

National Health Mission



A REPORT ON

MONITORING OF IMPORTANT COMPONENTS OF NHM PROGRAMME IMPLEMENTATION PLAN IN SOUTH WEST DISTRICT, DELHI



MINISTRY OF HEALTH AND FAMILY WELFARE
GOVERNMENT OF INDIA



स्वास्थ्यमेव जयते
Ministry of Health
and Family Welfare

NIRANJAN ROUT
JYOTI



POPULATION RESEARCH CENTRE,
INSTITUTE OF ECONOMIC GROWTH,
DELHI 110007

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Dr.Niranjan Rout
Jyoti

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Population Research Centre (PRC-IEG)
Institute of Economic Growth
Delhi

ACRONYMS AND ABBREVIATION

AMG	Annual Maintenance Grant
ANM	Auxiliary Nurse Midwife
ARSH	Adolescent Reproductive and Sexual Health
AYUSH	Ayurveda, Yoga & Naturopathy, Unani, Siddha and Homoeopathy
BEMOC	Basic Emergency Obstetric Care
BMW	Biomedical waste
BPM	Block Programme Manager
BSU	Blood Storage Unit
CMO	Chief Medical Officer
DH	District Hospital
DPM	District Programme Manager
DWH	District Women Hospital
ECG	Electrocardiography
EmOC	Emergency Obstetric Care
FMNCI	Facility based Integrated Management of Neonatal Illness
FRU	First Referral Unit
HMIS	Health Management Information System
IEC	Information, Education and Communication
IPD	In Patient Department
IUCD	Intra Uterine Contraceptive Device
IYCF	Infant and Young Child Feeding
JSSK	Janani Shishu Suraksha Karyakram
JSY	Janani Suraksha Yojana
LHV	Lady Health Visitor
LSAS	Life Saving Anaesthetic Skill
LT	Laboratory Technician
MCTS	Mother and Child Tracking System
Minilap/ PPS	Minilap/Post-Partum Sterilization
MMU	Mobile Medical Unit
MO	Medical Officer
MoHFW	Ministry of Health and Family Welfare
NBCC	New Born Care Corner
NBSU	New Born Stabilization Unit
NRC	Nutritional Rehabilitation Centre
NSSK	Navjaat Shishu Suraksha Karyakram
OCP	Oral Contraceptive Pill
OPD	Out Patient Department
OPV	Oral Polio Vaccines
PIP	Programme Implementation Plan
PPIUCD	Postpartum Intrauterine Contraceptive Devices
PRC	Population Research Centre
RNTCP	Revised National Tuberculosis Control Program
SBA	Skilled Birth Attendant
SN	Staff Nurse
SNCU	Special New Born Care Unit

EXECUTIVE SUMMARY

SOUTH WEST DISTRICT: STRENGTHS AND WEAKNESSES

The report is based on the National Health Mission (NHM) State Programme Implementation Plan (PIP) monitoring visit conducted by the Population Research Centre, Delhi to various health facilities in South West district of Delhi. On the basis of the observations and interactions during the monitoring process, the report is being prepared for submission to Ministry of Health and Family Welfare. The major strengths and weaknesses of the district in health service delivery are listed below.

STRENGTHS:

- Except the Seed-PUHCs all the visited dispensaries and District Hospital functional in government buildings.
- More than 85 percent fund have been utilised in the last financial year.
- The visited dispensaries as well as the Tertiary hospital were found well maintained. The inside and outside premises of the Dada Dev Hospital was very clean and hygienic.
- Vasectomy Camps have been organised in frequent intervals at the district level and the health personnel including ASHAs and Anganwadi Workers are creating awareness among the couples to adopt various family planning methods to avoid unwanted pregnancies as well as the other benefits of using contraceptive methods.
- As a part of NHM, ARSH wing found functional in the district while some days in a week have been fixed by the facility for adolescent counselling. Similarly for ANC and Immunisation certain days have been fixed.
- Health talks on various issues like immunisation, ANC, Family Planning etc have organised to make the beneficiary aware and motivated.
- Adequate IEC materials have been displayed in all the visited facilities. Timely supply of IEC materials also reported by the facility.
- High performing facilities in connection to IUCD insertion have been felicitated at the district level.

WEAKNESSES:

- Shortage of manpower and infrastructures cited as the major hurdles in the process of better service delivery. Most importantly the Seed PUHCs under NHM is functional in rented building and lacking sufficient space as well as infrastructures. These facilities are so congested that even two persons cannot pass each other at a time. In one single room the ANMs try to manage many activities. The recent court order rejecting the appeal of equal pay of NHM staffs with other government staffs citing the reason of less work burden is a kind of discouraging verdict that demotivate the staffs in delivering better health service.
- Unlike the rural health care system, the health care system in Delhi has been administered by multiple authorities such as MCD, Central Government and Delhi government itself. Due to multiple authorities the health service provider faces many problems in terms service delivery. The tertiary hospitals located at a particular district are not responsible to the Chief District Medical Officer of the concerned district for which irregularities occur in terms of data updating. Despite of repeated reminder data have not been provided on time.
- Staff crunch is also cited as one of the biggest obstacle in the process of service delivery. Despite of the launch of many new programmes, no recruitment have been done. Since 3 years no new staffs recruited. On the other hand very few NHM staffs have been provided to dispensaries.
- Untimely release of budget make it difficult for the health facilities to manage the timely requirement.
- Unlike the rural health care system, no specific targets have been fixed by the facility regarding family planning and immunisation on annual basis.

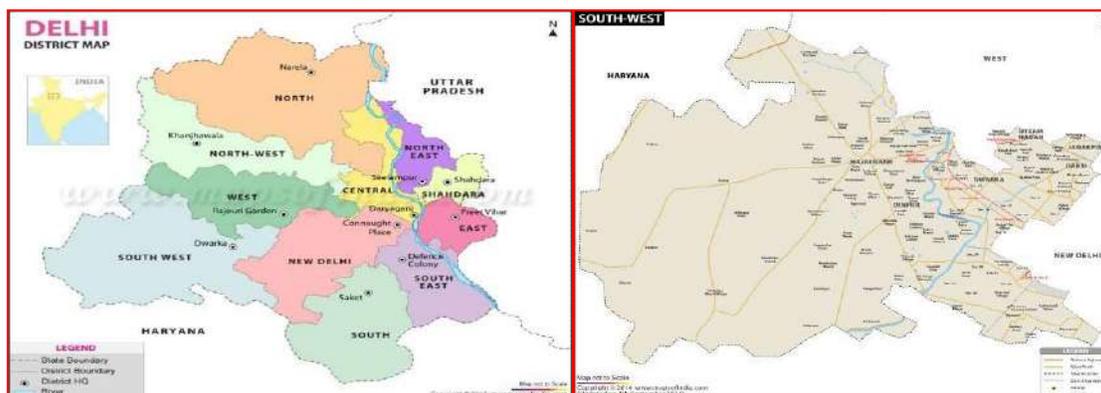
1. INTRODUCTION

National Health Mission (NHM) earlier known as National Rural Health Mission was launched to make health care more accessible and affordable to all especially who are vulnerable and underserved. Provision of good quality health services is the priority of this mission. The programme has been modified over years in order to make the health system more accessible and affordable since the implementation of NHM. Timely assessment of key components of NHM State Programme Implementation Plan is vital for key changes in the programme and strengthening it further. Apart from this, a clear picture on the functioning of NHM will prove helpful for further planning and resource allocation. The Population Research Centres (PRCs) established and funded by the Ministry of Health and Family Welfare(MoHFW) have been directed for quality monitoring of important components of NHM State Programme Implementation Plan. As a part of quality assessment, the PRCs are required to look into four broad areas described in the Record of Proceedings (RoP) as mentioned below:

