NATIONAL HEALTH MISSION

A REPORT ON

MONITORING OF IMPORTANT COMPONENTS OF

NATIONAL RURAL HEALTH MISSION PROGRAMME IMPLEMENTATION PLAN

IN PAURI GARHWAL, UTTARAKHAND

SUBMITTED TO

Ministry of Health and Family Welfare

MINISTRY OF HEALTH AND FAMILY WELFARE

GOVERNMENT OF INDIA

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List of Abbreviations

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

Executive Summary

It is the monitoring and evaluation of PIP of NRHM. A collaborative team of Population Research Centre, Delhi had visited the selected district to interview and monitor the health functionaries in the district hospital, CHCs, PHCs and sub centres to assess the availability of funds and infrastructure and evaluate the performance of the district on various indicators. The report is prepared by PRC Delhi based on the framed scheduled prepared for collection of data from the district and observation made during the visit.

The major strength and weaknesses in the functioning of NHM activities in the district are as follows:

Strengths

- Service delivery at the women's district hospital is satisfactory. The facility has undergone many major changes in the recent past. It has significantly improved with respect to infrastructure and manpower availability which has consequently widened the spectrum of services.
- Until a year ago, no caesarean sections were being conducted at the district hospital which led to a heavy referral. The facility has started to conduct C-section deliveries which has bough down the number of referral cases from the district hospital. The only constraint that the facility faces with respect to deliveries is unavailability of an anaesthetist. They thus have to avail services of the anaesthetist available with the adjacent men's district hospital.
- District is performing well in AYUSHMAN Bharat data feeding and has achieved full target, in both rural and urban areas. And stood in the State in AYUSHMAN Bharat data feeding.
- Service delivery of RKSK is impressive in the district. The district has dedicated Adolescent friendly health clinic (AFHC) clinic which are running smoothly and efficiently.

Weakness

- The redressal mechanism with regards to RKS was reported to be a significant problem by the CHC, Pabau staff.
- Location of few facilities, mostly sub-centres is such that approaching the facility is not feasible. Also Majority of the sub-centres in the district are not conducting deliveries. Owing to the topology of the district, the service delivery at the sub centre level is restricted to immunization, VHNDs, and suchlike.
- The RoP for the district usually late. This leaves only 3-4 months for the fund utilisation.
- Quarter of the fund is dedicated to RBSK. However there is no provision to refer to higher facility for complicated such as surgery etc. This makes the approach of the programme quite ineffective.
- Due to geographical constraints no agency is ready to pickup BMW from CHCs. Till last year even the Female District Hospital didn't had any provision for waste collection, this year it gave tender to MPCC for the same. However the services are extremely poor and the waste has only been picked up twice since the beginning of the contract.
- Manpower crunch was reported in the district. However the major demand was raised for ANM (Auxiliary Nurse Midwife) and SN (Staff Nurse). Given the high number of Non SBA trained home deliveries and permanent ANM who are on the verge of retirement, sanctioning of new post and recruitment of new ANM and SN will help in improving the efficiency of the delivery services.

1. Introduction

1.1 Background

National Health Mission (NHM) was launched on April 2005 with mission to outreach the under-served population of the country and provide them with essential healthcare services. Since then it has become integral part in providing quality health care services especially to the vulnerable group. Given its achievement in providing affordable, equitable and quality healthcare services in March 2018 it has been further extended to continue till March 2018. National Health Mission encloses two sub-missions, National Urban Health mission and National Rural health Mission.

Over the years the funds allotted to the National Health Mission have increased considerably with the vision to cater the increasing needs of the population for health care services. Hence quality assessment of the programme implementation is extremely important as it will help in further planning and resource allocation. Therefore the Ministry of Health and Family Welfare (MoHFW) has entrusted Population Research Centre (PRC) for quality monitoring of key components of NRHM Programme Implementation Plan (PIP). While engaging with the task, PRCs would identify critical concerns in implementation of NRHM activities and also evolve suitable quality parameters to monitor the various components. As a part of qualitative reports, the PRCs are required to observe and comment on status of the following key areas mentioned in the Records of Proceedings (ROPs):

- Mandatory disclosure on the State NRHM website
- Components under key conditionality and new innovation
- Strategic areas identified in the roadmap for priority action
- Key strengths and weaknesses in the implementation of the program

1.2 Objective

Monitoring covers quality service delivery at all levels, physical infrastructure, financial expenditure report, and strengths of the health institution. The main objective of whole monitoring and evaluation are stated below:

1. To get clear picture of the district current health situation, status of programme implementation; addressing the loopholes and registering its achievements.

2. Understanding the community level participation, gaps in different community level processes and help take appropriate community level actions to bridge up the gap.
3. Suggesting them to get equipped with tools and skills required for better service delivery. And get them exposed to various replicable public health facilities, models, and programmes.
4. Understanding the effectiveness of the programme at the grass root level, sharing the observations at various facility levels and suggesting them to come up with new innovations to address emerging health issues and better implementation of existing programmes.

1.3 Methodology

Ministry of Health and Family Welfare has assigned the task of monitoring the health status of Pauri Garhwal, Uttarakhand to PRC Delhi. The report is based on secondary data, collected from the CMO office and other health facilities visited. PRC, Delhi visited the district office to interact with CMO, ACMO, DPM and other officers of the district. Health profile of the district was discussed intensively and higher authorities were questioned on broad areas under NHM such as maternal health, child health, family planning, human resource, infrastructure etc.

The report is based on both qualitative and quantitative survey. Before visiting the field a structured questionnaire (Appendix) prepared on various important aspects of NHM activities, has been send to the respective facilities Nodal officers. Further on the visit the questionnaire is cross checked and discussed in detail. After a valuable discussion with the ACMO few selected facilities were visited for monitoring purpose. The healthcare facilities visited are listed below:

Table 1: List of Visited Healthcare Facilities in Pauri Garhwal District, Uttarakhand, 2018

Facility Type	Name of the facility
District Hospital	District Female Hospital, Pauri Garhwal
Community Health Centre	CHC Pabau
Primary Health Centre	PHC Khirsu
Sub-Centre	1. SC Chipalghat 2. SC Bughani

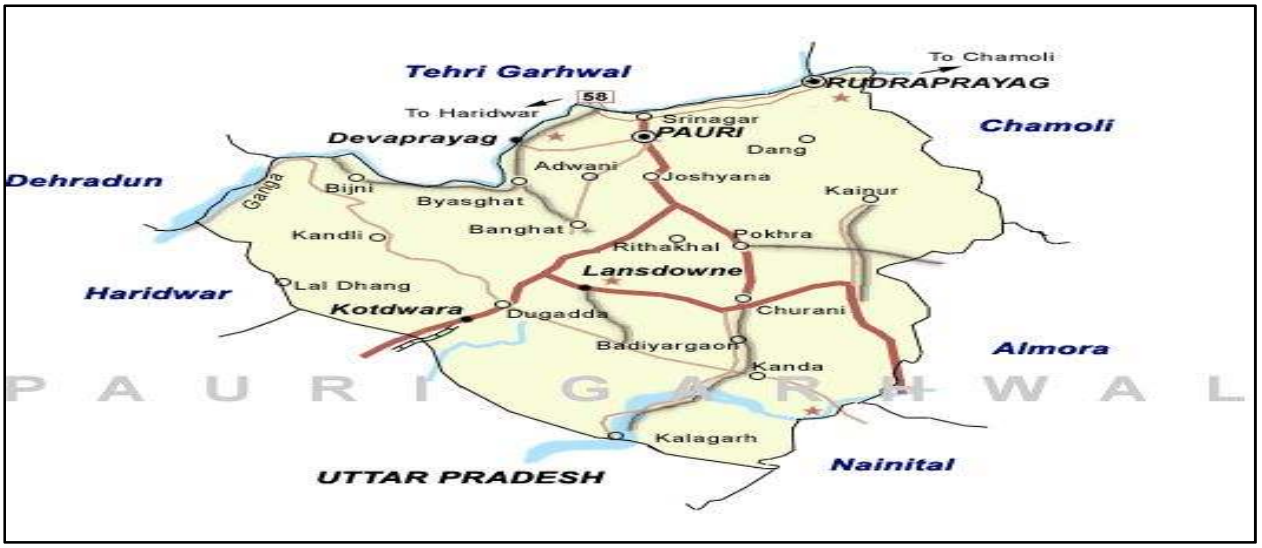
Apart from discussion with various health officials the team also interviewed various beneficiaries to obtain their perspective on the various NHM schemes. The report has attempted to support the health functionaries in identifying their key strengths and weaknesses. Appreciating the facilities for their efforts and achievements, encouraging them to work effectively on the gaps identified during the survey and take appropriate actions within their respective capacities

1.4 Socio Economic and Demographic Profile

Pauri Garhwal is situated in the state of Uttarakhand in Northern India with the town of Pauri as its headquarters. The district is ringed by Dehradun and Haridwar on the west, district Bijnor and Udhamsingh Nagar (Uttar Pradesh) on the south, district Nainital and Almora on south-east, districts Chamoli and Rudraprayag on north east and north and Tehri Garhwal on northwest. The District is administratively divided into nine tehsils, viz., Pauri, Lansdown, Kotdwar, Thalisain, Chobattakhal, Srinagar, Satpuli, Dhumakot & Yamkeshwar and fifteen developmental blocks, viz., Kot, Kaljikhal, Pauri, Pabo, Thalisain, Bironkhal, Dwarikhal, Dugadda, Jaihrikhal, Ekeshwer, Rikhnikhal, Yamkeswar, Nainidanda, Pokhra & Khirsu.

Figure 1: Map of Pauri Garhwal, Uttarakhand
Source: https://www.euttaranchal.com/maps/_imgs/pauri_static_map.gif

The chief rivers flowing through the district are the Ganga with its tributaries namely, the Alaknanda, the Nayaar (Nayaar East & Nayaar West), the Huinl, the Malin; and the Ramganga with its tributary the Mandal. There are hundreds of small streams which rise in the lower hills of



Garhwal and join these rivers either in this district or in the district Bijnor of Uttar Pradesh. Pauri Garhwal district occupies an area of approximately 5329 square kilometers.

According to the census 2011, district has a population of 687,271. Table 2 depicts the demographic indicators of the district Pauri Garhwal. Its population growth over the decade 2001-2011 was -1.41 per cent. The district has a population density of 129 inhabitants per square kilometer, with 83.06 per cent population living in rural area. Sex Ratio in Pauri Garhwal has sex ratio of 1103 female for 1000 male. District literacy rate was 82.02 per cent, higher than State and nation figures. Male literacy stood at 92.71 per cent compared to which female literacy stood lower at 72.60 per cent still higher than state and nation numbers.

