



**NATIONAL HEALTH MISSION
UTTAR PRADESH PROGRAMME IMPLEMENTATION PLAN**

A REPORT ON

MONITORING OF IMPORTANT COMPONENTS OF RAMPUR DISTRICT

SUBMITTED TO

**MINISTRY OF HEALTH AND FAMILY WELFARE
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ABBREVIATIONS

Short Name	Full Name
ANC	Ante Natal care
ANM	Auxiliary Nurse Midwife
ASHA	Accredited Social Health Activist
AYUSH	Ayurveda, Yoga & Naturopathy, Unani, Siddha, Homeopathy
BB	Blood Bank
BMOC	Basic emergency obstetric care
BCC	Behaviour change communication
BCG	Bacillus Calmette Guerin
BPL	Below poverty line
BSU	Blood storage unit
CDO	Computer data entry operator
CMO	Chief medical officer
CGHS	Central government health services
EMOC	Emergency obstetric care
ESIC	Employee state insurance corporation
EVA	Equine viral arthritis
DGD	Delhi government dispensary
DOTS	Directly treatment strategy
DPMU	District Programme management unit
DPT	Diphtheria, Pertussis (whooping cough), Tetanus
GOI	Government of India
HIV	Human Immunodeficiency Virus
HMIS	Health Management Information System
ICDS	Integrated Child Development Services
ICTC	Integrated Counseling and Testing Centre
IEC	Information Education & Communication
IFA	Iron & Folic Acid
IPD	Indoor-Patients Department
IPHS	Indian Public Health Standards
IUCD	Intra Uterine Contraceptive Device
JSY	Janani Suraksha Yojna
JSSK	Janani Shisu Suraksha Karyakram
LHV	Lady Health Visitor
MCH	Maternal and Child Health

MCTS	Mother and Child Tracking System
MH	Maternity Home
MIS	Management Information System
MOIC	Medical Officer In-Charge
MTP	Medical Termination of Pregnancy
NBCC	New Born Care Corner
NBSU	New Born Special Unit
NHM	National Health Mission
NGO	Non-Government Organization
NRHM	National Rural Health Mission
NUHM	National Urban Health Mission
NSSK	Navjat Shishu Surksha Karyakram
NSV	Non Scalpel Vasectomy
OBG	Obstetrics Gynecology
OCP	Oral Contraceptive Pill
OPD	Outdoor Patients Department
OPV	Oral Polio Vaccine
ORS	Oral Rehydration Solution
PFMS	Public Financial Management System
PIP	Programme Implementation Plan
PPIUCD	Post-Partum IUCD
PHC	Post Natal Care
RCH	Reproductive & Child Health
RKS	Rogi Kalyan Samiti
RTI/STI	Reproductive tract infection/Sexually transmitted infection
SBA	Skilled Birth Attendant (Special training course is available for SBA)
TT	Tetanus Toxoid
VHND	Village Health and Nutrition Day

EXECUTIVE SUMMARY

RAMPUR DISTRICT UTTAR PRADESH

The Ministry of Health and Family Welfare (MoHFW), Government of India has assigned Population Research Centre (PRC) for quality monitoring of essential components of National Health Mission (NHM) State Programme Implementation Plan (PIP 2018-19). It is expected that a timely and systematic assessment of the key components of NHM can be critical for further planning and resource allocation for any areas. Considering PIP as a major task, Population Research Centre, Institute of Economic Growth, Delhi (PRC-IEG) would identify major concerns in implementing NHM activities and also monitoring quality parameters.

This report presents the key findings from the concurrent monitoring of essential components under NHM in Rampur district of Uttar Pradesh. The report is prepared on the basis of field-based observations and visits to selected public health facilities in Rampur.

The following public health care facilities were visited by the PRC-IEG Team: District hospital, CHC Milak, CHC Shahbad, PHC Rajpura, PHC Rampura, SC Kyorar and SC banshidhar. Structured checklist was used to collect information on human resources, infrastructure, funds utilization, training, health care services including drugs and equipment, family planning, disease control programmes, JSY and JSSK programme, Maternal and child health, RBSK programme, and other programmes under the umbrella of NHM.

Interactions with district and block level health administrators including the Chief Medical Officer (CMO) and the Block Medical Officer-in-Charge (MOIC), facility and community level health care providers (ANMs, ASHAs etc) and other supporting staff were conducted to understand the strengths and weakness of the facilities in service provisioning.

Besides, review of relevant programmatic data and information available from the Assistant Chief Medical officer (ACMO), Health Management Information system (HMIS) and the observations made during the monitoring and evaluation of field visit and the key components of NHM are included for robust feedback on programme implementation in the district. The major strengths and weaknesses of the district are as follows:

STRENGTHS

1. Both the district hospitals and CHCs Shahbad and Milak, under the RBSK programme number of schools have been identified and ARSH doctors visited school eight times in a month or twice in a week and also, provide proper counselling about cleanliness and nutrition. They distributed sanitary pads to the girls on free of cost in District hospital and CHCs.
2. Power backup is satisfactory in district hospital as well as in CHCs and PHCs. Power backup is fulfilled by the solar plates and generator. Electricity is available 24*7 hours in all the health facilities.
3. According to the lab technician and hospital manager blood bank camps were always organised in the district hospital, that's why hospital never phased any shortage of blood.
4. According to the lab technician and hospital manager this year different NGOs and organisations organises blood donation camps in the district hospital, such as: Akansha samite-7 September, Uttar Pradesh diploma engineering-15 September, Amar uzala-1st October, Rastriya yuva kranti morcha, Ramkrishna seva samite-24th July, veer khalsa seva samite 25th June, Sanatan dharm committee.
5. District women hospital as per cleanliness was good and all type of health facilities were available, like : all adequate equipment's, OT, drugs, etc. and it was separate from the male district hospital. As from security point of view police chawki was available under this district hospital.
6. In district women hospital patient helping centre was available. For the improvement or development of the district hospital any patient can complaint or give suggestions to fill the suggestion letter. Any kind of information like X-ray, ultrasound, blood bank, ECG, doctors, any unit or ward, MRC, adolescent planning, ICTC, STD clinic, ambulance people can ask directly to the patient helping centre.
7. Under KAYA kalp scheme district hospital has upgraded and beautification like:infection control, BMW segregation, Hospital Hygiene promoting programme, gardening.
8. According to the DPM in all the health facilities which we visited, family planning counsellor were available. Mostly women were coming for family planning after their 1st child birth.
9. In CHC Shahbad contraceptives are easily accessible for the local people. Which they can take from the available box.

10. With the conversation to the family planning counsellor in all health facility like DH and CHCs, mostly women are using Antara and Chhaya, less no of PPIUCD and IUCD.
11. With the conversation of DPM there is no provision for ultrasound test in CHC Shahbad and Milak. Ultra sound facilities fulfilled through Mamta NGO in CHC Milak and all services are available free of cost to the patients.
12. In the districts, JSY payments as well as ASHAs Incentives are given on time to ASHAs respective beneficiaries. Only migrated people and those who have not opened their account didn't get their amount on time.
13. In PHC Rampura ARSH meetings held in Anganwadi Centres, twice in a week they conducted some meetings and gave proper counselling to the 10-19-year-old children.
14. In PHC Rampura total deliveries conducted at the health facility for the financial year were reported around 300 in 2017-2018. Per day 12-15 deliveries conducted in this PHC and 24*7 hours' delivery facilities were available.
15. In PHC Rajpura 94 deliveries were conducted last month. Per day 4-5 deliveries conducted in this PHC. PPUCID Started in PHC Rajabpur from the month of April 2018.
16. Mostly immunization and ANC check-ups conducted in SC Banshidhar, Tanda and SC Kyorar, due to the unavailability of health facilities and infrastructure.

WEAKNESSES

1. According to the CMO, ACO and DPM, shortage of human resources is the main concern in all the health facilities.
2. According to the MOs of district hospital more than 50 bedded maternity wing is on high demand, it is because of overload of delivery in the district.
3. In district women hospital labour room is on the ground floor and maternity ward is on 2nd floor, due to this reason both doctors and patients facing problem related to shifting, this district hospital also phased a huge human shortage of human resource such as ward boy and staff nurse.
4. According to the hospital manager in district hospital, shortage of infrastructure and beds over patient's overload in the maternity ward, that's why hospital doesn't keep the patient for 48 hours after delivery. Overloaded also have been seen in general ward where two patients managed in one bed according to the relationship.

5. In both CHCs Shahbad and Milak haven't blood bank and they didn't organised any blood donation camp that's why in case if patient needed blood they refer to the district hospital and Moradabad.
6. According to ANM in CHC Shahbad maternity death was reported due to home delivery, because women had never taken any ANC check-ups during the pregnancy.
7. From the last five months due to the shortage of fund all health facilities such as CHC Shahbad, CHC Milak, PHC Rampura, PHC Rajpura, SC Tanda and Kyorar couldn't managed BMW by the private tender. So through the pit system they dumped BMW in pit.
8. Maternity wing of CHC Shahbad is too bad and bedsheets were not changed per day. Labour room was smelling a lot and it was not properly maintained by the female swipper.
9. According to the CMO mostly maternal death occurs due to anaemia and PPH. Total 41 maternal deaths have been reported in the last financial years.
10. According to ASHA, In SC Kyorar had decreased delivery graphs from last four months, because of unavailability of ANM.
11. IEC was not displayed properly in PHCs Rampura, Rajpura, SCs Tanda and Kyorar.
12. Sub Centre Banshidhar Tanda was in a very poor condition, no water, and power back up facility was available in this SC. At this centre only immunization and ANC check-ups were conducted. Biomedical waste facility was not available and they dumped in open area. Also unavailability of delivery facilities mostly women preferred for home delivery.

1. INTRODUCTION

1.1 BACKGROUND AND OBJECTIVES

The Ministry of Health and Family Welfare (MoHFW), Government of India has assigned Population Research Centre (PRC) for quality monitoring of essential components of National Health Mission (NHM) State Programme Implementation Plan (PIP 2018-19). Considering PIP as a major task, Population Research Centre, Institute of Economic Growth, Delhi (PRC-IEG) would identify critical concerns in implementation of NHM activities and also evolve suitable quality parameters to monitor the listed components.

This report presents the key findings from the concurrent monitoring of essential components of under NHM in Rampur district of Uttar Pradesh. The report is prepared on the basis of field-based observations and visits to selected public health facilities in Rampur. The following public health care facilities were visited by the PRC-IEG Team: District hospital, District hospital, CHC Milak, CHC Shahbad, PHC Rajpura, PHC Rampura, SC Kyorar and SC banshidhar. Structured checklist was used to collect information on human resources, infrastructure, funds utilization, training, health care services including drugs and equipment's, family planning, disease control programmes and other programmes under the umbrella of NHM.

Further, interactions with district and block level health administrators including the Chief Medical Officer (CMO) and the Block Medical Officer-in-Charge (MOIC), facility and community level health care providers (ANMs, ASHAs etc.) and other supporting staff to understand the strengths and weakness of the facilities in service provisioning. Besides, review of relevant programmatic data and information available from the Assistant Chief Medical Officer (ACMO), Health Management Information system (HMIS) and the observations made during the monitoring and evaluation of field visit and the key components of NHM are included for robust feedback on programme implementation in the district.

Objective of the study:

The overall objective of this study is to monitor the functioning of National Health Mission in Rampur district of Uttar Pradesh. Especially the study aims to look into the coverage of the mission, constraints during service delivery and utilization of health services by the population of rural and underserved areas at large. Further it seeks to examine the status of utilization of health care services under NHM by the underserved section of the population. The quality monitoring of Programme Implementation Plan

(PIP) and some other aspects of the programme have been evaluated in this study which will help the planners and Policy makers to modify the existing policies for better service delivery under the mission. Apart from assessing the availability and adequacy of health services in the study area, the monitoring process intends to assess the performance of the health facilities. The specific objectives of the study are mentioned below:

- To assess the adequacy of physical infrastructures like buildings, hospital beds, Ambulances, medical equipment's and essential drugs needed for better service delivery at the DH, CHC, PHC and SC level.
- To assess the availability of human resources and specialists along with their training status working under National Health Mission.
- To obtain Block-wise reports on the status of Institutional deliveries, antenatal care, post-natal care, maternal deaths and immunization, family planning in the district
- To obtain information about the coverage of beneficiaries under JSSK and JSY of NHM.
- To assess the availability of infrastructures and other facilities under Neonatal Health.
- To obtain the achievements of family planning and immunization against the targets in the district.
- To obtain the progress of different programs like RBSK, AYUSH and ARSH functioning under NHM.
- To assess the quality in health care services like bio-medical waste management and infection control; community progress like status and activities related to ASHAs; functioning of disease control programs etc.
- To understand the utilization of NHM programme budgetary allocations on various components including utilization of untied funds at selected health facilities through Rogi Kalyan Samitis (RKS)

Table 1. List of institutions and facilities visited by the PRC-IEG Team, Rampur

Institutions and Facilities	Key Contact Person
Office of the Chief Medical Officer	Dr. Subodh Sharma
District Programme Management Unit	Md. Nazir
District Hospital, Rampur	Dr. Amita Sharma
Community Health Centre, Shahbad	Dr. Bhajan Lal
Community Health Centre, Milak	Dr. Rajesh Upadhyaya
Primary Health Centre, Rampura	Dr. Atul Rastogi
Primary Health Centre, Rajpura	Dr. Mohit Rastogi
Sub Centre, Banshidhar, Tanda	Shivani
Sub Centre, Kyorar	Nargis Bano

Health facilities were selected and visited during the 2nd week of October, 2018. Table 1 provides the list of institutions and facilities visited in the Rampur districts. The Team interacted with key programme officials at the Office of the CMO, the DCPM and discussed the status of the key activities. Apart from detailed interactions with the District Nodal Officers and DPMU staff, the team visited selected health facilities in the districts.

Health facilities from all the three levels (at district, block and village level) were selected for supportive supervision after consultations with the CMO and the ACO. Further, to understand the health service providers' perspectives about the services delivery, in-depth discussions were done with the Chief Medical Officer, Block Medical Officer-in-Charge, Medical Officers, ANMs and ASHAs.

1.2 REVIEW OF THE KEY DEMOGRAPHIC AND HEALTH INDICATORS

Relative to other countries in the world, India can be categorised as a developing country or middle-income country. It is the second largest populous country in the world, after China. It contains 29 states and 7 union territories. Uttar Pradesh is one of the high population states of India which was also identified under the Empowered Action Group (EAG).

Rampur District, in the Moradabad region is a district of Uttar Pradesh with its administrative headquarters located at Rampur city. According to 2011 census, the district encompasses a geographical area of 2367 sq. km and has a population of 23,35,819 (persons) including 12,23,889 (males) and 11,11,930 (females). The district has a sex ratio of 909 (females for every 1000 males). The major religions in the district are Muslim (50.57%) and Hindu (45.97%) of the total population respectively. The literacy rate in the district is 53.34% (persons), 61.40% (males) and 44.44% (females). Main spoken languages are Hindi (62.81%), Urdu (33.32%) and Punjabi (3.32%). Labour Force Participation Rate is 35.46%. Main source of income in the district is from the agriculture sector and per capita income is Rs. 54,432. Total cropped area is 3,60,185 in hectares and the forest area is 77 in sq. km (2015).

