NATIONAL HEALTH MISSION

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

Submitted to

Ministry of Health and Family Welfare, Government of India

Ms. Purva Bhalla
Dr. Niranjan Rout

Population Research Centre,
Institute of Economic Growth
Delhi University Enclave- 110007

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Dr. Suresh Sharma
Ms. Purva Bhalla
Population Research Centre
Institute of Economic Growth,
Delhi-110007

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	Janani SurakshaYojna
JSSK	Janani Shisu Suraksha Karyakram
LHV	Lady Health Visitor
MCH	Maternal and Child Health
MCTS	Mother and Child Tracking System
MH	Maternity Home
MIS	Management Information System
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	Navjat Shishu Surksha Karyakram
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	Rogi Kalyan Samiti
RTI/STI	Reproductive tract infection/Sexually transmitted infection
SBA	Skilled Birth Attendant (Special training course is available for SBA).
TT	Tetanus Toxoid
VHND	Village Health and Nutrition Day

EXECUTIVE SUMMARY

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.

Meerut district is one of the 75 districts of Uttar Pradeshwhich caters a population of 34 lakhs people with a population density of 1346 per square kilometers according to Census 2011. The team has visited the district office, District WomenHospital, Meerut, Community Health Centre Mawana and Bhoor Baral, Primary Health Center Rusulpur Dholdi and Sub Center Bhoor Baral and Gagot for the monitoring purpose.

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

Strengths:

- The facilities like the District Hospital, CHC, and PHCof district were adequately maintained. The premises were generally found to be clean. All vitalequipment and drugs were available in all the facilities expect for the vaccinations for which were irregular in supply.

- The district was performing well in family planning. Methods popularly adopted were IUCDinsertions 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, Meerut was organizing camp in both school and colleges for the awareness of the adolescent girls.

- 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 Mawana and Bhoor Baral; PHC Rusulpur Dholdi and Sub Centre Gagot and Bhoor Baral was facing electricity problem, cleanliness and sanitation remained seriously affected.

- In CHC Mawana and both the Sub Center Gagot and Bhoor Baral use of bins were not proper, bins were used as normal dustbins and found at the different corners of the centre's.

- Sub Centre Bhoor Baral no delivering was taking place because of poor infrastructure and medical facilities to people prefer to go to CHC which was just 2km away from Sub centre and also in PHC although all proper facilities were available but no trained gynecologist or surgeon was not available, so home delivery were occurring or people going to CHC which was 20 km far way.

- 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 timeless 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) 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 Meerut District of Uttar Pradesh. The report is based on the findings and observation of District Hospitals (DH) District Women Hospital, Meerut, Community Health Centre (CHC)BhoorBaral and Mawana, Primary Health Centre (PHC) in RusulpurDholdi and Sub Centres (SC)BhoorBaral and Gagot 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 filed 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 engrossed PRC for monitoring and evaluating the overall performance of Meerut District, Uttar Pradesh in providing the health care services under NHM. PRC Delhi Team visited the district office of Meerut to interact with CM&HO, DPM and other nodal officers of the district. A brief profile oh 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 Meerut, U.P, 2017

Facility Type	Name of the Facility
District Hospital (DH)	District Women Hospital, Meerut
Primary Health Centre (PHC)	PHC Rusulpur Dholdi
Community Health Centre (CHC)	CHC Mawana
Community Health Centre (CHC)	CHC Bhoor Baral
Sub-Centre (SC)	SC Bhoor Baral
Sub-Centre (SC)	SC Gagot

The Team interacted with key programme officials at District Programme Management Unit (DPMU) office of Meerut District and examined the status of the key activities. Apart from rigorous interactions with the District Programme Manager, the Team visited at District Hospital, PHC, CHC 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 & Meerut 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). Meerut is the largest city after Delhi.Meerut lies between the plains of the Ganges and those of the Yamuna. In area Meerut district covers 2,522 km^2 (974 sqmi), which is larger than Delhi. However, Meerut's population is three times less than that of Delhi.Meerut City is a priority city for urban health investments. Meerut, the second largest city of the country in terms of urban poor population, is considered the sports capital of Uttar Pradesh. Meerut is located at a distance of 70 kms from Delhi. The district of Meerut spans across the coordinates 28°98' North

latitude to 77°0 7’ East longitude.

