

# NATIONAL HEALTH MISSION



## A Report on NHM PIP, Monitoring and Evaluation of North District, Delhi



Submitted to  
Ministry of Health and Family Welfare



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## Acronyms and Abbreviations

AMG	Annual Maintenance Grant
ANM	Auxiliary Nurse Midwife
AYUSH	Ayurveda, Yoga & Naturopathy, Unani, Siddha and Homoeopathy
BEMOC	Basic Emergency Obstetric Care
BMW	Biomedical waste
BPM	Block Programme Manager
BSU	Blood Storage Unit
CDMO	Chief District Medical Officer
DH	District Hospital
DPM	District Programme Manager
ECG	Electrocardiography
EMOC	Emergency Obstetric Care
FRU	First Referral Unit
HMIS	Health Management Information System
IEC	Information, Education and Communication
IPD	In Patient Department
IUCD	Intra Uterine Contraceptive Device
IYCF	Infant and Young Child Feeding
JSSK	Janani Shishu Suraksha Karyakram
JSY	Janani Suraksha Yojana
LHV	Lady Health Visitor
LSAS	Life Saving Anaesthetic Skill
LT	Laboratory Technician
MCTS	Mother and Child Tracking System
MMU	Mobile Medical Unit
MO	Medical Officer
MoHFW	Ministry of Health and Family Welfare
NBCC	New Born Care Corner
NBSU	New Born Stabilization Unit
OCP	Oral Contraceptive Pill
OPD	Out Patient Department
OPV	Oral Polio Vaccines
PIP	Programme Implementation Plan
PRC	Population Research Centre
SBA	Skilled Birth Attendant
SN	Staff Nurse
SNCU	Special New Born Care Unit
VHND	Village Health and Nutrition of Day

## Executive Summary

### North District: Strengths and Weaknesses

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

The PRC team visited the district office (Meeting with CMO and DPM), Satyawaadi Raja Harish Chandra Hospital, Narela, North Delhi, Polyclinic Punjabi Colony, Narela, North Delhi, Seed PUHC Swaroop Nagar, North Delhi, DGD "H" Block, Jahangirpuri, North Delhi, DGD Bhalswa, JJ Colony, North Delhi for the monitoring purpose.

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

#### Strengths:

- Biomedical Waste Management System of the District was functioning smoothly. BMWMS throughout Delhi has been outsourced. All the facilities visited had segregated colour coded bins for the three kinds of waste.
- All Janani Suraksha Yojna (JSY) payments are made timely through online fund transfer.
- All recent IEC sign boards and materials were displayed prominently which were very helpful and time saving for the patients.
- All services under Janani Shishu Suraksha Karayakaram were being provided efficiently to the stakeholders.

#### Weakness:

- Human resource crunch is a major problem in the district as the population covered is high and current staff members are finding it difficult to tackle the work load.
- Infrastructure of the visited facilities was not in good condition, building of DGD Bhalaswa was in almost ruins.
- ARSH program is not functionally effectively in the District as though a time slot on every Saturday is being allotted to carry out ARSH counselling sessions. During this time ARSH aspects are given exclusive stress in the medical facility but still no effort has been made to outreach adolescents who might require to be addressed.

- AYUSH facilities are not functional throughout the district. No facility offers AYUSH OPD.
- RBSK team has not been formed throughout the district. RBSK as a scheme is not functional in the state.
- Cleanliness is one the major issues throughout the district, being medical healthcare facilities cleanliness should be their topmost concern but most of the facilities were not meeting basic standards.
- None of the facility has a functional toilet. The drains were cloaked with sewage and the sanitary ware was broken.

## 1. Introduction

### 1.1. Background

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

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

- Mandatory disclosures on the documents related to NHM functioning
- Components under key Conditionality and new innovations
- Road map for priority action
- Key strengths and weaknesses in the implementation of the program.

### 1.2. Objectives

- The reason behind undertaking supervision, monitoring and evaluation was to have a first-hand understanding on the levels of community participation in various ongoing health initiatives under NHM and the current district health situation.
- Bring a basic and common understanding about the district public health system in the minds of cadre working for the same so that they can contribute to the process and the purpose effectively.



- To bring clarity in the understanding regarding their interventions, suggesting them to get equipped with tools and skills required for better service delivery, and get them exposed to various replicable public health models, programmes and facilities.
- To understand the gaps in different community level processes and help take appropriate community level actions to bridge up the gap
- To share the findings with key stake holders at the State, District and facility level for sensitizing them on various emerging health issues while also encouraging the system for initiating collaborative actions including training, monitoring, developing replicable models, ensuring better coordination and documenting case studies leading to the strengthening of various community initiatives of NHM as per the need of the population in the district.

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### 1.3.Methodology

This report discusses the implementation status of NHM in North District of Delhi. The report is based on the findings and observation of District Hospital (DH) Satyawadi Raja Harish Chandra Hospital, Narela, North Delhi, Polyclinic Punjabi Colony, Narela, North Delhi, Seed PUHC Swaroop Nagar, North Delhi, DGD "H" Block, Jahangirpuri, North Delhi, DGD Bhalswa, JJ Colony, North Delhi for the monitoring purpose. Before visiting the field a semi-structured interview schedule was used for interaction with Nodal Officer, District program manager (DPM) and other NHM officials who were questioned on various aspects of the NHM activities.

The field visits to health facilities in the district were planned and implemented with the consultation with NHM officials. The main motive of the team was to have a fruitful interaction with the officials such as CMO, DPM and block development officer, to identify the major problems faced by them and recommendations on their part to improve the overall efficacy of the NHM program.

The Ministry of Health and Welfare Society has engrossed PRC for monitoring and evaluating the overall performance of North district, Delhi in providing the health care services under NHM. PRC Delhi Team visited the district office of North Delhi to interact with Nodal Officer, DPM and other officers of the district. A brief profile of health scenario of the district has been discussed intensively and the officers were

questioned on broader areas under NHM like Family Planning, Immunization, Training Status, Awareness Programs etc. and also on the gaps (if any) in infrastructure and human resources and a brief discussion on the loopholes of the programme and their major recommendations to improve the overall efficiency of the scheme.

**Table 1: List of visited healthcare facilities in North District, Delhi 2017**

Sr.	Facility Type	Name of the facility
1.	District Hospital (DH)	Satyawaadi Raja Harish Chandra
2.	First Referral Unit	Polyclinic Punjabi Colony, Narela,
3.	DGD Level	Seed Primary Urban Health Centre
4.	DGD Level	DGD "H" Block, Jahangirpuri,
5.	DGD Level	DGD Bhalswa, JJ Colony, North

The health care facilities visited to accomplish the objective of the visits are enlisted in the table below: Satyawaadi Raja Harish Chandra Hospital, Narela, North Delhi, Polyclinic Punjabi Colony, Narela, North Delhi, Seed PUHC Swaroop Nagar, North Delhi, DGD "H" Block, Jahangirpuri, North Delhi, DGD Bhalswa, JJ Colony, North Delhi for the monitoring purpose.

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

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

### 1.4.Socio-Economic and Demographic Profile: Delhi and North District

According to the Census 2011, the current population of India is 1,120,854,977 which has been inhabiting the total land coverage of 3,287,240 km<sup>2</sup>. Capital of the country, Delhi is the second most populous city of the country with an estimated population of about 1.68 crores.



Figure 1: Map of West Delhi

Geographically Delhi is located in the Northern part of the country alongside the banks of river Yamuna, spreading over an area of 1,483 km<sup>2</sup>. Being a hub for work and education opportunities, it attracts a lot of migrants from surrounding states which has resulted in the density of the city is really being really high, that is, 11,320 as opposed to the national average of 320.

