

# NATIONAL HEALTH MISSION



## A REPORT ON MONITORING OF IMPORTANT COMPONENTS OF NATIONAL HEALTH MISSION PROGRAMME IMPLEMENTATION IN MIRZAPUR, UTTAR PRADESH



MINISTRY OF HEALTH AND FAMILY WELFARE  
GOVERNMENT OF INDIA



स्वास्थ्य और  
Ministry of Health  
and Family Welfare

**DR. SURESH SHARMA**  
**DR. GAGANDEEPKaur**  
**MS.SANGAM SINGH**



POPULATION RESEARCH CENTRE  
INSTITUTE OF ECONOMIC GROWTH  
UNIVERSITY OF DELHI ENCLAVE  
NORTH CAMPUS, DELHI 110007

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Dr Suresh Sharma  
Dr Gagandeep Kaur  
Ms Sangam Singh

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Population Research Centre  
Institute of Economic Growth  
Delhi

## ACRONYMS AND ABBREVIATIONS

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

## 1. EXECUTIVE SUMMARY

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

This report hence focuses on the monitoring of all essential components of NHM in Mirzapur district for the year 2017-18. The assessment was carried out in the month of September to encapsulate and analyse the status of NHM activities in the Mirzapur District. The report puts forward the key observations made during the PRC, Delhi team's visit to various health facilities of the district. It brought to surface the essential inputs provided by the key personnel of NHM. The evaluation was carried out as a desk review of the RoP and PIP of the state by the PRC team in accordance to which questionnaire schedules were prepared for field investigation. These schedules and checklist were used to collect opinions of health service providers including MO/ICs, ANMs, ASHA etc. to understand the strengths and weakness of the visited facilities. The report acts as an analysis of the status of Public Health Care system in Mirzapur district of Uttar Pradesh, during the financial year 2017-18. Under NHM various components namely Maternal Health, Child Health, Infrastructure, status of human resources etc. were covered and evaluated. The strengths and weaknesses observed during visits to facilities and interactions with the NHM Personnel as well as the beneficiaries are stated below.

### MIRZAPUR: Strengths & Weaknesses

#### Strengths

- At District Hospital doctors were very well promoting the programmes related to maternal health and child care.
- The newly inaugurated kidney dialysis Unit in District Hospital was set up, which was set after high demand by the patients.



- Herbal Gardens were made in almost every facility visited and well maintained.
- AYUSH centres were successively running well in the district.
- The Doctors took keen interest in promoting AYUSH medicines and naturopathy among patients.
- All types of medical equipment were available and functional in SNCUs at the District Hospital
- In the district hospital, a separate unit for handling cases of rape and sexual assault was set up. Victim of rape cases and sexual assault were handled with utmost care and concern.
- Doctors at Mirzapur District Hospital reported that they will be soon launching the most required rotavirus vaccine.
- During discussion at the CMO office, it was reported that by 2020 all the sub-centers will be converted into health and wellness centers which will further enhance the health and quality of life there.
- Biomedical Waste Management (BMW) was outsourced at all the facilities visited. Official reported timely collection of waste from District Hospital, Community Health Centre and Primary Health Centre and from few of the Sub-Centres.

### Weaknesses

- There was shortage of staff at all the facilities visited. Many of the sanctioned posts have not been filled yet due to delay in appointment procedure.
- Also, over the years there has been an increase in large unaccounted population who seek health care services from public health centres and thus in turn the existing doctors are not able to take the load of attending so many patients at one time.
- Surgeons, Specialist Doctors, Gynaecologists, Paediatricians, Pathologists, Radiologists, Pharmacists, Staff Nurse and ANM's were reported to be less in number in comparison to the sanctioned post. There was also a dearth need of housekeeping staff (sweepers, electricians) and guards as well.
- The staff quarters at DH, CHC and PHC had very less space and were limited in number accordance to the number of doctors who wanted to reside within the premises of the facilities.
- At PHC Gursundi, there was shortage of space, staff quarters were converted into medical room and offices.

- The newly launched family planning methods ANTARA and CHHAYA were not well accepted by many women and it was observed that it was less promoted.
- There was shortage of supply of ANTARA and CHHAYA contraceptives due to which women opted for other and old methods of family planning.
- Most of the Sub Centers were accredited as delivery points and were capable of conducting deliveries however the ANMs were not conducting deliveries out of choice and referring them to main the district hospital.
- AYUSH doctors reported that they were assigned less space due to which they had to share space with allopathic doctors and had no pharmacists to help them.

## 2. INTRODUCTION

The National Rural Health Mission (NHM) envisages “Attainment of Universal Access to Equitable, Affordable and Quality health care services, accountable and responsive to people’s needs, with effective inter-sectoral convergent action to address the wider social determinants of health”. The mission thus encompasses a wide range of services.

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

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

### 2.1 MONITORING AND EVALUATION APPROACH

This report discusses the monitoring & evaluation findings and observations for Mirzapur district of Uttar Pradesh. The report provides a review of key population, socio-economic, health and service

delivery indicators of the Mirzapur District. The report also deals with status of health infrastructure and human resource in the district and provides insights on MCH service delivery including JSSK and JSY schemes, ARSH, bio-medical waste management, referral transport, ASHAs and status of HMIS and MCTS. This report is based on the interviews of CMO, District Health Officials, ANM and beneficiaries. The field visits to health facilities in the district were planned in consultation with the district NHM officials.

## 2.2 METHODOLOGY

The report is based on primary data collected from the health facility visits as well secondary data collected from CMO office and DPM as Information was also collected from HMIS Web Portal for Mirzapur district, 2017-18.

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

- a) Meeting with CMO, DPMU and other Nodal officers and NHM staff
- b) Visits to health facilities
- c) Interaction with the Beneficiaries.

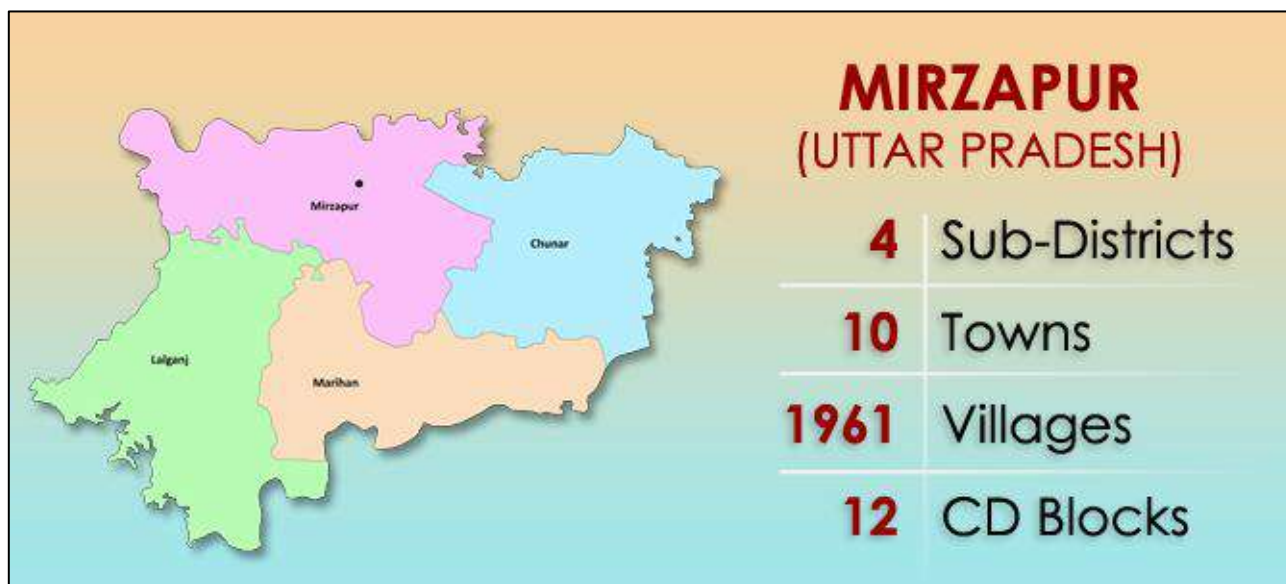
Prior to the assessment of health facilities, a meeting with key personnel of NHM Mirzapur was held. The evaluation team interacted with key program officials at District and Block level management unit of Mirzapur along with interactions with the staff and beneficiaries at all facility level. The interactions gave an enriching insight into the health situation of the district, key challenges that lay ahead and a prospective way forward. The District Programme Manager further elaborated the plan of visit to the health facilities. Table 1 presents the list of facilities visited during monitoring and evaluation in Mirzapur District.

**Table 1: List of Health Facilities visited, Mirzapur District, Uttar Pradesh, 2017-18**

Facility Type	Facility Name
District Hospital	District Women Hospital(DWH),Mirzapur
CHC FRU	CHC, Madhihan
PHC	PHC, Gursandi
Sub health Centre	Sub Centre, Bharuhna
Sub health Centre	Sub Centre, Rajpur,

### 2.3. SOCIOECONOMIC AND DEMOGRAPHIC PROFILE: UTTAR PRADESH AND MIRZAPUR

Mirzapur district is a part of Mirzapur division. The district consists of four Tehsils. These are Mirzapur (sadar), Lalganj, Marihan and Chunar. These four tehsils are further divided into twelve blocks. The total number of villages in the district are 1662. Mirzapur district is one of the district of Uttar Pradesh State out of the total 75 district. The district is bounded on the north by Sant Ravidas Nagar and Varanasi districts, on the east by Chandauli district, on the south by Son bhadra district and on the northwest by Allahabad district. The district has an area of 4521 km<sup>2</sup>. Mirzapur town is the district headquarter. Figure 1 displays the district map of Mirzapur.



**Figure 1: Map of Mirzapur District, Uttar Pradesh**

Table 2 recapitulate the demographic profile of the Mirzapur. The district has a total population of 24, 96,970. This equals to around 1.25 per cent of the total population of Uttar Pradesh. Child sex ratio is 902 girls per 1000 boys for U.P. and 903 for the Mirzapur district , Male and female literacy were reported to be 77.28 and 57.18 percent respectively for U.P. and 78.8 per cent for male and 56.8 for female in Mirzapur district. There were total 4, 10,621 children under age of 0-6, out of which 215841 were male and 194780 were female in Mirzapur. According to Census 2011, Children population under 0-6 formed 16.44 percent of total population of Mirzapur District. Density of Mirzapur district is 567 people per sq. km.

**Table 2: Key demographic indicators: Uttar Pradesh and Mirzapur (Census 2011)**

Description	Uttar Pradesh	Mirzapur
<b>Actual Population</b>	199,812,341	24,96,970
<b>Male</b>	104,48,51	131230
<b>Female</b>	95,331,831	1184668
<b>Population Growth</b>	20.23%	18%
<b>Area Sq. Km</b>	240,928	4405
<b>Density/km<sup>2</sup></b>	829	567

<b>Sex Ratio (Per 1000)</b>	912	963
<b>Child Sex Ratio (0-6 Age)</b>	902	903
<b>Literacy</b>	67.68%	68.48%
<b>Male Literacy</b>	77.28%	78.97%
<b>Female Literacy</b>	57.18%	56.86%
<b>Total Child Population (0-6 Age)</b>	30,791,331	410621
<b>Male Population (0-6 Age)</b>	16,185,581	215841
<b>Female Population (0-6 Age)</b>	14,605,750	194780
<b>Literates</b>	114,397,555	1428683
<b>Male Literates</b>	68,234,964	865837
<b>Female Literates</b>	46,162,591	562846

Source: Census, 2011

## 2.4 HEALTH AND HEALTH SERVICE DELIVERY INDICATORS: UTTAR PRADESH AND MIRZAPUR

Table 3 shows key health care indicators of Mirzapur district for the year 2017-18. The performance of integral delivery indicators and the health outcomes which follow with respect to quantifiable goals of NHM are brought into light. Pertaining to the public health delivery system and various domains of health which are Maternal Health, Child Health, Delivery care, Family Planning, Adult Health, etc. are analysed on the basis of their input, output and outcomes.