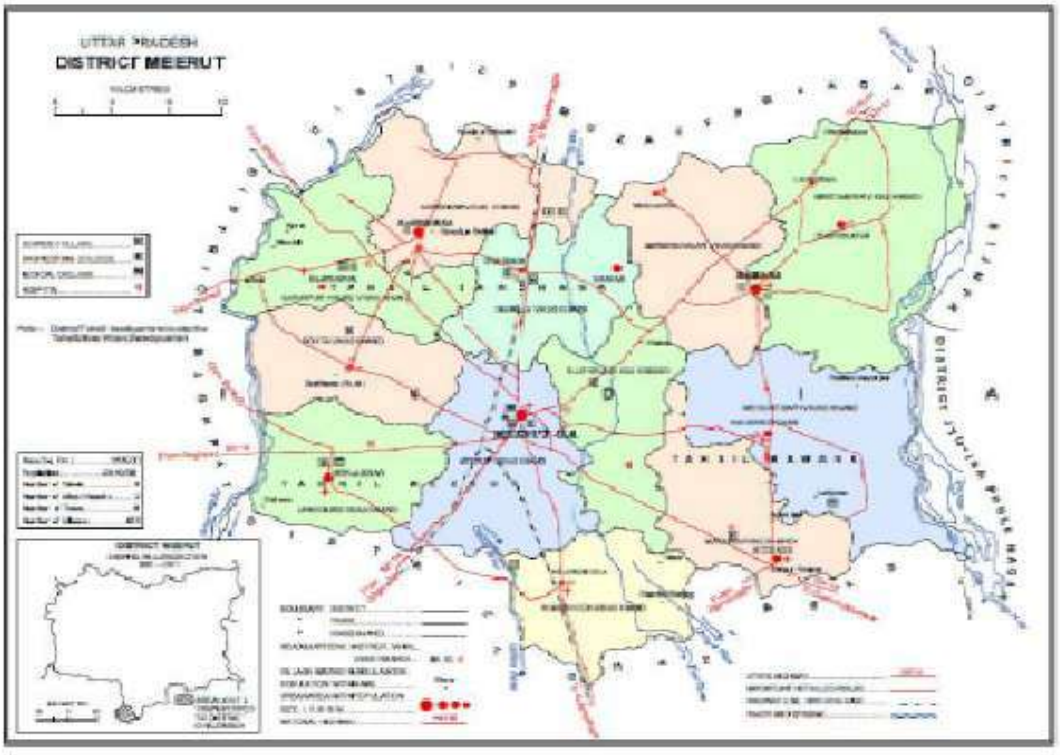

Figure 1: District Map of Meerut

Table-2 shows that total population in U.P. is 199812341 and Meerut district is 3443689 respectively during 2011 census. Proportion of female population is less than male.

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

Indicators	Uttar Pradesh	Meerut
Actual Population	199,812,341	3,443,689
Male	104,480,510	1,825,743
Female	95,331,831	1,617,946
Estimated Population	215,684,754	3,717,244
Population Growth	20.23	14.89
Sex Ratio	912	886
Density/km^2	829	1346
Total Child Population (0-6 Age)	30,791,331	503,719
Male Population (0-6 Age)	16,185,581	272,034
Female Population (0-6 Age)	14,605,750	231,685
Literacy (%)	67.68	72.84
Male Literacy (%)	77.28	80.74
Female Literacy (%)	57.18	63.98

Schedule Caste Population in %	20.7	18.1
Schedule Tribe Population in %	0.6	0.1

Source: Census of India, 2011

Density of population in U.P. is 829 which are higher than nation. Population growth rate from 2001 to 2011 have increased 20.23. Population growth rate in Meerut district is 14.89. But sex ratio in U.P. is 912 and Meerut in 886. Literacy rate is also about to achieve 68 per cent in U.P. which has already achievable at nation and Meerut district. Male literacy rate are higher than female like more than 80 percent male literate in Meerut but only 64 per cent are female. Proportion of Schedule caste population in Uttar Pradesh is higher than the nation. Only 0.6 percent Schedule Tribe Population is found in UttarPradesh.

1.5. Health and Health Service Delivery Indicators: Meerut 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 Meerut 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 50 and 59 respectively in the Meerut district. The TFR was reported to be 3.1 which is a remarkable number indicating an increased focus upon family planning measures.

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

Health Indicators	Number
NMR	35
IMR	50
U5MR	59
MMR	151
TFR	3.1
Fully immunized children	91841
ANC Registration in the first trimester	3883
Full ANC	50593
Institutional Deliveries	2385
No. of women received PNC checkups within 48 hours	324

Source: CM&HO Office, Meerut District

The indicators related to maternal health care shows that the first trimester registration is close

to 3883in the district and women receiving full ANC were50593. The institutional deliveries are 56 percent in the district. The post-natal check-ups were not 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 are324 in the district.