Table 2: Key demographic indicators: All India, Delhi and North Delhi

Sr.	Parameter	India	Delhi	North Delhi
1.	Actual Population	1,21,05,69,573	16,787,941	887,978
2.	Male	62,31,21,843	8,987,326	475,002
3.	Female	58,74,47,730	7,800,615	412,976
4.	Population Growth	17.7	21.21%	13.62%
5.	Sex Ratio	943	868	869
6.	Child Sex Ratio	NA	871	873
7.	Density/km <sup>2</sup>	382	11,320	14,557
8.	Literacy	73%	86.21%	86.85%
9.	Male Literacy	80.9%	90.94%	90.89%
10.	Female Literacy	64.6%	68.85%	82.20%
11.	Child Proportion (0-6)	13.6%	NA	11.63%

Source: Census 2011

Delhi's vital demographic statistics are quite different in comparison to the overall nation's data. This can be seen in the country's overall literacy rate which is 73%, while Delhi overpowers it with 86.21% wherein, 90.94% males are literate while 68.85% females are literate as opposed to national statistics where just 80.9% males are literate and 64.6% females are literate.

While Delhi is performing badly in terms of the sex ratio which is just 868 as compared to nation's 943, similarly Delhi's child sex ratio is 871 while the nation's child sex ratio is 943.

Delhi has been divided into 11 districts based on the geographical proximity, wherein the northern part of Delhi has further been divided into 3 distinct districts, North Delhi, North East Delhi, North West Delhi.

### 1.5. Health and Health Service Delivery Indicators: North District

NHM's major stress has been on improving Maternal and Child Health, from the following table it is evident that positive steps have been taken towards the direction. Starting right from registering for first ANC, which is 30%, to receiving full ANC care throughout the term of pregnancy, which is 53%, monitoring is being done.

During last financial year, the district had 70.3% institutional deliveries and 89.3% women received PNC checkup within 48 hours of delivery. This shows that NHM staff has been performing well in delivering RCH services once the pregnancy has been reported.

**Table 3: Key Health care Indicators: North Delhi**

Health Indicators	Number	Percentage/Ratio
Fully immunized children	29964	
ANC Registration in the first trimester	23767	30 %
Full ANC	41873	53 %
Safe Deliveries (Institutional+SBA attended home deliveries)	10773 ( Home-3189 & Institutional- 6691 + 893)	13.58 %
Institutional Deliveries	7584	70.3 %
No of women received PNC checkups within 48 hours	9621	89.3 %

Source- DPMU Office, 2017

## 1.5.1. Health Infrastructure

### 1.5.1.1. Health Infrastructure: Health Facilities

Health infrastructures are the means by which the healthcare facilities are provided to the people, an effective healthcare structure needs to have well functional health infrastructure. Table 4 below shows that North District had three (3) District hospitals, just one Polyclinic, six (6) Mohalla clinics, 17 Delhi Government Dispensaries and 15 Mother & Child Care Centers. The District has no Skill Lab and no Early Intervention Centre, which are a part of NHM's mandate for facilitating better delivery of services.

**Table 4: Detail of health infrastructures: North District, Delhi**

Health Facility	Number available	Govt. building	Rented building/
District hospital	3	3	
Poly Clinics	1		
Mohalla Clinics	6		
Delhi Government Dispensaries	17		
Mother & Child Care Centers	15		
MCD Hospitals	-		

Source- DPMU Office, 2017

Overall infrastructure of the visited facilities was not well-maintained and inappropriately managed. There were issues of cleanliness and hygiene, the space provided for some of the facilities was not sufficiently enough to cater to the large number of patients. The facilities were heavily packed with a huge number of patients with dingy setup without much scope for proper air ventilation making it suffocating to even stand for a few minutes.

One of the facilities visited DGD Bhalaswa JJ Colony was inhabitable, being a medical centre, it is expected to be a well structured and hygienic place for people of the community but it was almost about to collapse.

### 1.5.1.2. Health Infrastructure: Transport

Health infrastructure also includes the transport facilities provided by the district for safe and timely movement of patients. These include ambulances or any other form/mode of transport used to commute by the people of the community. North District has 7 CATS ambulance and there is no other form of recognised transport used to transport patients.

## 2. Human Resources

- **Significant Staff shortage:** The District is facing a major staff crunch. There is not enough personnel to effectively manage the huge number of OPDs each medical facility has been catering. Without the required number of medical staff, quality of the services may also be impacted.
- **Displacement of Human Resource:** Opening up of Maholla Clinics has led to deployment of staff to those facilities which has been impacting their share of work in the original facility of their employment.
- **Shortage of Medical Officers including Specialist:** For most of the facilities there is a provision of a single Medical Officer, who is responsible for both running the OPD for patients as well as for all the administrative tasks that are required to be done. The facilities which had a provision for a specialist only had him/her on call for a day or two during the week. Most of the facilities have a single kind of specialist visiting while for consulting specialist of any other kind visiting some other facility would be required.
- **There is need to recruit CDOs at all facility level:** All the facilities have a CDO appointed to visit 2 or 3 times a week who is responsible for feeding all the data on the required portal. Due to work burden and the less available time the work gets postponed which leads to slag in reporting and delayed release of salaries of ASHAs, which is attached to the calculation of incentives based on that data.
- **Mismanagement of Human Resource:** The recruitment of staff for a facility should be done on the basis of requirement of the facility as it was noticed that the staff was irrationally placed. The deployment of staff to each needs to be revived every few months to ensure that the placed staff fulfills the requirement as per the need.

**Table 5: Human Resource North District, Delhi, 2017**

Position Name	Appointed Staff Under NHM
MO's including specialists	13
Gynecologists	2
Pediatrician	2
Anesthetist	1
Pathologist	1
Pharmacist	5
Lab technicians	8
X-ray technicians	-
Data Entry Operators	22
Staff Nurse at CHC	1
Staff Nurse at District Hospitals	16
ANM at PHC	47
ANM at Hospitals	15
Data Entry Operators ( RNTCP)	2

Data Entry Operators ( IDSP)	2
PHN	5
O.T Asst.	2
Lab Asst..	2
Estt Clerk	4
Non Medical Supervisor	1
Leprosy Assistant	1
District Program Manager	1
District MIS Expert	1
District BCC officer	1
District Accounts Manager	1
MIS Asst.	1
District Training Co-ordinator	1
Epidemiologist	1
District ASHA Co-ordinator	1
Data Manager ( IDSP)	1
Peon ( DPMU)	1
Medical officer ( RNTCP)	1
Dot Provider ( RNTCP)	14
Driver ( RNTCP)	1
STS ( RNTCP)	2
STLS ( RNTCP)	2
Sr. Dot Plus TB HIV ( RNTCP)	2
Lab technician ( RNTCP)	12

Source- DPMU Office, 2017

### 3. Maternal Health

Improving maternal health is a major focus of NHM, the efficiency of services related to maternal health needs to be focused in order to bring down the high maternal mortality rate. In terms of maternal health, North District was doing fine, which can be measured by the performance of following indicators:-

#### 3.1. Maternal Health: Service Delivery Indicators

Maternal health service delivery indicators are the counts of the services that need to be provided to a woman after she has conceived as well as after she has delivered the child. These services include the Ante Natal Care, Post Natal Care, Place of Delivery and other related services which have been understood as important measures to ensure safety of mother after the child birth.

**Table 6: Service Delivery Indicators, North District, Delhi, 2017**

ANC Registered	3 ANCs	PNC within 48 hrs after delivery	PNC between 48 hrs and 14 days after delivery	TT1	TT2
79282	41873	9621	8540	26007	23404

Source- DPMU Office, 2017

From above Table 6 it can be seen that the district registered 79282 women for ANC while out of these it was just 41873 women who could availed all three ANCs. It is usually noticed that women do not report early about their pregnancy so they tend to lose on availing the first ANC but once they report pregnancy and are registered, it is ensured that they avail the remaining set of services. It can also be seen that the number of women receiving PNC is much higher that is 9621 within 48 hours of the delivery while 8540 received PNC within 48 hours to 14 days after delivery. However, the number of women receiving TT1 and TT2 shots is really low that is 26007 and 23404 respectively.

