on the northern part of India and shares border with nine states and share an international boundary as well (i.e., Nepal). The state is bounded by Bihar in the east, Rajasthan in the west, Uttarakhand & Nepal in the north, Madhya Pradesh in the south, Jharkhand & Chhattisgarh in the southeast and Haryana, Himachal, Delhi in the northwest. It contains 7.3 per cent of the total geographical area of the country, comprising of 240,928 sq. kilometer area-wise, which makes it the fourth largest Indian state as well.

At present, the state is divided into eighteen divisions and seventy five districts; Kannauj District being one of them. It has been bifurcated out of the Farrukhabad district on September 18, 1997, and in addition it is also a part of the Kanpur Division Administration. The district is bounded by the districts of Farrukhabad in the north, Kanpur Nagar in the east, Auraiya in the south and Mainpuri in the west. The district has a geographical area of 2,093 square kilometers. The district administration is divided into three sub-districts namely, Kannauj, Chhibramau and Tirwa. There are 8 development blocks, 441 Gram Panchayats, 752 villages, 3 Nagar Palikas and 5 Nagar Panchayats in the District. In terms of population in the state, Kannauj ranks the 58th. The map of Kannauj District is shown in the figure 1.

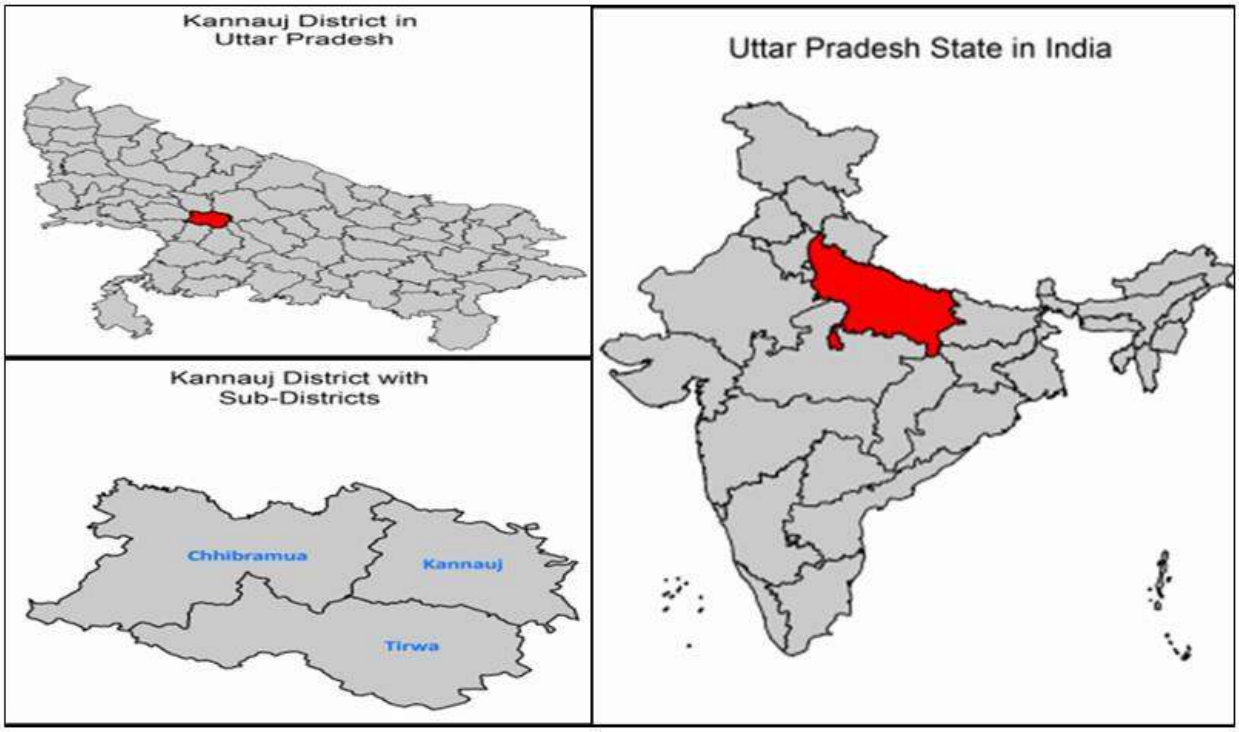


Figure 1: Integrated map of Uttar Pradesh and District and Sub-district of Kannauj

Table 2 shows the demographic indicators of India, Uttar Pradesh and Kannauj. Kannauj district ranked 58th in the state in terms of size of population, and contributes to 0.14 per cent of the nation's population count. The district has population of 1,656,616 out of which 881,776 are male while 774,840 are female.

Table 2: Key Demographic Indicators: All India, Uttar Pradesh &Kannauj District

Indicators	India	Uttar Pradesh	Kannauj
Actual Population	**1,210,854,977**	**199,812,341** (16.5 % of India's population)	**1,656,616** (0.14 % of India's population)
Male	623,270,258	104,480,510	881,776
Female	587,584,719	95,331,831	774,840
Rural	**833,748,852** (68.86 %)	**155,317,278** (77.73 %)	**1,375,775** (83.05 %)
Male	427,781,058	80,992,995	734,245
Female	405,967,794	74,324,283	641,530
Urban	**377,106,125** (31.14 %)	**44,495,063** (22.27 %)	**280,841** (16.95 %)
Male	195,489,200	23,487,515	147,531
Female	181,616,925	21,007,548	133,310
Decadal Growth Rate	17.64	20.23	19.27

Density/ km2	382	829	792
Child Population (0-6 age)	**164,515,253** (13.58 %)	**30,791,331** (15.41 %)	**257,682** (15.55 %)
Area (Sq. km)	**3,287,240**	**240,928**	**2,093**
Literates	**73.0**	**67.7 %**	**72.70 %**
Male	80.9 %	77.3 %	80.91 %
Female	64.6 %	57.2 %	63.33 %
Sex Ratio (per/000)	**943**	**912**	**879**
Child Sex Ratio (0-6 age)	918	902	898

Source: Census 2011

The percentage of child population (0-6 age) in the district is 15.55 per cent which is almost equal to the state average (15.41 per cent) but comparatively higher than the overall India's child population (13.58 per cent). Kannauj district has population density of 792 persons per sq. km., which is less than the state Uttar Pradesh's population density of 829 persons per sq. km. and is more than the India's population density of 382 persons per sq. km. Similarly, the sex-ratio of the district is 879 which are not only lower than the state level of 912 females per 1000 males but also lower than the country level of 943. Similar difference in child sex ratio was also observed.

The overall Literacy rate is 72.70 per cent in the district which is close to the all India average of 73 per cent and higher than the state average of 67.7 per cent, but female literacy rate (63.33) is found to be very low as compared to that of males' (80.91).

1.3 Health Profile

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

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

Indicators		2017-18	
		UP	Kannauj
Maternal Health			
Pre Natal Care	Total No. of pregnant women registered for ANC	5,815,531	42,196
	% 1st Trimester registration to total ANC registrations	45.2	39.8
	% Pregnant woman received 4 or more ANC checkups to	45	28.9

	total ANC Registrations		
	% Pregnant women given 180 IFA to Total ANC Registration	85.3	123.5
Health Outcomes ^MMR: 240			
Delivery Care			
Home Deliveries	No. of home deliveries	623,608	3,463
	% SBA attended home deliveries to total reported home deliveries	15.2	8.2
	% Home deliveries to total reported deliveries	17.5	9.9
Institutional Deliveries	Institutional Deliveries (Public +Private)	2,946,97	31,584
	% Institutional Deliveries To Total Reported Deliveries	82.2	90.1
	% public institutions deliveries to total Institutional deliveries	86.7	77.5
	% Private institutions deliveries to total institutional deliveries	13.3	22.5
	% Institutional Deliveries To Total ANC Registrations	50.7	74.9
	% Women discharged in less than 48 hours of delivery to total reported deliveries at public institutions	65.6	84.1
C-Section Deliveries	% C-Section deliveries to reported institutional deliveries (Public + Pvt.)	5.2	3.1
	% C-Sections conducted at public facilities to deliveries conducted at public facilities	3.8	0.4
	% C-Sections conducted at private facilities to deliveries conducted at private facilities	14.3	12.5
Post Natal Care	% Women Getting 1st Post-Partum Checkup Between 48 Hours And 14 Days To Total Reported Deliveries	35.3	41.1
	% Newborns Breast Fed Within 1 Hour Of Birth To Total Live Birth	89.1	92.7
	% Newborns Weighed At Birth To Live Birth	90.2	95.2
Health Outcomes ^NMR:55 ^IMR:79			
Child Health			
No. of fully immunized children (9-11 Months)		4,723,066	32,292
% Infants (0-11 months)who received Measles+ MR vaccine to reported live births		130.9	91.1
No. of cases of childhood diseases (0-5 Years): Diarrhoea		412,309	1,801
No. of cases of childhood diseases (0-5 Years): Pneumonia		89,367	964
No. of cases of childhood diseases (0-5 Years): Malaria		89,367	964
No. of cases of childhood diseases (0-5 Years): Asthma		29,174	60
Health Outcomes ^U5MR:102			
Family Planning			
Total Sterilization Conducted		262,216	567

% Male Sterilization (Vasectomies) To Total Sterilization	1.5	1.2
% Female Sterilization (Tubectomies) To Total Sterilization	98.5	98.8
% IUCD Insertions To All FP methods (IUCD Plus Permanent)	80.1	93.5
Number of Beneficiaries Given 4th Or More Than 4 Doses Of Injectable (Antara Program)	6,884	0
Condom Pieces Distributed	38,785,229	572,678
Facility Service Delivery		
IPD	6,630,375	99,775
OPD	142,396,469	1,140,809
% IPD To OPD	4.65	8.75

Source: HMIS, Kannauj, 2017-18 ^ CMO Office, Kannauj, 2018

Table 3 depicts the health care service delivery indicators in Kannauj and Uttar Pradesh with respect to various domains such as Maternal Health, Child Health, Delivery care, Family Planning, etc. for the year 2017-18. Antenatal Care (Pre-Natal care), is one of the most important component of the Maternal Health. It refers to the regular medical and nursing care suggested for women throughout their gestation period of pregnancy to ascertain the well-being of the mother and the foetus as well. Furthermore with regular prenatal care, women can reduce the risk of pregnancy complications. According to the HMIS, 39.8 per cent of women in Kannauj registered for ANC in the first trimester while women who registered for ANC up to 4 or more checkups, has noticeably decreased (28.9 per cent). IFA supplementation was given to 123.5 per cent of all women who registered for ANC. The teeming value could be due to the provision of drugs to even those migrant women whose ANC registration was possibly not recorded in Kannauj but nevertheless health care was provided. The Maternal Mortality ratio in the district is 240 maternal deaths per 1, 00,000 live births.

Delivery care is a vital factor of Infant health. Of the total home deliveries in Kannauj, only 8.2 per cent were SBA attended. Skilled Birth Attendant (SBA) as an individual is the one who can handle common obstetric and neonatal emergencies. Thus the attendance of SBA in case of home delivery is necessary to combat maternal deaths. About 90.1 per cent of all deliveries were institutional deliveries to the total reported deliveries and of all the institutional deliveries in Kannauj, 77.5 per cent took place in Public Institutions. Of all women who registered for ANC, 74.9 per cent went for institutional delivery while 3.1 per cent of all institutional deliveries were C-section deliveries.

With regards to Post Natal Care, 92.7 per cent of the newborns were breast fed within 1 hour of delivery and 95.2 per cent of newborns were weighed at birth. About 41.1 per cent of women received the 1st post-partum checkup within 48 hours and 14 days of delivery. Infant Mortality Rate (IMR) and Neonatal Mortality Rate (NMR) for the district is 79 and 55 respectively.

As per Census 2011, the share of children in the age group of 0-6 years in Kannauj district's total population is 15.55 per cent. Child Mortality is a threat for India ever since decades. The Reproductive and Child Health programme (RCH) II under the National Rural Health Mission (NRHM) systematically assimilates all possible interventions that improve child health and addresses factors contributing to Infant and under-five mortality. With regards to the service delivery for Child Health, 32292 numbers of children (9-11 months) were fully immunized in Kannauj district. The observed Under Five Mortality rate in Kannauj is 102 per 1000 live births. The most common childhood disease was reported as diarrhoea in the year 2017-18. The district had reported 1801, 964, 964 and 60 cases of diarrhoeal, Pneumonia, Malaria and Asthma respectively. Under five mortality rate for the district was 102.

