NATIONAL HEALTH MISSION

A Report on
NHM PIP, Monitoring and Evaluation of Pali District, Rajasthan

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	JananiShishuSurakshaKaryakram
JSY	JananiSurakshaYojana
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

Pali 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 CM&HO and DPM), Government Bangpur District Hospital, Pali District, Community Health Centre, Sadri Block, Pali District, Primary health Centre, Gundoj Block, Pali District, Sub-Health Centre, FalnaGaw, Pali District and Sub-Health Centre, KotBaliyan, Pali Districtfor the monitoring purpose.

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

Strengths:

- The District has been performing exceptionally well in terms of JSY payment disbursement. This can be attributed to the online reporting portal which has made the process of reporting of each JSY payment case transparent.
- The District has been able to maintain all the facilities in a clean and hygienic manner. The infrastructuresare setup on huge premises and have been effectively compartmentalised to make all the services under NHM available to the patients readily.
- District has been reporting data regularly on HMIS as well as a number of state mandated portals designed especially for specific aspect reporting.
- The civil society has been actively been supporting the governmental structures in form of donations and other allied services to share the burden.
- All services under JananiShishuSurakashaKaryakaram have been efficiently being provided to the patients.

Weakness:

- The District is facing a huge human resource crunch especially shortage of ANMs has created a problem.
- The District needs work on their Bio-medical Waste Disposal systems. Many facilities have no pit nor do they have outsourced the BMWDS, hence the hazardous waste is being disposed off in an unsanitary manner.

- ARSH program is not functional in the District. This means that adolescents are not being counselled, which could create distress for them.
- AYUSH facilities are being provided under NHM but the medicine stock of AYUSH medicines in all the facilities visited was near expiration.

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.

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 Government Bangpur District Hospital, Pali District, Community Health Centre, Sadri Block, Pali District, Primary health Centre, Gundoj Block, Pali District, Sub-Health Centre, FalnaGaw, Pali District and Sub-Health Centre, KotBaliyan, Pali District 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 CM&HO, DPM and block development officer, to identify the major problems faced by them and recommendations on their part to improve the overall efficacy of the NHM program.

The Ministry of Health and Welfare Society has engrossed PRC for monitoring and evaluating the overall performance of North district, Delhi in providing the health care services under NHM. PRC Delhi Team visited the district office of Pali District to interact with CM&HO, 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.

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

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

Sr.	Facility Type	Name of the facility
1.	District Hospital (DH)	Government Bangpur District Hospital
2.	CHC Level	Community Health Center, Sadri Block
3.	PHC Level	Primary health Center, Gundoj Block
4.	Sub Center Level	Sub-Health Centre, FalnaGaw
5.	Sub Center Level	Sub-Health Centre, KotBaliyan

The Team interacted with key programme officials at District Programme Management Unit (DPMU) office of Pali district and examined the status of key activities. Apart from rigorous interactions with the District Programme Manager, the Team visited at District Hospital, CHC, PHC and Sub-centres 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 ofthe National Health Mission. (Annexure) The Secondary Data was taken from the DPMU and CM&HO offices. Health facilities from all the three levels were selected for Supportive Supervision after discussions with the District Program Manager. The PRC team has prepared questionnaires which were used for collecting the relevant data (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: Rajasthan and Pali District

Rajasthan is located in the North-Western part of India and is designated as India's largest state by area covering approximately 342,239 square kilometres and caters a population of 68,548,437 inhabitants in 2011 with a population density of 200 people per squarekilometres. The literacy rate of Rajasthan stood at 66.11 per cent which was relatively very low as compared to the national average of 74 per cent as per Census 2011. Further bifurcation of literacy rate into male and female literacy rate show a sad picture of Rajasthan having 52.12per cent female literacy rate against 79.19 per cent male literacy rate. Although the Sex Ratio of Rajasthan stood at 928 females per 1000 males accordingto Census 2011 but the Child Sex Ratio of 888 is appalling.

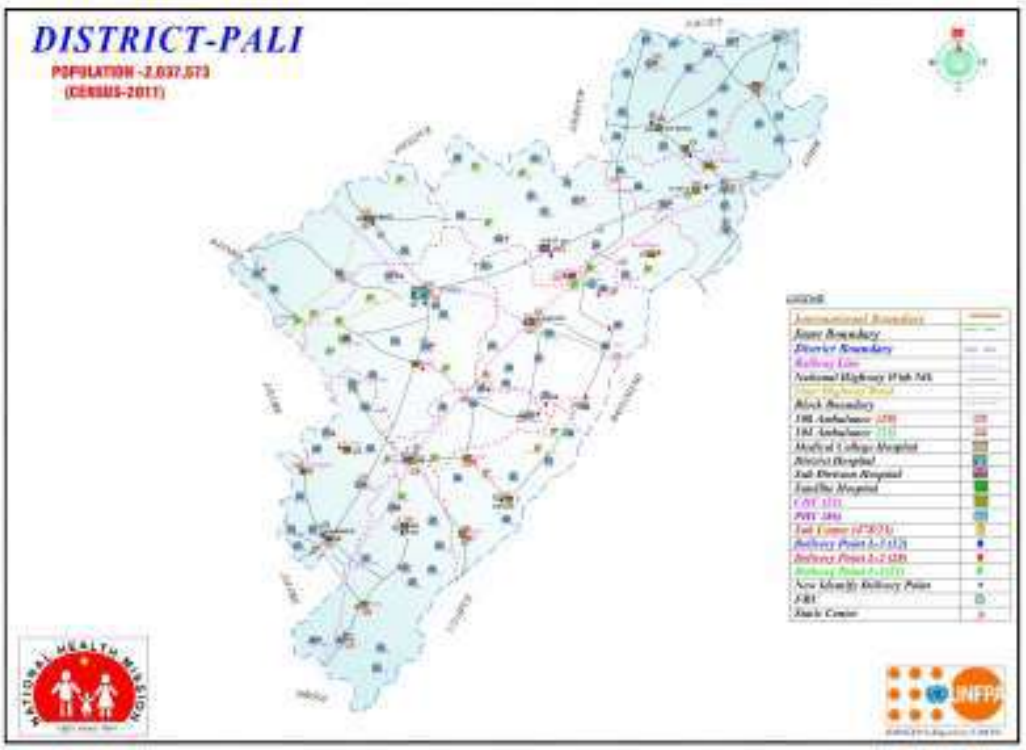

Figure 1: Map of Pali District

Pali District has a total population of 2037573 people, out of which 1012151 are females and 1025422 are males. They live in a 1057 villages divided in 10 blocks. The overall literacy rate of the district is low that is 62.39%, however it is worse for females which is just 48.01%. The District is performing well in terms of sex ratio and child sex ratio as it is comparable to the national and state average, that is, sex ratio of Rajasthan is 928 while Pali's sex ratio is 988 and child sex ratio for the state is 888 while for Pali is 899.