Institutional Deliveries	Home Deliveries	Home Deliveries		Live Birth	Still Birth	Total Births
		SBA assisted	Non-SBA			
7584	3189	9	3180	10701	128	10829

Source- DPMU Office, 2017

**Table 7: Service Delivery Indicators, North District, Delhi, 2017**

From the above Table 7 it can be seen that though the number of women opting for institutional delivery is 7584 but still there is a large number of deliveries which were done at home that is 3189 out of which just 9 were SBA assisted. This means that the majority of the deliveries done at home where carried out without any form of medical supervision and might have resulted into mortality of both the child and the mother as well as home delivery already poses high risk due to no provision for specialized assistance in case of any complication while the child birth. High number of home deliveries might be attributed to low awareness and low acceptable level among the community.

### 3.2. Maternal Health: Maternal Death Review

Maternal death review means accessing the reasons that have caused recent maternal deaths so that they can be logically analysed to develop strategies to remedy those issues.

**Table 8: Maternal Death Review, North District, Delhi, 2017**

Total Maternal Deaths	Place of Deaths			Major Reasons (% of deaths due to reasons given below)
	Hospital	Home	Transit	
6	4	-	2	Haemorrhage - 4 Obstetric Complications- Sepsis- Hypertension- Abortion- Others- <ul style="list-style-type: none"> <li>• TB</li> <li>• Chicken Pox</li> </ul>

Source- DPMU Office, 2017



From the above table 8 it can be seen that there were six (6) maternal deaths in the District out of which four (4) were caused due to hemorrhage in the hospital while two (2) were lost in the transit. Hemorrhage refers to excessive loss of blood during the delivery which could have been avoided if the High-Risk Pregnancies are monitored better. Another cause of maternal death is during the commute from the home to hospital, which has been aimed to improve through JSSK but the scheme needs to be implemented effectively.

### 3.3. Maternal Health Schemes

Maternal health schemes have been rolled out to ensure that the major causes which were previously realized leading upto maternal deaths could be avoided.

#### 3.3.1. Janani Suraksha Yojna

Under this Scheme, each new mother is given an incentive Rs.600/- after the birth of her first or second child, given that the delivery was institutionalized. This payment is done directly made to the aadhar linked account of the mother. The scheme was particularly aimed at providing monetary incentives to encourage institutional deliveries. JSY patients are being provided with food for three times in a day for three days for normal deliveries and seven days for C-Section deliveries. According to the below Table 10 in the last financial year (2016-17), North District successfully made 1905 JSY payments to the beneficiaries.

This number is really low as compared to the number of institutional deliveries done in the District. This might be attributed to the fact that recently there has been a shift in the mode of payment to the beneficiaries, that is, instead of being paid in form a cheque, they are being paid directly into their account. The beneficiaries are still in the process of being accustomed to this shift as most of them do not have accounts or aadhar card. This has led to miss in payment for a large number of beneficiaries.

**Table 9: Status of JSY Payments for 2017, North District, Delhi**

Status of payments for JSY		
Institutional deliveries	Home Deliveries	Deliveries brought by ASHAs
1905	-	2

Source- DPMU Office, 2017

### 3.3.2. Janani Shishu Suraksha Karyakaram

This scheme also aims to promote institutional deliveries by providing cashless services to the pregnant woman and newborn in form of free drugs, free food, free diagnostics and free transport from home to facility and back from facility to home as well as any other cost which might be incurred during the process of delivery because of medical complication to the pregnant woman and sick newborn till 30 days after birth.

From the below Table 10, it can be inferred all the facilities are providing free diet and drugs to the beneficiaries but just two facilities that are MVH and SRHC is providing diagnostic facilities.

**Table 10: Facilities wise JSSK performance for 2017, North District, Delhi**

Block	No. of Beneficiaries under JSSK					
	Diet	Drugs	Diagnostic	Transport		
				Home to Facility	Referral	Facility to Home
Shahbad Daulat Pur	829	608	-	-	263	34
Bhai Parmanand	95	95	-	-	0	0
MVH*	3820	20279	19468	-	141	105
BJRM#	1747	3440	-	-	228	-
SRHC <sup>+</sup>	3325	3325	2928	-	95	287

Source- DPMU Office, 2017 \*MVH- Maharishi Valmiki Hospital #BJRM- Babu Jagjivan Ram  
<sup>+</sup>SRHC- Satyawadi Raja Harish Chandra Hospital

It can also be noted that no beneficiary availed home to facility transport which might be due to lack of awareness among the beneficiaries and not prompt availability of transport to commute the patient in the critical moment.

## 4. Child Health

Child health programme under NHM stresses upon reducing Infant Mortality Rate in India.

The program primarily stresses upon improvement in the following:

- Immunization of the child
- Neonatal Health
- Management of common childhood illness
- Nutrition of the child

In terms of child health, North District is not performing well. There is no NBSU throughout the District and the facility visited (Satyawadi Raja Harish Chandra Hospital) had no provision for catering to out-born sick newborns.

#### 4.1. Immunization

Immunization program was running smoothly across the District. From the below Table 11, it can be seen that the District reported 29617 children being fully immunized in the financial year 2016-17. OPV coverage for the District is really good as though just 8321 children were given OPV at birth but more than 28000 received all three doses of OPV, that are, OPV1 coverage is 28179, OPV2 coverage is 28473 and OPV3 coverage is 28000.

District has also been having good coverage for measles coverage, that is, 30332, while BPT coverage is lagging as just 166978 children were given BPT shots. However, the District is performing worse in DPT where just 684 children were given DPT 1, 591 were given DPT 2 and 584 were given DPT 3.

Table 11: Immunization Programme for 2017, North District, Delhi

OPV at birth	BCG	DPT			OPV			Measles	Full Immunization
		1	2	3	1	2	3		
8321	16978	684	591	584	28179	28473	28000	30332	29617

Source- DPMU Office, 2017

##### 4.1.1. Indradhanush

Mission Indradhanush was launched in 2014 with an aim to immunize all children under the age of 2 years, as well as all pregnant women, against seven vaccine preventable diseases. During the Immunization drive outreach immunization activities will be spread over 7 working days so that there is a focused motivation to ensure that n child in the community is left from receiving full immunization.

Medical Officers at all the facilities visited felt that the Mission has helped them in intensifying the immunization process to achieve full immunization coverage for all children.

#### 4.2. Neonatal health

Neonatal health refers to the critical care that a newborn requires especially for first 28 days after birth. North District was not performing well, which can be understood by the following indicators:-

#### 4.2.1. Total Neonates Admitted in SNCU

Table 12: Details of Neonatal Health, 2017, North District, Delhi

Facility	Total neonates admitted in to SNCU	Treatment Outcome			
		Discharge	Referred	Death	LAMA <sup>@</sup>
SRHC <sup>+</sup>	538	474	32	9	23
MVH <sup>§</sup>	864	813	13	29	22
BJRM <sup>#</sup>	826	734	22	40	30

Source- DPMU Office, 2017  
<sup>#</sup>BJRM- Babu Jagjivan Ram

Note- <sup>@</sup> Leave against medical advice  
<sup>+</sup>SRHC- Satyawadi Raja Harish Chandra Hospital

<sup>§</sup>MVH- Maharishi Valmiki Hospital

From the above Table 12, it can be inferred that large number of neonates were being admitted, that is, 538 were admitted to SRHC, 864 were admitted to MVH and 826 were admitted to BJRM. Though majority of the newborns admitted were treated and discharged that is, 474 out of 538 were discharged from SRHC, while 813 out of 864 were discharged from MVH and 734 out of 826 were discharged from BJRM. There have been quite a huge number of newborn deaths in the District as SRHC reported 9, MVH reported 29 while BJRM reported 30 deaths. This can majorly be attributed to lack of awareness among the parents as there were so many cases of taking leave against medical advice which might lead to aggravating the complication and eventually turning into mortality.