Female sterilization as a method of permanent family planning dominates the statistics with 98.8 per cent of all sterilization conducted in the year 2017-18 in Kannauj. Total number of sterilization (Tubectomies) conducted was reported to be 567 in numbers.

To improve the health care delivery, increase in the OPD and IPD services through better facilitation and coordination of public health systems has been a contribution of NHM. Facility Service Delivery with regards to patient services, the OPD patient load was as high as 1,140,809 number of OPD patients in 2017-18 as against 99,775 IPD Patients. In terms of percentage, IPD to OPD accounts 8.75 per cent in Kannauj District which is higher than the state level i.e. 4.65 per cent.

2. Human Resource & Health Infrastructure

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

care man power. Interventions are needed for increasing the Human Resources to meet the demands in the public sector.

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

2.1 Human Resource

According to the meeting with CMO, BPMs and other nodal officers in the CMO office, manpower crisis was the major restraining factor affecting the service delivery under NHM in the district. Shortage of HR was reported at all facilities in Kannauj.

Table 4 depicts the HR availability at district hospital in Kannauj. There is an acute shortage of specialists. In Kannauj district one district hospital was there, both for male and female while separate building has been constructed for the female District hospital but yet it is to be functional.

Overall, a significant shortage of skilled human resources was observed across the district. There has been non-availability of Obstetric, Gynecologist, MOs, Psychiatry, O.T. technician, and other administrative staff which strains the efficiency in the system. Non-availability of Medical record officer, Office Asstt.A Gr II and data entry operator was also repeatedly reported by health personnel across the district.

Table 4: Status of Human Resource at District Hospital, Kannauj, 2017-18

No. of Beds in DH: 100			
District Hospital Manpower	**In Position**	**Required**	**Shortfall**
HR- Medical			
Medicine	0	2	2
Surgery	2	2	0
Obstetric & Gynae	1	2	1
Paediatric	4	2	#
Anaesthesia	3	2	#
Ophthalmology	2	1	#
Orthopaedics	3	1	#

Radiology	2	1	#
Pathology	1	1	0
ENT	3	1	#
Dental	1	1	0
MO	7	11	4
Dermatology	0	1*	-
Psychiatry	0	1	1
Microbiology	0	1*	-
Forensic Specialists	0	1*	-
AYUSH Doctors	3	1	#
Total	**32**	**29+3***	**8**
HR- Nurses & Paramedical Staff			
Staff Nurse	53	45	#
Lab Tech	8	6	#
Pharmacist	8	5	#
Storekeeper	3	1	#
Radiographer	6	2	#
ECG Tech/Eco	1	1	0
Audiometrician	0	-	-
Optha. Asstt.	1	1	0
EEG Tech	0	-	-
Dietician	2	1	#
Physiotherapist	3	1	#
O.T. technician	2	4	2
CSSD Asstt.	1	1	0
Social Worker	0	2	2
Counsellor	6	1	#
Dermatology technician	0	-	-
Cyto-Technician	0	-	-
PFT Technician	0	-	-
Dental Technician	1	1	0
Darkroom Asstt.	1	2	1
Rehabilitation Therapist	0	1	1
Biomedical Engineer	0	1	1
Total	**96**	**76**	**7**
HR- Administration			
Hospital Administrator	1	1	0
Housekeeper/manager	1	1	0
Medical Records officer	0	1	1

Medical Record Asstt.	3	1	#
Accounts/Finance	1	2	1
Admin. Officer	1	1	0
Office Asstt. Gr I	2	1	#
Office Asstt. Gr II	0	1	1
Ambulance Services (1driver + 2Tech.)	2	1	#
Total	**11**	**12**	**3**

Source: District Hospital, Kannauj, 2017-18 ^ For Ayush, * Desirable (As on 31st March 2018)

Table 4 depicts the status of human resource at District Hospital, Kannauj. High vacancy pertains in the district for medical and other staffs wherein one positions of Obstetric and Gynecologist, 2 General Medicine, 4 MOs, 1 Psychiatrist, 2 OT technicians, 2 Social Worker, 1 Darkroom Assistant, 1 Rehabilitation therapist, 1 Biomedical Engineer, 1 Medical record officer, 1 Accounts Officer and 1 Office Assistant were vacant against the sanction posts at the district hospital Kannauj.

Table 5:Status of Human Resource in Kannauj District 2017-18

Position Name	Regular			Contractual		
	Sanctioned	In position	Vacant	Sanctioned	In position	Vacant
MO's (including Specialist)	101	78	23	60	56	4
Gynecologists	11	0	11	2	-	2
Pediatrician	11	1	10	2	2	0
Surgeon	11	1	10	2	-	2
Nutritionist	0	0	0	1	1	0
Dental Surgeon	2	0	2	1	1	0
LHV	35	20	15	0	0	0
ANM	209	139	70	62	59	3
Pharmacist	56	56	0	14	14	0
Lab technicians	11	5	6	21	21	0
X-ray technicians	11	5	6	0	0	0
SNs at CHC	28	5	23	35	35	0
SNs at PHC	0	0	0	15	15	0
ANM at PHC	0	0	0	15	15	0
ANM at SC	209	139	70	42	39	3
Data Entry Operators	0	0	0	12	11	1

Source: CMO Office, Kannauj District, 2018

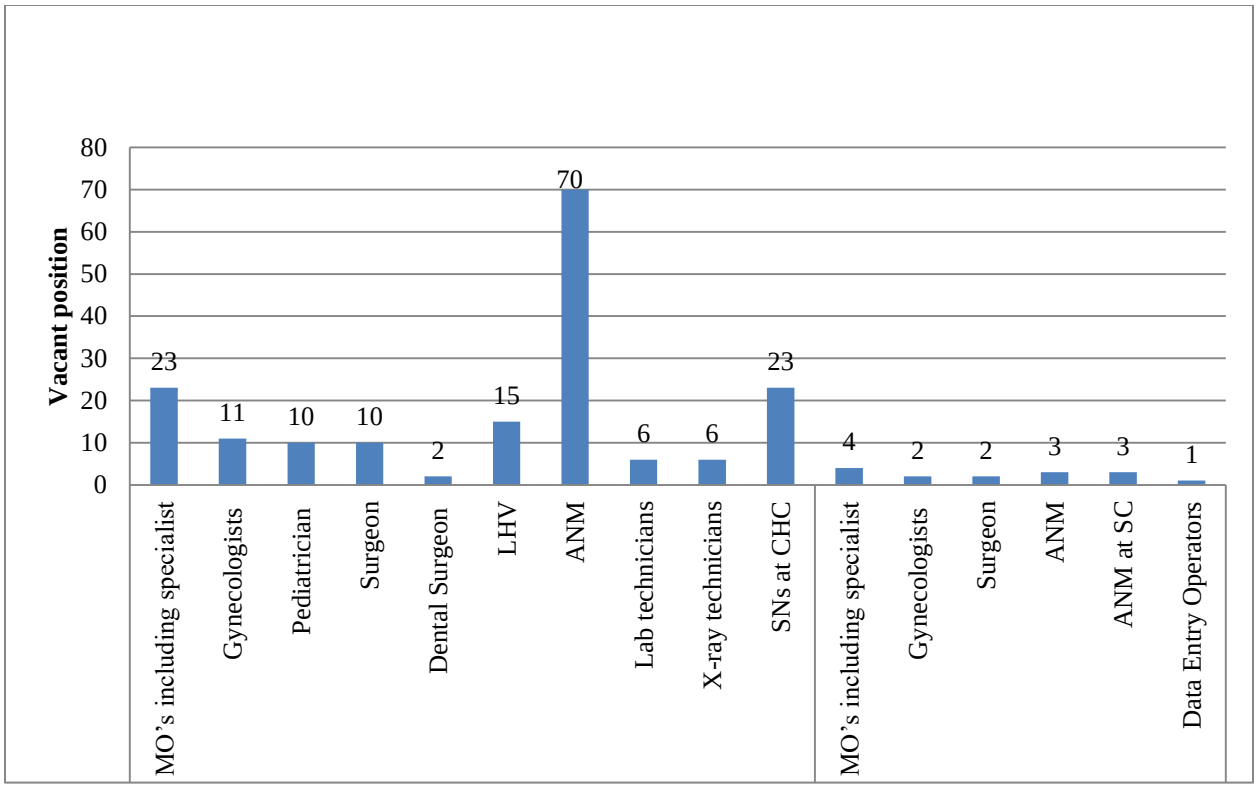


Figure 2: Status of Vacant position of Regular and Contractual Man power, Kannauj

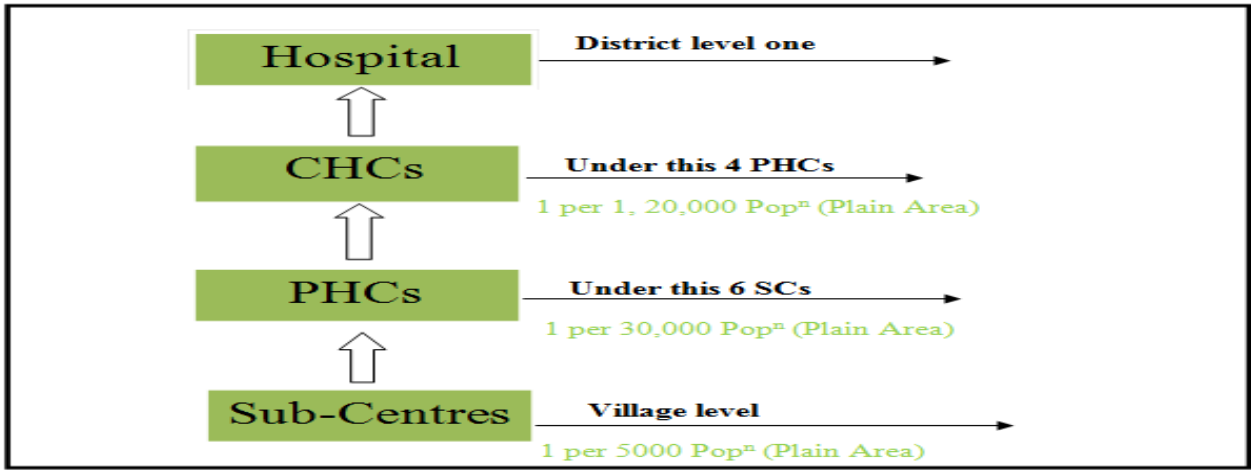
Table 5 depicts the status of vacant positions of human resource/ manpower with regards to regular and contractual positions under NHM, Kannauj District, 2017-18. About 23 MOs, 11 Gynecologists, 10 Pediatricians, 10 Surgeons, 2 Dental Surgeons, 15 LHV, 70 ANMs, 6 Lab technicians, 6 X-Ray Technicians, 23 Staff Nurses, and 70 ANMs at Sub Centers level, position were vacant against the sanctioned regular post in the district. With regards to contractual staffs, position for 4 MOs, 2 Gynecologist, 2 Surgeons, 6 ANMs and 1 data entry operator were vacant against the sanctioned contractual post in the district.

2.2 Health Infrastructure

Infrastructure is the basis for planning, delivering, and evaluating a wide range of essential public health services. Healthcare institutions and healthcare infrastructure is an important indicator to understand the health care status, health care delivery provisions and mechanism. Furthermore, health infrastructure is necessary to ensure access to basic healthcare facilities. Ensuring well-coordinated, high-quality health care requires the establishment of a supportive

health system infrastructure. Therefore, this section examines the analysis of health care infrastructure in Kannauj District, Uttar Pradesh. Table 6 shows the same.

With regards to Public health infrastructure, there is 1 District Hospitals, 1 Sub-District Hospitals, 2 First Referral Units (FRUs), 11 Community Health Centres (CHCs), 27 Primary Health Centres (PHCs), 188 Sub Centres (SCs) in Kannauj district. In addition, 8 adolescent friendly health clinics, 1 medical college and 4 skill labs are functioning in the district. The district observes a total of 85 delivery points. The norms for setting up of public health facilities population wise is listed below:



Source: RHS, Ministry of Health and Family Welfare, GOI

Figure 3: Tier System and Population Norms for Healthcare Services/ Facility in India

Sub-Centers are the interface point between the primary health care system and the community. The Sub-Centre is provided with drugs for minor diseases and for essential material required for child health care. PHC is the first interaction point between village community and the Medical Officer.