**Table 3: Key Health Care Indicators: Uttar Pradesh & Mirzapur District**

Indicators	Uttar Pradesh	Mirzapur
<b>NMR</b>	49	57
<b>IMR</b>	64	83
<b>U5MR</b>	78	105
<b>MMR</b>	300	218
<b>TFR</b>	2.7	3.15
<b>Proportion of fully immunized children</b>	51.1%	46.5%
<b>Children aged 6-59 months who are anaemic.</b>	63.2%	63%
<b>Mothers who had ANC in the first trimester</b>	45.9%	35.3%
<b>Full ANC</b>	26.4%	80%

<b>Mothers who received JSY Incentive for institutional delivery</b>	48.7%	70%
<b>Percentage of women received PNC check-ups within 48 hours from some health personnel</b>	54%	45%
<b>Women aged 15-49 who are anaemic</b>	52.4%	55.4%
<b>Women whose BMI is below normal</b>	25.3%	28.2%
<b>Proportion of Safe Deliveries</b>	63.3%	36.45%
<b>Institutional Deliveries</b>	56.7%	72%
<b>Use of any Family Planning Method</b>	45.5%	48.6%

Source: NFHS 4 (2015-16) Factsheets; CMO Office, Mirzapur, 2018

The Maternal Mortality Ratio (MMR), Infant Mortality Rate (IMR), and Under-Five Mortality Rate (U5MR) are common indicators to monitor the health status of state or region and progress towards the achievement of NHM goals. The Infant Mortality Rates vary greatly between the different states and districts. The neonatal mortality rate (57) is higher than the state NMR (49) according to NFHS-4 factsheet (2015-16). Similarly, infant mortality rate (IMR) and Under 5 mortality rates in Mirzapur is around 83 and 105 per 1000 live births respectively. Both are higher than the state average. The infant mortality rate (IMR) for Uttar Pradesh is 64 and for the Mirzapur district it is 83.

While the Maternal Mortality Ratio (MMR) for the Uttar Pradesh state is higher than the district of Mirzapur. The maternal mortality rate in the district is 218 maternal deaths per 100000 live births. Child Mortality is a threat India is facing since decades. The Reproductive and Child Health programme (RCH) II under the National Rural Health Mission (NRHM) comprehensively integrates interventions that improve child health and addresses factors contributing to Infant and under-five mortality. With regards to the service delivery for Child Health, 46.5 percent children received full immunization in Mirzapur District. Children aged 6-59 months who were anaemic were 63 percent in Mirzapur District. An important component of the Maternal Health is ANC. Antenatal care is the systemic supervision of women during pregnancy to ascertain the well-being of the mother and the foetus. It allows for the timely management of complications and provides opportunity to prepare a birth plan and identify the facility for delivery. Early registration of pregnancy allows for adequate care during the cycle. State level full ANC was reported to be 26.4 percent and 80 percent for Mirzapur district. Percentage of Mothers who received JSY Incentive for institutional deliveries were 70 percent in Mirzapur, while at state level 48.7 percent mothers received the incentive. Delivery care before and after is an important component for mother and Infant health. About 45 percent of women

received PNC check-ups within 48 hours from some health personnel in Mirzapur, while percentages of Institutional deliveries were reported to be 72 percent for the District.

### 3. HUMAN RESOURCE & HEALTH INFRASTRUCTURE

#### 3.1 HUMANRESOURCE

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

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

**Table 4: Status of Human Resource, Mirzapur 2017-2018**

Position Name	Regular			Contractual		
	Sanctioned	Filled	Vacant	Sanctioned	Filled	Vacant
MO's including specialists	208	158	50	14	3	11
Gynaecologists	8	1	7	1	1	0
Paediatricians	8	1	7	2	0	2
Surgeon	8	1	7	1	0	1
Nutritionist	8	1	7	1	1	0
Dental Surgeon	8	1	7	0	0	0
LHV	48	37	11	0	0	0
ANM	0	0	0	0	0	0
Pharmacist	80	80	0	0	0	0
Lab technicians	32	18	14	2	2	0
X-ray technicians	14	13	1	1	0	1
Data Entry Operators (MCTS HMIS)	0	0	0	4	4	0
Staff Nurse at CHC	24	21	3	0	0	0



<b>Staff Nurse at PHC</b>	0	0	0	59	59	0
<b>ANM at PHC</b>	65	34	31	0	0	0
<b>ANM at SC</b>	251	213	38	95	89	6

Source: CMO Office, Mirzapur, 2018.

The meeting of the evaluation team with the district CMO, DPM and various health officials revealed that there is a dire need of recruitment of medical staff at all the facilities in the district.

Table 4 indicates the status of HR in the district. Position for MO's including specialties, Gynaecologist, Paediatrician, Surgeon, Nutritionist, Dental Surgeon, LHV, ANM, Lab technician, X-ray technician, Data entry operator, Staff nurse at CHC, Staff Nurse at PHC, ANM at PHC, ANM at SC and Data entry operator were vacant in Mirzapur district. High vacancy pertains in the district especially for the MO's including specialists, as 50 positions were not filled for the same. Moreover, in spite of sanctioned positions for Paediatrician, Surgeon, Nutritionist, and Dental Surgeon positions were not filled.

**Table 5: Training Status of Human Recourse in the last financial Year**

<b>Position Name</b>	<b>SBA</b>	<b>BeMOC</b>	<b>MTP</b>	<b>Minilap/ PPS</b>	<b>NSV</b>	<b>IUCD Insertion</b>	<b>RTI/STI/ HIV screening</b>	<b>Total</b>
<b>Medical Officer</b>	0	0	1	0	1	0	0	2
<b>LMO</b>	0	0	0	0	0	0	0	0
<b>Staff Nurses</b>	13	0	0	0	0	23	0	36
<b>ANM</b>	9	0	0	0	0	13	0	22
<b>LHV/PHN</b>	0	0	0	0	0	0	0	0
<b>Lab Technician</b>	0	0	0	0	0	0	0	0
<b>ASHA</b>	0	0	0	0	0	0	0	0

Source: CMO Office, Mirzapur, 2018.

Training of the human resources is very much required to upgrade their skills as per the development in medical science. Table 5 gives the status of the trainings conducted for health staff in Mirzapur district in the last financial year. Total 22 SBA trainings were conducted in the last financial year out of which training was given to 13 staff nurses and 9 for ANMs. For Medical Officers, training for MTP and NSV was conducted just once in last year. It is significant to note that no trainings for BeMoc, Minilap /PPS, and RTI/STI/HIV screening were conducted at any facility level in the last financial year.

### 3.2 HEALTH INFRASTRUCTURE

Table 6 presents the status of Health Infrastructure in Mirzapur District. With regards to Public health infrastructure, there were 2 District Hospitals, 3 First Referral Units (FRUs), 16 Community Health Centres (CHCs), 35 Primary Health Centres (PHCs) and 251 Sub Centres (SCs) and 12 Adolescent friendly Health Clinic in Mirzapur. The district had a total of 176 accredited delivery points at the SC level. The District also reported to be running 12 Adolescent friendly Health Clinics in the government owned buildings. There was no Maternal and child care units which are equally required for providing optimum healthcare to mothers and children. All the facilities were functioning in government buildings except for 17 sub centres and 1 PHC which were running in the rented building.

**Table 6: Status Of Health Infrastructure: Mirzapur, Uttar Pradesh, 2017-18**

Health Facility	Number available	Govt. building	Rented building/ Under const.
District Hospital	2	2	0
First Referral Units (FRUs)	3	3	0
CHC	16	16	0
PHC	35	35	01
Sub Centre	251	234	17
Mother & Child Care Centres	-	-	-
Adolescent friendly Health Clinic	12	12	0
Delivery Points	176	176	0

Source: CMO Office, Mirzapur, 2018.

### 4. MATERNAL HEALTH

Maternal health refers to the health of women during pregnancy, childbirth and the postpartum period. While motherhood is often a positive and fulfilling experience, but for women with low economic background it is associated with suffering, ill-health and even death. The RMNCH+A strategy aim to reduce child and maternal mortality through strengthening of health care delivery system. Improving maternal health is a major focus of NHM. The Mission aims to reduce Maternal, Infant and Child mortality by focusing on strategies of promoting wider utilization of essential obstetric and new born care for all, skilled attendant at every birth, emergency obstetric care for those having complications and referral services. Increasing access to and utilization of health care services is relatively important for improving maternal health outcomes and measuring quality of services provided to the pregnant

women is one of the first steps towards improving it. Antenatal care and PNC assistance are essential for eliminating every preventable maternal death. However, NHM schemes like Janani Suraksha Yojana (JSY) and Janani Shishu Suraksha Karyakram (JSSK) have been created to improve the condition of maternal health in the country.

#### 4.1 OVERVIEW- MATERNAL HEALTH

Reproductive, maternal, new-born, child, and adolescent health (RMNCH+A) approach has been launched in 2013 and it essentially aims to address the major causes of mortality among women and children as well as the delays in accessing and utilizing health care and services. The 5x5 RMNCH+A matrix under NHM throws light on 4 important life cycle stages of maternal and reproductive health. Table 7 enlists the block wise maternal health service delivery in Mirzapur. Total ANC registration for first trimester was 75020 in numbers while it has significantly dropped to 40564 for 3<sup>rd</sup> ANC visits. Highest number of ANC registration were reported from the block Vijaypur (9395) and Chunar block (8960), while registration to 3 ANCs significantly dropped in all the blocks, lowest number of 3 ANCs registration was reported from block Shikhar (1021). With respect to Institutional Deliveries, a total of 39763 Institutional Deliveries in the year 2017-18 were reported out of which highest institutional deliveries were reported from Vijaypur block (4191) and lowest were reported from Sikhar block (1001) of Mirzapur District.

**Table 7: Block Wise Service Delivery Indicators in the Last Financial Year Mirzapur, 2017-18**

Block	ANC Registered	3 ANCs	Home Deliveries	Institutional Deliveries	PNC within 48hrs. after delivery	PNC between 8 hrs. and 14 days after delivery
Chilh	2807	1405	703	1373	-	-
Kachhwan	4503	1833	1622	1797	1318	1856
Shikhar	1791	1021	358	1001	1152	-
Gursundi	6532	3372	904	3306	-	1542
Vijaypur	9395	4275	631	4191	856	2018
Lalganj	5390	2853	470	2797	1111	1641
Haliya	4949	3295	807	3230	2585	160
Patrhara	6651	2679	957	2626	1387	934
Rajgarh	5057	2006	1569	1967	45	1540

<b>Pandri</b>	3612	2189	374	2146	391	322
<b>Chunar</b>	8960	3159	1432	3097	2732	1196
<b>Jamalpur</b>	7507	3371	1427	3305	1745	1529
<b>DWH</b>	7866	9106	0	8927	3908	930
<b>Total</b>	<b>75020</b>	<b>40564</b>	<b>11254</b>	<b>39763</b>	<b>18030</b>	<b>13668</b>

Source: CMO Office, Mirzapur, 2018.