#### 4.2.2. Major Reasons for death

Understanding the major reasons attributing to this high mortality among newborns is important to develop strategies to overcome the issues that are leading upto it.

Table 13: Details of Neonatal Death, 2017, North District, Delhi

Facility	Total Death	Place of Death			Major Reasons for death (% of deaths due to reasons given below)					
		Hospital	Home	Transit	Prematurity	Birth Asphyxia	Diarrhoea	Sepsis	Pneumonia	Other
SRHC <sup>+</sup>	09	78	-	-	55 %	33 %		NIL	NIL	12 %
MVH <sup>*</sup>	29				37.9 %	20.6 %	NIL	20.6%	NIL	20.6 %
BJRM <sup>#</sup>	40				15 %	35 %		20 %	15 %	15 %

Source- DPMU Office, 2017

<sup>\*</sup>MVH- Maharishi Valmiki Hospital

<sup>#</sup>BJRM- Babu Jagjivan Ram

<sup>+</sup>SRHC- Satyawadi Raja Harish Chandra Hospital

From the above Table 14, it can inferred that five (5) major causes for death have been noticed among newborns, which being prematurity, birth asphyxia, diarrhoea, sepsis and pneumonia. The most common reason being prematurity which lead to

55% deaths in Satyawadi Raja Harish Chandra Hospital, 37.95 in Maharishi Valmiki Hospital and 155 Babu Jagjivan Ram. The next major reason of death among newborns is birth asphyxia which caused 335 deaths in Satyawadi Raja Harish Chandra Hospital, 20.6% deaths in Maharishi Valmiki Hospital and 35% BJRM. All the medical facilities were able to avoid deaths caused to diarrhoea and two of the facilities also successfully saved from having any newborn deaths due to pneumonia other and Babu Jagjivan Ram which had 15% newborn deaths due to pneumonia. Sepsis was also one of the major causes of death among newborns which caused 20% deaths in Maharishi Valmiki Hospital and 20.6% deaths in Babu Jagjivan Ram while Satyawadi Raja Harish Chandra Hospital did have any deaths due to it. It can be realised that all the causes could have been avoided with care and attention to the newborn, which can be improved by the facilities mandated to provide these services.

#### 4.2.3. Status of Infrastructure and Services under Neonatal Health

One of the major reasons for high mortality rate among newborn could be lack of proper infrastructure and ineffective service delivery. From the below Table 14, it can be seen that there is no NBSU in the district and all the medical facilities do not have all the requirements for maintaining an effective medical structure. The facilities are operating on bare minimum requirements, hence leading upto large number of newborn deaths.

**Table 14: Infrastructure and Services under Neonatal Health, 2017, North District, Delhi**

Infrastructure	Numbers
Total SNCU	SRHC- 4 Beds
	MVH- 15 Beds + 8 Step Down beds
	BJRM- 12 Beds
Total NBSU	Nil
Total NBCC	SRHC- 1
	MVH- 2
	BJRM- 1
Total Staff in SNCU	SRHC- 1 Sr. Nursing Officer and 7 Nursing Officer
	MVH- Spl- 1, SR-1, Staff Nurses- 10
	BJRM- 8 + 1
Total Staff in NBSU	Nil
Total NRCs	SRHC- Nil
	MVH- 4 beds
	BJRM- Nil
Total Admissions in NRCs	SRHC-NIL
	MVH-46
	BJRM-Nil
Total Staff in NRCs	Only 1 Staff nurse at MVH
Average duration of stay in NRCs	MVH- 8.46 days

Source- DPMU Office, 2017 \*MVH- Maharishi Valmiki Hospital  
\*SRHC- Satyawadi Raja Harish Chandra Hospital

#BJRM- Babu Jagjivan Ram

More stress needs to be laid on improving child health facilities through introduction of better infrastructural facilities and managerial guidance as well as medical supervision so that high mortality rates among newborns could be brought down.

### 4.3. Rastriya Bal Surakha Karyakaram

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

RBSK was not functional in the District, no team was formed, hence no services under this scheme were being utilised.

## 5. Family planning

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

Sterilization		IUCD* insertions	Oral Pills	Emergency Contraceptives	Condoms
Male	Female				
7	140	8787	18551	1823	698010

Source- DPMU Office, 2017

\* IUCD- Intra Uterine Contraceptive Devices

**Table 15: Family Planning Achievement in 2017, North District, Delhi**

From the above Table 15, it can be seen that condom usage is the most common preferred method of contraception, that is, 698010 condoms were given out during the last financial year by the District, which is followed by Oral Pill usage, that is, 18551. However, it was noticed that couples did not prefer permanent methods of contraception, only 7 males opted for NSV while 140 females opted for female sterilization. Due to community mobilization ASHAs IUCD insertions had drastically increased in the District, that is, 8787 insertions were done in the last financial year (2016-17) as well as usage of emergency contraceptives was

also increased, that is, 1823 contraceptives were handed out by ASHAs in the last financial year (2016-17).

## 6. Adolescent Reproductive Sexual Health (ARSH)

ARSH program stresses on addressing the needs of adolescents specifically their sexual and reproductive needs, anticipating them, counseling them to take better decisions and guiding them in case of an issue.

Adolescent Friendly Health Clinics (AFHCs) have been set up for counseling and curative services to be provided at primary, secondary and tertiary levels of care on fixed days and fixed time with due referral linkages. Commodities such as Iron & Folic Acid tablets and non-clinical contraceptives are also made available in the clinics for the adolescents.

Counseling services for adolescent on important health areas such as:

- a. Nutrition
- b. Puberty
- c. RTI/STI prevention
- d. Contraception and delaying marriage and child bearing

ARSH was functional in the district. Regular counselling is done regarding reproductive and sexual health and various camps were organized in the district. From the below Table 16, it can be seen that in the last financial year, just 96 counselling sessions were organised across the District, which was attended by just 1253 adolescents. But these programs were not conducted regularly and the district officials must focus upon spreading awareness among the adolescents and educate them regarding the reproductive and sexual health. Though health talks are being organised but more efforts need to be taken to tie up with the school authorities to widen the coverage. No staff member has yet been trained in carrying out these sessions.

**Table 16: Details of ARSH Related Activities in 2017 in North District, Delhi**

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		
96	1253	NA	NA	NA	28

Source- DPMU Office, 2017

## 7. Aurvedic Yoga Unani Siddh and Homopath (AYUSH)

Bringing AYUSH facilities to mainstream is NHM's one of the major objectives for promoting healthy lifestyles but North District had no facility providing AYUSH services. Nothing was done in the visited facilities to upgrade these services.

## 8. Disease Control Program

One of the NHM's objective states prevention and control of most common communicable and non-communicable diseases, for fulfilling this objective number of programs have being bought under the domain of NHM. Though just two of them were functional in the District which are Diabetes and Hypertension, for both the diseases patients were being screened and then treated accordingly. From the below Table 17, it can be seen that during the last financial year more number of cases were screened which is a result of better reporting and increased awareness among the community members.

Name of the Programme/ Disease	2015-16		2016-17	
	No. of cases screened	No. of detected cases	No. of cases screened	No. of detected cases
Diabetes	23457	1491	26063	1656
Hypertension	13680	1213	15200	1347

Source- DPMU Office, 2017

**Table 17: Disease control programme progress in North District, Delhi**

## 9. Quality in Health Services

Maintaining the quality of health services being provided is an important aspect, for monitoring purposes following three aspects were looked for assessing it.