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

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

Table 6: Status of Health Infrastructure, Kannauj, 2017-18

Health Facility	Number Available	Building	
		Govt.	Rented/ Under const.
District hospital	1	1	-
Sub-District hospital	1	1	-
First Referral Units (FRUs)	2	2	-
CHC	11	11	-
PHC	27	27	-
Sub Centre	188	188	-
Mother & Child Care Centers	-	-	-
Adolescent friendly Health Clinic	8	8	-
Medical College	1	1	-
Skill Labs	4	4	-
District Early Intervention Centre	-	-	-
Delivery Points	85	85	-
Transport Facility			
	Available*	**Functional***	
108 Ambulances	16	16	
CATS	-	-	
102 Ambulance	23	23	
Referral Transport	0	0	
Mobile Medical Units (MMU)	0	0	

*(*In numbers) Source: CMO Office, Kannauj District, 2018*

Table 6 depicts the details of health infrastructure in Kannauj District, 2017-18. District hospital, Sub-District hospital, FRUs, CHC, PHC and SC all are running in a government building. Transport facilities in the district include 16 vehicles of '108 ambulances' and 23 vehicles of '102 ambulances'. However the district does not have any Mobile Medical Units (MMUs), CATS and referral transport.

Table 7: Status of Health Infrastructure in facilities visited, Kannauj

Facilities and physical infrastructure Indicator		Visited Healthcare Facilities				
		DH	CHC, Tirva Janpath	PHC, Thatiya	SCs, Paithana	SCs, Maurya Bujurg
Population covered		205380	353380	83180	11018	8220
Total Villages		842	-	123	20	7
Health facility easily accessible from nearest road head		Yes	Yes	Yes	No	Yes
Functioning in Govt. building		Yes	Yes	Yes	Yes	Yes
Building in good condition		Yes	Yes	Yes	Yes	Yes
Quarters for medical and Para medical staff?	Available	Yes	Yes	Yes	Yes	Yes
	Resides	Yes	Yes	No	No	Yes
Electricity with power back up		Yes	Yes	Yes	No	Yes
Running water supply (24*7)		Yes	Yes	Yes	Yes	Yes
Clean labour room		Yes	Yes	No	No	No
Clean Toilets		No	No	No	No	No
Proper waste disposal system as per National guidelines?		Yes	Yes	No	No	No
Availability of complaint/suggestion box		Yes	Yes	No	No	No

Source: CMO Office, Kannauj 2017-18

Table 7 shows the details of infrastructure parameters of the facilities visited. All the health facilities were running in government building and were in good condition. During visit to PHC Thathiya in the name of service delivery, only a building stands with no medical equipment's, essential drugs, etc. Deliveries were not conducted at this center due to shortage of HR. The accessibility to the health facility SC (Paithana) was also extremely difficult as the road connecting to the facility was in a very poor condition.

Availability of residential quarters for medical and paramedical staff in all visiting health facility was reported. Most of the staff resided at the residential quarters except for the PHC Thatiya and SC Paithana. With regards to sanitary practices, there was non- availability of clean toilets. PHC (Thatiya) and SCs (Paithana and Maurya Bujurg) did not have clean labour room.

3. Maternal Health

Maternal Health is a key aspect for the development of any country in terms of increasing equity & alleviating poverty. The survival and well-being of mothers is not only important in their own right but are also crucial to solving large broader, economic, social and developmental upfront.

Maternal health refers to the health of women during pregnancy, childbirth and the postpartum period. While motherhood is often a positive and fulfilling experience, but for many unfortunate women it is associated with suffering, ill-health and even demise. The foremost causes of maternal morbidity and mortality include hemorrhage, infection, high blood pressure, unsafe abortion, and obstructed labour (WHO). The RMNCH+A strategy aim to reduce child and maternal mortality through strengthening of health care delivery system.

3.1 Overview

The 5x5 RMNCH+A matrix under NHM throws light on 4 important life cycle stages of maternal and reproductive health. Table 8 summarizes the performance indicators by various stages for the last two financial years.

IUCD insertion is a priority area under birth-spacing services. Pertaining to the performance under reproductive health, per cent of women opting for IUCD insertions as a family planning method has slightly increased from 92.1 per cent in 2016-17 to 93.5 per cent in 2017-18. Women continue to endure and adopt sterilization. In 2017-18, percentage of male sterilization to total sterilizations dropped to 1.2 from 2.7 in 2016-17.

Table 8: Maternal Health indicators, Kannauj, 2017-18

Stages	Indicators	2016-17	2017-18
Pre Pregnancy/ Reproductive Age	Post-partum sterilization against total female sterilization (%)	1.4	2.7
	Male sterilization to total sterilization conducted (%)	2.7	1.2
	IUCD insertions to all family planning methods (IUCD plus permanent) (%)	92.1	93.5
Pregnancy Care	1st Trimester registration to total ANC registration (%)	42.5	39.8
	Pregnant women received 4 ANC check-ups to total ANC registration (%)	-	28.9
	Pregnant women given 180 IFA to total ANC registration (%)	98	123.5
	Pregnant women receiving TT2+TT Booster to total ANC registration (%)	83.6	91
Child Birth	SBA attended home deliveries to total reported home deliveries (%)	0.2	8.2
	Institutional deliveries to total ANC registration (%)	82.6	74.9
	C-Section to reported institutional deliveries (%)	2.2	3.1

Postnatal, maternal & new born care	New-born breast fed within 1 hour to live births (%)	-	92.7
	Women discharged under 48 hours of delivery in public institutions to total deliveries in public institutions (%)	67.3	84.1
	New-born weighing less than 2.5 kg to new-born weighed at birth (%)	-	7.8
	Infants 0 to 11 months old who received Measles to reported live births	81.5	91.1

Source: HMIS, Kannauj, 2016-17 &2017-18

With regards to accessibility of ANC services, 39.8 per cent women registered in first trimester in 2017-18 as against 42.5 per cent women in 2016-17. About 29.8 per cent women received 4 ANC checkups. Although availability of IFA tablets was reported at all the health facilities throughout the district, percentage of women who received 180 IFA tablets spiked up to 123.5 per cent in 2017-18 from 98 per cent in the year 2016-17.

In 2017-18, 8.2 per cent of all home deliveries were attended by a skilled birth attendant. There has been an increase in SBA attended home deliveries to total reported home deliveries in 2017-18. The data also points out an increased in percentage of C-section deliveries in the year 2017-18 from 2.2 to 3.1 per cent.

Postnatal care is yet another domain integral to maternal health. It is important to report that women were kept under observation up to 48 hours after institutional delivery. WHO recommends that a woman not be discharged before 48 hrs after delivery. Regardless of the place of birth, it is important that someone accompanies the women and new born for the first 24 hrs after birth to respond to any changes in her or the babies conditions. Many complications can occur in the first 24 hrs. However, in Kannauj, 84.1 per cent of women were discharged under 48 hours of delivery in public institutions.

Table 9: Block wise Performance in Antenatal and Postnatal Care, Kannauj, 2017-18

Maternal Health care Indicators						
	ANC Registered	**Women received 3 ANCs**	**PNC within 48 hrs after delivery**	**PNC between 48 hrs and 14 days after delivery**	**Women received TT1**	**Women received TT2**
Kannauj District	42819	24462	6072	9180	27882	23814
Block wise Performance in Kannauj District						
Umarda	8194	3438	216	1884	5198	4256
Gugrapur	1948	945	672	180	1551	1326
Kannauj	6735	4626	1380	444	4806	4057

Saurikh	4058	2130	264	312	2485	2196
Talgram	6591	3316	1188	2724	4488	3737
Haseran	3027	1855	36	1188	2307	2160
Jalalabad	2578	1184	324	456	1906	1660
Chibramau	9688	6968	1992	1992	5141	4422

Source: CMO Office, Kannauj District, 2017-18

Table 9 shows the block wise performance for Antenatal and Postnatal Care Services in Kannauj, 2017-18. It observed from the table that 42819 women registered for first ANC and those who received 3 ANC were reported highest from the Chibramau block as compared to the other block. Health care on the matter of postnatal care including the duration of staying at hospital after delivery. Chibramau block also performed well with women getting PNC within 48 hrs after delivery as compared to other blocks as 1992 women received PNC services within 48 hrs of delivery, along with mothers receiving post-natal check-up within 48 hours and 14 days after delivery was reported to be highest in the block of Talgram, Chibramau and Umarda. With regard to women who received TT1 and TT2, Umarda and Chibramau block performed better as compared to the other blocks in terms of Antenatal and Postnatal Care services.

3.2 Janani Suraksha Yojana (JSY)

Janani Suraksha Yojana (JSY) prevalently known as the conditional cash transfer scheme, started in 2005. It is an initiative for safe mother hood under NRHM, which aims to reduce maternal mortality among pregnant women and neonatal deaths by promoting institutional deliveries. Under this programme, cash assistance is provided to eligible pregnant women for giving birth in a government health facility. However, it has been acclaimed as an effective scheme bringing about a surge in institutional deliveries since its launch. Cash assistance of INR 1400 is provided to mothers who deliver in institutional facilities.

Table 10: Status of JSY Payments in Kannauj, 2017-18

Status of payments for (%)		
Institutional deliveries	**Home Deliveries**	**Deliveries brought by ASHAs**
95.5	**0**	**90.2**

Source: CMO Office, Kannauj District, 2018

Table 10 shows the status of JSY payments in the district for the year 2017-18. In Kannauj, 95.5 per cent of women who delivered in institutional facilities have received JSY Payments and out

of them, 90.2 per cent of these cases were bought by ASHA which highlights their active role in emphasizing institutional deliveries. However, it was reported that 4.5 per cent of JSY payments were pending due to issues of non-availability of beneficiaries' bank account number. Overall Janani Suraksha Yojana (JSY) has essentially contributed to an increase in institutional deliveries.

3.3 Janani Shishu Suraksha Karyakram (JSSK)

To complement JSY, Government of India launched Janani Shishu Suraksha Karyakram (JSSK) on 1st June, 2011 to reduce out of pocket expenditure for pregnant women and sick new- born and infants on drugs, diet, diagnostics, user charges, referral transport, etc. The scheme entitles all pregnant women delivering in public health institutions for completely free and no expense for delivery including Caesarean section. Also the children under one year of age are the beneficiaries of this scheme.

Table 11: Block wise JSSK progress in Kannauj District in 2017-18

Block	No. of Beneficiaries under JSSK					
	Diet	Drugs	Diagnostic	Transport		
				Home to Facility	Referral	Facility to Home
Umarda	2446	2446	2446	2272	119	2153
Gugrapur	973	973	973	911	50	861
Kannauj	1320	1320	1320	1228	61	1167
Saurikh	2275	2275	2275	2129	92	2037
Talgram	1358	1358	1358	1377	39	1338
Haseran	1476	1476	1476	1384	32	1352
Jalalabad	976	976	976	914	39	875
Chibramau	2467	2467	2467	3259	152	3107
DH	1308	1308	1308	1214	66	1148
MC	3670	3670	3670	3442	129	3313
Total	**18269**	**18269**	**18269**	**18130**	**779**	**17351**

Source: CMO Office, Kannauj District, 2018

Under JSSK, transportation facility was well availed by the beneficiaries in Kannauj district. Table 11 shows the number of beneficiaries who availed diet, drug, and diagnostic facilities under JSSK scheme. The numbers of beneficiaries who availed transport from home to facility were reported to be 18130 as against 17351 beneficiaries who availed transport facility from

facility to home and about 779 beneficiaries availed transport facility for referral purpose. None of the beneficiaries reported any out of pocket expenditure on drugs.

3.4 Maternal Death Review (MDR)

Maternal Death Review (MDR) as a strategy has been spelt out clearly in the RCH –II National Programme Implementation Plan document. The importance of MDR lies in the fact that it provides detailed information on various factors at facility, district, community, regional and national level that are needed to be addressed to reduce maternal deaths. Analysis of these deaths can identify the delays that contribute to maternal deaths at various levels and the information used to adopt measures to fill the gaps in service.