Figure 1. Map of Uttar Pradesh and Rampur district

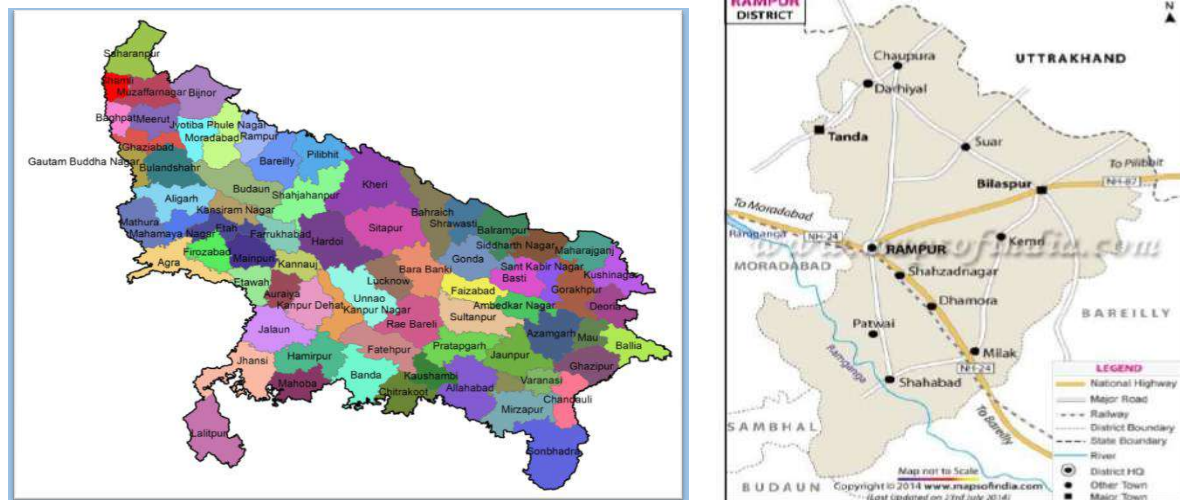


Table 2. Key demographic indicators of Rampur district

Indicators	India	Uttar Pradesh	Rampur
Actual population	1,21,05,69,573	199812341	2335819
Male	62,31,843	104480510	1223889
Female	58,74,47,730	95331831	1111930
Sex ratio	940	912	909
Density / km ²	382	828	987
Total Child Population (0-6 years)	16,38,19,614	30791331	379227
Male Population (0-6 years)	8,49,99,203	16185581	197151
Female Population (0-6 years)	7,88,20,411	14605750	182076
Literacy (%)	73.0	69.7	53.3
Male literacy (%)	80.9	79.2	61.4
Female literacy (%)	64.6	59.3	44.4

Table 2 shows that total population in Uttar Pradesh is 1,99,812,341 and that of Rampur district is 2335819 according to the 2011 census. The proportion of female population is less than that of the male population for both the state and the district. Density of population in Uttar Pradesh is 827 per sq km which is higher than the national average, while in Rampur the population density is 987 per sq km. The sex ratio for India which is 940 females per 1000 males, in Uttar Pradesh it is 912 females per 1000 males and in Rampur it is 909 females per 1000 males. The Literacy rate for the country as a whole in 2011 was 73 percent for the total population aged 7 years and above, it was 80.9 percent for males and 64.6 percent for females. The literacy rate in Uttar Pradesh and Rampur district is lower than the national level

Table 3. Rural-Urban Comparison of Demographic Indicators: India, Uttar Pradesh and Rampur

Description	India		Uttar Pradesh		Rampur	
	Rural	Urban	Rural	Urban	Rural	Urban
Population (%)	68.8	31.2	77.7	22.2	74.8	25.2
Total population	83,30,87,662	37,71,05,760	15,53,17,278	4,44,95,063	1747172	588647
Male Population	427.9 (In m)	195.8	8,09,92,995	2,34,87,515	916878	307011
Female Population	405.1 (In m)	181.3	7,43,24,283	2,10,07,548	830294	281636
Sex Ratio	947	926	918	894	906	917
Child Sex Ratio (0-6)	919	902	906	885	920	917
Child Percentage	14.1	10.9	16.1	12.9	17.1	13.6
Average Literacy (%)	68.9	85	65.5	75.2	52.4	56.0
Male Literacy (%)	78.6	89.7	76.3	80.5	61.8	60.2
Female Literacy (%)	58.8	79.9	48.5	60.9	42.0	51.4

Table shows that the proportion of rural urban population in India is 68.84 percent and 31.16 percent respectively. However, in Uttar Pradesh, the rural –urban population distribution is 77.73 percent and 22.27 percent respectively whereas in Rampur district 74.8 percent population lives in rural area and 25.2 percent live in urban area. Sex ratio in rural area of the Country and in Uttar Pradesh is better than urban area, though in Rampur district the sex ratio is better in urban areas than rural area. Literacy rate in rural areas of India, Uttar Pradesh and in Rampur district is lower than in urban areas. Whereas the sex wise literacy for both male and female in urban areas of India, Uttar Pradesh and but in Rampur rural male literacy percent is better than urban areas.

Table 4. Health indicators of Rampur districts

Health Indicator	Number	Percentage/Ratio
NMR	45 per 1000 live birth	HMIS, March 2017
IMR	60 per 1000 live birth	HMIS, March 2017
U5MR	86 per 1000 live birth	HMIS, March 2017
MMR	222 per 1000 live birth	HMIS, March 2017
TFR	3.5	HMIS, March 2017

The above table shows that the NMR of Rampur district is 45 per 1000 live births. The NMR is an important indicator for new born care and directly reflects the prenatal and neonatal care. However, the neonatal period, the first 28 days of life carries the highest risk of mortality per day than any other period during the childhood. Infant mortality was 60 per 1000 live birth in Rampur district as per HMIS, March 2017. The maternal mortality ratio and Total fertility rate is 222 per 100,000 live births and 3.5 per women respectively in Rampur district of Uttar Pradesh.

2.REVIEW OF KEY HMIS INDICATORS

2.1 Maternal Health

Table 5. Number of pregnant women received 3 ANC check ups

Districts and blocks	2013-14	2014-15	2015-16	2016-17	2017 - 18
Rampur	42,154	44,221	57,374	40,851	19,730
Bilaspur	3,255	3,716	4,374	4,395	3,163
Chamraua	3,998	3,548	4,887	4,891	2,713
Milak	8,527	6,546	11,606	7,178	7,167
Shahbad	8,129	7,884	17,221	7,397	881
Swar	4,074	3,867	6,669	6,969	2,201
Saidnagar	3,941	3,132	2,201	4,783	2,006
Tanda	3,099	3,261	3,869	3,518	947

Table 2 shows the proportion of number of pregnant women who received 3 ANC checks up in the year 2013-2018. Rampur district is increasing order from 42154 – 57374 the number of pregnant women who received 3 ANC check up in the year 2013-2016 but this number is decline from 57374 to 19730 in the year 2016-2018 and the same scenario of Bilaspur and Tanda sub district. The reason is decreasing the number of pregnant women who received 3 ANC check-up, during pregnancy after 1 or 2 ANC checks up pregnant women migrate to other house and she not received proper 3 ANC check-up. Data are not available of three sub district (Chamrava, Shahabad and Suwar).

Table 6. Percentage of pregnant woman who received 3 and 4 (2018) ANC check ups

Districts and blocks	2013-14	2014-15	2015-16	2016-17	2017 - 18
Rampur	65.9	61.2	68.6	73.5	36.8
Bilaspur	48.1	62.3	65.7	70.1	59.4
Chamraua	72.5	59	57.5	72.3	43
Milak	77.7	62.7	134.4	88.2	99.4
Shahbad	67.8	58.2	56.6	65.3	11.2
Swar	50.4	50.3	95.9	73.6	31.3
Saidnagar	87.9	75.1	46.8	75.7	41.6
Tanda	61.4	72	82.5	78.9	28

Table 6 show the percentage of pregnant woman who received 3 ANC check up to total ANC registrations 4 ANC. Bilaspur sub district has increased the percentage of pregnant women who received ANC check-up is 48.1 percent to 70.1 percent in the year 2013-2017 but in 2017-2018, 59.4 percent of women who received 4 ANC check-up, approx. 10.7 percent less than in the year 2016-2017. Milk sub district has 134.4 percentage of pregnant woman who received ANC check up in the fiscal year 2015-2016 which is highest as compared with other fiscal year in all over the district. In 2017-2018, Shahbad sub district

only 11.2 percent of pregnant women who received 4 ANC check-up. There is a least percentage in district in all fiscal year.

Table 7. Percentage of pregnant women who received TT2 or booster

Districts and blocks	2013-14	2014-15	2015-16	2016-17
Rampur	66.3	61.7	64.2	79.3
Bilaspur	63.6	81.7	82.1	87
Chamraua	90.7	91.3	75.2	88.9
Milak	52.9	59.4	82	90.7
Shahbad	86.9	72.3	72	75.3
Swar	78.1	64.5	33.7	64.2
Saidnagar	93.1	88.9	86	77.2
Tanda	81.4	87.3	42.2	70.4

It can be seen that over the years there is huge improvement in the percentage of pregnant women who received TT2 booster in Bilaspur and milk sub district from 2013 to 2018. In the fiscal year 2015-2016, only 33.7 and 42.2 percentages of pregnant women who received TT2 booster in Swar and Tanda sub district. This is very poor percentage as compared with sub district in all fiscal year. This condition needs to be improved as the percentages are quite low in comparison to the number of women who have registered for the ANC check-up. Thus, there is a need for spreading awareness regarding the importance of ANC check-up.

Table 8. Percentage of Pregnant women given 100 IFA to total ANC registration

Districts / Sub Districts	2013-14	2014-15	2015-16	2016-17	2017 - 18
Rampur	51.8	27.2	75.4	80.8	112.1
Bilaspur	12.1	4.1	74.2	72.1	85.8
Chamraua	65.8	49.2	77	64.2	477.5
Milak	84.8	25.1	88.5	66.6	69
Shahbab	39.3	6.9	97.4	90.6	39.2
SWAR	79.2	47.4	64.9	90.1	80.7
Saidnagar	91.2	29.1	67.7	76.2	90.9
Tanda	82.8	63.8	50.5	88.6	81.1

Table 8 shows of pregnant women who the percentage have received IFA tablets in the past five financial years. The percentage of women who have received IFA tablets was quite low of Bilaspur, Milk, Shahbad and Saidnagar sub district in the year 2013-2015, which has improved in the subsequent years. In 2017-2018, Chamraua sub district has 477.5 percent of pregnant women who have received IFA tablets which is highest as compared with any sub district as well as district. After the implementation of janani shishu suraksha karyakaram (JSSK) the percentage of pregnant women who have received IFA tablets has improved in the fiscal year 2015-2018.

Table 9. Percentage of pregnant women having severe anaemia

Districts and blocks	2013-14	2014-15	2015-16	2016-17	2017 - 18
Rampur	5	8.2	4.8	3.3	35.9
Bilaspur	4.3	6.4	0	0	0.6
Chamraua	-	0	0	0	2.8
Milak	4000	0	0.3	0.4	15
Shahbad	9.7	68.7	17.6	8.7	20.6
Swar	2	0	0	9.1	34.5
Saidnagar	0	0	0	0	0
Tanda	0	0	0	0	0

The percentage of pregnant women having severe anaemia (Hb<7) treated at institution to women having hb level<11 at public institutions. Milak sub district is 4000 percentage of pregnant women having severe anaemia (Hb<7) treated at institution to women having hb level<11 at public institutions in the fiscal year 2013-2014, which highest as compared with other sub district. This percentage is quite low in the subsequent year, but there is a decline from the year 2013-2014 to 2017-2018. Reason behind this decline trend is show that in Rampur district is not implemented scheme like JSSK.

Table 10. Percentage of SBA attended home deliveries to total reported home deliveries

Districts and blocks	2013-14	2014-15	2015-16	2016-17	2017 - 18
Rampur	0	0	0	0	0
Bilaspur	0.5	0	0	0	0
Chamraua	0	0	0	0	0.1
Milak	0	0	0	0	0
Shahbad	0	0	0	0	0
Swar	0	0	0	0	0
Saidnagar	0	0	0	0	0
Tanda	0	0	0	0	0

Table 10 shows the Percentage of skill birth attendance (SBA) attended home deliveries to total reported home deliveries in the Rampur district for the period march 2013-march 2018. As per HMIS data, in Rampur district data are not available in the fiscal year 2013-2018. The proportion of skill birth attendance (SBA) attended home deliveries to total reported home deliveries has negligible because the data are not available.

Table 11. Percentage of mothers paid JSY incentive for home deliveries to total reported home deliveries

Districts and blocks	2013-14	2014-15	2015-16	2016-17
Rampur	0	0	0	0
Bilaspur	0.2	0	0	0
Chamrava	0	0	0	0
Chamraua	0	0	0	0
Milak	0	0	0	0
Shahbad	0	0	0	0
Swar	0	0	0	0
Saidnagar	0	0	0	0
Shahabad	0	0	0	0
Suwar	0	0	0	0
Tanda	0	0	0	0

The scheme was particularly aimed at providing monetary incentive to encourage institutional deliveries. JSY patients are being provided with food for three times in a day for three days for normal deliveries and seven days for C-Section deliveries. According to the above table 8 in the fiscal year 2013-2014, Bilaspur sub district has only 0.2 percentage of mothers paid JSY incentive for home deliveries to total reported home deliveries which is very least and other sub district there are no available data. In the year 2014-2017 is not any sub district to show the Percentage of mothers paid JSY incentive for home deliveries to total reported home deliveries. This percentage is very bad as compared to the percentage of mothers paid JSY incentive for home deliveries to total reported home deliveries done in the district.

Table 12. Percentage of women discharged in less than 48 hours

Districts and blocks	2013-14	2014-15	2015-16	2016-17	2017 - 18
Rampur	91.7	84.3	74.8	81.4	81.7
Bilaspur	97.6	90.7	99.9	99	91.7
Chamraua	100	100.9	98.4	88.6	61.6
Milak	99.6	72.1	71.2	67.5	56.4
Shahbad	93.6	99.5	53.9	84.5	91.8
Swar	97.9	91.5	90.6	85.6	96.6
Saidnagar	23.6	14.3	25.4	27.2	47.9
Tanda	100	33.8	-	-	0

The table shows that Chamraua Milak and Tanda sub district has 100 percentage of women discharged in less than 48 hours of delivery to total reported deliveries at public institutions in the fiscal year 2013-2014 and other district is also a very good performance in the 2013-2014 but only Saidnagar is only 23.6 Percentage of Women discharged in less than 48 hours of delivery to Total Reported Deliveries at public institutions which is least as compared with other sub district. In 2014-2015, Chamraua and Shahbad sub district

has 100 percentage of women discharged in less than 48 hours of delivery to total reported deliveries at public institutions and but Saidnagar and Tanda sub district are at very least performance as compared to other sub district. In the fiscal year 2015-2018 all sub district percentages had declined in deliveries at public institutions. Tanda sub district is 0 percentage of women discharged in less than 48 hours of delivery to total reported deliveries at public institutions in the year 2017-2018 which is least and data is not available in other sub district.

Table 13. Percentage of institutional deliveries to total reported deliveries

Districts and blocks	2013-14	2014-15	2015-16	2016-17	2017 - 18
Rampur	53.9	61.3	63.2	52.2	59.3
Bilaspur	41.1	47.3	50.5	49.7	53.2
Chamraua	49.3	40.9	35	23.5	35.9
Milak	61.8	72.6	73.7	57.9	72.3
Shahbad	69.9	62.5	76.2	59.7	67.4
Swar	51.7	59.9	62.6	53.7	61.4
Saidnagar	1.5	2.8	5.2	4.8	5.4
Tanda	30	8.2	0	0	0.4

The performance of JSSK has a direct impact on the performance of institutional deliveries in various sub districts of Rampur. Out of the ten sub districts, only four sub districts have shown a positive percentage of institutional deliveries in the year 2013-2018. Saidnagar and Tanda is very less percentage to shown the institutional deliveries in the fiscal year 2013-2018, which is least as compare to other sub district. Three sub districts data are not available in the HMIS table.

Table 14. Percentage of home deliveries to total reported deliveries

Districts and blocks	2013-14	2014-15	2015-16	2016-17	2017 - 18
Rampur	46.1	38.7	36.8	47.8	40.7
Bilaspur	58.9	52.7	49.5	50.3	46.8
Chamraua	50.7	59.1	65	76.5	64.1
Milak	38.2	27.4	26.3	42.1	27.7
Shahbad	30.1	37.5	23.8	40.3	32.6
Swar	48.3	40.1	37.4	46.3	38.6
Saidnagar	98.5	97.2	94.8	95.2	94.6
Tanda	70	91.8	100	100	99.6

Table 14 shows the percentage of home deliveries to total reported deliveries over the period 2013-2018. There were less home deliveries in three sub districts (Milak, Shahbad and Swar). Majority of the home deliveries were in Bilaspur Chamraua Saidnagar and Tanda sub district. In the fiscal year 2013-2018, Tanda sub district has conducted 100 percentages of home deliveries, which is highest as compare to other sub districts.

Table 15. Percentage of C-section deliveries (Public + Pvt.) to reported institutional

Districts and blocks	2013-14	2014-15	2015-16	2016-17	2017 - 18
Rampur	3.5	4.6	4.3	12.1	10.3
Bilaspur	0	0	0.5	0	0
Chamraua	0	0	3.6	0	0
Milak	0	0	0	0	0
Shahbad	0	0	0	0	0
Swar	0	0	0	0	0
Saidnagar	0	0	0	0	5.9
Tanda	0	0	-	-	0

Table 15 shows the percentage of C-section deliveries to total deliveries conducted in the district at both public and private health facilities. Data are not available in the year 2013-2015. Bilaspur Chamraua and Saidnagar are only sub district has conducted C-section deliveries (Public + Pvt.) to reported institutional (Public + Pvt.) deliveries is 0.5, 3.6 and 5.9 percent from 2015-2018. Data are not available of other sub districts. All over the district has shown that 3.5 to 10.3 percentages of C-section deliveries to total deliveries conducted in the district at both public and private health facilities but this percentage is unacceptable.

Table 16 .Percentage of deliveries conducted at public institutions to total institutional deliveries

Districts and blocks	2013-14	2014-15	2015-16	2016-17	2017 - 18
Rampur	100	84.3	87	87.8	86.2
Bilaspur	100	100	96.9	100	100
Chamraua	100	100	100	100	100
Milak	100	100	100	100	100
Shahbad	100	100	100	100	100
Swar	100	100	100	100	100
Saidnagar	100	100	100	100	100
Tanda	100	100	-	-	100

Table 16 presents information about the percentage of deliveries conducted at public institutions to total institutional deliveries. HMIS data shows that 100 percent of the institutional deliveries at public institutions in all sub district of Rampur in the year 2013-2018. In 2015-2016, Bilaspur has 96.9 percent of institutional deliveries which is least as compare with other sub district and other sub district data shows that 100 percent of the institutional deliveries at public institutions but all over the district percentage are decline.

Table 17. Percentage of women who receiving post-partum check-up within 48 hours

Districts and blocks	2013-14	2014-15	2015-16	2016-17
Rampur	47.4	46	68.9	74
Bilaspur	31.2	42.9	77	78.1
Chamraua	1.5	19.4	16.3	40.1
Milak	52.3	54.5	53	67.9
Shahbad	60.1	65.2	94.5	78.5
Swar	56.3	48.2	88.4	96
Saidnagar	7.4	7.8	69.1	77.7
Tanda	15.7	3.7	88.8	98.6

Table 17 shows the percentage of women who received post-partum check-up within 48 hours of delivery to total reported deliveries in the sub districts of Rampur. Bilaspur has shown increasing trend in all fiscal year from 2013 to 2014. It is a good sign of women who receiving post-partum check-up within 48 hours of delivery. In 2013-2015, Chamraua Saidnagar and Tanda sub district has very least percentage of women who receiving post-partum check-up within 48 hours of delivery as compare to other sub districts, but in fiscal year 2015-2018, we can see that there is significantly increasing trend in these three sub districts.