1.6. Health Infrastructure: Meerut 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, thirty one PHCs and 315 sub centers. There were 103 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 35 ambulances and 102 ambulances were only 27 in the district. There were 62 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 Meerut District

Health Facility	Number available
District hospital	02
SDH	0
CHC FRUs	03
CHC	09
PHC	31
Sub Centre	315
Medical College	01
Delivery Points	103
108 Ambulances	35
CATS	-
102 Ambulance	27
Referral Transport	62

Source: CM&HO Office, Meerut District

Overall the health infrastructure of the visited facilities was not 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 Meerut

Figure 2: District Women Hospital

District Women Hospital in the biggest Health Care Centre of women in Meerut 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 ofMeerut was easily accessible and was functioning in a well-constructed government building having staff quarters for all the staff members. The hospital was clean and hygienic. The District Women Hospital, Meerut cateredlarge 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 LastFinancial Year of District Women Hospital

Training	No. Trained
EmOC	0
LSAS	0
BeMOC	01
SBA	07
MTP/MVA	0
NSV	0
F-IMNCI	02
NSSK	06
Mini Lap-Sterilizations	02
Laparoscopy-Sterilizations	0
IUCD	09
PPIUCD	17
Blood Storage	0
IMEP	0
Immunization and Cold Chain	03
Others	0

Source: District Women Hospital, Meerut

There was a separate ARSH clinic at the district hospital along with well-functioning Nutrition Rehabilitation Centre. The Bio-medical waste disposal was outsourced and the waste was collected and disposed every day.There was a lack of coordination amongst the staff members

at district hospital and nodal officers due to lack of effective communication he had just jointed the office one month ago.

Figure 3: Dispensary and Medicine distribution room of District Women Hospital

Table 6 shows the service delivery in last two financial years in the district hospital of Meerut 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, Meerut

Service Utilization Parameter	2015-16	2016-17
OPD	8364	100652
IPD	10975	12891
Total Deliveries conducted	4050	4867
No. of C section conducted	1238	1602
No. of Neonates initiated Breast feeding within one hour	3993	4800
No. of Admission in NBSUs/ SNCU, which ever available	-	508
No. of Children admitted with SAM (Serve Acute Malnutrition)	-	-
No. of Pregnant Women referred	190	115
ANC1 Registration	16139	6566
ANC3 Coverage	6211	3886
No. of IUCD Insertions	170	331
No. of PPIUCD Insertion	629	2563
No. of Children Fully Immunized	1188	630
No. of Children given ORS+ Zinc	9700+46500	-
No. of Children given Vitamin A	-	-
Total MTPs	240	261
Number of Adolescents attending ARSH Clinic	4604	5249
Maternal Deaths	02	04
Still Births	00	01
Neonatal Deaths	-	35 (SNCU)
Infant Deaths	-	-

Source: District Women Hospital, Meerut

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 accompaniedwith increase in acceptance of family planning measures has been reflected by very few casesof maternal deaths since past two years

in the district hospital.

The district hospital had all the necessary equipment's functional and allother lab services were provided in the district hospital. However X-ray machine and CT scan machinehas become non-functional.All the drugs were available in the pharmacy. Earlier they had faced problem because of GST but now all the medicine are easily available.

Overall the medical officers of the district hospital were very activeand were doing their jobs enthusiastically. The IEC materials were displayed effectivelyinforming about all the new schemes and updatedprograms under NHM and all the registerswere updated and well-maintained.

1.7.2. Community Health Care: CHC Mawana

Figure 4: CHC, Mawana

The Community Health Centre Mawanawas 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 decorations andcharts weremade by the Pediatrics itself only. The facility was clean and hygienic.

CHC Mawana was having functioning effectively in delivering the key health services to the beneficiaries. CHC Mawana had no gynecologist and hence they were only taking up the cases of normal delivery and Caesarean cases were referred to higher facilities and also in the delivery room the bed sheets were not clean, dust bin was not properly maintain after delivery.

There was an acute shortage of human resource at the CHC and there was only one Paediatrician and 6 Staff nurses 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 Mawana

Training	No. Trained
EmOC	0
LSAS	01

BeMOC	0
SBA	09
MTP/MVA	01
NSV	0
F-IMNCI	0
NSSK	10
Mini Lap-Sterilizations	01
Laparoscopy-Sterilizations	01
IUCD	15
PPIUCD	08
Immunization and Cold Chain	01

Source: CHC, Mawana, Meerut District

Figure 5: Labor Room, CHC Mawana

Table 8 shows the key service delivery indicators for the last two financial years and from the table we observe that the CHC Mawana 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 two Financial Years at CHC Mawana

Service Utilization Parameter	2015-16	2016-17
OPD	38252	34470
IPD	3702	3654
MCTS Entry on Percentage of Women Registered in the First Trimester	70%	76
No. of Pregnant Women given IFA	4418	4914
Total Deliveries conducted	2353	2216
No. of C Section conducted	82	64
No of admissions in NBSUs/ SNCU, whichever available	-	-
No. of children admitted with SAM (Severe Acute Anaemia)	0	0
No. of Sick Children referred	14	34
No. of Pregnant Women referred	200	173
ANC1 Registration	4418	4914
ANC 3 Coverage	5469	5689
No. of IUCD Insertions	2400	2300
No. of PPIUCD Insertions	0	289
No. of Children Fully Immunized	4292	4712
No. of Children given Vitamin A	4292	4712
Total MTPs	0	0

Number of Adolescent attending ARSH Clinic	1089	1120
Maternal Deaths	0	0
Still Births,	25	26
Neonatal Deaths	10	07
Infant Deaths	01	01

Source: CHC, Mawana, Meerut District

CHC is able to cater only the cases of normal deliveries and complicated cases are referred to District Women Hospital.The patient of CHC was well aware of JSY services.