Table 12: Maternal Deaths (place, reason and stages of pregnancy) in Kannauj District

Total Maternal Death : 22	
MDR	**No.**
Maternal Death as per Place of death	
Hospital	**4**
Home	**6**
Transit	**12**
Total	**22**
Maternal Death as per Stages of Pregnancy	
During pregnancy	**0**
During delivery	**16**
Post Delivery	**6**
Total	**22**
Maternal Death as per Major Reason of Death	
Hemorrhage	**8**
Obstetric Complications	**4**
Sepsis and Hypertension	**0**
Abortion	**0**
Others	**10**

Source: CMO Office, Kannauj District, 2017- 2018

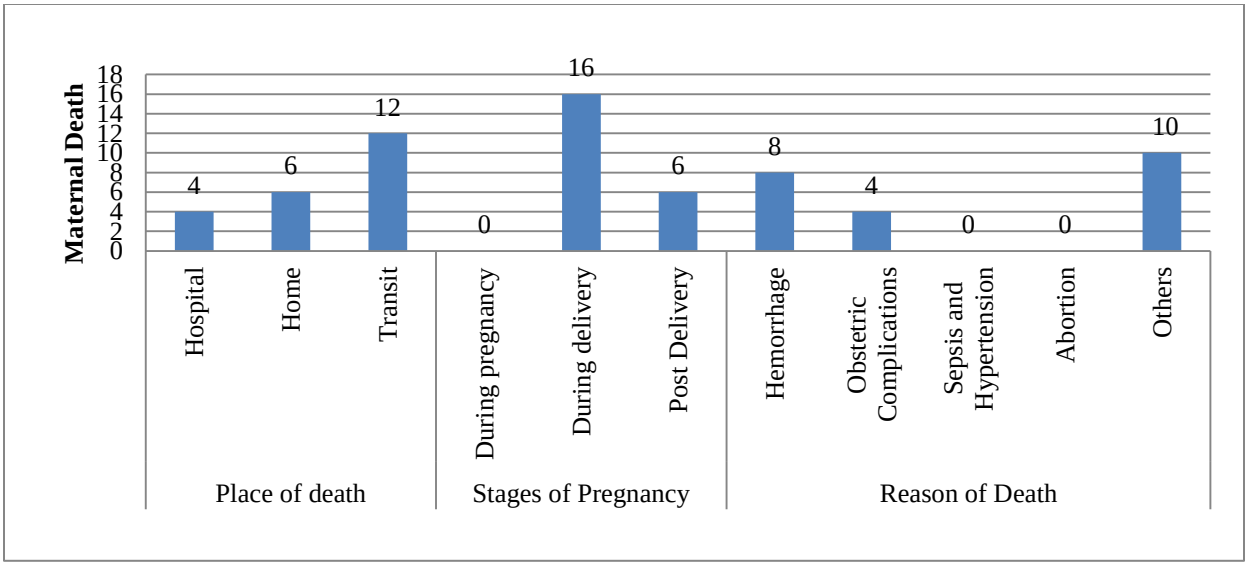


Figure 4: Maternal Deaths (Place, Reason & Stages of pregnancy) in Kannauj District

Table 12 and figure 4 elucidate the total number of maternal deaths by place, reason and stages of pregnancy. In Kannauj district, 22 maternal deaths in the year 2017-18 have been reported. With regards to maternal deaths, the highest number of maternal deaths occurred during delivery (16) and 6 during post-delivery. Regarding place of death, most of the maternal death took place during the transit (12). Six maternal deaths were reported taking place at home and 4 deaths took place at the hospital.

The major reasons for maternal deaths in the district include hemorrhage, obstetric complications and other reasons. Of the total maternal deaths, 8 maternal deaths were due to hemorrhage and 4 deaths due to obstetric complications. With regard to death during different stages of pregnancy, the highest numbers of maternal deaths were reported during delivery i.e. 16 in numbers while 6 were reported during during post-delivery.

4. Child Health

The RMNCH+A under the National Health Mission (NHM) comprehensively integrates interventions that improve child health and addresses factors contributing to Infant and under-five mortality. Reduction of infant and child mortality has been an important precept of the health policy of the Government of India and it has tried to address the issue right from the early stages of planned development. The National Population Policy (NPP) 2000, the National Health Policy 2002 and National Rural Health Mission (NRHM - 2005 – 2012) have laid down the goals

for child health. Further, Twelfth Five Year plan (2012-2017) and National Health Mission (NHM) laid down the Goal to Reduce Infant Mortality Rate (IMR) to 25 per 1000 live births by 2017. Child population in Kannauj is 15.55 per cent of the total population. The key thrust areas under child health include:

Thrust Area 1: Neonatal Health

- Essential new born care (at every 'delivery' point at time of birth)
- Facility based sick newborn care (at FRUs & District Hospitals)
- Home Based Newborn Care

Thrust Area 2: Nutrition

- Promotion of optimal Infant and Young Child Feeding Practices
- Micronutrient supplementation (Vitamin A, Iron Folic Acid)
- Management of children with severe acute malnutrition

Thrust Area 3: Management of Common Child hood illnesses

- Management of Childhood Diarrhoeal Diseases & Acute Respiratory Infections

Thrust Area 4: Immunization

- Intensification of Routine Immunization
- Eliminating Measles and Japanese Encephalitis related deaths
- Polio Eradication

4.1 Neonatal Health

The district reported 19781 institutional deliveries in the year 2017-18 out of the total 22,915 deliveries. Table 13 shows the block wise place of delivery and status of child birth in Kannauj district. The total home deliveries in the district for the last financial year were 3134 which is very high in numbers, moreover these home deliveries were assisted by non- SBA attended. While the total number of births in Kannauj district were 22915, out of which 22644 were live births and 271 still births were reported.

Table 14 depicts the neonatal health service delivery with regard to infrastructure and man-power in Kannauj for the year 2017-18. The district has one SNCU, ten NBCC and one NRC. The health infrastructure pertaining to neonatal health in the district has improved overtime.

Table 13: Block wise Place of Delivery and Status of Child birth, Kannauj, 2017-18

Blocks	Institutional deliveries	Home deliveries		Live Births	Still Births	Total Births
		SBA assisted	Non-SBA			
Umarda	2867	0	802	3640	29	3669
Gugrapur	1257	0	22	1260	19	1279
Kannauj	2664	0	300	2910	54	2964
Saurikh	2760	0	159	2893	26	2919
Talgram	3463	0	624	4041	46	4087
Haseran	1759	0	510	2258	11	2269
Jalalabad	1507	0	132	1608	31	1639
Chibramau	3504	0	585	4034	55	4089
Total	19781	0	3134	22644	271	22915

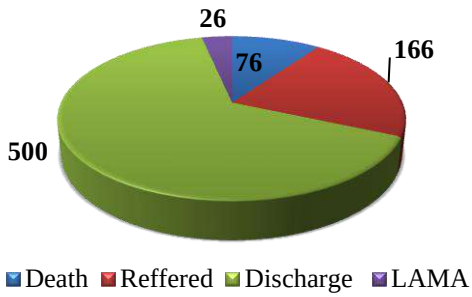
Source: CMO Office, Kannauj District, 2018

Total staff in SNCU unit includes 15 medical officers along with it there are 7 staff members in NRC. The total number of cases admitted in NRCs were reported to be 146 in numbers with the average duration of stay being 14 days. Out of the total SNCU admissions 500, neonates were discharged, 166 were referred, 76 neonates died and 26 were reported as LAMA figure 5 shows the same.

Table 14: Neonatal Health Service Delivery in Kannauj District, 2017-18

Facility	Number
Total SNCU	1
Total NBSU	0
Total NBCC	10
Total Staff in SNCU	15
Total Staff in NBSU	0
Total NRCs	1
Total Admissions in NRCs	146
Total Staff in NRCs	7
Average duration of stay in NRCs	14

Figure 5: Treatment Outcome of total neonates admitted to SNCU, Kannauj, 2017-18

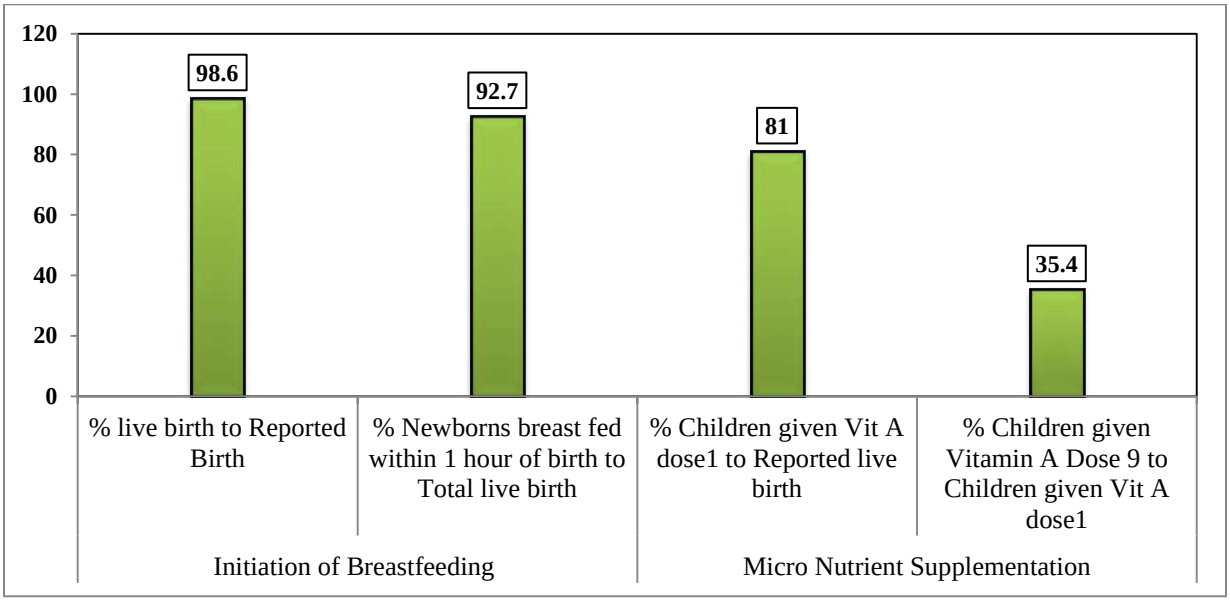


Source: CMO Office, Kannauj District, 2018

4.2 Nutrition

As per Census 2011, the share of children (0-6 age) in Kannauj's total population is 15.55 per cent. Furthermore, children and women together constitute 68.78 per cent of Kannauj's population representing not just the present human resource base but also the future. Timely breast feeding will contribute in better health of child. Nutrition is central to the achievement of other National and Global Sustainable Development Goals.

Under-nutrition during infancy and childhood include low birth weight and poor breast feeding. Percentage if live birth to reported birth were 98.6. Figure 6 depicts that, 92.7 per cent of the total live births newborns in the district were breastfed within 1 hour of delivery. Per cent of children given Vitamin A dose 1 is 81 per cent while the number of children given Vitamin A dose 9 were 35.4 per cent.



Source: HMIS, Kannauj District, 2017-18

Figure 5: Status of Child Health Nutrition in Kannauj

4.3 Management of Common Childhood Illnesses

Every year some 8 million children in developing countries die before they reach their fifth birthday; many during the first year of life. Eight in ten of these deaths are due to neonatal conditions, acute respiratory infections (mostly pneumonia), diarrhoea (including dysentery), malaria, or severe malnutrition – or a combination of these conditions. (As per World Health Organization, WHO)

Table 15: Status of Neonatal Health and Infrastructure in Kannauj District

Total No. of Neonatal Death : 76		
Neonates Death		**In number**
Place of Death	**Hospital**	76
	Home	0
	Transit	0
Reason of Death	**Birth Asphyxia**	32
	Diarrhea	0
	Sepsis	0
	Pneumonia	30
	Others	14
	Prematurity	0

Source: CMO Office, Kannauj District, 2017-18

Above table 15 shows the Status of Neonatal Health in Kannauj District for the last financial year were reported. In Kannauj district 76 neonatal deaths in the year 2017-18 were reported. With regard to place of death, maximum deaths were reported taking place at the hospital. The major reason for the neonatal deaths in the district includes Birth Asphyxia and Pneumonia. Out of the total maternal deaths (76), 32 deaths were due to Birth Asphyxia and 30 deaths due to Pneumonia.