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

An effective policy requires an effective feedback on the functioning of the NHM activities carried out in a state. In this context, the Ministry of Health and Family Welfare has asked Population Research Centre, Delhi to conduct quality monitoring of the important components of NHM. As a part of this, our Delhi PRC has been assigned to conduct monitoring of essential components of NHM in South West district of Delhi.

Figure 1: South West District, Delhi



The quality monitoring of State 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. The monitoring team visited a total of five health facilities including a District Hospital. The health facilities those were covered in South West district for monitoring are listed below.

Table 1: List of Visited Health Care Facilities in South West District, Delhi, 2017

Facility Type	Name of the Facility
District Hospital	Shri Dada Dev Matri Avum Shishu Chikitsalaya
Dispensaries	DGHC Sector-12, Dwarka
	DGHC Sector-12, Dwarka
Seed PUHCs	Seed PUHC, Sitapuri
	Seed PUHC, Ranaji Enclave

2. SOCIO-ECONOMIC AND DEMOGRAPHIC PROFILE OF SOUTH WEST DISTRICT

South West district is one of the eleven districts of NCT Delhi and is situated at south west part of Delhi. It spreads over 420 square kilometres and is bounded by West Delhi in the north, Central Delhi in the northeast, New Delhi and South Delhi in the east, Gurgaon district of Haryana in the south and Jhajjar district of Haryana in the west. Initially Delhi had only one district with district head quarter at Tis-Hazari. In 1997, 9 districts came into existence and subsequently 11 districts in the year 2012. South-East and Shahadra are the newly formed districts those came into existence in 2012. South West district having its District Head Quarter at Dwarka and has 3 Sub-divisions namely Dwarka, Najafgarh and Kapas Hera. Around 94 percent population of the district are urban. The total population of the district is 2292958 which is 13.7 percent of total population of the state (Table 2). The percentage share of male to total population of the district (54.3) is comparatively higher than the State (53.5). In comparison to the state average (97.5) a lower percentage of people (93.7) in the district live in urban areas. The literacy rate of district seen slightly higher (88.3) than the state (86.2). As compared to the state, the district has lower percentage (13.8) of scheduled caste population. There are no tribal population in both the state and district. The decadal growth in the district is substantially higher (30.6) as compared to the state (21.2). The density of population of the district is almost half (5446) of the state density (11320). As compared to the state the district witness a lower sex ratio (840).

Table 2: Key Socio-Economic and Demographic Indicators of South West District, Delhi

Indicators	South West District			Delhi		
		Number	Percentage to Total Population	Number	Percentage to Total Population	
Population	Total	Persons	2292958		16787941	
		Males	1246046	54.3	8987326	53.5
		Females	1046912	45.7	7800615	46.5
	Urban	Persons	2149282	93.7	16368899	97.5
	Rural	Persons	143676	6.3	419042	2.5
Literates		Persons	1787689	88.3		86.2
Scheduled Castes		Persons	318408	13.8	2812309	16.8
Scheduled Tribes		Persons	0	0.0	0	0.0
Decadal Growth			537917	30.6	2937434	21.2
Density of Population(Persons per square Kms)			5446		11320	
Sex Ratio		Total	840		868	

Source: RGI, 2011

3. KEY FINDINGS AND OBSERVATIONS

3.1. HEALTH INFRASTRUCTURES

Adequate health infrastructures have a larger impact on effective rendering of health services. Unlike the rural health care system in India, Health facilities in Delhi functional under multiple authorities. Some facilities like Poly Clinics and Mohalla Clinics are working under state government while the tertiary hospitals are under the control of State/Central government. Apart from this Maternal and Child Welfare Centre and Seed PUHCs are functional under the control of Municipal Corporation of Delhi and National Health Mission respectively. So the availability of adequate health care facilities have crucial role in delivering better health services. Table 3 provides the detail picture of health care facilities and other available infrastructures in South West district. South West district consists of 3 district hospitals which run under the control of Delhi government, 2 Poly Clinic, 18 Mohalla clinics, 21 Delhi Government Dispensaries, 5 mother and child care centres, 7 Seed PUHCs, 5 Delivery Points, 18 CATS and 5 Mobile Medical Units(Table 3).

Table 3: List of Health Care facilities available in South West District, Delhi

Type of Health Facility	Total
District hospital	3
Poly Clinics	2
Mohalla Clinics	18
Delhi Govt Dispensaries	21
Mother and Child Care Centres	5
Seed PUHCs	7
MCD Hospitals	0
Medical College	0
Skill Labs	0
District Early Intervention Centres	0
Delivery Points	5
CATS	18
Mobile Medical Units	5

Source: NHM, 2017

4. HUMAN RESOURCES: STATUS AND TRAINING

Availability of adequate human resource is one the basic requisite for providing better health services. Physical infrastructures are manned by human resources. Availability of well-trained manpower makes health care service more accessible to all. Table 4 gives a broad picture of the position of human resources under NHM in South West district for the last financial year. Of the total 31 sanctioned Medical Officer Posts, 28 have been posted. With respect to Gynaecologists only one found posted against the 2 sanctioned posts. One paediatrician has been posted while there were no sanctioned posts of Surgeon, LHV and x-ray technicians. In case of Pharmacist 6 posts have been filled as against 9 sanctioned while out of the 21 sanctioned Lab-technician posts, 16 have been filled. Regarding computer data entry operator, 21 posts have been filled as against 28 sanctioned posts. Out of the total 29 sanctioned staff nurse posts, 21 have been filled and posted in different facilities. Apart from them, all other sanctioned posts including accountant assistant, establishment clerk, anaesthetist etc have been filled (Table 4).