Postnatal care is yet another domain integral to maternal health. It is critical that women be kept under observation up to 48 hours after institutional delivery. WHO recommends that a woman not be discharged before 24 hours after delivery. Regardless of the place of birth, it is important that someone accompanies the women and new born for the first 24 hours after birth to respond to any changes in her or the babies conditions. Many complications can occur in the first 24 hours. However, in Mirzapur the numbers of women receiving PNC within 48 hours were reported to be very low in numbers as compared to the number of women delivering.

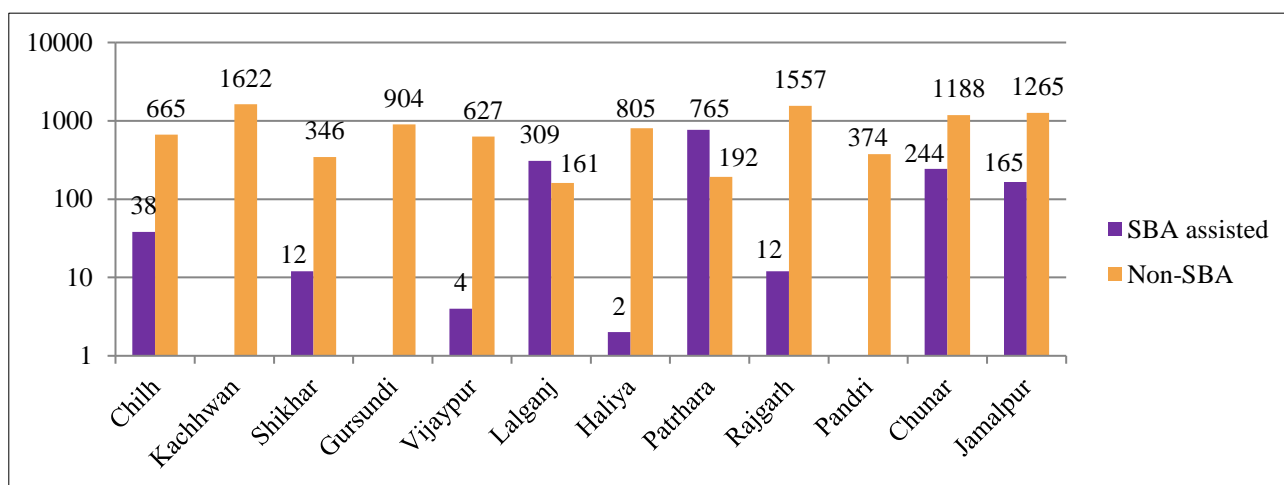
The maternal health service delivery and birth outcome in terms of TT boosters given to pregnant women, home deliveries conducted by Skilled Birth Attendant (SBA) /Non-Skilled Birth Attendant (Non-SBA) and the status of births in the various blocks of the Mirzapur district is shows in Table-8.

**Table 8: Block Wise Status of Maternal Health Service Delivery and Birth Outcome, Mirzapur, 2017-18**

Block	TT1	TT2	Home Deliveries		Live Birth	Still Birth	Total Births
			SBA assisted	Non-SBA			
<b>Chilh</b>	1809	1809	38	665	2041	29	2773
<b>Kachhwan</b>	2817	2445	0	1622	3377	57	5056
<b>Shikhar</b>	1287	1144	12	346	1343	23	1724
<b>Gursundi</b>	5856	5544	0	904	4049	72	5052
<b>Vijaypur</b>	4411	4021	4	627	4577	57	5265
<b>Lalganj</b>	4442	4166	309	161	3412	43	3925
<b>Haliya</b>	5248	4998	2	805	4045	33	4885
<b>Patrhara</b>	4719	4019	765	192	3650	30	4637
<b>Rajgarh</b>	4215	3819	12	1557	3496	52	5117
<b>Pandri</b>	2164	2013	0	374	2552	4	2930
<b>Chunar</b>	6434	5250	244	1188	4585	46	6063
<b>Jamalpur</b>	6314	5687	165	1265	4685	61	6173
<b>DWH</b>	3778	3896	-	-	11245	242	11457
<b>Total</b>	<b>53494</b>	<b>48811</b>	<b>1548</b>	<b>9706</b>	<b>53057</b>	<b>749</b>	<b>65060</b>

Source: CMO Office, Mirzapur, 2018

From the table above, we can see that number of woman given TT2 is lower as compared to the number of women given TT1. With regards to home deliveries, 1548 deliveries were SBA assisted and 9706 were non SBA assisted. Maximum number of Non-SBA assisted deliveries were reported from Kachwan (1622) and Rajghar (1557) block. Figure 3 shows the Block wise status of home deliveries attended by SBA and Non-SBA in Mirzapur District, 2017-18. Out of total births reported (65060), 563057 were live births and 749 still birth were reported in the year 2017-18. The numbers of Still Births were quite high in the district,



**Figure 2: Block Wise Status of Home Deliveries (In Numbers), Mirzapur, 2017-18**

#### 4.2 MATERNAL DEATH REVIEW

Maternal Death Review as a strategy gives an insight into the condition of maternal health prevailing in a nation. The RCH-II National Programme Implementation Plan document clearly put forwards the MRD. MRD provides articulated information on various factors at facility, community, regional and national level that are needed to be addressed for reducing maternal deaths. A thorough analysis of these factors can pave a way for finding the shortcoming in the services which contribute in deaths at various level and measures to be adopted in overcoming these loopholes.

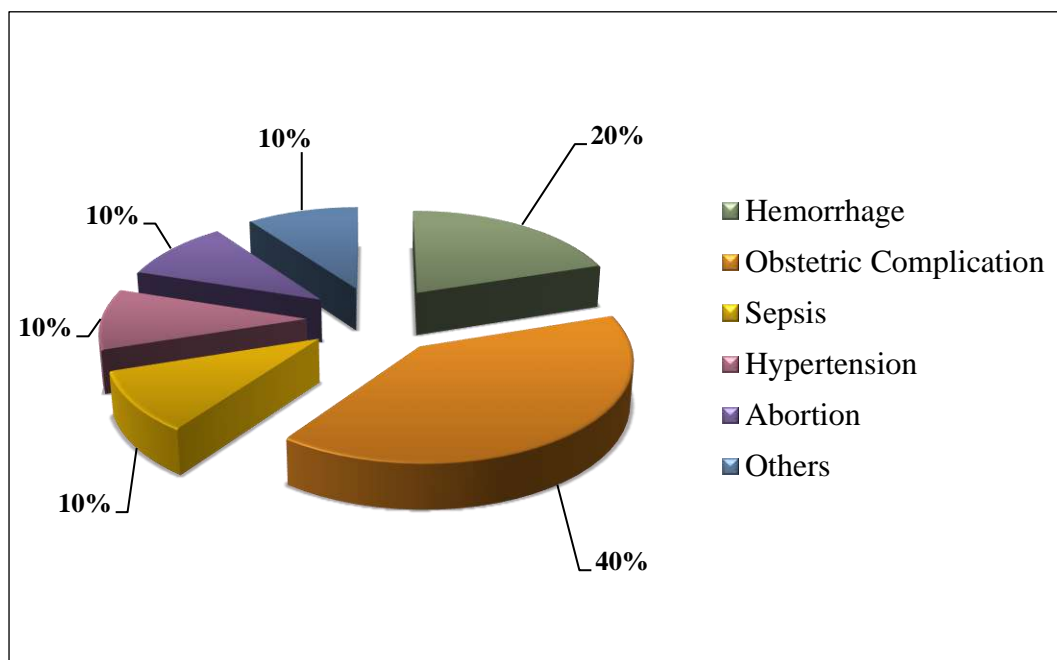
**Table 9: Maternal Deaths (Place, Reason and Stages of Pregnancy) in Mirzapur District**

<b>Total Maternal Death : 33</b>	
<b>Maternal Death as per Place of death</b>	
<b>Hospital</b>	<b>30</b>
<b>Home</b>	<b>2</b>
<b>Transit</b>	<b>1</b>
<b>Total</b>	<b>33</b>
<b>Maternal Death as per Stages of Pregnancy</b>	
<b>During pregnancy</b>	<b>21</b>
<b>During delivery</b>	<b>8</b>
<b>Post Delivery</b>	<b>4</b>
<b>Total</b>	<b>33</b>
<b>Maternal Death as per Major Reason of Death (in percentage)</b>	
<b>Haemorrhage</b>	<b>20</b>
<b>Obstetric Complications</b>	<b>40</b>
<b>Sepsis</b>	<b>10</b>
<b>Hypertension</b>	<b>10</b>
<b>Abortion</b>	<b>10</b>
<b>Others</b>	<b>10</b>

Source- CMO Office, Mirzapur 2017-18.

Table 9 provides a review of maternal deaths during the last financial year. About 33 maternal deaths were reported in the 2017-18. With regards to the place of death, about 30 deaths occurred in hospital, 2 at home and 1 during transit. Moreover, maternal deaths as per stages of pregnancy were also reported, as 21 maternal deaths took place during pregnancy, 8 deaths during delivery and 4 deaths were reported post-delivery.

Various reasons attributing to maternal deaths are also presented in the table. Maximum percentage of death were held due to obstetric complication (40 percent) and 20 percent due to Hemorrhage, while Sepsis, Hypertension, Abortion And Other Reasons ( 10 percent each) were also reported as the reasons for maternal death. Figure## shows the various reasons for Maternal Deaths in Mirzapur District.



**Figure 3: Reasons for Maternal Deaths, Mirzapur, 2017-18**

### 4.3 JANANI SURAKSHA YOJANA (JSY)

Janani Suraksha Yojana, launched in 2005 was deemed to promote institutional deliveries. It was framed in order to reduce Maternal and infant mortality rate. Being a conditional cash transfer scheme for pregnant women coming for delivery it provides an assistance of INR 1400 to mothers who deliver in institutional facilities. Since its inception Janani Suraksha Yojna has been successful in providing fine facilities for mothers leading to a surge in institutional deliveries.

**Table 10: Status of JSY Payments 2017-18 Mirzapur, Uttar Pradesh**

Status of payments ( in percentage)			Record maintenance	
Institutional deliveries	Home Deliveries	Deliveries brought by ASHAs	Available	Updated
91	0	99	Yes	Yes

Source- CMO Office, Mirzapur 2018



**Figure 4: Janani Suraksha Yojana ward, District Hospital, Mirzapur**

Table 10 indicates the status of Janani Suraksha Yojna (JSY) in last financial year. About 91 percent of beneficiaries received payment under Janani Suraksha Yojna who had gone for Institutional delivery and 99 percent of these cases were bought by ASHA which highlights their active role in emphasizing institutional deliveries. JSY registers were maintained properly at all facilities. Figure 4 shows the ward of Janani Suraksha Yojana ward at District Hospital, Mirzapur.

#### 4.4 JANANI SHISHU SURAKSHA KARYAKRAM (JSSK)

Further to enhance the quality of maternal and child care, Janani Shishu Suraksha Karyakram was launched by Government of India. This program was an initiative towards disburdening the mother and new born from the expenses of drugs, diet, diagnose & transportation. Under this scheme women delivering in the public health institutions are entitled to incur no expense at the time of delivery be it caesarean section or normal deliveries. Also the children under one year of age were also the beneficiaries under this scheme.