2.2 Child health

Table 18. Percentage of total reported live births to total deliveries

Districts and blocks	2013-14	2014-15	2015-16	2016-17	2017 - 18
Rampur	108	92.8	98.9	101.1	98.6
Bilaspur	116.9	99.7	99.1	98	97.6
Chamraua	396	109	99.1	98.8	98.6
Milak	99.6	98.8	98.9	114.8	99.2
Shahbad	99.2	98.3	99	98.8	98.5
Swar	98	101.7	99.7	99.6	100.1
Saidnagar	103.3	101.8	97.8	97.8	98.5
Tanda	79.1	97.5	100	98.8	99.6

Table 15 shows the percentage of total reported live births to total deliveries in the year 2013-2018. As the table shown that there is high coverage of percentage of reported live births to total deliveries in all the sub-districts in the in all fiscal years 2013-2018, excluding Tanda sub district has 79.1 percent of total reported live births to total deliveries in the year 2013-2014 which is least as compare to other sub districts.

Table 19. Percentage of live birth to reported birth

Districts and blocks	2013-14	2014-15	2015-16	2016-17	2017 – 18
Rampur	99.4	98.8	98.6	98.5	98.6
Bilaspur	98.9	98.6	98.6	97.7	97
Chamraua	100	99.5	98.7	98.3	98.1
Milak	99.7	98.3	98.4	98.6	99.1
Shahbad	98.4	98	98.3	98.4	98.2
Swar	99.9	99.9	99.7	99.6	99.8
Saidnagar	99.9	99.9	97.5	97.8	98.5
Tanda	99.9	99.5	100	100	100

Table 19 show the percentage of live birth to Reported Birth. The table shown that, there are a good percentage of live births to reported birth of all sub districts in all fiscal year 2013-2018. All sub districts have shown above 95 percentage of live birth in all the year.

Table 20. Percentage of new-borns having weight less than 2.5 kg to new-borns weighed at birth

Districts and blocks	2013-14	2014-15	2015-16	2016-17	2017 – 18
Rampur	13	9.8	6.8	8.1	9.1
Bilaspur	20.9	13.1	9.6	8.6	12.4
Chamraua	7.3	14.1	9	7.7	9.4
Milak	7.8	5	4.4	3	4.4
Shahbad	22.2	17.2	7.2	3.7	6.9
Swar	8.1	8.9	6.6	13.2	10.4
Saidnagar	6.5	12.4	8.4	5.1	5.6
Tanda	10.2	10.7	5.2	20.1	25.8

In the fiscal year 2013-2014, Bilaspur and Shahbad sub district has above 20 percent newborns having weight less than 2.5 kg to newborns weighed at birth and rest of the district below 10 percent newborns having weight less than 2.5 kg to newborns weighed at birth. Milak and Shahbad sub district are only 3 and 3.7 percentages newborns having weight less than 2.5 kg to newborns weighed at birth in the fiscal year 2016-2017, which is least as compared to other districts. This condition needs to be improved as the percentages are quite low in comparison to the Percentage of newborns having weight less than 2.5 kg to newborns weighed at birth. Thus, there is a need for spreading awareness regarding the importance of ANC check-up.

Table 21. Percentage of new-borns breast fed within 1 hour of birth to total live birth

Districts and blocks	2013-14	2014-15	2015-16	2016-17	2017 – 18
Rampur	82.6	82.4	87.9	95.8	98.1
Bilaspur	66.4	78.5	95.1	97.3	92.2
Chamraua	37.6	59.1	75.5	96	94.1
Milak	98	97.5	98.2	100	99.5
Shahbad	95.3	99.8	100.2	98.7	96.7
swar	88.6	81.9	99.9	98.7	123.5
Saidnagar	85.4	71.1	98.1	99.5	100
Tanda	96.4	86.7	99.5	100	100

In Rampur, Chamraua sub district is 37.6 percentages of newborns breast fed within 1 hour of birth to total live birth is very low as compared to all other sub-districts in the fiscal year 2013-2014 but these percentages are improved in the fiscal year 2014-2018. Rest all the sub-districts have this percentage ranging between 70-100%.

Table 22. Percentage of new-borns visited within 24hrs of home delivery to total reported home deliveries

Districts and blocks	2013-14	2014-15	2015-16	2016-17
Rampur	28.7	18	40	51.7
Bilaspur	25.7	31.9	98	93.1
Chamraua	0	3.7	1.3	48.4
Milak	0	22.1	99.9	100
Shahbad	92.9	1.1	30.8	27.5
Swar	27.9	10.9	0	10
Saidnagar	10.4	41.2	95	99.1
Tanda	31.5	7.2	0	0

Table 22 shows the percentage of new-borns visited within 24hrs of home delivery to total reported home deliveries. Shahbad sub district is 92.9 percent of new-borns visited within 24hrs of home delivery in the fiscal year 2013-2014, which highest as compared with other sub district and Saidnagar is 10.4 percent of new-borns visited within 24hrs of home delivery which is least. Chamraua, Shahbad and Tanda sub districts has shown very least percentage of new-borns visited within 24hrs of home delivery to total reported home deliveries in the year 2014-2016 as compared to other districts. This percentage is quite low in the subsequent year, but there is a decline from the year 2014-2015 to 2016-2017. We can say that overall percentage of district is very poor.

Table 23. Number of infants given OPV o (Birth Dose)

District and blocks	2013-14	2014-15	2015-16	2016-17	2017 – 18
Rampur	21,810	26,765	29,119	27,848	21,572
Bilaspur	2,449	2,680	3,183	2,950	3,081
Chamraua	2,727	2,788	3,016	3,308	2,126
Milak	1,984	2,435	3,727	4,864	3,851
Shahbad	4,417	5,294	7,206	4,520	4,184
Swar	3,008	3,125	4,684	4,263	2,911
Saidnagar	1,512	1,436	792	1,295	1,137
Tanda	2,953	2,417	2,342	1,875	741

Polio is incurable but can be easily prevented through immunization. The world health organization recommends that the first dose to be given at birth and others at least 4 weeks apart. Table 20 shows the number of infants given OPV o (birth dose) and district with highest number of OPV o given in the year 2015-2016. Shahbad sub districts is 4417 number of infants given OPV o (birth dose) in the year 2013-2014 which is highest as all sub districts and Saidnagar has shown low number of infants given OPV o (birth dose). In 2015-2016 highest number has been achieved by Shahbad with an aggregate of 7206. Recent data from 2017-18 reports that Tanda has lowest number of infants given OPV o which counts to 741, lowest among all the sub-districts in all fiscal years.

Table 24. Number of infants given BCG

District and blocks	2013-14	2014-15	2015-16	2016-17	2017 – 18
Rampur	42,118	50,802	54,892	52,807	43,334
Bilaspur	5,525	5,595	5,899	5,729	5,115
Chamraua	6,057	5,858	6,448	5,651	4,505
Milak	5,193	6,210	6,542	6,664	5,937
Shahbad	6,706	8,445	12,239	11,239	7,902
Swar	6,394	6,817	8,353	8,314	6,890
Saidnagar	4,171	3,854	3,774	4,608	4,326
Tanda	4,025	3,525	3,697	3,207	2,122

Table 24 presents information about the number of infants given BCG. Table shown that all sub districts has increasing and decreasing each passing year. Bilaspur, Chamraua, Milak, Shahbad, and Swar have very high coverage range is 4500 to 8000. Sub-districts like Saidnagr and Tanda shows less number of infants given BCG relatively which is 2000-4500. Three sub district data are not available.

Table 25. Percentage of new-borns given OPVo at birth to reported live birth

District and	2013-14	2014-15	2015-16	2016-17	2017 – 18
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blocks					
Rampur	55.7	80	67.2	68.3	67
Bilaspur	48.7	63.8	82.3	81.8	102.7
Chamraua	58.9	134.7	73.8	93.6	69.8
Milak	33.4	44.1	68.1	78.6	79.8
Shahbad	57.1	92.7	77.1	57.6	72.1
Swar	51.7	54.1	58.3	56.2	49.6
Saidnagar	40.7	56.4	30.7	36.4	36.9
Tanda	102.5	104.1	102	85	53.9

Table 25 shows the percentage of newborns given OPV0 at birth to reported live birth in the sub districts of Rampur. Milak sub district has shown increasing trend in all fiscal year from 2013 to 2018. It is a good sign of newborns given OPV0 at birth to reported live birth. In the year 2013-2016, Tanda sub district has highest percentage of newborns given OPV0 at birth to reported live birth as compare to other sub districts, and milak and saidnagar are least percentage shown in the table. In fiscal year 2017-2018, Chamraua sub district has highest percentage of newborns given OPV0 at birth to reported live birth as compare to other sub districts, and Saidnagar are least percentage shown in the table in the year 2016-2018.

Table 26. Percentage of new-born given BCG to reported live birth

District and blocks	2013-14	2014-15	2015-16	2016-17	2017 – 18
Rampur	107.6	151.8	126.7	129.5	134.5
Bilaspur	109.9	133.2	152.6	158.8	170.5
Chamraua	130.7	283	157.9	159.9	147.9
Milak	87.3	112.5	119.6	107.6	123.1
Shahbad	86.7	147.9	130.9	143.2	136.1
Swar	110	117.9	104	109.6	117.3
Saidnagar	112.3	151.5	146.1	129.7	140.3
Tanda	139.8	151.8	161.1	145.4	154.4

Table 26 presents the information about the percentage of newborns given BCG to reported live birth. HMIS data shows that above 100 percent of the newborns given BCG to reported live birth in all sub districts of Rampur in all the fiscal year 2014-2018 excluding Milak and Shahbad sub districts has 87.3 and 86.7 percentage respectively of newborns given BCG to reported live birth in the year 2013-2014, which is least as compare with other sub districts but next fiscal year both sub districts has the percentage are increasing.

Table 27. Number of infants given DPT1

Districts and blocks	2013-14	2014-15	2015-16	2016-17	2017 – 18
Rampur	43,015	48,296	37,203	2,296	610
Bilaspur	5,934	6,080	4,507	41	125
Chamraua	5,982	6,200	4,695	85	55
Milak	6,288	6,796	5,487	0	6
Shahbad	7,016	8,228	8,445	1,618	18
Swar	7,019	7,198	4,079	100	220
Saidnagar	4,573	4,219	3,135	56	56
Tanda	4,430	4,103	2,793	127	81

Table 27 shows the number of infant given DPT1. The data clearly depicts that DPT 1 consumption has significantly good of all the sub-districts in the year 2013-2016, but in the fiscal year 2016-2018, the number of infant given DPT1 has significantly decreasing in all the sub district of Rampur. The number shown in the table is very less in the fiscal year 2016-2017 as compare to the fiscal year 2013-2016.

Table 28. Number of infants given DPT2

District and blocks	2013-14	2014-15	2015-16	2016-17	2017 – 18
Rampur	38,926	44,588	41,414	4,859	399
Bilaspur	5,482	5,616	5,320	221	79
Chamraua	5,555	5,799	5,422	498	24
Milak	5,984	6,455	5,931	39	1
Shahbad	6,223	7,532	8,019	1,694	29
Swar	6,180	6,221	5,345	1,220	151
Saidnagar	4,038	3,815	3,629	174	30
Tanda	3,895	3,872	3,152	608	57

Table 28 shows the number of infant given DPT2. The data clearly depicts that DPT2 consumption has significantly good of all the sub-districts in the year 2013-2016, but in the fiscal year 2016-2018, the number of infant given DPT2 has significantly decreasing in all the sub district of Rampur. In the year 2016-2017, Shahbad and Swar sub district are highest number of infant given DPT2 as compare to other sub districts and Milak sub district is only 39 and 1 number of infant given DPT2 in the fiscal year 2016-2017 and 2017-2018 respectively which is least as compare with other sub districts. The number shown in the table is very less in the fiscal year 2016-2017 as compare to the fiscal year 2013-2016.

Table 29. Number of infants given DPT3

District and blocks	2013-14	2014-15	2015-16	2016-17	2017 – 18
Rampur	37,199	43,599	41,982	6,541	332
Bilaspur	5,243	5,389	5,718	609	54
Chamraua	5,426	5,893	5,850	461	11
Milak	5,747	6,054	6,244	219	0
Shahbad	5,894	7,157	7,597	2,113	109
Swar	5,896	6,072	5,080	1,251	81
Saidnagar	3,882	3,608	3,539	436	12
Tanda	3,547	3,892	3,062	793	48

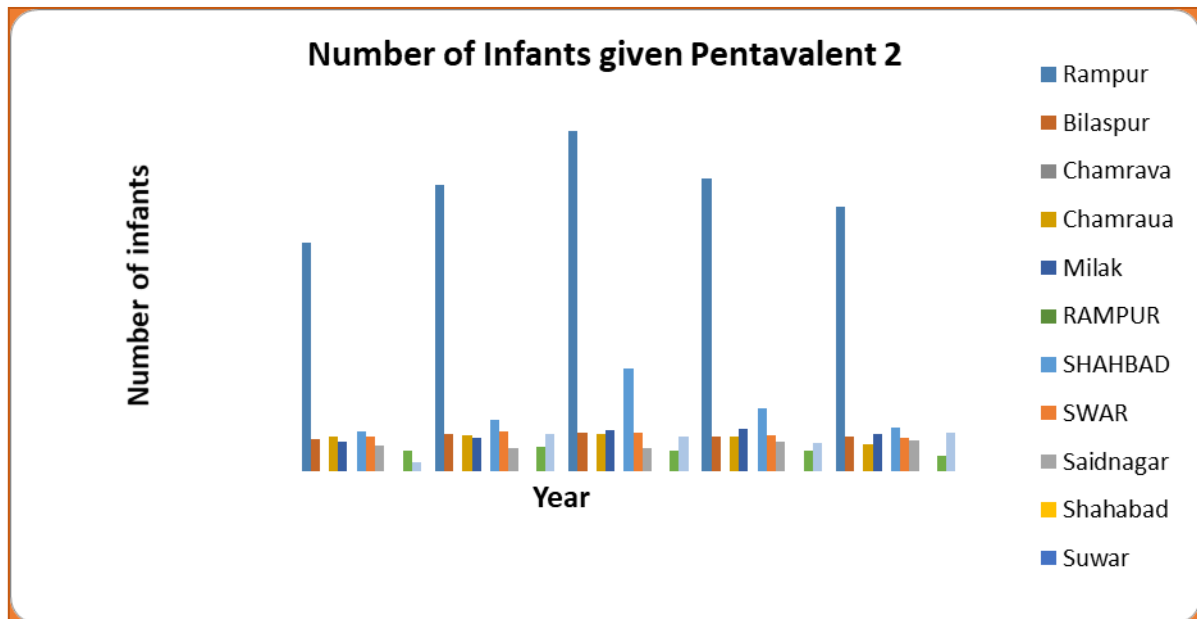
Table 29 shows the number of infant given DPT3. The data clearly depicts that DPT3 consumption has significantly good of all the sub-districts in the year 2013-2016, but in the fiscal year 2016-2018, the number of infant given DPT3 has significantly decreasing in all the sub district of Rampur. In the year 2016-2017, Shahbad and Swar sub district are highest number of infant given DPT3 as compare to other sub districts. In the fiscal year 2017-2018, all sub districts have sharply decreasing number of infants given DPT3. The number shown in the table is very less in the fiscal year 2016-2017 as compare to the fiscal year 2013-2016.

Table 30. Number of infants given pentavalent 1

District and blocks	2013-14	2014-15	2015-16	2016-17	2017 – 18
Rampur	0	0	11,475	49,144	41,840
Bilaspur	0	0	1,676	7,180	5,488
Chamraua	-	-	1,588	6,121	5,060
Milak	0	0	1,763	7,646	6,429
Shahbad	0	0	1,772	9,481	6,703
SWAR	0	0	1,465	5,577	5,580
Saidnagar	-	-	1,180	5,159	4,889
Tanda	0	0	992	3,326	2,280

Table 30 shows the number of infant given pentavalent 1. In the fiscal year 2013-2015, data are not available of Rampur district. The data clearly depicts that Pentavalent 1 consumption has significantly good of all the sub-districts in the year 2015-2018 but Tanda sub district has least number of infant given Pentavalent 1 in all fiscal year which is least as compare with other districts.