4.4 Immunization

Immunization Programme in India was introduced in 1978 as Expanded Programme of Immunization (EPI). It is one of the important areas under National Rural Health Mission (NRHM) since 2005. It is the strategic interventions for the protection of children from life threatening conditions, which are preventable. The thrust area under the immunization programme includes:

- Polio Eradication
- Intensification of routine immunization
- Eliminating Measles Japanese Encephalitis related death

Table 16: Block wise Immunization Coverage in Kannauj District

Block	OPV at birth	BCG	DPT			Pentavalent			Measles	Full Immunization
			1	2	3	1	2	3		
Umarda	2478	5703	0	0	0	7586	7059	7408	6833	5506
Gugrapur	1540	1748	0	0	0	1799	1602	1473	1427	1224
Kannauj	3490	6177	0	0	0	6014	5563	5301	5003	4423
Saurikh	2364	4567	0	0	0	3720	3567	3470	3569	3642
Talgram	3276	6312	0	0	0	5192	5688	5418	5527	3837
Haseran	1660	2790	0	0	0	2733	2682	2555	2628	2373
Jalalabad	867	2390	0	0	0	2360	2178	2078	1860	1730
Chibramau	3276	6492	3	3	1	6525	6596	6236	6240	5784
Kannauj	**18951**	**3617**	**3**	**3**	**1**	**3592**	**3493**	**3393**	**33087**	**28519**

Source: CMO Office, Kannauj District, 2017-18

Table 16 vividly shows the clear picture of block-wise immunization coverage in Kannauj district. Kannauj block marked the highest number of OPV at birth having coverage of 3490 neonates. BCG vaccination coverage was highest in Chibramau block (6492) followed by Talgram (6312) and Kannauj block (6177). Beneficiaries are now increasingly turning towards Pentavalent vaccine as the 5-in-one vaccine provides protection against DPT as well as hepatitis and Hib type B. Moreover, no significant dropout was observed in Pentavalent vaccine schedule. Achievement with regards to Measles vaccination is satisfactory amongst the blocks of the district. Block Chibramau (5784) and Umarda (5506) reported highest immunization coverage, Jalalabad (1730) and Gugrapur (1224) reported least immunization coverage amongs all blocks of the Kannauj district. Full immunization coverage for the district in the year 2017-18 accounts for 28519 children.

4.5. Rashtriya Bal Suraksha Karyakram (RBSK)

National Health Mission has been striving to improve health of the children and there has been progress in dropping child mortality. However, grim need prevails to improve survival outcome which would be reached by early detection and management of childhood conditions in a comprehensive manner.

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

Table 17: Status of RBSK, Kannauj, 2017-18

Years	2016-17	2017-18
No. of Schools	1925	1925
No. of children registered	270861	296275
Children Diagnosed	299934	230539
No. of Children referred	3973	3641
Eye Disease	2316	2105
Ear Disease	857	713
Heart disease	3	1
Physically challenged	10	8
Anemic	788	814

Source: CMO Office, Kannauj District, 2016-17 & 2017-18

Table 17 depicts the status of RBSK activities in the district for the years 2016-17 and 2017-18. Around 1925 schools were covered under RBSK to both the years 2016-17 and 2017-18. In the year 2017-18, 296275 children were registered under the programme out of which 230539 children were diagnosed. There has been an increase in the number of children with anemic disease from the total cases of 788 in the year 2016-17 to 814 cases in the year 2017-18 were reported. Decline in the prevalence of eye, ear heart diseases and physically challenged cases were also reported.

5. Family Planning

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

Table 18: Block wise Status of Family Planning Achievement in Kannauj, 2017-18

Block	Sterilization		IUCD insertions	Oral Pills	Emergency Contraceptives	Condoms	Injectable Contraceptives
	Male	Female					
Umarda	4	49	1304	4300	1675	157100	-
Gugrapur	1	20	73	2730	404	59750	-
Kannauj	1	106	1108	999	1725	168530	-
Saurikh	0	111	728	6730	1875	128450	-
Talgram	0	31	1668	5274	1107	49195	-
Haseran	0	73	1164	6790	1815	142250	-
Jalalabad	0	17	131	2400	390	60070	-
Chibramau	0	142	1213	1750	516	24228	-
Kannauj	**6**	**549**	**7389**	**30973**	**9507**	**789573**	**-**

Source: CMO Office, Kannauj District, 2017-18

Table 18 shows the block wise status of family planning method in Kannauj district in the year 2017-18. Under permanent family planning method female sterilization was noted to be the most dominant method. Out of the total number of sterilization conducted in the last year, 549 were Tubectomies while only 6 were Vasectomies. This shows prevalence of female sterilization is more adopted than male sterilization. Status with regards to IUCD insertion was reported to be the highest from the block Talgram with 1668 IUCD insertion.

About 30973 oral pills and 9507 emergency pills were distributed in totality in the district, out of which maximum numbers of emergency pills were distributed in Saurikh block (1875) and Kannauj block (1725) and maximum number of oral pills were distributed in Haseran block (6790). While use of condom was preferred method of family planning in the entire district. Around 789573 condom were distributed in the Kannauj district out of which maximum were distributed in Kannauj block. Maximum distribution of condoms were reported in Kannauj block (168530) and Umarda block (157100).

6. Rashtriya Kishor Swasthya Karyakram (RKSK)

With a view to address the health and development needs of the adolescent population Ministry of Health and Family Welfare launched the Rashtriya Kishor Swasthya Karyakram (RKSK) on the 7th of January 2014. RKSK has been developed to strengthen the adolescent component of the RMNCH+A strategy. Whilst core programming principles for RKSK are health promotion including nutrition, sexual & reproductive health, injuries and violence (including gender based

violence), non-communicable diseases, mental health and substance misuse through community based approach.

Table 19: Block wise service delivery under RKSK in Kannauj, 2017-18

Block	No. of Counseling session held conducted	No. of Adolescents who attended the Counseling sessions	No of Anemic Adolescents		IFA tablets given	No. of RTI/STI cases
			Severe Anemia	Any Anemic		
Umarda	3913	6413	190	53	5700	28
Gugrapur	2627	4811	239	16	7170	07
Kannauj	3140	6221	338	28	10140	08
Saurikh	3129	6827	307	35	5210	11
Talgram	3316	6700	381	52	11430	12
Haseran	2946	5632	219	26	6570	16
Jalalabad	2230	5110	204	39	6120	04
Chibrama	3911	7213	279	46	2370	21
Kannauj	**25212**	**48927**	**2157**	**295**	**54710**	**107**

Source: CMO Office, Kannauj District, 2017-18

Table 19 shows the block wise service delivery under RKSK in Kannauj, 2017-18. The district reported to have been conducted 25212 counseling sessions in the last financial year. The maximum numbers of counseling sessions were held in Umarda block (3913). A total of 48927 adolescents attended the counseling sessions. Maximum number of adolsenent who attended councelling session were reported from the block Chibramau block (7213) followed by Saurikh (6827), Talgram (6700) and Umarda (6413). About 2157 case of severe anemia among adolescents were also reported in the district.

As part of (Weekly Iron & Folic Acid Supplementation) WIFS under RKSK, IFA tablets were distributed amongst a total of 54710 adolescents. The problem of morbidity and mortality in young women due to RTI/STI in largely ignored because young women are reluctant to discuss the gynecologist problems moreover social stigma attached with it hides her illness. Untreated infection can lead to infertility, cervical cancer, fetal loss and increased risk of HIV transmission. So, early detection of RTI/STI is important during adolescent age for a better reproductive health. RTI/STI screening was also reported done to be 107 cases with the underlying RTI/STI conditions were diagnosed. About 28 cases of RTI/STI amongst adolescents were recorded in Umarda block, which is also the highest amongst all blocks in the district.

7. Quality Management in Healthcare Services

Quality of health care services is essential to the smooth functioning of the public health sector as well as the dignity and comfort of the patients. Quality of care in health care services offer manifold benefits to the facilities as well as the patients in terms of goodwill, upkeep, lower infection rates and promotion of healthy behavior. Ministry of Health and Family Welfare, Government of India has been promoting and supporting to facilitate a Quality Assurance Programme, which would meets needs of Public Health System in the country and is sustainable.

Quality in Health System has two components: Technical Quality and Service Quality. An important aspect of the former is “Infection control” and “Health Care Waste Management”.

7.1 Bio-Medical Waste Management (BMW)

Table 20 shows the broad status of Biomedical waste Management and technical quality in health facilities in Kannauj district. One of the key dimensions of the quality of care is cleanliness of health facilities. The level of cleanliness and ambience of a facility directly affects the perception of patients and the public regarding confidence they bulid up in health care offered in facility. In a health facility, there is a wide range of chemicals and disinfectants used for various clinical, nursing, laboratory and radiological procedures. Bio-medical pits and colour-coded bins are important for the proper disposal of medical wastes and there appropriate usage should be adopted in every corner of the facility. Bio-medical pits were observed in all the visited facilities across the district except PHC (Thatiya) and SCs (Paithana and Maurya Bujurg). District hospital has outsourced the services for collection of BMW to Medical Pollution Control Committee for bio-medical waste management. For the infection control, record for fumigation was maintained and fumigation was conducted in the district in the last financial year.

Table 20: Health Care waste Management in Kannauj, 2017-18

Bio-Medical Waste Management	DH	CHC	PHC
No of facilities having bio-medical pits	2	11	0
No. of facilities having color coded bins	2	11	29
Outsourcing for bio-medical waste	2	11	29
If yes, name company	Medical Pollution Control Committee		
How many pits have been filled	0	0	29
Number of new pits required			

Infection Control			
No. of times fumigation is conducted in a year	182	182	182
Training of staff on infection control	-	-	-

Source: CMO Office, Kannauj District, 2018

7.2 Information, Education and Communication (IEC)

Information, Education and Communication (IEC) is a public health system approach aiming at changing or reinforcing health-related behaviors in a target audience, concerning a specific problem and within a pre-defined period of time, through communication methods and principles. Under IEC, posters, flyers, leaflets, brochures, booklets, messages for health education sessions, radio broadcast or TV spots, etc. are printed / produced and circulated / broadcasted as a means of promoting desired & positive behaviors in the community.IEC Materials play a crucial role in generating awareness and promoting healthy behaviour. Figure 7 and 8 illustrates the IEC materials displayed at DH.

Figure 6: IEC Material Displayed at District Hospital in Kannauj, 2017-18

IEC material was well displayed and placed in all the facilities visited in Kannauj district. Hoardings, posters and citizen charts were properly displayed. The procurement for IEC material was not reported to be a problem. IEC material was available with the facilities pertaining to all major schemes like JSY, JSSK, Immunization, Referral Transport, etc.

8. Community Process

Community health workers like ASHAs play strategic role in the area of public health. ASHAs have been established as the first port of call for all health related and allied activities at the community level. The bottom up approach of NHM especially draws attention to the role of ASHAs all the more. They help in educating and mobilizing the masses to adopt healthy behaviors. About 8 ASHA Resource centre are there in Kannauj district. At present there are 67 vacant positions for ASHAs.

The broad working status of ASHAs is highlighted in Table 21. At present, a total of 1380 ASHAs are working in the district. Around 288 ASHA meeting have been held in the last financial year. These meetings focus on capacity building of ASHAs and review their performance. An important element of these meetings is the replenishment of ASHA drug kits.

With respect to training, ASHAs were reported to have been trained in Induction and Module 6-7 round 1st and 2nd during the last financial year. ASHAs are critical frontline workers who have enabled improved access to health care services and have also facilitated behavior change at the community level. ASHA workers reported an absence of a strong grievance redressal system which hinders their motive and performance. Moreover, no ASHA workers have been trained in Digital Literacy.

Table 21: Status of ASHA Worker, Kannauj, 2017-18

Community Process in Kannauj, 2017-18	
Status of ASHAs	**(In number)**
ASHAs presently working	1380
Positions vacant	67
Total number of meeting with ASHA (in a Year)	288
Total number of ASHA resource centers/ ASHA Ghar	8
Drug kit replenishment	-
No. of ASHAs trained in last year	65
ASHA's Trained in Digital Literacy	-
Name of trainings received	1) Induction
	2) Module 6 & 7

Source: CMO Office, Kannauj District, 2017-18

9. AYUSH (Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homoeopathy)

Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homoeopathy, abbreviated as AYUSH, plays an important role in the Health Care Delivery System, education and research. Especially, Ayurveda and Homeopathy play an important role in the Health Care Delivery System.

Mainstreaming of AYUSH systems of Medicine and revitalization of LHT (Local Health Traditions) is a major vision of NHM. In Kannauj, a total of 28 AYUSH health centres are working in different CHCs and PHCs facilities. With regards to block wise performance, Umarda and Haseran reported to be functioning maximum number of AYUSH centres 7 and 5 respectively while there has been a shortage of AYUSH doctors at various facilities but AYUSH is well preferred by many patients. The status of AYUSH in Kannauj district as depicted in Table 22 below.