**Table 11: Block wise Status of JSSK in Mirzapur District, 2017-18**

Block	Number of Beneficiaries under JSSK					
	Diet	Drugs	Diagnostic	Transport		
				Home to Facility	Referral	Facility to Home
Chilh	1134	2807	2807	1134	0	1134
Kachhwan	1337	4491	4491	1088	249	1088
Shikhar	167	1704	1704	167	0	167
Gursundi	2015	8453	853	1622	393	1622
Vijaypur	1691	6815	6815	1691	0	1691
Lalganj	1596	3899	3899	1010	586	1010
Haliya	1342	3230	3230	1342	0	1342
Patrhara	1515	4639	4639	1308	207	1308
Rajgarh	1270	4865	4865	1270	0	1270



<b>Pandri</b>	<b>1351</b>	<b>3382</b>	<b>3382</b>	<b>1351</b>	<b>0</b>	<b>1351</b>
<b>Chunar</b>	<b>1810</b>	<b>8690</b>	<b>8690</b>	<b>1810</b>	<b>0</b>	<b>1810</b>
<b>Jamalpur</b>	<b>1645</b>	<b>4011</b>	<b>4011</b>	<b>1645</b>	<b>0</b>	<b>1645</b>
<b>DWH</b>	<b>8611</b>	<b>25216</b>	<b>25216</b>	<b>8611</b>	<b>0</b>	<b>8611</b>
<b>Total</b>	<b>25484</b>	<b>82202</b>	<b>82202</b>	<b>24049</b>	<b>1435</b>	<b>24049</b>

Source: CMO Office, Mirzapur, 2018.

JSSK was functioning well in the district. Beneficiaries were receiving the services of free diet; free medicines and free diagnostic. Table 11 shows the block wise status of JSSK in Mirzapur District. A surge in the number of people availing benefits of the scheme was observed. People have gained an understanding of the programme well, as many pregnant women were reported getting benefited by the scheme. The number of beneficiaries who availed services under JSSK scheme for free diet was reported to be 25484 in numbers, 82202 for free drugs and 82202 got free diagnostic under JSSK. Transport facility was efficiently utilized by beneficiaries in Mirzapur District. Response time for availing transport facility was short and quick as many beneficiaries reported to have been availing the transport facility. The number of beneficiaries who availed transport services from home to facility was 24049 and same number of beneficiaries availed the transport from facility to home. Block wise, transport facility was maximum utilized by beneficiaries was reported from the block Chunnar (1810) and Vijaypur (1691). Figure 5 shows the status of Janani Shishu Suraksha Karyakram programme efficient running in the Mirzapur District.



**Figure 5: The Status of Janani Shishu Suraksha Karyakram Programme In The Mirzapur District**

## 5. CHILD HEALTH

The population of children in India is 24.7 million. As per Census 2011, the share of children (0-6 years) accounts 13 percent of the total population in the Country. Child Health Goal under National Health Policy (2017) states that, “The Child Health programme under the Reproductive, Maternal, New-born, Child and Adolescent (RMNCH+A) Strategy of the National Health Mission (NHM) comprehensively integrates interventions that improve child health and nutrition status and addresses factors contributing to neonatal, infant, under-five mortality and malnutrition. The National Population Policy (NPP) 2000, the National Health Policy 2002, Twelfth Five Year Plan (2007-12), National Health Mission (NRHM - 2005 – 2017), Sustainable Development Goals (2016-2030) and New National Health Policy, 2017 have laid down the goals for child health”

### 5.1 NEO-NATAL HEALTH

Health of new-born has come to attention and efforts to prevent neo natal deaths and promotion of their health is at the utmost priority. The two landmark programmes, the National Rural Health Mission (NRHM) and the Reproductive, Maternal, New-born, Child and Adolescent Strategy (RMNCH+A Strategy) provided an unprecedented focus and resources for new-born health, while specifically the RMNCH+A strategy marks a significant shift in approach, basing services on a continuum-of-care model and on strengthening health systems. The first days and weeks of life are critical for the future health and survival of the child. The service delivery for neonatal health in terms of infrastructure is shown in table 12. Essential new-born care and resuscitation at all delivery points through establishment of New-born Care Corners and skilled personnel will help in increasing sustainability of neonates.

**Table 12: Infrastructure & Services for Neo-natal in Mirzapur, 2017-18**

	Numbers	Whether Established In Last Financial Year
Total SNCU	1	NO
Total NBSU	1	NO
Total NBCC	15	NO
Total Staff in SNCU	9	NO
Total Staff in NBSU	0	NO
Total NRCs	1	NO
Total Admissions in NRCs	158	NO
Total Staff in NRCs	4	NO
Average duration of stay in NRCs	3days	-

Source: CMO Office, Mirzapur, 2018.

The district has one SNCU, one NBCC, 15 NBCC and one NRC unit running in the district. Total staffs under SNCU were reported to be 9 in numbers and 4 staff members were working in NRC unit while there was no specific staff under NBCC. Total Admission in NRC was reported to be 158 in numbers in the last financial year 2017-18 in Mirzapur district Hospital.

## 5.2 SICK NEW BORN CARE UNIT & NEW-BORN STABILIZATION UNITS

SNCU established at District hospital provides care for sick new born; provides assistance of all type for neonatal care. SNCU are meant to reduce fatality among sick new-borns. Sick New born care unit was functioning very well in the Mirzapur district. Figure 6 shows the inside view of Special New Born Care Unit (SNCU) in Mirzapur District hospital. Major issue reported was shortage of space in the SNCU unit. More space is required so that more children can be treated in the unit.



**Figure 6: Special New Born Care Unit (SNCU), Mirzapur District Hospital**

An Establishment of New Born Stabilization Units (NBSU) and Special New Born Care unit (SNCU) is required for strengthening the clinical services within the health care system which would further help in reducing neonatal deaths. Table 13 shows the Status of Neonates Admitted to SNCU and NBSU (In Numbers) in the year 2017-18 for Mirzapur district, a total number of 2180 neonates were admitted into SNCU out of which 1344 were discharged, 226 were referred further for better treatment, demise of 252 was reported and 352 reported LAMA. In NBSU, 7 neonates were admitted and all of them were discharged after treatment. Total 3 neonatal deaths were reported in the last financial year 2017-18 which took place at the hospital.

**Table 13: Status of Neonates Admitted to SNCU and NBSU (In Numbers) in last financial year**

Facility type and Admissions in last financial year	Treatment Outcome			
	Discharge	Referred	Death	LAMA*
<b>Total Neonates admitted in to SNCU</b>				
2180	1344	226	252	352
<b>Total neonates admitted in to NBSU</b>				
7	7	-	-	-
<b>Total neonates deaths in to (SNCU, NRCs and NBSU)</b>				
<b>Total Neonatal Death</b>	<b>Hospital</b>	<b>Home</b>	<b>Transit</b>	
3	3	-	-	

Note- \*Leave Against Medical Advice (LAMA) Source: CMO Office, Mirzapur

### 5.3 CHILD HEALTH UNDER 0-5 YEAR OF AGE

Child health plays a vital role in the development of a country. The initial years of life constitutes the most crucial span in life. The Child Health programmes comprehensively integrates improvement of child survival and addresses factors contributing to infant and under-five mortality. The concept of Continuum of Care, that emphasizes on care during critical life stages in order to improve child survival, has always been a part of under the national programmes which also emphasizes to ensure that critical services are made available at home, through community outreach and through health facilities at various levels (primary, first referral units, tertiary health care facilities). The new-born and child health are now the two key pillars of the Reproductive, Maternal, New-born, Child and Adolescent Health (RMNCH+A) strategic approach. By addressing the most common risk factors for child mortality with prevention methods such as access to diarrhoea and pneumonia treatment, measles and tetanus vaccinations and increasing hospital births, the number of child deaths can be turn down. Through a continuum of care from the community to facility level and include the provision of home based new born and child care through ASHA and ANMs, supplemented by AWW, and community level care for acute respiratory infections, diarrhoea, and fever, including home remedies, first contact curative care, or referrals as appropriate can also reduce the child mortality in India. Table 14 shows the status of diseases detected amongst children under the age of 0-5 years in 2017-18.

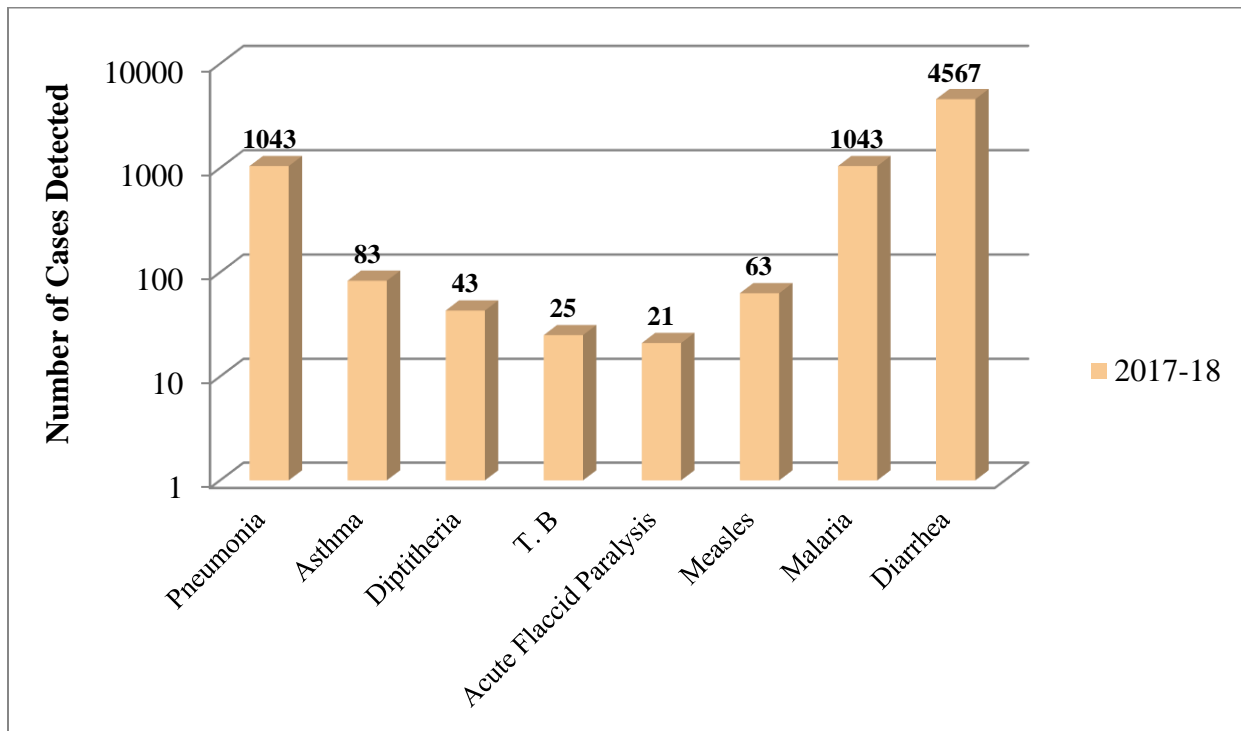
Major diseases reported for children under the age of 0-5 years were Diarrhea, Malaria and Pneumonia in the last financial year. Maximum numbers of cases were reported for the diarrhea

disease (4567), while for Malaria and Pneumonia the numbers of cases reported were 1043 each. Others diseases Asthma, Diphtheria, T.B, Acute Flaccid Paralysis and measles were also reported. Figure 7 shows the status of Disease Detected among Children Age (0-5) in Mirzapur 2017-18.