Table 2: Key Socio-Economic and Demographic Indicators: All India, Uttarkhand & Pauri Garhwal District

Indicators	India	Uttarakhand	Pauri Garhwal
Actual Population	1,210,854,977	10,086,292 **(1% of India's population)**	687,271 **(7% of Uttarakhand's population)**
Male	623,270,258	5,137,773	326,829
Female	587,584,719	4,948,519	360,442
Rural	833,748,852 **(68.86%)**	7,036,954 **(69.77%)**	574,568 **(83.60)**
Male	427,781,058	3,519,042	268,029
Female	405,967,794	3,517,912	306,539
Urban	377,106,125 **(31.14%)**	3,049,338 **(30.23%)**	112,703 **(16.40%)**
Male	195,489,200	1,618,731	58,800
Female	181,616,925	1,430,607	53,903
Decadal Growth Rate	17.64%	18.81%	-1.41%
Density/km2	382	189	129
Area (sq. km)	3,287,240	53483	5329
Literates	73.0%	78.82%	82.02%
Male	80.9%	87.4%	92.71%
Female	64.6%	70.01%	72.60%
Sex Ratio (per/000)	943	963	1,103

Source: Census 2011, Ministry of Home Affairs, GOI

1.5 Key Health Indicators

The main aim of NHM has been improvement in maternal and child health status. Table 3 depicts about major health indicators in the district. Total fertility stood at 2.2 closer to the ideal total fertility rate of 2.1 targeted by the government also lower than the overall country's rate of 2.3. Neo-natal mortality rate and Infant mortality rate at 25 and 37, closer to the rate prevailing overall in the country.

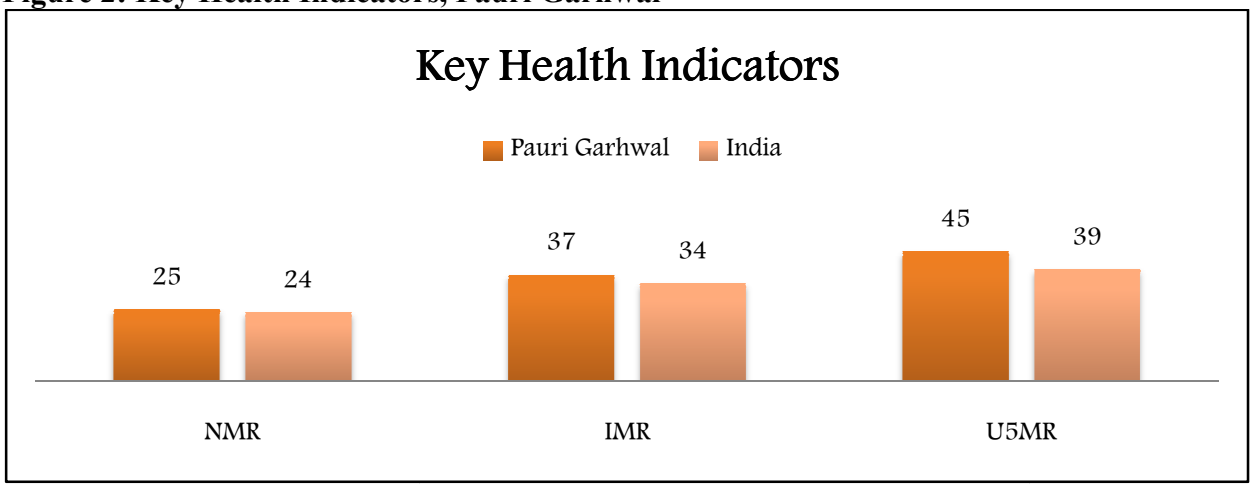
Table 3: Key Health Indicator, Pauri Garhwal

Health Indicators	Pauri	India
NMR	25	24
IMR	37	34
U5MR	45	39
MMR	158	167
TFR	2.2	2.3

Source: CMO Office (2018-19), Pauri Garhwal & Census 2011, Ministry of Home Affairs, GOI

Maternal Mortality rate stood at 158 lower than the countries rate i.e. in number three maternal death took place in district in the financial year 2017-18. But under-five mortality rate was higher than country rate of 39. Overall it can be concluded that district has improved in key health indicators after the introduction of National Health Mission.

Figure 2: Key Health Indicators, Pauri Garhwal



Full immunization in the district stood 83.1 per cent which is positive indicator of health; however there is a scope of improvement in the area. First trimester ANC registration stood very low at 45.6 per cent compared to which Full ANC stood higher at 55.2 per cent. Number of safe home deliveries attended by SBA were 986 i.e. 40.5 per cent of the total deliveries conducted. The reason stated for home deliveries conducted without the SBA was the shortage in required

number of ANM and Staff nurse in the district. In many parts of the districts one ANM was handling multiple sub centres. Total number of institutional deliveries conducted in financial year 2017-18 was reported to be 8069. Constituting 58.3 per cent of the total deliveries conducted. Reason reported for lower percentage of institutional deliveries was unavailability of adequate staff in most of the facilities. Only three sub-centres in the 239 were currently conducting deliveries. This was not only due to lack of adequate staff but also the difficulty approachability of the facility and non availability if electricity and water supply in most of the sub-centres. Noting that there is still a scope of improvement in the area; looking at the loopholes and taking the mandatory actions required.

Table 4: Key Health Indicators, Pauri Garhwal District

Health Indicators	Number	Percentage/Ratio
Fully immunized children	9041	83.1
ANC Registration in the first trimester	5995	45.6
Full ANC	9738	55.2
Safe Deliveries(Home deliveries attended by SBA)	986	40.5
Institutional Deliveries	8069*	58.3
No of women received PNC checkups within 48 hours	-	76.3

Source: CMO Office (2018-19), Pauri Garhwal
***Includes Medical colleges**

2. Health Infrastructure

Health infrastructure is important for effective rendering of health services. Table 5 depicts the health infrastructure of the Pauri Garhwal district. The district has 2 district hospital and no First Referral Unit. It has 5 CHC and 32 PHC out of which 30 are government building and 2 are established in rented building. Given in the table below there are 239 sub centres and 33 delivery points in the district. It has 1 Skill Labs and 1 Mother & Child Care Centers which adds to the positive points in the parameter .However, the district does not have any District Early Intervention Centre.

Table 5: Health Infrastructures, Pauri Garhwal, Uttarakhand

Health Facility	Number available	Govt. building	Rented building/ Under const.
District hospital	2	2	2

Health Facility	Number available	Govt. building	Rented building/ Under const.
CHC	5	5	5
PHC	32	30	2
Sub Centre	239	140	99
Mother & Child Care Centers	1	1	0
MCD Hospitals	0	0	0
Medical College	1	1	0
Skill Labs	1	1	0
District Early Intervention Centre	0	0	0
Delivery Points	33	33	0

Source: CMO Office (2018-19), Pauri Garhwal

Health infrastructure also includes transport facilities at the district for the safe and timely movements of the patients. The district is equipped with 17, 108 Ambulances & 12 referral transport (khusion ki sawari). In addition to this it also has 2 functional Mobile Medical Unit.

Table 6: Transport Facility, Pauri Garhwal, Uttarakhand

Transport Facility	Number available	Number functional	Remarks
108 Ambulances	17	17	
CATS	0	0	
102 Ambulance	0	0	
Referral Transport	12	12	Khusion Ki Sawari
Mobile Medical Units	2	0	Tender process started at state level

Source: CMO Office (2018-19), Pauri Garhwal

3. Human Resource and Training Status

3.1 Human Resource Availability

Lack of Human Resource is one of the major concerns of the District; more specifically the major issue was reported regarding the shortage of ANM and SN in the district. Table 7 depicts

the status of HR under NHM in the district. Under NHM there is no sanctioned post of the Gynaecologists however during the visit it was found that two gynaecologist are currently working in female district hospital however the major concern was raised regarding the non availability of anaesthetic in the facility which creates a hindrance in conducting c- section deliveries mainly during night hours. Sanctioned post for pharmacist, lab technicians and, X-ray technicians are 15, 6, and 2 respectively out of which 2 posts are vacant for pharmacist and all are filled for lab technician and X-ray technicians. Vacant post for Staff nurse in CHC and PHC combined was 17 and total of 11 posts are filled. The total number of sanctioned post for ANM under NHM were 19 and all the post are filled, suggestions were made regarding the sanction of more post of ANM for smooth running of the sub-centres. Total number of data entry operator posts sanctioned under NHM is 19 and all are filled. The major reason for such crunch in specialist in the district was quoted to be socio economic factors. Majority do not prefer to work in the district due to economical and political reasons.

Table 7: Human Resource under NHM: Pauri Garhwal, Uttarakhand

Position Name	Sanctioned	Filled	Total Vacant
MO's including specialists	0	0	0
Gynecologists	0	0	0
Pediatrician	1	0	1
Surgeon	0	0	0
LHV	0	0	0
ANM	19	19	0
Pharmacist	15	13	2
Lab technicians	6	6	0
X-ray technicians	2	2	0
Staff Nurse at CHC	8	3	5
Staff Nurse at PHC	20	8	12
ANM at PHC	0	0	0
ANM at SC	19	19	0
Data Entry Operators	21	21	0

Source: CMO Office (2018-19), Pauri Garhwal

3.2 Training Status

From the Table 8 given below, it can be seen that the medical staff was given regular training in the District. As per the table given below in the last financial year (2017-18) 29 and 14 trainings session were organized for Medical Officers and lady Medical Officers, respectively. These sessions include training for SBA, BeMOC, MTP, Minilap/PPS, NSV, IUCD Insertions, RTI/STI/HIV screening FIMNCI and NSSK trainings. Staff nurses received total of 31 training, ANM 141 and no training for lab technician. LHV/PHV has received 4 training session for NSSK in the last financial year. Total number of training received by ASHA was 938 however the training was only for RTI/STI/HIV screening

Table 8: Training Status, Pauri Garhwal, Uttarakhand

Position Name	SBA	BeMOC	MTP	Minilap/PPS	NSV	IUCD insertion	RTI/STI/HIV screening	FIMNCI	NSSK	Total
Medical Officers	1	1	3	0	2	1	12	2	7	29
Lady Medical Officers	2	1	3	0	0	2	4	0	2	14
Staff Nurses	12	0	0	0	0	7	5	0	7	31
ANM	7	0	0	0	0	23	0	0	111	141
LHV/PHN	0	0	0	0	0	0	0	0	4	4
Lab technician	-	-	-	-	-	0	0	0	0	0
ASHA	-	-	-	-	-	0	938	0	0	938

Source: CMO Office (2018-19), Pauri Garhwal

4. Maternal Health

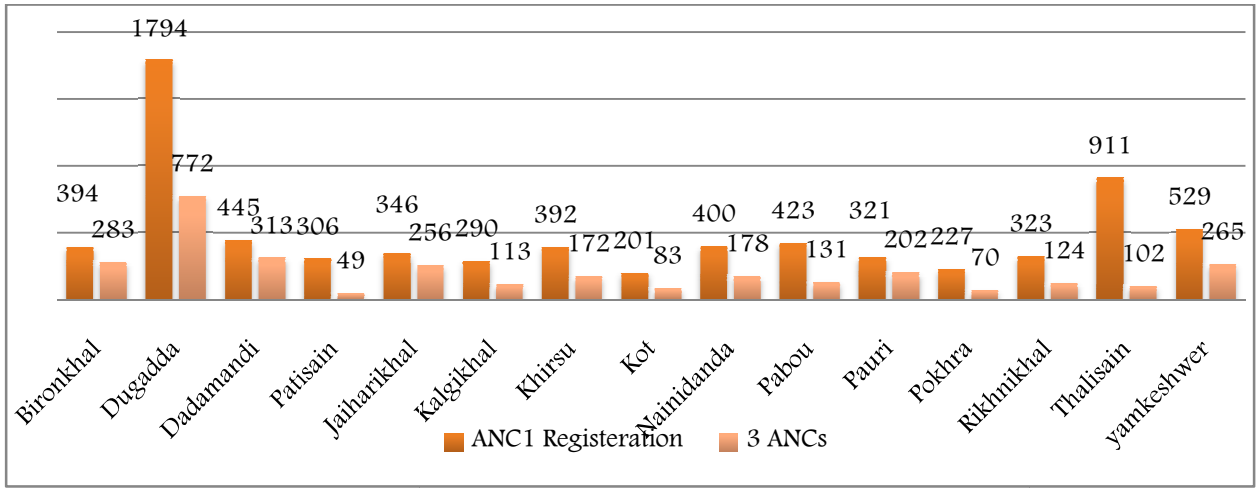
Maternal Health has been the major target area of NHM program. Maternal health service is addressing health status of a woman during pregnancy, child birth, and postpartum period. It is very major component for reducing maternal morbidity and mortality. In the following we will discuss section will various maternal health indicators which will reflect the status of maternal health status in the district.