Table 2: Key demographic indicators: All India, Rajasthan and Pali District

Sr.	Parameter	India	Rajasthan	Pali District
1.	Actual Population	1,21,05,69,573	68,548,437	2037573
2.	Male	62,31,21,843	35,550,997	1,025,422
3.	Female	58,74,47,730	32,997,440	1,012,151
4.	Population Growth	17.7	21.31%	11.94%
5.	Sex Ratio	943	928	988
6.	Child Sex Ratio	919	888	899
7.	Density/km^2	382	200	165 Per Sq.
8.	Literacy	73%	66.11%	62.39%
9.	Male Literacy	80.9%	79.19%	76.81%
10.	Female Literacy	64.6%	52.12%	48.01%

Source: Census 2011

1.5. Health and Health Service Delivery Indicators: Pali 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. The District has been performing well which is evident form the following Table 3, where it states that 79.8% deliveries of the total deliveries were safe which means that they were either performed in an institution by a trained medical professional which was 72.8% of the total number of deliveries being performed in the District or they were performed by a Skilled Birth Attendant who has been trained exclusively to carry out safe deliveries in a non-institutional setup. The district had a 62.3% full ANC coverage and 61.1% of the ANCs were registered in the first semester of the pregnancy.

Table 3: Key Health care Indicators: Pali District, Rajasthan

Health Indicators	Percentage/Ratio
NMR	39
IMR	54
U5MR	71
MMR	222
TFR	3.1
Fully immunized children	65.1%
ANC Registration in the first trimester	61.1%
Full ANC	62.3%
Safe Deliveries(Institutional+SBA attended home deliveries)	79.8%
Institutional Deliveries	72.8%
No of women received PNC checkups within 48 hours	75.4%

Source- DPMU Office, 2017

Though the Health Indicator rates were terrible as the District had a Neonatal Mortality Rate (NMR) of 39, Infant Mortality Rate (IMR) of 54, Under 5 Mortality Rate (U5MR) of 71 and Maternal Mortality Rate (MMR) of 222. This showed a conflict between the services that were being delivered and the number of people availing them which would be stated to a high reliance on private sector for services or areas of population catchment which were yet to be tapped by a government medical facility.

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 Pali District had one (1) District hospital, 21Community Health Centres, 83 Primary Health Centres, 477 Sub Centres, 1 (one) Mother &Child Care Centres and 72 Delivery Points. The District has no Skill Lab, no Early Intervention Centre and no Adolescent Friendly Health Clinics, which are a part of NHM's mandate for facilitating better delivery of services.

Table 4: Details of Health Infrastructures in 2017: Pali District, Rajasthan

Health Facility	Number available	Govt. building	Rented building/
District hospital	1	1	0
CHC	21	20	1
PHC	83	69 (9 run in SC building)	5
SC	477	356	61
Mother & Child Care Centres	1	1	
Medical College	1	0	1
Skill Labs			
District Early Intervention Centre	0	0	0
Delivery Points	72	72	0
Adolescent Friendly Health Clinic	0	0	0

Source- DPMU Office, 2017

Overall infrastructure of the visited facilities was well-maintained and appropriately managed. The facilities were maintained hygienically, the space provided for some of the facilities was huge as compared to the expected load

ofpatients. The facilities had proper air ventilation and sufficient space for all thefunctions of the facility to be carried out conveniently.

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. Pali District had 25 108 Ambulances, 14 104 Ambulances, 18 Referral transport vehicle and 10 Mobile Medical Units in functional condition working in the District.

Table 5: Details of Transport Facilities Available in 2017:Pali, Rajasthan

Transport Facility	Number available	Number functional	Remarks
108 Ambulances	25	25	
104 Ambulance	15	14	Janani express
Referral Transport	18	18	5 Base Amb. + 13 Govt. Amb.
Mobile Medical Units	10	10	MMV

Source- DPMU Office, 2017

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. There are subsets which are not attended by any medical professional, hence have to be closed down.
- **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.
- **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 needs to be revived every few months to ensure that the placed staff fulfills the requirement as per the need.

- **State Policies:** According to a state policy that is the ANMs working for NHM are being recruited as staff nurses. Though this is anintelligent decision that the already trained personnel is appointed saving on resources with already experienced personnel being used. However, this has created an acute shortage of ANMs working for NHM, which needs to be taken care by regular appointment of ANMs.

Table 6: Details of Human Resource in 2017:Pali District, Rajasthan

Position Name	Sanctioned	Contractual	Total Vacant	Vacant %
MO's including specialists	2	1	1	50
Gynecologists	2	1	1	50
Pediatrician	2	1	1	50
Surgeon	0	0	0	0
LHV	0	0	0	0
ANM	122	16	116	95
Pharmacist	5	3	2	40
Lab technicians	5	0	5	100
X-ray technicians	0	0	0	0
Data Entry Operators	10	8	2	20
Staff Nurse at CHC PHC & SC	418	34	384	91
PHN	5	2	3	60
Ayush MO	29	24	5	17

Source- DPMU Office, 2017

From the Table7 below, it can be seen that the medical staff was given regular training in the District. In the last financial year (2016-17) there 33 trainings organised for Medical Officers, 40 trainings for Staff nurses, 24 trainings for ANMs and 5 trainings for LHV/PHN, which includedBeMOC, MTP, IUCD Insertions, FIMNCI and NSSK trainings.