1.7.3. Community Health Care: CHC BhoorBaral

Figure 6: CHC Bhoorbaral

The Community Health Centre Bhoor Baral 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 charts were made by the Pediatrics itself only. 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 Bhoor Baral

Training	No. Trained
BeMOC	-
SBA	04
MTP/MVA	-
NSV	03
IMNCI	02
F-IMNCI	0
NSSK	03
Mini Lap	-
IUD	01
RTI/STI	06
Immunization and Cold Chain	04

Source: CHC, Bhoor Baral, Meerut District

Figure 7: OPD-AYUSH room, CHC Bhoorbaral

Table 10 shows the key service delivery indicators for the last two financial years and from the table we observe that the BhoorBaral is performing consistently in terms of OPD and IPD and other indicators related to maternal and child health. CHC was not cateringany deliveries and were referred to District Hospital not even had an X-ray and ultrasound machines. There was no backup for electricity.

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

Service Utilization Parameter	2015-16	2016-17
OPD	6724	8138
IPD	158	455
Total Deliveries conducted	652	798
No of Admissions in NBSUs/ SNCU, whichever available	-	-
No. of Sick Children referred	-	-
No. of Pregnant Women referred	162	133
ANC1 registration	1420	1800
ANC 3 Coverage	843	950
No. of IUCD Insertions	82	126
No. of PPIUCD Insertions	N.A	N.A
No. of Vasectomy	N.A	N.A
No. of Minilap	N.A	N.A
No. of Children Fully Immunized	-	-
No. of Children given Vitamin A	-	-
No. of MTPs conducted	N.A	N.A
Maternal Deaths	N.A	N.A
Still Births	03	02
Neonatal Deaths	-	-
Infant Deaths	-	-

Source: CHC, BhoorBaral, Meerut District

1.7.4. Primary Health Centre: PHC, Rusulpur Dholdi

Figure 8: PHC, Rusulpur Dholdi

The Primary Health Centre Rusulpur Dholdi was located in the Jani block catering a population scattered in eight villages and the catchment area was 80,000. The health facility was not easily accessible from the nearest road however the building was functioning in a government building and was very spacious but still no delivery was taking or even the IUCD and PPIUCD.PHC was 20 km far from CHC and for these reason home deliveries were taking place. There were no staffs quarters available for the staff members. There was no electricity backup, only one battery inverter was there.

Figure 9: Proper Maintained of Cold Chain and its Register

Table 11 shows the key Service Delivery in last two financial years at PHC RusulpurDholdi 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 decent and services revolving around family planning methods were not effectively provided.

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

Service Utilization Parameter	2015-16	2016-17
OPD	14435	6000
IPD	112	23
Total deliveries conducted	0	0
No of Admissions in NBSUs, if available	0	0
No. of Sick Children referred	0	0
No. of Pregnant Women referred	0	0
ANC1 Registration	250	73
ANC3 Coverage	159	41
No. of IUCD Insertions	0	0
No. of PPIUCD Insertions	0	0
No. of Vasectomy	-	-
No. of Minilap	0	0
No. of Children Fully Immunized	68	43
No. of Children given Vitamin A	93	56

Source: PHC, RusulpurDholdi, Meerut District

1.7.5. Sub Centre: Sub Centre BhoorBaral

Figure 10: SC, Bhoor Baral

The sub centre Bhoor Baral was not at all functioning well and even the infrastructure was so old. The building of the sub center was so old and earlier the building was Primary Health Centre but now one side of the building was converted into sub center. There was oneANM and 61 ASHAs working in the sub centre and all the IEC materials were displayed effectively.

Table 12 shows the Service Delivery parameters in the last two financial years in the subcentre Bhoor Baral. It is observed that no deliveries are conducted at sub centre and the ANM has not received anytraining on conducting a delivery. The reason cited by ANM for notconducting deliveries is presence of a CHC nearby.

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

Service Utilization Parameter	2015-16	2016-17
Number of estimated Pregnancies	197	215
No. of Pregnant Women given IFA	158	172
Number of Deliveries conducted at SC	03	04
Number of Deliveries conducted at Home	10	09
ANC1 Registration	187	195
ANC3 Coverage	165	158
No. of IUCD Insertions	65	66
No. of Children fully Immunized	120	118
No. ofChildren given Vitamin A	627	623
No. of Children given IFA Syrup	0	0
No. of Maternal Deaths recorded	0	0
No. of Still Birth recorded	0	0
Neonatal Deaths recorded	0	0
Number of VHNDs attended	96	96
Number of VHNSC meeting attended	12	12

Source: Sub Centre BhoorBaral, Meerut 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. The whitewash expenses were borne by the Gram Pradhan.