**Table 14: Status of Disease Detected among Children Age (0-5) in Mirzapur 2017-18**

Diseases	2017-18
<b>Pneumonia</b>	1043
<b>Asthma</b>	83
<b>Diphtheria</b>	43
<b>T. B</b>	25
<b>Acute Flaccid Paralysis</b>	21
<b>Measles</b>	63
<b>Malaria</b>	1043
<b>Diarrhea</b>	4567

Source: HMIS, Mirzapur, 2018.



**Figure 7: Status of Disease Detected Among Children Age (0-5), Mirzapur, 2017-18**

## 5.4 IMMUNIZATION

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

**Table 15: Block wise Status of Immunization in the last Mirzapur 2017-18**

Block	Target	OPV at birth	BCG	DPT			Pentavalent			Measles	Full Immunization
				1	2	3	1	2	3		
Chilh	3150	1782	2356	0	0	0	2784	2679	2821	2260	2260
Kachhwan	4730	1254	3748	0	0	0	3968	3960	3953	3336	3336
Shikhar	2610	849	1539	0	0	0	1680	1565	1615	1492	1492
Gursundi	6840	2404	6450	0	0	0	7102	6558	6765	6251	6251
Vijaypur	8030	3431	5796	0	0	0	6226	6190	6118	4165	4165
Lalganj	3950	1732	5015	0	0	0	4847	5046	5342	2227	2227
Haliya	6550	3101	5737	7	19	36	5991	5629	5820	5150	5150
Patrhara	3870	979	3484	0	0	0	3717	3781	3604	2110	2110
Rajgarh	6230	2260	3814	0	0	0	5010	4919	4847	4454	4454
Pandri	3800	1724	2574	0	00	0	3301	3330	3408	3260	3260
Chunar	7050	2445	5833	0	0	0	5724	5816	6180	5118	5118
Jamalpur	7680	1441	7011	0	0	0	6865	6820	7020	5790	5790
DWH	7830	8072	8219	1305	8	181	5351	5029	5067	3660	3660
<b>Total</b>	<b>72320</b>	<b>31474</b>	<b>61576</b>	<b>1312</b>	<b>27</b>	<b>217</b>	<b>62566</b>	<b>61322</b>	<b>62560</b>	<b>49273</b>	<b>49273</b>

Source: CMO Office, Mirzapur,

Table 15 given the block-wise status of immunization coverage in Mirzapur District. Against the target set, all blocks achieved an average of 50 to 85 percent of full immunization coverage, Full immunization was covered for 49273 children, out which maximum number of children were covered in block Gursundi (6251), followed by Jamalpur block (5790), Haliya (5150) and Chunar block (5118). Shikhar, Patrahar and Lalganj blocks reported least coverage of immunization targets. A total of 61576 BCG dose was given to children, out of which Block Jamalpur, Gursundi and Chunar reported highest number of BCG dose given to the children with 7011, 6450 and 5833 respectively in numbers. A total of 49273 children were given vaccine for measles. Block Gursundi, Jamalpur and Haliya reported highest number of Measles dose coverage given to the children with 6251, 5790 and 5150 respectively in numbers. Shikhar Block reported the least number of Measles coverage dose given to the children (1492).

## 5.5 RASTRIYA BAL SURAKSHA KARYAKARAM (RBSK)

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

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

**Table 16: Rashtriya Bal Suraksha Karyakram Progress in Mirzapur, 2016-2018**

Years	No. of Schools	No. of children registered	Children Diagnosed	No. of Children referred	Eye Disease	Ear Disease	Heart Disease	Physically Challenged	Anaemic
<b>2017-18</b>	2558	507765	391733	12418	1077	1685	23	0	857
<b>2016-17</b>	2558	507765	415796	14283	755	970	5	1	735

Source: CMO Office, Mirzapur, 2018

In Table 16, the status of RBSK in the district for the years 2016-17 and 2017-18 is presented. About 2558 schools were covered under RBSK in the year 2017-18 as well as in the year 2016-17. Similarly, 507765 children were registered under the programme in the both the years. About 391733 and 415796 numbers of children were diagnosed during the years of 2017-18 and 2016-17 respectively. Numbers of Eye and Ear diseases reported in the year 2017-18 were 1077 and 1685 respectively amongst children. The numbers of anaemic children in 2016-17 were 735 and in the year 2017-18 were 857. An increase in the number of children with heart disease can be observed as 23 cases were detected against 5 cases of previous year. No physically challenged children were identified or detected.



**5.6 RASTRIYA KISHORE SWASTHYA KARYAKRAM (RKSK)****Table 17: Block Wise Status of Rastriya Kishore Swasthya Karyakram (RKSK) Progress in Mirzapur District in last financial Year**

Block	No. of Counseling Session held/ Conducted	No. of Adolescents who attended the counseling sessions	No. of Anemic Adolescents		IFA Tablets Given	No. Of RTI/STI Cases
			Severe Anemia	Any Anemic		
<b>Chilh</b>	3865	3762	1	93	133	80
<b>Kachhwan</b>	4425	4425	40	225	1051	409
<b>Shikhar</b>	2966	2908	98	210	123	241
<b>Gursundi</b>	3415	3719	20	65	741	54
<b>Vijaypur</b>	1668	1702	21	99	149	63
<b>Lalganj</b>	5011	4810	49	784	833	273
<b>Haliya</b>	4459	4459	105	197	436	258
<b>Patrhara</b>	4777	5376	46	349	679	211
<b>Rajgarh</b>	838	838	182	24	0	2
<b>Pandri</b>	4171	4221	25	184	310	168
<b>Chunar</b>	3037	3537	38	225	270	310
<b>Jamalpur</b>	2891	2998	22	98	295	115
<b>Total</b>	<b>41523</b>	<b>42755</b>	<b>647</b>	<b>2553</b>	<b>5021</b>	<b>2184</b>

Source: CMO Office, Mirzapur, 2018.

RKSK has played a very important role in the enhancing health status of adolescents at the district level. The above table 17 shows that in the year 2017-18, total number of 41523 counseling sessions were conducted under RKSK. A total of 42755 adolescents who attended these counseling sessions. Moreover, maximum numbers of adolescents who attended the counseling session were from Patrhara block (5376) and Lalganj block (4810). Under RKSK in the year 2017-18, total of 647 adolescents were reported with severe anemia and 2553 were reported with any anemic. About 5021 IFA tablets were distributed amongst adolescent in Mirzapur District. Regarding RTI/STI, untreated infections during adolescent and young age are among the underlying cases for poor reproductive health which can further lead to ectopic pregnancy, infertility, fetal loss and increased risk to HIV. In totality, 2184 RTI/STI cases amongst adolescents were reported from the district.



## 6. ADOLESCENT FRIENDLY HEALTH SERVICES (AFHS)

Investment in Adolescent Reproductive and Sexual Health will positively influence MMR, IMR, reducing incidence of teenage pregnancy, meeting unmet contraceptive needs, reducing the incidence of Sexually Transmitted Infections (STIs) and reducing the proportion of HIV positive cases. Adolescents are not a homogeneous group. Their situation varies by age, sex, marital status class, religion, and culture context. This call for interventions that is flexible and responsive to their desperate needs. It is in this context that a programme for the adolescents is envisaged by NRHM namely Adolescent Friendly Health Services (AFHS). Some of the public health challenges for adolescents are related to early pregnancy, with associated higher risk of maternal and infant mortality, sexually transmitted infections (including HIV) and reproductive tract infections, under-nutrition and anaemia, substance abuse, injuries etc. It is important to study the health of adolescents as their situation will be central in determining India's health, mortality and morbidity; and the population growth scenario. In this regard, for promotion of adolescent health, AFHS Clinics were set up at district level. While in Mirzapur District, one of the AFHS centre was visited and it was observed that doctors at AFHS clinics held necessary counselling sessions for adolescents regarding their reproductive and sexual health and many adolescents were getting benefitted by the services available at AFHS clinic. Figure 8 shows the picture of one of the AFHS centre visited.



**Figure 8: Adolescent Friendly Health Services (AFHS) Clinic, Mirzapur**

## 7. QUALITY MANAGEMENT IN HEALTHCARE SERVICES

Quality of health care services is essential for the smooth functioning of the public health sector as well as the dignity and comfort of the patients. Quality of care in health care services offer manifold

benefits to the facilities as well as the patients in terms of goodwill, upkeep, lower infection rates and promotion of healthy behaviour. Ministry of Health and Family Welfare, Government of India is committed to support and facilitate a Quality Assurance Programme, which meets needs of Public Health System in the country and is sustainable. Quality in Health System has two components: Technical Quality and Service Quality. An important aspect of the former is “Infection control” and “Health Care Waste Management”. Table 18 shows the Status of Technical Quality in Health Facilities, Mirzapur 2017-18.

**Table 18: Status of Technical Quality in Health Facilities, Mirzapur, 2017-18**

<b>Bio-Medical Waste Management</b>	<b>DH</b>	<b>CHC</b>	<b>PHC</b>
<b>No of facilities having bio-medical pits</b>	-	-	-
<b>No. of facilities having colour coded bins</b>	2	4	4
<b>Outsourcing for bio-medical waste If yes, Name Company</b>	Yes M/s Sangam Medicare, Allahabad	M/s Sangam Medicare, Allahabad	M/s Sangam Medicare, Allahabad
<b>Infection Control</b>			
<b>No. Of times fumigation is conducted in a year</b>	2	4	4
<b>Training of staff on infection control</b>	Yes	Yes	Yes

Source: CMO Office, Mirzapur , 2018.

The mechanism for bio medical waste management was present in the Mirzapur district. It was observed that not all the facilities visited maintained different coloured bins to segregate the waste before disposing off. However, according to the information provided by health personnel’s at the CMO office, it was reported that the services for collection of BMW was out sourced. Color-coded bins were observed at the district hospital however only 4 CHC and 4 PHC reported to have been practicing the waste management by using color coded bins.

Table 18 shows a broad status of Health care waste management in Mirzapur. It is dissatisfactory to note that the bio-medical pits were nowhere available at any level of facility (DH, CHC, and PHC). Most of the facilities visited did not have color coded bins. Outsourcing of bio medical waste collection was collected by Sangam Medicare, Allahabad.

Infection control at PHC and SC level was partially being taken care of. Against a total of 35 PHCs only 4 PHCs reported to have color coded bins. With regards to fumigation practice at the facilities, fumigation was done twice in a year at the District Hospital and 4 times at CHCs and PHCs level.

## 8. INFORMATION, EDUCATION AND COMMUNICATION

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

All IEC material (hoardings, posters and wall paintings) were properly displayed in all the facilities visited. The procurement for IEC material was not reported to be a problem. Material was available with the facilities pertaining to all major schemes like JSY, JSSK, Immunization, Referral Transport, etc. Figure 9 shows few of the IEC materials displayed at various health facilities.



**Figure 9: IEC Material Displayed At Health Facilities, Mirzapur, Uttar Pradesh**

## 9. REFERRAL TRANSPORT FACILITIES

The transport was available in the district to provide pick and drop facility to the patients. The beneficiaries' or the patients were well aware of the free facility available and were making good use of it.

**Table 19: Details of Transport Facility, Mirzapur District, 2017-2018**

Transport Facility	Number available	Number functional
108 Ambulances	21	20
CATS	2(ALS)	2(ALS)
102 Ambulance	31	31
Referral Transport	-	-
Mobile medical Units	-	-

Source: CMO Office, Mirzapur, 2018.

Table 19 gives the status of Transport facility available in Mirzapur District, which comprises of 21 vehicles of “108 Ambulances” service, and 31 ambulance of 102 services. Ambulance service of 2 (ALS) CATS was also available in the district. There are no referral transport vehicle and mobile medical units working in the district.

