

# NATIONAL HEALTH MISSION



## A REPORT ON MONITORING OF IMPORTANT COMPONENTS OF NHM PROGRAMME IMPLEMENTATION IN SOUTH-EAST DISTRICT, DELHI



**Dr. RUBY ALAMBUSHA SINGH**  
**Ms. JYOTI CHAUDHARY**



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

July 2017

**TABLE OF CONTENTS**

EXECUTIVE SUMMARY .....	6
1. INTRODUCTION .....	8
2. FACILITY WISE OBSERVATION .....	11
3. HUMAN RESOURCE AND HEALTH INFRASTRUCTURE.....	16
4. MATERNAL HEALTH .....	19
5. CHILD HEALTH .....	23
6. FAMILY PLANNING.....	24
7. ADOLESCENT REPRODUCTIVE AND SEXUAL HEALTH.....	25
8. QUALITY IN HEALTH SERVICES .....	26
9. REFERRAL TRANSPORT.....	28
10. COMMUNITY PROCESS .....	28
11. DISEASE CONTROL PROGRAMME.....	29
12. HMIS & MCTS .....	29
13. CONCLUSION AND RECOMMENDATIONS.....	29
14. ANNEXURE.....	32

## LIST OF TABLES

Table 2: List of Visited Health Care Facilities in South-East District, 2017.....	9
Table 3: Key Demographic Indicators : Delhi and South-East Delhi .....	10
Table 4: Key Health and Health Care Indicators: Delhi and South-East Delhi.....	11
Table 5: Human Resource: South-East District .....	17
Table 6: Human Resource Training Status of South-East Delhi .....	17
Table 7: Detail of Health Infrastructure: South-East Delhi.....	18
Table 8 Key Maternal Health Indicators .....	20
Table 9: Delivery Indicators .....	21
Table 10: Status of JSY Payments in South-East District .....	21
Table 11: JSSK Progress in South-East District .....	22
Table 12: Maternal Death Review in 2016-17 .....	23
Table 13: Immunization Status .....	24
Table 14: Family Planning Achievement in South-East District.....	25
Table 15: Community Process in South-East District .....	28

## LIST OF FIGURES

Figure 1: SOUTH-EAST DELHI DISTRICT MAP .....	10
Figure 2: DGD Tajpur, South-East Delhi.....	12
Figure 3: DGD Molarband, South-East Delhi .....	13
Figure 4: Seed PUHC Mithapur, South-East Delhi.....	14
Figure 5: Seed PUHC Pul Prahaladpur, South-East Delhi.....	16
Figure 6: Infrastructure at the visited Health Facilities.....	19
Figure 7: Bio-Medical waste being segregated into Colored-Bins.....	27
Figure 8: IEC Display at visited Health Facilities.....	27
Figure 9: Referral Transport.....	28

## ACKNOWLEDGEMENT

The Monitoring and Evaluation of NHM PIP in SOUTH-EAST DISTRICT of Delhi was successfully completed with the help and cooperation received from District NHM Staff and support extended by officials from State Medical, Health and Family Welfare Department.

We are grateful for the unstinting support provided by Shri Janardan Yadav, Deputy Director General (Stats) and Ms Navanita Gogoi, Director (Stats), Ministry of Health and Family Welfare, Government of India.

Our gratitude to Dr. Tarun Seem, Mission Director (NHM) for facilitating the monitoring exercise. We would also like to thank Dr. Geeta (CDMO) for her valuable insights into the working of NHM in Southeast district. Further, we are also grateful to Mr. Dharmender Singh (NHM Nodal Officer) and Mr. Rehmat Ali (DPM) for coordinating the facility visits.

The Monitoring and Evaluation exercise heavily relies on the cooperation and enthusiasm of the health facility staff and we thank them for their active involvement during the monitoring visits in the districts particularly, the MOICs and ANMs for their cooperation in sharing with us the information.

July, 2017

Dr. Ruby A. Singh  
Ms. Jyoti Chaudhary  
Population Research Centre  
Institute of Economic Growth

## ACRONYMS AND ABBREVIATIONS

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

## EXECUTIVE SUMMARY

This report is based on the NHM PIP Monitoring visit to SOUTH-EAST DISTRICT of Delhi. A team from PRC, Delhi interacted with NHM Officials and visited several healthcare facilities in the district and based on the data collection and observations during this Monitoring Exercise, found the below listed strengths and weaknesses of the district.

### STRENGTHS

- With the onset of NHM, a lot of uncovered area i.e. area without any health facility in the district has been covered with Seed PUHCs. Thus health delivery system has been strengthened by NHM. However there are still a lot of areas in the district that are to be covered.
- Even with staff crunch at most of the facilities, the patients are receiving satisfactory treatment.
- The drug delivery system is functioning well and most of the essential drugs are available in all public health facilities visited.
- Information, Education and Communication posters were displayed properly at most of the health centres. The displays were communicating essential information like the timings of the facilities, drug list, immunization, JSY, JSSK, TB, malaria, HIV and so on.
- Most of the facilities visited were adequately maintained. The premises were generally found to be clean. The only exception in maintenance was of DGD Tajpur which was functioning in a Multi Purpose Community Centre building and was in a bad condition with water logging in the basement and no boundary walls.
- ARSH Counseling is being provided in the facilities. The doctors at facilities were creating awareness among adolescents. If at some facilities response was not active for separate counseling then efforts were undertaken to counsel young patients in OPD itself.
- Biomedical waste management is being practiced and colored bins are available in the visited health facilities.

### WEAKNESSES

- It was reported that any payment via PFMS portal is getting delayed. The portal is non-functional most of the time and is too slow. And there is no mechanism for Grievance Redressal for the problems pertaining to this portal.
- It was observed that contractual employment was impacting the performance of staff as salary differential between contractual and regular employees is prominent.

- Computerized drug inventory management has NOT been implemented in any of the facilities visited.
- It was reported that the district still has a lot of uncovered area such as JJ colony, Jaidhpur, Navjeevan Camp, Nehru Camp, Tughlakabad Village etc. Proposals for health centres at these areas are awaiting approval.
- The district faces a lack of ANMs and CDEO's. There is also lack of specialist doctors like Gynaecologists, Paediatricians, and Surgeons.
- It being a newly constructed district, has not yet received the list of sanctioned posts for health staff. The numbers available are being considered as the numbers sanctioned.
- It was reported that Staff from DGDs and PUHCs is deputed to Moholla Clinics. This further puts restraint on the already limited staff.
- No dedicated ARSH/Family Planning Councillors in the District.
- Low fixed salary and delayed incentives due to patient behaviour leads to discouragement for ASHAs. Many a time's beneficiaries do not inform ASHAs at the time of delivery and thus she is deprived of her incentive payments attached to delivery.
- It was reported that since Doctors at DGDs and PUHCs indulged in clinical as well as administrative work it leads to compromise on quality of work.
- The CDEOs are available on a weekly basis and most of them are simultaneously in charge of 3 facilities on HMIS and RCH data and record maintenance. Also, most of the health facilities have one computer system, however the reporting requirements for different schemes, programmes etc are quite a many. This leads to delay in uploading of data.
- Performance of JSY scheme is poor in this district. Beneficiaries are not able to receive JSY payments due to lack of bank account and identity proof. Also Patients consider Rs. 600 to be negligible.