1.7.6. Sub Centre: Sub Centre Gagot

Figure 11: SC, Gagot

The Sub Centre Gagot was located at a distance of 10kms from nearest PHC. The sub-centre was functioning in a well-constructed government building located near the main habitation. Although there was a functional labour room but no separate toilet was attached to it. The running water and electricity facilities were available throughout the day. There were two ANM and 3 ASHAs working in the sub centre.

Table 13 shows the performance of key service delivery indicators in last two financial years. Only one delivery was conducted in the last financial year and negligible in the current year at the sub centre.

Table-13:Service Delivery in the Last Two Financial Years in Sub Centre Gagot

Service Utilization Parameter	2015-16	2016-17
Number of estimated Pregnancies	16	12
No. of Pregnant Women given IFA	22	20
Number of Deliveries conducted at SC	11	09
Number of Deliveries conducted at Home	07	03
ANC1 Registration	220	200
ANC3 Coverage	200	180
No. of IUCD Insertions	20	06
No. of Children Fully Immunized	200	190
No. of Children given Vitamin A	200	190
No. of Children given IFA Syrup	0	0
No. of Maternal Deaths recorded	01	0
No. of Still Birth recorded	05	05
Neonatal Deaths recorded	0	0
Number of VHNDs attended	96	96
Number of VHNSC meeting attended	12	12

Source: Sub Centre Gagot, Meerut District

2. HUMAN RESOURCE

2.1. Human Resource

Table 14 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 6 medical officers are sanctioned by the government and out of which 2 are on contractual basis.

Table-14: Human Resources under NHM 2016-17, Meerut District

Position Name	Sanctioned	Contractual
MO's including specialists	06	02
Gynecologists	0	0
Pediatrician	03	0
ANM	58	30
Pharmacist	0	0
Lab Technicians	05	04
X-ray Technicians	06	06
Data Entry Operators	02	02
Staff Nurse at CHC	0	36
Staff Nurse at PHC	0	12
ANM at PHC	106	12
ANM at SC	0	18

Source: CM&HO Office, Meerut District, 2017

There is no gynecologists, surgeon, LHV and Pharmacistwhich creating a lot of problem. Besides, there are total 58 ANMs sanctioned by the government and 30 contractual but. Staff nurse at CHC 36 were contractual and no seats are vacant. However, there are total 18 ANM at SC contractual basis. These staffs are not adequate to cover of all health facilities.

2.2. Training Status of Human Resource

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

Table 15: Training status of Human Resource in the Last Financial year of Meerut District

Position Name	IUCD insertion
ANM	60
Staff Nurse	01

Source: CM&HO Office, Meerut 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 16 and 17 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.
- 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.

Table-16: Service Delivery indicators of Maternal Health for the Last Financial Year of Meerut District

Block	ANC Register	3 ANCs	Home Deliveries	Institutional Deliveries
Mawana	4914	955	524	3724
Sardhna	4168	624	255	2990
Daurala	5122	933	880	3441
BhoorBal	4301	-	868	2871
JaniKhurda	4529	1046	903	3222
Rhota	3529	863	524	3481
Kharkhoda	3776	871	1130	2449

Hastinapur	3012	580	402	1958
Parichitgrah	3370	1005	189	1673
Bhawanpur	5128	-	1124	3461
Machara	4366	-	947	2571
Sarurpur	3978	941	880	3462

Source: CM&HO Office, Meerut District, 2017

Table-17: Service Delivery indicator of Maternal Health in the Last Financial Year of Meerut District

Block	TT1	TT2	Live Birth	Still Birth	PNC within 48hrs after delivery	PNC between 48hrs and 14 days after delivery
Mawana	6901	846	528	03	441	520
Sardhna	5888	-	683	02	0	32
Daurala	6978	885	369	04	233	369
BhoorBal	6913	-	-	-	-	-
JaniKhurda	6099	775	465	0	169	244
Rhota	5311	736	259	01	151	21
Kharkhoda	4819	672	400	06	113	300
Hastinapur	4614	468	199	03	155	100
Parichitgrah	5804	649	467	06	250	480
Bhawanpur	6749	-	-	-	-	-
Machara	5678	934	347	-	196	404
Sarurpur	6028	975	587	06	375	592

Source: CM&HO Office, Meerut District, 2017

3.2. Janani SurakshaYojana

Janani SurakshaYojana 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 wassignificantly high in district.
- All JSY payments are made through online transfer portal within 48 hours after delivery.Post the delivery reporting HMIS portal.