## 10. COMMUNITY PROCESS

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

The broad working status of ASHAs is highlighted in Table 20.

**Table 20: Status of ASHA Workers in Mirzapur, 2017-18**

Community Process in Mirzapur, 2017-18	
Status of ASHAs	Total number of ASHAs
ASHAs presently working	2055
Positions Vacant	93
Total number of Total Number of meeting with ASHA meeting with ASHA ( in a Year)	48
Total number of ASHA resource centres/ ASHA Ghar	-
Drug kit replenishment	-
No. of New ASHAs trained in last year	-
ASHA's Trained in Digital Literacy	122

<b>Name Of Trainings Received</b>	<b>1) Induction Training</b>
	<b>2) ASHA 6-7 Module (1,2 &amp; 3<sup>rd</sup> Round</b>
	<b>3) IPC-Bridge Training</b>

Source: CMO Office, Mirzapur, 2018.

ASHAs are the primary level of the mechanism of public healthcare under NHM. About 2055 ASHA worker are presently serving under NHM in Mirzapur district. However, there are 93 vacant positions for ASHAs in the district. Further it was reported that there are no resource centers / ASHA Ghar available for ASHAs. Training is an integral way of equipping the workers, Induction Training, ASHA 6 & 7 module and IPC-Bridge Training was held in the last year. It was reported that no drug replenishment kits were available in the district. Out of 2055 ASHAs, only 122 had received training on digital literacy. Figure 10 shows the Community Process in Mirzapur District.



**Figure 10: Community Process in Mirzapur**

While during interaction with ASHA workers and ANMs at the Sub Centres it was observed that ASHA were very well aware about the national health programmes and the various payment they were entitled under the schemes. They have been actively promoting JSY and JSSK programme. ASHA reported timely receipt of payments. While for up grading of knowledge, training is needed to be provided to both ANM / ANM for filling up of mother and Child protection cards and HMIS data recording.

## 11. AYURVEDA, YOGA & NATUROPATHY, UNANI, SIDDHA AND HOMEOPATHY (AYUSH)

Mainstreaming of AYUSH (Ayurveda, Yoga & Naturopathy, Unani, Siddha & Homoeopathy) so as to enhance choice of services for users and to learn from and revitalize local health care tradition is one of the major vision of NHM.

The AYUSH systems, especially Ayurveda and Homeopathy plays an important role in the Health Care Delivery System in all districts. In the Health sector, there are separate directorates for Allopathy, Ayurveda. Homeopathy etc. The Government has launched the National AYUSH Mission with the objectives of providing cost effective AYUSH Services, with a universal access through upgrading AYUSH Hospitals and Dispensaries, co-location of AYUSH facilities at Primary Health Centres (PHCs), Community Health Centres (CHCs) and District Hospitals (DHs) level. Table 21 give the status of AYUSH facility in Mirzapur for the year 2017-18.

**Table 21: Status of AYUSH in Mirzapur, 2017-18**

Block	No of Facilities with AYUSH health Centers	No Of AYUSH Doctors
Chilh	1	1
Kachhwan	1	0
Shikhar	1	1
Gursundi	1	0
Vijaypur	1	0
Lalganj	1	1
Haliya	1	1
Patrhara	1	0
Rajgarh	1	1
Pandri	1	1
Chunar	1	1
Jamalpur	1	1
CHC Aharaura	1	1
CHC Marihan	1	1
CHC Vindhyachal	1	2
DH	1	0
<b>Total</b>	<b>16</b>	<b>12</b>

Source: CMO Office, Mirzapur, 2018.



In Mirzapur district, a total of 16 AYUSH health centres were running in 16 blocks whereas each block has one AYUSH health centre. Moreover, there were a total of 12 AYUSH doctors working in the district. During the visit to Madihan CHC, the AYUSH health centre was running very successfully as many patients were observed seeking Ayurvedic treatment.

## 12. HMIS & MCTS

NHM envisages a fully functional health information system facilitating smooth flow of information for effective decision making. A robust health management information system is essential for decentralized health planning. Multiple information system in various health programs need to be integrates for seamless data exchange to enable comprehensive decision making. This requires integration of service delivery data. Health Management Information System (HMIS) under National Health Mission (NHM) is integral to assessing the progress, quantifying output as well as outcome of interventions and decision making.

Table 22 shows the HMIS/MCTS Status in Mirzapur. Under the Health Management information system, it was observed that across all the facilities HMIS and MCTS was implemented. The data of HMIS was well discussed amongst the staff in order to build the required corrective actions to be taken in the future. Mother and Child Tracking System was functional efficiently and the services delivery along with keeping a check on severely anaemic women and also the low birth weight babies was monitored. Both the HMIS and MCTS data was validated and updated on regular basis, thus adding to the accountability of their functioning. While in few blocks it was reported that HMIS data was not analysed and discussed amongst concerned staff at state and district level for necessary corrective action. It was also reported that HMIS and MCTS data entry operators were not well familiar with data entry of newly launched programmes.

**Table 22: HMIS/MCTS Status in Mirzapur, 2017-18**

Parameters	Remarks
<b>Is HMIS implemented at all the facilities?</b>	<b>Yes</b>
<b>Is MCTS implemented at all the facilities?</b>	<b>Yes</b>
<b>Is HMIS data analysed and discussed with concerned staff at state and district levels for necessary corrective action to be taken in future?</b>	<b>No</b>
<b>Do programme managers at all levels use HMIS data for monthly reviews?</b>	<b>Yes</b>

<b>Is MCTS made fully operational for regular and effective monitoring of service delivery including tracking and monitoring of severely anaemic women, low birth weight babies and sick neonates?</b>	<b>Yes</b>
<b>Is the service delivery data uploaded regularly?</b>	<b>No</b>

Source: CMO Office, Mirzapur, 2018.

### 13. BUDGET UTILIZATION

The budget utilisation summary for Mirzapur district by the five NHM flex pools and their major components is presented in Table 23.

**Table 23: Pool Wise Budget Heads Summary in Mirzapur, 2017-18**

S. No	Budget heads	Budget	Expenditure (As on 31Dec 2017)
<b>Part 1</b>	NRHM+RMNCH plus A Flexi pool	3488.61	1969.76
<b>Part 2</b>	NUHM Flexi pool	165.39	70.34
<b>Part 3</b>	Flexi pool for Diseases control programme	196.89	100.19
<b>Part 4</b>	Flexi pool for Non-Communicable Diseases	162.45	34.71
<b>Part 5</b>	Infrastructure Maintenance	00	0

Source: CMO Office, Mirzapur, 2018.

Table 24 shows Budget Utilisation Summary by Major NHM Components, the highest part of the budget accrues to RMNCH+A flexi pool. In the last financial year, the district was not able to utilize the entire sanctioned amount for the flexi pool for NRMH + RMNCH; a detailed division according to major components in each flexi pool is presented in table below.

**Table 24: Budget Utilisation Summary by Major NHM Components, Mirzapur 2017-18**

Scheme/Programme	Funds 2017-18	
	Sanctioned	Utilized
<b>Scheme /Programme</b>	Funds 2017-18	
<b>NRHM + RMNCH plus A Flexi pool</b>	Sanctioned	Utilized
<b>Maternal Health</b>	987.13	918.93
<b>Child Health</b>	23.65	14.83
<b>Family Planning</b>	296.36	114.98
<b>Adolescent Health/RKSK</b>	5.03	6.68
<b>Immunization</b>	97.63	164.65



<b>NUHM Flexi pool</b>		
<b>Strengthening of Health Services</b>	2634.14	2412.27
<b>Flexi pool for disease control programme (Communicable Disease)</b>		
<b>Integrated Disease Surveillance Programme (IDSP)</b>	13.35	11.86
<b>National Vector-Borne Disease Control programme</b>	35.69	20.35
<b>Flexi pool for Non-Communicable Diseases</b>		
<b>National Mental Health programme (NMHP)</b>	16.60	13.05
<b>National Programme for the Health care of the Elderly (NPHCE)</b>	1.50	-
<b>National Tobacco Control Programme (NTCP)</b>	30.16	20.78
<b>National Programme for Prevention and Control of Cancer, Diabetes, Cardiovascular Diseases and Stroke (NPCDCS)</b>	35.13	37.51
<b>Infrastructure</b>		
<b>Infrastructure</b>	-	-
<b>Maintenance</b>	-	-
<b>Basic training for ANM/LHVs</b>	-	-

Source: CMO Office, Mirzapur, 2018.

## 14. FACILITY WISE OBSERVATION

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

### 14.1 DISTRICT FEMALE HOSPITAL, MIRZAPUR

The District Female Hospital in Mirzapur was situated in the main city area and was easily accessible by everyone. The district hospital was functioning in a government building and was a 100 bedded Female District Hospital. The hospital was providing all basic services to its beneficiaries with the objective of preventing and curing diseases and promoting health care services, especially for women. Around 750 to 850 deliveries were held at this facility on the monthly basis. Figure 11 shows the image of Female District Hospital visited in Mirzapur district.



**Figure 11: District Female Hospital, Mirzapur, Uttar Pradesh**

- The district hospital had 4 MOs, out of which 2 were on regular posts and 2 were on contractual basis. There were 4 OBGs, 2 Anaesthetist, 2 Paediatrician, 1 General Surgeon and 30 Staff Nurses working in the hospital. Whereas there was lack of Dental Surgeon, Radiographers, Nutritionist and RMNCHA+ counsellors.
- The biometric system for recording attendance of employees was installed at the District Hospital and cameras were also installed for regular monitoring of the activities in the hospital.
- The average numbers of OPD patients on a daily basis were roughly around 1000 in general while due to seasonal variation it fluctuates and the count even goes up to 1500. It was also reported that bed occupancy rate never goes below 100.
- Around 20 to 25 deliveries are conducted on daily basis. There were two labour rooms, one with three beds and the other with two beds. The Labour room was well equipped and the drugs were also available.
- There was acute shortage of space at this facility as the entrance area to the maternity wing was converted into a ward due to lack of space and due to larger number of patients.
- There is a requirement for separate space and shelter for the attendants as there was no facility for people accompanying the beneficiary to spend the night. This was also one of the major problems faced and reported by ASHA workers, who brings pregnant women to the hospital and do not find space to rest or wait.
- Almost 10-15 cases of C-section deliveries were reported to be conducted in a month. However, due to lack of specialists and anaesthesia doctors, patients were referred to other facilities.
- Regarding Family planning, supply of Copper T and IUCD was reported to be regular at the district hospital.

- In the District Female Hospital, a distinguished unit for attending rape and sexual assault cases was set up. These patients and cases were handled with utmost care and concern.
- Herbal Garden was build up as a part of promoting AYUSH; this gave a look of healthier and greener environment in District Female Hospital.
- JSY payments were directly transferred to the accounts of the beneficiaries. About 6 percent of the beneficiaries reported that they do not have an account number or other identity proofs to open an account and therefore they faced problems in receiving the entitlement.
- Although Blood Bank was available at the hospital but the services of blood storage were unavailable in this hospital.
- Hospital had functional New Born Care Corner, NBSU and SNCU.
- Electricity back up and water supply was reported to be regular.
- The display of IEC material was effective in the facility. Posters, hoardings and wall painting for the promotion of various NHM schemes and programmes were well displayed.
- Management of Bio medical waste was outsourced and collected on the regular basis.