## 1. INTRODUCTION

The Ministry of Health and Family Welfare (MoHFW) has involved Population Research Centres (PRCs) for quality monitoring of important components of NHM State Programme Implementation Plan (PIP) 2017-18. It is expected that a timely and systematic assessment of the key components of NHM is critical for further planning and resource allocation. While engaging with the task, PRCs would identify critical concerns in implementation of NHM activities and also evolve suitable quality parameters to monitor the various components. Specifically, as part of the qualitative reports, the PRCs are required to observe and comment on four broad areas described in the Records of Proceedings (RoPs) as follows;

- Mandatory disclosures on the state NHM website
- Components of key conditionality and new innovations
- Strategic areas identified in the roadmap for priority action
- Strengths and weaknesses in implementation

PRC Delhi is engaged in quality monitoring of State PIPs in – Delhi, Uttar Pradesh, Haryana and Rajasthan. This report discusses the M&E findings and observations for SOUTH-EAST DISTRICT in Delhi. Before visiting South-East District, the M&E Team reviewed the Delhi PIP document and prepared semi-structured interview schedules for district programme managers (DPM), facility staff and beneficiaries.

### 1.1. OBJECTIVES OF THE STUDY

Major objectives of this monitoring and evaluation PIP study are:

- To understand the status of physical infrastructure of availability in health facilities under NHM Programme.
- To understand the availability and efficiency of human resource required for better service facilities.
- To understand the gap between Demand and supply of health service delivery under NHM programme.
- To assesses functionality of equipment, supply and essential drugs, essential consumables etc.
- To analyse implementation and performance of different scheme under NHM such as JSSK, NRC, RBSK, ARSH, etc.



- To analyses other important components namely service delivery, record maintenance, Biomedical Waste Management, referral transports system, IEC material, disease control programme etc.
- Availability of finance for the NHM activities in the district.

Before visiting the different level of healthcare facilities we had an enriching session with CDMO and other district nodal officials of the district. A brief profile of health scenario of the district has been discussed that added a lot to facilitate our PIP monitoring visit of SOUTH-EAST DISTRICT. The field visits to health facilities in the district were planned in consultation with the district NHM officials. The health care facilities visited to accomplish the objective of the visits are enlisted in table 2 below.

**Table 1: List of Visited Health Care Facilities in South-East District, 2017**

Facility Type	Name of the facility
Primary Health Centre	Dispensary Delhi Government (DGD), Tajpur
Primary Health Centre	Dispensary Delhi Government (DGD), Molarband
Sub Centre	Seed PUHC, Meethapur
Sub Centre	Seed PUHC, Pul Prahaladpur

The Team interacted with key programme officials at SOUTH-EAST DISTRICT and examined the status of key activities. The main motive of the interaction with the officials such as CDMO, DPMO and MCD Nodal officer, was to know their problems and take their opinions for the improvement of the program. Apart from rigorous interactions with the District Programme officer, the Team visited DGDs and Seed PUHCs and interacted with staff and beneficiaries. The Secondary Data was taken from the CDMO office. The tools used for collecting the relevant data can be seen in the Annexure 1 section of the report.

## 1.2. DEMOGRAPHIC PROFILE: DELHI AND SOUTH-EAST DELHI

Spanning an area of 1483 sq km, and home to a sizeable population of 19 million, Delhi is situated in the heart of the Indian sub-continent. It is divided into 11 districts. South East district is one of the eleven districts which came into existence from September 2012 when two new districts were created by altering and modifying the limits of the sub divisions. It is surrounded by the states of U.P. and Haryana. On its southern side lie the Gurgaon & Faridabad districts of Haryana and on South Eastern side is located the Gautam Budh Nagar district of U.P. South district on its eastern side is flanked by South and East Districts of Delhi while on northern side lies New Delhi district (Figure-1).



Figure 1: SOUTH-EAST DELHI DISTRICT MAP

Since the district came into existence after the census of 2011, the Demographic indicators of the district are difficult to find explicitly. The table below lists some of the key demographic indicators for the district.

Table 2: Key Demographic Indicators: Delhi and South-East Delhi

Description	Delhi	Source	South-East Delhi	Source
Population	16787941	Census 2011	1658518	CDMO
Sex Ratio	868	Census 2011	862	CDMO
Density/km <sup>2</sup>	11320	Census 2011	11060	CDMO
Area km <sup>2</sup>	1483	Census 2011		
Literacy	86.21	Census 2011	86.57	CDMO
Schedule Caste population	16.86%	Census 2011		
Schedule Tribe population	NIL	Census 2011	NIL	

- The district has a population of 16,58,518. In proportion to the total population of Delhi, the population of South-East District is one tenth.
- The literacy rate of the district is 86.57%. This matches the literacy rate for Delhi as whole.

- The sex ratio of the SOUTH-EAST DISTRICT is 862 females per 1000 males while the same for Delhi is 868 per 1000 males.

### 1.3. Health and Health Service Delivery Indicators: Delhi and South-East Delhi

- The infant mortality rate (IMR) at 24 is lesser than the IMR for the state at 35 according to National Family Health Survey-III, 2015-16 data. Similar is the case with Under 5 mortality rate, which is around 22 per 1000 live births. Both are lower than the state average suggesting better performance of the district on average.

**Table 3: Key Health and Health Care Indicators: Delhi and South-East Delhi**

Indicators	Delhi (NFHS 2015-16)	South-East Delhi (CDMO 2016-17)
NMR		16
IMR	35	24
U5MR	47	22
MMR		105
TFR	1.7	1.7
Proportion of fully immunized children	66.4%	49%
No. Of women received PNC checkups within 48 hours	62.6%	11447/10000

- The percentage of full immunization is 49 per percent for South-East Delhi, which is quite low compared to the state average of 66.4 per cent.
- The Total Fertility Rate(TFR) for the district exactly matches the TFR for the state at 1.7

## 2. FACILITY WISE OBSERVATION

### 2.1 DISTRICT HOSPITAL

South East District doesn't have a district hospital. Most of the referral cases are made to either Pandit Madan Mohan Malviya Hospital (South District) or Safdurjung Hospital (New Delhi District).

### 2.2 DGD TAJPUR

Functioning in a MPCC Building, DGD Tajpur caters to an average of 400-500 patients daily. The facility has general OPD, a DOTS Centre and Homeopathy Clinic. The Medical officer in-charge is Dr. M.Khalid. The physical infrastructure of the DGD is not in a very good condition. There has been water logging in the basement for past 3-4 years. The facility doesn't have boundary walls and this has resulted in theft attempts.