Table 7: Training Status of Human Resources in 2017: Pali, Rajasthan

Position Name	BeMOC	MTP	IUCD insertion	FIMNCI	NSSK	Total
Medical Officers	3	2	8	10	10	33
Lady Medical Officers	0	0	0	0	0	0
Staff Nurses	0	2	8	0	20	40
ANM	0	0	4	0	20	24
LHV/PHN	0	0	5	0	0	5

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, Pali 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 8: Details of Maternal Health Service Delivery Indicators in 2017: Pali District, Rajasthan

Block	Institutional Deliveries	Home Deliveries		Live Birth	Still Birth	Total Births
		SBA assisted	Non-SBA			
Bali	5661	0	17	5562	143	5705
Desuri	1999	18	77	2010	44	2054
Jaitaran	4715	6	17	4636	93	4729
Kharchi	3247	3	20	3242	30	3272
Pali	2109	1	6	2083	31	2114
Raipur	3155	0	7	3156	33	3189
Rani	1827	4	20	1824	34	1858
Rohat	2089	3	19	2135	21	2156
Sojat	1985	6	43	2004	38	2042
Sumerpur	5009	0	9	4970	99	5069
DH	7444	0	4	7257	249	7506
SDH	3213	2	0	3115	120	3235

Source- DPMU Office, 2017

From The above Table 8, it can be seen that it can be seen that the most of the blocks have a high number of still births, with Bali having the highest number of still births that is 143. Though most of the deliveries done throughout the District were Institutionalized or SBA Assisted, still a large number of still births were being registered. This highlights the fact that the health of the pregnant women must have been really bad that is why there was high number of still births.

From the below Table 9, it can be seen thatthe number of women receiving PNC within 48 hours is quite low as compared to the number of women delivering. It can also be noticed that though quite a large number are registering for ANC1 but the number of

women full ANC3 coverage is low. Similarly, women taking TT1 is almost equivalent to the number of women registering for ANC but the number of women receiving TT2 shot is dipping low as compared to that.

Table 9: Details of Maternal Health Service Delivery Indicators in 2017: Pali District, Rajasthan

Block	ANC Registered	3 ANCs	TT1	TT2	PNC within 48 hrs after delivery	PNC between 48 hrs and 14 days after delivery
Bali	6539	4909	6539	3694	4674	2565
Desuri	3149	2158	3160	1808	1732	1430
Jaitaran	5563	4047	5553	2423	1290	2045
Kharchi	5006	3594	5005	3078	2555	2168
Pali	2688	1942	2687	1298	553	1276
Raipur	5426	3898	5424	3037	1430	2437
Rani	2885	2304	2910	1944	1320	1312
Rohat	3160	1931	3159	1624	954	1478
Sojat	4485	2766	4481	2399	4166	2294
Sumerpur	5386	4193	5303	3779	2224	2757
DH	5618	3423	5374	3874	6461	3172
SDH	843	564	843	428	2293	486

Source- DPMU Office, 2017

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 10: Maternal Death Review of 2017: Pali District, Rajasthan

Total Maternal Deaths	Place of Deaths			Major Reasons (% of deaths due to reasons given below)
	Hospital	Home	Transit	
45	22	7	17	Haemorrhage -7 Obstetric Complications- 0 Sepsis-0 Hypertension- 2 Abortion- 0 Others- 38

Source- DPMU Office, 2017

From the above table 8 it can be seen that there were 45 maternal deaths in the District out of which seven (7) were caused due to hemorrhage in the hospital while two (2) were lost due to hypertension. Out of the 45 deaths 22 were in a hospital, seven (7) in home and 17 in 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. The

seven (7) deaths at home could have been avoided if the pregnant would have reached an institution with proper supervision to deliver.

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. JananiSurakshaYojna

Under this Scheme, each new mother is given an incentive Rs.1400/- 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), Pali District successfully made 31125 JSY payments to the beneficiaries.

This number is really good as compared to the number of institutional deliveries done in the District, which are 32171. This might be attributed to the fact that the State has developed an online reporting portal for JSY payments which has made the process transparent and smoother.

Table 11: Status of JSY Payments for 2017: Pali District, Rajasthan

Status of payments for JSY		
Institutional deliveries	**Home Deliveries**	**Deliveries brought by ASHAs**
31125 out of 32171	282	19229

Source- DPMU Office, 2017

3.3.2. JananiShishuSurakshaKaryakaram

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 12, it can be inferred all the facilities are providing free diet and drugs to the beneficiaries but no facility is using the referral transport facility.

Table 12: Facilities wise JSSK performance for 2017, Pali District, Rajasthan

Block	No. of Beneficiaries under JSSK					District Total =
	Diet	Drugs	Diagnostic	Transport		
				Home to Facility	Referral	Facility to Home
Bali	3408	3411	3411	3353	0	3403
Desuri	1757	1774	1770	1343	0	1767
Jaitaran	2249	2297	2297	2005	0	2297
Kharchi	3088	3149	3137	2938	0	3149
Pali	522	624	624	558	0	624
Raipur	1462	1485	1485	1404	0	1479
Rani	1557	1655	1655	1312	4	1643
Rohat	1086	1183	1183	1057	3	1182
Sojat	1748	1826	1826	1655	0	1821
Sumerpur	2816	2916	2916	2667	1	2916
DH	4124	7444	2525	0	0	8
SDH	683	3213	2470	0	252	1917

Source- DPMU Office, 2017

4. Child Health

Child health program under NHM stresses upon reducing Infant Mortality Rate in India. The program primarily stresses upon improvement in the following:

a. Immunization of the child
b. Neonatal Health
c. Management of common childhood illness
d. 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 13, it can be seen that the District reported almost 85% children being fully immunized in the financial year 2016-17, for all the blocks. BCG coverage for the District is really good as though just certain blocks have achieved coverage more than the set target. District has also been having good coverage for measles coverage, that is, all the children being

immunized where given measles shot. OPV at birth has been surprisingly low as compared all others.