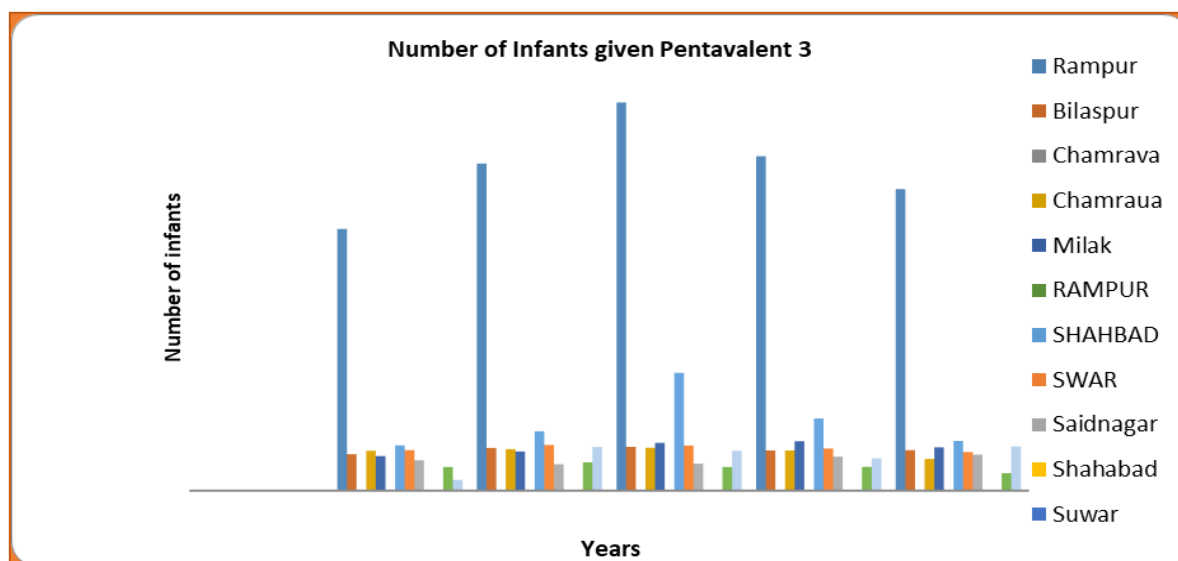
Graph 1. Number of infant given pentavalent 2



Graph 1 represent the Initially, number of infants given pentavalent 2 was very low, ranging between 300-1000 in the year 2015-16., this could be due to lack of accessibility and awareness among rural and urban masses. But in the very next fiscal year the consumption has increased substantially and this widened the range between 2000-9000. The sub-district with highest and lowest number of infants given pentavalent 2 is Shahbad and Tanda respectively in the year 2016-17. In the year 2017-18, this highest number is occupied again by Shahbad. In Swar and Saidnagar there an increase in consumption of pentavalent 2 in all the 3 consecutive fiscal years, but there is an intriguing pattern followed by all the sub-districts.

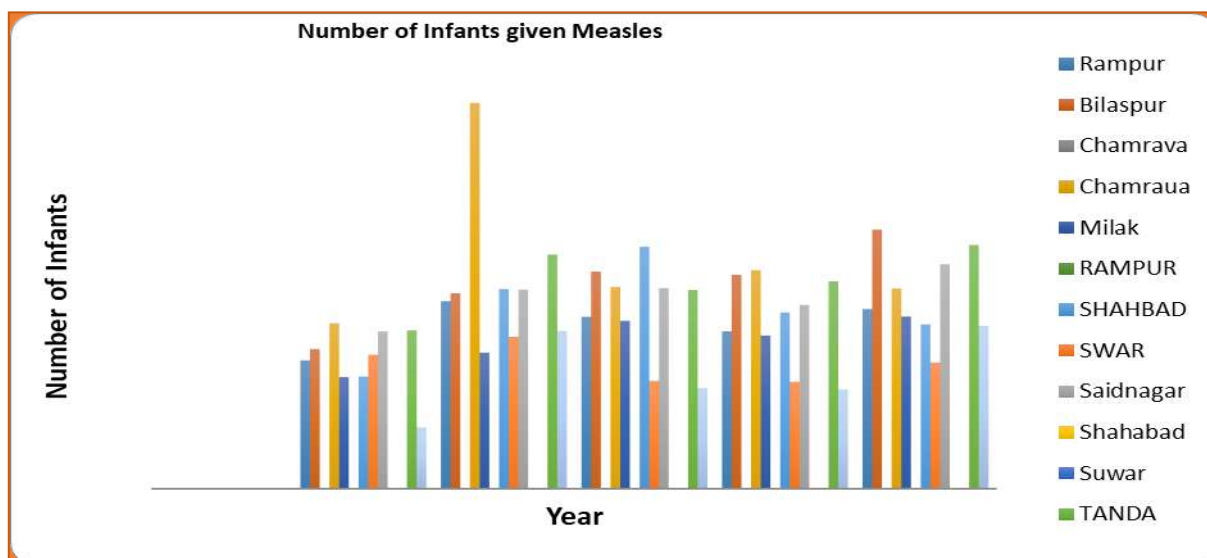
Graph 2 represent the Number of infants given pentavalent 3 has shown same pattern as pentavalent 2. For all the sub-districts there is contemporaneous increase in the consumption of pentavalent 3 from year 2015-16 to year 2016-17 and a sudden fall in the year 2017-18. In 2014-15, the highest number of infants given pentavalent 3 is in Milak with an aggregate of only 591. Shahbad sub-district has attained the highest number for 2 consecutive years with numbers equivalent to 7958 and 6477 in the year 2016-17 and 2017-18 respectively

Graph 2. Number of infants given pentavalent 3

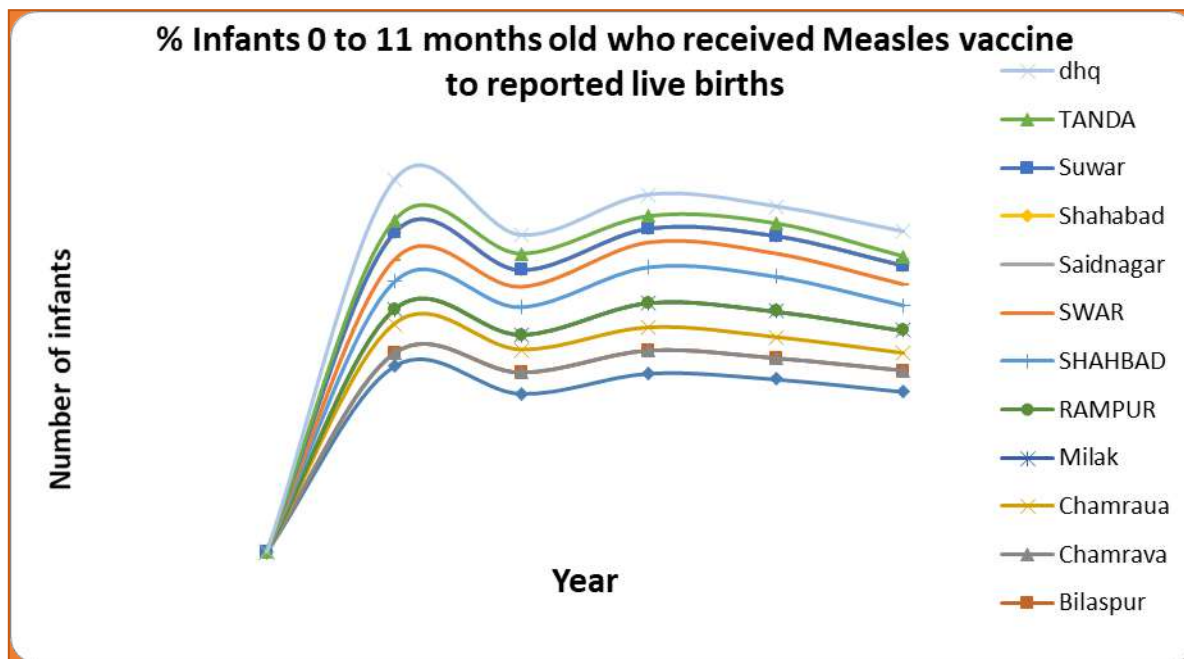


Graph 3 represent the number of infant given Measles. Measles though is a highly communicable disease but can be easily prevented through immunization. Data has been collected to keep track on the number of infants given measles vaccination, which follows an irregular pattern. Though there is no regular pattern followed, but there are marginal changes in number for all the sub-districts. Among all the sub-districts, Shahbad has the highest number of infants given measles vaccination for 5 consecutive years, that is, from fiscal year 2013-14 to year 2017-18. Also it has a record high achievement of 16577 among all the sub-districts in the year 2015-16. All other districts have good coverage with an average range between 3000-9000, except Tanda where number of infants given measles is relatively low for all the years, ranging between 2000-4000 only.

Graph 3. Number of infants given Measles

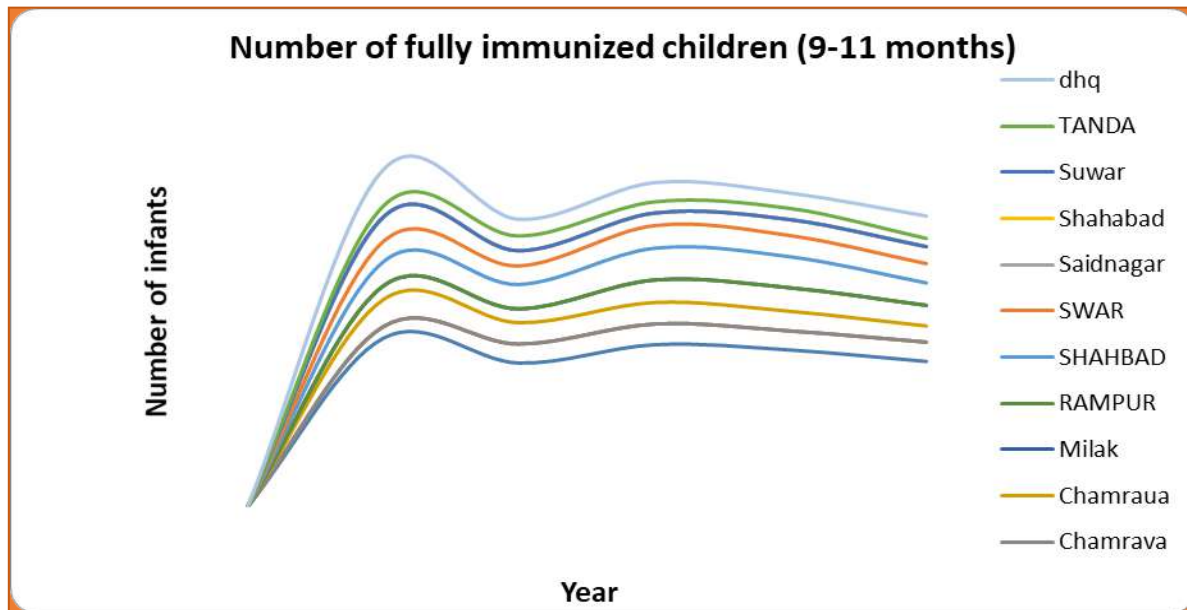


Graph 4. Percentage of Infants 0 to 11 months old who received measles vaccine to reported live births



According to UNICEF report, India has the largest number of births in the world more than 26 million a year also it accounts for more than 20% of child mortality worldwide. Nine million immunization sessions are organized each year to target these infants. Data has been collected on the Percentage of infants between 0 to 11 months who received measles vaccine to reported live births which, has highly asymmetrical pattern. In the year 2013-14, sub-district with highest percentage is Chamraua with an aggregate of 121.2% and lowest is 81.8% in Milak. In recent year (2017-18), sub-district with highest percentage is Bilaspur with an aggregate of 189.9% and lowest is 92.4% in Swar. Data from the table clearly indicates that on comparing the above mentioned fiscal years, all the sub-districts have increased their percentage gradually since past four years.

Graph 5. Number of fully immunised children (9 – 11 months)



Organizations like UNICEF works closely with Indian government on its Universal Immunization Programme. Introduced in 1985, the UIP has made great progress in expanding routine and full immunization coverage across the country. Data shows number of fully immunized children (9-11 months) in sub-districts of Rampur in Uttar Pradesh. This number is relatively high (above 7000) for Chamraua, Shahbad, and Saidnagar in the year 2013-14, but for districts like Chamraua, Swar, Saidnagar this number has declined. Shahbad has a very number of fully immunized children ranging between 6500-10000, whereas Tanda has shown a very low range between 2000-4500, rest of the sub-districts have their number ranging between 4000-8000. But none of the sub-districts have shown a consistent increase or decrease in the number. Thus this data is highly oscillating from year to year.

Table 31. Vitamin – A dose 1

District and blocks	2013-14	2014-15	2015-16	2016-17
Rampur	21,968	30,754	52,661	46,300
Bilaspur	2,798	5,091	6,070	5,651
Chamraua	3,048	4,554	5,105	5,284
Milak	2,193	2,645	6,516	6,965
Shahbad	3,467	3,568	15,868	9,955
Swar	5,387	4,627	6,354	5,941
Saidnagar	819	1,572	3,786	4,786
Tanda	3,589	3,515	3,344	3,350

Above given data shows the Vitamin A dose 1 report in Rampur region of Uttar Pradesh. The figures show that there is strict increase in the consumption of vitamin A dose 1 in Chamraua, Milak and Saidnagar from fiscal year 2013-14 to 2016-17, other sub-districts have shown minor fluctuations and is oscillating with some differences. Initially in the year 2013-14 the consumption of vitamin A was low when compared to the recent report of 2016-17 where the number has increased substantially except Tanda.

Table 32. Percentage of children given vitamin A dose1 to reported live births

District and blocks	2013-14	2014-15	2015-16	2016-17	2017 – 18
Rampur	56.1	91.9	121.6	113.5	128.5
Bilaspur	55.7	121.2	157	156.7	188.2
Chamraua	65.8	220	125	149.6	122.3
Milak	36.9	47.9	119.1	112.5	125.2
Shahbad	44.8	62.5	169.7	126.8	120.6
Swar	92.6	80.1	79.1	78.3	92.4
Saidnagar	22.1	61.8	146.5	134.7	163.4
Tanda	124.6	151.4	145.7	151.9	178.6

Vitamin A plays an important role in vision and bone growth and helps to protect the body from infections. In order to keep track on the consumption of vitamin A data has been collected showing the percentage of children given vitamin A dose 1 to reported live birth. 2013-14 data shows a very low consumption, with an average range between 30-80%, but over time this percentage has increased and as per the recent data (2017-18) the range is between 100-200%. Though the number has increased but there is no particular increasing or decreasing pattern followed and this concludes that there is no consistency in the data.

Table 33. Percentage of % children given vitamin A dose 9 to children given vitamin A dose-1

District and blocks	2013-14	2014-15	2015-16	2016-17	2017 – 18
Rampur	55.4	52.9	7.7	14.9	21.2
Bilaspur	5.5	6.8	8.9	0	0
Chamraua	42.4	32.4	53.9	106.8	161.4
Milak	175.3	9.2	0.3	8.8	0
Shahbad	71.9	34.6	4.1	0	17.2
Swar	17.3	239.4	1	0	13.5
Saidnagar	90.1	62.3	0	12.2	0
Tanda	75.8	26.1	0.6	0.1	5.3
District Head Quarter	0	0	0.1	1.3	11.6

Percentage of children given Vitamin A Dose 9 to Children given Vitamin A dose¹ has been reported in the above table form fiscal year 2013-14 to 2017-18. Apparently, there is a slump in the percentage for all the sub-districts. In the year 2013-14 the percentage is very high for sub-districts like Milak and Saidnagar, but had drastic fall overtime. In the year 2014-15, Swar has very high percentage of about 239.4, whereas rest of the sub-districts have percentage lying between 0-70%. As per the data from fiscal year 2015-16 to 2017-18, there is tremendous fluctuation in the percentage of children given Vitamin A Dose 9 to Children given Vitamin A dose¹, this percentage is even zero for sub-districts like Bilaspur, Milak and Saidnagar.

Table 34. Percentage of immunisation sessions where ASHAs were present to immunisation sessions planned

District and blocks	2013-14	2014-15	2015-16	2016-17	2017 – 18
Rampur	73.5	62.6	71.3	69.5	74.4
Bilaspur	73.7	74	79.1	78.6	80.3
Chamraua	62	80.3	83.9	76.7	90.1
Milak	90.4	21.9	84.7	88.6	92.3
shahbad	65.9	73.9	78.6	70.7	77
Swar	78.1	67.5	68.3	81	97.4
Saidnagar	71.6	75.5	71.6	79.5	95.9
Tanda	68.1	66.2	56.4	72.3	94.4
DHQ	71.1	17.4	0	0	0

Report has been collected for the region where ASHA is actively present, and this shows the percentage of immunization sessions where ASHAs were present to immunization sessions planned. Sub-districts like Bilaspur, Shahbad, Saidnagar the percentage is quite consistent as compared to rest of the sub-districts. In the fiscal years 2013-14, 2015-16 and 2016-17, Milak has the highest percentage of 90.4%, 84.7% and 88.6% respectively. In the recent fiscal all the sub-districts have shown a magnificent coverage of above 90% except Shahbad and Bilaspur where the percentage is 77 and 80.3 respectively.

3. KEY FINDINGS AND OBSERVATIONS

3.1 PHYSICAL ACCESS TO HEALTH FACILITIES

Rampur district has a total 295 health facilities out of which there are 2 district hospital, 1 First Referral Units (FRUs), 5 Community Health Centres (CHCs), 35 Primary Health Centres (PHCs), 204 Sub Centres (SCs), 8 Adolescent friendly health clinics, 6 Skill labs and 34 Delivery points in Rampur. All the health facilities are run in a government building except for 5 urban PHCs and 11 sub centres which are functioning in a rented building. The District has no medical college, no Mother and child care centres (PPC) and no district early Intervention centre, which are a part of NHM's mandate for facilitating better delivery of services.

Table 35. Detail of health infrastructure in the last financial year

Health facilities available	Numbers available	Government building	Rented building/under construction
District Hospital	2	2	
Sub - District Hospital			
First Referral Units (FRUs)	1	1	
Community Health Centres	5	5	
Primary Health Centres	29+6 urban	29+1 urban	5 urban
Sub Centres	204	193	11
Mother and child care centres (PPC)			
Adolescent friendly health clinic	8	8	
Medical College			
Skill labs	6	6	
District early Intervention centre			
Delivery points	34	34	

Sources: Supportive supervision checklist, DPMU Rampur

Figure 2. Health infrastructure in Rampur



Figure A : CMO office, Rampur

Figure B: District Hospital, Rampur



Figure C: CHC, Shahabad



Figure D: CHC, Milak



Figure E: PHC, Rajpura



Figure F: Sub centre, Bhuneshwari, Tanda

TRANSPORT FACILITY

Referral transport was available in the district, to provide pick and drop facilities. The beneficiaries are aware of the free facility. Rampur District had sixteen - 108 Ambulances, twenty - 104 Ambulances, and 2 Referral transport vehicles are in working conditions, but Mobile Medical Units was not available in the district.

