

NATIONAL HEALTH MISSION



A Report on Monitoring of important components of NHM Programme Implementation Planning in Mathura District, Uttar Pradesh



Submitted to



Ministry of Health and Family Welfare, Government of India

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ABBREVIATIONS

ANC	Ante Natal Care
ANM	Auxiliary Nurse Midwife
ASHA	Accredited Social Health Activist
AYUSH	Ayurveda, Yoga& Naturopathy, Unani, Siddha and Homeopathy
BB	Blood Bank
BMOC	Basic Emergency Obstetric Care
BCC	Behaviour Change Communication
BCG	Bacillus Calmette Guerin
BPL	Below Poverty Line
BSU	Blood Storage Unit
CDO	Computer Data Entry Operator
CDMO	Chief District Medical Officer
CGHS	Central Government Health Services
EMOC	Emergency Obstetric Care
ESIC	Employee State Insurance Corporation
EVA	Equine Viral Arthritis
DGD	Delhi Government Dispensary
DOTS	Directly Observed Treatment Strategy
DPMU	District Program Management Unit
DPT	Diphtheria, Pertussis (whooping cough), Tetanus
F- IMNCI	Facility base IMNCI
GOI	Government of India
HIV	Human Immunodeficiency Virus
HMIS	Health Management Information System
ICDS	Integrated Child Development Services
ICTC	Integrated Counseling and Testing Centre
IEC	Information Education &Communication
IFA	Iron & Folic Acid
IMNCI	Integrated Management of Neonatal and Childhood Illness
IPD	Indoor-Patients Department

IPHS	Indian Public Health Standards
IUCD	Intra Uterine Contraceptive Device
JSY	JananySurakshaYojna
JSSK	JananiShisuSurakshaKaryakram
LHV	Lady Health Visitor
MCH	Maternal and Child Health
MCTS	Mother and Child Tracking System
MH	Maternity Home
MIS	Management Information System
MO	Medical Officer
MTP	Medical Termination of Pregnancy
NBCC	New Born Care Corner
NBSU	New Born Special Unit
NHM	National Health Mission
NGO	Non-Government Organisation
NRHM	National Rural Health Mission
NUHM	National Urban Health Mission
NSSK	NavjatShishuSurkshaKaryakram
NSV	Non Scalpel Vasectomy
OBG	Obstetrics Gynecology
PHN	Public Health Nurse
PIP	Programme Implementation Plan
PPIUCD	Post Partum IUCD
PNC	Post Natal Care
RCH	Reproductive & Child Health
RKS	RogiKalyanSamiti
RTI/STI	Reproductive tract infection/Sexually transmitted infection
SBA	Skilled Birth Attendant (Special training course is available for SBA).
TT	Tetanus Toxoid
VHND	Village Health and Nutrition Day

EXECUTIVE SUMMARY

This report focuses in quality monitoring of important components of NHM. Here, Population Research Center (PRC) Delhi team was expected to observe and comment on the status of the key areas mentioned in the Records of Proceedings (RoPs). The PRC, Delhi team undertook desk review of PIP document and prepared semi-structured interview schedules and observations checklist for the field study.

District Mathura ranks 37th in terms of population in the state. It caters a population of 2,074,516 people with a population density of 763 per square kilometers according to Census 2011. The team has visited the District office, District Women Hospital, Mathura, Community Health Centre Vrindavan, Primary Health Center Baldeo and Sub Center Gokul for the monitoring purpose.

The summary of strengths and weakness in the functioning of NHM activities in the Mathura District are as follows:

Strengths:

- The facilities like the District Hospital, CHC, and PHC of district were adequately maintained. The premises were generally found to be clean. All vital equipment and drugs were available in all the facilities except for the vaccinations for which were irregular in supply.
- The district was performing well in family planning. Methods popularly adopted were IUCD insertions and PPIUCD. This has been possible by the counseling and constant motivation given by the doctors, ANMs and ASHAs to the patients for considering family planning.
- ASHAs were playing a prominent role in improving maternal and child health. This has additionally helped ASHAs creating awareness among girls. And also increasing patient's faith in them due to preferential treatment being received by the patient on being linked with an ASHA.
- The ARSH unit was functional in the facility. There were counselors to create awareness among adolescents on delay of marriages, prevention of teenage pregnancies, safe abortions, etc. Counseling was also being provided to young girls for their menstrual issues. If at some facilities response was not active for separate counseling then efforts were undertaken to counsel young patients in OPD itself. The District Women Hospital, Mathura was organizing camp in school for the awareness of the adolescent girls "meri sehat mera dhyan".

- 102/108 is also available for transport home to facilities and facilities to home. It also support in referral cases from facility to facility and also for intra district facilities. Drugs are also available and in case of shortage DHM is approached.
- ASHAs are getting their incentive regularly in the district, there are no issues regarding their payments. All JSY payments are made timely through online fund transfer.

Weaknesses:

- All the visited health centers were functioning in the government premises; however, both the SCs building were not properly maintained. The CHC Vrindavan; PHC Baldeo and Sub Centre Gokal was facing network problem and due to hard water the floors of the CHC, PHC were completely damaged.
- InPHC Baldeo and Sub Center Gokal use of bins were not proper, bins were used as normal dustbins and found at the different corners of the Centre's.
- Sub Centre Gokal delivering was taking place but the labour room and the equipment's were in the very bad condition.
- No proper training for ASHAs and ANMs was given; their role in increasing institutional deliveries was not much realized. The beneficiaries were using health facilities not depend on ASHAs, thus, their role needs to be strengthened.
- SNCUs were functionally well in the district, only issue was number of working machines in such units due to which limited number of children can be attended at a time. Most of the machines were not found in functioning condition because of poor management of the staff as well as higher authority of the hospital. Doctors in the district hospital are very reluctant for doing their duties.

1. INTRODUCTION

1.1. Background

National Health Mission (NHM) has become one of the integral parts for providing health services in the country and funds allotted for NHM activities have increased many folds since its inception and thus quality monitoring is important to ensure that the programme is being implemented as planned and that the desired results are being achieved. It is a continuous process done during the implementation of the plan. Monitoring covers the physical achievements against planned expectations as per the timelessly defined, financial expenditure reports, strengthening of health institutions and the quality service delivery at all the levels.

Therefore, feedback regarding progress in the implementation of key components of the NHM could be helpful for both planning and resource allocation purposes. Therefore, the Ministry of Health and Family Welfare (MoHFW) has entrusted the Population Research Centre, Delhi, (PRCD Delhi) to conduct quality monitoring of its important components. While engaging with the quality monitoring of PIPs, it is expected that PRCs would evolve suitable quality parameters and assume a critical role in monitoring the various components of the NHM every quarter. As part of the quarterly qualitative reports, the PRCs are expected to observe and comment on the status of the following key areas mentioned in the Records of Proceedings (RoPs):

- Mandatory disclosure of the documents related to NRHM functioning.
- Key innovation and practices in the district.
- Areas of concern in the district.
- Key strengths and weakness in the implementation of the program.

1.2. Objectives

Major objectives of this monitoring and evaluation PIP study are:

- To understand the status of physical infrastructure of availability in the health facilities under NHM Programme
- To understand the availability and efficiency of human resource required for better service facilities

- To understand the gap between Demand and supply of health service delivery under NHM programme
- To assesses functionality of equipment, supply and essential drugs, essential consumables etc.
- To analyses implementation and performance of different scheme under NHM such as JSSK, RBSK, ARSH, etc.
- To analyses other important components namely service delivery, record maintenance, Biomedical Waste Management, referral transports system, IEC material, disease control programme etc.
- Availability of finance for the NHM activities in the district.