### 9.1. Infection Control

Sanitation & hygiene in the facilities was not up to satisfactory level. All the facilities need to do more to prohibit the spread of infection to the beneficiaries admitted in the hospitals. Toilets were filthy that may lead some serious problem to the patients. At all level of facilities the problems remain same the surroundings of the facilities were very unhygienic and some more focus required towards the wards of the delivery patients. Proper maintenance is suggested for maternal wards. Though the District reports that regular fumigation is done and the staff has been trained on infection control.





Figure 2: Toilet of Health Facility in North District, Delhi

## 9.2. Biomedical Waste Management System

All the facilities had coloured bins to dispose-off bio medical waste. The waste disposal mechanism was running smoothly at all the facilities. In some facilities temporary cardboard box arrangements were being made for immediate waste disposal instead of using the designated bin for it. There were IEC materials displayed at all the wards in a facility regarding disposal of waste into different coloured bins. The biomedical waste was collected by outsourced contractors who collected waste every second day.



Figure 3: Biomedical Waste Disposal Colour Coded Bins

## 9.3. Information Education and Communication (IEC)

The IECs were well displayed at the facilities. The signage board at approach road are not available. Though all the required IECs were not displayed but the displayed ones were legible and relevant. Essential IEC materials relating to NHM facilities and services could be used as a medium for awareness generation among the patients visiting should be displayed.



Figure 4: IEC Display in Health Facility in North District, Delhi

## 10. Community Process

The team interacted with ASHAs and ANMs at the time of field visit in the district understand the problems faced to manage and provide the health quality services. ASHAs and ANMs go to the field and perform their duties convincingly. However they complained of not getting sufficient salary as per their job requirements.

From the below Table 18, it can be seen that currently 468 ASHAs were currently working in the District, though still the District had 91 posts vacant. This shortage of ASHAs was affecting the quality of work done by the District as there were populations which could not be reached. All the ASHAs were trained upto the requirements and regular refresher trainings were being organised.

Status of ASHAs (Total number of ASHAs)	470
ASHAs presently working	468
Positions vacant	91
Total number of meeting with ASHA ( in a Year)	264
Total number of ASHA resource centers/ ASHA Ghar	22
Drug kit replenishment	Given to all ASHA's
No. of ASHAs trained in last year	185
Name of trainings received	1)Module 7- 4 Batches 2)Module 3- 6 Batches 3)Induction Module- 1 Batch 4) Refreshers Training- 9 Batches

Source- DPMU Office, 2017

Table 18: Details of ASHAs working in 2017, North District, Delhi

## 11. Health Management Information System (HMIS)

NHM includes reporting and compiling of the data thereby indicating performance of basic indicators of maternal and child health care in the district. In North District, there were no issues with regard to reporting of the data. Almost all the visited facilities are reporting data on HMIS portal. The major problem by which we have come across is non availability of CDOs. There are many facilities where only one CDO is handling the work of more three

facilities. Most of the CDOs are overburdened with work because of this reason they are not able to deliver the work on time.

## 12. Budget Utilisation Parameters

From the below Table 19, it can be seen that RCH flexible pool was not utilised fully and returned as well as NHM flexible pool was also not fully utilised, that is sanctioned RCH flexible pool was 515.89 out of which 490.01 was utilised and NHH Flexible pool sanctioned was 53.62 out of which 44.41 was only utilised.

Sr. No	Scheme/Programme	Funds	
		Sanctioned	Utilized
1.	RCH Flexible Pool	515.89	490.01
2.	NHM Flexible Pool	53.62	9.32
3.	Immunization cost		35.09
4.	NIDDCP	0.20	0.20
5.	NUHM	457.04	204.39
6.	Communicable disease Control Programmes	145.34	125.26
7.	Non Communicable disease Control Programmes	6.74	0.21
8.	Infrastructure Maintenance		-

Source- DPMU Office, 2017

**Table 19: Details of Budget Utilisation in 2017, North District, Delhi**

## 13. Facility-Wise Observations

### 13.1. General Observations

It was observed that almost all the facilities were functioning in poor infrastructural setups. The load of the population catered is much more than the physical structures conveniently accommodate. The facilities were serving large number of patients, the staff (medical and administrative) recruited seemed insufficient to attend each patient satisfactorily. No facility had a provision of AYUSH OPD. All the facilities visited were appropriately performing their role in delivering RCH services. The sanitation condition in all the facilities were terrible, toilets were cloaked or broken, hence could not be used.

### 13.2. Satyawaadi Raja Harish Chandra Hospital, Narela, North Delhi

The facility was facing shortage of manpower as most of the ASHA's posts were vacant. Patients motivated for family planning by ANMs have to be referred to other nearby hospitals for sterilization as this service is not available in the DH. Not all required IEC materials were on display in the hospital. No ARSH counsellor was there in the Hospital. Patients in the ANC and PNC wards were satisfied with the quality of food and other

facilities provided by the hospital. Kitchen services are outsourced, Vendor appointed through tender. Registers were well maintained for Family planning counselling, contraceptives etc by ANMs. Stationary items are not being provided by District so hospital's registers are being used.



Figure 5: Satyawaadi Raja Harish Chandra Hospital, Narela, North Delhi

S.No	Service Utilization Parameter	2015-16	2016-17
1.	OPD	539005	573547
2.	IPD	5211	9466
3.	Total deliveries conducted	442	1192
4.	No. of C section conducted	12	98
5.	No. of neonates initiated breast feeding within one hour	442	1192
6.	No of admissions in NBSUs/ SNCU, whichever available	197	383
7.	No. of pregnant women referred	218	215
8.	ANC1 registration	2184	2353
9.	ANC 3 Coverage	3054	3614
10.	No. of IUCD Insertions	257	249
11.	No. of PPIUCD Insertion	100	480
12.	No. of children fully immunized	10374	3992
13.	No. of children given Vitamin A	18310	13536
14.	Total MTPs	28	49
15.	Still births	8	11
16.	Neonatal deaths	6	8

Source- Satyawaadi Raja Harish Chandra Hospital, 2017

**Table 20: Details of Service Utilization of Satyawaadi Raja Harish Chandra Hospital in 2017, North District, Delhi**

- From the above Table 20, it can be seen that there has been a substantial increase in the number of OPDs and IPDs which means that there has been an increased coverage of the DH.

- The most interesting increase is the number of neonates initiated breast feeding within an hour of birth, which can be totally attributed to the increase in level of awareness among the pregnant mothers due to the efforts of ANMS and ASHAs.
- There has also been a marked increase in the number of ANC registration that is ANC3 in 2015-16 was 3054 while in 2016-17 was 3614 which can also be attributed to the proactive community mobilization by ASHAs and ANMs.
- Though has been a decrease in the number of children being immunized that is 10374 in 2015-16 to just 3992 in 2016-17 as well as the number of children who received Vit A from 2015-16 that is 18310 to 13536 in 2016-17.
- Also the number of still deaths and neonatal deaths have gone up that is 8 still births in 2015-16 to 11 in 2016-17 and 6 neonatal deaths in 2015-16 to 8 in 2016-17.

### 13.3. Polyclinic Punjabi Colony, Narela, North Delhi



**Figure 6: Polyclinic Punjabi Colony, Narela, North Delhi**

The facility got upgraded from dispensary to Polyclinic in Feb 2016 but no additional facilities were provided after upgradation. Earlier it had 2 MOs, but since April 2016 there is only 1 MO at the clinic. The facility is facing a lot of infrastructural constraint as though there are a total of 7 rooms in the clinic but there is no separate room for specialists. There is no ACs or invertors, which makes the place stuffy and humid with huge number of patients queuing in. Separate washrooms for Male and female patients, not very clean. Biomedical waste disposal and management is outsourced. All required drugs are fully stocked and proper records are maintained for drug stocks.