4.1 Delivery Services

Delivery services are the utmost important factor for Maternal Health. More the number of checkups, follow up and delivery at public institution less the number of infant and maternal morbidity and mortality. NHM has launched various schemes for the promotion of institutional deliveries, incentivizing hence encouraging the beneficiaries for deliveries institutional deliveries to improve the health status of both mother and child. The government is trying its best to outreach the underserved population through several channels to generate awareness one such approach is the concept of ASHA. ASHAs have been proved efficient to reach the ground level population; they get incentive for encouraging and mobilizing women to get institutional deliveries and generating awareness about their health status.

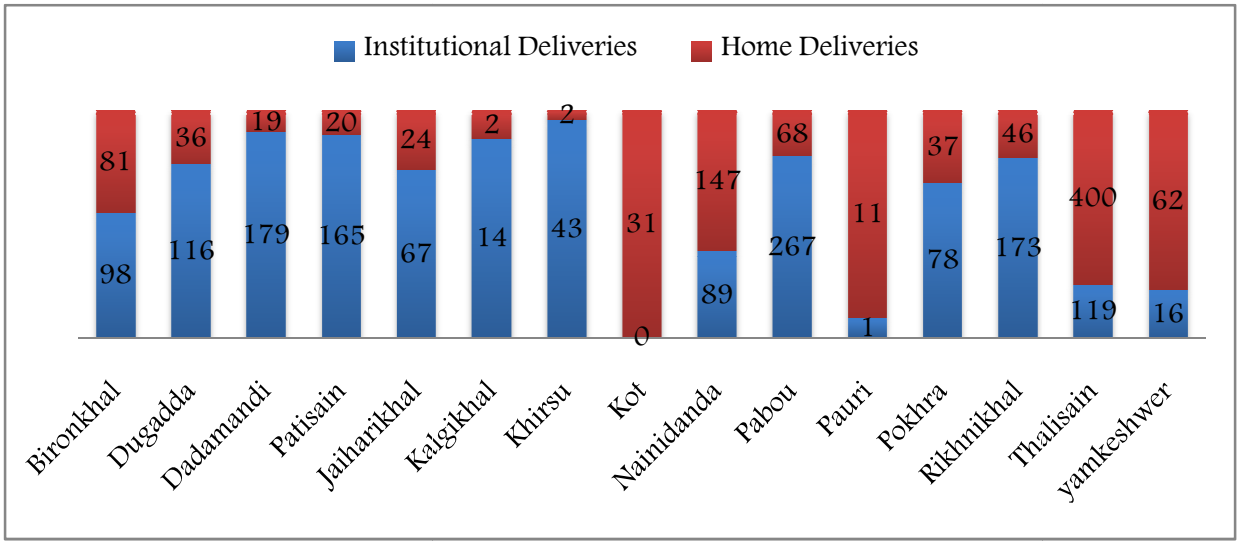
The total ANC registration of the district was 7302 out which only 3113 availed services till third ANC i.e. approximately 42 per cent followed till third ANC compared to the number registered. The major reason cited for this gap was the migration of the beneficiaries to their maternal house during the time of delivery. However this was only one reason and cannot justify the large gap between first trimester and third trimester check-up which leaves a wide scope of improvement in the field. As shown in figure 3 on an average there is a gap of 55 per cent between ANC1 registration and 3rd ANC. The gap varies from figure as low as 28 per cent i.e. gap of 90 between ANC1 and ANC3 in Jaiharikhal to figure as high as 89 per cent i.e. gap of 809 between ANC1 and ANC3 in Thalisain.

Figure 3: ANC1 registration vs. ANC3 Coverage, Pauri Garhwal



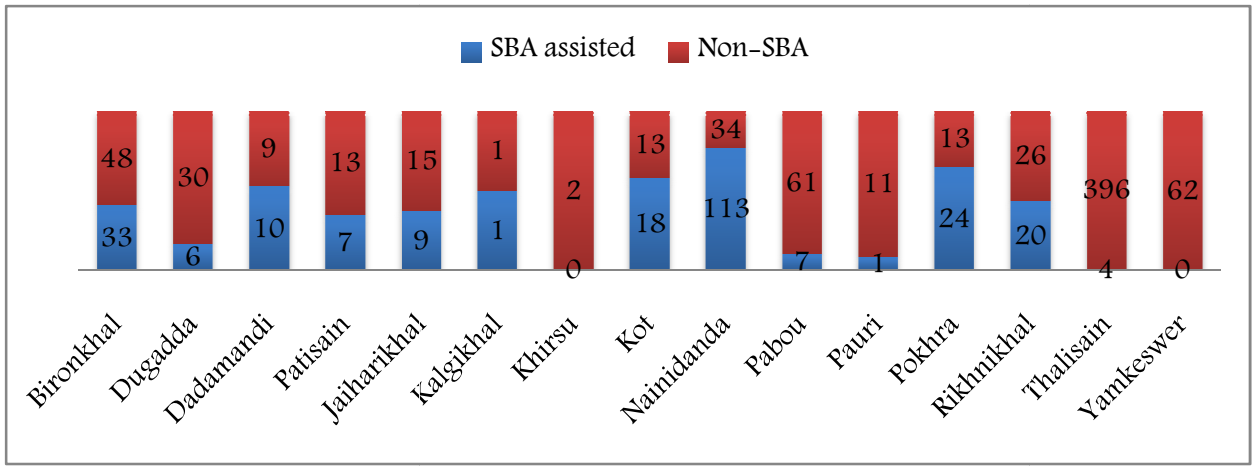
Overall delivery service status is average in the district as can be observed from the figure below the share of home deliveries as compared to institutional deliveries is very high and above 60 per cent in blocks such as Kot, Pauri, Yamkeshwar, Thalisain and Nainidanda. Out of these five blocks three blocks have approximately 100 per cent home deliveries conducted by non SBA trained. However the situation not so meagre throughout the district for blocks such as Khirsu, Dadamandi, Patisian and Kalghikal the share of institutional deliveries out of total deliveries is approximately 90%, which is appreciable. Also blocks such as Bironkhal, Pokhra, Jaiharikhal, Rikhnikhal , Dugadda and Pabou are performing fair with percentage of institutional deliveries raging from 68%-80% approximately.

Figure 4: Institutional Deliveries vs. Home Deliveries- SBA & Non SBA



As evident from the figure the performance of the district in institutional deliveries is not very impressive also the major concern is the high of share of non SBA conducted home deliveries given in figure 5. In the block Thalisain the number of non SBA assisted deliveries were as high as 396. The reason cited for low number of institutional deliveries was the shortage of adequate specialist and the low level of SBA assisted deliveries was due the scarcity of ANM and SN in the district required for catering the population

Figure 5: Home Deliveries- SBA and Non SBA Assisted



4.2 Maternal Scheme

The sharp decline in percentage of home deliveries and rising proportion of institutional deliveries is due to success of the schemes Janani Suraksha Yojna (JSY) and Janani Shishu Suraksha Karyakaram launched by the Government of India.

4.2.1 JSY

Janani Suraksha Yojana is an initiative for safe motherhood under NRHM. It aims at reducing maternal and neo mortality rate, promoting institutional deliveries among poor pregnant women by incentivizing them through cash benefits for getting institutional deliveries. The initiative is working well in the district and also the level of awareness among the beneficiaries is satisfactory in the district.

The registered are properly maintained at the facilities for JSY payment. And the process of disbursing the cheques at the time of discharge ensures that the beneficiary stays in the hospital for 48 hour.

Table 9: JSY Payment Status, Pauri Garhwal

Status of payments for (in per cent)		
Institutional deliveries	**Home Deliveries**	**Deliveries brought by ASHAs**
-	-	-

Source: CMO Office (2018-19), Pauri Garhwal

JSY payment was quoted to be above 90 per cent; however no record was maintained for the validation so the percentage of JSY payment could not be verified. Two factors were cited for

the unsettled payment. Firstly, the domestic population who do not have either Aadhar card or bank account, secondly, the Nepali migrants who do not have Aadhar card so no payment for directed towards this section of the population

4.2.2 JSSK

Janani Shishu Suraksha Karyakaram is another scheme launched by Government of India promoting institutional deliveries. Under this scheme cashless services are provided to the pregnant woman and new born in form of free drug, free food, free diagnostics, and free transport or any other cost which might be incurred during the process of delivery till 30 days after birth.

- The essential drug supply list was maintained in the district.
- The kitchen were outsourced and most of the facilities were located within the premises and the diet was provided to the beneficiaries on time
- The beneficiaries were well aware about the JSSK scheme in the district

From table 10 we can observe that the status of total number of beneficiaries getting free drugs, diet and diagnostic satisfactory in the district. Almost in all the blocks number of deliveries equals to the number of beneficiaries getting Diet and Drugs.

Table 10: JSSK Status, Pauri Garhwal

No. of Beneficiaries under JSSK			
Block	**Diet**	**Drugs**	**Diagnostic**
Bironkhal	98	98	72
Dugadda	2536	2409	1648
Dadamandi	179	179	145
Patisain	165	165	127
Jaiharikhal	67	67	46
Kalgikhal	14	14	12
Khirsu	43	392	392
Kot	0	0	0
Nainidanda	89	89	58
Pabou	267	267	233
Pauri	1	321	321
Pokhra	78	78	51
Rikhnikhal	173	173	124
Thalisain	119	119	87
Yamkeswer	16	16	12
Total	3845	4387	3328

Source: CMO Office (2018-19), Pauri Garhwal

Table 11: Transport Facility JSSK, Pauri Garhwal

Transport		
Home to Facility	**Referral**	**Facility to Home**
4463	**1203**	**3269**

Source: CMO Office (2018-19), Pauri Garhwal

Given the total 24482 in the district number of beneficiaries getting transport facilities is also upto the mark. As for the number of not availing ambulance services was either their house was situated near the facilities or in emergency they preferred own vehicle.