1.3. Methodology

This report discusses the implementation status of NHM in Mathura District of Uttar Pradesh. The report is based on the findings and observation of District Hospitals (DH) District Hospital for Women, Mathura; visit two Community Health Centre (CHC) in Vrindavan, Primary Health Centre (PHC) in Baldeo and Sub Centres (SC) Gokul for the monitoring purpose. Before visiting the field a semi-structured interview schedule was used for interaction with Chief Medical and Health Officer (CM&HO), District Program Manager (DPM) and other NHM officials who were questioned on various aspects of the NHM activities. The field visits to health facilities in the district were planned and implemented with the consultation with NHM officials. The main motive of the team was to have a fruitful interaction with officials such as CM&HO, DPM and block development officer, to identify the major problems faced by them and recommendations on their part to improve the overall efficacy of the NHM program.

The Ministry of Health and Welfare Society has engaged PRC for monitoring and evaluating the overall performance of Mathura District, Uttar Pradesh in providing the health care services under NHM. PRC Delhi Team visited the district office of Mathura to interact with CM&HO, DPM and other nodal officers of the district. A brief profile of health scenario of the district has been discussed intensively and officers were questioned on broader areas under NHM like Family Planning, Immunization, Training Status, Awareness Program etc. and also on the gaps

in infrastructure and human resources and a brief discussion on the loopholes of the programme and their major recommendations to improve the overall efficiency of the scheme.

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

Table- 1: List of Visited Health Care Facilities in Mathura, U.P, 2017

Facility Type	Name of the Facility
District Hospital (DH)	District Women Hospital, Mathura
Primary Health Centre (PHC)	PHC Baldeo
Community Health Centre (CHC)	CHC Vrindavan
Community Health Centre (CHC)	CHC Vrindavan
Sub-Centre (SC)	SC Gokul

The Team interacted with key programme officials at District Programme Management Unit (DPMU) office of Mathura District and examined the status of the key activities. Apart from rigorous interactions with the District Programme Manager, the Team visited at District Hospital, CHC, PHC and SC to interact with medical officers, staff, ASHAs, ANMs and beneficiaries in the district.

Interviews with the patients who were present during visits to health facilities were also conducted to obtain information from the beneficiaries' perspective about the functioning of National Health Mission. The Secondary Data was taken from the DPMU and CM&HO offices. Health facilities from all the three levels were selected for Supportive Supervision after discussions with the District Program Manager. The PRC team has prepared questionnaires which were used for collecting the relevant data. The attempt was to find solutions and support the health functionaries in identifying gaps and sensitizing them about the same and then to find areas where action can be taken within their designated capacities.

1.4. Socio-Economic and Demographic Profile: Uttar Pradesh & Mathura District

India is the second largest population of the world. Among the Indian states Uttar Pradesh is the high populous state where large proportion of population living in rural areas (Census of India 2011). Mathura is a city in the North Indian state of Uttar Pradesh. The 2011 census of India estimated the population of Mathura to be 441,894. The seat of district administration is at Mathura. The district comprises of 04 tahsil namely Chhata, Mathura, Mat and Mahavan. There are 10 development blocks in the district namely Nandgaon, Chhata, Chaumuhan,

Goverdhan, Mathura, Farah, Baldeo, Nohjhil, Mat and Raya. Total area of the district is 3340.0 Sq. Km. Therural area covers 3185.7 Sq. Km. and urban recorded 154.3 Sq. Km. There are 479 GramPanchayats and 874 Revenue villages out of which 730 inhabited villages and 144 uninhabited villages in the district. In urban area there are 17 statutory Towns and 8 Census Towns. Statutory Towns comprises of 3 Nagar Palika Parishad, 13 Nagar Panchayats and 01 Cantonment Board.



Figure 1: District Map of Mathura

District Mathura ranks 37th in terms of population in the state. The percentage share of urban population in the district is 29.7 percent as against 22.3 percent of the population in urban areas of the state. Mathura district has population density of 763 persons per sq. km which is less than the state average of 829 persons per sq. km. It ranks 66th in terms of sex ratio (863) which is less than the state average of 912 females per thousand male and also ranks 30th in literacy with 70.4 percent which is higher than the state average of 67.7 percent.

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

Indicators	Uttar Pradesh	Mathura
Actual Population	199,812,341	2,547,184
Male	104,480,510	1,367,125
Female	95,331,831	1,180,059
Population Growth	20.23	22.53

Sex Ratio	912	863
Density/km ²	829	763
Total Child Population (0-6 Age)	30,791,331	404,276
Male Population (0-6 Age)	16,185,581	216,224
Female Population (0-6 Age)	14,605,750	188,052
Literacy (%)	67.68	74.45
Male Literacy (%)	77.28	81.97
Female Literacy (%)	57.18	56.87

Source: Source: Census of India, 2011

The initial provisional data released by census India 2011, shows that density of Mathura district for 2011 is 763 people per sq. km. Literacy rate of Mathura in 2011 were 74.45 and if things are looked out at gender wise, male and female literacy were 81.97 and 56.89 respectively in Mathura District. With regards to Sex Ratio in Mathura, it stood at 863 per 1000 male.

1.5. Health and Health Service Delivery Indicators: Mathura District

National Health Mission was primarily aimed at improving the overall health scenario as measured by various health indicators like IMR, MMR, NMR etc. Table 3 shows the key health and health service delivery indicators of Mathura district for the last financial year. The table shows that there are very less cases of neonatal deaths in the district which is a positive indicator of improvement in health services in the district. There were only 151 maternal deaths in the last financial year which is a large number and not good for a district. The number of Neo-Natal deaths in the last financial year was 35. The Infant and under 5 deaths were recorded to be 46 and 61 respectively in the Mathura district. The TFR was reported to be 3.2 which is a remarkable number indicating an increased focus upon family planning measures.

Table-3: Key Health and Health Service Delivery Indicators of Mathura District

Health Indicators	Number
NMR	35
IMR	46
U5MR	61
MMR	151
TFR	3.2
Fully immunized children	41499
ANC Registration in the First Trimester	31455
Full ANC	49485
Safe Deliveries (Institutional+ SBA attended home deliveries)	36539
Institutional Deliveries	23097
No. of Women received PNC checkups within 48 hours	20875

Source: CM&HO Office, Mathura District

The indicators related to maternal health care shows that the first trimester registration is close to 31455 in the district and women receiving full ANC were 49485. The institutional deliveries are 23097 in the district. The post-natal check-ups were effectively happening in the district as reflected by the fact that Women receiving postpartum check-up within 48 hours of delivery to Total Reported Deliveries are 20875 in the district.

1.6. Health Infrastructure: Mathura District

Health infrastructure of a district has a significant role in ensuring effective provision of all the services to the beneficiaries. Table 4 shows the details of the health infrastructure in the district. The district has two district hospitals, twelve CHCs, twenty six PHCs and 205 sub centers. There were 70 delivery points in the district. The health facilities were functioning in the well-constructed government buildings. However the 108 ambulance facility was substandard in the district since there were only 20 ambulances and 102 ambulances were only 28 in the district. There were only 7 referral transports in the district. All the facilities visited for the purpose of monitoring were maintained and functioning in well-constructed buildings however in some of the facilities there was a problem of cleanliness.

Table-4: Details of Health Infrastructure of Mathura District

Health Facility	Number available
District hospital	02
Mother and Child Care Centers	04
CHC	12
PHC	26
Sub Centre	205
Delivery Points	70
108 Ambulances	20
CATS	-
102 Ambulance	28
Referral Transport	07

Source: CM&HO Office, Mathura District

Overall the health infrastructure of the visited facilities was well-maintained and effectively functional. There were issues of cleanliness and hygiene in some places, the space provided for some of the CHCs was not effectively utilized.

1.7. Facility wise Observation

1.7.1 District Hospital: District Women Hospital of Mathura

Figure 2: District Women Hospital



District Women Hospital in the biggest Health Care Centre of women in Mathura district having a large space. It is the biggest government hospital in the district which is equipped with all specialties and healthcare facilities. The District Women Hospital of Mathura was easily accessible and was functioning in a well-constructed government building having staff quarters for all the staff members.