S.No	Service Utilization Parameter	2015-16	2016-17
1.	OPD	25819	44997
2.	MCTS entry on percentage of women registered in the first trimester	95	96
3.	No. of pregnant women given IFA	403	533
4.	ANC1 registration	101	134
5.	ANC 3 Coverage	189	197
6.	No. of IUCD Insertions	23	45
7.	No. of children fully immunized	381	589
8.	No. of children given Vitamin A	849	602

Source- Polyclinic Punjabi Colony, Narela, 2017

**Table 21: Details of Service Utilization of Polyclinic Punjabi Colony, Narela in 2017, North District, Delhi**

- From the above Table 21, it can be seen that there has been a substantial rise in the number of OPDs in the facility from 25819 in 2015-16 to 44997 in 2016-17.
- There is also a rise in the number of pregnant women who were given IFA tablets from 403 in 2015-16 to 533 in 2016-17.
- Community mobilisation seems to be the reason behind the increased number of ANC1, ANC3 registrations and number of IUCD insertions that is in 2015-16 there was 101 ANC1 registrations, 189 ANC3 coverage and 23 IUCD insertions while in 2016-17 there was 134 ANC1 registrations, 197 ANC3 coverage and 45 IUCD insertions.
- There has also been an increase in the number of children who have been fully immunised from 381 in 2015-16 to 589 in 2016-17.
- While there has been a decrease in the number of children who have been given Vit A tablets from 849 in 2015-16 to 602 in 2016-17.

### 13.4. Seed PUHC Swaroop Nagar, North Delhi

The facility has 1 MO, 6 ANMs, 2 Pharmacist, 1 CDO (3 days a week), 1 LT and 37 ASHAs. Internet was not working for the last few days which led to delay in updation of data on the portal. A waiting room/Seating area is required for patients waiting for treatment during rush hours. There is only 1 washroom in the facility which is common for both male and female patients, which too is not in working condition. Refresher training for ANMs and ASHAs are done on regular intervals. People are motivated by ASHAs to come to the centre and avail the facilities. All drugs are in stock except for Paracetamol (supply issues), records well maintained for drugs in stock.

**Table 22: Details of Service Utilization of Seed PUHC Swaroop Nagar in 2017, North District, Delhi**

S.No	Service Utilization Parameter	2016-17
1.	Number of estimated pregnancies	2326
2.	No. of pregnant women given IFA	1273
3.	ANC1 registration	1273
4.	ANC 3 Coverage	369
5.	No. of IUCD Insertions	124
6.	No. of children fully immunized	11202
7.	No. of children given Vitamin A	2134

Source- Seed PUHC Swaroop Nagar, 2017



**Figure 7: Seed PUHC Swaroop Nagar, North Delhi**

- From the above Table 22, it can be seen that there was an estimated 2326 pregnancies in the facility coverage area but only 1273 were registered for ANC1 and 369 were given fully ANC3 coverage.
- Also the number of women given IFA tablets was just 1273 which is substantially less than the estimated number of pregnant women in the catchment population of the facility.

**13.5. DGD "H" Block, Jahangirpuri, North Delhi**



**Figure 8: DGD "H" Block, Jahangirpuri, North Delhi**

The facility caters to around 70,000 population, majority of the population is Hindu. The facility had 1 MO, 1 Pharmacist, 1 alternate CDO, 6 ANMs and 27 ASHAs. No counsellor for adolescent or family planning counselling. Condoms are kept in a box in the common area for anyone who requires it. Most common problems in the area: skin infection and respiratory problems. Biomedical waste bins are colour coded and used accordingly, waste disposal is being outsourced which gets collected every second day.

**Table 23: Details of Service Utilization of DGD "H" Block, Jahangirpuri in 2017, North District, Delhi**

S.No	Service Utilization Parameter	2015-2016	2016-17
1.	Number of estimated pregnancies	1476	871
2.	No. of pregnant women given IFA	1101	552
3.	ANC1 registration	375	319
4.	ANC 3 Coverage	424	234
5.	No. of IUCD Insertions	39	35
6.	No. of children fully immunized		719
7.	No. of children given Vitamin A		145

Source- DGD "H" Block, Jahangirpuri, 2017

- From the above Table 23, it can be seen that the number of estimated pregnancies have gone down from 1476 in 2015-16 to 871 in 2016-17 which is because of the community mobilisation for effective use of family planning measures.
- However, other than that all the other indicators have gone down too, the most badly affected indicator is the number of pregnant women IFA which has gone down from 1101 in 2015-16 to 552 in 2016-17.
- Number of ANCs has also gone down as there were 375 ANC1 registration in 2015-16 while 319 in 2016-17 similarly there were 424 ANC3 coverage in 2015-16 while there were just 234 ANC3 coverage in 2016-17.

### 13.6. DGD Bhalswa, JJ Colony, North Delhi



**Figure 9: DGD Bhalswa, JJ Colony, North Delhi**



The facility serves a population of around 60,000 out of which around 80% of the population belongs to the Muslim community and majority of them have migrated from Bangladesh. The facility has 1 MO, 1 alternate CDO, 1 pharmacist 3 ANMs and 19 ASHAs. The facility had poor infrastructure with age old structure and temporary roof sheds which leaked during monsoons. There were no functional washrooms at the centre. There was no facility of AC/Cooler or inverter. No waiting or seating area in the facility. No qualified counsellor for ARSH or family planning counselling. ASHAs and ANMs try motivating people for contraceptive use and limiting family size but a very small proportion of the population is motivated enough to bring it to practice. ASHA's trainings and job interviews are held at this centre which is difficult for them to manage, given the infrastructural constraints.

S.No	Service Utilization Parameter	2015-2016	2016-17
1.	Number of estimated pregnancies	1203	1300
2.	No. of pregnant women given IFA	1203	1300
3.	ANC1 registration	507	159
4.	ANC 3 Coverage	250	83
5.	No. of IUCD Insertions		
6.	No. of children fully immunized	752	182
7.	No. of children given Vitamin A	1750	400

Source- DGD Bhalswa, JJ Colony, 2017

**Table 24: Details of Service Utilization of DGD Bhalswa, JJ Colony in 2017, North District, Delhi**

- From the above Table 25, it can be seen that there has been an increase in the number of estimated pregnancies from 1203 in 2015-16 to 1300 in 2016-17 which means that family planning haven't been successfully implemented in the community.
- Though there has been insured that all the pregnant women are given IFA tablets.
- But there has been a substantial decline in the number of ANC1 and ANC 3 registrations, that is there were 507 ANC1 registrations in 2015-16 while just 159 registrations in 2016-17 as well as there were 250 ANC3 coverage in 2015-16 which has gone down to just 83 ANC3 coverage in 2016-17.

## 14. Conclusion

- Health Infrastructure needs to be maintained, all the facilities visited were in bad condition. The problem of infrastructure in the district is found to be very prominent

in all over the district. Many facilities need repairing which was a major issue that needs to be repaired in the district. Toilet facilities and drinking water supplies are one of the major problems in most of the facilities especially in DGDs.

- There is a huge crunch of manpower in all the facilities which is affecting the quality of work done. The existing staff is being over burden to achieve the targets and handle huge number of OPDs.
- District is not sufficiently equipped to handle sick newborns and neonates. The facilities which are providing services to cater to them do not have provision to enroll out-borns which is further aggravating the problem.
- Though the District has brought down the maternal mortality rate substantially but still there is large number of home deliveries still being carried out.