**Table 25: Service Delivery of District Women Hospital, Mirzapur, 2016-17 and 2017-18**

<b>Service Utilization Parameter</b>	<b>2016-17</b>	<b>2017-18</b>
<b>OPD</b>	96349	112179
<b>IPD</b>	9027	32388
<b>Total deliveries conducted</b>	8742	8611
<b>No .of C section conducted</b>	1822	1806
<b>No. of admissions in NBSUs, /SNCU if available.</b>	1337	1875
<b>No. of pregnant women referred</b>	255	266
<b>ANC1 registration</b>	-	-
<b>ANC 3 Coverage</b>	-	-
<b>No. of IUCD Insertions</b>	735	705
<b>No. of PPIUCD insertion</b>	1365	1451

Source: CMO Office, Mirzapur, 2018.

Table 25 highlights the service delivery indicators of the district hospital. Number of OPD have increases over an year of time as in year 2016-17 the OPD was 96349 and in the year 2017-18 it has increased to 112179. Similarly for the IPD, numbers have increase significantly. About 8611 deliveries have been conducted in the year 2017-18 and 1806 C-Section deliveries were reported to be conducted in the same year. In 2017-18, numbers of admissions in NBSU/SNCUs have also

increased as compare to the last year 2016-17. About 1451 PPIUCD insertion were performed in the year 2017-18.

## 14.2 COMMUNITY HEALTH CENTRE (CHC) MARIHAN, MIRZAPUR

There were 16 CHCs in Mirzapur district running in Govt. owned buildings. In Mirzapur district Marihan CHC was visited which has catchment population of 150000 approximately.



**Figure 12: Community Health Centre (CHC) Marihan, Mirzapur**

- On an average 90 to 100 patients seek treatment from this facility every day.
- About 307 deliveries were conducted during the span of last quarter of months.
- There were 6 doctors and 3 staff nurses working at this CHC.
- The staff quarters were available but were not sufficient in numbers to cater the number of existing staff members.
- Patient's preferred Ayurvedic medicine more than allopathic medicine. AYUSH centre was running well at this facility. While it was also reported that there was irregular supply of AYUSH medicines
- AYUSH doctors compliant of non-availability of Pharmacist at AYUSH centre, this in turn increased the duty of the AYUSH doctors. AYUSH doctors had to perform multiple tasks of distribution, record keeping and keeping the account of medicines.
- Due to the lack of Anaesthetic or specialist doctors all the C-section deliveries were referred to the other facilities and only normal deliveries were conducted at this CHC.
- It was reported that training for immunization and promotion of contraceptive ANTARA was conducted by the doctor at this facility.
- The infrastructure in dental department was sufficient as all the equipment and machines were available here.

- Immunization for children was not done at this facility as Cold chain was not functional.
- The infants were not given infant dose after birth as the cold chain was not functional.
- X-ray machine was available and working well catering services to 60 - 70 patients in a month.
- Basic requirement of medicines like zinc, almendazol, IFA syrup were not sufficiently available at this CHC.
- There were no permanent staffs available for maintaining cleanliness in this CHC.
- Lack of hygiene practice was observed within the premises of the CHC. Sweepers and cleaners were hired on daily wages for cleaning the wards.
- IEC material was well displayed and all the records and registers were maintained well.
- Bio medical waste was collected and properly disposed.

**Table 26: Service Delivery at CHC Marihan, 2016-2018**

Service Utilization Parameter	2016-17	2017-18
<b>OPD</b>	30000	45000
<b>IPD</b>	750	1230
<b>Total deliveries conducted</b>	836	857
<b>No. of admissions in NBSUs, if available.</b>	0	0
<b>No. of sick children referred</b>	65	82
<b>No. of pregnant women referred</b>	26	35
<b>ANC 1 registration</b>	-	-
<b>ANC 3 Coverage</b>	-	-
<b>No. of IUCD Insertions</b>	0	0
<b>No. of Vasectomy</b>	0	3
<b>No. of children fully immunized</b>	-	-
<b>Maternal deaths</b>	0	0
<b>Still births</b>	35	42

Table 26 shows the Service Delivery at CHC Marihan, for the years 2016-17 and 2017-18. In 2017-18, a total of 45000 OPD and 1230 IPD cases were reported which has increased over an year of time. This CHC is not performing any services for child health and immunization. Number of still births have increased as in 2017-18 i.e. 42 against 35 still births reported in the year 2016-17.

### 14.3 PRIMARY HEALTH CENTRE (PHC), GURSUNDI, MIRZAPUR

PHC Gursundi is the main block level PHC and was functioning in a government owned building. It was an old constructed building built in year of 1964, now it is in a tattered state, thus requires an immediate renovation. The catchment population under this PHC is 264935 which is almost 8 times the ideal catchment population for a PHC.



**Figure 13: Primary Health Centre (PHC), Gursundi, Mirzapur**

- The PHC had a functional cold chain and vaccinations were available for immunization.
- There was no separate ward and space for JSY patients in the building.
- The delivery room had 2 beds which were less in accordance to the number of deliveries held daily at this PHC.
- Need of security guard was emphasised by the health personnel's as there were many cases of theft reported and also in case of emergency and critical cases, there is a rush at the facility which builds pressures for the doctors to handle large crowd. Thus in turn doctors fear security issues.
- The DOTS centre was functional and had adequate IEC material displayed.
- There were two ambulance of 102 service and one ambulance of 108 service available at this PHC.
- For the promotion of breast feeding on every 1<sup>st</sup> and 2<sup>nd</sup> week of the month breastfeeding camp were organized at the PHC.
- The IEC material was well displayed within the premises of the PHC.
- It was observed that condoms and ORS packets were being distributed at the counter near the entrance gate of the PHC.



- Data entry operator's complaint that they had not received their salary in last 3 months, hence the quality of services has decreased as the employees feel de-motivated.
- ASHAs working under this PHC reported to have received training on 6 and 7 Module.
- Staff quarters were converted into offices due to lack of space at the PHC.
- Most of the time there was no supply of electricity.
- Biomedical waste Management was outsourced and collected timely.

**Table 27: Service Delivery at PHC Gursundi, 2016-17 & 2017-2018**

Service Utilization Parameter	2016-17	2017-18
OPD	27878	28502
IPD	1378	1258
Total deliveries conducted	914	1153
No. Of sick children referred	16	12
No .of pregnant women referred	83	82
ANC1 registration	114	155
ANC 3 Coverage	38	52
No. of IUCD Insertions	39	27
No. of Vasectomy	0	0
No. of children fully immunized	28	40
No. of children given Vitamin A	26	33
Maternal deaths	0	0
Still births	0	0

Table 27 presents the Service Delivery at PHC Gursundi, for the years 2016-17 and 2017-18. About 28502 OPD and 1258 IPD were held in the year 2017-18. Number of deliveries conducted in a year have increased as total deliveries conducted in 2016-17 were 914 and in the year 2017-18 it is 1153. There has been a decrease in the number of IUCD insertions from 39 in 2016-17 to 27 in the year 2017-18. Number of fully immunized children and children given Vitamin A have increased in the last financial year.



**Figure 14: PNC Ward, Primary Health Centre, Gursundi, Mirzapur**

#### 14.4 SUB-CENTRE (SC), BHARUNA, MIRZAPUR

The Sub-Centre at Bharuna was functioning as a part of the Gursundi PHC. The ANM was residing within the premises of Sub-Centre. Catchment population for this sub centre is 11970. Sub-Centre Bharuna had 6 ASHAs working under this SC. Figure19 shows the image of Sub-Centre (SC) Bharuna, Mirzapur visited by the monitoring team.

- Labour room had one labour table and a new-born care corner.
- There was proper IEC display.



**Figure 15: Sub-Centre (SC) Bharuna, Mirzapur**

- The sub centre was functioning quiet well. Approximately 30 to 40 deliveries were reported to be conducted in a month.
- It was observed that the rooms in ANM residence were in poor condition. The walls were damp and required immediate renovation.
- Immunization of children was well promoted at the facility and vaccination of children was also done here.



- The family planning programs were also promoted and counselling of women for the adaptation of family planning methods was done by ANM and ASHA workers.
- All the records and registers were maintained by the ANM.

#### 14.5 SUB-CENTRE (SC) RAJPUR, MIRZAPUR

The Sub-centre in Rajpur was functioning in a government building. This sub-centre was located away from the habitation area and accessibility to this facility was a hindrance for the general public. The sub-centre had 1 ANM and 51 ASHAs working under this facility.



**Figure 16: Sub-Centre (SC), Rajpur, Mirzapur**

- The sub centre was constructed at the outskirts of the village, thus have poor accessibility for the villagers.
- Since the roads aren't built the ambulance service was not efficient in this village.
- The infrastructural condition of this sub centre was in a poor state.
- Washrooms and walls of the rooms were broken. The roofs were so tattered that water seeps in during the rainy season.
- Another major issue here was absence of electricity. Since there is no electricity all the work was done during the presence of day light and during night time patients were referred to other facilities.
- Promotion of Family planning methods was managed by the ANM and supply of Copper-T, condoms and I-pills was regular and sufficiently available.
- IEC material was displayed well. All the records and registers were maintained.
- Immunization was done at the centre on Wednesdays only.

- Once in a week, counselling and training with regards to breastfeeding was also reported to be held.

## 15. CONCLUSION & RECOMMENDATIONS

### 15.1 CONCLUSION

This report explains the Monitoring and Evaluation findings of the Mirzapur District of Uttar Pradesh. The Population Research Centre, Delhi undertook the monitoring of NHM Programme Implementation Plan in various states, wherein the team carried out the field visits to various health care facilities of the district for quality checks and further improvement of the different components of NHM. The following healthcare facilities in Mirzapur district of Uttar Pradesh were visited for Monitoring & Evaluation: District Female Hospital, CHC Marihan, PHC Gursundi, Sub Centre Bharuna and Sub centre Rajpura. A summary of our findings in the district is presented below:

With regards to Public health infrastructure, there were 2 District Hospitals, 3 First Referral Units (FRUs), 16 Community Health Centres (CHCs), 35 Primary Health Centres (PHCs) and 234 Sub Centres (SCs) and 12 Adolescent friendly Health Clinic in Mirzapur District. The district had a total of 176 accredited delivery points at the SC level. Infrastructure wise, the facilities visited were in poor condition. The walls of PHCs & Sub centres facilities were tattered and required immediate renovation. Facilities had lack of space to accommodate the huge number of patients. Sub centre Rajpura did not have regular supply of electricity and all the tasks were performed in the day light.

Concerning status of HR in the district, Deficit of specialized staff and vacant positions was observed position for MO's including specialties, Gynaecologist, Paediatrician, Surgeon, Nutritionist, Dental Surgeon, LHV, ANM, Lab technician, X-ray technician, Data entry operator, etc were vacant in Mirzapur district.

Regarding Maternal Health, with respect to Institutional Deliveries, a total of 39763 Institutional Deliveries in the year 2017-18 was reported. Large number of home deliveries were reported, out of which some were SBA assisted and many of them were Non-SBA assisted. About 33 maternal deaths were reported in the year 2017-18. Various reasons attributing to maternal deaths were

reported due to obstetric complication, hemorrhage, sepsis, hypertension, abortion and other reasons. ASHA had performed well in the district and had played active role in emphasizing institutional deliveries as a result about 99 percent of JSSK cases were bought by them. Response time for availing transport facility was short and quick as many beneficiaries reported to have been availing the transport facility.