The hospital was not very clean and hygienic. The District Women Hospital, Mathura catered large masses of population since lower centers were deficit in providing the basic services. The training status of human resource at district hospital in the last financial year is as mentioned in Table 5.

Table-5: Training Status of Human Resource under NHM in the Last Financial Year

Training	No. Trained
EmOC	-
LSAS	-
BeMOC	0
SBA	17
MTP/MVA	05
NSV	01
F-IMNCI	01
NSSK	12
Mini Lap-Sterilizations	02
Laparoscopy-Sterilizations	02
IUCD	17
PPIUCD	17
Blood Storage	-
IMEP	-
Immunization and Cold Chain	PPC
Others	-

Source: District Hospital of Women, Mathura

The hospital having problem of lighting and also there was lack of coordination between ASHA workers and other staff nurses. ASHA were conducting different programmes in schools for adolescent girls so that they can aware of their problem. The Bio-medical waste disposal was outsourced and the waste was collected and disposed every day.

Figure 3: Sick New Born Care Unit (SNCU) of District Women Hospital



Table 6 shows the service delivery in last two financial years in the district hospital of Mathura district. The district women hospital is doing well in terms of OPDs and IPDs in both the years however the district hospital is lagging behind in the full ANC coverage depicted by significant gap between ANC1 registration and ANC3 coverage.

Table-6: Service Delivery in Last Two Financial Years at the District Women Hospital, Mathura

Service Utilization Parameter	2015-16	2016-17
OPD	59419	66960
IPD	11557	12305
Total Deliveries conducted	3514	3392
No. of C section conducted	-	130
No. of Neonates initiated Breast feeding within one hour	-	-
No. of Admission in SNCU, which ever available		1120
No. of Children admitted with SAM (Serve Acute Malnutrition)	-	-
No. of Pregnant Women referred	31	39
ANC1 Registration	-	-
ANC3 Coverage	-	-
No. of IUCD Insertions	169	608
No. of PPIUCD Insertion	120	124
No. of Children Fully Immunized	-	-
No. of Children given ORS+ Zinc	-	-
No. of Children given Vitamin A	2041	2652
Total MTPs	757	280
Number of Adolescents attending ARSH Clinic	1516	381
Maternal Deaths	03	01
Still Births	-	-
Neonatal Deaths	-	07
Infant Deaths	-	-

Source: District Women Hospital, Mathura

District Hospital has been very successful in IUCD insertions and Postpartum Intrauterine Contraceptive Device (PPIUCD) insertions and other methods of family planning which is clearly reflected. Low Total Fertility rate accompanied with increase in acceptance of family planning measures has been reflected by very few cases of maternal deaths since past two years in the district hospital.

The district hospital had all the necessary equipment's functional and all other lab services were

provided in the district hospital. However X-ray machine and CT scan machine has become non-functional. All the drugs were available in the pharmacy.

Overall the medical officers of the district hospital were very active and were doing their jobs enthusiastically. The IEC materials were displayed effectively informing about all the new schemes and updated programs under NHM and all the registers were updated and well-maintained. The district hospital was having their RO plant for water, as the water is very salty in Mathura.

1.7.2. Community Health Care: CHC Vrindavan

Figure 4: CHC, Vrindavan



The Community Health Centre Vrindavan was functioning in a government building having staff quarters for all the working staff. The health facility was easily accessible from the nearest road and the infrastructure of the CHC was well maintained and sufficient to cater the patient load and also beautiful garden on

the entrance and a huge parking space while entering the CHC. The facility was clean and hygienic except the stair cases. CHC having staff quarters for MO, staff nurse and was properly maintained. 24/7 running water, availability of complaint and suggestion box, electricity back up, functional and clean toilet for both male/ female and also washroom was attached to the labor room. CHC Vrindavan having separate room for ARSH clinic.

CHC Vrindavan was having functioning effectively in delivering the key health services to the beneficiaries. CHC Vrindavan was having all the equipment's and even all laboratory equipments. CHC having all the essential drugs and its supplies were proper but the only requirement of blood bank.

There was an acute shortage of human resource at the CHC and there was only one OBC and 3 Staff nurses and one LT posted at the CHC. The training status of human resource in the last

financial year is as shown in Table 7.

Table-7: Training Status of Human Resource under NHM at CHC Vrindavan

Training	No. Trained
EmOC	0
LSAS	03
BeMOC	0
SBA	0
MTP/MVA	0
NSV	0
F-IMNCI	0
NSSK	03
Mini Lap-Sterilizations	0
Laparoscopy-Sterilizations	0
IUCD	02
PPIUCD	02
Immunization and Cold Chain	02

Source: CHC, Vrindawan, Mathura District

Figure 5: IEC material, CHC Vrindavan



Table 8 shows the key service delivery indicators for the last two financial years and from the table we observe that the CHC Vrindavan is performing consistently in terms of OPD and IPD and other indicators related to maternal and child health. The CHC having their own team for family planning and every week they had a camp.

Table-8: Service Delivery in Last too Financial Year at CHC Vrindavan

Service Utilization Parameter	2015-16	2016-17
OPD	18000	18700
IPD	750	810
MCTS Entry on Percentage of Women Registered in the First Trimester	-	200
No. of Pregnant Women given IFA	-	200
Total Deliveries conducted	-	1431
No. of C Section conducted	-	-
No of admissions in NBSUs/ SNCU, whichever available	-	-
No. of Children admitted with SAM (Severe Acute Anaemia)	N.A	58
No. of Sick Children referred	-	01
No. of Pregnant Women referred	-	300
ANC1 Registration	-	200
ANC 3 Coverage	-	100
No. of IUCD Insertions	-	117
No. of PPIUCD Insertions	-	-
No. of Children Fully Immunized	-	30
No. of Children given Vitamin A	-	50
Total MTPs	-	200

Number of Adolescent attending ARSH Clinic	-	-
Maternal Deaths	-	0
Still Births,	-	04
Neonatal Deaths	-	-
Infant Deaths	-	-

Source: CHC, Vrindavan, Mathura District

CHC having all the equipment's, sufficient essential drugs and its supplies was on time. Overall the CHC were very actively performing activity and were doing their jobs enthusiastically. The IEC materials were displayed effectively informing about all the new schemes and updated programs under NHM and all the registers were updated and well-maintained.

1.7.3. Community Health Care: CHC Vrindavan

Figure 6: CHC Vrindavan



The Community Health Centre Vrindavan was functioning in a government building having staff quarters for all the working staff. The health facility was easily accessible from the nearest road and the infrastructure of the CHC was well maintained and sufficient to cater the patient load. The facility was clean and hygienic and doesn't have any infrastructure issue. There was an acute

shortage of human resource at the CHC and also shortage of specialist. The training status of human resource in the last financial year is as shown in Table 9.

Table-9: Training Status of Human Resource under NHM at CHC Vrindavan

Training	No. Trained
BeMOC	0
SBA	0
MTP	01
NSV	0
IMNCI	0
F-IMNCI	01
NSSK	0
Mini Lap	01
IUD	0
RTI/STI	02
Immunization and Cold Chain	02

Source: CHC, Vrindavan, Mathura District

Figure 7: Proper Maintained of Cold Chain and its Register



Table 10 shows the key service delivery indicators for the last two financial years and from the table we observe that the Vrindavan is performing consistently in terms of OPD and IPD and other indicators related to maternal and child health. CHC was having all the infrastructure facilities and even all the equipment's were present and were working properly. Even the supply of essentials drugs present and also the supply were also on time. But some lab services were not their like Serum Bilirubin Test, RPR, T.B and HIV test were not taking place.