## 15. Recommendations

- **Need for Improvising Sanitation Measures:** All the facilities visited were in need of proper sanitation measures and guidelines. The staff could be inducted as to how hygiene is to be maintained. It should be ensured that toilets are regularly cleaned and immediately maintained in case of any issue. If required staff is not available, it might be suggested that under public-private partnership the sanitation services could be outsourced.
- **Refresher Training for BMWS for all Staff:** Though color coded biomedical waste bins were installed but the staff wasn't making proper use of it. Perhaps the staff can be inducted on how to use them, refresher training can be arranged on annual bases.
- **Recruitment of New Staff:** More staff could be recruited so that the left out population catchment could be covered easily. This will also take the load of the existing staff members which would enrich the quality of work done.
- **Stress on Child Health Needs:** Neonatal and newborn mortality rate is really high for the District so child health needs to be stressed upon more. It was seen that the facilities didn't have proper medical equipments to handle sick neonates and newborns, hence, more and new equipments could be purchased. Strategies could be developed to cater to SAM and high risk newborns so that mortality and malnutrition could be avoided.
- **Innovative Community Mobilization:** District is facing a huge problem of home deliveries, awareness generation programs should be organized and innovative

community mobilization techniques need to developed to help people realize the importance of institutional delivery and risks associated with home deliveries.

- **Effective ARSH Implementation:** ARSH trainings need to focused attention, ANMs and PHNs need to given a basic training and then bi-annual refresher training for carrying out better and focused counseling sessions. Outreach programs in collaboration with schools and Angawadis would be organized to reach to adolescents who might require attention and counseling.

## Annexures



## NATIONAL HEALTH MISSION

## MONITORING OF DISTRICT PIP

POPULATION RESEARCH CENTRE, INSTITUTE OF ECONOMIC GROWTH, DELHI

## EVALUATION OF KEY INDICATORS OF THE DISTRICT

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

No. of Blocks		
No. of Villages		
Population (2011)		
Literacy Rate		
Sex Ratio		
Child Sex Ratio		
Density of Population		
Health Indicators	Number	Percentage/Ratio
NMR		
IMR		
U5MR		
MMR		
TFR		
Fully immunized children		
ANC Registration in the first trimester		
Full ANC		
Safe Deliveries(Institutional+SBA attended home deliveries)		
Institutional Deliveries		
No of women received PNC checkups within 48 hours		

## 2. Detail of health infrastructures in the last financial year

Health Facility	Number available	Govt. building	Rented building/ Under const.
District hospital			
Poly Clinics			
Mohalla Clinics			
Delhi Government Dispensaries			
Mother & Child Care Centers			
MCD Hospitals			

Medical College			
Skill Labs			
District Early Intervention Centre			
Delivery Points			
<b>Transport Facility</b>	<b>Number available</b>	<b>Number functional</b>	<b>Remarks</b>
108 Ambulances			
CATS			
102 Ambulance			
Referral Transport			
Mobile Medical Units			

### 3. Human Resource under NHM in the last financial year

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

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

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

\* Note- Fill number of officials who have received training

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

Position Name	IUCD insertion	RTI/STI/HI V screening	FIMNCI	NSSK	Total

MO					
LMO					
Staff Nurses					
ANM					
LHV/PHN					
Lab technician					
ASHA					
Other					

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

.....  
 .....

**5.1 Block wise service delivery indicators in the last financial year**

Block	ANC Registered	3 ANCs	Home Deliveries	Institutional Deliveries

Note- Please include the data for Medical College and DH

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

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

**5.3 Block wise service delivery indicator in the last financial year**

Block	TT1	TT2	Home Deliveries		Live Birth	Still Birth	Total Births
			SBA assisted	Non-SBA			

Note- Please include the data for Medical College and DH

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

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

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

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

**5.6. Maternal Death Review in the last financial year**

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

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

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


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

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

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

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

Note- \* Leave against medical advise

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

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

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

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



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

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

\*Achievement

**8. ARSH Progress in District in the 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		

**9. Quality in health care services**

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

**10. Community process in District in the last financial year**

Last status of ASHAs (Total number of ASHAs)	
ASHAs presently working	
Positions vacant	
Total number of meeting with ASHA ( in a Year)	
Total number of ASHA resource centers/ ASHA Ghar	
Drug kit replenishment	
No. of ASHAs trained in last year	
Name of trainings received	
1)	
2)	
3)	

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

Name of the Programme/ Disease	2014-15		2015-16		2016-17	
	No. of cases screened	No. of detected cases	No. of cases screened	No. of detected cases	No. of cases screened	No. of detected cases
Diabetes						

Hypertension						
Osteoporosis						
Heart Disease						
Others, if any						

**12. AYUSH progress District in the last financial year**

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

**13. Budget Utilisation Parameters:**

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

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

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

*DH level Monitoring Checklist*

Name of District: \_\_\_\_\_ Name of Block: \_\_\_\_\_ Name of DH: \_\_\_\_\_

Catchment Population: \_\_\_\_\_ Total Villages: \_\_\_\_\_

Date of last supervisory visit: \_\_\_\_\_

Date of visit: \_\_\_\_\_ Name & designation of monitor: \_\_\_\_\_

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

**Section I: Physical Infrastructure:**

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

1.26	Availability of functional Help Desk	Y	N
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### Section II: Human Resource under NHM in the last financial year:

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

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

S. no	Training	No. trained	Remarks if any
3.1	EmOC		
3.2	LSAS		
3.3	BeMOC		
3.4	SBA		
3.5	MTP/MVA		
3.6	NSV		
3.7	F-IMNCI		
3.8	NSSK		
3.9	Mini Lap-Sterilisations		
3.10	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
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4.1	Functional BP Instrument and Stethoscope	Y	N
4.2	Sterilised delivery sets	Y	N
4.3	Functional Neonatal, Paediatric and Adult Resuscitation kit	Y	N
4.4	Functional Weighing Machine (Adult and child)	Y	N
4.5	Functional Needle Cutter	Y	N
4.6	Functional Radiant Warmer	Y	N
4.7	Functional Suction apparatus	Y	N
4.8	Functional Facility for Oxygen Administration	Y	N
4.9	Functional Foetal Doppler/CTG	Y	N
4.10	Functional Mobile light	Y	N
4.11	Delivery Tables	Y	N
4.12	Functional Autoclave	Y	N
4.13	Functional ILR and Deep Freezer	Y	N
4.14	Emergency Tray with emergency injections	Y	N
4.15	MVA/ EVA Equipment	Y	N
4.16	Functional phototherapy unit	Y	N
4.17	Dialysis Equipment	Y	N
4.18	<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 Hemoglobinometer	Y	N
4.3a	Functional Centrifuge	Y	N
4.4a	Functional Semi autoanalyzer	Y	N
4.5a	Reagents and Testing Kits	Y	N
4.6a	Functional Ultrasound Scanners	Y	N
4.7a	Functional C.T Scanner	Y	N
4.8a	Functional X-ray units	Y	N
4.9a	Functional ECG machines	Y	N

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

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

**Section VI: Other Services:**

S.no	Lab Services	Yes	No	Remarks
6.1	Haemoglobin	Y	N	
6.2	CBC	Y	N	
6.3	Urine albumin and sugar	Y	N	
6.4	Blood sugar	Y	N	
6.5	RPR	Y	N	
6.6	Malaria	Y	N	
6.7	T.B	Y	N	
6.8	HIV	Y	N	

6.9	Liver function tests(LFT)	Y	N		
6.10	Ultrasound scan (Ob.)				
6.11	Ultrasound Scan (General)				
6.12	X-ray				
6.13	ECG				
6.14	Endoscopy				
6.15	Others , pls specify	Y	N		
<b>S.No</b>	<b>Blood bank / Blood Storage Unit</b>	<b>Yes</b>	<b>No</b>		<b>Remarks</b>
6.16	Functional blood bag refrigerators with chart for temp. recording	Y	N		
6.17	Sufficient no. of blood bags available	Y	N		
6.18	Check register for number of blood bags issued for BT in last quarter				