Table 18: Status of JSY Payments in District in the Last Financial Year of Meerut District

Block	Status of payments			Record maintenance	
	Institutional Deliveries	Home Deliveries	ASHAs	Available	Updated
Mawana	2208	86	809	Yes	Yes
Sardhna	2479	-	2286	Yes	Yes
Daurala	1310	132	2017	Yes	Yes

BhoorBal	746	-	645	Yes	Yes
JaniKhurda	1060	276	1340	Yes	Yes
Rhota	1047	109	1278	Yes	Yes
Kharkhoda	726	209	1023	Yes	Yes
Hastinapur	732	46	1038	Yes	Yes
Parichitgrah	1264	184	1299	Yes	Yes
Bhawanpur	1048	-	1837	Yes	Yes
Machara	924	141	1729	Yes	Yes
Sarurpur	2358	218	2899	Yes	Yes

Source: CM&HO Office, Meerut District

- 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. Janani Shishu Suraksha Karyakaram

- Janani Shishu Suraksha Karyakaram 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.

Table 19: Block wise JSSK Progress in District in the Last Financial Year of Meerut District

Block	Number of Beneficiaries under JSSK			
	Diet	Drugs	Diagnostic	Transport- Facility to Home
Mawana	2216	4914	4914	1966
Sardhna	2196	4168	4168	2111
Daurala	1337	5122	5122	1336
BhoorBal	798	4301	4301	718
JaniKhurda	1037	4529	4529	1037
Rhota	907	3529	3529	881
Kharkhoda	835	3776	3776	788
Hastinapur	794	3012	3012	794
Parichitgrah	1226	3770	3770	1224
Bhawanpur	736	5128	5128	629
Machara	1002	4366	4366	976
Sarurpur	2115	3978	3978	2095

Source: CM&HO Office, Meerut District

- 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.

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 Meerut 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 of Meerut District

Block	Target	OPV at Birth	BCG	DPT			OPV 3	Measles
				1	2	3		
Daurala	6759	239	6235	0	0	5875	6411	6453
BhoorBaral	6573	-	6304	-	-	5227	6257	6311
JaniKhurda	5611	303	5376	24	82	4845	5345	5434
Rhota	4973	202	4620	0	48	4362	4757	4804
Kharkhoda	4412	292	4245	08	78	3515	4189	4273
Bhawanpur	6132	-	5992	-	-	5377	5838	5905
Sarurpur	5543	524	5354	10	105	4861	5285	5274
Sardhna	6236	-	5572	-	-	4967	5777	5823
Mawana	6629	466	6108	27	91	5568	6343	6430
Hastinapur	4857	262	4159	0	16	3890	4539	4695
Parichitgraph	5371	161	5063	12	68	4879	5009	5098
Machara	5188	509	4978	12	81	4825	4951	4937

Source: CM&HO Office, Meerut District, 2017

4.3. Rashtriya Bal Suraksha Karyakaram

Rashtriya Bal Swasthya Karyakaram 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.

Rashtriya Bal Swasthya Karyakram 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: Rashtriya Bal Suraksha Karyakaram (RBSK), Progress Report of Meerut District

Year	No. of Schools	No. of Children registered	Children Diagnosed	No. of Children referred	Eyes Disease	Ear Disease	Heart Disease	Physically challenged	Anemic
2016-17	1353	169090	2787	4741	74	81	04	582	302

Source: CM&HO Office, Meerut District, 2017

In the financial year 2016-17, 1353 schools were targeted and approximately 4741 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 the Meerut District in the Last Financial Year

Block	Sterilization		IUCD Insertions		Oral Pills	
	Male	Female	Target	Ach*	Target	Ach*
Mawana	0	433	3600	2300	1310	446
Sardhna	02	129	3600	1900	1310	473
Daurala	13	221	3000	1370	1250	642
BhoorBal	0	11	3000	947	1250	488
JaniKhurda	0	33	3000	600	1250	92
Rhota	0	26	3000	1056	1250	474
Kharkhoda	0	43	3000	1203	1250	546
Hastinapur	0	99	3600	471	1310	331
Parichitgrah	0	0	3000	1947	1250	240
Bhawanpur	0	03	3000	1702	1250	267
Machara	0	0	3000	1854	1250	593
Sarurpur	0	113	3000	1526	1250	758

***Achievement**
Source: CM&HO Office, Meerut District, 2017

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

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 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 Meerut district presently 1546 ASHAs working. 146 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 13 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 the Meerut District in the Last Financial Year

Last Status of ASHAs (Total number of ASHAs)	Number
ASHAs presently working	1546
Positions vacant	146
Total number of meeting with ASHA (in a Year)	12
Total number of ASHA resource centers/ ASHA Ghar	13
Drug kit replenishment	1546
No. of ASHAs trained in last year	465

Source: CM&HO Office, Meerut District, 2017

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.