Table-10: Service Delivery in Last two Financial Years at CHC Vrindavan

Service Utilization Parameter	2015-16	2016-17
OPD	10446	15326
IPD	1035	1113
Total Deliveries conducted	506	531
No of Admissions in NBSUs/ SNCU, whichever available	-	-
No. of Sick Children referred	06	04
No. of Pregnant Women referred	100	79
ANC1 Registration	182	202
ANC 3 Coverage	78	-
No. of IUCD Insertions	46	54
No. of PPIUCD Insertions	-	-
No. of Vasectomy	-	-
No. of Minilap	-	-
No. of Children Fully Immunized	72	87
No. of Children given Vitamin A	72	87
No. of MTPs conducted	-	06
Maternal Deaths	-	-
Still Births	-	02
Neonatal Deaths	-	-
Infant Deaths	-	-

Source: CHC, Vrindavan, Mathura District

1.7.4 Primary Health Centre: PHCBaldeo

Figure 8: PHC, Baldeo



The Primary Health Centre Baldeo was catering scattered population and the catchment area was 2,14,632. The health facility distance from district headquarter was 20-22km. The health facility was easily accessible from the

nearest road; however the building was functioning in a government building and was very spacious but no PPIUCD taking place. There were no staffs quarters available for the staff nurse but for only staff MO and was maintained properly. There was electricity power backup; 24/7 running water, clean toilet separate for male/ female, functional and clean labor room with attached washroom and availability of both suggestion/ complaint box.

Figure 9: 108 Ambulance were properly clean and with maintained Register



Table 11 shows the key Service Delivery in last two financial years at PHC Baldeo for the year 2015-16 and 2016-17. The numbers of OPDs are very high in the facility; however there were very few IPDs in the facility. The ANC coverage was high and services revolving around family planning methods were not effectively provided.

Table-11: Service Delivery in the Last Two Financial Years at PHC Baldeo

Service Utilization Parameter	2015-16	2016-17
OPD	18070	49940
IPD	1397	3962
Total Deliveries conducted	1250	1395
No of Admissions in NBSUs, if available	-	-
No. of Sick Children referred	27	21
No. of Pregnant Women referred	182	168
ANC1 Registration	534	5235
ANC3 Coverage	2471	2617
No. of IUCD Insertions	1926	1915
No. of PPIUCD Insertions	-	-
No. of Vasectomy	-	-
No. of Minilap	-	-
No. of Children Fully Immunized	3782	5309
No. of Children given Vitamin A	2915	2404
Maternal Deaths	9	6
Still Birth	15	12

Source: PHC, Baldeo, Mathura District

The facility having all the equipment which was working properly and also laboratory equipments was functional. Lab services like hemoglobin, urine and sugar test, blood sugar test, RPR, Malaia, T.V and HIV tests were taking place.

1.7.5. Sub Centre: Sub Centre Gokul

Figure 10: SC, Gokul



The sub centre Gokul was located in the Baldeo block. The sub centre was not at all functioning well and even the infrastructure was so old. There was one ANM and one ASHA working in the sub centre and the IEC materials were not properly displayed.

Table 12 shows the Service Delivery parameters in the last two financial years in the subcentre Gokul. It is observed that no deliveries are conducted at sub centre although separate room were their but the equipment were in such a bad condition that we could hardly think that any delivery was taking place in the sub centre.

Table-12: Service Delivery in the Last Two Financial Years in Sub Centre Gokul

Service Utilization Parameter	2015-16	2016-17
Number of estimated Pregnancies	165	167
No. of Pregnant Women given IFA	360	372
Number of Deliveries conducted at SC	14	16
Number of Deliveries conducted at Home	32	25
ANC1 Registration	382	369
ANC3 Coverage	133	154
No. of IUCD Insertions	70	86
No. of Children fully Immunized	110	115
No. of Children given Vitamin A	1035	1276
No. of Children given IFA Syrup	635	575
No. of Maternal Deaths recorded	-	-
No. of Still Birth recorded	-	-
Neonatal Deaths recorded	-	-
Number of VHNDs attended	-	-
Number of VHNSC meeting attended	-	-

Source: Sub Centre Gokul, Mathura District

There was no complain/suggestion box in the sub centre. There was a shortage of

Injection Magnesium Sulphate, Injection Oxytocin and Misoprostol tablets. Sub Centre has received Rs. 10000/- as untied funds and have spent the maximum proportion of untied funds on maintenance and electricity bills. ANM has spent Rs. 10000/- in the financial year.

2. HUMAN RESOURCES

2.1. Human Resource

Table 13 shows the status of human resource under National health Mission in the district. Most of the human resource positions have been regularized in the last financial year. The human resource distribution was highly skewed and mostly driven by political influence. In the district 12 medical officers are sanctioned by the government and out of which 9 are on contractual basis and only 3 are regular. But there are 3 vacant seats left for M.O as requirement of staff is the major issue occurred in the district.

Table 13: Human Resources under NHM 2016-17 of Mathura District

Position Name	Sanctioned	Contractual	Total Vacant
MO's including specialists	12	09	03
Gynecologists	03	02	01
Pediatrician	03	01	02
Surgeon	04	04	0
LHV	0	0	0
ANM	75	55	20
Pharmacist	07	07	0
Lab Technicians	06	06	0
X-ray Technicians	03	02	01
Data Entry Operators	18	18	0
Staff Nurse at CHC	38	38	0
Staff Nurse at PHC	12	12	0
ANM at PHC	0	0	0
ANM at CHC	75	55	20

Source: CM&HO Office, Mathura District, 2017

Only 3 gynecologists are sanctioned by the government and out of which 2 contractual and only 1 is vacant. In the district, there were no LHV and ANM at PHC which creating a lot of problem. Besides, there are total 75 ANMs sanctioned by the government and 55 contractual but still 20 seats are still vacant. Staff nurse at CHC 38 is sanctioned, 38 were contractual and no seats are vacant. However, there are total 75 ANM at SC is sanctioned, 55 contractual and 20 seat are vacant. These staffs are not adequate to cover of all health facilities.

2.2. Training Status of Human Resource

The table 14 shows the training status of various staff members appointed under NHM for the financial year 2014-15. Apart from the below mentioned trainings 25 ANMs have been trained for ANM and 7 lab technician for RTI/STI/HIV screening.

Table 14: Training status of Human Resource in the Last Financial year of Mathura District

Position Name	IUCD insertion	RTI/STI/HIV screening
ANM	25	0
Lab Technician	0	07

Source: CM&HO Office, Mathura District, 2017

3. MATERNAL HEALTH

3.1. Maternal Health

Improving the maternal and child health was one of the key areas of focus under National Health Mission. One of the key goals of NHM was to reduce maternal, infant and Child mortality rates by targeting the concerned population and focusing on strategies of promoting wider utilization of essential obstetric and new born care for all, skilled attendant at every birth, emergency obstetric care for those having complications and referral services. The Maternal health care package of antenatal care, delivery care and postnatal care are crucial components of NHM to reduce maternal morbidity and mortality among the pregnant women. Under maternal health services, facility provides Family planning and adolescent friendly health services and RTI/STI services.

Table 15, 16, 17 and 18 shows the service delivery of various indicators associated with maternal health and from the table it is observed that:

- Women receiving at least 3 ANC checkups are lagging behind the number of women registering for ANC which shows a flaw in tracking the beneficiaries.
- All the blocks in the district have been successful in reducing home deliveries substantially. There are miniscule proportion of home deliveries in the district and majority of the home deliveries are attended by SBA.
- The District has is lagging behind in immunizing and reducing the still births. The number of

still births has been very high in all the blocks of the district.