Table 4: Status of Human Resources under NHM in South West District, Delhi

Position Name	Sanctioned	Contractual	Total Vacant
MO's including specialists	31	28	3
Gynecologists	2	1	1
Pediatrician	1	1	0
Surgeon	0	0	0
LHV	0	0	0
ANM	85	77	18
Pharmacist	9	6	3
Lab technicians	21	16	5
X-ray technicians	0	0	0
Computer Data Entry Operators	28	21	7
Staff Nurses	29	21	8
Account Assistant	1	1	0
Establishment Clerk	1	1	0
Anesthetist	1	1	0
BCC Officer	1	1	0
District MIS Expert	1	1	0
District ASHA Coordinator	1	1	0
District Programme Manager	1	1	0
District Accounts manager	1	1	0
Dresser	1	1	0
Lab Assistant	5	5	0
MIS Assistant	1	1	0
OT Assistant	4	4	0
Non-medical supervisor	1	1	0
RNTCP	42	32	0

With regard to training status, 2 Medical Officers and 11 ANMs found trained in SIP. On the other hand 2 staff nurses found trained in NSSK and IYSF, 2 ANM trained in IYSF and 35 ASHAs trained in RTI/STI/HIV.

5. MATERNAL HEALTH

Maternal health care especially antenatal care and post-natal care have been remaining a major focus of different governmental programme as India is a country of highest number of maternal deaths in the world. No doubt maternal deaths have reduced significantly, the declining rate is not sufficient to achieve the target of Millennium Developmental Goals. Maternal health care indicators such as antenatal care, institutional deliveries and post natal care need to be improved in order to reduce maternal deaths. In this regard, Janani Suraksha Yojna (JSY) of National Health Mission aims to reduce maternal mortality ratio and neonatal deaths by promoting institutional deliveries. Under this Yojna all mothers who deliver their baby at hospitals get incentives. Also ASHAs who

accompany the mothers receive a cash incentive of Rs 600. Table 5 presents the status of antenatal care and institutional deliveries in South West district of Delhi. Of the total 41679 registered ANC 67.6 percent (28160) received full ANC/3 ANCs in the last financial year. Regarding deliveries, of the total 12229 deliveries in the district 92.6 (12229) percent delivery conducted at the hospitals while only 7.4 (980) percent conducted at home. Among the total home deliveries, most of the deliveries (99.2) conducted with the assistance of Non-SBAs while only 0.8 percent done through the assistance of Skilled Birth Attendants (Table 5).

Table 5: Antenatal Care and Institutional Deliveries, South West District, Delhi

District	ANC Registered	3 ANCs	% Received 3 ANCs to total ANC registered	Home Deliveries (% to total deliveries)	Institutional Deliveries(% to total deliveries)	Total Deliveries	Home Deliveries assisted by SBAs (% to total home deliveries)	Home Deliveries assisted by Non- SBAs
South West	41679	28160	67.6	980(7.4)	12229(92.6)	13209	8(0.8)	972(99.2)

Source: DPM Unit, South West District

6. JANANI SURAKSHA YOJNA (JSY)

Under National Health Mission Janani Suraksha Yojna is a safe motherhood intervention aims to reduce maternal mortality rate and neonatal deaths by promoting institutional deliveries. ASHAs appointed under JSY at village level to promote institutional deliveries. Both the ASHAs and the mothers receive cash incentives under this scheme. The status of JSY payments in South West district is presented in Table 6. More than 61 percent mothers who delivered their babies in hospitals benefitted under JSY while 9 percent benefitted under home deliveries. All JSY records were available and updated (Table 6).

Table 6: Status of JSY Payments in South West District, Delhi, 2016-17

Status of payments			Record maintenance		
Institutional deliveries	Home Deliveries	Deliveries brought by ASHAs	Available	Updated	Non updated
61.5	9		YES	YES	

Source: DPM Unit, South West District

7. JANANI SHISHU SURAKSHA KARYAKRAM (JSSK)

Janani Shishu Suraksha Karyakram of National Health Mission make the mothers entitled to get free transport to government hospitals from home, referral transport and also drops back home safely after 48 hours of delivery. They receive free diet, drugs and treatment under this scheme. Also the children under one year of age are the beneficiaries of this scheme. Table 7 presents the details of the beneficiaries under JSSK in South West district. A total of 14117 mothers benefited from diet while 13452 and 10388 women received drugs and diagnosed respectively. Regarding transport 936 cases referred to other facilities while no service offered under home to facility and facility to home at the district level (Table 7).

Table 7: Beneficiaries from JSSK, South West District, Delhi, 2016-17

District	No. of Beneficiaries under JSSK				District Total	
	Diet	Drugs	Diagnostic	Transport		
				Home to Facility	Referral	Facility to Home
South West	14117	13452	10388	-	936	-

Source: DPM Unit, South West District

8. MATERNAL DEATH

Maternal deaths refer to the deaths of women during any time of pregnancy. In the last financial year, South west district reportedly had 3 maternal deaths while 2 deaths occurred in hospital and 1 in home. Among various reasons of deaths, 1 death occurred due to haemorrhage, 1 due to sepsis and 1 due to other reasons (Table 8).

Table 8: Maternal Death Status of South West District, Delhi 2016-17

Total Maternal Deaths	Place of Deaths			Major Reasons (% of deaths due to reasons given)	Month Of pregnancy		
	Hospital	Home	Transit		During pregnancy	During Delivery	Post Delivery
	2	1	-	Hemorrhage-1 Sepsis-1 Others(CHF) – 1	1 (9 month)	1	1

Source: DPM Unit, South West District

9. CHILD HEALTH

9.1 INFRASTRUCTURES AND SERVICES

Child health have been remaining an important component of National Health Mission. Well maintained physical infrastructures are the most essential requirement along with adequate and well trained staffs to reduce child deaths. With regard to infrastructures under neonatal health, the district is operational with 1 Special New Born Care Unit (SNCU/NICU), 3 NBSU and 3 NBCC. With regard to staffs, a total of 12 staffs found working in SNCU (Table 9).

Table 9: Infrastructure and Services Under Neonatal and Child Health, South West District, Delhi

Total SNCU/NICU	1
Total NBSU	3
Total NBCC	3
Total Staff in SNCU	12
Total Staff in NBSU	-
Total NRCs	0
Total Admissions in NRCs	NA
Total Staff in NRCs	NA
Average duration of stay in NRCs	NA

Source: DPM Unit, South West District

9.2. CHILD IMMUNISATION

In order to prevent deaths from various diseases immunization has been carried out against six vaccine preventable diseases. It can be observed from Table 10 that, in the last financial 10653 new-borns received OPV at birth while 13431 children administered BCG, 98 DPT1, 157 DPT2 and 130 received DPT3. With regard to OPV 19278, 19139 and 18651 children received OPV1, OPV2 and OPV3 respectively. Measles vaccine administered among 20151 children while 56544 received Pentavalent Vaccine including all 3 doses of DPT and OPV. It is because of migratory population number of children received full immunisation is higher than the children received OPV at birth

Table 10 : Status of Child Immunization in South West District, Delhi, 2016-17

OPV at birth	BCG	DPT			OPV			Measles	Pentavalent (including all three doses)	Full Immunization
		1	2	3	1	2	3			
10653	13431	98	157	130	19278	19139	18651	20251	56544	18651

Source: DPM Unit, South West District

9.3 NEONATAL HEALTH

The biggest contributor to child deaths are Neonatal deaths for which attempts have been made through different policies to improve the status of neonatal health in India. It can be seen from Table 11 that in the last financial year, 1046 admitted in the SNCU while 918 got discharged after treatment, 64 referred to other facility, 20 deaths occurred and 34 left against medical advice (Table 12). On the other hand 472 neonates admitted in NBSU while 174 discharged, 62 referred, 11 deaths occurred and 8 left against medical advice. All deaths occurred in hospitals while the major causes of neonatal deaths is birth asphyxia.