Regarding Child Health, the district reported to have has one SNCU, 1 NBCC, 15 NBCC and 1NRC. Major diseases reported amongst children under age 0-5 were Diarrhea, Malaria and Pneumonia in the last financial year. Full immunization was covered for 49273 children. RKSK has played a very important role in the enhancing health status of adolescents at the district level. In the year 2017-18, total 41523 counseling sessions were conducted under RKSK and 42755 adolescents attended these counseling sessions. In Mirzapur district, all the blocks had AYUSH health centers and these AYUSH health center were running very successfully as many patients were reported availing Ayur vedic treatment than allopathic.

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

Under the Health Management information system, it was observed that across all the facilities HMIS and MCTS was implemented. The data of HIMS was well discussed with the staff in order to build the required corrective actions to be taken in the future. Mother and Child Tracking System was functional efficiently and the services delivery along with keeping a check on severely anemic women and also the low birth weight babies was monitored.

## 15.2. RECOMMENDATIONS

- ❖ Infrastructural condition at CHC, PHC and Sub-centres level required immediate renovation.
- ❖ Cold chain at CHC level should be made functional as the infants were not provided with infant dose after birth which is a huge cause of concern.
- ❖ There is a need of security guard as there were many cases of theft reported and also in case of emergency and critical cases doctors fear pressure and security issues.

- ❖ Recruitment of medical staff especially medical specialists and anaesthesia doctors should be expedited.
- ❖ There is a dire need to recruit data entry operators for smooth and timely entry of data under HMIS and MCTS. Timely training and proper internet connection should be provided for best possible performance.
- ❖ Medical officers and ASHAs workers should be given timely and quality training time to time.

## 16. ANNEXURES

### DH level Monitoring Checklist

<b>Name of District:</b> _____	<b>Name of Block:</b> _____	<b>Name of DH:</b> _____
<b>Catchment Population:</b> _____	<b>Total Villages:</b> _____	
<b>Date of last supervisory visit:</b> _____		
<b>Date of visit:</b> _____		<b>Name &amp; designation of monitor:</b> _____
<b>Names of staff not available on the day of visit and reason for absence:</b> _____		

#### 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	RogiSahayata Kendra/ Functional Help Desk	Y	N	

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

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

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

S. no	Training	No trained	Remarks if any
3.1	EmOC		
3.2	LSAS		
3.3	BeMOC		
3.4	SBA		
3.5	MTP/MVA		
3.6	NSV		
3.7	F-IMNCI		
3.8	NSSK		

3.9	Mini Lap-Sterilizations		
3.10	Laprosopy-Sterilizations		
3.11	IUCD		
3.12	PPIUCD		
3.13	Blood storage		
3.14	IMEP		
3.16	Immunization and cold chain		
3.15	Others		

**Section IV: Equipment:**

S. No	Equipment	Yes	No	Remarks
4.1	Functional BP Instrument and Stethoscope	Y	N	
4.2	Sterilized delivery sets	Y	N	
4.3	Functional Neonatal, Paediatric and Adult Resuscitation kit	Y	N	
4.4	Functional Weighing Machine (Adult and child)	Y	N	
4.5	Functional Needle Cutter	Y	N	
4.6	Functional Radiant Warmer	Y	N	
4.7	Functional Suction apparatus	Y	N	
4.8	Functional Facility for Oxygen Administration	Y	N	
4.9	Functional Foetal Doppler/CTG	Y	N	
4.10	Functional Mobile light	Y	N	
4.11	Delivery Tables	Y	N	
4.12	Functional Autoclave	Y	N	
4.13	Functional ILR and Deep Freezer	Y	N	
4.14	Emergency Tray with emergency injections	Y	N	
4.15	MVA/ EVA Equipment	Y	N	
4.16	Functional phototherapy unit	Y	N	
4.17	Dialysis Equipment	Y	N	
4.18	<b>O.T Equipment</b>			
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	
	<b>Laboratory Equipment</b>			
4.1a	Functional Microscope	Y	N	
4.2a	Functional Haemoglobinometer	Y	N	
4.3a	Functional Centrifuge	Y	N	
4.4a	Functional Semi auto analyzer	Y	N	
4.5a	Reagents and Testing Kits	Y	N	
4.6a	Functional Ultrasound Scanners	Y	N	
4.7a	Functional C.T Scanner	Y	N	
4.8a	Functional X-ray units	Y	N	
4.9a	Functional ECG machines	Y	N	

**Section V: Essential Drugs and Supplies:**

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



5.23	Gloves, Mackintosh, Pads, bandages, and gauze etc.	Y	N	
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**Section VI: Other Services:**

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

**Section VII: Service Delivery in Last two financial years:**

S.No	Service Utilization Parameter	2016-17	2017-18
7.1	OPD		
7.2	IPD		
7.3	Total deliveries conducted		
7.4	No. of C section conducted		
7.5	No. of neonates initiated breast feeding within one hour		
7.6	No of admissions in NBSUs/ SNCU, whichever available		
7.7	No. of children admitted with SAM (Severe Acute Malnutrition)		
7.8	No. of pregnant women referred		
7.9	ANC1 registration		
7.10	ANC 3 Coverage		
7.11	No. of IUCD Insertions		

7.12	No. of PPIUCD Insertion		
7.13	No. of children fully immunized		
7.13	No. of children given ORS + Zinc		
7.13	No. of children given Vitamin A		
7.14	Total MTPs		
7.15	Number of Adolescents attending ARSH clinic		
7.16	Maternal deaths		
7.17	Still births		
7.18	Neonatal deaths		
7.19	Infant deaths		

**Section VII A: Funds Utilisation**

Sl. No	Funds	Proposed	Received	Utilized
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:**

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

**Section IX: Record Maintenance:**

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

**Section X: IEC Display**

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

<b>Name of District:</b> _____	<b>Name of Block:</b> _____	<b>Name of FRU:</b> _____
<b>Catchment Population:</b> _____	<b>Total Villages:</b> _____	<b>Distance from Dist HQ:</b> _____
<b>Date of last supervisory visit:</b> _____		
<b>Date of visit:</b> _____	<b>Name&amp; designation of monitor:</b> _____	

**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( <i>functional radiant warmer with neo-natal ambu bag</i> )	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 Last year)

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

**Section IV: Equipment:**

S. No	Equipment	Yes	No	Remarks
4.1	Functional BP Instrument and Stethoscope	Y	N	
4.2	Sterilised delivery sets	Y	N	
4.3	Functional Neonatal, Paediatric and Adult Resuscitation kit	Y	N	
4.4	Functional Weighing Machine (Adult and child)	Y	N	
4.5	Functional Needle Cutter	Y	N	
4.6	Functional Radiant Warmer	Y	N	
4.7	Functional Suction apparatus	Y	N	
4.8	Functional Facility for Oxygen Administration	Y	N	
4.9	Functional Autoclave	Y	N	
4.10	Functional ILR and Deep Freezer	Y	N	

4.11	Emergency Tray with emergency injections	Y	N	
4.12	MVA/ EVA Equipment	Y	N	
4.13	Functional phototherapy unit	Y	N	
	<b>Laboratory Equipment</b>			
4.1a	Functional Microscope	Y	N	
4.2a	Functional Hemoglobinometer	Y	N	
4.3a	Functional Centrifuge	Y	N	
4.4a	Functional Semi autoanalyzer	Y	N	
4.5a	Reagents and Testing Kits	Y	N	

**Section V: Essential Drugs and Supplies:**

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

**Section VI: Other Services :**

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

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

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



7.17	Total MTPs		
7.18	Number of Adolescents attending ARSH clinic		
7.19	Maternal deaths,		
7.20	Still births,		
7.21	Neonatal deaths,		
7.22	Infant deaths		

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

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

**Section VIII: Quality parameter of the facility:**

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

**Section IX: Record Maintenance:**

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

**Section X: Fund Utilisation**

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

**Section XI: IEC Display:**

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

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

### PHC/CHC (NON FRU) level Monitoring Checklist

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

#### Section I: Physical Infrastructure:

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

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

### Section II: Human resource 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	
	<b>Laboratory Equipment</b>	<b>Yes</b>	<b>No</b>	<b>Remarks</b>
4.14	Functional Microscope	Y	N	
4.15	Functional Hemoglobinometer	Y	N	
4.16	Functional Centrifuge,	Y	N	
4.17	Functional Semi autoanalyzer	Y	N	
4.18	Reagents and Testing Kits	Y	N	

**Section V: Essential Drugs and Supplies**

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

5.11	Mifepristone tablets	Y	N	
5.12	Availability of antibiotics	Y	N	
5.13	Labelled emergency tray	Y	N	
5.14	Drugs for hypertension, Diabetes, common ailments e.g PCM, metronidazole, anti-allergic drugs etc.	Y	N	
5.15	Adequate Vaccine Stock <i>available</i>	Y	N	
<b>S. No</b>	<b>Supplies</b>	<b>Yes</b>	<b>No</b>	<b>Remarks</b>
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	
<b>S. No</b>	<b>Essential Consumables</b>	<b>Yes</b>	<b>No</b>	<b>Remarks</b>
5.23	Gloves, Mckintosh, Pads, bandages, and gauze etc.	Y	N	

**Section VI: Other Services :**

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

**Section VII: Service Delivery in last two years**

S.No	Service Utilization Parameter	2016-17	2017-18
7.1	OPD		
7.2	IPD		
7.3	Total deliveries conducted		
7.4	No of admissions in NBSUs, if available		
7.5	No. of sick children referred		
7.6	No. of pregnant women referred		
7.7	ANC1 registration		
7.8	ANC3 Coverage		

7.9	No. of IUCD Insertions		
7.10	No. of PPIUCD insertions		
7.11	No. of Vasectomy		
7.12	No. of Minilap		
7.13	No. of children fully immunized		
7.14	No. of children given Vitamin A		
7.15	No. of MTPs conducted		
7.16	Maternal deaths		
7.17	Still birth		
7.18	Neonatal deaths		
7.19	Infant deaths		

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

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

**Section VIII: Quality parameter of the facility**

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

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

**Section IX: Record Maintenance:**

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

**Section X: Funds Utilisation**

Sl. No	Funds	Proposed	Received	Utilised
10.1	Untied funds expenditure (Rs 10,000-Check % 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	
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**Section XII: Additional/Support Services:**

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

**Qualitative Questionnaires for PHC/CHC Level**

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

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 .....

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**

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

**Section I: Physical Infrastructure:**

S.No	Infrastructure	Yes	No	Remarks
1.1	Sub centre located near the main habitation	Y	N	
1.2	Functioning in Govt building	Y	N	

1.3	Building in good physical condition	Y	N	
1.4	Electricity with power back up	Y	N	
1.5	Running 24*7 water supply	Y	N	
1.6	ANM quarter available	Y	N	
1.7	ANM residing at SC	Y	N	
1.8	Functional labour room	Y	N	
1.9	Functional and clean toilet attached to labour room	Y	N	
1.10	Functional New Born Care Corner (functional radiant warmer with neo-natal ambu bag)	Y	N	
1.11	General cleanliness in the facility	Y	N	
1.12	Availability of complaint/ suggestion box	Y	N	
1.13	Availability of deep burial pit for biomedical waste management / any other mechanism	Y	N	

**Section II: Human Resource:**

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

**Section III: Equipment:**

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

**Section IV: Essential Drugs:**

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

**Section V: Essential Supplies**

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

**Section VI: Service Delivery in the last two years:**

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

7.12	Updated Microplan			
7.13	Vaccine supply for each session day (check availability of all vaccines )			
7.14	Due list and work plan received from MCTS Portal through Mobile/ Physically			

**Section VII A: Funds Utilisation**

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

.....  
 .....