Table 36. Transport facility in Rampur district

Transport facility	Number available	Number functional	Remarks
108 ambulances	16	15	Off road(fitness problem)
CATS	-	-	
102 ambulances	20	20	
Referral transport	2	2	

Sources: Supportive supervision checklist, DPMU Rampur

Figure 3. Referral transport in health facility



Figure A: Referral Transport in DH, Rampur



Figure B: Referral Transport in CHC, Shahabad



Figure C: Referral Transport in CHC, Milak



Figure D: Vaccine van in CHC Milak

3.2 HUMAN RESOURCES FOR HEALTH: STATUS & TRAINING

A health system needs to adequate human resources for better service delivery and the lack of this lead to the poor quality of health services. In order to make the health care services accessible to all and to improve the quality of services human resources have large role to play. The district Rampur sees a shortage of human resources against the requirement. The number of senior officials, specialists and others staffs working in the district are less than the sanctioned post. The district has a greater number of staffs in regular rather than contractual. Out of 88 positions sanctioned for medical officers including specialists, 6 were vacant and 5 position sanctioned for gynaecologist but 4 position were vacant. There was only one gynaecologist in position as against the vacancy of 5.

Table 37. Human resources of Rampur district under NHM, 2017 – 18

Position Name	Sanctioned	Filled	Vacant
MO's Including specialist	88	82	6
Gynaecologists	5	1	4
Paediatrician	0	5	
Surgeon	5	4	1
Nutritionist	-	-	-
Dental Surgeon	5	4	1
LHV	40	8	32
ANM	244	138	106
Pharmacist	42	33	9
Lab Technicians	11	1	10
X-Ray Technicians	7	3	4
Data Entry Operators	17	15	2
Staff Nurse At CHC	29	32	6
Staff Nurse at PHC	14	10	7
ANM at PHC	24	14	5
ANM at SC	217	190	31

Sources: Supportive supervision checklist, DPMU Rampur

3.3 TRAINING STATUS

It is observed that regular trainings were conducted for the staff members at District hospital Rampur. There were 186 members trained for IUCD insertion, 11 for SBA, 5 for NSV, 26 NSSK, 3 for MTP and 2 for Minilap/PPS. However, in the last financial year no trainings conducted for BeMOC, RTI/STI/HIV screening, FIMNCI, LSAS, and EMOC.

Table 38. Training status of human resource in the last financial year 2017-18

Position name	SBA	BeMOC	MTP	Minilap/PPS	NSV
Medical officer	-	-		2	5
Lady medical officer			3		
Staff Nurse	11	-	-	-	--
ANM	-	-		-	--
LHV/PHN	-	-		-	--
Position name	IUCD insertion	RTI/STI/HIV screening	NSSK	FIMNCI	Total
MO	2	-	-	-	-
LMO	4	-	-	-	-
Staff nurse	8	-	26	-	-
ANM	168	-	-	-	-
LHV/PHN	4	-	-	-	-
Lab technician	-	-	-	-	
ASHA	-	-	-	-	-

Sources: Supportive supervision checklist, DPMU Rampur Nagar

3.4 AVAILABILITY OF EQUIPMENTS AND DRUGS IN HEALTH FACILITIES

3.4.1 EQUIPMENTS

Availability of necessary equipment is important for all health institution. In this section we will discuss about the availability of necessary equipment in the selected health facility. Table shows that at female district hospital BP instrument and stethoscope, sterilise delivery sets, neonatal kit, weight machine, needle cutter, radiant warmer, suction apparatus, oxygen, try with emergency injection, radiant warmer, mobile light, apparatus, oxygen, autoclave, MVA equipment's, photography unit, and ILR and Deep freezer are available and also functioning. For laboratory testing microscope, haemoglobin meter, and centrifuge machines are available and functioning. Equipment's for NBSU was also available. Some equipment's are not available at both CHC as well PHC.

Table 39. Availability of equipment's of the health facilities in 2017 – 18

Equipment	Districts Hospital	CHC Shahbad	CHC Milak	PHC Rampura	PHC Rajpura
Functional BP Instrument and Stethoscope	√	√	√	√	√
Sterilised delivery sets	√	√	√	√	√
Functional Neonatal, Paediatric and Adult Resuscitation kit	√	√	x	x	√
Functional Weighing Machine (Adult and child)	√	√	√	√	√
Functional Needle Cutter	√	√	√	x	√
Functional Radiant Warmer	√	√	x	√	x
Functional Suction apparatus	√	√	√	x	x
Functional Facility for Oxygen Administer	√	√	√	√	x
Functional Foetal Doppler/CTG	√	x	x	x	x
Functional Mobile light	√	x	x	x	x
Delivery Tables	√	x	x	x	x
Functional Autoclave	√	√	x	√	√
Functional ILR and Deep Freezer	x	√	√	x	x
Emergency Tray with emergency injections	√	√	√	√	√
MVA/ EVA Equipment	√	√	x	x	x
Functional phototherapy unit	√	√	x	x	x
Dialysis Equipment	x	x	x	x	x
O.T Equipment					
O.T Tables	√	x	x	x	x
Functional O.T Lights, ceiling	√	x	x	x	x
Functional O.T lights, mobile	√	x	x	x	x
Functional Anaesthesia machines	√	x	x	x	x
Functional Ventilators	√	x	x	x	x
Functional Pulse-oximeters	√	x	x	x	x
Functional Multi-para monitors	√	x	x	x	x
Functional Surgical Diathermies	x	x	x	x	x
Functional Laparoscopes	√	x	x	x	x
Functional C-arm units	x	x	x	x	x
Functional Autoclaves (H or V)	√	x	x	x	x

Laboratory Equipment					
Functional Microscope	√	√	√	√	√
Functional Hemoglobinometer	√	√	√	x	√
Functional Centrifuge	√	√	√	x	x
Functional Semi autoanalyzer	√	x	x	x	x
Reagents and Testing Kits	√	√	x	x	x
Functional Ultrasound Scanners	√	x	x	x	x
Functional C.T Scanner	√	x	x	x	x
Functional X-ray units	x	x	x	x	x
Functional ECG machines	x	x	x	x	x

Sources: Supportive supervision checklist, DPMU Rampur

Figure 4. Health equipment's in the health facilities



Figure A: Operation theatre



Figure B: Weight machine



Figure C: CT Scan machine



Figure D: Digital X-Ray Machine



Figure E: Dental care unit



Figure F: EYE Operation theatre

3.4.2 DRUGS

EDL is available and displayed, Computerised inventory management, IFA tablets, IFA syrup with dispenser, VIT A syrup, ORS packets, Zinc tablets, Inj Magnesium Sulphate, INJ Oxytocin, Misoprostol tablets, Mifepristone tablets, Availability of antibiotics, Labelled emergency tray, Drugs for hypertension, Diabetes, common ailments e.g. PCM, metronidazole, anti-allergic drugs, Adequate Vaccine Stock available, Pregnancy testing kits, Urine albumin and sugar testing kit, OCPs, EC Pills, IUCDs, Sanitary napkins, Essential consumables, and gloves are available properly at female DH and some facility was also available at both CHC and PHC level. Tests like Haemoglobin, CBC, Urine albumin and sugar, Blood Sugar, Malaria, RPR, Liver function tests (LFT), Ultrasound Scan (General), X-ray, ECG, and HIV were conducted at female district hospital while some test like Haemoglobin, Urine albumin and sugar, Blood sugar, RPR and all malaria and T.B. conducted at CHC and PHC level. At the hospital only IFA blue and syrup were not available and also sometime drugs not supply adequately. Which is under in charge of CMO. Moreover, the blood bank was functioning in district hospital.

Table 40. Availability of drugs in the health facilities in 2017 – 18

Drugs	Districts Hospital	CHC Shahbad	CHC Milak	PHC Rampura	PHC Rajpura
EDL available and displayed	√	x	√	x	√
Computerised inventory management	√	√	x	x	√
IFA tablets	√	√	x	√	√
IFA syrup with dispenser	√	√	x	√	√
VIT A syrup	√	√	x	√	√
ORS packets	√	√	x	√	√
Zinc tablets	√	√	√	√	√
INJ Magnesium Sulphate	√	√	√	x	x
INJ Oxytocin	√	√	√	x	√
Misoprostol tablets	√	√	√	x	x
Mifepristone tablets	√	x	x	x	√
Availability of antibiotics	√	√	√	√	√
Labelled emergency tray	√	√	√	√	√
Drugs for hypertension, Diabetes, common ailments.	√	√	x	√	√
Adequate Vaccine Stock available	√	√	x	x	√
Supplies					
Pregnancy testing kits	√	√	√	x	√
Urine albumin and sugar testing kit	√	√	√	x	√
OCPs	x	√	√	x	√
EC pills	x	x	√	x	v
IUCDs	√	√	√	x	√
Sanitary napkins	√	√	x	x	√
Essential Consumables					
Gloves, Mckintosh, Pads, bandages, and gauze etc.	√	√	√	√	√
Lab Services					
Haemoglobin	√	√	√	x	√
CBC	√	x	x	x	v
Urine albumin and sugar	√	√	√	x	√
Blood sugar	√	√	x	x	v
RPR	√	x	x	x	√
Malaria	x	√	√	x	√
T.B	x	√	√	√	√
HIV	√	√	x	x	√
Liver function tests(LFT)	√	x	x	x	x
Ultrasound scan (Ob.)	x	x	x	x	x
Ultrasound Scan (General)	√	x	x	x	x
X-ray	√	x	x	x	x
ECG	√	x	x	x	x
Endoscopy	x	x	x	x	x
Others , Please specify	x	x	x	x	x
Blood bank/ Blood storage unit					
Functional blood bag refrigerators	√	x	x	x	x
Sufficient no. of blood bags available	√	x	x	x	x
Check register for number of blood	x	x	x	x	x

Sources: Supportive supervision checklist, DPMU Rampur

Figure 5. Drugs in health facilities



Figure A: Pradhan mantra jan ausadhi kendra

Figure B: Medicine distribution

Figure C: Drugs in health facility

Figure D: Testing lab

3.5 SERVICE DELIVERY IN LAST TWO YEARS

The maximum number of patients has register for OPD in CHC Shahbad followed by CHC Milak in the district. Most of the service utilization parameter was available at district hospital, and CHC Shahbad. However very few were available at PHC Rampura and Rajpura. Moreover, in term of maximum maternal death, still birth, neonatal death and infant deaths was only reported at the district hospital and CHC Shahbad and it was not reported on other visited CHC and PHC of the districts. Also data revel that the mortality death has reported vary less in the district, thus there is need to more emphasis given to the district and sub health centre to reduce the mortality and increase the proper reporting of the mortality death.

Table 41. Service delivery in year 2017-18

Service utilization parameter	District hospital	CHC Shahbad	PHC Rampura	CHC Milak	PHC Rajpura
OPD	65597	177254	23400	130692	25866
IPD	11345	5608	-	5142	1130
Total deliveries conducted	3554	4744	-	3248	792
No. of admission in NBSUs	550	-	-	-	-
No of sick children referred	-	84	-	32	-
No of pregnant women referred	431	271	-	72	65
ANC 1 registration	746	5808	255	-	209
ANC 3 coverage	450	9913	250	-	-
No. of IUCD inceptions	433	1498	80	60	23
No. of PPIUCD inceptions	1211	874	-	180	-
No of Vasectomy	-	-	16	-	-
No of Minilab	-	-	-	-	-
No. of children fully immunized	1351	8592	245	-	-
No. of children given Vitamin A	893	8592	240	-	-
No. of MTPs conducted	-	-	-	-	-
Maternal deaths	3	13	-	-	-
Still births	77	133	-	50	4
Neonatal deaths	91	14	-	2	-
Infant deaths	-	-	-	-	-
No. of C-section conducted	543	-	-	-	-
No of children given ORS + ZINC	1000	-	-	-	-
No of neonates initiated breast feeding within one hour	-	-	-	-	-

Sources: Supportive supervision checklist, DPMU Rampur

3.6 MATERNAL HEALTH, DELIVERY AND CHILD HEALTH

The Government of India adopted the reproductive, Maternal, New-born, child and adolescent health framework in 2013 and also it essentially looks to address the major cause of mortality among women and children. Also the maternal health division strive to provide quality services to pregnant women and their new-borns through various interventions and programmes, building capacity of health personnel and routine health systems strengthening activities.

Table 42. Block wise maternal health indicators of Rampur District 2017 – 18

Block	ANC registered	3 ANC registered	Home deliveries	Institutional deliveries	PNC within 48 hrs after delivery	PNC between 48 hrs and 14 days after delivery
Bilaspur	6267	5226	1649	2066	2100	1156
Chamraua	7656	3664	2379	1283	1718	1370
Milak	8395	4355	1558	4184	1175	1232
Saidnagar	5639	3749	3445	186	3082	2949
Shahbad	9962	10348	2343	4744	5444	4957
Swar/Tanda	13984	5298	4279	4341	8470	8445
Total	94566	35483	15653	23046	21989	20109

Sources: Supportive supervision checklist, DPMU, Rampur

The above table provide information related to maternal health indicator in the block of Rampur district. Considering the ANC registration figure, it is found that the maximum number of registration have reported in the Swar/Tanda (13984) and the minimums in Bilaspur (6267). While three ANC registration have mostly reported in the Shahbad (10348) comparing to other block. The overall home deliveries have reported in block was (15653) and Institutional deliveries was (23046). Whereas in the Saidnagar block the lowest number and Shahbad (4744) the highest number of institutional deliveries have been reported in the last year. Moreover, PNC within 48 hours after delivery and between 48 hours and 14 days after delivery total have more or less equally reported in the district.

Table 43. Maternal health indicators Rampur District 2017 – 18

Block	TT1	TT2	Home Deliveries		Live Birth	Still Birth	Total birth
			SBA Assisted	Non - SBA			
Bilaspur	3800	3199	-	1649	3598	113	3711
Chamraua	4071	3382	-	2379	3627	78	3705
Milak	6174	5642	-	1558	5690	60	5750
Saidnagar	2906	2436	-	3445	3577	55	3632
Shahbad	9820	6967	-	2343	6989	133	7122
Swar/Tanda	6652	5467	-	4279	8611	20	8631
DHQ	3457	4036	-		6144	122	6266
Total	3688	31129	-	15653	38236	581	38817

Sources: Supportive supervision checklist, DPMU, Rampur

The above table shows the key maternal health indicator at block of Rampur districts in the financial year 2017-18. It is reported by the officials the highest number of TT1 and TT2 have registered in the block of Shahbad. While the lowest number of TT1 was registered in the district head quarter hospital and TT2 was in the Bilaspur. The figures also provide for the

home deliveries performed by NON-SBA was high in Swar/Tanda block as compare to other blocks. While the maximum number of live birth has also reported in the Shahbad block and the minimum was in the Bilaspur. Moreover, still birth deliveries more reported in Shahbad block and the less in the Tanda, which is 133 and 20 respectively.

3.6.1. MATERNAL DEATH

Table 44. Maternal death review in the last financial year

Total Maternal Death	Place of Death			Major Reasons (% of Death Due to Reasons given below)	Month Of Pregnancy		
	Hospital	Home	Transit		During Pregnancy	During Delivery	Post Delivery
59	16	21	22	Hemorrhage-15			
				Obstetric Complications-6			
				Sepsis-8			
				Hypertension - 0			
				Abortion-6			
				Others-12			

Sources: Supportive supervision checklist, DPMU, Rampur

Cause of death study in health research is an important domain. which provide overall scenario of disease specific, while during the recent time central and state health have trying to reduce maternal death, thus this data will be helpful for better understanding the current context of maternal health. In the Rampur district a total number of 59 maternal deaths have been report by the official document, which is very less as per the population of the districts. The figures also revealed that mostly death happened during the transit period and home deliveries. While only 16 maternal deaths have reported in the hospital. Out of them the major cause of deaths has reported for Haemorrhage (15) followed by others (12), obstetric complication and abortion (6) and sepsis (8) respectively.

Figure 6. Labour room, OT and maternity ward



Figure A: Labour room in DH



Figure B: Labour room in CHC, Milak



Figure C: Labour room in CHC, Shahabad



Figure D: Maternity ward

3.6.2. CHILD HEALTH

Table 45. Block wise analysis of immunization in the last financial year

Block	Target	OPV at Birth	BCG	DPT			Pentavalent			Measles	Full Immunization
				1	2	3	1	2	3		
Bilaspur	8880	3589	5781	127	95	62	6488	6543	6600	6523	6523
Chamraua	6809	2507	5186	59	33	18	6025	5744	5809	5121	5152
Milak	9632	4245	7142	0	0	0	7852	7188	7269	7247	7248
Saidnagar	6777	1286	4803	59	30	12	5499	5269	5397	5581	5581
Shahbad	10159	6089	10062	26	57	164	8539	8166	8274	8577	8252
Swar/Tanda	15264	4440	10807	375	258	181	9573	9330	9176	9230	9202
Total	66828	26245	51221	713	515	469	5046	4898	4920	4944	49648

Sources: Supportive supervision checklist, DPMU, Rampur

The above table provides information related to full immunization in the last financial year. The number of fully immunized children for the year 2017-18 was 49648. However, the maximum number of children with full immunization is register in Swar/Tanda block (9202), while the minimum had reported in Chamraua (5152). The data shows a huge fall in the

number of children given DPT doses from the year 2017-18. Whereas, the target assigned by the respective district hospital and different CHC or block for OPV at Birth have just achieved more than half in all block except Saidbnagar.