Table 11 : Status of Neonatal Health, South West District, Delhi , 2016-17

Total neonates admitted in to SNCU	Treatment Outcome				Total neonates admitted in to NBSU	Treatment Outcome			
	Discharge	Referred	Death	LAMA*		Discharge	Referred	Death	LAMA*
1046	918	64	20	34	472	174	62	11	08

Source: DPM Unit, South West District

10. FAMILY PLANNING

Viewing the alarming rate of population growth, family Planning has been an important component of different policies and programs which not only aims to check the population growth but also reduce maternal and child death by providing better reproductive health. Of the total 664 sterilisation cases more than 23 percent underwent male sterilisation as compared to 76.7 percent female sterilisation (Table 12). Among the other prevalent contraceptive methods, 3885 women being inserted IUCD, 14849 received oral pills, 1377 women received emergency contraceptives and 548889 received Condoms in the district in the last financial year (Table 12).

Table 12: Achievements of Family Planning, South West District, Delhi, 2016-17

Total Sterilisation	Sterilizations		IUCD insertions	Oral Pills	Emergency Contraceptives	Condoms
	Male(% to total sterilisation)	Female(% to total sterilisation)	Achievement	Achievement	Achievement	Achievement
664	155(23.3)	509(76.7)	3885	14849	1377	548889

Source: DPM Unit, South West District

11. QUALITY IN HEALTH CARE SERVICES

Maintaining proper hygiene and sanitation is one of the integral parts of a health facility. Clean and hygienic premises have a big impact on health. Regarding bio-medical waste management, 2 DH, 1 Rural Health and Community Centre (RHCC), 30 DGDs including Seed PUHCs having bio-medical pits and colour coded bins. Bio-medical waste have been outsourced by SMS water Grace Agency. Fumigation has been carried out as per requirement at every level of health care facilities (Table 13). Training has been provided to the staffs on infection control as per requirement.

Table 13: Quality in Health Care Services, South West District, Delhi, 2016-17

Bio-Medical Waste Management	DH	CHC/RHCC	DGDs/SEED PHC
No of facilities having bio-medical pits	2	1	30
No. of facilities having color coded bins	2	1	30
Outsourcing for bio-medical waste	YES	YES	YES
If yes, name company	SMS Water Grace (Operator)	SMS Water Grace (Operator)	SMS Water Grace (Operator)
How many pits have been filled	0	0	0
Number of new pits required	0	0	0
Infection Control			
No. of times fumigation is conducted in a year			
Training of staff on infection control	Yes		

Source: DPM Unit, South West District

12. COMMUNITY PROCESS

Under National Health Mission, Community level health workers such as ASHAs have been playing an important role not only in promoting institutional deliveries but also help in reducing maternal and child deaths to a greater extent. Currently 543 ASHAs are working while 47 positions have remained vacant (Table 14). At the district level 14 ASHA resource centre found functional and 35 ASHAs got trained. They received training on Module 6, 7 and ASHA induction.

Table 14: Community Process in South West District, Delhi, 2016-17

ASHAs presently working	543
Positions vacant	47
Total number of meeting with ASHA (in a Year)	-
Total number of ASHA resource centres/ ASHA Ghar	14
Drug kit replenishment	N.A
No. of ASHAs trained in last year	35
Name of Trainings Received	Module 6 and 7 ASHA induction

Source: DPM Unit, South West District

13. AYUSH

In South West district a total of 10 facilities having AYUSH health centres with 10 doctors in its domain. In the last financial year a total of 199905 patients received treatment from these facilities (Table 15)

Table 15 : Status of AYUSH in South West District, Delhi, 2016-17

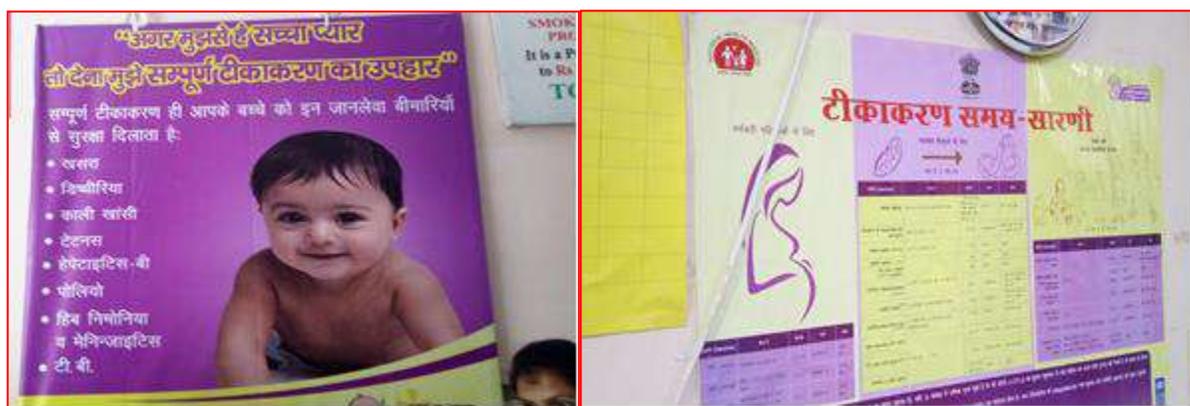
Block	No. of facilities with AYUSH health centers	No. of AYUSH Doctors	No. of patients received treatment
South West	10	10	199905

Source: DPM Unit, South West District

14. INFORMATION, EDUCATION AND COMMUNICATION (IEC)

IEC materials play an important role in disseminating information regarding various health issues and governmental health programmes. Adequate displays of IEC materials at various places of the health facilities make the people aware of different diseases and remedies.

Figure 2: IEC Displays at Various Health Facilities, South West District, Delhi



IEC materials related to the major concerned areas such Family Planning, institutional delivery, breastfeeding and immunization, diseases like TB, Malaria, Leprosy and HIV were adequately noticed at the visited health facilities while some facilities were having old materials and not properly visible from a distance.