**Figure 2: DGD Tajpur, South-East Delhi**

- The DGD has 4 ANMs, 1 Lab Technician, 1 PHN AND 1 CDEO under NHM provided Human Resource. There are no security staffs. The human resource and infrastructure is insufficient to cater to the load of everyday patients. At times the doctors have to call police to control the huge crowd.
- The staffs have received trainings for IUD, RTI/STI, Immunisation and cold chain and IPV in the last financial year. There is an adequate supply of most of the essential drugs and laboratory equipments. However malaria kits are not provided. Also the thermometer and the weighing scale in the ASHA kits were reported to be of poor quality.
- Lab Services provided include haemoglobin, urine albumin and sugar, serum bilirubin test, blood sugar, RPR, malaria and blood group.
- The ANC Coverage falls to around 40% of total registrations by the time of ANC3, which according to the medical staff happens due to migratory nature of population. Women prefer to deliver at their hometowns and thus migrate from Delhi.
- Bio-medical waste collection is outsourced and is collected once in a week. The facility practices segregation of waste into colour coded bins, however the collector dumps all segregated waste together.
- There waiting area for the patients is very small thus and is hugely crowded. The facility has no space for OPD registration cabin. The OPD Register is not maintained well. Other registers including ANC, PNC, and Immunisation etc are maintained.
- The IEC Display was also not very satisfactory.
- Deputation of Staff (ANMs, Doctors) to Moholla Clinics leads to further staff crunch and impacts the quality of service delivery.
- The facility had no computer for past 3 years. It has only been allotted in May 2017. The staff had to rely on personal laptops for data entry and maintenance.

- The facility has a lot of condemn material which is eating up the already insufficient space.
- The medical staff also caters to a lot of uncovered area namely R Block, F Block and Harinagar in its outreach programmes.
- The facility doesn't have 24\*7 running water supply and electricity power back up.

### 2.3 DGD MOLARBAND

DGD Molarband is functioning in a community building which was earlier a barat ghar. At the time of visit the facility had 2 Doctors, Dr. Anushree Nayak and Dr. Bal Mukund Murari. The facility caters to an average of 350 patients everyday. The building is well maintained. This facility won the Kayakalp award in the past financial year.



**Figure 3: DGD Molarband, South-East Delhi**

- The DGD at Molarband has 3 Medical officers, 7 ANMs, 1 Lab Technician, 2 Pharmacists and 1 PHN. In the last financial year, the staff has received training for BeMOC, IUD, Immunisation & Cold Chain and BMW.
- The facility has most of the necessary lab equipments including microscope, hemoglobinometer, centrifuge etc. They receive timely drug supplies.
- Lab Services at the facility are functional. Lab tests include haemoglobin, urine albumin and sugar, blood sugar and malaria.
- The facility has recently (in July, 2017) started providing IUCD services.
- ARSH counselling sessions are held on Saturdays. However, any adolescent requiring counselling is provided so at all times.
- HMIS and RCH data entry is done at the facility.
- The Doctors at the facility said that since the registrations are done free of cost, the patients tend to lose their prescription slips. This makes it difficult for the doctor to

track the patient's medical record. Also, the patients tend to repeatedly ask for medicines and other supplies.

- The doctors suggested that a minimal amount charged as registration fee would encourage the patients to retain their prescriptions.
- Also, it was suggested that once the doctors refer a patient to a district hospital or some other facility for lab tests, the prescribed tests should be done on their recommendation instead of requiring afresh prescription by the doctors at the referred facility. This would certainly reduce the burden at the referred facility.
- To cater to the catchment population of around one lakh, the facility requires more ANMs and ASHAs.
- The bio waste management was well functioning. The different coloured bins were being used to segregate the waste before it was disposed off.

## 2.4 SEED PUHC MITHAPUR

The seed PUHC Meethapur is easily assessable from the nearest road ahead. It is functioning in a rented building, which is in a good condition. Family Planning and ARSH Counselling are held regularly by the Human Resource at the facility and are also extended by an NGO named CASPLAN.

Figure 4: Seed PUHC Mithapur, South-East Delhi



- The seed PUHC has 1 medical officer, 4 ANMs, 1 LT, 1 pharmacist and ASHAs.
- The trainings were provided for IUCD and for HMIS. For IUCD the medical officers were trained, for HMIS 6 staff members were trained.

- Most of the essential equipments were available like BP instrument, Stethoscope, Autoclave and others. Drugs were available and regular in supply except for Injection magnesium sulphate, oxytocin, misoprostol tablets and mifepristone tablets which were not available.
- According to the MOIC, complete ANC's are achieved for approximately 85% of the pregnant women registered. The immunisation coverage of the catchment population is approximately 90%.
- IUCD Insertions as a method of Family Planning was receiving good acceptance in the area, the last financial year however saw a fall in the number due to two more nearby facilities providing IUCD insertion facility and thus dividing the crowd.
- HMIS data was being uploaded timely. All the ANMs were given training in HMIS.
- ARSH clinic was available but response was not good. ANM were doing the counselling on field as well.
- IEC displays were visible. Displays were there for timings of health facility, JSY, JSSK entitlements, immunisation schedule, list of services in the health facilities and others. Citizen Charter was not displayed.
- The laboratory did not have a red colour bin for waste disposal.
- The pharmacist at the seed PUHC was reported to often take leaves and on such days although the medicines were given by the MOIC or the ANM's but the drug supply register was not updated.
- Bio medical waste collection was not happening timely. It was being collected only 4-5 times in a month.

## 2.5 SEED PUHC PUL-PRAHALADPUR

Functioning in a rented building, the seed PUHC caters to on an average of 100-125 patients daily. The catchment population for this facility is around 60,000. It is easily accessible from the nearby road and has 24\*7 hours water supply. The PRC team interacted with the MOIC, Dr Abhilasha Agrawal and with the ANM's and ASHAs.

**Figure 5: Seed PUHC Pul Prahaladpur, South-East**



- The seed PUHC at Pul Prahaladpur has 1 MOIC, 3 ANM's, 1 Lab Technician and 1 Pharmacist.
- In the last financial year, trainings have been conducted for Immunisation and cold chain, NLEP, BMW and Quality Assurance.
- Most of the essential equipments were available like BP instrument, Stethoscope, except for Autoclave. Drugs were received timely. EDL list was displayed.
- Lab Tests provided include haemoglobin, blood sugar, RPR, HBSAG and Typhidot.
- The place had a rich display of IEC materials.
- Record Maintenance for the facility was appropriate. All registers including OPD, ANC, PNC, FP, Drug stock and immunization etc were up to date.
- Bio Medical waste was being segregated accordingly in the colour coded bins
- The facility needs more ANM's to cater to the catchment population.
- Although ASHA workers received their salaries timely but in last 2-3 months, due to PFMS portal issues there were delays in salary payments.

### 3. Human Resource & Health Infrastructure

#### 3.1. HUMAN RESOURCE

The meeting of the PRC Team with the district health officials revealed the dire state of human resource in the district. There are no Gynaecologists and Paediatrician in the district. The in



position posts in current year are converted into sanctioned posts for the following year thus making vacant posts unobservable. The sanctioned/in-positions are insufficient given the catchment population of the district.

**Table 4: HUMAN RESOURCE: SOUTH-EAST DISTRICT**

Position Name	Sanctioned	Contractual	Total Vacant
MO's including specialists	24	23	1
Gynaecologists		NIL	
Paediatrician		NIL	
LHV		NIL	
ANM	72	71	1
Pharmacist	11	11	
Lab technicians	11	11	
X-ray technicians		NIL	
Data Entry Operators	24	12	
Staff Nurse at CHC	4	4	
ANM at PHC		69	
Any other, please specify (Establishment)	3	3	0

Source: CDMO OFFICE, South-East District, 2017.

A severe need of data entry operators was noted. Most of them are simultaneously in charge of 3 facilities on HMIS and MCTS data and record maintenance. Also the officials conveyed that more ANMs are required in proportion to the district population.