- Post Natal Care was happening effectively in the district for 48 hours after delivery but PNC between 48 hours and 14 days after delivery is far lower than the number of institutional deliveries conducted in the district indicating a need to focus more upon post-natal care.
- There were 66 maternal deaths in the last financial year and 16 deaths were during transit which clearly indicates that district has been deficient in providing proper referral services to the beneficiaries

Table 15: Service Delivery indicators of Last Financial Year of Mathura District

Block	ANC Registered	3ANCs	Home Deliveries	Institutional Deliveries
Baldeo	4437	1890	752	1440
Chhata	5050	3837	1314	1161
Chaumuha	6441	6283	2285	1200
Goverdhan	4034	2394	58	2550
Raya	5513	4089	717	2302
Nandgao	6205	5186	1299	2916
Naujheel	4931	3251	1465	3125
Mant	4065	2102	328	944
Farah	3813	2691	108	1610
Rall	7426	4228	5116	1690

Source: CM&HO Office, Mathura District, 2017

Table 16: Service Delivery indicators of Postal Natal Care (PNC) in the Last Financial Year of Mathura District

Block	PNC within 48hrs after delivery	PNC between 48hrs & 14 days after delivery
Baldeo	21	33
Chhata	2395	1691
Chaumuha	3737	3689
Goverdhan	87	80
Raya	2593	1776
Nandgao	231	171
Naujheel	12	12
Mant	1188	1042
Farah	98	80
Rall	6575	4420

Source: CM&HO Office, Mathura District, 2017

Table 17: Service Delivery indicators of Last Financial Year of Mathura District

Block	TT1	TT2	Home Deliveries		Live Birth	Still Birth	Total Births
			SBA assisted	Non-SBA			
Baldeo	3366	4433	17	735	2138	05	2143
Chhata	3056	4650	394	920	2439	14	2454
Chaumuha	4839	5989	393	1892	3803	0	3803

Goverdhan	2877	3461	33	25	1989	04	1993
Raya	5123	4013	18	699	3022	02	3024
Nandgao	3694	5519	63	1236	4214	0	4214
Naujheel	3325	4463	0	1465	4572	0	4572
Mant	3093	2784	177	151	1965	32	1997
Farah	3063	3588	25	83	1702	18	1720
Rall	7368	6416	0	5116	6774	02	6776

Source: CM&HO Office, Mathura District, 2017

Table 18: Maternal Death Review in the Last Financial Year of Mathura District

Total Maternal Death	Place of Death			Major Reason	Month of Pregnancy		
	Hospital	Home	Transit		During Pregnancy	During Delivery	Post Delivery
66	27	23	16	Hemorrhage-5, Obstetric Complication-5, Abortion-10, others- 36	05	28	33

Source: CM&HO Office, Mathura District, 2017

3.2. Janani Suraksha Yojana

- Janani Suraksha Yojana is an initiative for ensuring safe motherhood under NHM. It basically aims at reducing maternal and neonatal- mortality rate by promoting institutional deliveries among poor pregnant women. The scheme was particularly aimed at providing monetary incentives to encourage institutional deliveries.
- Overall, the program was running smoothly in the district. The coverage of JSY program was significantly high in district.
- All JSY payments are made through online transfer portal within 48 hours after delivery. Post the delivery reporting HMIS portal.

Table 19: Status of JSY Payments in Mathura District in the Last Financial Year

Status of payments			Record maintenance		
Institutional Deliveries	Home Deliveries	ASHAs	Available	Updated	Non updated
23793	01	18554	Yes	Yes	-

Source: CM&HO Office, Mathura District, 2017

- Janani Suraksha Yojana (JSY) is a safe motherhood intervention under the National Rural Health Mission (NHM). It is being implemented with the objective of reducing maternal and neonatal mortality by promoting institutional delivery among poor pregnant women. The

scheme is under implementation in all states and Union Territories (UTs), with a special focus on Low Performing States (LPS).

3.3. JananiShishuSurakshaKaryakaram

- JananiShishuSurakshaKaryakaram was initiated to promote institutional deliveries and ensure safe motherhood. There were four main components of this program namely drugs, diagnostics, diet and transport which were provided for free to the pregnant women.
-
- Free entitlement services included the following 1) Free cashless delivery, 2) Free C-Section, 3) Free drugs, 4) Free diagnostics, 5) Free diet during stay in the hospital, 6) Free provision of blood, 7) Exemption from user charges, 8) Free transport from home to health institutions, 9) Free transport to other facilities if required for referral, 10) Free drop from institution till home after 48 hours. Further, similar entitlements are given to sick new born till 30 days of birth.
-
- JSSK was effectively functional in the district and all the hospitals were providing free medicines, laboratory services, and free diet to the beneficiaries in the district. Free referral transport was available in the district, but due to acute shortage of ambulances and drivers for vehicles the district was deficient in providing transport services under JSSK.
- It main objective to provide free medicine, free transport, free diagnostic and free diet during delivery and PNC care up to 30 days after delivery to the women. Mottos of JSSK are to reduce un-usual out of pocket expenditure during delivery so that institutional delivery can promote. Entitlements fund of JSSK can promote to the beneficiaries to conduct delivery at public health institution. Facility under JSSK is not available for the patients, whose, deliveries has conducted at private health centre. ASHAs are support to the beneficiaries to access this JSSK services. She would take the responsible of the beneficiaries from pregnancy to delivery. She support to the beneficiaries to reach at hospital and get all services at free of cost during delivery. But according to past study in Uttar Pradesh beneficiaries are directly going to the health facilities. In Mathura district 20794 beneficiaries were received free facility on diet, 26050 on drugs, and 26050 on diagnostic.

4. CHILD HEALTH

4.1. Child Health

Child health programme under NHM stresses upon reducing Infant Mortality Rate in India. The program primarily stresses upon improvement in the following; 1) Neonatal Health, 2) Nutrition of the child, 3) Management of common childhood illness and 4) Immunization of the child. The district was effectively running various state-level programs to ensure safe and healthy motherhood and child birth and his/her growth.

Apart from focusing upon aggregate child health the Rajasthan state has implemented a policy initiative named “Rajshree” to reduce female infanticide and promote female empowerment by providing the new born female with monetary benefits covering not only the health aspect but also education.

4.2. Immunization

In Mathura district, child health program was functioning smoothly and Immunization program has been successfully running in the district.

Table 20: Child Health: Analysis of Immunization in the Last Financial Year in Mathura District

Block	Target	OPV at birth	BCG	DPT			OPV			Measles	Full Immunization
				1	2	3	1	2	3		
Baldeo	7232	546	4858	41	32	78	4704	4449	4253	4637	3538
Chhata	6944	1893	4706	485	670	1026	4821	4852	5030	5221	4778
Chaumuha	4847	3599	6194	227	357	565	5482	5437	5703	6086	5863
Goverdhan	7922	290	2439	204	241	319	3629	3443	3721	3319	2996
Raya	7440	3558	6210	0	13	224	4769	4164	3929	4239	2791
Nandgao	7516	3431	6143	0	0	142	5610	5698	5723	5723	5620
Naujheel	6557	1525	4473	0	48	204	4280	4201	4201	4264	4313
Mant	5628	992	3616	115	137	274	3526	4211	3375	4001	4058
Farah	5436	1859	3702	05	62	249	3769	3589	3851	3760	3595
Rall	9594	7121	7116	12	18	228	7205	6028	6277	6277	1018

Source: CM&HO Office, Mathura District, 2017

From the above table 20 shows that district lags behind its targets of immunization but as mentioned by district officials the target are inflated and does not adjust for the factor specific to a district. Thus there must be some mobility provision to obtain a correct measure of immunization coverage in the district. Overall the data shows that the district has been lagging behind in reducing immunization drop-out rate.

4.3. RashtriyaBalSurakshaKaryakaram (RBSK)

RashtriyaBalSwasthyaKaryakaram is another major initiative by NHM for monitoring the child health and adolescent health to spread awareness, detect the adolescent problems and counsel the adolescent children in the district. Under this program team of experts are sent to schools for regular checkups of the children. The checkups include, the eye testing, dental checkups, and any prominent symptoms of any communicable and non-communicable disease are being screened.