Table 13: Details of Immunization Programme for 2017: Pali District, Rajasthan

Block	Target	OPV at birth	BCG	PENTA			OPV			Measles	Full Immunization
				1	2	3	1	2	3		
Bali	6180	4153	7293	5081	4909	4905	508	490	4905	6087	6087
Desuri	3316	1467	3080	2870	2881	2824	287	288	2824	2754	2748
Jaitaran	5312	1827	4401	4478	4400	4388	446	438	4372	5293	5273
Kharchi	4660	2463	4879	5006	4936	4946	500	493	4953	4930	4800
Pali	2404	650	949	2365	2295	2267	236	227	2257	2461	2431
Raipur	4807	1288	3791	4492	4251	4308	447	423	4301	4812	4798
Rani	2928	1510	2512	2841	2656	2831	276	263	2795	2995	2951
Rohat	2914	843	2222	2554	2430	2451	250	235	2280	3011	2867
Sojat	4165	1493	2508	4020	3934	3994	402	393	3992	4075	4071
Sumerpur	4640	3164	4983	4803	4721	4920	477	470	4848	4875	4865
DH	5389	7106	7362	6456	6692	5871	645	669	5867	5965	5972
SDH	1008	2997	2997	886	845	817	886	845	817	961	961

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 themin 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. 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 just one SNCU in the District while there were 12 NBSUs and 72 NBCCs in the district. From the medical facilities visited, it was realised that all the 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: Details of Infrastructure and Services under Neonatal Health, 2017: Pali District, Rajasthan

	Numbers	whether established in last financial year (Yes/No)
Total SNCU	1	No
Total NBSU	12	No
Total NBCC	72	No
Total Staff in SNCU	8	
Total Staff in NBSU	48	Permanent staff working in
Total NRCs	5	No
Total Admissions in NRCs	459	
Total Staff in NRCs	4	
Average duration of stay in NRCs	7 days	

Source- DPMU Office, 2017

More stress needs to 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 bought down.

4.2.2. Total Neonates Admitted

Table 15: Details of Neonatal Health, 2017: Pali District, Rajasthan

Total neonates admitted in to SNCU	Treatment Outcome				Total neonates admitted in to NBSU	Treatment Outcome				Total neonates admitted in to NRCs	Treatment Outcome			
	Discharge	Referred	Death	LAMA*		Discharge	Referred	Death	LAMA*		Discharge	Referred	Death	LAMA*
1765	1169	413	122	61	1685	1233	326	75	51	459	218	168	6	67

From the above Table 15, it can be inferred that large number of neonates were being admitted to SNCU, that is, 1765. Though majority of the newborns admitted were treated and discharged that is, 1169 while there have been quite a huge number of newborn deaths in the District, that is, the District reported 122 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.

While 1685 neonates were admitted to NBSU, out of which 1233 were discharged while there were also 75 deaths. From the above Table 15, it can be seen that 459 malnourished children were admitted to NRCs across the District out of which 218 were discharged however there were also 6 deaths.

4.2.3. 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 16: Details of Neonatal Death, 2017: Pali District, Rajasthan

Total Deaths	Place of Death			Major Reasons for death	(% of deaths due to reasons given below)
	Hospital	Home	Transit		
224				Prematurity-	0
				Birth Asphyxia	6
				Diarrhea	0
				Sepsis	73
				Pneumonia-	0
				Others & LBW	116 + 29

Source- DPMU Office, 2017

From the above Table 16, it can inferred that (5) major causes for death have been noticed among newborns, which being prematurity, birth asphyxia, diarrhoea, sepsis and pneumonia. The district had a total 224 neonatal deaths which is a really high number. The most common reason for neonate mortality wassepsis which led to 73 deaths. All the medical facilities were able to avoid deaths caused to diarrhoea also successfully saved from having any newborn deaths due to pneumonia. 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.

4.3.RastriyaBalSurakhaKaryakaram

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

From the below table 17, it can be seen that the district was performing well in the scheme where teams were formed who organised outreach activities to identify children with eye disorders, ear diseases, heart diseases or are physically challenged. The District has been implementing this scheme form last financial year only.

Table 17: Status of RBSK in 2017: Pali District, 2017

Years	No. of Schools	No. of children registered	Children Diagnosed	No. of Children referred	Eye Disease	Ear Disease	Heart disease	Physically challen	Anemic
2016-17	1320	210960	180501	7207	564	1002	97	94	882
2015-16	0	0	0	0	0	0	0	0	0

5. Family planning

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

Table 18: Family Planning Achievement in 2017: Pali District, Rajasthan

Block	Sterilization			IUCD insertions		Oral Pills		Emergency Contraceptives		Condoms	
	Target	Male	Female	Target	Ach*	Target	Ach*	Target	Ach*	Target	Ach*
Bali	1502	7	1308	2186	2120	1936	2175	0	82	2398	2587
Desuri	806	0	758	1173	1064	1038	1298	0	381	1286	1318
Jaitaran	1291	0	1047	1878	1780	1663	1064	0	246	2060	1222
Kharchi	1132	2	1053	1648	1888	1459	1110	0	106	1808	1584
Pali	584	1	649	850	797	753	998	0	302	932	1202
Raipur	1168	0	1172	1700	1555	1505	535	0	58	1865	678
Rani	711	1	791	1035	1268	917	1126	0	815	1136	1438
Rohat	708	2	673	1030	1037	912	1420	0	138	1130	1705
Sojat	1012	0	776	1473	1671	1304	1308	0	242	1616	1616
Sumerpur	1128	6	1252	1641	2878	1453	1299	0	336	1800	1578
DH	1309	12	1785	1906	2223	1687	997	0	85	2090	989
SDH	245	0	123	356	730	316	320	0	281	391	403

Source- DPMU Office, 2017 * IUCD- Intra Uterine Contraceptive Devises

From the above Table 18, it can be seen that condom usage is the most common preferred method of contraception, as all the blocks gave condoms more than the target during the last financial year in the District, which was followed by Oral Pill usage, thatwas also exceeded by the target in most of the blocks in the District. However, it was noticed that couples did not prefer permanent methods of contraception, though females opted for female sterilization but a rarity was noticed in male sterilization cases. Due to community mobilization ASHAs

IUCD insertions had drastically increased in the District, which is getting closer to the set targets for each block.

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 not functional in the district.Though health talks were being organised but more efforts needs 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.