Table 22: Status of AYUSH in Kannauj, 2017-18

Block	No. of facilities with AYUSH health centers	No. of AYUSH Doctors	No. of patients received treatment
Umarda	7	2	-
Gugrapur	2	2	-
Kannauj	3	3	-
Saurikh	2	2	-
Talgram	3	3	-
Haseran	5	2	-
Jalalabad	2	2	-
Chibramau	4	4	-
Kannauj	**28**	**20**	**-**

Source: CMO Office, Kannauj District, 2017-18

10. Disease Control Programme

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

10.1 Communicable Diseases

From the table 23, it is evident that maximum numbers of Malaria cases were reported in the district and no other communicable disease i.e. Dengue, Typhoid, Hepatitis A/B/C/D/E, Influenza, TB and Filariasis cases were reported. While maximum numbers of cases were screened for Malaria (59776). The incidence of Malaria has significantly increased in 2017-18 (545) as against the 2016-17 (256) cases indicating less awareness amongst the people regarding prevention and cleanness of surroundings.

Table 23: Status of Communicable Diseases in Kannauj, 2017-18

Name of the Programme/ Disease	2016-17		2017-18	
	No. of cases screened	No. of detected cases	No. of cases screened	No. of detected cases
Malaria	5488	256	59776	545
Dengue	-	-	-	-
Typhoid	-	-	-	-
Hepatitis A/B/C/D/E	0	0	0	0
Influenza	-	-	-	-
Tuberculosis	-	-	-	-
Filariasis	-	-	-	-

Source: CMO Office, Kannauj District, 2016-17 and 2017-18

10.2 Non-Communicable Diseases

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

Table 24: Status of Non-Communicable Diseases in Kannauj, 2017-18

Name of the Programme/ Disease	2016-17		2017-18	
	No. of cases screened	No. of detected cases	No. of cases screened	No. of detected cases
Blindness	42861	1647	47006	1625
Diabetes	1547	1393	5456	4981
Hypertension	2730	2402	3641	3272
Heart Disease	-	-	-	-
Obesity	0	0	1001	693
Cancer	0	0	0	0
Chronic Lung Disease	13210	11443	18105	16409

Source: CMO Office, Kannauj District, 2016-17 and 2017-18

Table 24 depicts the status of Non-Communicable Diseases (NCDs) in Kannauj for the years 2016-17 and 2017-18. Numbers of cases screened have been high for blindness, chronic lung diseases, diabetes and hypertension in the last financial year. The maximum number of cases screened for the disease was for blindness (47006). While the maximum the number of detected cases were for the chronic lung disease (16409) in the year 2017-18. Moreover, the number of cases screened of blindness remains the highest in both the years. This highlights the need for an efficient network of ophthalmologists in the district, which at present was not observed. Second most widespread disease was found to be chronic lung disease.

With the exception of blindness decreased, the incidence off all other Non-Communication Disease (NCDs), namely Lung, Diabetes, Hypertension, and Obesity has increased in 2017-18 as against the 2016-17 level to 16409, 4981, 3272 and 693 respectively. There has been a huge increase in the percentage of detected cases of obesity and diabetes. Cases of Chronic Lung disease reported to be the maximum detected non-communicable disease in both the years. In 2017-18, the incidence of Chronic Lung disease was maximum in numbers with 16409 people suffering from the same, which has increased from 11443 number of cases in 2016-17.

11. Health Management Information System

Health Management Information System (HMIS) under National Health Mission (NHM) is integral to assessing the progress, quantifying output as well as outcome of interventions and decision making.

Table 25 shows the status of HMIS/MCTS in Kannauj district. As per the observations of the monitoring team, HMIS data feeding in the district suffers serious errors, the primary cause of which remains the acute shortage of manpower. Data entry operators/statisticians were not available at the majority of health facilities. In such a scenario, paramedical staff was mostly allotted to complete the task which leads to multitude of errors. This practice leads to error in data uploading, non- verification and non- validation of data. Moreover, sometimes the data on HMIS portal is misinterpreted and uploaded which leads to multitude of error in recording the status of JSSK, RBSK and RKSK.

Table 25: HMIS/MCTS status in Kannauj, 2017-18

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

Source: CMO Office, Kannauj District, 2017-18

12. Budget Utilisation

The budget utilization summary for Kannauj district by the five NHM flexipools and their major components is presented in Table 26. The maximum part of the budget accrues to RMNCH+A flexipool. National Mental Health programme (NMHP) and National Programme for the Healthcare of the Elderly (NPHCE) saw no expenditure in the reported financial year and very much in need of strengthening in utilization, especially elderly health which saw a great hike in cases detected in

2017-18. In the last financial year, the district was not able to utilize the entire sanctioned amount for any of the flexipools. Scheme/ Programme wise fund allocation and utilization have been shown in the table below.

Table 26: Status of Budget Utilization, Kannauj, 2017-18

Scheme/Programme	Funds 2017-18	
	Sanctioned	Utilized
(Part I) NRHM + RMNCH plus A Flexipool		
Maternal Health	5,98,76,791	5,51,95,232
Child Health	23,53,000	16,27,672
Family Planning	79,66,399	50,21,603
Adolescent Health/RKSK	4,00,300	2,12,151
Immunization	1,66,78,833	87,47,456
(Part II) NUHM Flexipool		
Strengthening of Health Services	1,29,63,201	1,05,64,969
(Part III) Flexipool for disease control programme (Communicable Disease)		
Integrated Disease Surveillance Programme (IDSP)	14,72,769	11,87,557
National Vector-Borne Disease Control programme	21,00,703	14,36,556
(Part IV) Flexipool for Non-Communicable Diseases		
National Mental Health programme (NMHP)	-	-
National Programme for the Healthcare of the Elderly (NPHCE)	22,28,917	-
National Tobacco Control Programme (NTCP)	33,66,534	20,88,765
National Programme for Prevention and Control of Cancer, Diabetes, Cardiovascular Diseases and Stroke (NPCDCS)	2,82,81,77	11,43,156
(Part V) Infrastructure		
Infrastructure Maintenance	12,45,44,729	7,60,76,408

Source: CMO Office, Kannauj District, 2017-18

13. Facility Wise Observations

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

13.1 Combined District Hospital, Kannauj

The district hospital was a 100-bedded facility located at Makrand Nagar Road, Kannauj. The average number of deliveries conducted at the health facility were 300 in a month.The facility has high OPD and IPD load of approximately 18500 and 1050 patients respectively in a month. There is one District Hospital for male and female both. Although, Separate building was built for the female in the District hospital, but it was not functioning.

Figure 7: District Women Hospital Kannuaj

The following observations were made and reported by the monitoring team during the facility visit:

- The health facility was easily accessible being located on the main road (Makrand Nagar Road, Kannauj) and was functioning in a government building. The building was well maintained and was in good condition.
- With regard to Human resource, shortage of staffs and specialists especially doctor and Gynecologist was reported at District Hospital. At present there was only one Gynecologist working in the district hospital. Numbers of MO, Psychiatry, O.T. technician, Medical Records officer, Obstetric & Gynecologist in the hospital were reportedly less in numbers in accordance to the IPD and OPD load.
- Staff quarters were available for Medical Officers and Staff Nurses.

- The facility had 24*7 supply of running water and electricity along with power backup (generator) at the facility.
- There was a separate room for ARSH clinic in the facility, and counseling center for adolescent which was reported to be done on a regular basis.
- The hospital had a 10 bedded SNCU unit with 10 bedded NRC. But it was observed that the AC were not functional at the SNCU unit.
- Supply of essential drugs i.e. IFA, Vit A, Zinc, Misoprostol PCM, Inj Oxytocin and Inj Magnesium Sulphate were available at the district hospital.
- The doctors reported the requirement for Dialysis equipment, Laboratory equipment i.e. C.T. scanner and other equipment.
- BMW was collected by Medical Pollution Control Committee (MPCC) on alternate days. Color coded bins were not observed at the District Hospital and disposal of bio medical waste material was not proper.
- Only one maternal death was reported at the District hospital during the last financial year.
- In total 11 Trainings on IUCD, PPIUCD and special training for SBA were held at the district hospital.
- Currently Mothers Absolute Affection (MAA) training program was also reported to have been conducted at the district Hospital.
- With regards to family planning, the new contraceptives method ANTARA and CHAYA were well accepted by the women. It was reported that the most preferable family planning method was Antara. As comparison to Antara and Chaya, Chhaya was reported to be less accepted by the beneficiaries than Antara. While Antara have reached its 3rd dose.
- While PPIUCD was also well opted by women, on an average 64 PPIUCD were done.
- Immunization coverage was approximately 200 children per month.
- It was observed that toilets and washrooms were not clean and hygienic. Also cleanliness at the labor rooms was not kept proper.
- Although the staff reported monthly fumigation in the hospital but measures taken for cleanliness was hardly observed.

- Pathology was outsourced by an agency i.e. Chandan Healthcare Ltd and it was being collected on every alternate days
- Doctors' adviced mothers to stay in hospital for 48 hours after delivery. It was reported that most of the mother's didn't want to stay for 48 hours after delivery in the hospital. Although the beneficiaries reported that they were getting proper diet/ food and free of cost.
- JSY payments were made within the ten days (approximately) after the discharge.
- Maintenance of records was properly maintained, except for PNC and MDR register.
- Proper display of IEC material was observed in the district hospital.
- Ambulance service was available at the district hospital but most of the women patients reported non-utilizations of ambulance services due to shortage of time and delay in the service.
- Ambulance were available at the district hospital but utilization of these vehicles for the other purposes was observed at the district hospital.
- While there is only one ambulance and one ALS is in the district hospital catering to scattered population, there was a demand for more Ambulances by the district hospital staff.
- Rogi Sahayata Kendra was observed in the facility. It provides information and guidance to the patient in a friendly manner. It also provides knowledge on different NRHM scheme to the pregnant women and other patients.
- The staff nurses reported that the number of C-Section deliveries had increased from 24 in 2016-17 to 60 in 2017-18.

Table 27: Service Delivery Indicators in the District Hospital, Kannauj

Service Utilization Parameter	2016-17	2017-18
OPD	205162	223395
IPD	14095	12374
Total deliveries conducted	3121	3670
No. of C section conducted	24	60
No. of pregnant women referred	36	103
ANC1 registration	383	369
No. of IUCD insertions	50	52
No. of children fully immunized	2230	3151
No. of children given Vitamin A	160	190

No. of Adolescent attending ARSH Clinic	1560	1158
ANC3 Coverage	84	67
No. of PPIUCD Insertions	789	622
^Maternal death: 1	**^ Infant death :1**	

Source: DH Kannauj, 2016-17 & 2017-18 ^ shows in both year 2016-17 and 2017-18

13.2 Community Health Center, Tirva Janpath

CHC Tirva covered approximately 3.83 lakh Population, situated in block Umarda. The health facility was easily accessible and runs in a government building. Overall the infrastructure of the new building is good except for old building of the CHC which require immediate maintenance. This CHC covers 31 Sub centers.

Figure 8: CHC, Tirva, Kannauj

The following observations were made by the monitoring team during the visit to the facility visit:

- Uttar Pradesh Technical Support Unit (UPTSU) NGOs was supporting this Centre.
- About 4 SBA attendants were working at this Centre.
- Staff quarters were available for MOs or SNs but were not in an inhabitable condition.
- During rainy season, Water logging was the main issue prevalent in the facility and thereby, patients reported facing problem in reaching out to the main building of CHC. The conditions of the washrooms and toilets were not satisfactory. No clean toilet in the facility was observed.
- CHCs have 24*7 running water supply and electricity with power backup (generator) was available at the CHC.

- With respect to transport facility, CHC had one '108 ambulance service' and one '102 ambulance service'.
- Approximately 250-300 OPD were reported at the CHCs on a daily basis. However, OPD for the last financial year was 55,579 while that of 2016-17 was 47,739. Indicating a higher patient load at this facility.
- Under AYUSH center there was one doctor and two pharmacists but no separate room was provided for AYUSH center.
- Facility had different counseling center for ARSH, Leprosy Case Detection Campaign (LCDC) and Family Planning at the CHC centers and separate rooms were assigned to each of them.
- In pathology lab, there were two LT available.
- All records i.e. OPD, IPD, ANC, PNC, labour room, OT, Immunization, drug stock, Referral (In and out), Payment under JSY and MDR were available, updated and correctly filled, except for the blood bank stock register which was not maintained.
- In last financial year, no maternal death was reported at this facility.
- Immunization coverage was reported to be 71 per cent under this CHCs.
- IEC material was not displayed properly and the facility reported shortage of IEC material.
- Collection of Bio Medical Waste Management (BMW) was reported on every alternate days.
- The CHC also reported to be conducting regular fumigation on every 2nd and 3rd day in labor room.
- No mobile medical Units were functional at the CHC, Tirva.
- Total number of deliveries reported at the facility was approximately 300 per month. This indicating high delivery load for Gynecology department who were reporting for shortage of staff to handle it.
- C-section deliveries were referred to medical college, Tirva or at District Hospital, Kannauj.
- JSY programme is running well at the centre. However it was also reported that JSY payments were not made before discharged. ASHA were getting an average incentive of Rs 2300 per month, which they reported was very less.