15. BUDGET UTILISATION PARAMETRES

In the last financial year 86 percent fund has been utilised at the district level (Table 16). Among various heads, maximum percentage fund being utilised in NIDDCP (95.8) followed by RCH Flexible pool. Of the total allocated fund in each scheme, more than 94.5 percent fund was utilised in RCH flexible pool while no fund utilised in NHM Flexible Pool. In other heads, 86.6 percent fund utilised in Immunisation cost, 95.8 percent in NIDDCP, 79.6 percent in NUHM, 77.1 percent in communicable disease control programmes and 7.3 percent in non-communicable disease control programmes. Fund utilisation seen lowest for Non-Communicable diseases (Table 16).

Table 16: Percentage of Fund Utilised, South West District, Delhi, 2016- 17

Scheme/Programme	Sanctioned	Utilised	Percentage Fund utilized
RCH Flexible Pool	53594645	50660197	94.5
NHM Flexible Pool	431000	0	0.0
Immunization cost	3748000	3244850	86.6
NIDDCP	20000	19167	95.8
NUHM	38901000	30949369	79.6
Communicable disease	12497000	9634014	77.1
Non Communicable	813000	59122	7.3
Infrastructure	0	0	0
Total	110004645	94566719	86.0

Source: DPM Unit, South West District

16. HMIS AND MCTS

HMIS and MCTS are functioning well in the district and have been implemented in all the facilities of the district. Records have been maintained properly. Despite the shortage of manpower, monthly reviews have been carried out at all levels. Service delivery data have been uploaded regularly in the district.

17. FACILITY-WISE OBSERVATIONS

17.1 SHRI DADA DEV MATRI AVUM SHISHU CHIKISTALAYA

Shri Dada Dev Matri Avum Shishu Chikitsalaya is a 64 bedded hospital functional in a well maintained government building at Dwarka of South West district. This is the first hospital in Delhi to provide mother and child health care services in an integrated way.

Figure 3: Shri Dada Dev Matru Avum Shishu Chikistalaya, South West District, Delhi

Infrastructures and Equipment

In terms of infrastructure and equipment the district hospital mostly having all essential equipment and manpower to provide better quality of health care. The facility is easily accessible from the nearest road and is functional in a well-built government building with different wings attached. Apart from a good building, staff quarters are available for all. There are no issues of water and electricity as water supply run for 24 hours while electricity with power back up facility has been available.

Figure 4: Different Wings of Shri Dada Dev Matru Avum Shishu Chikistalaya, South West District, Delhi

Toilet facilities have been available and also separate toilet found attached with the labour room. New born wards such as New Born Care Corner and SNCUs found functional while NBSU was not available. Also Blood Storage Unit and ARSH wing observed functional. Complainant/ suggestion boxes were available to resolve various issues from the side of patients and staffs. Mechanisms for

waste management and functional help desk were available. Biomedical Waste have been outsourced. Functional help desk found available.

Apart from infrastructures the hospital is having all necessary equipment such as BP instrument, Stethoscope, neonatal, paediatric and adult resuscitation kit, weighing machine for infant and adults, Needle cutter, radiant warmer, foetal Doppler, mobile light, delivery tables, autoclave, ILR and deep Freezer, Emergency tray with emergency injection, MVA/EVA equipment in a functional form. Apart from these all O.T Equipment like O.T. Tables, Lights, Anesthesia machines, Ventilators, Pulse-Oxiometers and Autoclaves were available. Laboratory equipment such as microscope, Hemoglobinometer, Centrifuge, semi autoanalyzer, Reagents and Testing Kits and C.T Scanner were available.

Lab Services

The hospital offers all types of laboratory services including Haemoglobin test, CBC, Urine albumin , blood sugar, RPR, Malaria, HIV, Liver Function Test, X-ray and ECG. The facilities like T.B, Ultrasound Scan (General) and endoscopy were not available. Blood bank refrigerators along with sufficient blood were available.

Drugs and Supplies

Essential drugs such as IFA tablets, ORS packets, Zinc tablets, Inj Magnesium Sulphate, Inj Oxytocin, Misoprostol tablets and Mifepristone tablets found available while IFA syrup with dispenser and Vitamin A syrup were not available. Drugs for hypertension, Diabetes, common ailments e.g PCM, metronidazole, anti-allergic drugs etc were available. Supplies including Sanitary napkins, pregnancy testing kits, urine albumin and sugar testing kits, OCPs, EC pills and IUCDs were adequately available. Essential consumables such as Gloves, Mckintosh, Pads, bandages and gauzes were available.

Service Delivery in the financial year

The district hospital registered 285353 OPD cases in the last financial year while in the 2015-16 272290 cases registered (Table 17). Regarding in patients 18758 patients were in the IPD in the last year, a marginal increase from the previous year (18604). A total of 7951 deliveries conducted in the year 2016-17 which shows marginal increase in deliveries as compared to 2015-16(7678). A declining trend noticed in case of C-section deliveries as 1475 deliveries conducted under C-section

in 2016-17 as compared to 1502 deliveries in the year 2014-15. All babies delivered in the last two years initiated breastfeeding. Referral cases for pregnant women declined to 668 in 2016-17 from 838 in the year 2015-16. Number of ANC1 registration increased to 66834 in 2016-17 from 61835 in 2015-16. IUCD insertion cases declined to 894 in 2016-17 from 1113 in 2015-16. Also PPIUCD insertion declined to 670 in 2016-17 from 908 in the year 2015-16. A total number of 54249 children received full immunisation in the year 2016-17 as against 57119 children in 2015-16. A substantial less number of children given Vitamin A in the year 2016-17(2310) as compared to 2015-16(6630). Number of MTPs increased to 271 (2016-17) from 257 in 2015-16. Though maternal deaths is negligible, it increased to 3 in the year 2016-17 from 1 case in 2015-16. Still births increased to 82 (2016-17) from 45 in 2015-16. Neonatal deaths remained as 24 in both the years. Infant deaths slightly increased (11) in the year 2016-17 as compared to the previous year (Table 17).

Table 17: Service Delivery in last two years, District Hospital, South West District, Delhi, 2016-17

Service Utilization Parameter	2015-16	2016-17
OPD	272290	285353
IPD	18604	18758
Total deliveries conducted	7678	7951
No. of C section conducted	1502(LSCS)	1475
No. of neonates initiated breast feeding within one hour	7678	7951
No of admissions in NBSUs/ SNCU, whichever available	2297(NICU)	2717
No. of children admitted with SAM	NA	NA
No. of pregnant women referred	838	668
ANC1 registration	61835	66834
ANC 3 Coverage	-	-
No. of IUCD Insertions	1113	894
No. of PPIUCD insertions	908	670
No. of children fully immunized	57119	54249
No. of children given ORS + Zinc		
No. of children given Vitamin A	6630	2310
Total MTPs	257	271
Number of Adolescents attending ARSH clinic		
Maternal deaths	1	3
Still births, if any	45	82
Neonatal deaths, if any	24	24
Infant deaths, if any	9	11

Regarding service delivery in the post-natal ward all mothers initiated breastfeeding within one hour of normal delivery, zero dose BCG, Hepatitis B and OPV given, counselling and family planning done. It is because of shortage of doubling of beds mothers have been discharged after 24 hours of delivery. JSY payments given after confirmation of Adhar linked bank accounts. As per the 2016 guidelines, the hospital look in to the quality parameter in the matter of high risk pregnancy, new born care, management of seek neonates, correct use of patrograph, proper insertion of IUCD, administer of vaccines, segregation of waste in colour coded bins, Bio-medical waste management entry of MCTS etc.