7. Aurvedic Yoga UnaniSiddh and Homopathy (AYUSH)

Bringing AYUSH facilities to mainstream is NHM's one of the major objectives for promoting healthy lifestyles but NorthDistrict had no facility providing AYUSH services. The District was performing well in helping people avail AYUSH services in collaboration with the AYUSH department of the State. There were 29 AYUSH centres in 10 blocks of the District. There were 16 trained AYUSH doctors who were working with NHM throughout the District.

Table 19: Details of AYUSH Facilities in 2017: Pali District, Rajasthan

Block	No. of facilities with AYUSH health centers	No. of AYUSH Doctors	No. of patients received treatment
10	29	16	41940

Source- DPMU Office, 2017

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. This program has been divided into two parts for betterperformance, that are communicable diseases and non-communicable diseases.

Table 20: Disease Control Programme (Communicable Diseases) Progress in 2017: Pali District, Rajasthan

Name of the Programme/ Disease	2014-15		2015-16		2016-17	
	No. of cases screened	No. of detected cases	No. of cases screened	No. of detected cases	No. of cases screened	No. of detected cases
TB	12214	2026	9943	1777	9352	1746
Leprosy	6255	15	3594	7	4978	12
Malaria	236575	381	250773	453	143075	174
Japanese Encephalitis	0	0	0	0	0	0
Others, if any	0	0	0	0	0	0

Source- DPMU Office, 2017

From the above Table 20, it can be seen that District works on the most widely spread communicable diseases in the District, that are TB, Leprosy and Malaria.A positive pattern has been noticed for all the three diseases that is, though the number of cases being screened has been increasing but the number of cases being detected has been rapidly decreasing, especially for Malaria where the number of cases detected in 2014-15 being 381 has gone down to 174 cases being detected.

Table 21: Table 20: Disease Control Programme (Non- communicable Diseases) Progress in 2017: Pali District, Rajasthan

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	25461	25461	25205	25205	27839	27839
Hypertension	64745	64745	63020	63020	64411	64411
Osteoporosis						
Heart Disease	9377	9377	5569	5569	5064	5064
Others, if any	0	0	0	0	0	0

Source- DPMU Office, 2017

From the above Table 21, it can be seen that the District is diagnosing for the most commonly noticed non-communicable diseases in the District, that are, Diabetes, Hypertension and Heart Diseases. The available data shows that the general health status for the District is really bad as for each of the diseases, a high number of cases has been

detected. The most prevalent non-communicable diseases ishypertension, as there has been a really high number of cases being detected from past three financial years. However, there has been a decline in the number of cases of Heart diseases which is a positive sign.

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 up to satisfactory level. All the facilities were visibly clean and all the measures to prohibit the spread of infection to the beneficiaries admitted in the hospitals were being ensured. Toilets were in usable condition, howeversome more measures could have been adopted to ensure that they are maintained better. 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: Water Cooler at a facility in Pali District

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 from CHCs and some PHCs, who collected waste every second day. Though some of the facilities did not have outsourced BMW disposal system, they had a pit to dispose of the waste, however these pits were old and had not been cleared for quite some time. During the visit it was also seen that certain sub-centers did not have a pit nor was their waste disposal being outsourced, hence they had to dispose off the waste in an unhygienic manner.

Table 22: Details of BMWS in 2017: Pali District, Rajasthan

Bio-Medical Waste Management	DH	CHC	PHC
No of facilities having bio-medical pits	0	26	67
No. of facilities having color coded bins	0	21	83
Outsourcing for bio-medical waste	2	8	1
If yes, name company	Sale promoter	Sale promoter	Sale promoter
How many pits have been filled	0	6	14
Number of new pits required	0	8	22
Infection Control			
No. of times fumigation is conducted in a year	Daily	As per requirement	As per requirement
Training of staff on infection control	Yes	Yes	Yes

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 3: Electronic IEC Display at a facility in Pali District

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 22, it can be seen that currently 1459 ASHAs were currently working in the District, though still the District had 225 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.

Table 23: Details of ASHAs working in 2017: Pali District, Rajasthan

Last status of ASHAs (Total number of ASHAs)	1684
ASHAs presently working	1459
Positions vacant	225
Total number of meeting with ASHA (in a Year)	Two meetings in a year at Block level and monthly meeting at Sector level
Total number of ASHA resource centers/ ASHA Ghar	
Drug kit replenishment	From Sector level as per demand
No. of ASHAs trained in last year	
Name of trainings received	1) Induction – 53 2) Module 6&7 Round 1 - 56 3) Module 6&7 Round 2- 00 4) Module 6&7 Round 3 - 181 5 Module 6&7 Round 4 - 522 6) Two Days training on NP- 1351 7) One day training on FP component- 1355

Source- DPMU Office, 2017

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 Pali District, there were no issues with regard to reporting of the data. Almost all the visited facilities are reporting data on HMIS portal.

The State has designed a number of online reporting portals for various aspects which has made data capturing more transparent. These portals monitor the status of various schemes like JSY etc, status of ASHAs working in the District, automated temperature updation of IRLs in each facility and may other. This has made the process of monitoring the services rendered and the data being reported smoother.

12.Budget Utilisation Parameters

From the below Table 24, it can be seen that the District has been utilising more than the sanctioned budget in RCH and NHM flexible pool that is sanctioned RCH flexible pool was 737.18 however960.61 was utilised and NHH Flexible pool sanctioned was 721.06however 966.47 was utilised. This over utilisation was compensated by underutilising the budget sanctioned for NDCP (both communicable and non-communicable).

Table 24: Details of Budget Utilisation in 2017: Pali District, Rajasthan

Scheme/Programme	Funds	
	Sanctioned	Utilized
RCH Flexible Pool	737.18	960.61
NHM Flexible Pool	721.06	966.47
Immunization cost	129.06	58.42
NIDDCP	.05	0.05
NUHM	78.35	38.12
Communicable disease Control Programmes	81.25	61.33
Non Communicable disease Control Programmes	186.29	136.68
Infrastructure Maintenance		

Source- DPMU Office, 2017

13.Facility-Wise Observations

13.1. General Observations

It was observed that almost all the facilities were functioning in large infrastructural setups, though some of them were in need of up gradation. 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. The facilities had a provision of AYUSH OPD, though all their medicine stock was near expiration. All the facilities visited were appropriately performing their role in delivering RCH services.The sanitation condition in all the facilities was good.