Table 46. Detail of infrastructure and services under neonatal health

Child health	Numbers	Whether Established in the last financial Year (Yes/No)
Total SNCU	1	-
Total NBSU	2	-
Total NBCC	9	-
Total Staff In SNCU	25	-
Total Staff In NBSU	6	-
Total NRCs	1	-
Total Admission In NRCs	250	-
Total Staff in NRCs	8	-
Average Duration Of Stay In NRSC	13	-

Sources: Supportive supervision checklist, DPMU, Rampur

The above table depicts the detail of infrastructure and services under neonatal health in the year 2017-18. It is reported by the official document there were no infrastructures was established in the last financial year. While in the district a total SNCU and NRCs for child was only one. However, the total number of NBSU and NBCC was 2 and 9 were available in the district. In the district total number of neonatal child registered for admission was 250 and the average duration of stay in the NRSC was 13 days.

Table 47. Neonatal health: (SNCU, NRCS, CDR) in the last financial year

Total Death	Place Of Death			Major Reasons For Death (% Of Death Due to Reasons given Below)
	Hospital	Home	Transit	
59	28	-	-	Prematurity-13
				Birth Asphyxia-31
				Diarrhea-0
				Sepsis-1
				Pneumonia-0
				Others-9

Sources: Supportive supervision checklist, DPMU, Rampur

The above table represent the neonatal health under (SNCU, NRCS, CDR) in the last financial year. Overall total 59 deaths have been reported for neonatal. Whereas the most of death occur as major reasons was given for birth asphyxia (31) followed by prematurity (13), others

(9) and Sepsis (1). Thus, the district hospital has more focus to reduce the specific mentioned cause of death for neonatal.

Table 48. Neonatal health: (SNCU, NRCs & CDR) in the last financial year

Total neonates admitted in to SNCU	Treatment outcome			
	Discharge	Referred	Death	LAMA
550	289	135	91	26

Sources: Supportive supervision checklist, DPMU, Rampur

As per the official record the total number of neonates admitted in to SNCU was 550 out of them 289 have discharge and 135 was referred to other centre. While during the last financial year total number of neonatal deaths have reported 91 in the district.

Figure 7. NRC in health facilities



Figure A: NRC in DH, Rampur

Figure B: NRC kitchen

3.7 RASHTRIYA BAL SWASTHYA KARYAKRAM

Rashtriya Bal Swasthya Karyakram is another major initiative by NHM for monitoring the child health and adolescent health to spread awareness, detect the adolescent problems and counsel the adolescent children in the district.

Table 49. Rashtriya bal swasthya karyakram progress in last financial year

Years	No. of schools	No. of Children Registered	Children Diagnosed	No. of Children Referred	Eye Disease	ear Disease	Heart Disease	Physically Challenged	Anaemic
2017 -18	1894	423583	4052	2523	337	345	3	22	75
2016 -17	1894	467299	7366	4231	350	394	3	51	145

Sources: Supportive supervision checklist, DPMU, Rampur

Under the programme Rashtriya Bal Swasthaya Karyakaram the total number of school mentioned was 1894. Where approximately more than 4 lakh children have register. While the number of children registered under the scheme have decreased form the last years. However, 2523 children were referred to the district hospital for the treatment. Under these program maximum number children have identify for eye and ear disease. While children diagnosed with diseases anaemic, physically challenge and heart have decreased from the last financial year.

3.8. JANANI SURAKSHA YOJANA & JANANI SHISHU SURAKSHA KARYAKRAM

In every district of hospital, community and primary health centre, there is need to maintained the record for better monitoring purpose. As official document provided by the DPMU all record of JSY payments are maintained properly and it was reported that 87.60% of institutional deliveries have performed in the last year. Moreover, under the JSY payment ASHAs had received 100% of the payments.

Table 50. 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
87.60%	0	100%	yes	yes	-

Sources: Supportive supervision checklist, DPMU, Rampur

Figure 8. Meeting with ANM and ASHAs.



Figure A: Meeting with ASHA and sangini



Figure B: Meeting with ANM



Figure C: Intraction with ASHAs and beneficiaries



Figure D: Intraction with ASHA & sangini

Table 51. Block wise JSSK progress in district in the last financial year

Block	No. Of Beneficiaries Under JSSK			Home to facility	District Total=	
	Diet	Drugs	Diagnostic		Transport Referral	Facility to home
Bilaspur	1701	1701	1701	1914	1885	1885
Chamraua	851	6458	6458	1077	67	1321
Milak	2775	4183	4183	3572	284	3156
Saidnagar	186	5557	5557	1	8	2
Shahbad	4289	9778	9778	2227	465	3619
Swar/Tanda	3192	13216	13216	4240	267	3888
Total	16147	58926	58926	20713	3407	20371

Sources: Supportive supervision checklist, DPMU, Rampur

JSSK program is running in the district to provide free diet, drugs and transport for deliveries to women. Under JSSK programme the maximum number of beneficiaries received diet have reported at Shahbad (4289) followed by Tanda (3192) and Milak (2275) and the lowest have reported at Saidnagar (186) followed by Chmraua (851) and Bilaspur (1701) respectively. While all women who were diagnostic under this programme have received drugs. Moreover, women had also avail the benefit of transport facility. While most of transport facility have used for home to facility and 20371 beneficiaries was use referral transport for facility to home. In Saidnagar block was very lest number of beneficiaries has to use referral transport as compared with other blocks.

Figure 9. Diet, drugs, diagnostic and transport facility under JSSK programme



Figure A: Kitchen



Figure B: Vaccination van



Figure C: Drugs



Figure D: interaction with ASHA and sangini

3.9 FAMILY PLANNING

In Rampur district, within different blocks, different methods of family planning were available in health facilities. It was reported that male sterilization was negligible in all block while female sterilization was reported and it is also not satisfactory. Methods available for family planning like IUCD insertions reported have not achieved the target as mentioned by the state government.

However, in all the blocks mostly women have been using emergency contraceptives which is higher than the target mentioned in the district's blocks. As reported by the Chief medical officer of the Rampur district, maximum number of women have been using Antara and Chhaya for the methods of family planning. Using condoms for the family planning target also not getting achieve by the couple.

Table 52. Family planning achievement in districts during the last financial year.

Block	Sterilization		IUCD Incretions		Oral Pills		Emergency Contraceptives	Condoms		
	Target	Male	Female	Target	Ach*	Target	Ach*	Ach*	Target	Ach*
Bilaspur	1515	0	132	3410	1681	1285	530	900	2442	574
Chamraua	1100	0	167	2840	1258	1069	396	1332	1820	289
Milak	1645	0	95	3960	868	1430	437	1524	2880	733
Saidnagar	970	0	155	2740	868	1000	546	534	1720	772
Shahbad	1645	0	227	3870	2334	1450	263	0	1850	904
Swar/Tanda	2370	0	298	6010	3123	2140	1185	1823	3880	1786
Total	9245	0	1074	22830	10132	8374	3357	6113	15592	5058

Sources: Supportive supervision checklist, DPMU, Rampur

3.10 INFORMATION EDUCATION AND COMMUNICATION

Figure 10. IEC display in the health facilities



Figure A: IEC display about TB

Figure B: IEC display about breast feeding



Figure D: IEC display related to refer to pregnant women

Figure C: IEC display about family planning

3.11 COMMUNITY PROCESS

According to the information provided by the official medical officer, there were a total number of (1651) ASHAs are still working and 54 positions still lying vacant. In the last financial year, 351 meetings were held in the district. Although, 1602 ASHAs were trained in digital literacy, and 87 ASHAs received training 6th and 7th module in the last financial year. According to the sources ASHAs were receiving different kind of trainings such as: (8 days induction, HBNC training 6-7 module, Bridge training (IPC) inter personal communication), which were benefited for the maternal and child health.

Table 53. Community process in District in The Last Financial Year

last Status Of ASHAs	Total Number Of ASHAs
ASHA Presently Working	1651
Positions Vacant	54
Total No Of Meeting With ASHA (In A Year)	351
Total No Of ASHA Resource Centers/ASHA Ghar	0
Drug Kit Replacement	1602
No. Of ASHAs trained in Last Year	87
ASHAs Trained In Digital Literacy	1602
Name Of Trainings Received	1) 8 days induction
	2) HBNC training 6-7 module
	3) Bridge training (IPC) inter personal communication

Sources: Supportive supervision checklist, DPMU, Rampur

3.12 DISEASE CONTROL PROGRAMME

The progress of the disease control programme (under non-communicable and communicable diseases) in the districts. It is reported that under the non-communicable disease programme the total number of blindness (1343), diabetes (2252) and hypertension (2251) respectively in the last financial year. While under the communicable diseases programme the maximum number of malaria, typhoid and tuberculosis cases was screened in the year 2016-17 and more number of the case was detected for tuberculosis followed by typhoid and malaria respectively. Thus there is need to major focus have given to communicable disease specific programme. Which help to reduce health burden in the Rampur district. Also there is need to create more awareness of running programme related to eradicate malaria and tuberclosis programme in the state.

Table 54. Disease Control Programmed Progress District (Non communicable and Communicable Diseases)

Name Of The Programme / Disease	2016 - 17		2017 - 18	
	No of Cases screened	No. Of Detected Cases	No of Cases screened	No. Of Detected Cases
Blindness	1	-	-	1343
Mental health	-	-	-	-
Diabetes	-	-	-	2254
Hypertension	-	-	-	2251
Osteoporosis	-	-	-	-
Heart Disease	-	-	-	-
Obesity	-	-	-	-
Cancer	-	-	-	-
Fluorosis	-	-	-	-
Chronic Lung Disease	-	-	-	-
Others, if any	-	-	-	-
Name Of The Programme / Disease (Communicable disease)				
Malaria	41616	802	38079	617
Dengue	-	-	41	9
Typhoid	4793	212	18889	1004
Hepatitis A/B/C/D/E	26	0	299	1
Influenza	-	-	-	5
Tuberculosis	35178	4035	46296	4376
Filaria	1337	-	653	-
Japanese encephalitis	6	6	0	0

Sources: Supportive supervision checklist, DPMU, Rampur

3.13 HMIS/MCTS

Maintaining the data will be help for the programme and policy purpose. Under the HIMS section all data related to health aspect had properly filled by the data operator manager. Which is also uploaded on HMIS Portal for public uses. These all health data information was provided by the ASHA worker. Our visited centre at the district hospital, CHC Shahbad and Milak proper data have maintained by data entry operator and respective of all PHC data were reported at nearby CHC. While under the MCTS mostly DPMs and DCPM have track beneficiary household through mobile with the help of ASHA worker. On that basis ASHA were received the incentives according to their work progress.

3.14 AYUSH

AYUSH is the acronym of the medical systems that are being practiced in India namely Ayurveda, Yoga & Naturopathy, Unani, Siddha and Homeopathy. In the district the total number of 17 doctors are currently working and a total number of 214605 patients have received treatment. As per the reported figure more number of patients have received treatment in the Milak block as compare to other block.

Table 55. Ayush progress in district in the last financial year

Block	No. Of Facilities with AYUSH Health Centres	No. Of AYUSH Doctors	No. Of patients Received Treatment
Bilaspur	2	2	24220
Chamraua	2	2	24309
Milak	4	5	59756
Saidnagar	1	1	27844
Shahbad	3	3	49057
Swar/Tanda	4	4	29419
Total	16	17	214605

Sources: Supportive supervision checklist, DPMU, Rampur

3.15. STATEMENT OF NHM EXPENDITURE: UTTAR PRADESH 2017-18

Table 56. Pool wise budget heads summary and budget utilization parameters.

Budget Head	Budget (Rs. In Lac)	Expenditure (As On 31 Mar, 2018)
NRHM+ RMNCH Plus A Flexipool	2863	2526
NUHM Flexipool	201.52	174.18
Flexipool for Disease control programme	236.7	232.53
Flexipool for non - Communicable Disease	57.89	51.36
Infrastructure Maintenance	30	0
Scheme/programme	Funds 2017 - 18	
	Sanctioned	Utilized
NRHM+RMNCH Plus A Flexi pool		
Maternal Health	580.57	465
Child Health	23.54	15.47
family Planning	133.26	62.04
Adolescent Health/ RKSK	2.84	1.79
Immunization	129.52	137.46
NUHM Flexipool		
Strengthening Of Health Services	201.52	174.18
flexi pool For Disease surveillance Programme (Communicable disease)		
Integrated disease Surveillance Programme (IDSP)	12.88	11.19
National Vector - Borne Disease Control Programme	2.4	2.1
Flexipool for Non - Communicable Disease		
National Mental Health Programme (NMHP)	0	0
National Programme for the Healthcare of the elderly (NPHCE)	0	0
National Tobacco control programme (NTCP)	30.16	26.09
National Programme for prevention and Control of cancer, Diabetes, cardiovascular Diseases and stroke (NPCDCS)	27.74	9.2
Infrastructure		
Infrastructure	0	0
Maintenance	0	0
basic Training for ANM/ LHVs	0	0

Sources: Supportive supervision checklist, DPMU, Rampur

4.FACILITY-WISE OBSERVATIONS

1.DISTRICT HOSPITAL

Figure 11. Health facility in district hospital



Figure A: District women hospital, Rampur



Figure B: CT Scan laboratory



Figure C: SNCU



Figure D: Operation theatre



Figure E: General ward



Figure F: AYUSH wing

- Rampur district hospital is running under government building and it has separated from the women district hospital as well, where all health facilities are available for the female. Toilets are not attached with maternity ward as well as general ward.
- Quarters facilities are available for the MOs, permanent staff nurse and doctors. This district hospital has power back up facility through generator and solar plates. Water supply are available 24*7 hours in toilet as well as for drinking.
- In district women hospital two MBBs, one radiologist, one anaesthetic, one paediatrician are available. Every day different colour bedsheets has been changed in all units like as maternity ward, general ward, and also in NRC.
- Training provided in IUCD, PPIUCD, F-IMNCI, and NSSK.
- In male district hospital two 108 and in female district hospital two 108 and four 102 ambulances are available. All health equipment's, drugs, stretcher also were available in the both hospital.
- All drugs (Medicine) are available and equipment's are functional in district hospital. In the condition of shortage of medicine, they discussed with CMO and medical officer and fulfilled it as soon as possible. During the year 2016 digital X-Ray has been started in district hospital, and 103 X-ray has been done in a month. Also, 1037 Manual X-ray and 358 ultrasounds has been done. While in a day 30-40 CT scan has been done, which was tie up with the private company and the name is Star imaging and path lab probe CT scan machine.
- Under disease control programme 46296 cases related to T.B were identified and 4376 cases detected. T.B tests also available in district hospital and as per the condition or stage of the patients they provide treatment.
- Although under family planning programme one counsellor is available. She provides counselling during ANC check-ups. Mostly women in the district preferring Antra and chhaya method for family planning and very less number of women preferring PPIUCD and IUCD.
- Under AYUSH programme Unani, Ayurveda and homeopathy wing are available in district hospital. All three doctors check proper the general ward as well as ANC patients. Only Ayurveda doctor provide Ayurveda medicine and other to recommend allopathic medicine. Ayurveda medicine also available in this DH.
- ARSH counsellor are available in district hospital. The ARSH counsellor visited schools twice in a week and provide counselling about Anaemia, hygiene practices, and diet to 10-19-year-old children. Per day 40-50 children comes to the hospital for check-ups.

- In the hospital free of cost sanitary pads are available for the girls and counsellor give proper information related to contraception's and pills to married couples. Married women also receive IFA tablets during the visit.
- In district hospital 294 delivery conducted in a month. Two maternal death have been reported in the last financial year due to PPH. Labour room was clean and OT was also available in DH.
- Twelve bedded SNCU are available and all equipment's were in functioning condition. During our visit in the hospital two children were found under weight, where as one was 800 gm and another was 1kg 30 gm. Mostly children were surviving from aspexia. One child is orphan and he was also suffering from aspexia.
- In the district hospital 402 HIV test has been done and 2 has been found positive. 20 test conducted per day by district hospital. All other test facilities are available in DH like as urine, sugar, malaria etc.
- This district hospital has blood bank with 122-unit blood collection capacity. Also 3 lab technician and 5 LT in pathology department are available. During the last year different NGO and organisation had organise blood donation camp in this district hospital.
- In the hospital 10 bedded NRC is available. Where Seven children were admitted in NRC wing and a total number of 1 doctor, 4 staff nurse, 1 cook and 1 sweeper are working in NRC section. In the month of September 17 children admitted, all 9 children received full check-up.
- In the hospital C- section delivery have not conducted due to unavailability of gynaecologist. While in the hospital section operation theatre were available.
- Women received their JSY payment after 4 days of delivery in the account. ASHAs have also received their payments after proper competition of work. Under the JSSK programme drugs and ambulance drop back to home facility are provided to the beneficiaries.
- IEC display were updated and present in different section.
- Per day OPD load including ANC check- ups are 350-400.
- Three data operating manager are available in DH and handle different kind of work such as HMIS data entry, drugs and others.
- Under KAYA KALP scheme district hospital has upgraded such as infection control, BMW segregation, Hospital Hygiene promoting programme, gardening.

2. COMMUNITY HEALTH CENTER SHAHBAD

Figure 12. Health facility in CHC Shahbad



Figure A: CHC Shahbad operation theatre



Figure B: General ward



Figure C: BP measure of pregnant women



Figure D: Patients interaction with doctors in OPD



Figure E: meeting with family planning counsellor



Figure F: Bio medical waste pit

- CHC Shahbad running under the government building and quarters are available for only permanent staff.