4.3 Maternal Death

Maternal Death is death of a woman during pregnancy or within 42 days after the delivery or end of pregnancy, irrespective of the duration and the site of the pregnancy from any cause related to or aggravated by the pregnancy or its management, but not from incidental or accidental causes.

Table 12: Maternal Death Status, Pauri Garhwal

Total Maternal Deaths	Place of Deaths			Month Of pregnancy		
	Hospital	Home	Transit	During pregnancy	During Delivery	Post Delivery
3	1	2	0		2	1

Source: CMO Office (2018-19), Pauri Garhwal

Maternal Death should be reviewed to improve the quality of safe maternal health services and prevent future maternal mortality and morbidity. From the above table it can be observed for the year 2017-18 total reported maternal death were 3 in the district.

Table 13: Major Reason for Maternal Death

Major Reason for Maternal Death	No. of Death
Hemorrhage	2
Obstetric Complications	1
Sepsis	-
Hypertension	-
Abortion	-
Others	-

Source: CMO Office (2018-19), Pauri Garhwal

The reason cited for three maternal deaths were haemorrhage and obstetric complication; two due to haemorrhage and one due to obstetric complication. Out of the three deaths two took place at home and during delivery while one at the hospital and post delivery.

5. Child Health

The Child Health programme under NRHM stresses upon improving child health and nutrition status and address the factors contributing to neonatal, infant and under-five mortality and morbidity. The programme focus on following areas;

1. Immunisation
    - Intensification of Routine Immunisation
    - Eliminating Measles and Japanese Encephalitis related deaths

- Polio Eradication

2. Neonatal Health
    - Essential new born care (at every 'delivery' point at time of birth)
    - Facility based sick newborn care (at FRUs & District Hospitals)
    - Home Based Newborn Care and Home Based Young Care (HBYC) Programme
3. Nutrition
    - Promotion of optimal Infant and Young Child Feeding Practices under Mother's Absolute Affection (MAA) Programme
    - Micronutrient supplementation (Vitamin A, Iron Folic Acid)
    - Management of children with severe acute malnutrition
    - National De-worming Day
4. Management of Common Child hood illnesses
    - Management of Childhood Diarrhoeal Diseases & Acute Respiratory Infections

5.1 Immunisation

Immunization Programme is one of the key interventions for protection of children from life threatening conditions, which are preventable. It is one of the largest immunization programme in the world and a major public health intervention in the country. Immunization activities have been an important component under National Rural Health Mission (NRHM) since 2005.

Mission Indradhanush

To strengthen and re-energize the programme and achieve full immunization coverage for all children and pregnant women at a rapid pace, the Government of India launched "Mission Indradhanush" in December 2014. Mission Indradhanush does not targets to reduce post natal death rate but targets to reduce diseases and death due to vaccine preventable diseases. It aims to increase full immunization coverage in India to at least 90 per cent children by December 2018.

Figure 6: Immunisation Status, Pauri Garhwal

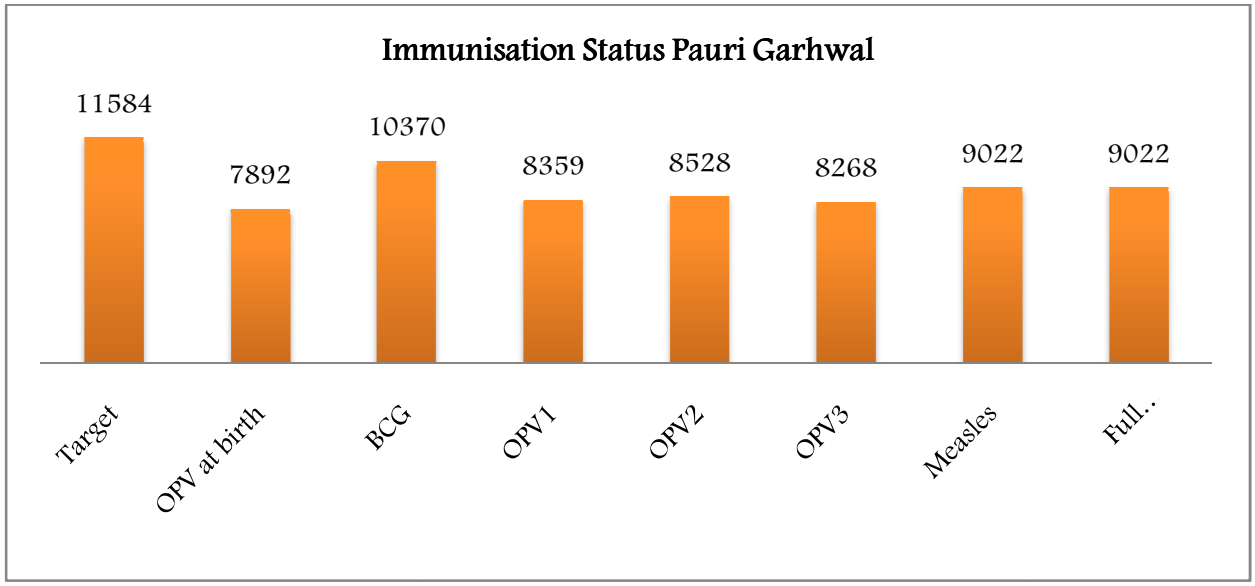


Figure 6 depicts the status of immunisation in the district. Immunisation programme was running smoothly in the district. The district reported almost 78 per cent children being fully immunized in the financial year 2017-18. Given the target of 11584, the percentage of immunization appear to be average however the district is experiencing high level migration of young population in search of job and opportunities to other districts and States which leaves the quarter of its population 60 and above. Hence immunization is approximately above 90 per cent, if calculated from the number of deliveries conducted yearly, which is exemplary. As shown in the graph above approximately 9022 children received full immunisation whereas 7892 received OPV at birth which is approximately 98 per cent of the total number deliveries conducted including medical college.

5.2 Neonatal Health

Neonatal health refers to the critical care that a newborn requires especially for first 28 days after birth. Following section shed light on the indicators that will explain about status of neonatal health in the district.

5.2.1 Infrastructure and Services

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 but not in the female district hospital. It has 1 NBSU, 6 NBCC and no NRC. Total staff available in SNCU and NBSU is 10 and 4, respectively. .More stress should be given on improvement of child health facilities through introduction of better infrastructural facilities and managerial guidance as well as medical supervision.

Table 14: Details of Infrastructure and Services under Neonatal Health

	Numbers	whether established in last financial year (Yes/No)
Total SNCU	1	NO
Total NBSU	1	NO
Total NBCC	6	NO
Total Staff in SNCU	10	NO
Total Staff in NBSU	4	NO
Total NRCs	0	NA
Total Admissions in NRCs	0	NA
Total Staff in NRCs	0	NA
Average duration of stay in NRCs	0	NA

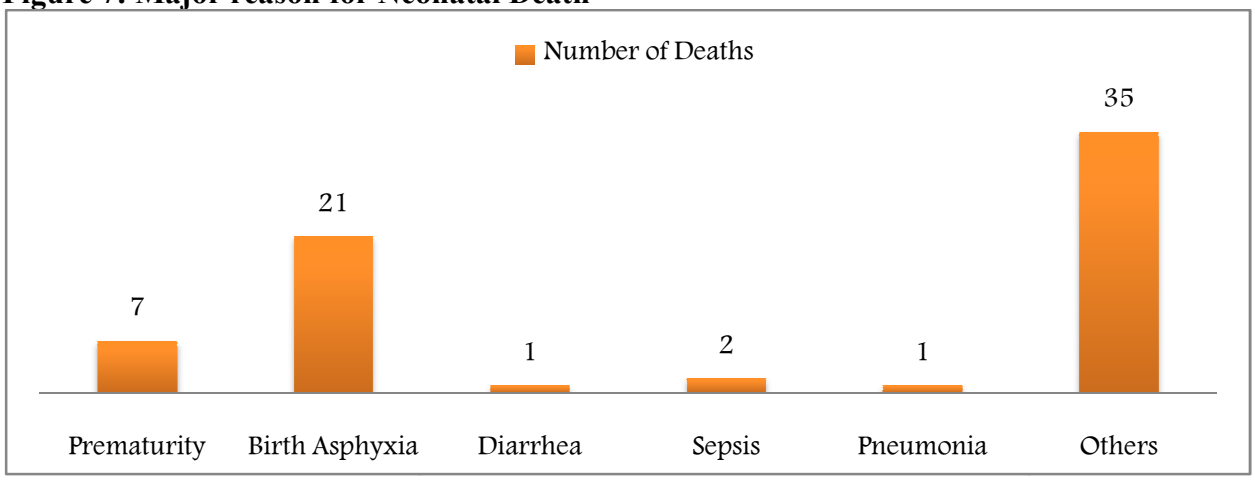
Source: CMO Office (2018-19), Pauri Garhwal

Total number of 67 deaths was reported for the financial year 2017-18. This can be majorly attributed to the lack of proper infrastructure in the district. As can be observed from the table given above there is only 1 SNCU in the district. Presence of SNCU is mandatory to improve the status of neonatal health status in the district.

5.2.2 Major reason 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 up to it. The total number of death reported in the district for the financial year 2017-18 is 67. The place of death for all the registered cases was mentioned.

Figure 7: Major reason for Neonatal Death



From the graphs given in figure 7 it can be observed that there are five major cause of death in the district among new born which are prematurity, Birth Asphyxia, Sepsis, Pneumonia. The most common reason cited was birth asphyxia which led to total of 21 deaths; second reason was prematurity, whereas diarrhoea, sepsis and pneumonia led to total number of 4 deaths in the district. And the reason for 35 deaths reported was due to reasons other than five mentioned above. It can be realised that all the causes could have been avoided with better care and attention to the newborn, which can be improved with improved infrastructure and services.

5.3 Rastriya Bal Surakha Karyakaram

Rashtriya Bal Swasthya Karyakram (RBSK) is an important initiative aiming at early identification and early intervention for children from birth to 18 years to cover 4 'D's viz. Defects at birth, Deficiencies, Diseases, Development delays including disability. 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 table 15, it can be seen that the district is 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. Numbers of children diagnosed have decreased from 87550 in 2016-17 to 82283 in the year 2017-18.

Table 15: RBSK progress report, ,Pauri Garhwal

Years	2017-18	2016-17
No. of Schools	2318	2261
No. of children registered	90471	103705
Children Diagnosed	82283	87550
No. of Children referred	1408	1663
Eye Disease	739	794
Ear Disease	53	151
Heart disease	16	34
Physically challenged	5	15
Anemic	4	38

Source: CMO Office (2018-19), Pauri Garhwal

From table 15 it can be observed that the number of school covered under the program have increased in the year 2017-18 but the number of children registered and diagnosed has decreased. Also the numbers of children referred have decreased in 2017-18 from the previous year. Children diagnosed with disease majority were diagnosed with eye disease. The numbers of children diagnosed with anaemia and ear disease have decreased in the financial year 2017-18.

6. Family Planning

Family planning provides a choice & freedom to Women for deciding their Family size number of children and determine the spacing of pregnancies.. A woman's freedom to choose when to conceive a baby has a direct impact on her health and well-being as well as the neonate.