13.2. Government Bangpur District Hospital, Pali District

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.

Figure 4: Government Bangpur District Hospital, Pali District

Table 25: Details of Service Utilisation Government Bangpur District Hospital in 2017: Pali District, Rajasthan

S.No	Service Utilization Parameter	2015-16	2016-17
1.	OPD	325864	382152
2.	IPD	41025	45303
3.	Total deliveries conducted	6848	7453
4.	No. of C section conducted	938	1065
5.	No. of pregnant women referred	294	262
6.	ANC1 registration	5834	5571
7.	No. of PPIUCD Insertion	639	1089
8.	No. of children fully immunized	4740	5536
9.	No. of children given Vitamin A	19910	17872
10.	Total MTPs	4	132
11.	Maternal Deaths	6	1
12.	Still births	248	268
13.	Neonatal deaths	90	123
14.	Infant Deaths	15	11

Source- : Government Bangpur District Hospital, Pali District, 2017

- From the above Table 25, 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.
- There has also been a decrease in the number of ANC registration that is 5834 in 2015-16 was 5571 while in 2016-17 was 3614 which can also be attributed to the proactive community mobilization by ASHAs and ANMs.
- There has been a marked increase in the number of PPIUCD insertions which increased from 639 in 2015-16 to 1089 in 2016-17.

- Though has been an increase in the number of children being immunized that is 4740 in 2015-16 to 5536 in 2016-17 however there has been a decrease in the number of children who received Vit A from 2015-16 that is 19910 to 17872 in 2016-17.
- Also the number of still deaths and neonatal deaths have gone up that is 248 still births in 2015-16 to 268 in 2016-17 and 90 neonatal deaths in 2015-16 to 123 in 2016-17.

13.3. Community Health Center, Sadri Block, Pali District, Rajasthan

The facility was well maintained even though it was a heritage building of British era. The facility had innovative practice of providing food to the attendants at a really low price, this was done by developing a public-private partnership through which support from a non-profit organisation that helped in providing food. 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 was in place as the CHC had pits which were cleared regularly. All required drugs are fully stocked and proper records are maintained for drug stocks.

Figure 5: Community Health Center, Sadri Block, Pali District, Rajasthan

- From the below Table 26, it can be seen that there has been a much change in the number of OPDs in the facility from 98161 in 2015-16 to 109141 in 2016-17. Though there has been a rise in the number of IPDs that is 5394 in 2015-14 to 6570 in 2016-17.
- Community mobilisation seems to be the reason behind the decreased number of deliveries, c -sections, ANC1 and ANC3 registrations that is in 2015-16 there were 1280 deliveries, 172 c -sections, 755 ANC1 registrations and 628 ANC3 coverage while in 2016-17 there were 995 deliveries out of which 112 were c-

sections, 556 ANC1 were registered and 613 had ANC3 coverage.

- The District however also had high number of still births in the last two years, though it got decreased from 60 in 2015-16 to 26 in 2016-17, but still the number is really high.

Table 26: Details of Service Utilisation in Community Health Center in 2017: Sadri Block, Pali District, Rajasthan

S.No	Service Utilization Parameter	2015-16	2016-17
1.	OPD	98161	109141
2.	IPD	5394	6570
3.	MCTS entry on percentage of women registered in the first trimester	40%	93%
4.	No. of pregnant women given IFA	4820	4520
5.	Total deliveries conducted	1280	995
6.	No. of C section conducted	179	112
7.	No of admissions in NBSUs/ SNCU, whichever available	143	109
8.	Number of sick children admitted with SAM	15	43
9.	No. of pregnant women referred	26	40
10.	ANC1 registration	755	556
11.	ANC 3 Coverage	628	613
12.	No. of IUCD Insertions	148	112
13.	No. of PPIUCD insertions	369	289
14.	No. of children fully immunized	589	543
15.	No. of children given Vitamin A	389	543
16.	Total MTPs	97	99
17.	Maternal Deaths	1	1
18.	Still births	60	26
19.	Neonatal deaths	14	11
20.	Infant Deaths	1	2

Source- Community Health Center, Sadri Block, Pali District, 2017

13.4. Primary Health Center, Gundoj Block, Pali District, Rajasthan

The facility had2MOs, 1 Pharmacist, 2 Staff Nurses, 1 Male Nurse, 1 LSVand 1 ASHA. The facility had no ANMworking due to the acute shortage of ANMs prevalent in the District. 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 was built for patients waiting for treatment during rush hours.The Staff Nurses were efficiently handling RCH facilities. There was an AYUSH OPD attached along which had an AYUSH MOworking in it. 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, records well

maintained for drugs in stock.

Table 27: Details of Service Utilisation in Primary Health Center in 2017: Gundoj Block, Pali District, Rajasthan

S.No	Service Utilization Parameter	2015-16	2016-17
1.	OPD	23428	25401
2.	IPD	583	840
3.	Total deliveries conducted	260	264
4.	No of admissions in NBSUs, if available	0	0
5.	No. of sick children referred	4	5
6.	No. of pregnant women referred	10	12
7.	ANC1 registration	133	143
8.	ANC3 Coverage	50	86
9.	No. of IUCD Insertions	78	128
10.	No. of PPIUCD insertions	0	117
11.	No. of Vasectomy	0	0
12.	No. of Minilap	0	12
13.	No. of children fully immunized	138	116
14.	No. of children given Vitamin A	138	116
15.	No. of MTPs conducted	0	0
16.	Maternal deaths	0	0
17.	Still birth	6	0
18.	Neonatal deaths	0	0
19.	Infant deaths	1	0

Source- Primary Health Center, Gundoj Block, Pali District, 2017

Figure 6: Primary Health Center, Gundoj Block, Pali District, Rajasthan

- From the above Table 27, it can be seen that almost all the service delivery utilisation pattern for the facility has been same form the last two financial years.
- However, there has been a rise in the ANC1 registration from 133 in 2015-16 to 143 in 2016-17, ANC3 coverage from 50 in 2015-16 to 86 in 2016-17 and also IUCD insertions 78 in 2015-16 to 128 in 2016-17.
- Since this financial year the staff nurses were trained in PPIUCD insertions

andsterilisations, hence there have been 117 PPIUCD insertions in the last financial year 12 female sterilisations.