- This CHC has 30 bedded capacities. In the condition of overloaded two patients were shifted together according to their mutual concern.
- This CHC is facing human resources problem. Only 4 MBBS doctor including MOs, 1 pharmacist, 1 dentist, 1 eye specialist and lab technician handled this CHC. C-section cases mostly referred to the district hospital due to unavailability of gynaecologist.
- In the centre three 102 and two 108 ambulances are provided services to the patients and also available 24*7 hours at the centre. All equipment's and essential drugs are available in ambulance and pilots are well knowledgeable about their work and responsibility.
- Per day OPD load was 700-800. OPD load from the last financial year is 177254 and in the year 2016-17 was 101789. IPD is 10418 in the year 2016-17 and 5608 is in the year 2017-18.
- JSY payment not being given before discharge. Diet being provided free of charge but only as morning breakfast and evening refreshment. All mothers are initiating for breast feeding within one hour of normal delivery. Mothers are not staying 48 hours after delivery.
- Only EC pills, blood bags and Mifepristone are not available in CHC Shahbad. As well as only CBC, LFT and RPR test has not been conducted.
- In this centre maximum number of hepatitis patients have reported in the last year.
- All types of records like OPD, IPD, ANC, PNC, labour room, OT, immunization, Blood bank, MDR, drug stock, payment under JSY, referral cases, anaemic pregnant women related register were regularly maintained by the doctors as well as staff.
- All IEC displays list of drugs, JSSK entitlement, protocol poster, timing of the health facilities, doctors are available.
- 5125 pregnant women takes IFA tablets and 5808 ANC1 registration has been done in the year 2017-18. Whereas 3 ANC registration which is 9913 has been done in the year 2017-18. 4744 deliveries have been conducted in the year 2017-18. Shortage of gynaecologist C-section delivery almost referred to the district hospital and Moradabad.
- Mostly women are not preferring PPIUCD for the family planning they preferred Antara and Chhaya. One counsellor is available in this CHC for the family planning and she counselled them during ANC check-ups.

- Only 2 bedded NBSU is available in this CHC. Equipment's are in functioning and staff nurse are aware about their work for this unit. In the year 2017-18 total number of 8592 children are fully immunised in this CHC. OPVo not providing to the neonates from the 15th of September, because of P2 is found in this vaccine which is not applicable in OPVo vaccine. All other vaccination is available and provide to the child according to the accurate time.
- BMW managed by this CHC through the pit system. One private tender comes twice in a week for BMW. Due to the shortage of funds the vender is not coming from the last five months.
- Untied fund proposed for this CHC is 838250 out of that a total amount received was 832250. which was utilized for white wash, barricading, gardening, labour room and pit.
- Under disease control programme 57 T.B cases were identified. whereas 19 cases from MB and 38 cases from PB. Patients who comes under MB, doctors provide them 1-year regular course and for PB, provide them treatment for 6 months. Under leprosy programme 54 cases has been checked and all successfully received the treatment.
- In the district a total number of 12 van running under RBSK programme. On that 4 MMU team such as 1 pharmacist, 1 ANM and 2 doctors visited schools and identified malnutrition child from the age group of 6-18. They provide proper counselling and aware them for proper diet. Under this programme micro plan making for the school children. 66790 target kept and 19094 screening has been done.
- In this CHC ultra sound facilities fulfilled through Mamta NGO, which provide services to the patient free of cost.
- Cold chain available and through EVIN software it managed and monitor easily.
- Under Ayush unit only Ayurveda doctor is available. Doctor check both general patient as well as ANC, and provide allopathic medicine to the patient, because Ayurveda medicine is not available in this CHC.
- ARSH unit was available and children has been identified by the ARSH counsellor twice in a week during their school visit. According to their health issues they provide them health check-ups and also advise them for proper diet and cleanliness to the age group of 10-19. Free of cost sanitary pads was available for the girls.

3. PHC RAMPURA

Figure 13. Health facility in PHC Rampura



Figure A: PHC, Rampura



Figure B: Meeting with MOIC



Figure C: Staff quarter



Figure D: Bio medical waste management

- The primary health centre Rampura is situated at block Rampura. The Human Resource designated at the health facility are: 1 MO, 1 LHV, 1 LT (TB), 1 Pharmacists, 1 swiper and 1 ward boy.
- The health facility was easily accessible and run under the government building. Staff quarters are available but only LHV and pharmacist are availed the facility.
- The facility has an average OPD load of 100-150 patients per day including ANC check-ups.
- The facility has two AYUSH doctors. one homeopathic and one unani doctor was available.
- Labour room, maternity ward and operation theatre are functional. Toilet found attached to the labour room.

- Total deliveries conducted at the health facility for the given year were reported as 300 in 2017-2018. Per day 12-15 deliveries conducted in this PHC and 24*7 hours' delivery facility were available.
- The facility has six bedded but three PNC ward was not functioning.
- Electricity facility was available with power backup like invertor and water supply.
- Biomedical waste facility was not available and they dumped in open area.
- Records are properly maintained for OPD, IPD, ANC, PNC, Indoor bed head ticket, Line listing of severely anaemic pregnant women, Labour room, FP, Immunization, Updated Micro plan, Drug Stock, Referral Registers (In and Out), Payments under JSY.
- Drugs such as IFA tablets, IFA syrup with dispenser, vitamin A syrup, ORS packets, Zinc tablets, Inj. Magnesium Sulphate & Oxytocin, Misoprostol & Mifepristone tablets. Drugs for hypertension, Diabetes, common ailments e.g. PCM, metronidazole, anti-allergic drugs etc. are in stock.
- The following tests occur in the health facility: Hemoglobin, Malaria, HIV, T.B, Blood group, Urine test. However, some test such: CBC, Serum Bilirubin test, RPR (Rapid Plasma Reagin), and Sugar, Blood Sugar related test were not available in the center.
- family planning facilities are available and also, options available for family planning are PPIUCD and tubectomy.
- ARSH meetings held in Anganwadi Centers.
- The facility has not enough IEC display shown.
- In September, 40 T.B patients was identified and three patients are found positive. T.B test conducted in 3 days in a week.
- Ambulance facility was not available in the health facilities.

4. SUB CENTER BANSHIDHAR TANDA

Figure 14. Health facility in sub centre Banshidhar, Tanda



Figure A: Sub centre, Shadipur

Figure B: Meeting with ANM

- The facility has 1 ANM, and 5 ASHAs
- The health facility was easily assessable and run in government building but building condition is very poor and no boundary wall at the SC, also toilet condition was very poor.
- The facility is not a delivery point.
- IEC display properly but JSY and JSSK poster was not display. Also, name of the sub center is disappeared due to rain.
- Electricity is available, but no mode of power back up.
- During the visit we did not found any kind of recode maintained registered
- In every weekend Wednesday and Saturday health camp is organized soundings the village.
- Drugs such as IFA tablets, IFA syrup with dispenser, Vit. A syrup, ORS packets, Zinc tablets, Inj. Magnesium Sulphate & Oxytocin, Misoprostol & Mifepristone tablets. Drugs for hypertension, Diabetes, common ailments e.g. PCM, metronidazole, anti-allergic drugs etc. are in stock.
- The health facility has a functional BP Instrument and Stethoscope, Sterilized delivery sets neonatal, Pediatric and Adult Resuscitation kit, Weighing Machine (Adult and infant/new-born), and Needle Cutter.
- Biomedical waste facility was not available and they dumped in open area.

5. COMMUNITY HEALTH CENTER MILAK

Figure 15. Health facility in CHC Milak



Figure A: CHC, Milak



Figure B: Maternity ward



Figure C: Bio medical waste management



Figure D: Cold chain

- CHC Milak is running under government building and quarters are provided for MOs, permanent doctors and staff. 24*7 hours' water supply available but compare to the CHC Shahbad it's cleanliness is very poor. Toilets and bathrooms are not attached with general and maternity wards.
- This CHC capacity is 30 bedded. Power backup provided through the solar plate, generator and inverter.
- Human resource shortage is the main issues here. This CHC is running on 1 MO, 1 gynaecologist, 1MBBS, pharmacist, 4 physicians, 3 Ayush doctors, 1 ARSH, 1 family planning counsellor, and 1 anaesthetic doctors.
- According to the MOs Last month one gynaecologist joined CHC and she conducted 1 C-section delivery, but due to issues of umbilical cord stuck in the child neck and the child had died after two days.

- Cold chain is available and maintained two times in a day through EVIN machine. Blood bank are not available and in case of complications they referred to the district hospital.
- 348 deliveries have been conducted in a month and 21 cases referred in case of C-section. From the last financial year 2 maternal death occurred. C-section delivery has been started from 3rd of October 2018. OT is also available and four sterilisation has been done successfully. Ultrasound facility are not available and patient go to other private hospitals and clinic for the ultrasound.
- In the CHC NBCC is available with 2 bedded and equipment's are in functioning and staff nurse knows about her duties and operating equipment's.
- ARSH counsellor are available. ARSH counsellor identified children during their school visit twice in a week. According to their health issues they provide them health check-ups and also advise them for proper diet, hygiene practices and cleanliness to the age group of 10-19.
- Family planning counsellor provide them advice after marriage, who wants family planning, but mostly comes after delivery. Mostly women want to use Antara and Chhaya, very few of them want to use PPIUCD and IUCD.
- Ayurvedic doctor is available under Ayush programme and the doctor prescribe ayurvedic medicine which is available in this CHC. Ayurvedic doctor also check ANC and general patient.

6. PHC RAJPURA

Figure 16. Health facility in PHC Rajpura



Figure A: PHC, Rajpura



Figure B: Maternity ward

क्र.सं.	वार्ड	2017-18				2018-19			प्रतिशत
		कुल संख्या	कार्यक्रम अंतर्गत	कार्यक्रम अंतर्गत	बाक्यता	कार्यक्रम अंतर्गत	कार्यक्रम अंतर्गत	कार्यक्रम अंतर्गत	
1	पुरुष-संयोजक	7,122	0	2	0.45	11,272	0	8	0.71
2	महिला-संयोजक	10,161	74	202	2.00	10,103	10	104	1.02
3	कुल-संयोजक	17,283	74	207	1.84	21,375	30	108	1.71
4	संयोजक की	29,290	1383	5,122	17.40	29,290	8,19	5,854	16.87
5	नॉन-संयोजक	19,292	669	1,850	9.54	19,982	488	3,012	15.33
6	कुल कुल	48,582	1,321	3,343	11.83	49,272	1,117	8,866	14.65

Figure C: Sterilization registers



Figure D: Immunization centre

- The facility had 2MOs, 2 Pharmacist, 1 ANM, 1 Staff Nurses, 1 ward boy and 1 sweeper.
- The health facility was easily assessable and run in government building.
- The facility has an average OPD load of 3530 patients per month including ANC check-ups.
- Labour room, maternity ward is functional. Toilet found attached to the labour room but not clean.
- The facility has six bedded and 4 adjacent bed.
- Ambulance facility was not available.
- The facility has not properly IEC display shown.
- Drugs such as IFA tablets, IFA syrup with dispenser, Vit. A syrup, ORS packets, Zinc tablets, Inj. Magnesium Sulphate & Oxytocin, Misoprostol & Mifepristone tablets. Drugs for hypertension, Diabetes, common ailments e.g. PCM, metronidazole, anti-allergic drugs etc. are in stock.
- Electricity facility was available with power backup.

- Records are maintained for OPD, IPD, ANC, PNC, Indoor bed head ticket, Line listing of severely anaemic pregnant women, Labour room, FP, Immunization, Updated Micro plan, Drug Stock, Referral Registers (In and Out patients).
- 94 deliveries conducted at the health center in last month. Per day 4-5 deliveries conducted in this PHC and 24*7 hours' delivery facility were available.
- PPUCID Started in April 2018.
- The following tests test facility are available in the health center: Hemoglobin, Malaria, HIV, T.B, Blood group, VDRL, Urine test WIDAL (Typhoid). Some tests are not available: CBC, Serum Bilirubin test, RPR (Rapid Plasma Reagin), and Sugar, Blood Sugar.
- Biomedical waste facility was not available and they dumped in open area.
- Untied funds amounting to Rs. 1.5 lakhs are provided every year around June/July. It is spent towards white wash, roof repairing, water logging, window repairing cleaning, procuring supplies and stationery.

7. SUB CENTER KYORAR

Figure 17. Health facility in SC Kyorar



Figure A: Sub-centre, kyorar

Figure B: Meeting with ANM & ASHA

- The Sub Centre was run in government building. The facility has electricity with power backup and piped water supply.
- The facility has 1 ANM, and 9 ASHAs.
- It was a delivery point, where deliveries were conducted through ANM and the high-risk or complicated deliveries were referred to the nearest CHC.
- According to ASHA, from last four month deliveries graph has decreased, because of ANM goes to maternity leave. Only 2 deliveries have conducted in last month.
- Drugs such as IFA tablets, IFA syrup with dispenser, Vitamin. A syrup, ORS packets, Zinc tablets were available.
- Bio medical waste management was not effectual. Colour coded bins were also not observed at the facility premises. RBSK toolkit was not present at the facility as well.
- Non- availability of IFA tablets and injection was reported.
- IEC material was not properly displayed.
- The facility had nothing in terms of essential equipment's and for a few things that were available like B.P instruments and New-born weighing machine.
- RKS Untied funds amounting to Rs. 10,000 are provided every year around June/July. It is spent towards white wash, Sas Bahu conference, cleaning and stationery.

5. CONCLUSION AND RECOMMENDATION

- ✓ Major focus has been given to strengthening the infrastructure of the district hospital, community, primary and sub-centre.
- ✓ In both male and female district hospital toilet facilities must be attached with labour room and maternity ward for the patients. However, the main focus has given to the maternity ward, so pregnant women availed the better services in hospital.
- ✓ A sustainable long term policy for human resource planning will be useful for the development of health facilities. Major focus has been given to filling the vacant position and providing proper guidelines for requirement and transfer of the CMO, ACO and Staff worker.
- ✓ Proper capacity building for the health staff needs to be initiated at the earliest. Training programmes related to SBA, ANM, ASHA have given high priority in the district.
- ✓ Provide specific time line for the first referral unit upgradation and health centre to be operationalized as per the FSU criteria laid down.
- ✓ More or less all type of diagnostic facilities should be made available at CHC and PHC level which will be helpful for surrounding periphery areas.
- ✓ At the CHC and PHC 24*7 electricity and water supply should be available which is must for the deliveries section at all the deliveries point in the district.
- ✓ Especially in the CHCs Shahbad and Milak need to organise blood donation camps and need the full support provided by the government.
- ✓ Major and crucial checking is needed in the maternity death in the district which help to reduce the maternal death especially in rural areas.
- ✓ Government or state health department needs to monitor the proper cleanliness of the hospital, especially maternity wing of CHC Shahbad which is too bad and not properly maintained by female worker.
- ✓ Proper allocation of fund should be provided to the respective state health department on time. Also there is need to regular monitoring of fund spent on the resources.
- ✓ Need to more focus on IEC display in PHCs Rampura, Rajpura, SCs Tanda and Kyorar.
- ✓ Most and essential focus is to give Sub Centre Banshidhar Tandawhere the infrastructure and all facilities such as water, power back up facilities are in poor conditions.
- ✓ Also need to strengthen the process of biomedical waste facility which needs to be clean on twice in a week at the CHCs and PHCs.