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

S.No	Service Utilization Parameter	2015-16	2016-17
7.1	OPD		
7.2	IPD		
7.3	Total deliveries conducted		
7.4	No. of C section conducted		
7.5	No. of neonates initiated breast feeding within one hour		
7.6	No of admissions in NBSUs/ SNCU, whichever available		
7.7	No. of children admitted with SAM (Severe Acute Malnutrition)		
7.8	No. of pregnant women referred		
7.9	ANC1 registration		
7.10	ANC 3 Coverage		
7.11	No. of IUCD Insertions		
7.12	No. of PPIUCD Insertion		
7.13	No. of children fully immunized		
7.13	No. of children given ORS + Zinc		
7.13	No. of children given Vitamin A		
7.14	Total MTPs		
7.15	Number of Adolescents attending ARSH clinic		
7.16	Maternal deaths		
7.17	Still births		
7.18	Neonatal deaths		
7.19	Infant deaths		

### Section VII A: Funds Utilisation

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

7a.2	Annual maintenance grant (Rs 10,000- Check % expenditure)			
------	--	--	--	--

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

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

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

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

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

### Section IX: Record Maintenance:

S. No	Record	Available and Updated and correctly filled	Available but Not maintained	Not Available	Remarks/Timeline for completion
9.1	OPD Register				
9.2	IPD Register				
9.3	ANC Register				
9.4	PNC Register				
9.5	Line listing of severely anaemic pregnant women				
9.6	Labour room register				
9.7	OT Register				
9.8	Immunisation Register				



9.9	Blood Bank stock register			
9.10	Referral Register (In and Out)			
9.11	MDR Register			
9.12	Drug Stock Register			
9.13	Payment under JSY			

**Section X: IEC Display**

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

**Section XI: Additional/Support Services:**

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

**Qualitative Questionnaires for District Hospital Level**

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

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

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

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

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

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

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

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

**FRU level Monitoring Checklist**

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

**Section I: Physical Infrastructure:**

S.No	Infrastructure	Yes	No	Additional Remarks
1.1	Health facility easily accessible from nearest road head	Y	N	
1.2	Functioning in Govt building	Y	N	
1.3	Building in good condition	Y	N	
1.4	Staff 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	

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

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

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

### Section III: Training Status of HR: (\*Trained in Past 5 years)

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

**Section IV: Equipment:**

S. No	Equipment	Yes	No	Remarks
4.1	Functional BP Instrument and Stethoscope	Y	N	
4.2	Sterilised delivery sets	Y	N	
4.3	Functional Neonatal, Paediatric and Adult Resuscitation kit	Y	N	
4.4	Functional Weighing Machine (Adult and child)	Y	N	
4.5	Functional Needle Cutter	Y	N	
4.6	Functional Radiant Warmer	Y	N	
4.7	Functional Suction apparatus	Y	N	
4.8	Functional Facility for Oxygen Administration	Y	N	
4.9	Functional Autoclave	Y	N	
4.10	Functional ILR and Deep Freezer	Y	N	
4.11	Emergency Tray with emergency injections	Y	N	
4.12	MVA/ EVA Equipment	Y	N	
4.13	Functional phototherapy unit	Y	N	
	<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	
<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	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	
<b>S.No</b>	<b>Blood bank / Blood Storage Unit</b>	<b>Yes</b>	<b>No</b>	<b>Remarks</b>
6.11	Functional blood bag refrigerators with chart for temp. recording	Y	N	
6.12	Sufficient no. of blood bags available	Y	N	
6.13	Check register for number of blood bags issued for BT in last quarter			

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

S.No	Service Utilization Parameter	2015-16	2016-17
7.1	OPD		
7.2	IPD		
7.3	MCTS entry on percentage of women registered in the first trimester		
7.4	No. of pregnant women given IFA		
7.5	Total deliveries conducted		
7.6	No. of C section conducted		
7.7	No of admissions in NBSUs/ SNCU, whichever available		

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

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

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

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

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

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

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

### Section IX: Record Maintenance:

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

### Section X: Fund Utilisation

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

### Section XI: IEC Display:

S.No	Material	Yes	No	Remarks
11.1	Approach roads have directions to the health facility	Y	N	



11.2	Citizen Charter	Y	N	
11.3	Timings of the health facility	Y	N	
11.4	List of services available	Y	N	
11.5	Essential Drug List	Y	N	
11.6	Protocol Posters	Y	N	
11.7	JSSK entitlements ( Displayed in ANC Clinics/, PNC Clinics)	Y	N	
11.8	Immunization Schedule	Y	N	
11.9	JSY entitlements( Displayed in ANC Clinics/, PNC Clinics)	Y	N	
11.10	Other related IEC material	Y	N	

PHC/CHC (NON FRU) level Monitoring Checklist

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

**Section I: Physical Infrastructure:**

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

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

### Section VI: Other Services :

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

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

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

S.No	Service Utilization Parameter	2015-16	2016-17
7.1	OPD		
7.2	IPD		
7.3	Total deliveries conducted		
7.4	No of admissions in NBSUs, if available		
7.5	No. of sick children referred		
7.6	No. of pregnant women referred		
7.7	ANC1 registration		
7.8	ANC3 Coverage		
7.9	No. of IUCD Insertions		
7.10	No. of PPIUCD insertions		
7.11	No. of Vasectomy		
7.12	No. of Minilap		
7.13	No. of children fully immunized		
7.14	No. of children given Vitamin A		
7.15	No. of MTPs conducted		
7.16	Maternal deaths		
7.17	Still birth		
7.18	Neonatal deaths		
7.19	Infant deaths		

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

S.No	Parameters	Yes	No	Remarks
7.1a	All mothers initiated breast feeding within one hr of normal delivery	Y	N	

7.2a	Zero dose BCG, Hepatitis B and OPV given	Y	N	
7.3a	Counselling on Family Planning done	Y	N	
7.4a	Mothers asked to stay for 48 hrs	Y	N	
7.5a	JSY payment being given before discharge	Y	N	
7.6a	Diet being provided free of charge	Y	N	

### Section VIII: Quality parameter of the facility

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

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

### Section IX: Record Maintenance:

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

**Section X: Funds Utilisation**

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

**Section XI: IEC Display:**

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

**Section XII: Additional/Support Services:**

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

**Qualitative Questionnaires for PHC/CHC Level**

- Population covered by the facility. Is the present infrastructure sufficient to cater the present load?  
 .....  
 .....
- Any good practices or local innovations to resolve the common programmatic issues.  
 .....  
 .....

3. Any counselling being conducted regarding family planning measures.

.....  
.....



Sub Centre level Monitoring Checklist

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

**Section I: Physical Infrastructure:**

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

**Section II: Human Resource:**

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

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
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
5.1	Pregnancy testing Kits	Y	N
5.2	Urine albumin and sugar testing kit	Y	N
5.3	OCPs	Y	N
5.4	EC pills	Y	N
5.5	IUCDs	Y	N
5.6	Sanitary napkins	Y	N

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

S.No	Service Utilization Parameter	Previous year
6.1	Number of estimated pregnancies	
6.2	No. of pregnant women given IFA	
6.3	Number of deliveries conducted at SC	
6.4	Number of deliveries conducted at home	
6.5	ANC1 registration	
6.6	ANC3 coverage	
6.7	No. of IUCD insertions	

6.8	No. of children fully immunized	
6.9	No. of children given Vitamin A	
6.10	No. of children given IFA Syrup	
6.11	No. of Maternal deaths recorded	
6.12	No. of still birth recorded	
6.13	Neonatal deaths recorded	
6.14	Number of VHNDs attended	
6.15	Number of VHNSC meeting attended	

### Section VII: Record Maintenance:

Sl. No	Record	Available and updated	Available but non-maintained
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	<b>Y</b>	<b>N</b>	
8.7	JSSK entitlements	<b>Y</b>	<b>N</b>	
8.8	Immunization Schedule	<b>Y</b>	<b>N</b>	
8.9	JSY entitlements	<b>Y</b>	<b>N</b>	
8.10	Other related IEC material	<b>Y</b>	<b>N</b>	

**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.

.....  
 .....