Registers on OPD, IPD, ANC, PNC, line listing of severely anaemic pregnant women, Labour room, Family Planning, Immunisation, Infant and Neonatal death, and drug stock have been available and updated. IEC materials on citizen charter, timing of health facility, type of services hospital offers, drug lists, JSSK entitlements, immunisation schedule and JSY entitlements observed sufficiently available. Fogging drive have been conducted regularly. Other provisions like laundry, dietary services, drug storage facilities, equipment maintenance mechanisms and grievance redressal mechanisms have been available.

17.2 DGHC SECTOR-12, DWARKA

DGHC sector-12 located at a distance of around 5 kilometres from the district headquarter having a catchment population of 80000. It is operational in a well maintained government building.

Figure 5: DGHC sector-12, South West District, Delhi



Infrastructures and Equipment

The facility is easily accessible from the nearest road head. There is no quarters available for staffs. Though electricity available but there is no power back up facilities. Wards were found clean and separate toilets available for females. Complainant/ suggestion boxes have been available to address the issues of the patients. Also mechanisms for waste management was available. Equipment such BP instrument, Stethoscope, weighing machine for infant and adults, Needle cutter, ILR and Deep Freezer Emergency tray with emergency injection were available. Laboratory equipment such as microscope, Hemoglobinometer, Centrifuge, semi autoanalyzer and Reagents and Testing Kits were available in a functional form. The infrastructures related to the maternity ward and other wards required for inpatient services were not available as the clinic provides services to out-patients only.

Human Resources and Training

With respect to human resources, in regular posts, there are 2 Medical Officers, 1 ANM, 2 Pharmacists and 1 LHV while in contractual 3 ANMS , 1 LA, 1 NO, 3 SCC. and 1 CDEO working in the facility In the last financial year, 1 had got training in NSV, 1 in IMNCI, 3 in Immunisation and cold chain and 3 in HMIS and MCTS.

Drugs and Supplies

Drugs such as IFA tablets, IFA syrup with dispenser Vitamin A syrup, ORS packets and Zinc tablets found available while Inj Magnesium Sulphate, Inj Oxytocin, Misoprostol tablets and Mifepristone tablets were not available. Antibiotics, labelled emergency tray, Drugs for hypertension, Diabetes, common ailments e.g PCM, metronidazole, anti-allergic drugs etc were available. Vaccine stocks were available. Except Sanitary napkins supplies like pregnancy testing kits, urine albumin and sugar testing kits, OCPs, EC pills and IUCDs were available. Adequate consumables like Gloves, Mckintosh, Pads, bandages and gauzes were found available.

Lab Services

Laboratory has the provision of all types of tests including Haemoglobin test, CBC, Urine albumin and sugar, serum bilirubin test, blood sugar, and T.B and HIV. Some of the tests like RPR and Malaria were not carried out in the facility

Service Delivery in Last two financial years

The service delivery data shows a rise in the number of out-patients in 2016-17 (70619) in comparison to 2015-16(61680). Referral cases for pregnant women increased to 132 in the year 2016-17 from 69 in 2015-16(Table 18). Women registered for 1st ANC also seen increases marginally (1194) in 2016-17 as compared to 2015-16(1138). ANC 3 coverage increased to 513 (2016-17) from 345 in 2015-16. The number of IUCD insertion seen increases to 68 from 55 in 2015-16. A total 862 children received full immunisation in 2016-17, a slight increase from 859 in 2015. On the other hand the number of children received Vitamin A seen increases substantially (2759) in 2016-17 as it was 2112 in 2015-16(Table 18).

Table 18: Service Delivery in last two years, DGHC, Sector-12, Dwarka, South West District, 2016-17

Service Utilization Parameter	2015-16	2016-17
OPD	61680	70619
IPD	-	-
Total deliveries conducted	-	-
No. of sick children referred	-	-
No. of pregnant women referred	69	132
ANC1 registration	1138	1194
ANC 3 Coverage	345	513
No. of IUCD Insertions	55	68
No. of PPIUCD insertions		
No. of children fully immunized	859	862
No. of children given Vitamin A	2112	2759
Total MTPs	-	-
Maternal deaths	-	-
Still births, if any	-	-
Neonatal deaths, if any	-	-
Infant deaths, if any	-	1

With regard to quality parameter, Vaccines have been administered correctly and waste also segregated in colour coded bins. All registers including OPD, ANC, line listing of severely anaemic pregnant, Family planning, Immunisation, and Drug stocks have been properly maintained. IEC materials on Citizen Charter, Immunisation schedule, drug list etc have been displayed at prominent places. Drug storage facilities and Grievance redressal mechanisms have been available. Fumigation and washing services have been outsourced.

17.3 DGHC SECTOR-2, DWARKA

DGHC sector-2 is functional in a well maintained government building which covers 1.2 lakh population from 29 villages.

Figure 6: DGHC Sector-2, South West District, Delhi



Infrastructures and Equipment

The DGHC only provides OPD service. There are no staff quarters available. Water supply runs for 24 hours while the inverter found damaged. Toilets have been available separately for males and females. Complaint suggestion box and mechanism for waste management available. Equipment like BP instrument, Stethoscope, weighing machine for infant and adults, Needle cutter, functional autoclave, deep Freezer, Emergency tray with emergency injection, microscope, Reagents and Testing Kits were available in a functional form. Though the dispensary does not offer in patient service, the infrastructures related to the maternity ward and other wards required for inpatient services were not available.

Human Resources and Training

In regular position, 1 ANM, 1 LT, 2 pharmacist working while in contractual 2 Medical Officers, 5 ANMs and 6 other staffs are working in the facility. With regard to training status, 4 staffs trained in IUD, 1 in RTI/STI and 8 in immunisation.

Drugs and Supplies

Essential drugs like IFA tablets, Vitamin A syrup, ORS packets and Zinc tablets have been available while Inj Magnesium Sulphate, Inj Oxytocin, Misoprostol tablets and Mifepristone tablets have not been available. Antibiotics, labelled emergency tray, Drugs for hypertension, Diabetes,

common ailments e.g PCM, metronidazole, anti-allergic drugs etc were available. Also adequate vaccine stocks are available. Except Sanitary napkins supplies like pregnancy testing kits, urine albumin and sugar testing kits, OCPs, EC pills and IUCDs were available. Consumables like Gloves, Mckintosh, Pads, bandages and gauzes were found available in adequate numbers.