District is performance in family planning is average; the officials are trying their best in generating awareness. Interaction with beneficiaries reflected the efforts by the staff made in generating awareness but the constraints was in the implementation as the backward population still crave for son in the family and ready to as many children as required to have one male child irrespective of their poor income status. Also there is resistant from the female beneficiaries from IUCD insertion due to heavier period and worse menstrual cramps plus majority were field workers and claimed it created unbearable pain during work given the geographical condition. Unfortunately, majority of the couple deceive from adopting any permanent family planning method.

Table 16: Family planning achievement in the district

Family Planning Method		Number
Sterilization	Target	2700
	Male	6
	Female	1100
IUCD insertions	Target	4200
	Achievement	2136
Oral Pills	Target	-
	Achievement	24272
Emergency Contraceptives	Target	-
	Achievement	963
Condoms	Target	-
	Achievement	252428

Source: CMO Office (2018-19), Pauri Garhwal

From Table 16 it can be observed that status of female sterilization is appreciable in the district. However the male sterilization is very low compared to the same. As it can observe from the table, condom is the most common accepted family planning method followed by oral pills. It can be observed that temporary methods are preferred more than permanent method, though IUCD insertion was 2136 approximately 50 per cent the target.

7. Rashtriya Kishor Swasthya Karyakram

RKSK mainly focuses on their nutrition, reproductive health and substance abuse, among other issues. The programme envisions enabling all adolescents in India to realize their full potential by making informed and responsible decisions related to their health and well being and by accessing the services and support they need to do so.

Table 17: RKSK progress in the district

Block	No. of Counseling session held conducted	No. of Adolescents who attended the Counseling sessions	No of Anemic Adolescents-Severe Anemia	No of Anemic Adolescents-Any Anemic	IFA tablets given	No. of RTI/STI cases
Bironkhal	52	1248	7	137	45646	0
Dugadda	52	1040	11	274	91234	4
Dadamandi	52	1252	2	123	41104	1
Patisain	52	1450	6	83	27559	2
Jaiharikhal	52	1551	5	85	28371	0

Block	No. of Counseling session held conducted	No. of Adolescents who attended the Counseling sessions	No of Anemic Adolescents-Severe Anemia	No of Anemic Adolescents-Any Anemic	IFA tablets given	No. of RTI/STI cases
Kalgikhal	52	1092	1	92	30522	0
Khirsu	52	1109	12	81	26907	7
Kot	52	1352	3	94	31231	0
Nainidanda	52	1423	8	108	36093	12
Pabou	52	1357	12	141	47144	5
Pauri	52	1042	17	101	33725	20
Pokhra	52	1289	4	57	19151	4
Rikhnikhal	52	1378	6	12	4058	7
Thalisain	52	1384	6	295	98247	5
Yamkeswer	52	1350	9	147	49100	6
Total	780	19317	109	1830	610092	73

Source: CMO Office (2018-19), Pauri Garhwal

From table 17 it is evident that the programme is performing excellently in the district for adolescents. The number of counseling session held in the district was 780(52 per block), for the financial 2017-18. Number of anemic adolescent detected with severe anemia was 109. Anemia, a manifestation of under nutrition and poor dietary intake of iron is a public health problem in India, not only among pregnant women, infants & young children but also, among the adolescents. According to National Family Health Survey (NFHS) 3, over 55% of adolescent boys & girls are found to be anemic. Thus, in order to address this issue, the Ministry of Health & Family Welfare, Government of India has launched Weekly Iron Folic Acid Supplementation (WIFS) programme to reduce the prevalence and severity of nutritional anemia in adolescent population. The total number of IFA tablets distributed in school and AWC is 610092, which is appreciable. All the AFHC (adolescent friendly health clinic) are working efficiently in the district. Also the counselor recommended that the number of weekly tours should be increased to improve the performance of the programme.

8. Aurvedic Yoga Unanisiddh And Homopathy (AYUSH)

Treatment through Ayurveda, Yunani/Sidhha and Homeopathy (AYUSH) is functioning well in the district. All the Blocks have AYUSH health centres in the district (given in table). A total of 61 AYUSH health centres running in the district with 18 AYUSH doctors.

Table 18: AYUSH status in the district

Block	No. of facilities with AYUSH health centers	No. of AYUSH Doctors	No. of patients received treatment
Bironkhal	4	1	217
Dugadda	5	3	5126
Dadamandi	4	2	378
Patisain	3	0	157
Jaiharikhal	2	0	607
Kalgikhal	2	0	56
Khirsu	5	1	5007
Kot	4	1	39
Nainidanda	3	1	171
Pabou	7	3	325
Pauri	8	4	3029
Pokhra	3	0	73
Rikhnikhal	3	0	202
Thalisain	5	2	337
Yamkeswer	3	0	63
Total	61	18	15787

Source: CMO Office (2018-19), Pauri Garhwal

9. Quality in Health Services

Sanitation and hygiene are extremely important aspect for monitoring and evaluation purpose. Maintaining the standard of the services delivered plays important role in effective policy implementation. The quality of the health services are gauged on three parameters mentioned below:

1. Biomedical Waste & Infection Control
2. Information, Education And Management

9.1 Biomedical Waste & Infection Control

All the facilities visited had pits bins to dispose-off bio medical waste. However, one of the major issue in the district was, no outsourcing of BMW in the entire district. This year Female district hospital signed a contract with MPCC to collect BMW twice a week but the waste has only been collected once since the beginning of the contract. The reason stated for difficulty in outsourcing BMW was the unavailability of facility so it was creating problem in maintaining the frequency due to climatic and geographical issues. But due this current pit are getting filled and many facilities are required to build new pits as per the NHM guidelines. Also the private agencies are quoting such high price for the tender that it will consume 1/3rd of the NHM fund leaving minimum for the implementation of the other programmes.

Table 19: Quality in health care services- BMW and Infection control

Bio-Medical Waste Management	DH	CHC	PHC
No of facilities having bio-medical pits	2	5	32
No. of facilities having color coded bins	2	5	32
Outsourcing for bio-medical waste	2	2	0
If yes, name company			
How many pits have been filled	4	7	23
Number of new pits required	6	5	23
Infection Control			
No. of times fumigation is conducted in a year	1	1	1
Training of staff on infection control	Yes	Yes	Yes

Source: CMO Office (2018-19), Pauri Garhwal

9.2 Information, Education and Management

Essential IEC materials relating to NHM facilities and services could be used as a medium for awareness generation among the patients. IEC was very much effective in all the facilities throughout the district. JSY, JSSK and immunisation posters were displayed with details for the

patients to understand the benefits of institutional deliveries. In all the centres, all the information was also displayed in Hindi as well for the general public to understand.

10. Community Process

One of the key components of the National Rural Health Mission is to provide every village in the country with a trained female community health activist ASHA or Accredited Social Health Activist. Selected from the village itself and accountable to it, the ASHA will be trained to work as an interface between the community and the public health system

Table 20: Status of ASHA, Pauri Garhwal

Last status of ASHAs (Total number of ASHAs)	**945**
ASHAs presently working	**938**
Positions vacant	**7**
Total number of meeting with ASHA (in a Year)	**12**
Total number of ASHA resource centers/ ASHA Ghar	**NIL**
Asha Ghar	**2**
Drug kit replenishment	**938**
No. of ASHAs trained in last year	**938**

Source: CMO Office (2018-19), Pauri Garhwal

Currently there are 938 active in the district, 7 post are vacant. Total of 12 meetings were held in the last financial. ASHAs play an important role in promoting institutional deliveries which has a big impact on the health of the mother and the new-born. ASHAs are working efficiently in the district however there has been no training has been conducted in the district during the last financial year.

11. Disease Control Programme

One of the key objectives of NHM programme is prevention and control of most common communicable and non communicable disease.

11.1 Communicable Disease

Communicable, or infectious diseases, are caused by microorganisms such as bacteria, viruses, parasites and fungi that can be spread, directly or indirectly, from one person to another. Some are transmitted through bites from insects while others are caused by ingesting contaminated food or water. Most common forms of spread include fecal-oral, food, sexual intercourse, insect bites, contact with contaminated fomites, droplets, or skin contact. Some examples of the communicable disease include HIV, hepatitis A, B and C, measles, salmonella, measles and blood-borne illnesses.

Table 21: Disease Control Programme Progress (CD)

From table 22 it can be observed that number of cases detected for typhoid was as high as 101, however the highest number of cases reported were of tuberculosis. The number of cases detected for malaria and dengue were 65 and 17, respectively and 41 cases were reported for hepatitis A/B/C/D/E.

Disease	No. of detected cases
Malaria	**65**
Dengue	**17**
Typhoid	**101**
Hepatitis A/B/C/D/E	**41**
Tuberculosis	**139**

Source: HMIS, Standard Report, Pauri Garhwal, (2018-19),

11.2 Non Communicable Disease

Non-communicable disease also known as chronic disease is a medical condition or disease that last longer and is slow in progression. It is non infectious and non transmissible i.e. it does not pass from person to person. Four major type of non communicable disease are cardiovascular diseases (e.g. heart attacks and stroke), cancer, diabetes and chronic respiratory diseases (such as chronic obstructed pulmonary disease and asthma). These diseases are majorly caused by lifestyle factors i.e. eating habits, lack of exercise; sleep cycle etc. And it represents major threat to human health.

In the Pauri Garhwal district no screening has been conducted for the Non Communicable Disease so far. The screening procedure is under process.

12. 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 Pauri Garhwal District, there were some issues with regard to reporting of the data. Maximum facilities did not have any data validation team. As HMIS data is very important aspect for monitoring the performance of various programme under NHM in the district the area should be given more focus and data should be validated before getting onto the online portal

13. Budget Utilization

The detail of the budget utilisation is given in table 23. The amount utilised is greater than the amount sanctioned in the four budget head. The excess amount is due to unutilized budget from the previous year. The budget is underutilized under communicable and non-communicable disease which is evident from the performance of the programme in the distric where on one hand the data for Communicable disease was not available on the other hand NCD screening is still under process.

Table 22: Budget Utilization Summary

Scheme/Programme	Sanctioned	Utilized
RCH Flexible Pool	36732690	49298995
NHM Flexible Pool	53196793	100594599
Immunization cost	13177030	13602383
NIDDCP	-	-
NUHM	-	-
Communicable disease Control Programmes	5455206	4735886
Non Communicable disease Control Programmes	7436945	3162065
Infrastructure Maintenance	-	-

Source: CMO Office (2018-19), Pauri Garhwal

15. Facility Wise Observation

15.1 Female Distict Hospital, Pauri Garhwal

District Female hospital is located in Kandoliya Road, Pauri Garhwal. The hospital was 30 bedded. The average per month delivery load is 80-100 deliveries. Below mentioned are some major points observed in the facility visited:

Figure 8: Female District Hospital, Pauri

- The infrastructure was very well maintained. The area can be increased by utilising the existing space and making it a multi-storeyed building.
- Dr. Meghna Aswal (Gynaecologist) recently posted in Female District Hospital is working efficiently in improving the delivery services of the facilities. The number of C- Section conducted in the facility has witnessed a tremendous increase and referrals have decreased significantly from the last financial year.
- The hospital has shortage staff quarters for any of its personnel.
- Hospital has functional labour room, NBCC, and cleans wards.
- Waste is segregated in colour coded bins. And pits are established for BMW. Contract is signed with MPCC for collection of BMW recently. However, as per the officials frequency of waste collection was poor. Since the beginning of the contract the waste has been collected only twice.
- Functional laundry/ washing services, dietary services, and drug storage facilities are available.
- There was acute shortage of human resource at the facility. The hospital has no anaesthetic and radiographer. Also the facility reported to have only 4 Staff Nurse.