RashtriyaBalSwasthyaKaryakaram is working efficiently in the district with the help of Anganwaddi workers. There is a team of doctors which are regularly visiting the schools of the district. After checkups if any child is detected with some irregularity, then he/she is referred to nearby facility, however the follow-up of the patient is not happening effectively.

Table 21: RashtriyaBalSurakshaKaryakaram (RBSK), Progress Report of Mathura District

Years	No. of Schools	No. of Children Registered	Children Diagnosed	No. of Children referred	Eye Disease	Ear Disease	Heart Disease	Physically challenged	Anemic
2016-17	1929	108137	97411	3708	1407	36	07	219	1792
2015-16	1929	108137	94078	2494	1261	27	03	167	1442

Source: CM&HO Office, Mathura District

In the financial year 2016-17 and 2015-16, 1929 schools were targeted and approximately 108137 children got themselves registered under this program.

5. FAMILY PLANNING

Family planning allows individuals and couples to anticipate and attain their desired number of children and the spacing and timing of their births. It is achieved through use of contraceptive methods and the treatment of involuntary infertility. A woman's ability to space and limit her pregnancies has a direct impact on her health and well-being as well as on the outcome of each pregnancy. District was trying its level best to perform in the field of family planning, but still lot can be done in terms of creating awareness regarding family planning.

Table 22 shows the achievement status of family planning targets in the last financial year. It can be observed from the table that spacing methods have been adopted by majority of population residing in Mathura district. The district is performing exceptionally well in meeting its family planning targets. Further the male sterilization has been very low in the district as compared to

the numbers of female sterilized.

Table 22: Achievements of Family Planning targets in Mathura District in the Last Financial Year

Block	Sterilization			IUCD Insertions		Oral Pills		Emergency Contraceptives		Condoms	
	Target	Male	Female	Target	Ach*	Target	Ach*	Target	Ach*	Target	Ach*
Farah	857	03	449	2338	997	865	643	865	846		100239
Goverd	1277	03	326	3455	1933	1258	346	1258	84		15311
Rall	1503	01	555	4018	1650	1455	791	1455	1279		65614
Baldeo	1141	02	330	3092	1915	1128	374	1128	506		112457
Chatta	1096	0	411	2986	1464	1086	546	1086	407		87071
Chaum	765	0	388	2089	1243	765	171	765	0		42403
Barsana	818	0	540	2230	2200	832	976	832	11		93020
Sonai	1177	02	336	3190	2710	1164	288	1164	0		54873
Mant	885	0	322	2420	771	890	361	890	856		53706
Naujheel	1031	0	389	2819	1021	1026	397	1026	229		65614

Source: CM&HO Office, Mathura District

Note- * Ach- Achievements

6. ADOLESCENCE REPRODUCTIVE AND SEXUAL HEALTH (ARSH)

ARSH was effectively functional in the district. Regular counselling is done regarding reproductive and sexual health and various camps were organized in the district. But these programs were not conducted regularly and the district officials must focus upon spreading awareness among the adolescents and educate them regarding the reproductive and sexual health. Though health talks are being organised but more efforts needs to be taken to tie up with the school authorities to widen the coverage.

7. QUALITY IN HEALTH SERVICES

7.1. Infection Control

Proper norms were followed in the district for infection control. However there were some issues of cleanliness and hygiene in some of the facilities in the district.

7.2. Bio-Medical Waste Management

Figure 11: Coloured Bins for Bio-Medical Waste Management



All the facilities had colored bins to dispose-off bio medical waste. The waste redressal mechanism was running smoothly the at all the facilities. There were IEC materials displayed at all wards in a facility

regarding disposal of waste into different coloured bins. The waste was collected by a sweeper every day and disposed-off.

7.3. Information Education and Communication (IEC)

IEC is the best method to aware the people regarding health programme like immunisation, family planning, JSSK benefit, and child nutrition. We observed from the facilities that IEC display was effective. When patients came to the facilities, they are able to know the scheme by the help of visual picture posted in health facilities. In District Hospital, IEC cover on: citizen charter, visiting time, list of service available, essential drugs list, protocol posters, and JSSK entitlement in the wall of health facility.

8. REFERRAL TRANSPORT

The transport system was not very effective in the district and many beneficiaries were not even aware about this facility. Free referral transport was available in the district, but ambulances (102 and 108) were very less and further it was difficult to reach in the remote areas thus the referral transport system was not functioning effectively in the district and it is strongly recommended to provide ambulances to the district.

9. COMMUNITY PROCESS

9.1 ASHA and ANM Interaction

NHM provide ASHAs in village level. ASHAs trained at state level. VII module training conducted for ASHAs so that she can provide better guidance to the patients. In Mathura district presently 1530 ASHAs working. No vacant seat is left for ASHAs to be filled. Skill development and refresher training was conducted monthly in unit level. In a year only one meeting conducted with ASHAs. In this district there is no ASHAs resource or ASHAs ghar for ASHAs. ASHAs have taken care to the pregnant women and children of outreach areas. From interaction with ASHAs we found that they have malaria testing kit but not aware to use.

Table 23: Community Process in Mathura District in the Last Financial Year

Last status of ASHAs (Total number of ASHAs)	Number
ASHAs presently working	1530
Positions vacant	0
Total number of meeting with ASHA (in a Year)	516

Total number of ASHA resource centers/ ASHA Ghar	0
Drug kit replenishment	1530
No. of ASHAs trained in last year	1530
Name of trainings received	MI FP MDR

Source: CM&HO Office, Mathura District

10. DISEASE CONTROL PROGRAMME

Provision of disease control programme is to cure disease like T.B., RTI/STD, leprosy, malaria, dengue, and others communicable and non-communicable diseases. Communicable diseases affected more to patients. However, treatment is essential without any delay to avoid risk on mortality. Sometime viral fever promote to non-communicable diseases if treatment not done at time. However, it should control in early stage. In Mathura 1341 cases were detected for diabetes patients and for hypertension 1644 patients.

11. GOOD INNOVATION AND PRACTICE

- Apart from various programs under National Health Mission, the district is effectively conducting district level programs which focus upon various aspects ranging from maternal and child health to vaccination and nutrition.
- ASHA Soft an Online Payment and Monitoring System has been launched on 25th December, 2014 in Rajasthan and Churu district which facilitates the user to capture beneficiary wise details of services given by ASHA to the community, online payment of ASHA to their bank accounts, generate various reports to monitor the progress of the programme and to ensure their timely and seamless online payment.
- District has been successful in mobilising funds through Corporate Social Responsibility. Separate Registers with printed service names have been maintained by ANMs for data entry.

12. HMIS

HMIS were functioning well in the district with timely recording of data. This has been helpful in tracking women and child health timely and to know how much district is able to achieve its targets of health indicators.

Duplication of work due to uploading data on multiple portals needs consideration as it increases the work load of staff members. Timely and accurate data can be achieved if we minimize the duplication effort and centralize the data uploading portal from where respective authorities can consider it for their use. Another method can be by provisioning for handy computer tablets for direct data uploading on site and therefore avoiding entries in registers.

Trainings are required for ANMs for HMIS as it was observed that they were not trained enough to upload data on portals. Data entry operator is not available for all 7 days in all facilities and therefore training the ANMs is essential for timely uploading the data. Sometimes the data entered in portal mismatches the data entries in registers. Therefore, there is a need to improve the quality of existing training sessions to improve the quality of data.

13. CONCLUSIONS AND RECOMMENDATIONS

13.1 Conclusion

Population Research Centre, Delhi has been assigned various states of the country by the Ministry of Health and Family Welfare for evaluation and monitoring of NHM Programme Implementation Plans (PIPs). The team is expected to carry out field visits for quality checks and improvements of the different components of NHM. This report explains the Monitoring and Evaluation findings of the Mathura District of Uttar Pradesh. The team visited health facilities viz: District Women Hospital, Mathura; two community health centre, Vrindavan; primary health centre, Baldeo and sub centre, Gokul.