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 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. CONCLUSION AND RECOMMENDATION

13.1 Conclusion

- Population Research Centre, Delhi has been assigned the task of monitoring and evaluation of various schemes under National Rural Health Mission by The Ministry of Health and Family Welfare. PRC team is expected to carry out the field visit of the state for quality checks and interact with the members associated with the Scheme to understand the various dimensions of the program and existing loopholes in implementation of the Scheme at its grass root level and suggest measures for further improvement of the different components of NHM.

- This report explains the Monitoring and Evaluation findings of the Meerut District of Uttar Pradesh. The health facilities visited by the team include District Women Hospital, Meerut, Community Health Centre Mawana, Community Health Centre Bhoorbaral, and Primary Health Centre Rusulpur Dholdi and subcentre Gagot.

- The physical infrastructure of the facilities visited was well maintained however there were issues of cleanliness at the visited sub centre.

- The district had a very high proportion of institutional delivery. However the Immunization drop-out has increased substantially as compared to last year thus efforts to increase general awareness, counselling and improved immunization plans are essential to improve the level of immunization coverage.

- The JSY payments system was smooth and all the payments were made timely through online transfers. A rural beneficiary received a sum of Rs. 1400/- and Rs. 1000/- was paid to a beneficiary belonging to urban set-up.

- The district has been successful in mobilizing funds through Corporate Social Responsibility (CSR) for augmenting the health infrastructure. Through CSR funding the sub centre has received financial assistance for whitewash and other activities.

- Under JSSK, beneficiaries are receiving the services of free diet and free medicines. However, the districts is deficient in providing pick up and drop-back services as well as good referral transport support for the beneficiaries. There were very few ambulances in the district and most

of them were too big to enter in the remote areas thus the referral facility in the district was not performing effectively.

- Rashtriya Bal Swasthya Karyakaram was working effectively in the district. Teams of RBSK consisted of health officials who regularly visit the schools to impart health talks and identify the children with health problems however proper follow up of thechild was not happening in the district.

- All recent IEC sign boards and materials were displayed prominently which were very helpful and time saving for the patients.

- The disease control programmes are working and many cases have been examined and treated.

- Biomedical waste management was working effectively in all the facilities and laundry system was also smooth.

- Overall the staff members were performing their assigned duty convincingly and all the officers are actively involved in improving the effectiveness of the scheme and enhancing the performance of key indicators related to maternal and child health but the distance of more than 100 kms between the district office and Family Planning and RCHO units is leading to problems of coordination.

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 proving 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/ Under const.
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/PPS	NSV	Total
Medical Officers						
Lady Medical Officers						
Staff Nurses						
ANM						
LHV/PHN						

* Note- Fill number of officials who have received training

4.2. TRAINING STATUS OF HUMAN RESOURCE IN THE LAST FINANCIAL YEAR

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

4.3 WHETHER RECEIVED ANY LETTER FROM THE DISTRICT/STATE INFORMING ABOUT THE TRAININGS, IF YES THEN FOR WHICH TRAININGS?

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.....

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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 Maternal Deaths	Place of Deaths			Major Reasons	(% of deaths due to reasons given below)	Time of Death		
	Hospital	Home	Transit			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/	**2014-15**		**2015-16**		**2016-17**	
	No. of cases	**No. of detected**	**No. of cases**	**No. of detected**	**No. of cases**	**No. of detected**

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

DH level Monitoring Checklist

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

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

Date of last supervisory visit:_____

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

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

_____

Section I: Physical Infrastructure:

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

	Availability of mechanisms for Biomedical waste management (BMW)at facility	**Y**	**N**	
1.24	BMW outsourced	**Y**	**N**	
1.25	Availability of ICTC/ PPTCT Centre	**Y**	**N**	
1.26	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	Laproscopy-Sterilisations		
3.11	IUCD		
3.12	PPIUCD		

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

Section IV: Equipment:

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

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

Section V: Essential Drugs and Supplies:

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

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

Section VI: Other Services:

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

Section VII: Service Delivery in Last two financial years:

S.No	**Service Utilization Parameter**	**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 Malnutrion)		

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

Section VII A: Funds Utilisation

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

Section VII B: Service delivery in post natal wards:

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

Section VIII: Quality parameter of the facility:

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

S.No	Essential Skill Set	Yes	No	Remarks
8.1	Manage high risk pregnancy	**Y**	**N**	
8.2	Provide essential newborn care(thermoregulation, breastfeeding and asepsis)	**Y**	**N**	
8.3	Manage sick neonates and infants	**Y**	**N**	

8.4	Segregation of waste in colour coded bins	**Y**	**N**	
8.5	Bio medical waste management	**Y**	**N**	
8.6	Updated Entry in the MCP Cards	**Y**	**N**	
8.7	Entry in MCTS	**Y**	**N**	
8.8	Action taken on MDR	**Y**	**N**	

Section IX: Record Maintenance:

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

Section X: IEC Display

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

Section XI: Additional/Support Services:

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

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 Quartersfor 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**	
1.23a	BMW outsourced	**Y**	**N**	
1.24	Availability of ICTC Centre	**Y**	**N**	

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

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

Section III: Training Status of HR:
(*Trained in 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	Laproscopy-Sterilisations		
3.11	IUCD		
3.12	PPIUCD		
3.13	Blood storage		

3.14	IMEP		
3.16	Immunization and cold chain		
3.15	Others		

Section IV: Equipment:

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

Section V: Essential Drugs and Supplies:

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

5.11	Mifepristone tablets	*Y*	*N*	
5.12	Availability of antibiotics	*Y*	*N*	
5.13	Labelled emergency tray	*Y*	*N*	
5.14	Drugs for hypertension, Diabetes, common ailments e.g PCM, metronidazole, anti-allergic drugs etc.	*Y*	*N*	
5.15	Adequate Vaccine Stock *available*	*Y*	*N*	
S.No	**Supplies**	**Yes**	**No**	**Remarks**
5.17	Pregnancy testing kits	*Y*	*N*	
5.18	Urine albumin and sugar testing kit	*Y*	*N*	
5.19	OCPs	*Y*	*N*	
5.20	EC pills	*Y*	*N*	
5.21	IUCDs	*Y*	*N*	
5.22	Sanitary napkins	*Y*	*N*	
S.No	**Essential Consumables**	**Yes**	**No**	**Remarks**
5.23	Gloves, 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 Quartersfor MOs available	**Y**	**N**	
1.5	Staff Quarters for SNs available	**Y**	**N**	
1.6	Staff Quarters for other categories	**Y**	**N**	
1.7	Electricity with power back up	**Y**	**N**	
1.9	Running 24*7 water supply	**Y**	**N**	
1.10	Clean Toilets separate for Male/Female	**Y**	**N**	
1.11	Functional and clean labour Room	**Y**	**N**	
1.12	Functional and clean toilet attached to labour room	**Y**	**N**	
1.13	Functional New born care corner(functional radiant warmer with neo-natal ambu bag)	**Y**	**N**	
1.14	Functional Newborn Stabilization Unit	**Y**	**N**	
1.15	Clean wards	**Y**	**N**	
1.16	Separate Male and Female wards (at least by Partitions)	**Y**	**N**	
1.17	Availability of complaint/suggestion box	**Y**	**N**	
1.18	Availability of mechanisms for waste management	**Y**	**N**	

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

S. no	Category	Regular	Contractual	Remarks if any
2.1	MO			

2.2	SNs/ GNMs			
2.3	ANM			
2.4	LTs			
2.5	Pharmacist			
2.6	LHV/PHN			
2.7	Others			

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

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

Section IV: Equipment

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

4.13	MVA/ EVA Equipment	**Y**	**N**	
	Laboratory Equipment	**Yes**	**No**	**Remarks**
4.14	Functional Microscope	**Y**	**N**	
4.15	Functional Hemoglobinometer	**Y**	**N**	
4.16	Functional Centrifuge,	**Y**	**N**	
4.17	Functional Semi autoanalyzer	**Y**	**N**	
4.18	Reagents and Testing Kits	**Y**	**N**	

Section V: Essential Drugs and Supplies

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

Section VI: Other Services :

S.no	Lab Services	Yes	No	Remarks
6.1	Haemoglobin	**Y**	**N**	

6.2	CBC	**Y**	**N**	
6.3	Urine albumin and Sugar	**Y**	**N**	
6.4	Serum Bilirubin test	**Y**	**N**	
6.5	Blood Sugar	**Y**	**N**	
6.6	RPR (Rapid Plasma Reagin)	**Y**	**N**	
6.7	Malaria	**Y**	**N**	
6.8	T.B	**Y**	**N**	
6.9	HIV	**Y**	**N**	
6.10	Others	**Y**	**N**	

Section VII: Service Delivery in last two years

S.No	Service Utilization Parameter	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	**Y**	**N**	

	discharge		
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 repairmechanism	**Y**	**N**	
12.6	Grievanceredressal mechanisms	**Y**	**N**	
12.7	Tally Implemented	**Y**	**N**	

Qualitative Questionnaires for PHC/CHC Level

1. Population covered by the facility. Is the present infrastructure sufficient to cater the present load?
   .....
   .....
2. Any good practices or local innovations to resolve the common programmatic issues.
   .....
   .....
3. Any counselling being conducted regarding family planning measures.....
   .....

Sub Centre level Monitoring Checklist

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

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

Date of last supervisory visit:_____

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

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

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

Section I: Physical Infrastructure:

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

Section II: Human Resource:

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

Section III: Equipment :

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

Section IV: Essential Drugs:

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

Section V: Essential Supplies

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

Section VI: Service Delivery in the last two years:

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 Availabl e
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.
   ……
   ……