13.5. Sub-Health Centre, FalnaGaw, Pali District, Rajasthan

Figure 7: Sub-Health Centre, FalnaGaw, Pali District, Rajasthan

The facility has just one SBA trained ANM who counsellors for women and adolescentson family planning methods and options.Condoms are kept in a box in the common area for anyone who requires it.The ANM is being provided a tab by the state to report the data online regularly however due to connectivity issues this has not been regularly so the data is submitted in hard copy to the nearest PHC.Biomedical waste bins are colour coded and used accordingly;bio-medical waste disposal isbeing done in a hazardous manner as it is disposed off with the regular waste due to unavailability of any pit.

Table 28: Details of Service Utilisation in Sub-Health Centre in 2017: FalnaGaw, Pali District, Rajasthan

S.No	Service Utilization Parameter	2015-2016	2016-17
1.	Number of estimated pregnancies	56	8
2.	No. of pregnant women given IFA	80	28
3.	Number of deliveries conducted at SC	56	8
4.	Number of deliveries conducted at home	0	0
5.	ANC1 registration	80	30
6.	ANC3 coverage	70	6
7.	No. of IUCD insertions	18	4
8.	No. of children fully immunized	69	28
9.	No. of children given Vitamin A	69	28
10.	No. of children given IFA Syrup	200	0
11.	No. of Maternal deaths recorded	0	0
12.	No. of still birth recorded	2	1
13.	Neonatal deaths recorded	0	0
14.	Number of VHNDs attended		
15.	Number of VHNSC meeting attended	12	4

Source- Sub-Health Centre, FalnaGaw, Pali District, 2017

- From the above Table 23, it can be seen that the number of estimated pregnancies have gone down from 56 in 2015-16 to 8 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 200 in 2015-16 to 0 in 2016-17 due to unavailability of Vit A syrup.
- Number of ANCs has also gone down as there were 80 ANC1 registration in 2015-16 while 30 in 2016-17 similarly there were 70 ANC3 coverage in 2015-16 while there were just 6 ANC3 coverage in 2016-17.

13.6. Sub-Health Centre, Kot Baliyan, Pali District, Rajasthan

The facility had 4 ASHAs, 1 Compounder and 1 Staff Nurse, there was no MO. The facility was well maintained and hygienically maintained. It was a delivery point, where deliveries were handled by the staff nurse and the high-risk or complicated deliveries were referred to the nearest CHC. The facility had a bio-medical waste disposal pit which was regularly cleared.

Figure 8: Sub-Health Centre, KotBaliyan, Pali District, Rajasthan

- From the below Table 29, it can be seen that there has been a decrease in the number of estimated pregnancies from 123 in 2015-16 to 76 in 2016-17 which means that family planning has been successfully implemented in the community. This is also evident form the decrease in the number of ANC1 registration that is

123 in 2015-16 to 55 in 2016-17 as well as decrease ANC3 coverage from 88 in 2015-16 to 25 in 2016-17.

- The facility has been able to successfully avoid any maternal death, still births and neonatal deaths over the past two years.

Table 29: Details of Service Utilisation in Sub-Health Centre in 2017: KotBaliyan, Pali District, Rajasthan

S.No	Service Utilization Parameter	2015-2016	2016-17
1.	Number of estimated pregnancies	123	76
2.	No. of pregnant women given IFA	123	71
3.	Number of deliveries conducted at SC	25	18
4.	Number of deliveries conducted at home	0	0
5.	ANC1 registration	123	55
6.	ANC3 coverage	88	25
7.	No. of IUCD insertions	40	15
8.	No. of children fully immunized	101	58
9.	No. of children given Vitamin A	101	58
10.	No. of children given IFA Syrup	65	15
11.	No. of Maternal deaths recorded	0	0
12.	No. of still birth recorded	0	0
13.	Neonatal deaths recorded	2	0
14.	Number of VHNDs attended	48	20
15.	Number of VHNSC meeting attended	48	20

Source- Sub-Health Centre, KotBaliyan, Pali District, 2017

14.Conclusion

- Health Infrastructure needs to be maintained, all the facilities visited were built in huge setups but they were not so efficiently managed. Many facilities need repairing which was a major issue that needs to be repaired in the district. Toilet facilities and drinking water supplies wereavailable in most of the facilities especially in PHC and CHCs.
- 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 the high number of sick newborns and neonates. The facilities which are providing services to cater to them but they number of sick neonates admitted is really high, which is quite alarming.
- Though the District has brought down the maternal mortality rate substantially but still there is large number of home deliveries still being carried out. 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.

- The District has been quite active in securing huge donations which have been put to use appropriately. These donations have been in form of currency or in form of a material (ambulances, buildings etc) which has lighten the financial pressure over the NHM setup.
- State has developed effective online reporting portals for almost all the mechanisms that need to be monitored which has definitely affected the reporting mechanism by making the process of implementation transparent.

15.Recommendations

- **Need for Developing Proper BMWS**: Most of the facilities visited did not have a proper BMWS in place, which might lead to developing unsanitary disposal of the hazardous waste. 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 pits or other disposal systems are 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 biases.
- **Urgent Requirement of ANMS:** The District is facing an acute shortage of ANMs which needs to be taken care of on urgent bases as this might create a gap between the health service delivery facilities and the population availing it.
- **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.
- **Improving Outreach Facilities for Maternal Health:** Innovative strategies need to be developed so that the number of high risk pregnancies are bought down, though all they might be monitored efficiently but there is a need to bring the number of occurrences down.

- **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.
- **Introduction of ARSH:**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 & 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			
Transport Facility	**Number available**	**Number functional**	**Remarks**
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/PPS	NSV	Total
Medical Officers						
Lady Medical Officers						
Staff Nurses						
ANM						
LHV/PHN						

* Note- Fill number of officials who have received training

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

Position Name	IUCD insertion	RTI/STI/HIV screening	FIMNCI	NSSK	Total

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

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

.....

.....