- The district embraces resettlement colonies and migratory population. It was impacting the district's performance as it is difficult to track the immunisation, ANC and PNC check-up status and others for migratory population.
- The facilities like the district hospital, PHC, CHC of the district were adequately maintained. The premises were generally found clean except the SC Gokul which was not cleaned and not properly maintained. All vital equipments and drugs were available in all the facilities.
- Trainings of health personnel like medical officers, staff nurses, ANMs, ASHAs and others act as an essential ground for providing quality healthcare services. The lack of training of human resources was evident in the district for instance ANMs were lacking training in HMIS, immunisation and others.
- The JSY payments were being often delayed as beneficiaries did not have their own account and as per new rules, payments have to be transferred only in beneficiaries account and not in any family member's account. Verification of the beneficiary was also a problem as they were generally not equipped with identification documents like Aadhaar card and others. Under JSSK, the beneficiaries were receiving free diet and free medicines.
- Maternal deaths and still births were high in the district numbering 66 and 77 respectively in 2016-17. The major reason for high still birth was prevalence of home deliveries in absence

of SBA and missing or not undertaking ANC checkups. But efforts were being made by the doctors, ANMs and ASHAs to convince their respective catchment population for institutional deliveries and undertaking complete ANC and PNC checkups.

- ARSH was found to be functional. The adolescents were being given counselling in the areas of delay of marriages, prevention of teenage pregnancies, safe abortions and so on. Counselling was also being given to young girls for their menstrual issues. The facilities where response was not adequate for ARSH, counselling was being undertaken in OPD itself. On field counselling was also being given by the doctors and ANMs.
- It is important to note that the IECs were displayed in all facilities for timings of the facility, drug list, immunization, eye donation, JSY, JSSK and many others. Colourful charts representing facility's monthly performance for immunisation and IUCD insertions were also displayed at some facilities. One of the facility had an innovate display of ASHA Pehchan. A colourful chart was made and each ASHA and her area were represented so that patients can recognize easily the ASHA associated with him/her.
- HMIS were functioning averagely in the district as data entry operators were available on shifting basis which led to delays in uploading data. Also, many facilities were facing server problems wherein they were not able to upload data due to congestion on site.

13.2. Recommendations

- The employment under NHM is on contractual basis resulting in lack of motivation among the employees to work. Also, it was reported that there was enormous salary differentials along with minimal hike between NHM employees and other medical employees. Thus rational appointments are a priority concern. Performance based salary can offer a solution by providing an opportunity to NHM employees to increase their salary by improving their performance.
- Inadequate training to the health staff in the district is a worrisome factor. No training was conducted for EmoC, BeMoc, LSAS, F-IMNCI, NSSK and Minilap sterilization. Thus, it is recommended to immediately take rectifying measures.

- The number of still births is high in the district. This infers the lack of acceptance of available health care services in the community. Thus, some new initiatives should be taken to encourage the people to undertake institutional services like deliveries, ANC and PNC checkups, immunisation and others.
- Clarity in Human resource guidelines was lacking for instance, regarding sanctioning of holiday of the employees, working hours of resident employees under NHM and other issues.
- Some steps should be taken for speedy recruitments. Suggestions were made to decentralise recruitments for lower positions like ANMS, data entry operators and others while key position can continue to be centralised.
- There are delays in JSY payments as beneficiaries do not have their own account or there are verification problems. Thus, some steps should be taken to solve the issue.
- Family planning services need to spread by increasing the number of awareness camps and counselling sessions. Pregnant mothers can be given counselling in their ANC and PNC stages and be motivated to adopt birth control measures.
- The CDO is also not regular in many facilities but is on shifting basis which is impacting timely and accurate data uploading by the facility. This issue needs to be addressed to obtain timely, accurate and complete information.
- Repetitive work should be avoided like doing a head count every time at the start of a new program such as Mission Indradanush and others initiated in same or nearing months. Agencies running the programs are different but the target population is the same. Repetitive survey is getting the population irritated resulting in low response.

14. ANNEXURE



NATIONAL HEALTH MISSION

MONITORING OF DISTRICT PIP

POPULATION RESEARCH CENTRE, INSTITUTE OF ECONOMIC GROWTH, DELHI

EVALUATION OF KEY INDICATORS OF THE DISTRICT

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

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

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

2. Detail of health infrastructures in the last financial year

Health Facility	Number available	Govt. building	Rented building/
District hospital			
CHC			

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

3. Human Resource under NHM in the last financial year

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

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

Position Name	SBA	BeMOC	MTP	Minilap/PP S	NSV	Total
Medical Officers						
Lady Medical Officers						

Staff Nurses						
ANM						
LHV/PHN						

* Note- Fill number of officials who have received training

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

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

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

.....

5.1 Block wise service delivery indicators in the last financial year

Block	ANC Registered	3 ANCs	TT1	TT2

Note- Please include the data for Medical College and DH

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

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

5.3 Block wise service delivery indicator in the last financial year

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

Note- Please include the data for Medical College and DH

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

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

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

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

5.6. Maternal Death Review in the last financial year

Total	Place of Deaths	Major	(% of	Time of Death

Maternal Deaths	Hospital	Home	Transit	Reasons	deaths due to reasons given	During pregnancy	During Delivery	Post Delivery
				Hemorrhage				
				Obstetric Complications				
				Sepsis				
				Hypertension				
				Abortion				
				Others				

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

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

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

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

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

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

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

Note- * Leave against medical advise

6.4. Neonatal Deaths in the last financial year

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

6.5. RashtriyaBalSurakshaKaryakram (RBSK), Progress Report in the last two financial years

Years	No. of Schools	No. of children registered	Children Diagnosed	No. of Children referred	Eye Disease	Ear Disease	Heart disease	Physically challenged	Anemic
2016-17									
2015-16									

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

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

*Achievement

8. RashtriyaKishorSwasthyaKaryakram (RKSK)/ARSH Progress in District in the last financial year

Block	No. of AHDs conducted	No. of Adolescents who attended the Counseling sessions	No. of Anemic Adolescents		Number of WIFSbeneficiaries	No. of RTI/STI cases	No. of Peer Educators
			Severe Anemia	Any Anemia			

9. Quality in health care services

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

10. Community process in District in the last financial year

Last status of ASHAs (Total number of ASHAs)	
ASHAs presently working	
Positions vacant	
Total number of meeting with ASHA (in a Year)	

Total number of ASHA resource centers/ ASHA Ghar	
Drug kit replenishment	
No. of ASHAs trained in last year	
Name of trainings received	1) 2) 3)

11.1 Disease control programme progress in District (Communicable Diseases)

Name of the Programme/ Disease	2014-15		2015-16		2016-17	
	No. of cases screened	No. of detected cases	No. of cases screened	No. of detected cases	No. of cases screened	No. of detected cases
TB						
Leprosy						
Malaria						
Japanese Encephalitis						
Others, if any						

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

Name of the Programme/ Disease	2014-15		2015-16		2016-17	
	No. of cases screened	No. of detected cases	No. of cases screened	No. of detected cases	No. of cases screened	No. of detected cases
Diabetes						
Hypertension						
Osteoporosis						
Heart Disease						
Others, if any						

12. AYUSH progress District in the last financial year

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

13. Budget Utilisation Parameters:

Sl. no	Scheme/Programme	Funds	
		Sanctioned	Utilized
13.1	RCH Flexible Pool		
13.2	NHM Flexible Pool		
13.3	Immunization cost		
13.4	NIDDCP		
13.5	NUHM		
13.6	Communicable disease Control Programmes		