- At block level total 299 ASHA were sanctioned but about 270 of them working actively. It was observed that ASHA worker were having incomplete ASHA kit and digital instrument was also not working.
- At this CHC presently 13 ASHA Sanghinis were working. Although, ASHA Sanghinis have been given digital literacy training but none of them were able to work on mobile properly.
- Diet under JSSK was outsourced.
- Monthly meeting for uploading of HMIS data and validation was reported to be held at the facility.
- Officials at the facility reported De-worming day was celebrated on 10th August 2018 and medicines were distributed in schools.

Table 28: Service Delivery Indicators at the Tirva Janpath CHC, Kannauj

Service Utilization Parameter	2016-17	2017-18
OPD	47739	55579
IPD	3700	3978
Total deliveries conducted	2207	2446
No. of sick children referred	48	49
No. of pregnant women referred	203	328
ANC1 registration	998	991
ANC3 Coverage	539	545
No. of PPIUCD insertions	554	493
No. of children fully immunized	474	516
No. of children given Vitamin A	474	516
No. of Adolescent attending ARSH Clinic	2155	2536
No. of IUCD Insertions	**77**	**36**

Source: CHC Tirva Janpath, Kannauj District, 2018

13.3 Primary Health Centre (PHC) Thatiya

PHC, Thatiya covers 123 villages with a catchment population of 83180. It is located in Umarda block, at a distance of 12 kilometers from the District Headquarter. The PHC was reportedly vacant and non-functional. The facility was not functional in the name of service delivery, only a building stood with no medical equipment's, essential drugs, etc. There was no delivery service at the facility due to shortage of HR.

Figure 9: PHC Thathiya, Kannuaj

Observations made by the monitoring team listed below:

- There was no service for assistance during pregnancy and after delivery facility.
- No power backup for the electricity was there. Inverter was present but were not functioning.
- With regard to manpower, there was only one MO, one pharmacist, one SNs/GNMs, and a Lab Tech who were assigned on contract and were working for some limited hours.
- There was acute shortage of medical staff especially gynecologist.
- Staff Nurse were not properly trained. In the last financial year, the staff at this facility received only one training (IUD).
- Only essential drugs were present at PHC and the supply of essential drugs was also not regular.
- IEC material was also not displayed and was unavailable.
- The facility did not have essential equipments.
- This PHC is catering daily OPD load of only 30-35 patients only. No IPD could be accounted from this facility as doctors and nurses were not working and there was no provision for the same.
- PHC has residential complex but not in a condition for habitation.
- This facility is running in an old building. Although repair work has been done but it serves no use. Due to water leakage from the roof, electrical wire and fans have got damaged. The electric wires in the facility were not properly connected and during rainy season, the situation was even worse.

- There were no toilets, washrooms and washbasins within the facility.
- OPD and drugs register were available, updated and correctly filled.
- Wastes were not segregated in color-coded bins as there were no color coded bins at the facility. Non- availability of waste management mechanism was also observed.
- Observation reveals that PHC Thatiya was found vacant and non-functional.

13.4 Sub-Centre, Paithana

Sub centre, Paithana covers 20 villages with a catchment population of 11018. It is located in Umarda block, form distance of four kilometers from the PHC. This SC is running in government building and one ANM & 15 ASHAs were associated with this centre.

Figure 10: Sub-Center Paithana, Kannauj

Some observations made by the monitoring team are listed below:

- The accessibility to the health facility was extremely difficult as the road connecting to the SCs was in very bad condition. On an average total 6-7 delivery per month was reported at this facility.
- SC has residential complex but due to bad condition of its building no one is resides in this residential complex.
- Electricity was reported to be the major problem at this level. There was no electricity at this SCs from 5-6 months. Deliveries at this Sub Center were reported to be held under the LPG gas light.
- The availability of essential drugs at the sub-center level was regular.
- With regards to essential medical supplies (pregnancy and sugar testing kits, OCPs, EC pills, IUCDs) all the medical equipment's were available.

- ASHAs reported that ASHA kit was incomplete and the supply of medicine was irregular since last 7-8 months. In ASHA kit weighing machine and thermometer were also not working.
- For immunization coverage, non-availability of MCP Card at the Centre was reported. ANM was recording the dates for immunization in the register.
- The ANM at SC reported that they were not receiving untied fund from last three years.
- Labor room was not well maintained while toilet was constructed but was nonfunctional.
- No maternal deaths were reported in the last financial year at this sub-centre.
- The records of patients were well maintained in registers.
- Under JSY, ASHA worker and beneficiaries got payment 600 Rs. and 1400 Rs. respectively. Payments under JSY for ASHA were reported to have been delayed due to some reasons; while beneficiaries reported that they received payment within 15 days after discharge.

Table 29: Service Delivery Indicators at the Paithana SC, Kannauj

Service Utilization Parameter	2016-17	2017-18
No. of children fully immunized	286	323
No. of children given Vitamin A	286	323
Number of VHNDs attended	124	139
Number of estimated pregnancies	396	440
No. of pregnant women given IFA	394	433
Number of deliveries conducted at SC	68	76
ANC1 registration	394	433
ANC3 coverage	200	200
Number of deliveries conducted at home	66	49
No. of IUCD insertions	69	66

Source: SC Paithana, Kannauj District, 2016-17 & 2017-18

13.5 Sub-Centre, Maurya Bujurg

Sub centre, Maurya Bujurg covered 7 villages with a catchment population of 8220. It is located in Kannauj block, at a distance of thirteen kilometers from the PHC and was easily accessible. The health facility was running in the government building. Although the sub-centre was working only in a single room and reported registered deliveries was approximately as high as 91 per month.

Figure 11: Sub-Center Maurya Bujurg, Kannauj

Some observations made by the monitoring team are listed below:

- Only One ANM was available at the Maurya Bujurg SCs, who has been working at this center from last past 10 years. Six ASHA workers were also working under the SC, who were assisting pregnant women in seven villages.
- Residence for ANM was available within the premises of SC.
- Delivery load at this SC was the highest in comparison to other SCs in the district. Monthly 91 deliveries were conducted at the SC.
- No electricity backups (generator or invertor) was available at this center.
- It was observed that all Equipments i.e. Haemoglobinometer, neonatal ambu bag, stethoscope, needle and hub cutter were available and functional. With regards to essential medical supplies (pregnancy and sugar testing kits, OCPs, EC pills, IUCDs) all the medical supply was proper.
- ANM reported that she had received training for Antara but did not receive the supply of Antara contraceptives.
- Delivery bed at the facility was in an absolute worse condition which could lead to both maternal as well as neonate infection.
- Toilet and washroom were found to be in highly unhygienic condition.

- Average payment of ASHAs Worker was reported to be around 4000-50000 per month.

Table 30: Service Delivery Indicators at the Maurya Bujurg SC, Kannauj

Service Utilization Parameter	2016-17	2017-18
No. of children fully immunized	178	190
No. of children given Vitamin A	712	771
ANC1 registration	301	315
ANC3 coverage	119	123
No. of pregnant women given IFA	280	300
Number of deliveries conducted at SC	836	968
No. of IUCD insertions	59	65
Number of VHNSC meeting attended	8	10
Number of VHNDs attended	96	96
Number of estimated pregnancies	256	256
Number of deliveries conducted at home	13	11

Source: SC Maurya Bujurg, Kannauj district 2018

14. Conclusion and Recommendation

The Delhi Population Research Center (PRC) has been monitoring the Programme Implementation Plan of the NHM in various states, wherein the team assigned conducts field visits to the district to review the quality so as to ensure further improvement of the various components of the NHM program. This report explains the Monitoring and Evaluation findings of the Kannauj District in Uttar Pradesh. The following are the healthcare facilities in Kannauj district were visited for Monitoring & Evaluation purpose:

- Combined District Hospital (Kannauj)
- CHC Tirva Janpath
- PHC Thatiya
- SC Paithana and SC Maurya Bujurg

A summary of our findings in the district is presented below:

14.1 Conclusion

This report explains the Monitoring and Evaluation findings of the Kannauj District of Uttar Pradesh. The Population Research Centre, Delhi undertook the monitoring of NHM Programme Implementation Plan in various states, wherein the team carried out the field visits to various health care facilities of the district for quality checks and further improvement of the different components of NHM. The following healthcare facilities in Kannauj district of Uttar Pradesh were visited for Monitoring & Evaluation: Combined District Hospital, Kannauj, CHC Tirva, PHC Thatiya, SC Paithana and SC Maurya Bujurg. A summary of our findings in the district is presented below:

Infrastructure and facility wise the district had 2 FRUs, 11 CHCs, 27 PHCs and 188 SCs. With respect to transport facility, the district had 16 ambulances of 108 services and 23 ambulances of 102 services and no ALS transport facility. Available ambulance services are functioning well in the district but the utilization of these vehicles by the staff for other purposes were observed.

Except for the district hospital and CHC, all the visited facilities were functioning in very old buildings. The SC Maurya Bujurg was working in a single room and number of deliveries were as high as 91 per month. Location of the visited facilities was easily assessable except for SC

Paithana. PHC Thatiya was found to be non-functional and isolated. In the name of service delivery, only a building stands with no medical equipment's and essential drugs. Deliveries were not conducted at this PHC centre due to shortage of human resources.

Unhygienic sanitary condition was observed inside all visited facilities. Hence, there is a big issue of lack of cleanliness. While in district hospital, SNCUs was found to be well-managed, well-equipped and the sanitation standards were appropriately maintained. Staff quarters were available at all visited health facilities except for SC Paithana and for PHC Thathiya. Doctors were not residing in these building due to poor habitation conditions of the building. Regular fumigation was not conducted at these facilities.

In Kannauj district there is serious problem of shortage of medical staff. Under NRHM, the position are completely vacant, moreover vacancies for MO's (including specialists Nutritionist), Gynecologists, Surgeon, ANM at SC, LHV, Lab technicians and X-ray technicians, Staff Nurses, Pediatrician were also reported to be vacant.

A total of 22,644 live births in 2017-18 were reported in Kannauj district. Both programmes JSY and JSSK were well functional in the district. Payments under JSY were made to 95.5 per cent of beneficiaries. While 22 maternal deaths were reported in the last financial year and major reasons for death were hemorrhage and other causes. Out of the total maternal deaths, 6 and 4 deaths were caused due to hemorrhage and obstetric complications problem respectively. With regards to maternal deaths, the highest number of maternal deaths occurred during delivery (16), while as per the place of death, 12 deaths were reported during transit. About 6 deaths took place at home and 4 at the hospital.

Regarding child health, the district had a full immunization for 28519 number of children for the year 2017-18.The district has the following infrastructure for child care: 1 SNCU, 10 NBCC, 1NRC and there was no NBSU. Rashtriya Bal Suraksha Karyakaram was functional in the district and around 1925 schools were covered in the last financial year. Furthermore, 296275 children were registered under the RBSK programme out of which 230539 children were diagnosed and treated.

With regards to non- communicable diseases, maximum numbers of screened cases for blindness were reported in the last financial year. Apart from blindness, the incidence of all other NCDs, namely, Obesity, Diabetes, Hypertension, and Lung have increased over the year. With regards to AYUSH, the district has AYUSH health centers in all 8 blocks. A total of 28 AYUSH health centers were running in the district with 20 AYUSH doctors. For the promotion of JSY, currently 1380 ASHAs are working in the district for the same. Regarding collection of BMW, all the facilities reported delay in collection of BMW. Fumigation was less carried out at almost all the facilities. It was observed that public health services were relatively more accessible in urban areas as compared to rural areas; moreover, doctors were relatively less keen and interested to work in rural areas.