**Table 5: Human Resource Training Status of South-East Delhi**

Position Name	IUCD insertion	RTI/STI/HIV screening	FIMNC I	NSSK	SBA	BEmOC	MTP	Minilap /PPS	NSV	Total
MO	16	0	0	0	0	0	0	0	0	16
LMO	0	0	0	0	0	0	0	0	0	0
Staff Nurse	4	0	0	0	0	0	0	0	0	14
ANM	13	0	0	0	0	0	0	0	0	13
LHV	0	0	0	0	0	0	2	2	0	4
Other	0	0	0	0	0	0	0	0	0	0

Source: CDMO OFFICE, South-East District, 2017.

Training conducted play a vital role in performance of staff members by enhancing their knowledge and keeping them updated with new methods and technology in their respective

fields. The training status of human resource of SOUTH-EAST DISTRICT is shown in table 5. In terms of training, it is clear from the above table that no training has been provided on RTI/STI/HIV screening, FIMNCI, NSSK, BEmOC, SBA and NSV. This calls for better, continuous and extensive training of all health personnel. This is imperative to provide quality health service to all patients.

### 3.2 HEALTH INFRASTRUCTURE

Health infrastructure is a crucial foundation on which quality healthcare services rely. Health infrastructure of SOUTH-EAST DISTRICT is represented in table 6. It comprises of following:

- 9 Delhi Government Dispensaries.
- 12 Mohalla Clinics.
- 10 Seed PUHCs.
- 5 Delivery Points.

**Table 6: Detail of Health Infrastructure: South-East Delhi**

Health Facility	Number available	Govt. building	Rented building/ Under const.
District hospital	0		
Mohalla Clinics	12	7	5
Delhi Government Dispensaries	9	9	0
Mother & Child Care Centers	11	11	0
Skill Labs	3	3	0
Seed PUHC	10		
Delivery Points	5	5	0

Source: CDMO OFFICE, South-East District,2017.

The physical infrastructure of the health facilities visited was good. The only exception was of DGD Tajpur which was functioning in a Multi Purpose Community Centre building and was in a bad condition with water logging in the basement and no boundary walls.

The equipments used in the health facilities were functional and mostly of good quality.

**Figure 6: Infrastructure at the visited Health Facilities.**



## 4. MATERNAL HEALTH

### 4.1 MATERNAL HEALTH

Promotion of maternal and child health has been an important objective of the NHM. NHM aims to reduce Maternal, Infant and Child mortality by focusing on strategies of promoting wider utilization of essential obstetric and newborn care for all, skilled attendant at every birth, emergency obstetric care for those having complications and referral services. NHM schemes like Janani Suraksha Yojana and Janani Shishu Suraksha Karyakram have been created to improve the condition of maternal health prevalent in the country.

**Table 7 Key Maternal Health Indicators**

Sl.NO	ANC AND PNC	2016-17
1.	Total women registered for ANC	64444*
2.	No of Women registered in the first trimester.	56879*
3.	Number of pregnant women who received 3 ANC checkups.	33493*
4.	Number of Women registered under JSY.	1461*
5.	TT1	22930
6.	TT2	20474
7.	PNC within 48 hours after delivery	9379
8.	PNC between 48 hours and 14 days of delivery	8648

Source: CDMO OFFICE, South-East District,2017.

\*HMIS DATA 2016-17

Table number 7 and 8 show the key maternal health indicators for the last financial year 2016-17.

- It was reported that the proportion of women getting 3<sup>rd</sup> ANC drops to around half of the total ANC registrations due to the process of migration. By the time of 3<sup>rd</sup> ANC, women move back to their home towns to deliver.
- It is reported that in 2016-17, 22930 women received TT 1 and 20474 women received TT 2.
- It can be observed that home deliveries were 1696 in the year 2015-16 and further bifurcation shows that out of total home deliveries more than 50% were conducted by Non SBA. Despite of the schemes like JSSK home deliveries are still high in the district.

**Table 8: Delivery Indicators**

DELIVERIES	2016-17
Total Home Deliveries	1696
• SBA attended	481
• Non SBA attended	1215
Total institutional deliveries	9087*
Deliveries performed at public institutions to total Deliveries. %	41.4%*
Total C-Section deliveries performed (pub+pvt)	3273*
Still births	85
Live births	10615
Total Births	10700

Source: CDMO OFFICE, South-East District,2017.

\*HMIS DATA 2016-17

#### 4.2 JANANI SURAKSHA YOJANA

- Janani Suraksha Yojana is an initiative for safe mother hood under NHM. It basically aims at reducing maternal and neo-mortality rate by promoting institutional deliveries among poor pregnant women.
- Most of the beneficiaries do not have the necessary documents including AADHAR CARD or other documents like SC certificate or do not have Bank Accounts in their names thus making it difficult to get the JSY incentive.

**Table 9: Status of JSY Payments in South-East District**

Institutional deliveries	Status of payments for (in per cent)		Record maintenance		
	Home Deliveries	Deliveries brought by ASHAs	Available	Updated	Non updated
482	24	115	506	506	0

Source: CDMO OFFICE, South-East District,2017.

Table 9 shows the status of JSY payments in the district for the year 2016-17.

### 4.3 JANANI SHISHU SURAKSHA KARYAKRAM

JSSK is another initiative taken by NRHM for safe motherhood. In this program free of cost medicines, diagnostics, diet and transport is provided to the pregnant women. Free entitlement services are as follows 1) cashless delivery, 2) Free C-Section, 3) Free drugs, 4) Free diagnostics, 5) Free diet during stay in the hospital, 6) Free provision of blood, 7) Exemption from user charges, 8) Free transport from home to health institutions, 9) Free transport to other facilities if required for referral 10) Free drop from institution till home after 48 hours. Further, similar entitlements are given to sick new born till 30 days of birth.

**Table 10: JSSK Progress in South-East District**

Months	No. of Beneficiaries under JSSK						District Total =
	Diet	Drugs	Diagnostic	Transport			
				Home to Facility	Referral	Facility to Home	
Apr-16	419	117	324	1	1	0	0
May-16	221	580	332	0	1	0	15
Jun-16	172	490	280	0	1	0	15
Jul-16	259	483	535	1	2	0	9
Aug-16	175	417	316	1	4	0	12
Sep-16	169	429	310	2	18	0	43
Oct-16	164	370	309	1	9	0	62
Nov-16	179	374	316	0	13	0	67
Dec-16	73	331	394	0	7	0	69
Jan-17	148	352	283	0	7	0	62
Feb-17	98	350	171	0	4	0	28
Mar-17	94	330	271	0	0	0	7
<b>Total</b>	<b>2171</b>	<b>4623</b>	<b>3841</b>	<b>6</b>	<b>67</b>	<b>0</b>	<b>389</b>

Source: CDMO OFFICE, South-East District, 2017.

JSSK was functional in the district. Table 10 represents the JSSK beneficiary's status for the financial year 2016-17 for South-East district. Under JSSK, free diet was provided to 2171 beneficiaries, free drugs to 4623 beneficiaries and free diagnostic to 3841 beneficiaries. It is reported that referral transport was used at a scale of 67 beneficiaries in the year 2016-17.

### 4.4 MATERNAL DEATH REVIEW

Table 11 indicates the total number of maternal deaths that have occurred in the district of South-East with the place and cause of these deaths. A total number of 9 maternal deaths were

reported during the year of 2016-17, the more prevalent cause reported as being Sepsis. All except two deaths occurred post delivery.