13.7	Non Communicable disease Control Programmes		
13.8	Infrastructure Maintenance		

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

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

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	Y	N	

	Biomedical waste management (BMW)at facility			
1.24	BMW outsourced	Y	N	
1.25	Availability of ICTC/ PPTCT Centre	Y	N	
1.26	Availability of functional Help Desk	Y	N	

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

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

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

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

3.14	IMEP		
3.16	Immunization and cold chain		
3.15	Others		

Section IV: Equipment:

S. No	Equipment	Yes	No	Remarks
4.1	Functional BP Instrument and Stethoscope	Y	N	
4.2	Sterilised delivery sets	Y	N	
4.3	Functional Neonatal, Paediatric and Adult Resuscitation kit	Y	N	
4.4	Functional Weighing Machine (Adult and child)	Y	N	
4.5	Functional Needle Cutter	Y	N	
4.6	Functional Radiant Warmer	Y	N	
4.7	Functional Suction apparatus	Y	N	
4.8	Functional Facility for Oxygen Administration	Y	N	
4.9	Functional Foetal Doppler/CTG	Y	N	
4.10	Functional Mobile light	Y	N	
4.11	Delivery Tables	Y	N	
4.12	Functional Autoclave	Y	N	
4.13	Functional ILR and Deep Freezer	Y	N	
4.14	Emergency Tray with emergency injections	Y	N	
4.15	MVA/ EVA Equipment	Y	N	
4.16	Functional phototherapy unit	Y	N	
4.17	Dialysis Equipment	Y	N	
4.18	O.T Equipment			
4.19	O.T Tables	Y	N	
4.20	Functional O.T Lights, ceiling	Y	N	
4.21	Functional O.T lights, mobile	Y	N	
4.22	Functional Anesthesia machines	Y	N	
4.23	Functional Ventilators	Y	N	
4.24	Functional Pulse-oximeters	Y	N	
4.25	Functional Multi-para monitors	Y	N	

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

Section V: Essential Drugs and Supplies:

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

5.20	EC pills	Y	N	
5.21	IUCDs	Y	N	
5.22	Sanitary napkins	Y	N	
S.No	Essential Consumables	Yes	No	Remarks
5.23	Gloves, Mckintosh, Pads, bandages, and gauze etc.	Y	N	

Section VI: Other Services:

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

Section VII: Service Delivery in Last two financial years:

S.No	Service Utilization Parameter	2015-16	2016-17
7.1	OPD		
7.2	IPD		
7.3	Total deliveries conducted		
7.4	No. of C section conducted		
7.5	No. of neonates initiated breast feeding within one hour		
7.6	No of admissions in NBSUs/ SNCU, whichever available		
7.7	No. of children admitted with SAM (Severe Acute Malnutrition)		

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

Section VII A: Funds Utilisation

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

Section VII B: Service delivery in post natal wards:

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

Section VIII: Quality parameter of the facility:

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

S.No	Essential Skill Set	Yes	No	Remarks
8.1	Manage high risk pregnancy	Y	N	
8.2	Provide essential newborn	Y	N	

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

Section IX: Record Maintenance:

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

Section X: IEC Display

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

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

Section XI: Additional/Support Services:

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

Qualitative Questionnaires for District Hospital Level

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

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

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

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

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

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

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

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

FRU level Monitoring Checklist

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

Section I: Physical Infrastructure:

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

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

Section II: Human resource 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 Past 5 years)

S. no	Training	No. trained	Remarks if any
3.1	EmOC		
3.2	LSAS		
3.3	BeMOC		
3.4	SBA		
3.5	MTP/MVA		
3.6	NSV		
3.7	F-IMNCI		
3.8	NSSK		
3.9	Mini Lap-Sterilisations		
3.10	Laprosopy-Sterilisations		
3.11	IUCD		

3.12	PPIUCD		
3.13	Blood storage		
3.14	IMEP		
3.16	Immunization and cold chain		
3.15	Others		

Section IV: Equipment:

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

Section V: Essential Drugs and Supplies:

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

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

Section VI: Other Services :

S.no	Lab Services	Yes	No	Remarks
6.1	Haemoglobin	Y	N	
6.2	CBC	Y	N	
6.3	Urine albumin and sugar	Y	N	
6.4	Blood sugar	Y	N	
6.5	RPR	Y	N	
6.6	Malaria	Y	N	
6.7	T.B	Y	N	
6.8	HIV	Y	N	
6.9	Liver function tests(LFT)	Y	N	
6.10	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	2015-16	2016-17
7.1	OPD		
7.2	IPD		
7.3	MCTS entry on percentage of women registered in the first trimester		
7.4	No. of pregnant women given IFA		
7.5	Total deliveries conducted		
7.6	No. of C section conducted		
7.7	No of admissions in NBSUs/ SNCU, whichever available		
7.8	No. of children admitted with SAM (Severe Acute Anaemia)		
7.9	No. of sick children referred		
7.10	No. of pregnant women referred		
7.11	ANC1 registration		
7.12	ANC 3 Coverage		
7.13	No. of IUCD Insertions		
7.14	No. of PPIUCD insertions		
7.15	No. of children fully immunized		
7.16	No. of children given Vitamin A		
7.17	Total MTPs		
7.18	Number of Adolescents attending ARSH clinic		
7.19	Maternal deaths,		
7.20	Still births,		
7.21	Neonatal deaths,		
7.22	Infant deaths		

Section VII a: Service delivery in post natal wards:

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

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

Section VIII: Quality parameter of the facility:

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

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

Section IX: Record Maintenance:

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

9.13	MDR Register				
9.14	Drug Stock Register				
9.15	Payment under JSY				

Section X: Fund Utilisation

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

Section XI: IEC Display:

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

PHC/CHC (NON FRU) level Monitoring Checklist

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

Section I: Physical Infrastructure:

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

1.18	Availability of mechanisms for waste management	Y	N	
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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 <i>available</i>	Y	N	
S.No	Supplies	Yes	No	Remarks
5.17	Pregnancy testing kits	Y	N	
5.18	Urine albumin and sugar testing kit	Y	N	
5.19	OCPs	Y	N	
5.20	EC pills	Y	N	

5.21	IUCDs	Y	N	
5.22	Sanitary napkins	Y	N	
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	2015-16	2016-17
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 % expenditure)			
10.2	Annual maintenance grant (Rs 10,000- Check % expenditure)			

Section XI: IEC Display:

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

12.7	Tally Implemented	Y	N	
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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	Subcentre located near the main habitation	<i>Y</i>	<i>N</i>	
1.2	Functioning in Govt building	<i>Y</i>	<i>N</i>	
1.3	Building in good physical condition	<i>Y</i>	<i>N</i>	
1.4	Electricity with power back up	<i>Y</i>	<i>N</i>	
1.5	Running 24*7 water supply	<i>Y</i>	<i>N</i>	
1.6	ANM quarter available	<i>Y</i>	<i>N</i>	
1.7	ANM residing at SC	<i>Y</i>	<i>N</i>	
1.8	Functional labour room	<i>Y</i>	<i>N</i>	
1.9	Functional and clean toilet attached to labour room	<i>Y</i>	<i>N</i>	
1.10	Functional New Born Care Corner (<i>functional radiant warmer with neonatal ambu bag</i>)	<i>Y</i>	<i>N</i>	
1.11	General cleanliness in the facility	<i>Y</i>	<i>N</i>	
1.12	Availability of complaint/ suggestion box	<i>Y</i>	<i>N</i>	
1.13	Availability of deep burial pit for biomedical waste management / any other mechanism	<i>Y</i>	<i>N</i>	

Section II: Human Resource:

S.No	Human resource	Numbers	Trainings received	Remarks
2.1	ANM			
2.2	2 nd 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:

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

Section VII: Record Maintenance:

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

Section VII A: Funds Utilisation

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

Section VIII: IEC display:

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

Qualitative Questionnaires for Sub-Centre Level

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