14.2 Recommendations

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

- Health facilities that essentially stand non-functional with respect to various NHM activities must be identified and regular monitoring and evaluation should be made for the better utilization of resources.
- There is a grim need to improve the condition of staff quarters for the medical staff at the health facilities.
- The district suffers a shortage of manpower. Essential manpower should be bought into the system in order to ensure smooth functioning of the activities and to reduce the wastage of resources.
- Promotive actions must be inculcated at all levels of health facilities for improving the PNC services and create awareness about the necessity to stay for 48 hours post-delivery.
- Access and availability of essential drugs must be prioritized by the district and supply should meet as per the block requirements.
- Digital literacy training needs to be more efficient.

It is expected that all these finding and recommendation would prove to be helpful for better health facilities; health care services, health sector and attentive implementation would go a long way in imparting better services to the local citizen.

15. Annexure

DH level Monitoring Checklist

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

Catchment Population: _____ Total Villages: _____

Date of last supervisory visit:_____

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

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

_____

Section I: Physical Infrastructure:

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

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

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

S. no	Category	Regular	Contractual	Remarks if any
2.1	OBG			
2.2	Anaesthetist			
2.3	Paediatrician			
2.4	General Surgeon			
2.5	Other Specialists			
2.6	MOs			
2.7	SNs			
2.8	ANMs			
2.9	LTs			
2.10	Pharmacist			
2.11	LHV			
2.12	Radiographer			
2.13	RMNCHA+ counsellors			
2.14	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-Sterilizations		
3.10	Laproscopy-Sterilizations		
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	Sterilized delivery sets	**Y**	**N**	
4.3	Functional Neonatal, Paediatric and Adult Resuscitation kit	**Y**	**N**	
4.4	Functional Weighing Machine (Adult and child)	**Y**	**N**	
4.5	Functional Needle Cutter	**Y**	**N**	
4.6	Functional Radiant Warmer	**Y**	**N**	
4.7	Functional Suction apparatus	**Y**	**N**	
4.8	Functional Facility for Oxygen Administration	**Y**	**N**	
4.9	Functional Foetal Doppler/CTG	**Y**	**N**	
4.10	Functional Mobile light	**Y**	**N**	
4.11	Delivery Tables	**Y**	**N**	
4.12	Functional Autoclave	**Y**	**N**	
4.13	Functional ILR and Deep Freezer	**Y**	**N**	
4.14	Emergency Tray with emergency injections	**Y**	**N**	
4.15	MVA/ EVA Equipment	**Y**	**N**	
4.16	Functional phototherapy unit	**Y**	**N**	
4.17	Dialysis Equipment	**Y**	**N**	
4.18	**O.T Equipment**			
4.19	O.T Tables	**Y**	**N**	
4.20	Functional O.T Lights, ceiling	**Y**	**N**	
4.21	Functional O.T lights, mobile	**Y**	**N**	
4.22	Functional Anesthesia machines	**Y**	**N**	
4.23	Functional Ventilators	**Y**	**N**	
4.24	Functional Pulse-oximeters	**Y**	**N**	

4.25	Functional Multi-para monitors	**Y**	**N**	
4.26	Functional Surgical Diathermies	**Y**	**N**	
4.27	Functional Laparoscopes	**Y**	**N**	
4.28	Functional C-arm units	**Y**	**N**	
4.29	Functional Autoclaves (H or V)	**Y**	**N**	
	Laboratory Equipment			
4.1a	Functional Microscope	**Y**	**N**	
4.2a	Functional Haemoglobinometer	**Y**	**N**	
4.3a	Functional Centrifuge	**Y**	**N**	
4.4a	Functional Semi auto analyzer	**Y**	**N**	
4.5a	Reagents and Testing Kits	**Y**	**N**	
4.6a	Functional Ultrasound Scanners	**Y**	**N**	
4.7a	Functional C.T Scanner	**Y**	**N**	
4.8a	Functional X-ray units	**Y**	**N**	
4.9a	Functional ECG machines	**Y**	**N**	

Section V: Essential Drugs and Supplies:

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

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

Section VI: Other Services:

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

Section VII: Service Delivery in Last two financial years:

S.No	**Service Utilization Parameter**	**2016-17**	**2017-18**
7.1	OPD		
7.2	IPD		
7.3	Total deliveries conducted		
7.4	No. of C section conducted		
7.5	No. of neonates initiated breast feeding within one hour		
7.6	No of admissions in NBSUs/ SNCU, whichever		

	available		
7.7	No. of children admitted with SAM (Severe Acute Malnutrion)		
7.8	No. of pregnant women referred		
7.9	ANC1 registration		
7.10	ANC 3 Coverage		
7.11	No. of IUCD Insertions		
7.12	No. of PPIUCD Insertion		
7.13	No. of children fully immunized		
7.13	No. of children given ORS + Zinc		
7.13	No. of children given Vitamin A		
7.14	Total MTPs		
7.15	Number of Adolescents attending ARSH clinic		
7.16	Maternal deaths		
7.17	Still births		
7.18	Neonatal deaths		
7.19	Infant deaths		

Section VII A: Funds Utilisation

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

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

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

Section VIII: Quality parameter of the facility:

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 anemic pregnant women				
9.6	Labour room register				
9.7	OT Register				
9.8	Immunizations 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	**Y**	**N**	

	Clinics/, PNC Clinics)			
10.8	Immunization Schedule	**Y**	**N**	
10.9	JSY entitlements(Displayed in ANC Clinics/, PNC Clinics)	**Y**	**N**	
10.10	Other related IEC material	**Y**	**N**	

Section XI: Additional/Support Services:

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

Qualitative Questionnaires for District Hospital Level

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

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

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

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

……

……

……

FRU level Monitoring Checklist

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

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

Date of last supervisory visit:_____

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

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

_____

Section I: Physical Infrastructure:

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

	Biomedical waste management (BMW)at facility			
1.23a	BMW outsourced	**Y**	**N**	
1.24	Availability of ICTC Centre	**Y**	**N**	

Section II: Human resource under NHM in last financial year :

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

Section III: Training Status of HR:

(*Trained in Last year)

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

Section IV: Equipment:

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

Section V: Essential Drugs and Supplies:

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

	metronidazole, anti-allergic drugs etc.			
5.15	Adequate Vaccine Stock *available*	***Y***	***N***	
S.No	**Supplies**	**Yes**	**No**	**Remarks**
5.17	Pregnancy testing kits	***Y***	***N***	
5.18	Urine albumin and sugar testing kit	***Y***	***N***	
5.19	OCPs	***Y***	***N***	
5.20	EC pills	***Y***	***N***	
5.21	IUCDs	***Y***	***N***	
5.22	Sanitary napkins	***Y***	***N***	
S.No	**Essential Consumables**	**Yes**	**No**	**Remarks**
5.23	Gloves, Pads, bandages, and gauze etc.	***Y***	***N***	

Section VI: Other Services :

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

Section VII: Service Delivery in last two financial years:

S.No	Service Utilization Parameter	2016-17	2017-18
7.1	OPD		
7.2	IPD		
7.3	MCTS entry on per centage of women registered in the first trimester		
7.4	No. of pregnant women given IFA		
7.5	Total deliveries conducted		

7.6	No. of C section conducted		
7.7	No of admissions in NBSUs/ SNCU, whichever available		
7.8	No. of children admitted with SAM (Severe Acute Anaemia)		
7.9	No. of sick children referred		
7.10	No. of pregnant women referred		
7.11	ANC1 registration		
7.12	ANC 3 Coverage		
7.13	No. of IUCD Insertions		
7.14	No. of PPIUCD insertions		
7.15	No. of children fully immunized		
7.16	No. of children given Vitamin A		
7.17	Total MTPs		
7.18	Number of Adolescents attending ARSH clinic		
7.19	Maternal deaths,		
7.20	Still births,		
7.21	Neonatal deaths,		
7.22	Infant deaths		

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

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

Section VIII: Quality parameter of the facility:

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

Section IX: Record Maintenance:

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

Section X: Fund Utilisation

Sl. No	Funds	Proposed	Received	Utilised
10.1	Untied funds expenditure			

	(Rs 10,000-Check per cent expenditure)			
10.2	Annual maintenance grant (Rs 10,000-Check per cent expenditure)			

Section XI: IEC Display:

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

PHC/CHC (NON FRU) level Monitoring Checklist

Name of District: _____ **Name of Block:** _____ **Name of PHC/CHC:** _____

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

Date of last supervisory visit:_____

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

_____

Section I: Physical Infrastructure:

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

	management			

Section II: Human resource under NHM in last financial year:

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

Section III: Training Status of HR

(*Trained in Last Financial Year)

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

Section IV: Equipment

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

4.7	Functional Suction apparatus	**Y**	**N**	
4.8	Functional Facility for Oxygen Administration	**Y**	**N**	
4.9	Functional Autoclave	**Y**	**N**	
4.10	Functional ILR and Deep Freezer	**Y**	**N**	
4.11	Functional Deep Freezer			
4.12	Emergency Tray with emergency injections	**Y**	**N**	
4.13	MVA/ EVA Equipment	**Y**	**N**	
	Laboratory Equipment	**Yes**	**No**	**Remarks**
4.14	Functional Microscope	**Y**	**N**	
4.15	Functional Hemoglobinometer	**Y**	**N**	
4.16	Functional Centrifuge,	**Y**	**N**	
4.17	Functional Semi autoanalyzer	**Y**	**N**	
4.18	Reagents and Testing Kits	**Y**	**N**	

Section V: Essential Drugs and Supplies

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

5.22	Sanitary napkins	*Y*	*N*	
S. No	**Essential Consumables**	**Yes**	**No**	**Remarks**
5.23	Gloves, Mckintosh, Pads, bandages, and gauze etc.	**Y**	**N**	

Section VI: Other Services :

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

Section VII: Service Delivery in last two years

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

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

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

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

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

Section IX: Record Maintenance:

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

9.7	Labour room register				
9.8	OT Register				
9.9	FP Register				
9.10	Immunisation Register				
9.11	Updated Microplan				
9.12	Drug Stock Register				
9.13	Referral Registers (In and Out)				
9.14	Payments under JSY				

Section X: Funds Utilisation

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

Section XI: IEC Display:

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

Section XII: Additional/Support Services:

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

12.7	Tally Implemented	**Y**	**N**	

Qualitative Questionnaires for PHC/CHC Level

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

2. Any good practices or local innovations to resolve the common programmatic issues.
   .....
   .....
3. Any counselling being conducted regarding family planning measures.
   .....
   .....
   ……

Sub Centre level Monitoring Checklist

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

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

Date of last supervisory visit:_____

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

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

_____

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

_____

Section I: Physical Infrastructure:

S.No	Infrastructure	Yes	No	Remarks
1.1	Sub centre located near the main habitation	***Y***	***N***	
1.2	Functioning in Govt building	***Y***	***N***	
1.3	Building in good physical condition	***Y***	***N***	
1.4	Electricity with power back up	***Y***	***N***	
1.5	Running 24*7 water supply	***Y***	***N***	
1.6	ANM quarter available	***Y***	***N***	
1.7	ANM residing at SC	***Y***	***N***	
1.8	Functional labour room	***Y***	***N***	
1.9	Functional and clean toilet attached to labour room	***Y***	***N***	

1.10	Functional New Born Care Corner (*functional radiant warmer with neo-natal ambu bag*)	***Y***	***N***	
1.11	General cleanliness in the facility	***Y***	***N***	
1.12	Availability of complaint/ suggestion box	***Y***	***N***	
1.13	Availability of deep burial pit for biomedical waste management / any other mechanism	***Y***	***N***	

Section II: Human Resource:

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

Section III: Equipment:

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

Section IV: Essential Drugs:

S. No	Availability of sufficient number of essential Drugs	Yes	No	Remarks
4.1	IFA tablets	**Y**	**N**	
4.2	IFA syrup with dispenser	**Y**	**N**	

4.3	Vit A syrup	**Y**	**N**	
4.4	ORS packets	**Y**	**N**	
4.5	Zinc tablets	**Y**	**N**	
4.6	Inj Magnesium Sulphate	**Y**	**N**	
4.7	Inj Oxytocin	**Y**	**N**	
4.8	Misoprostol tablets	**Y**	**N**	
4.9	Antibiotics, if any, pls specify	**Y**	**N**	
4.10	Availability of drugs for common ailments e.g. PCM, metronidazole, anti-allergic drugs etc.	**Y**	**N**	

Section V: Essential Supplies

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

Section VI: Service Delivery in the last two years:

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

7.14	Due list and work plan received from MCTS Portal through Mobile/ Physically			

Section VII A: Funds Utilisation

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

Section VIII: IEC display:

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

Qualitative Questionnaires for Sub-Centre Level

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