Lab Services

The laboratory has the provision to conduct different tests such as Haemoglobin, Urine albumin and sugar, blood sugar and RPR. It does not have the facilities to carry out tests like CBC, serum bilirubin test, malaria, T.B and HIV.

Service Delivery in Last two financial years

The service delivery data in the last two years show that, the number of patients registered in OPD for the year 2015-16 is 54109 which increased to 66814 in 2016-17 (Table 19). The facility does not provide any service related to in-patients.

Table 19: Service Delivery in last two years, DGHC, Sector -2, Dwarka, South West District, 2016-17

Service Utilization Parameter	2015-16	2016-17
OPD	54109	66814
IPD	-	-
Total deliveries conducted	-	-
No. of sick children referred	298	215
No. of pregnant women referred	5202	4933
ANC1 registration	-	-
ANC 3 Coverage	713	530
No. of IUCD Insertions	259	225
No. of PPIUCD insertions	-	-
No. of children fully immunized	1034	987
No. of children given Vitamin A	-	-
Total MTPs	-	-
Maternal deaths	-	2
Still births, if any	-	-
Neonatal deaths, if any	-	-
Infant deaths, if any	-	-

A total of 215 sick children referred in the year 2016-17 while in 2015-16 298 children referred (Table 18). Referral cases for pregnant women declined 4933 in 2016-17 from 5202 in 2015-16. A total of 530 women received 3 ANCs in 2016-17 while 713 received in 2015-16. IUCD cases show

a declining trend as 225 IUCD carried out in the year 2016-17 as compared to 259 cases in 2015-16. Number of Children who received full immunisation declined to 987 from 1034 in the year 2015-16. Regarding deaths, 2 maternal deaths occurred in the last year while no deaths of neonates and infants reported.

All registers including OPD, ANC, PNC, Family Planning, Immunisation, and Drug stocks register have been available and updated. IEC materials have been displayed in adequate numbers with messages on Citizen Charter, Immunisation schedule etc at prominent places. Also the facility is having appropriate drug storage facilities and Grievance redressal mechanisms. Irregularity in fumigation reported while washing services and equipment maintenance mechanisms have been outsourced

17.4 SEED PUHC, SITAPURI

Seed PUHC Sitapuri located at a distance of around 2 kilometres from the district headquarter. It covers around 50 thousand population from the nearest area. It is operational in a rented building.

Figure 7: Seed PUHC, Sitapuri, South West District, Delhi



Infrastructures and Equipment

The health facility is easily accessible from the nearest road. Quarters for the staffs are not available. Electricity with power back up facilities have been available as well as water supply run for 24 hours. Toilets have been available separately for males and females. Complaint suggestion

box and mechanisms for waste management have been available. Equipments like BP instrument, stethoscope, weighing machine, needle cutter, oxygen administration, autoclave, emergency tray with injections were available. Almost all Laboratory equipment such as microscope, hemoglobinometer, centrifuge and Reagents and testing kits were available.

Human Resources and Training

With respect to human resources under NHM, the facility is functional with 1 Medical officer, 3 ANMs, 1 LT, 1 Pharmacist and 1 N.O. Training status show that, 1 staff trained with IMNCI, 1 NSSK, 1 in IUD and 4 in immunisation and cold chain. Few staffs also trained in Kaya kalpa.

Drugs and Supplies

All essential drugs such as IFA tablets, IFA syrup with dispenser, ORS packets, Zinc tablets, antibiotics, emergency tray, drugs for hypertension, diabetes, metronidazole and anti-allergic drugs have been available sufficiently. Also vaccine stock was found available. Supplies like pregnancy testing kits, urine albumin and sugar testing kits, OCPs, EC pills and IUCDs were available. Adequate consumables like Gloves, Mckintosh, Pads, bandages and gauzes have been available.

Lab Services

Laboratory has the provision to conduct different tests like Haemoglobin, Urine albumin and sugar and blood sugar while the tests like CBC, Serum Bilirubin, Malaria, T.B., HIV were not available in the facility

Service Delivery in Last two financial years

Service delivery by the facility in the last two years show that registrations at OPD increased to 64325 in the year 2016-17 from 55269 in 2015-16(Table 20). A total of 2085 pregnant women referred in the last financial year, a marginal increase from the previous year (1902). Number of women registered for 1st ANC seen increases (1466) in the year 2016-17 as compared to the previous year (1324). Less percentage of women received 3 ANCs in 2016-17 than 2015-16. IUCD insertion cases declined substantially in 2016-17(64) in comparison to 2015-16(123). A total of 842 children received full immunisation in 2016-17 than 2176 in 2015-16.

Table 20: Service Delivery in last two years, Seed PUHC, Sitapuri, South West District, 2016-17

Service Utilization Parameter	2015-16	2016-17
OPD	55269	64325
IPD	-	-
Total deliveries conducted	-	-
No. of sick children referred		
No. of pregnant women referred	1902	2085
ANC1 registration	1324	1466
ANC 3 Coverage	498	444
No. of IUCD Insertions	123	64
No. of PPIUCD insertions		
No. of children fully immunized	2176	842
No. of children given Vitamin A		
Total MTPs	-	-
Maternal deaths	0	0
Still births, if any	0	0
Neonatal deaths, if any	0	0
Infant deaths, if any	0	0

In the last two years no still births, maternal deaths, neonatal deaths and infant deaths reported (Table 19).

All register including OPD, ANC , PNC, Family planning , Immunisation, and Drug stocks have been available and updated. IEC materials have been displayed with messages on timing, types of services, drug list, immunisation, JSY entitlements etc at prominent places of the facility. Also the facility is having appropriate drug storage facilities and Grievance redressal mechanisms. Fumigation drive have not been conducted regularly. Washing services and equipment repair mechanism have been outsourced.

17.5 SEED PUHC, RANAJI ENCLAVE, SOUTH-WEST

Seed PUHC Ranaji Enclave is operational on a government building with a catchment population of 33000.

Figure 8: Seed PUHC, Ranaji Enclave, South West District, Delhi



Infrastructures and Equipment

The facility has been easily accessible from the nearest road and functional in rented building. Electricity along with power back up facilities has been available as well as water supply run for 24 hours in the facility. Though dispensary does not have the provision of in patients care, the infrastructures related to the maternal ward and new-born care has not been available. Though toilet facilities available there was no separate toilet for the females. Complaint/ suggestion boxes have been available to address the issues of the beneficiaries. The mechanisms for waste management have been available. All necessary equipment like BP instrument, Stethoscope, weighing machine, needle cutter, and emergency tray with emergency injections were fully functional in the facilities. Laboratory equipment such Hemoglobinometer, Centrifuge, and Reagents and Testing Kits have been available while microscope and semi autoanalyzer were not available.