6.LIST OF CONTACT PERSON

Name	Designation	Office
Dr. Subodh Sharma	CMO	District Office
Dr. Rakesh Chandra	ACMO	District Office
Dr. A. K. Singh	ACMO	District Office
Md. Nazir	DPM	DPMU office
Dr. Amita Singh	MOs	District hospital
Md. Yakub	Hospital quality manager	District hospital
Sanjay Saini	Hospital manager	District hospital
Dr. Rajira Agarwal	Nodal officer SNCU	District hospital
Dr. Brijesh Saxena	Pediatrician	District hospital
Dr. Hamaddur Rehman	MBBS	District hospital
Dr. Kamlesh Kuamr	MBBS	District hospital
Arvind Kumar Srivastava	Pharmacist	District hospital
Dr. Nazia Shahi	Family planning counsellor	District hospital
Shahgupta BIB	ARSH counsellor	District hospital
Alka Singh	ANM	District hospital
Sonali Saxena	ANM	District hospital
Parmatma Prasad	Chief pharmacist	District hospital
Roshni Chahal	Nurse Mentor	District hospital
Pooja Saxena	Staff Nurse	District hospital
Neetu	ASHA	District hospital
Veenita Mishra	ASHA	District hospital
Md Shameem Ahmad	Pathologist	District hospital
Manoj Kumar	TNM	District hospital
Asraj	SLT	District hospital
Vibhor	Data entry operator	District hospital
Dr. Ramesh Gupta	AYUSH doctor homeopathic	District hospital
Dr. Md. Iqbal	MOs of Ayush	District hospital
Dr. V. K. Sharma	Ayush doctor Ayurvedic	District hospital
Dr. Bhajan lal	MOs	CHC Shahbad
Dr. K.K. Chahal	MBBS	CHC Shahbad
Dr. Manju	MBBS	CHC Shahbad
Dr. Poonam Chahal	Ayush homeopathy doctor	CHC Shahbad
Ranjeet prasad	Chief pharmacist	CHC Shahbad
Dr. Tajummul Hussain	Dentist	CHC Shahbad
Sazia Nigar	Family planning counsellor	CHC Shahbad
Archana Sharma	ARSH doctor	CHC Shahbad
Devendra Singh	Senior tuberculosis lab technician	CHC Shahbad
Praveen Kumar	Dot center lab technician	CHC Shahbad
Rahat Ali Khan	Paramedical worker	CHC Shahbad
Om Prakash	Paramedical worker	CHC Shahbad
Md. faheem	Lab technician	CHC Shahbad
Gaurav Varshnik	X-Ray radiographer	CHC Shahbad
Neetu Sharma	Staff nurse	CHC Shahbad
Priyanka Saxena	Staff nurse	CHC Shahbad
Baseer Ali	Cold Chain technician	CHC Shahbad
Yashpal Singh	Cold chain handler	CHC Shahbad

Shahnawaz	Ward Boy	CHC Shahbad
Laxmi Devi	ASHA	CHC Shahbad
Atul Rastogi	MOs	PHC Rampura
Mukhtar Ali	Health supervisor	PHC Rampura
U.S Negi	Pharmasist	PHC Rampura
Meena ratra	LHV	PHC Rampura
Beekal Kumat	DOT center lab technician	PHC Rampura
Karan Singh	Ward Boy	PHC Rampura
Mehajbin khan	AYUSH doctor unani	PHC Rampura
Md Gaji	AYUSH doctor homeopathic	PHC Rampura
Shivani	ANM	SC Bhuneshwari, Tanda
Dr. Rajesh Upadhyaya	MOs	CHC Milak
Ram Bahadur	IO/ARO	CHC Milak
Kusum yadav	ARSH Counseller	CHC Milak
Sarita Gangwar	AYUSH doctor	CHC Milak
Jitendra kumar sanya	Dentist	CHC Milak
Dr. Kuldeep kumar	Eye optimist	CHC Milak
H.S. Rana	MBBS	CHC Milak
ASHA Maurya	Family planning counseller	CHC Milak
Niharika	Staff Nurse	CHC Milak
Veenita Mehta	Staff nurse	CHC Milak
Dr. Mohit Rastogi	MOIC	PHC Rajpura
Mahendra Singh	BPM	PHC Rajpura
Kailash Sharma	Pharmasist	PHC Rajpura
Sonu	swipper	PHC Rajpura
Ijjatt Pal Singh	Ayush Pharmasist	PHC Rajpura
Mathura Prasad	Ward Boy	PHC Rajpura
Hemlata	ANM	PHC Rajpura
Kumta Devi	Staff Nurse	PHC Rajpura
Nargis Bano	ANM	SC Kyorar

7.ANNEXURE

ANNEXURE-1



**National Health Mission
Monitoring of District PIP**

Population Research Centre, Institute of Economic Growth, Delhi

Evaluation of key indicators of the district

Section 1. Details 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)		
Institutional Deliveries		
No of women received PNC check-ups within 48 hours		

Section 2. Detail of health infrastructure's in the last financial year

Health Facility	Number available	Govt. building	Rented building/ Under const.
District hospital			
Sub-District hospital			
First Referral Units (FRUs)			
CHC			
PHC			
Sub Centre			
Mother & Child Care Centres			
Adolescent friendly Health Clinic			
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			

Section 3: Human Resource as on 31 March, 2018

Position Name	Sanctioned	Filled	Vacant
MO's including specialists			
Gynaecologists			
Paediatrician			
Surgeon			
Nutritionist			
Dental 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			

Section 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						

Section 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?

.....

Section 5.1. Block wise service delivery indicators in the last financial year

Block	ANC Registered	3 ANCs	Home Deliveries	Institutional Deliveries

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

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

Section 5.3. Block wise service delivery indicator in the last financial year

Block	TT1	TT 2	Home Deliveries		Live Birth	Still Birth	Total Births
			SBA assisted	Non-SBA			

Section 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

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

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

Section 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) (Haemorrhage/ Obstetric	Month Of pregnancy		
	Hospital	Home	Transit		During pregnancy	During Delivery	Post Delivery

				Complications / Sepsis/ Hypertension/ Abortion/ Others)			
--	--	--	--	---	--	--	--

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

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

Section 6.2. Child Health: Details 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		

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

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

Note- * Leave against medical advise

Section 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)

Section 6.5. Rashtriya Bal Swasthya 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									

Section 7. Family Planning achievement in District in the last financial year

Block	Sterilization			IUCD insertions		Oral Pills		Emergency Contraceptives		Condoms		Injectable Contraceptives
	*T	*M	*F	*T	*A	*T	*A	*T	*A	*T	*A	

Section 8. RSK Progress in District in the last financial year

Block	No. of Counselling session held conducted	No. of Adolescents who attended the Counselling sessions	No of Anemic Adolescents		IFA tablets given	No. of RTI/STI cases
			Severe Anaemia	Any Anaemic		

Section 9. Quality in health care services			
Bio-Medical Waste Management	DH	CHC	PHC
No of facilities having bio-medical pits			
No. of facilities having colour 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			

Section 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 centres/ ASHA Ghar	
Drug kit replenishment	
No. of ASHAs trained in last year	
ASHA's Trained in Digital Literacy	
Name of trainings received	1) 2) 3)

Section 10.1. Disease control programme progress District (Non-Communicable Diseases)				
Name of the Programme/ Disease	2016-17		2017-18	
	No. of cases screened	No. of detected cases	No. of cases screened	No. of detected cases
Blindness				
Mental Health				
Diabetes				
Hypertension				
Osteoporosis				
Heart Disease				
Obesity				
Cancer				
Fluorosis				
Chronic Lung Disease				
Others, if any				

Section 10.2. Disease control programme progress District (Communicable Diseases)

Name of the Programme/ Disease	2016-17		2017-18	
	No. of cases screened	No. of detected cases	No. of cases screened	No. of detected cases
Malaria				
Dengue				
Typhoid				
Hepatitis A/B/C/D/E				
Influenza				
Tuberculosis				
Filariasis				
Japanese encephalitis				
Others, if any				

Section 11. AYUSH progress District in the last financial year

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

Section 12. Pool Wise Heads Summary

S.No.	Budget Head	Budget	Expenditure (As on 31 Dec, 2017)
PART I	NRHM + RMNCH plus A Flexipool		
PART II	NUHM Flexipool		
PART III	Flexipool for disease control programme		
PART IV	Flexipool for Non-Communicable Diseases		
PART V	Infrastructure Maintenance		

Section 12.a. Budget Utilisation Parameters

S.No	Scheme/Programme	Funds 2017-18	
		Sanctioned	Utilized

12.1	NRHM + RMNCH plus A Flexipool		
12.1.1	Maternal Health		
12.1.2	Child Health		
13.1.3	Family Planning		
12.1.4	Adolescent Health/RKSK		
12.1.6	Immunization		
12.2.	NUHM Flexi Pool		
12.2.1	Strengthening of Health Services		
12.3	Flexipool for disease control programme (Communicable Disease)		
12.3.1	Integrated Disease Surveillance Programme (IDSP)		
12.3.2	National Vector-Borne Disease Control programme		
12.4.3	National Tobacco Control Programme (NTCP)		
12.4.1	National Mental Health programme (NMHP)		
12.4.2	National Programme for the Healthcare of the Elderly (NPHCE)		
12.4.3	National Tobacco Control Programme (NTCP)		
12.4.4	National Programme for Prevention and Control of Cancer, Diabetes, Cardiovascular Diseases and Stroke (NPCDCS)		
12.5	Infrastructure		
12.5.1	Infrastructure		
12.5.2	Maintenance		
12.5.3	Basic training for ANM/LHVs		

Section 13. HMIS/MCTS progress District in the last financial year		
HMIS/MCTS progress, Saharanpur, 2017-18		
HMIS/MCTS		Remarks
Is HMIS implemented at all the facilities	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Is MCTS implemented at all the facilities	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Is HMIS data analysed and discussed with concerned staff at state and district levels for necessary corrective action to be taken in future?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Do programme managers at all levels use HMIS data for monthly reviews?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Is MCTS made fully operational for regular and effective monitoring of service delivery including tracking and monitoring of severely anaemic women, low birth weight babies and sick neonates	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Is the service delivery data uploaded regularly	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Is the MCTS call centre set up at the District level to check the veracity of data and service delivery?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Is HMIS data analysed and discussed with concerned staff at state and district levels for necessary corrective action to be taken in future?	Yes <input type="checkbox"/> No <input type="checkbox"/>	

ANNEXURE-2

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	
1.24	Availability of mechanisms for Biomedical waste management (BMW)at facility	Y	N	
1.25	BMW outsourced	Y	N	
1.26	Availability of ICTC/ PPTCT Centre	Y	N	
1.27	Rogi Sahayta Kendra/ Functional Help Desk	Y	N	

Section II: Human Resource as on March 31, 2018

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

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

S.No	Training	No trained	Remarks if any
3.1	EmOC		
3.2	LSAS		
3.3	BeMOC		
3.4	SBA		
3.5	MTP/MVA		
3.6	NSV		
3.7	F-IMNCI		
3.8	NSSK		
3.9	Mini Lap-Sterilisations		
3.10	Laprosocopy-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 Foetal Doppler/CTG	Y	N	
4.1	Functional Mobile light	Y	N	
4.11	Delivery Tables	Y	N	
4.12	Functional Autoclave	Y	N	
4.13	Functional ILR and Deep Freezer	Y	N	
4.14	Emergency Tray with emergency injections	Y	N	
4.15	MVA/ EVA Equipment	Y	N	
4.16	Functional phototherapy unit	Y	N	
4.17	Dialysis Equipment	Y	N	
4.18	O.T Equipment			
4.19	O.T Tables	Y	N	
4.2	Functional O.T Lights, ceiling	Y	N	
4.21	Functional O.T lights, mobile	Y	N	
4.22	Functional Anaesthesia machines	Y	N	
4.23	Functional Ventilators	Y	N	
4.24	Functional Pulse-oximeters	Y	N	
4.25	Functional Multi-para monitors	Y	N	
4.26	Functional Surgical Diathermies	Y	N	
4.27	Functional Laparoscopes	Y	N	
4.28	Functional C-arm units	Y	N	
4.29	Functional Autoclaves (H or V)	Y	N	
	Laboratory Equipment			
4.1a	Functional Microscope	Y	N	
4.2a	Functional Hemoglobinometer	Y	N	
4.3a	Functional Centrifuge	Y	N	
4.4a	Functional Semi autoanalyzer	Y	N	
4.5a	Reagents and Testing Kits	Y	N	
4.6a	Functional Ultrasound Scanners	Y	N	
4.7a	Functional C.T Scanner	Y	N	
4.8a	Functional X-ray units	Y	N	
4.9a	Functional ECG machines	Y	N	

Section V: Essential Drugs and Supplies				
S.No	Drugs	Yes	No	Remarks
5.1	EDL available and displayed	Y	N	
5.2	Computerised inventory management	Y	N	
5.3	IFA tablets	Y	N	
5.4	IFA syrup with dispenser	Y	N	
5.5	Vit A syrup	Y	N	
5.6	ORS packets	Y	N	
5.7	Zinc tablets	Y	N	
5.8	Inj Magnesium Sulphate	Y	N	
5.9	Inj Oxytocin	Y	N	
5.1	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	
5.23	Gloves, Mckintosh, Pads, bandages, and gauze	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 , pls specify	Y	N	

S.NO	Blood bank/ Blood storage unit	Yes	No	Remarks
6.16	Functional blood bag refrigerators with chart for temperature recording	Y	N	
6.17	Sufficient no. of blood bags available	Y	N	
6.18	Check register for number of blood bags issued for BT in last quarter			

Section VII: Service Delivery in Last two financial years

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

.....

1. 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?

.....

ANNEXURE-3

PHC/CHC (NON FRU) level Monitoring Checklist

Name of District: _____ Name of Block: _____ Name of PHC/CHC: _____
 Distance from Dist. HQ: _____
 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 available	Y	N	
1.5	Staff Quarters for SNs available	Y	N	
1.6	Staff Quarters for other categories	Y	N	
1.7	Electricity with power back up	Y	N	
1.9	Running 24*7 water supply	Y	N	
1.1	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	
1.15	Clean wards	Y	N	
1.16	Separate Male and Female wards (at least by Partitions)	Y	N	
1.17	Availability of complaint/suggestion box	Y	N	
1.18	Availability of mechanisms for waste management	Y	N	

Section II: Human resource as on March 31, 2018

S.No	Category	Sanctioned	In position	Remarks if any
2.1	MO			
2.2	SNs/ GNMs			
2.3	ANM			
2.4	LTs			
2.5	Pharmacist			
2.6	LHV/PHN			
2.7	Others			

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

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

Section IV: Equipment

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

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

Section V: Essential Drugs and Supplies

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

S.No	Drugs	Yes	No	Remarks
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	
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	Serum Bilirubin test	Y	N	
6.5	Blood Sugar	Y	N	

6.6	RPR (Rapid Plasma Reagin)	Y	N	
6.7	Malaria	Y	N	
6.8	T.B	Y	N	
6.9	HIV	Y	N	
6.1	Others	Y	N	

Section VII: Service Delivery in last two years

S.No	Service Utilization Parameter	2016-17	2017-18
7.1	OPD		
7.2	IPD		
7.3	Total deliveries conducted		
7.4	No of admissions in NBSUs, if available		
7.5	No. of sick children referred		
7.6	No. of pregnant women referred		
7.7	ANC1 registration		
7.8	ANC3 Coverage		
7.9	No. of IUCD Insertions		
7.1	No. of PPIUCD insertions		
7.11	No. of Vasectomy		
7.12	No. of Minilap		
7.13	No. of children fully immunized		
7.14	No. of children given Vitamin A		

S.No	Service Utilization Parameter	2016-17	2017-18
7.15	No. of MTPs conducted		
7.16	Maternal deaths		
7.17	Still birth		
7.18	Neonatal deaths		
7.19	Infant deaths		

Section VII a: Service delivery in postnatal 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 new-born care (thermoregulation, breastfeeding and asepsis)	Y	N	
8.3	Manage sick neonates and infants	Y	N	
8.4	Correctly administer vaccines	Y	N	
8.5	Alternate Vaccine Delivery (AVD) system functional	Y	N	
8.6	Segregation of waste in colour coded bins	Y	N	
8.7	Adherence to IMEP protocols	Y	N	

Section IX: Record Maintenance

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

Section X: Funds Utilisation

S.No	Funds	Proposed	Received	Utilised
10.1	Untied funds expenditure (Rs. 50,000/25,000-Check % expenditure)			
10.2	Annual maintenance grant (Rs. 1,00,000/50,000-Check % expenditure)			

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

Qualitative Questionnaires for PHC/CHC Level

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

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

- Any counselling being conducted regarding family planning measures.

ANNEXURE-4

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 New-born 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 resource as on March 31, 2018

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

Section III: Training Status of HR

S.No.	Training	NoTrained	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 Hemoglobinometer	Y	N	
4.3a	Functional Centrifuge	Y	N	
4.4a	Functional Semi autoanalyzer	Y	N	
4.5a	Reagents and Testing Kits	Y	N	

Section V: Essential Drugs and Supplies				
S.No	Drugs	Yes	No	Remarks
5.1	EDL available and displayed	Y	N	
5.2	Computerised inventory management	Y	N	
5.3	IFA tablets	Y	N	
5.4	IFA syrup with dispenser	Y	N	
5.5	Vit A syrup	Y	N	
5.6	ORS packets	Y	N	
5.7	Zinc tablets	Y	N	
5.8	Inj Magnesium Sulphate	Y	N	
5.9	Inj Oxytocin	Y	N	
5.1	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			
5.18	Urine albumin and sugar testing kit			
5.19	OCPs			
5.2	EC pills			
5.21	IUCDs			
5.22	Sanitary napkins			
S.No	Essential Consumables	Yes	No	Remarks
5.23	Gloves, Pads, bandages, and gauze etc.			

Section VI: Other Services

S.No	Lab Services	Yes	No	
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 , pls specify	Y	N	

S.No	Blood bank / Blood Storage Unit	Yes	No	
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 hour of normal delivery	Y	N	
7.2a	Zero dose BCG, Hepatitis B and OPV given	Y	N	
7.3a	Counseling on Family Planning done	Y	N	
7.4a	Mothers asked to stay for 48 hrs	Y	N	
7.5a	JSY payment being given before discharge	Y	N	
7.6a	Diet being provided free of charge	Y	N	

Section VIII: Quality parameter of the facility

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

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

Section XI: IEC Display

S.No	Material	Yes	No	
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	

ANNEXURE-5

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	Y	N	

Section II: Human Resource as on March 31, 2018

S.No	Human resource	Numbers	Trainings received	Remarks
2.1	ANM			
2.2	2nd ANM			
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 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 V: Essential Supplies

S.No	Essential Medical Supplies	Yes	No	Remarks
5.1	Pregnancy testing Kits	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		
6.1	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)			
7.1	List of families with 0-6 years children under RBSK			
7.11	Line listing of severely anemic pregnant women			
7.12	Updated Microplan			
7.13	Vaccine supply for each session day (check availability of all vaccines)			
7.14	Due list and work plan received from MCTS Portal through Mobile/ Physically			

Section VII A: Funds Utilisation

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

Section VIII: IEC display

Sl.No	Material	Yes	No	Remarks
8.1	Approach roads have directions to the sub centre	Y	N	
8.2	Citizen Charter	Y	N	
8.3	Timings of the Sub Centre	Y	N	
8.4	Visit schedule of "ANMs"	Y	N	
8.5	Area distribution of the ANMs/ VHND plan	Y	N	
8.6	SBA Protocol Posters	Y	N	
8.7	JSSK entitlements	Y	N	
8.8	Immunization Schedule	Y	N	
8.9	JSY entitlements	Y	N	
8.10	Other related IEC material	Y	N	

Qualitative Questionnaires for Sub-Centre Level

1. Since when you are working here, and what are the difficulties that you face in running the Sub-centre.
.....
.....
.....
2. Do you get any difficulty in accessing the flexipool?
.....
.....
.....
3. On what head do you spend money of flexi pool? Do you keep record of money spend on the maintenance of infrastructure.
.....
.....
.....