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

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

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

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

*Achievement

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

DH level Monitoring Checklist

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

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

Date of last supervisory visit:_____

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

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

_____

Section I: Physical Infrastructure:

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

1.26	Availability of functional Help Desk	**Y**	**N**	

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

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

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

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

Section IV: Equipment:

S. No	Equipment	Yes	No	Remarks

4.1	Functional BP Instrument and Stethoscope	**Y**	**N**	
4.2	Sterilised delivery sets	**Y**	**N**	
4.3	Functional Neonatal, Paediatric and Adult Resuscitation kit	**Y**	**N**	
4.4	Functional Weighing Machine (Adult and child)	**Y**	**N**	
4.5	Functional Needle Cutter	**Y**	**N**	
4.6	Functional Radiant Warmer	**Y**	**N**	
4.7	Functional Suction apparatus	**Y**	**N**	
4.8	Functional Facility for Oxygen Administration	**Y**	**N**	
4.9	FunctionalFoetal Doppler/CTG	**Y**	**N**	
4.10	Functional Mobile light	**Y**	**N**	
4.11	Delivery Tables	**Y**	**N**	
4.12	Functional Autoclave	**Y**	**N**	
4.13	Functional ILR and Deep Freezer	**Y**	**N**	
4.14	Emergency Tray with emergency injections	**Y**	**N**	
4.15	MVA/ EVA Equipment	**Y**	**N**	
4.16	Functional phototherapy unit	**Y**	**N**	
4.17	Dialysis Equipment	**Y**	**N**	
4.18	**O.T Equipment**			
4.19	O.T Tables	**Y**	**N**	
4.20	Functional O.T Lights, ceiling	**Y**	**N**	
4.21	Functional O.T lights, mobile	**Y**	**N**	
4.22	Functional Anesthesia machines	**Y**	**N**	
4.23	Functional Ventilators	**Y**	**N**	
4.24	Functional Pulse-oximeters	**Y**	**N**	
4.25	Functional Multi-para monitors	**Y**	**N**	
4.26	Functional Surgical Diathermies	**Y**	**N**	
4.27	Functional Laparoscopes	**Y**	**N**	
4.28	Functional C-arm units	**Y**	**N**	
4.29	Functional Autoclaves (H or V)	**Y**	**N**	
	Laboratory Equipment			
4.1a	Functional Microscope	**Y**	**N**	
4.2a	Functional Hemoglobinometer	**Y**	**N**	
4.3a	Functional Centrifuge	**Y**	**N**	
4.4a	Functional Semi autoanalyzer	**Y**	**N**	
4.5a	Reagents and Testing Kits	**Y**	**N**	
4.6a	Functional Ultrasound Scanners	**Y**	**N**	
4.7a	Functional C.T Scanner	**Y**	**N**	
4.8a	Functional X-ray units	**Y**	**N**	
4.9a	Functional ECG machines	**Y**	**N**	

Section V: Essential Drugs and Supplies:

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

Section VI: Other Services:

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

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

Section VII: Service Delivery in Last two financial years:

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

Section VII A: Funds Utilisation

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

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

Section VII B: Service delivery in post natal wards:

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

Section VIII: Quality parameter of the facility:

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

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

Section IX: Record Maintenance:

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

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

Section X: IEC Display

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

Section XI: Additional/Support Services:

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

Qualitative Questionnaires for District Hospital Level

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

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

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

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

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

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

FRU level Monitoring Checklist

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

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

Date of last supervisory visit:_____

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

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

_____

Section I: Physical Infrastructure:

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

1.23 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	Laproscopy-Sterilisations		
3.11	IUCD		
3.12	PPIUCD		
3.13	Blood storage		
3.14	IMEP		
3.16	Immunization and cold chain		
3.15	Others		

Section IV: Equipment:

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

Section V: Essential Drugs and Supplies:

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

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

Section VI: Other Services :

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

Section VII: Service Delivery in last two financial years:

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

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

Section VII a: Service delivery in post natal wards:

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

Section VIII: Quality parameter of the facility:

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

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

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

Section V: Essential Drugs and Supplies

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

Section VI: Other Services :

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

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

Section VII: Service Delivery in last two years

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

Section VII a: Service delivery in post natal wards:

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

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

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

2. Any good practices or local innovations to resolve the common programmatic issues.
   .....
   .....

3. Any counselling being conducted regarding family planning measures. .....
.....

Sub Centre level Monitoring Checklist

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

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

Date of last supervisory visit:_____

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

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

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

Section I: Physical Infrastructure:

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

Section II: Human Resource:

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

Section III: Equipment :

S.No	Equipment	Available and Functional	Available but non-functional

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	Previou 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 b non-maintaine
7.1	Payments under JSY		
7.2	VHND plan		
7.3	VHSNC meeting minutes and action taken		
7.4	Eligible couple register		
7.5	MCH register (as per GOI)		
7.6	Delivery Register as per GOI format		
7.7	Stock register		
7.8	MCP cards		
7.9	Referral Registers (In and Out)		
7.10	List of families with 0-6 years children under RBSK		
7.11	Line listing of severely anemic pregnant women		
7.12	Updated Microplan		
7.13	Vaccine supply for each session day (check availability of all vaccines)		
7.14	Due list and work plan received from MCTS Portal through Mobile/ Physically		

Section VII A: Funds Utilisation

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

Section VIII: IEC display:

S. no	Material	Yes	No	Remarks
8.1	Approach roads have directions to the sub centre	Y	N	
8.2	Citizen Charter	Y	N	
8.3	Timings of the Sub Centre	Y	N	
8.4	Visit schedule of "ANMs"	Y	N	
8.5	Area distribution of the ANMs/ VHND plan	Y	N	

8.6	SBA Protocol Posters	**Y**	**N**	
8.7	JSSK entitlements	**Y**	**N**	
8.8	Immunization Schedule	**Y**	**N**	
8.9	JSY entitlements	**Y**	**N**	
8.10	Other related IEC material	**Y**	**N**	

Qualitative Questionnaires for Sub-Centre Level

1. Since when you are working here, and what are the difficulties that you face in running the Sub-centre.

   ……
   ……

2. Do you get any difficulty in accessing the flexi pool.

   ……
   ……..

3. On what head do you spend money of flexi pool? Do you keep record of money spend on the maintenance of infrastructure.

   ……
   ……