**Table 11: Maternal Death Review in 2016-17**

Total Maternal Deaths	Place of Deaths			Major Reasons (% of deaths due to reasons given below)	Month Of pregnancy		
	Hospital	Home	Transit		During pregnancy	During Delivery	Post Delivery
9	8	0	1	Hemorrhage-1 Obstetric Complications-1 Sepsis-3 Hypertension-1 Abortion-1 Others-2	1	1	7

Source: CDMO OFFICE, South-East District, 2017.

## 5. CHILD HEALTH

Child health programme under NHM stresses upon reducing IMR in India. The Child health program promotes the following 1) Neonatal Health, 2) Nutrition of the child, 3) Management of common childhood illness and 4) Immunization of the child.

The district is providing child health services at the existing facilities; however the health infrastructure specific to child care is not in appropriate numbers in the district. The district has a total of 5 NBCCs established in the last financial year. There are no SNCU or NBSUs.

### 5.2 IMMUNIZATION

South-East District has a lot of area that is uncovered by any health facility. Immunization in such area is being carried out with the ASHAs and ANMs working really hard. Furthermore Mission Indradhanush is working in the district capturing a large number of children in the district. Immunization sessions are organised regularly.

**Table 12: Immunization Status**

S.NO	Vaccination	2016-17 Number of Infants
1.	BCG	16152
2.	DPT1	2803
	DPT2	2512
	DPT3	2387
3.	OPV 0 (Birth Dose)	8155
	OPV1	3021
	OPV2	3043
	OPV3	3022
4.	Measles	3239
5.	Full immunisation	29774

Source: CDMO OFFICE, South-East District, 2017.

Table 12 shows the performance of immunization programme in the South-East district. Dropout can be seen in OPV dose from the dose given at birth to the first dose. However beyond first dose, the numbers for the following doses are consistent. The number of fully immunised infants for the year 2016-17 is 29774.

### 5.3 RASHTRIYA BAL SURAKSHA KARYAKRAM

Rashtriya Bal Swasthya Karyakram is an initiative by NRHM for monitoring the child health in the different districts. Under this program team of experts are sent to schools for regular checkups of the children. The checkups include, the eye testing, dental checkups, and any prominent symptoms of any communicable and non-communicable disease are being screened.

Presently, the programme is not functional in the district.

## 6. FAMILY PLANNING

Family planning is an important component of NHM as it aims to achieve population stabilization as well as promote reproductive health and reduce maternal, infant and child



mortality and morbidity. Family planning allows individuals and couples to anticipate and attain their desired number of children and the spacing and timing of their births. It is achieved through use of contraceptive methods and the treatment of involuntary infertility. A woman's ability to space and limit her pregnancies has a direct impact on her health and well-being as well as on the outcome of each pregnancy.

Table 13 shows the family planning achievement in the South-east district for the past two years. Overall, according to the data (Source: HMIS), Condoms and Oral pills seems to be the most effective method of family planning.

**Table 13: Family Planning Achievement in South-East District**

Year	Sterilization(pvt+pub)			IUCD insertions		Oral Pills		Emergency Contraceptives		Condoms	
	Total	Male	Female	Target	Ach*	Target	Ach*	Target	Ach*	Target	Ach*
2015-16	494	9	485		3761		21455		14		603862
2016-17	579	3	576		4117		24136		104		802091

Source: HMIS DATA 2016-17

Compared to the previous financial year i.e. 2015-16, the uptake of all family planning methods has seen a rise in the year 2016-17.

## 7. ADOLESCENT REPRODUCTIVE AND SEXUAL HEALTH

It was found that ARSH was functional in the district. Every Saturday the ARSH clinic was functioning in all visited facilities. The adolescents were being given counselling in the health facilities on delay of marriages, prevention of teenage pregnancies, safe abortions etc. Also, young girls were given counselling for menstrual problems faced by them.

At most of the facilities, adolescents came for skin problems such as acne. However there were a few cases of RTI/STI problems as well.

## **8. QUALITY IN HEALTH SERVICES**

### **8.1. INFECTION CONTROL**

Proper norms were followed in the district for infection control. However, facilities like DGD Tajpur suffer from water logging round the year thus breeding many flies and mosquitoes. Keeping a check to prevent water logging should be adopted and proper cleanliness should be maintained.

### **8.2. BIO MEDICAL WASTE MANAGEMENT**

Bio-medical waste management was functioning well in the district. There were different coloured bins in which the waste is segregated and then disposed off and biomedical waste management was done through contractual basis in the district. There were separate dustbins and the residual was collected by the contracted agency on the next day. The only exception was Seed PUHC Meethapur where a Red Bin was missing in the Laboratory and waste was not being collected on time.

**Figure 7: Bio-Medical waste being segregated into Colored-Bins.**



### 8.3. INFORMATION, EDUCATION AND COMMUNICATION

- IEC was effective in the district. Facilities in the district were displaying the different schemes organised under NHM such as JSSK, JSY and benefits of immunization.
- Furthermore there were many charts reflecting the benefits and various methods of family planning, Posters were constantly updated as and when new schemes are introduced.

**Figure 8: IEC Display at visited Health Facilities.**



## 9. REFERRAL TRANSPORT

The district doesn't have any specific number of Ambulances marked for it. However, the referral transport was available in the district to provide pick and drop facilities to the beneficiaries. The beneficiaries are aware of the free facility; however, locals and people staying nearby used their own vehicle for transport. All ambulances are CAT (102) AMBULANCES.

Figure 9: Referral Transport



## 10. COMMUNITY PROCESS

To understand the working of health services and facilities at the grass root level, the PRC team interacted with the ANMs and ASHAs during their visit to the facilities.

Table 14 gives details about the Accredited Social Health Activists under the NHM Program. There are a total of 565 ASHAs currently deployed in the district. The table also shows that 35 vacancies are yet to be filled.

Table 14: Community Process in South-East District

<b>Last status of ASHAs (Total number of ASHAs)</b>	
ASHAs presently working	<b>565</b>
Positions vacant	<b>35</b>
Total number of meeting with ASHA ( in a Year)	<b>Monthly meeting for each centre</b>
Total number of ASHA resource centers/ ASHA Ghar	<b>1 at state level</b>
Drug kit replenishment	<b>190</b>

No. of ASHAs trained in last year	225
Name of trainings received	1)Round-III 2)Round-IV 3)Round-VII & Induction Module

Source: CDMO OFFICE, South-East District, 2017.

It was observed that most of the ANMs were given some refresher training on HMIS. They were well averse with the procedure for filling up the formats. They were engrossed in spreading awareness through talks and other programmes.

## 11. DISEASE CONTROL PROGRAMME

There was a provision of diagnostics for tuberculosis at specific facilities with separate DOT rooms. Awareness of the harmful diseases was also done through proper IEC. ASHAs were helping in mobilising the beneficiaries for consulting a doctor at the health facility in case of any problem felt. There were well functioning laboratories in the facilities.

## 12. HMIS & MCTS

HMIS and MCTS are two most important part of NHM functioning which includes reporting and compiling of the data which includes performance of basic indicators of maternal and child health care in the district. In South district, there were some issues in reporting of the data mainly due to shortage of staff in the district, further since CDOs were mainly on sharing basis the timely reporting of data was a challenging task.