- Trainings for several skills such as EmOC, BeMOC, SBA, MTP/MVA, Mini Lap-Sterilisations, IUCD, PPIUCD, Immunization and cold chain were held in the last financial year
- The DH has all equipment available including BP Instrument, Stethoscope, Sterilised delivery sets, neonatal, paediatric and Adult Resuscitation kit, weighing machine (adult and child), Needle Cutter, Radiant Warmer, Suction apparatus, Facility for Oxygen Administration, Foetal Doppler/CTG, Mobile light, Delivery Tables, Autoclave, ILR and Deep Freezer, Emergency Tray with emergency injections,MVA/ EVA Equipment and phototherapy unit
- O.T. Equipments like O.T Tables, Anaesthesia machines, Pulse-oximeters, Multi-para monitors, Autoclaves (H or V) were available. Request has been raised for O.T Lights replacement.
- The Laboratory equipment such as Microscope, Hemoglobinometer, Centrifuge, Semi auto analyzer, Reagents and Testing Kits were available.
- Essential Drugs List is available and displayed. The hospital has adequate supply of the following drugs: IFA tablets, ORS packets, Zinc tablets, Inj. Magnesium Sulphate, Inj. Oxytocin, Misoprostol tablets, antibiotics and Drugs for hypertension, diabetes, common ailments e.g. PCM, metronidazole, anti-allergic drugs etc.
- Supplies such as Pregnancy testing kits, Urine albumin and sugar testing kit, OCPs, EC pills IUCDs, Sanitary napkins, Gloves, Mckintosh, Pads, bandages, and gauze etc. are available
- The hospital can conduct the following lab tests: Haemoglobin, Urine albumin and sugar, Blood sugar, Malaria, HIV, Liver function tests(LFT), Ultrasound Scan (General)

Table 23: Service delivery in last two years, DWH

Service Utilization Parameter	2016-17	2017-18
OPD	14683	16082
IPD	1970	2081
Total deliveries conducted	520	637
No. of C section conducted	11	19
No. of neonates initiated breast feeding within one hour	490	508
No of admissions in NBSUs/ SNCU, whichever available	-	-
No. of children admitted with SAM (Severe Acute Malnutrion)	-	-
No. of pregnant women referred	230	155

Service Utilization Parameter	2016-17	2017-18
ANC1 registration	2009	2203
ANC 3 Coverage	332	443
No. of IUCD Insertions	97	104
No. of PPIUCD Insertion	68	84
No. of children fully immunized	336	284
No. of children given ORS + Zinc	280	200
No. of children given Vitamin A	-	-
Total MTPs	55	100
Number of Adolescents attending ARSH clinic	-	-
Maternal deaths	-	-
Still births	-	-
Neonatal deaths	-	02
Infant deaths	NIL	NIL

Source: DWH, Orai (2018-19), Pauri Garhwal

- From the table above it can be served that the number of OPD and IPD increased in the year 2017-18 compared to the last financial year.
- The total number of deliveries conducted also increased by 117 and number of C-section also increased by 8.
- There is appreciable reduction in the number of pregnant women referred.
- ANC1 registration increased from 2009 in 2016-2017 to 2203 in 2017-18. ANC 3 coverage has also shown improvement in the year 2017-18 increasing by 33% compared to 2016-17.

Figure 9: Female District Hospital, Imminisation Room, Pauri Garhwal

- No. Of IUCD insertion and PPIUCD insertion have shown a slight improvement in the year 2017-18, where number of IUCD insertion increased by 7 and PPIUCD insertion increased by 16 in the last financial year.
- The number MTP almost doubled in the year 2017-18, this could due to less preference by the patient for the other family methods which is evident from low number of IUCD and PPIUCD insertion. There is a need to motivate and council people to uptake family planning methods.

- No maternal death, still birth and infant death was reported in 201-17 or 2017-18. No neonatal death was reported in the year 2016-17 however 2 neonatal deaths were reported in the last financial year.
- Total number of fully immunised children has declined from 336 in 2016-17 to 284 in 2017-18. Also the number of children given ORS + Zinc decreased.
- The district hospital does not have a good referral. District hospital refer patients to Medical college but sometimes the patients comeback complaining that they were not entertained with the services. However they cited the reason for denial of services is that they already overburdened staff limited time and space to tackle new patients.
- JSY payments were reported to be approximately 98%. Small proportion of the domestic population or Nepali migrants with no AADHAAR or bank account accounted for the unsettled payment in the facility.
- JSSK in place and free diet is provided to the mothers.
- All data bases are regularly updated. Records are maintained for OPD, IPD, ANC, PNC, Line listing of severely anaemic pregnant women, Labour room, OT, Immunisation, Referral Register (In and Out), MDR, Drug Stocks and Payment under JSY
- Information about various schemes was displayed well in the hospital.

15.2 Community Health Center Pabau, Pauri Garhwal

Community Health Centre Pabau has the catchment population of 25280. The facility covered 146 villages. The facility was 30 bedded. The average OPD was 60-80 per day.

- Approximately 30-40 deliveries were being conducted per month. Hospital has functional labour room, NBCC.
- Although there are no space constraints with respect to infrastructure at the CHC, it majorly lacks behind in the domain of cleanliness and maintenance of the premises. The reason quoted for below average cleanliness was the hard stains that won't come out even after the adequate vacuuming and polishing. However

Figure 10: CHC, Pabau, Pauri Garhwal

the washrooms were in very poor condition, which didn't require the vacuuming or polishing but the basic cleaning and that was not in order.

- BMW was not outsourced due to high cost of contract rates of the private agency and unavailability of other agency due to geographical issues. However proper colour coded bins and pits were maintained for disposal of BMW.
- The hospital has 1 MO, 1 dental surgeon, 2 general duty medical officer and 1 Ayush Medical Officer. Additionally it had 2 SN's,3 pharmacist out of which one is for Ayush, 2 Lab tech, 1 radiographer and1 counsellor (ICTC).
- All essential drugs were available in stock. All the equipments were available and functional

Table 24: Service delivery status for last two years, CHC Pabau

Service Utilization Parameter	2016-17	2017-18
OPD	15500	15587
IPD	806	685
Total deliveries conducted	267	267
No. of sick chidren referred	03	04
No. of pregnant women referred	05	08
ANC1 registration	466	438
ANC 3 Coverage	123	188
No. of IUCD Insertions	-	-
No. of PPIUCD Insertion	-	-
No. of children fully immunized	352	345
No. of children given Vitamin A	270	256
Total MTPs	-	-
Number of Adolescents attending ARSH clinic	-	-
Maternal deaths	-	-
Still births	03	02
Neonatal deaths	-	-
Infant deaths	-	-

Source: CHC Pauri Garhwal (2018-19), Pauri Garhwal

- From the table it can be observed the total OPD in the year 2016-17 was 15500 increased slightly to 15587, in the last financial year.
- ANC1 registration declined in the year 2017-18. Although the number ANC3 coverage increased in the financial year 2017-18 but the number of women getting ANC3 reduced to almost 80 per cent in proportion to ANC1 registration.

- Number of fully immunised children and no. of children given vitamin A decreased in 2017-18
- No maternal death, neonatal death or infant death was reported in the facility. However 2 still birth were reported for the financial year 2017-18
- No IUCD or PPIUCD insertion in the year 2017-18 or the previous year. There is a need to motivate and council people to uptake family planning methods.
- Information about various schemes was displayed well in the hospital
- Association with an NGO has ensured reach of health care to the peripheral areas.

15.3 Primary Health Centre, Khirsu

PHC Khirsu is 4 bedded hospital, with average OPD of 30-35 per day approximately 450 per month. It has catchment population of 26980 and cover 132 villgaes.

Figure 11: PHC, Khirsu

The PHC fares extremely well on all assessments with respect to the infrastructure availability and maintenance.

Service delivery of the RKSK team is quite satisfactory. AFHC was working efficiently in the block Khirsu.

- Average number of OPD decreased as compared to the previous year.
- Impressively the number of ANC3 coverage have increased from 2016-17. Also the number of children immunized increased from 387 to 432 in the year 2017-18.

Table 25:Service delivery status for last two years, PHC Khirsu

Service Utilization Parameter	2016-17	2017-18
OPD	5392	4960
IPD	-	163
Total deliveries conducted	53	44
No. of pregnant women referred	-	1
ANC1 registration	130	106
ANC 3 Coverage	253	276
No. of IUCD Insertions	-	-
No. of PPIUCD Insertion	-	-
No. of children fully immunized	387	432

Source: CHC Pauri Garhwal (2018-19), Pauri Garhwal

- The status of PPIUCD and IUCD insertion is similar as other facilities. NO PPIUDC or IUCD insertion for both the years

15.4 Sub-Centre, Chipalghat

The Sub-Centre Chipalghat has a catchment population of 1437. It covers 11 villages. One ANM and four ASHA's are currently operating in the centre.

- No delivery was being conducted at the centre. The service delivery at the sub centre level is restricted to immunization, VHNDs, and suchlike.
- No electricity or water supply at the centre. Electricity was recently disconnected with the motive to save on the funds as there was no delivery being conducted at the centre so it can operate for other services without electricity.
- Difficulty in coordination with village Pradhan regarding funds disbursement was reported.
- Also the location of the facility was hard to reach, not only for the patients but was also creating hindrance in coordination with other departments.
- Procurement of drugs and availability of family planning commodities were satisfactory.
- On the infrastructure front, the sub centers need significant improvement.

Figure 12: Sub-Centre, Chipalghat

Table 26: Service delivery status for last two years, Sub-centre Chipalghat

Service Utilization Parameter	2016-17	2017-18
Number of estimated pregnancies	30	30
No. of pregnant women given IFA	18	20(Self Purchased)
Number of deliveries conducted at SC	-	-
Number of deliveries conducted at home	05	03
ANC1 registration	18	20
ANC3 coverage	18	20
No. of IUCD insertions	14	12
No. of children fully immunized	20	28
No. of children given Vitamin A	20	28

Service Utilization Parameter	2016-17	2017-18
No. of children given IFA Syrup	50	46
No. of still birth recorded	-	-
Neonatal deaths recorded	-	-
Number of VHNDs attended	24	24
Number of VHNSC meeting attended	22	18

Source: Sub-Centre, Sahav, Pauri Garhwal

- Given the approachability of the facility and no delivery point ANC1 and ANC3 also stood low at 20 and 28 for the year 2016-17 and 2017-18, respectively.
- Number of VHND meeting attended remained same for both the years. Number of VHSNC meeting attended decreased in the year 2017-18

15.5 Sub-Centre, Bughani

Sub-centre Bughani has a catchment population of 1617. It covers 22 villages. It has One ANM and Four ASHAs operating the facility.