ANMs suggested that provisioning for handy computer tablets for direct data uploading on site and therefore avoiding entries in registers could help.

## 13. CONCLUSION AND RECOMMENDATIONS

### 13.1 CONCLUSION

- The physical infrastructure of most of the visited health. Facilities was adequately maintained except for DGD Tajpur. There has been water logging in the basement of this

DGD for past 3-4 years. The facility doesn't have boundary walls and this has resulted in theft attempts. Also the facility doesn't have water supply. Other facilities were found to be clean and hygienic.

- There is shortage of staff in the district, especially for the specialists, ANMs and CDEOs. The facilities have heavy OPDS and there are few doctors in comparison to the need for them. Also, other administrative responsibilities on doctors further exaggerate the problem.
- ARSH is functioning in the district with the Doctors in-charge of the facilities doing counseling on every Saturday. However there are no Dedicated ARSH Counselors in the district.
- The district is doing its best to achieve higher levels of Immunization. Outreach sessions are organized to cover the areas with no health facility. However, it was reported that the overall Immunization coverage is low and uncovered area and migratory population were cited as the causes behind low coverage.
- IUCD insertion and usage of condom were the main methods of family planning utilized in the district.
- It was observed that there were all the essential equipments in the visited facilities. The equipments like BP instrument, stethoscope, sterilized delivery sets, weighing machine, and needle cutter and so on were available and functional.
- It was reported that facilities receive all IEC materials on time. All facilities had adequate display of the same.
- Under JSSK, beneficiaries are receiving the services of free diet and free medicines. JSY payments on the other hand were very low for the district.
- There were some issues in reporting of the data despite the fact that all registers were well maintained and were updated day to day because of irregularity in uploading the data on portal due to lack of staff and computers. The health facility at Tajpur had no computer for past 3 years. It has only been allotted in May 2017. The staff had to rely on personal laptops for data entry and maintenance.
- Overall the staff members were performing their assigned duty convincingly. Even with staff crunch at most of the facilities, the patients are receiving satisfactory treatment.

### 13.2 RECCOMENDATIONS

- There is a need to increase the number and availability of computer data entry operator in the district for better reporting and record maintenance of HMIS and MCTS system. At least 2 computers should be provided to each health facility.

- Software data entry should have an option of offline data entry so that delay in entry due to portal problems can be mitigated.
- Performance based incentives in addition to salaries to NHM employees can offer a solution to 'contractual nature of job' by providing an opportunity to NHM employees to increase their salary by improving their performance. Also, any step towards regularization of NHM workers would be a source of motivation to work even harder.
- For better performance of the JSY Scheme, easing the documentation process might help to improve the claims ratio and beneficiary payments.
- District wise disaggregated RoP comes around September every year which leaves only five months for all the funds to be utilized and programmes to be put in place. Instead if it is received timely, activities can be spread throughout the year and can be carried out more efficiently. RoP should be sent to the district in time so that they can plan and invest as per as requirement.
- The Doctors at the facility said that since the registrations are done free of cost, the patients tend to lose their prescription slips. This makes it difficult for the doctor to track the patient's medical record. The doctors suggested that a minimal amount charged as registration fee would encourage the patients to retain their prescriptions.

## 14. ANNEXURE

### 14.1 DH LEVEL MONITORING CHECKLIST

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

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

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

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

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

#### Section I: Physical Infrastructure:

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



1.20	Functional BB/BSU, specify	Y	N
1.21	Separate room for ARSH clinic	Y	N
1.22	Burn Unit	Y	N
1.23	Availability of complaint/suggestion box	Y	N
	Availability of mechanisms for Biomedical waste management (BMW)at facility	Y	N
1.24	BMW outsourced	Y	N
1.25	Availability of ICTC/ PPTCT Centre	Y	N
1.26	Availability of functional Help Desk	Y	N

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

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

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

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

3.8	NSSK		
3.9	Mini Lap-Sterilisations		
3.10	Laproscope-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	
4.10	Functional Mobile light	Y	N	
4.11	Delivery Tables	Y	N	
4.12	Functional Autoclave	Y	N	
4.13	Functional ILR and Deep Freezer	Y	N	
4.14	Emergency Tray with emergency injections	Y	N	
4.15	MVA/ EVA Equipment	Y	N	
4.16	Functional phototherapy unit	Y	N	
4.17	Dialysis Equipment	Y	N	
4.18	<b>O.T Equipment</b>			
4.19	O.T Tables	Y	N	
4.20	Functional O.T Lights, ceiling	Y	N	
4.21	Functional O.T lights, mobile	Y	N	

4.22	Functional Anesthesia machines	Y	N	
4.23	Functional Ventilators	Y	N	
4.24	Functional Pulse-oximeters	Y	N	
4.25	Functional Multi-para monitors	Y	N	
4.26	Functional Surgical Diathermies	Y	N	
4.27	Functional Laparoscopes	Y	N	
4.28	Functional C-arm units	Y	N	
4.29	Functional Autoclaves (H or V)	Y	N	
	<b>Laboratory Equipment</b>			
4.1a	Functional Microscope	Y	N	
4.2a	Functional Hemoglobinometer	Y	N	
4.3a	Functional Centrifuge	Y	N	
4.4a	Functional Semi autoanalyzer	Y	N	
4.5a	Reagents and Testing Kits	Y	N	
4.6a	Functional Ultrasound Scanners	Y	N	
4.7a	Functional C.T Scanner	Y	N	
4.8a	Functional X-ray units	Y	N	
4.9a	Functional ECG machines	Y	N	

### Section V: Essential Drugs and Supplies:

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

	metronidazole, anti-allergic drugs etc.			
5.15	Adequate Vaccine Stock <i>available</i>	Y	N	
<b>S. No</b>	<b>Supplies</b>	<b>Yes</b>	<b>No</b>	<b>Remarks</b>
5.17	Pregnancy testing kits	Y	N	
5.18	Urine albumin and sugar testing kit	Y	N	
5.19	OCPs	Y	N	
5.20	EC pills	Y	N	
5.21	IUCDs	Y	N	
5.22	Sanitary napkins	Y	N	
<b>S. No</b>	<b>Essential Consumables</b>	<b>Yes</b>	<b>No</b>	<b>Remarks</b>
5.23	Gloves, Mckintosh, Pads, bandages, and gauze etc.	Y	N	

### Section VI: Other Services:

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

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

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

### Section VII A: Funds Utilisation

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

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

S. No	Parameters	Yes	No	Remarks
7.1b	All mothers initiated breast feeding within one hour of normal delivery	Y	N	
7.2b	Zero dose BCG, Hepatitis B and OPV given	Y	N	
7.3b	Counselling on Family Planning done	Y	N	

7.4b	Mothers asked to stay for 48 hrs	Y	N	
7.5b	JSY payment being given before discharge	Y	N	
7.6b	Diet being provided free of charge	Y	N	

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

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

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

### Section IX: Record Maintenance:

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

### Section X: IEC Display

S.No	Material	Yes	No	Remarks
------	----------	-----	----	---------

10.1	Approach roads have directions to the health facility	Y	N	
10.2	Citizen Charter	Y	N	
10.3	Timings of the health facility	Y	N	
10.4	List of services available	Y	N	
10.5	Essential Drug List	Y	N	
10.6	Protocol Posters	Y	N	
10.7	JSSK entitlements ( Displayed in ANC Clinics/, PNC Clinics)	Y	N	
10.8	Immunization Schedule	Y	N	
10.9	JSY entitlements( Displayed in ANC Clinics/, PNC Clinics)	Y	N	
10.10	Other related IEC material	Y	N	

### Section XI: Additional/Support Services:

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

## 14.2 FRU LEVEL MONITORING CHECKLIST

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

### Section I: Physical Infrastructure:

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

## Section II: Human resource:

S. no	Category	Numbers	Remarks if any
2.1	OBG		
2.2	Anaesthetist		



2.3	Paediatrician	
2.4	General Surgeon	
2.5	Other Specialists	
2.6	MOs	
2.7	SNs	
2.8	ANMs	
2.9	LTs	
2.10	Pharmacist	
2.11	LHV	
2.12	Radiographer	
2.13	RMNCHA+ counsellors	
2.14	Others	

### Section III: Training Status of HR:

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

### Section IV: Equipment:

S. No	Equipment	Yes	No	Remarks
4.1	Functional BP Instrument and Stethoscope	Y	N	
4.2	Sterilised delivery sets	Y	N	
4.3	Functional Neonatal, Paediatric and	Y	N	

	Adult Resuscitation kit			
4.4	Functional Weighing Machine (Adult and child)	Y	N	
4.5	Functional Needle Cutter	Y	N	
4.6	Functional Radiant Warmer	Y	N	
4.7	Functional Suction apparatus	Y	N	
4.8	Functional Facility for Oxygen Administration	Y	N	
4.9	Functional Autoclave	Y	N	
4.10	Functional ILR and Deep Freezer	Y	N	
4.11	Emergency Tray with emergency injections	Y	N	
4.12	MVA/ EVA Equipment	Y	N	
4.13	Functional phototherapy unit	Y	N	
	<b>Laboratory Equipment</b>			
4.1a	Functional Microscope	Y	N	
4.2a	Functional Hemoglobinometer	Y	N	
4.3a	Functional Centrifuge	Y	N	
4.4a	Functional Semi autoanalyzer	Y	N	
4.5a	Reagents and Testing Kits	Y	N	

### Section V: Essential Drugs and Supplies:

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

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

### Section VI: Other Services :

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

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

S.No	Service Utilization Parameter	Q1	Q2	Remarks
7.1	OPD			
7.2	IPD			
7.3	Expected number of pregnancies			
7.4	MCTS entry on percentage of women registered in the first trimester			
7.5	No. of pregnant women given IFA			
7.6	Total deliveries conducted			
7.7	No. of assisted deliveries( Ventouse/ Forceps)			
7.8	No. of C section conducted			
7.9	Number of obstetric complications managed, pls specify type			

7.10	No. of neonates initiated breast feeding within one hour			
7.11	Number of children screened for Defects at birth under RBSK			
7.12	RTI/STI Treated			
7.13a	No of admissions in NBSUs/ SNCU, whichever available			
7.13b	Inborn			
7.13c	Outborn			
7.14	No. of children admitted with SAM			
7.15	No. of sick children referred			
7.16	No. of pregnant women referred			
7.17	ANC1 registration			
7.18	ANC 3 Coverage			
7.19	ANC 4 Coverage			
7.20	No. of IUCD Insertions			
7.21	No. of Tubectomy			
7.22	No. of Vasectomy			
7.23	No. of Minilap			
7.24	No. of children fully immunized			
7.25	Measles coverage			
7.26	No. of children given ORS + Zinc			
7.27	No. of children given Vitamin A			
7.28	No. of women who accepted post-partum FP services			
7.29	No. of MTPs conducted in first trimester			
7.30	No. of MTPs conducted in second trimester			
7.31	Number of Adolescents attending ARSH clinic			
7.32	Maternal deaths, if any			
7.33	Still births, if any			
7.34	Neonatal deaths, if any			
7.35	Infant deaths, if any			

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

S.No	Parameters	Yes	No	Remarks
7.1a	All mothers initiated breast feeding within one hr of normal delivery	Y	N	
7.2a	Zero dose BCG, Hepatitis B and OPV given	Y	N	

7.3a	Counseling on IYCF done	Y	N	
7.4a	Counseling on Family Planning done	Y	N	
7.5a	Mothers asked to stay for 48 hrs	Y	N	
7.6a	JSY payment being given before discharge	Y	N	
7.7a	Mode of JSY payment (Cash/bearer cheque/Account payee cheque/Account Transfer)			
7.8a	Any expenditure incurred by Mothers on travel, drugs or diagnostics <i>(Please give details)</i>	Y	N	
7.9a	Diet being provided free of charge	Y	N	

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

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

S.No	Essential Skill Set	Yes	No	Remarks
8.1	Manage high risk pregnancy	Y	N	
8.2	Provide essential newborn care(thermoregulation, breastfeeding and asepsis)	Y	N	
8.3	Manage sick neonates and infants	Y	N	
8.4	Correctly uses partograph	Y	N	
8.5	Correctly insert IUCD	Y	N	
8.6	Correctly administer vaccines	Y	N	
8.7	Segregation of waste in colour coded bins	Y	N	
8.8	Adherence to IMEP protocols	Y	N	
8.9	Bio medical waste management	Y	N	
8.10	Updated Entry in the MCP Cards	Y	N	
8.11	Entry in MCTS	Y	N	
8.12	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	FP-Operation Register (OT)				
9.10	OT Register				
9.11	FP Register				
9.12	Immunisation Register				
9.13	Updated Microplan				
9.14	Blood Bank stock register				
9.15	Referral Register (In and Out)				
9.16	MDR Register				
9.17	Infant Death Review and Neonatal Death Review				
9.18	Drug Stock Register				
9.19	Payment under JSY				
9.20	Untied funds expenditure (Check % expenditure)				
9.21	AMG expenditure (Check % expenditure)				
9.22	RKS expenditure (Check % expenditure)				

### Section X: Referral linkages in last two quarters:

S. no	JSSK	Mode of Transport (Specify Govt./ pvt)	No. of women transported during ANC/INC/PNC	No. of sick infants transported	No. of children 1-6 years	Free/Paid
10.1	Home to facility					
10.2	Inter facility					
10.3	Facility to Home (drop back)					

### Section XI: IEC Display:

S.No	Material	Yes	No	Remarks
11.1	Approach roads have directions to the health facility	Y	N	
11.2	Citizen Charter	Y	N	
11.3	Timings of the health facility	Y	N	
11.4	List of services available	Y	N	

11.5	Essential Drug List	Y	N	
11.6	Protocol Posters	Y	N	
11.7	JSSK entitlements ( Displayed in ANC Clinics/, PNC Clinics)	Y	N	
11.8	Immunization Schedule	Y	N	
11.9	JSY entitlements( Displayed in ANC Clinics/, PNC Clinics)	Y	N	
11.10	Other related IEC material	Y	N	