- No delivery was being conducted at the centre. The service delivery at the sub centre level is restricted to immunization, VHNDs, and suchlike
- Similar to Sub-Centre Chipalghat there was no electricity or water supply at the centre. Also the facility was hard to reach.
- Records were maintained for Payment under VHND plan, Eligible couple register, MCH register, stock register, MCP card, referral registers, and vaccine supply for each session day etc.
- Procurement of drugs and availability of family planning commodities were satisfactory.
- On the infrastructure front, the sub-centre needs significant improvement.

Figure 13: Sub- Centre, Bughani, Pauri Garhwal

Table 27: Service delivery status for last years, Sub-centre Bughani

Service Utilization Parameter	2016-17	2017-18
Number of estimated pregnancies	31	30
No. of pregnant women given IFA	16	13

Service Utilization Parameter	2016-17	2017-18
Number of deliveries conducted at SC	0	0
Number of deliveries conducted at home	0	0
ANC1 registration	17	8
ANC3 coverage	13	27
No. of IUCD insertions	3	11
No. of children fully immunized	21	25
Number of VHNDs attended	36	36
Number of VHNSC meeting attended		

Source: Sub-Centre, AIT, Pauri Garhwal

- The number of women given IFA tablets has decreased. Shortage of the IFA tablets was reported in the facility.
- ANC1 registration witnessed a fall however ANC3 coverage has shown improvement in the year 2017-18.

16. Conclusion and Recommendations

Shortage of human resource is observed in the district. The Female district hospital does not have any anaesthetic due to which the facility majorly takes care of elective caesareans and any emergency caesareans are referred to the medical college. Also the district have huge crunch of ANM and SN which is being reflected in the high rate of non SBA assisted home deliveries. Sanctioning of new post for ANM and SN will increase the efficiency of delivery services in the district.

Physical infrastructure of most of the facilities visited can be improved. Most facilities visited except Female District Hospital and PHC, Khirsu have a scope of improvement. More specifically, the sub-centres visited need to be enhanced with better infrastructure; building maintenance, easy accessibility and equipments to increase delivery services.

Data validation team should be formed at all the centres because data feeding without validation gives absurd figures on the portal. Wrong figures on the portal can degrade the district performance and ranking therefore data validation before data feeding is extremely important.

The immunisation status of the district was stated to be very given the target. However the major reason cited for such low level of immunisation was the demography of the district. More and more young people are migrating to cities in search of better life. So the majority population

living in the district are the age of 50 or more. For this reason it becomes difficult for them achieve the prescribed targets.

More training programme should be organised so that more staff can be trained which will result in improved efficiency and productivity of the staff. Though the district recorded the literacy rate of 82.02 per cent the majority of population is still strictly adhere to religious belief or the conventional way of doing things visible from the low level IUCD and PPIUCD insertion and high number of MTPs. ASHA workers and ANM are working efficiently in the whole district; they should be encouraged more for the counselling of the expected mother. The process of shift in orthodox mindset might be slow but the situational analysis necessitates, the urgent to focus more on counselling at grass root level, to improve the overall status of maternal and child health and development.

Appendix

NATIONAL HEALTH MISSION

MONITORING OF DISTRICT PIP

POPULATION RESEARCH CENTRE, INSTITUTE OF ECONOMIC GROWTH, DELHI

EVALUATION OF KEY INDICATORS OF THE DISTRICT

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

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

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

2. Detail of health infrastructures in the last financial year

Health Facility	Number available	Govt. building	Rented building/ Under const.
District hospital			
CHC			
PHC			
Sub Centre			
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
				Transport		
	Diet	Drugs	Diagnostic	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		

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

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

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

Years	No. of Schools	No. of children registered	Children Diagnosed	No. of Children referred	Eye Disease	Ear Disease	Heart disease	Physically challenged	Anemic
2017-18									
2016-17									

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

Block	Sterilization	IUCD insertions	Oral Pills	Emergency Contraceptives	Condoms

	T	M	F	T	A	T	A	T	A	T	A

T-Target, A-Achievement, M-Male, F-Female

8. ARSH/RKSK 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	2015-16		2016-17		2017-18	
	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 ☐	

Monitoring Checklist for DH- MoHFW

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**	
1.1	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**	
1.2	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	Rogi Sahayta Kendra/ Functional Help Desk	**Y**	**N**	

Section II: Human Resource as on 31st march 2018:			
No. Of Beds:			
S. no	**Man Power- Medical**	**Numbers**	**Remarks if any**
2.1	Medicine		
2.2	Surgery		
2.3	Obstetric &Gynae		
2.4	Paediatric		
2.5	Anaesthesia		
2.6	Ophthalmology		
2.7	Orthopaedics		
2.8	Radiology		
2.9	Pathology		
2.1	ENT		
2.11	Dental		
2.12	MO		
2.13	Dermatology		
2.14	Psychiatry		
2.15	Microbiology		
2.16	Forensic Specialists		
2.17	AYUSH Doctors		
S. no	**Man Power- Nurses & Paramedical**		**Remarks if any**
2.18	Staff Nurse		
2.19	Lab Tech		
2.2	Pharmacist		
2.21	Storekeeper		
2.22	Radiographer		
2.23	ECG Tech/Eco		
2.24	Audiometrician		
2.25	Optha. Asstt.		
2.26	EEG Tech		
2.27	Dietician		
2.28	Physiotherapist		
2.29	O.T. technician		
2.3	CSSD Asstt.		
2.31	Social Worker		
2.32	Counsellor		
2.33	Dermatology technician		
2.34	Cyto-Technician		
2.35	PFT Technician		
2.36	Dental Technician		
2.37	Darkroom Asstt.		
2.38	Rehabilitation Therapist		
2.39	Biomedical Engineer		
S. no	**Man Power- Administration**		**Remarks if any**

2.4	Hospital Administrator		
2.41	Housekeeper/manager		
2.42	Medical Records officer		
2.43	Medical Record Asstt.		
2.44	Accounts/Finance		
2.45	Admin. Officer		
2.46	Office Asstt. Gr I		
2.47	Office Asstt. Gr II		
2.48	Ambulance Services (1 driver+ 2 Tech.)		

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		
3.1	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		Remarks
4.1	Functional BP Instrument and Stethoscope	Y	
4.2	Sterilised delivery sets	Y	
4.3	Functional Neonatal, Paediatric and Adult Resuscitation kit	Y	
4.4	Functional Weighing Machine (Adult and child)	Y	
4.5	Functional Needle Cutter	Y	
4.6	Functional Radiant Warmer	Y	
4.7	Functional Suction apparatus	Y	
4.8	Functional Facility for Oxygen Administration	Y	
4.9	Functional Foetal Doppler/CTG	Y	
4.1	Functional Mobile light	Y	
4.11	Delivery Tables	Y	
4.12	Functional Autoclave	Y	
4.13	Functional ILR and Deep Freezer	Y	

4.14	Emergency Tray with emergency injections	Y	
4.15	MVA/ EVA Equipment	Y	
4.16	Functional phototherapy unit	Y	
4.17	Dialysis Equipment	Y	
4.18	**O.T Equipment**		
4.19	O.T Tables	Y	
4.2	Functional O.T Lights, ceiling	Y	
4.21	Functional O.T lights, mobile	Y	
4.22	Functional Anaesthesia machines	Y	
4.23	Functional Ventilators	Y	
4.24	Functional Pulse-oximeters	Y	
4.25	Functional Multi-Para monitors	Y	
4.26	Functional Surgical Diathermies	Y	
4.27	Functional Laparoscopes	Y	
4.28	Functional C-arm units	Y	
4.29	Functional Autoclaves (H or V)	Y	
	Laboratory Equipment		
4.1a	Functional Microscope	Y	
4.2a	Functional Haemoglobinometer	Y	
4.3a	Functional Centrifuge	Y	
4.4a	Functional Semi auto analyzer	Y	
4.5a	Reagents and Testing Kits	Y	
4.6a	Functional Ultrasound Scanners	Y	
4.7a	Functional C.T Scanner	Y	
4.8a	Functional X-ray units	Y	
4.9a	Functional ECG machines	Y	

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*	
5.1	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*	
5.2	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	
6.1	Ultrasound scan (Ob.)	Y	N	
6.11	Ultrasound Scan (General)	Y	N	
6.12	X-ray	Y	N	
6.13	ECG	Y	N	
6.14	Endoscopy	Y	N	
6.15	Others , pleases 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	Y	N	

Section VII: Service Delivery in Last two financial years:

S.No	Service Utilization Parameter	2016-17	2017-18
7.1	OPD		
7.2	IPD		
7.3	Total deliveries conducted		
7.4	No. of C section conducted		
7.5	No. of neonates initiated breast feeding within one hour		
7.6	No of admissions in NBSUs/ SNCU, whichever available		
7.7	No. of children admitted with SAM (Severe Acute Malnutrion)		
7.8	No. of pregnant women referred		
7.9	ANC1 registration		
7.1	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	Facilities	Total corpus fund under RKS		Total annual maintenance grant		Total untied funds	
		Proposed	Utilised	Proposed	Utilised	Proposed	Utilised
7a.1	District Hospital			NA	NA	NA	NA

Section VII B: Service delivery in post natal wards:

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

Section VIII: Quality parameter of the facility:

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

Section IX: Record Maintenance:

S. No	Record	Available and Updated and correctly filled	Available but Not maintained	Not Available	Remarks/Timeline for completion
9.1	OPD Register				
9.2	IPD Register				
9.3	ANC Register				
9.4	PNC Register				
9.5	Line listing of severely anaemic pregnant women				
9.6	Labour room register				
9.7	OT Register				
9.8	Immunisation Register				
9.9	Blood Bank stock register				
9.1	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	
10.1	Other related IEC material	Y	N	

Section XI: Additional/Support Services:

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

Qualitative Questionnaires for District Hospital Level

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

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

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

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

……

……

……

FRU level Monitoring Checklist

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

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

Date of last supervisory visit:_____

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

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

_____

Section I: Physical Infrastructure:

S.No	Infrastructure	Yes	No	Additional Remarks
1.1	Health facility easily accessible from nearest road head	Y	N	
1.2	Functioning in Govt building	Y	N	
1.3	Building in good condition	Y	N	
1.4	Staff Quarters for MOs	Y	N	
1.5	Staff Quarters for SNs	Y	N	
1.6	Staff Quarters for other categories	Y	N	
1.7	Electricity with power back up	Y	N	
1.9	Running 24*7 water supply	Y	N	
1.1	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	
1.2	Functional BB/BSU, specify	Y	N	
1.21	Separate room for ARSH clinic	Y	N	
1.22	Availability of complaint/suggestion box	Y	N	
1.23	Availability of mechanisms for Biomedical waste management (BMW)at facility	Y	N	
1.23a	BMW outsourced	Y	N	
1.24	Availability of ICTC Centre	Y	N	

Section II: Human resources on March 31, 2018:

S. no	Man Power- Medical	Numbers	Remarks if any
2.1	Block Medical Officer/Medical Superintendent		
2.2	Public Health Specialist		
2.3	Public Health Nurse		
2.4	General Surgeon		
2.5	Physician		
2.6	Obstetrician & Gynaecologist		
2.7	Paediatrician		
2.8	Anaesthetist		
2.9	Dental Surgeon		
2.1	General Duty Medical Officer		
2.11	Medical Officer - AYUSH		
S. no	**Man Power- Nurses & Paramedical (*Desirable)**		**Remarks if any**
2.12	Staff Nurse		
2.13	Pharmacist		
2.14	Pharmacist - AYUSH		
2.15	Lab Tech		
2.16	Radiographer		
2.17	Dietician*		
2.18	Optha. Asstt.		
2.19	Dental Technician		
2.2	Cold Chain & Vaccine Logistic Assistant		
2.21	O.T. technician		
2.22	Multi Rehabilitation/ Community Based Rehabilitation worker		
2.23	Counsellor		
S. no	**Man Power- Administration**		**Remarks if any**
2.24	Statistical Assistant/ Data Entry Operator		
2.25	Account Assistant		
2.26	Administrative Assistant		
2.27	Dresser (certified by Red Cross/Johns Ambulance)		
2.28	Ward Boys/Nursing Orderly		
2.29	Driver		

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

S. no	Training	No trained	Remarks if any
3.1	EmOC		
3.2	LSAS		
3.3	BeMOC		
3.4	SBA		
3.5	MTP/MVA		
3.6	NSV		
3.7	F-IMNCI		
3.8	NSSK		
3.9	Mini Lap-Sterilisations		
3.1	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	Functional Autoclave	Y	N	
4.1	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 Haemoglobinometer	Y	N	
4.3a	Functional Centrifuge	Y	N	
4.4a	Functional Semi auto analyzer	Y	N	
4.5a	Reagents and Testing Kits	Y	N	

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*	
5.1	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*	
5.2	EC pills	*Y*	*N*	
5.21	IUCDs	*Y*	*N*	
5.22	Sanitary napkins	*Y*	*N*	
S.No	**Essential Consumables**	**Yes**	**No**	**Remarks**
5.23	Gloves, Pads, bandages, and gauze etc.	*Y*	*N*	

Section VI: Other Services:

S.No	Lab Services	Yes	No	Remarks
6.1	Haemoglobin	**Y**	**N**	
6.2	CBC	**Y**	**N**	
6.3	Urine albumin and sugar	**Y**	**N**	
6.4	Blood sugar	**Y**	**N**	
6.5	RPR	**Y**	**N**	
6.6	Malaria	**Y**	**N**	
6.7	T.B	**Y**	**N**	
6.8	HIV	**Y**	**N**	
6.9	Liver function tests(LFT)	**Y**	**N**	
6.1	Others , please specify	**Y**	**N**	
S.No	**Blood bank / Blood Storage Unit**	**Yes**	**No**	**Remarks**
6.11	Functional blood bag refrigerators with chart for temp. recording	**Y**	**N**	

6.12	Sufficient no. of blood bags available	**Y**	**N**	
6.13	Check register for number of blood bags issued for BT in last quarter			

Section VII: Service Delivery in last two financial years:

S.No	Service Utilization Parameter	2016-17	2017-18
7.1	OPD		
7.2	IPD		
7.3	MCTS entry on percentage of women registered in the first trimester		
7.4	No. of pregnant women given IFA		
7.5	Total deliveries conducted		
7.6	No. of C section conducted		
7.7	No of admissions in NBSUs/ SNCU, whichever available		
7.8	No. of children admitted with SAM (Severe Acute Anaemia)		
7.9	No. of sick children referred		
7.1	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,		
7.2	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	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:

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

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

Section IX: Record Maintenance:

S. no	Record	Available and Updated and Correctly filled	Available but Not maintained	Not Available	Remarks/Timeline for completion
9.1	OPD Register				
9.2	IPD Register				
9.3	ANC Register				
9.4	PNC Register				
9.5	Indoor bed head ticket				
9.6	Line listing of severely anaemic pregnant women				
9.7	Labour room register				
9.8	Partographs				
9.9	OT Register				
9.1	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	Facilities	Total corpus fund under RKS		Total annual maintenance grant		Total untied funds	
		Proposed	Utilised	Proposed	Utilised	Proposed	Utilised
10	FRU						

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**	
11.1	Other related IEC material	**Y**	**N**	

FRU level Monitoring Checklist

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

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

Date of last supervisory visit:_____

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

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

_____

Section I: Physical Infrastructure:

S.No	Infrastructure	Yes	No	Additional Remarks
1.1	Health facility easily accessible from nearest road head	Y	N	
1.2	Functioning in Govt building	Y	N	
1.3	Building in good condition	Y	N	
1.4	Staff Quarters for MOs	Y	N	
1.5	Staff Quarters for SNs	Y	N	
1.6	Staff Quarters for other categories	Y	N	
1.7	Electricity with power back up	Y	N	
1.9	Running 24*7 water supply	Y	N	
1.1	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	
1.2	Functional BB/BSU, specify	Y	N	
1.21	Separate room for ARSH clinic	Y	N	
1.22	Availability of complaint/suggestion box	Y	N	
1.23	Availability of mechanisms for Biomedical waste management (BMW)at facility	Y	N	
1.23a	BMW outsourced	Y	N	
1.24	Availability of ICTC Centre	Y	N	

Section II: Human resources on March 31, 2018:

S. no	Man Power- Medical	Numbers	Remarks if any
2.1	Block Medical Officer/Medical Superintendent		
2.2	Public Health Specialist		
2.3	Public Health Nurse		
2.4	General Surgeon		
2.5	Physician		
2.6	Obstetrician & Gynaecologist		
2.7	Paediatrician		
2.8	Anaesthetist		
2.9	Dental Surgeon		
2.1	General Duty Medical Officer		
2.11	Medical Officer - AYUSH		
S. no	**Man Power- Nurses & Paramedical (*Desirable)**		**Remarks if any**
2.12	Staff Nurse		
2.13	Pharmacist		
2.14	Pharmacist - AYUSH		
2.15	Lab Tech		
2.16	Radiographer		
2.17	Dietician*		
2.18	Optha. Asstt.		
2.19	Dental Technician		
2.2	Cold Chain & Vaccine Logistic Assistant		
2.21	O.T. technician		
2.22	Multi Rehabilitation/ Community Based Rehabilitation worker		
2.23	Counsellor		
S. no	**Man Power- Administration**		**Remarks if any**
2.24	Statistical Assistant/ Data Entry Operator		
2.25	Account Assistant		
2.26	Administrative Assistant		
2.27	Dresser (certified by Red Cross/Johns Ambulance)		
2.28	Ward Boys/Nursing Orderly		
2.29	Driver		

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

S. no	Training	No trained	Remarks if any
3.1	EmOC		
3.2	LSAS		
3.3	BeMOC		
3.4	SBA		
3.5	MTP/MVA		
3.6	NSV		
3.7	F-IMNCI		
3.8	NSSK		
3.9	Mini Lap-Sterilisations		
3.1	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	Functional Autoclave	Y	N	
4.1	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 Haemoglobinometer	Y	N	
4.3a	Functional Centrifuge	Y	N	
4.4a	Functional Semi auto analyzer	Y	N	
4.5a	Reagents and Testing Kits	Y	N	

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*	
5.1	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*	
5.2	EC pills	*Y*	*N*	
5.21	IUCDs	*Y*	*N*	
5.22	Sanitary napkins	*Y*	*N*	
S.No	**Essential Consumables**	**Yes**	**No**	**Remarks**
5.23	Gloves, Pads, bandages, and gauze etc.	*Y*	*N*	

Section VI: Other Services:

S.No	Lab Services	Yes	No	Remarks
6.1	Haemoglobin	**Y**	**N**	
6.2	CBC	**Y**	**N**	
6.3	Urine albumin and sugar	**Y**	**N**	
6.4	Blood sugar	**Y**	**N**	
6.5	RPR	**Y**	**N**	
6.6	Malaria	**Y**	**N**	
6.7	T.B	**Y**	**N**	
6.8	HIV	**Y**	**N**	
6.9	Liver function tests(LFT)	**Y**	**N**	
6.1	Others , please specify	**Y**	**N**	
S.No	**Blood bank / Blood Storage Unit**	**Yes**	**No**	**Remarks**
6.11	Functional blood bag refrigerators with chart for temp. recording	**Y**	**N**	

6.12	Sufficient no. of blood bags available	**Y**	**N**	
6.13	Check register for number of blood bags issued for BT in last quarter			

Section VII: Service Delivery in last two financial years:

S.No	Service Utilization Parameter	2016-17	2017-18
7.1	OPD		
7.2	IPD		
7.3	MCTS entry on percentage of women registered in the first trimester		
7.4	No. of pregnant women given IFA		
7.5	Total deliveries conducted		
7.6	No. of C section conducted		
7.7	No of admissions in NBSUs/ SNCU, whichever available		
7.8	No. of children admitted with SAM (Severe Acute Anaemia)		
7.9	No. of sick children referred		
7.1	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,		
7.2	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	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:

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

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

Section IX: Record Maintenance:

S. no	Record	Available and Updated and Correctly filled	Available but Not maintained	Not Available	Remarks/Timeline for completion
9.1	OPD Register				
9.2	IPD Register				
9.3	ANC Register				
9.4	PNC Register				
9.5	Indoor bed head ticket				
9.6	Line listing of severely anaemic pregnant women				
9.7	Labour room register				
9.8	Partographs				
9.9	OT Register				
9.1	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	Facilities	Total corpus fund under RKS		Total annual maintenance grant		Total untied funds	
		Proposed	Utilised	Proposed	Utilised	Proposed	Utilised
10	FRU						

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**	
11.1	Other related IEC material	**Y**	**N**	

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	Not Available	Remarks
3.1	Haemoglobinometer				
3.2	Any other method for Hemoglobin Estimation				
3.3	Blood sugar testing kits				
3.4	BP Instrument and Stethoscope				
3.5	Delivery equipment				
3.6	Neonatal ambu bag				
3.7	Adult weighing machine				
3.8	Infant/New born weighing machine				
3.9	Needle &Hub Cutter				
3.10	Color coded bins				
3.11	RBSK pictorial tool kit				

Section IV: Essential Drugs

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

Section V: Essential Supplies

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

Section VI: Service Delivery in the last two years:

S.No	Service Utilization Parameter	2016-17	2017-18
6.1	Number of estimated pregnancies		
6.2	No. of pregnant women given IFA		
6.3	Number of deliveries conducted at SC		
6.4	Number of deliveries conducted at home		
6.5	ANC1 registration		
6.6	ANC3 coverage		
6.7	No. of IUCD insertions		
6.8	No. of children fully immunized		
6.9	No. of children given Vitamin A		
6.10	No. of children given IFA Syrup		
6.11	No. of Maternal deaths recorded		
6.12	No. of still birth recorded		
6.13	Neonatal deaths recorded		
6.14	Number of VHNDs attended		
6.15	Number of VHNSC meeting attended		

Section VII: Record Maintenance:

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

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

Section 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.

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   ……..

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.

   ……

   …….