### 14.3 PHC/CHC (NON FRU) LEVEL MONITORING CHECKLIST

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

#### Section I: Physical Infrastructure:

S.No	Infrastructure	Yes	No	Additional Remarks
1.1	Health facility easily accessible from nearest road head	Y	N	
1.2	Functioning in Govt building	Y	N	
1.3	Building in good condition	Y	N	
1.4	Staff Quarters for MOs available	Y	N	
1.5	Staff Quarters for SNs available	Y	N	
1.6	Staff Quarters for other categories	Y	N	
1.7	Electricity with power back up	Y	N	
1.9	Running 24*7 water supply	Y	N	
1.10	Clean Toilets separate for Male/Female	Y	N	
1.11	Functional and clean labour Room	Y	N	
1.12	Functional and clean toilet attached to labour room	Y	N	
1.13	Functional New born care corner(functional	Y	N	

	radiant warmer with neo-natal ambu bag)		
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:

S. no	Category	Numbers	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

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



### Section IV: Equipment

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

### Section V: Essential Drugs and Supplies

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

5.12	Mifepristone tablets	Y	N	
5.13	Availability of antibiotics	Y	N	
5.14	Labelled emergency tray	Y	N	
5.15	Drugs for hypertension, Diabetes, common ailments e.g PCM, metronidazole, anti-allergic drugs etc.	Y	N	
5.16	Adequate Vaccine Stock <i>available</i>	Y	N	
<b>S.No</b>	<b>Supplies</b>	<b>Yes</b>	<b>No</b>	<b>Remarks</b>
5.17	Pregnancy testing kits	Y	N	
5.18	Urine albumin and sugar testing kit	Y	N	
5.19	OCPs	Y	N	
5.20	EC pills	Y	N	
5.21	IUCDs	Y	N	
5.22	Sanitary napkins	Y	N	
<b>S.No</b>	<b>Essential Consumables</b>	<b>Yes</b>	<b>No</b>	<b>Remarks</b>
5.23	Gloves, Mckintosh, Pads, bandages, and gauze etc.	Y	N	

### Section VI: Other Services :

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

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

S.No	Service Utilization Parameter	Q1	Q2	Remarks
7.1	OPD			
7.2	IPD			
7.3	Expected number of pregnancies			
7.4	MCTS entry on percentage of women registered in the first trimester			
7.5	No. of pregnant women given IFA			

7.6	Total deliveries conducted		
7.7	Number of obstetric complications managed, pls specify type		
7.8	No. of neonates initiated breast feeding within one hour		
7.9	Number of children screened for Defects at birth under RBSK		
7.10	RTI/STI Treated		
7.11	No of admissions in NBSUs, if available		
7.12	No. of sick children referred		
7.13	No. of pregnant women referred		
7.14	ANC1 registration		
7.15	ANC3 Coverage		
7.16	ANC4 Coverage		
7.17	No. of IUCD Insertions		
7.18	No. of Tubectomy		
7.19	No. of Vasectomy		
7.20	No. of Minilap		
7.21	No. of children fully immunized		
7.22	Measles coverage		
7.23	No. of children given ORS + Zinc		
7.24	No. of children given Vitamin A		
7.25	No. of women who accepted post partum FP services		
7.26	No. of MTPs conducted		
7.27	Maternal deaths, if any		
7.28	Still births, if any		
7.29	Neonatal deaths, if any		
7.30	Infant deaths, if any		

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

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

7.6a	JSY payment being given before discharge	Y	N
7.7a	Mode of JSY payment (Cash/bearer cheque/Account payee cheque/Account Transfer)		
7.8a	Any expenditure incurred by Mothers on travel, drugs or diagnostics <i>(Please give details)</i>	Y	N
7.9a	Diet being provided free of charge	Y	N

### Section VIII: Quality parameter of the facility

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

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

9.9	OT Register			
9.10	FP Register			
9.11	Immunisation Register			
9.12	Updated Micro plan			
9.13	Drug Stock Register			
9.14	Referral Registers (In and Out)			
9.15	Payments under JSY			
9.16	Untied funds expenditure (Check % expenditure)			
9.17	AMG expenditure (Check % expenditure)			
9.18	RKS expenditure (Check % expenditure)			

### Section X: Referral linkages in last two quarters:

S. no	JSSK	Mode of Transport (Specify Govt./ pvt. )	No. of women transported during ANC/INC /PNC	No. of sick infants transported	No. of children 1-6 years	Free/Paid
10.1	Home to facility					
10.2	Inter facility					
10.3	Facility to Home (drop back)					

### Section XI: IEC Display:

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

11.9	JSY entitlements	Y	N	
11.10	Other related IEC material	Y	N	

## Section XII: Additional/Support Services:

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

## 14.4 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	Subcentre 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 neonatal ambu bag)	Y	N	
1.11	General cleanliness in the facility	Y	N	
1.12	Availability of complaint/suggestion box	Y	N	
1.13	Availability of deep burial pit for biomedical waste management / any other mechanism	Y	N	

### Section II: Human Resource:

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

### Section III: Equipment :

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

### Section IV: Essential Drugs:

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

### Section V: Essential Supplies

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

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

S.No	Service Utilization Parameter	Q1	Q2	Remarks
6.1	Number of estimated pregnancies			
6.3	No. of pregnant women given IFA			
6.4	Number of deliveries conducted at SC			
6.5	Number of deliveries conducted at home			
6.8	No. of sick children referred			
6.9	No. of pregnant women referred			
6.10	ANC1 registration			



6.11	ANC3 coverage		
6.12	ANC4 Coverage		
6.13	No. of IUCD insertions		
6.14	No. of children fully immunized		
6.14a	Measles coverage		
6.15	No. of children given ORS + Zinc		
6.16	No. of children given Vitamin A		
6.17	No. of children given IFA Syrup		
6.18	No. of Maternal deaths recorded , if any		
6.19	No. of still birth recorded, if any		
6.20	Neonatal deaths recorded, if any		
6.21	Number of VHNDs attended		
6.22	Number of VHNSC meeting attended		

### Section VIII: Record Maintenance:

Sl. No	Record	Available and Upto-date and correctly filled	Available but non-maintained	Not Available	Remarks
8.1	Untied funds expenditure (Rs 10,000-Check % expenditure)				
8.2	Annual maintenance grant (Rs 10,000-Check % expenditure)				
8.3	Payments under JSY				
8.4	VHND plan				
8.5	VHSNC meeting minutes and action taken				
8.6	Eligible couple register				
8.7	MCH register ( as per GOI)				
8.8	Delivery Register as per GOI format				
8.9	Stock register				

8.10	Due lists			
8.11	MCP cards			
8.12	Village register			
8.13	Referral Registers (In and Out)			
8.14	List of families with 0-6 years children under RBSK			
8.15	Line listing of severely anemic pregnant women			
8.16	Updated Microplan			
8.17	Vaccine supply for each session day (check availability of all vaccines )			
8.18	Due list and work plan received from MCTS Portal through Mobile/ Physically			

### Section X: IEC display:

S. no	Material	Yes	No	Remarks
10.1	Approach roads have directions to the sub centre	Y	N	
10.2	Citizen Charter	Y	N	
10.3	Timings of the Sub Centre	Y	N	
10.4	Visit schedule of "ANMs"	Y	N	
10.5	Area distribution of the ANMs/ VHND plan	Y	N	
10.6	SBA Protocol Posters	Y	N	
10.7	JSSK entitlements	Y	N	
10.8	Immunization Schedule	Y	N	
10.9	JSY entitlements	Y	N	
10.10	Other related IEC material	Y	N	