Drugs and Supplies

All types of essential drugs including IFA tablets, IFA syrup with dispenser, Vitamin A syrup, ORS packets, Zinc tablets, antibiotics, drugs for hypertension, diabetes, metronidazole and anti-allergic drugs have been sufficiently available at the facility while Inj Magnesium sulphate, Inj Oxytocin, Misoprostol tablets and Mifepristone tablets were not available. Labelled emergency tray and adequate vaccine stock was available while computerised inventory system was not available. EDL available and have been displayed. Except sanitary napkins all essential supplies such as pregnancy testing kits, urine albumin and sugar testing kits, OCPs, EC pills, IUCDs were available. Consumables like Gloves, Mckintosh, Pads, bandages and gauzes were found available.

Lab Services

The PUHC had the provision of different kind of laboratory services such as Haemoglobin, Urine albumin and sugar and blood sugar while it did not have the provision of CBC test, Serum Bilirubin test, RPR, Malaria, T.B. and HIV.

Service Delivery in Last two financial years

With respect to service delivery in the last two quarters, the PUHC witness a rise in the number of out-patients (49488) in the year 2016-17 as compared to 2015-16(39814). Similarly referral cases for pregnant women seen rises to 289 in 2016-17 from 247 in 2015-16(Table 21). In the last financial year 201 women received 3 ANC's while in the year 2015-16 192 women received 3

ANCs. IUCD insertion cases rose to 52 in 2016-17 than 43 in 2015-16. Regarding immunisation 520 children received full immunisation in 2016-17 while 479 received in 2015-16. On the other hand Vitamin A administered among 520 children in 2016-17 as compared to 563 in 2015-16.

Table 21: Service Delivery in last two years, Seed PUHC, Sitapuri, South West District, 2016-17

Service Utilization Parameter	2015-16	2016-17
OPD	39814	49488
IPD		
Total deliveries conducted		
No. of sick children referred		
No. of pregnant women referred	247	289
ANC1 registration		
ANC 3 Coverage	192	201
No. of IUCD Insertions	43	52
No. of PPIUCD insertions		
No. of children fully immunized	479	520
No. of children given Vitamin A	563	520
Total MTPs		
Maternal deaths		
Still births, if any		
Neonatal deaths, if any		
Infant deaths, if any		

With respect to quality parameters, vaccines have been administered correctly, waste have been segregated in colour coded bins and IMEP protocols have been followed. All registers including OPD, ANC, Family Planning, Immunisation, Drug stock and Referral have been maintained properly.

Regarding IEC related activities, the nearest road had directions towards the facility. IEC materials related to timings of the facility, list of services facility offers, essential drug list, protocol posters, immunisation schedule found displayed at proper places. Irregularity in fumigation drive reported. Equipment maintenance and repair mechanism and laundry have been outsourced.

18: CONCLUSIONS AND RECOMMENDATIONS

South-west district is performing well in many aspects including budget utilisation, organisation of vasectomy camps, hygiene and sanitation, displaying adequate IEC materials, frequent arrangement of health talks and promotion of family planning methods especially IUCD etc. But in certain aspects the district is not performing well.

- Role of multiple authorities in controlling the health care system in Delhi creating obstacles to provide better quality of services.
- Shortage of staffs and infrastructures are the major challenges in the process of service delivery.
- Seed PUHCs are functional in rented building lacking sufficient space.
- At the dispensary level as well as in other health facilities very few NHM staffs have been recruited.
- Unlike other states, facility-wise targets on family planning and Immunisation have not been set on yearly basis.
- Untimely release of budget makes it difficult for the facilities to meet their timely requirements.
- Data on various indicators are not available on the basis of administrative division.
- Payments under JSY is very low due to portal issue. Also lack of bank account on the part of the beneficiaries a reason of low JSY payments.
- Fogging drive has not been conducted in regular intervals.

RECOMMENDATIONS

- Adequate staffs under NHM need to be provided for better service delivery.
- Seed-PUHCs need to be relocated as well as strengthened with sufficient staffs and space.
- Annual targets on family planning and immunisation must be set by the facilities.
- Budget must be released in a timely manner to meet the timely requirement.
- Data on various indicators should be available on administrative division basis which makes a road to better policy making.
- Portal issues need to be sorted out so that as well awareness to open bank account need to be created during ANC visits so that JSY payments could be made on time.
- Steps need to be taken to carry out fogging drive in regular intervals.

19. APPENDIX**APPENDIX 1:****NATIONAL HEALTH MISSION**

MONITORING OF STATE PIP
POPULATION RESEARCH CENTRE,
MINISTRY OF HEALTH & FAMILY WELFARE, GOVT. OF INDIA
INSTITUTE OF ECONOMIC GROWTH, DELHI

MONITORING OF DISTRICT PIP**EVALUATION OF KEY INDICATORS OF THE DISTRICT****1. Detail of demographic & health indicators for the last financial year**

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

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

2. Detail of health infrastructures in the last financial year

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

CHC FRUs			
CHC			
PHC			
Sub Centre			
Medical College			
Delivery Points			
108 Ambulances			
CATS			
102 Ambulance			
Referral Transport			

3. Human Resource under NHM in the last financial year

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

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

Position Name	SBA	BeMOC	MTP	Minilap/PPS	NSV	Total
Medical Officers						
Leady Medical Officers						
Staff Nurses						
ANM						
Lab Technicians						
Pharmacist						

LHV/PHN					
ASHA					
Other					

* Note- Fill number of officials who have received training

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

Position Name	IUCD insertion	RTI/STI/HIV screening	FIMNCI	NSSK	Total
MO					
LMO					
Staff Nurses					
ANM					
Lab Technicians					
Pharmacist					
LHV/PHN					
ASHA					
Other					

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

.....

5.1 Block wise service delivery indicators in the last financial year

Block	ANC Registered	3 ANCs	Home Deliveries	Institutional Deliveries

Note- Please include the data for Medical College and DH

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

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

5.3 Block wise service delivery indicator in the last financial year

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

Note- Please include the data for Medical College and DH

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

Status of payments			Record maintenance		
Institutional deliveries	Home Deliveries	ASHAs	Available	Updated	Non updated

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

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

5.6. Maternal Death Review in the last financial year

Total Maternal Deaths	Place of Deaths			Major Reasons	Month Of pregnancy		
	Hospital	Home	Transit		During pregnancy	During Delivery	Post Delivery

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

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

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

Numbers	whether established in last financial year (Yes/No)
Total SNCU	

Total NBSU		
Total NBCC		
Total Staff in SNCU		
Total Staff in NBSU		
Total NRCs		
Total Admissions in NRCs		
Total Staff in NRCs		
Average duration of stay in NRCs		

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

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

Note- * Leave against medical advise

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

Total Death	Place of Death			Major Reasons for death
	Hospital	Home	Transit	

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

Years	No. of Schools	No. of children registered	Children Diagnosed	No. of Children referred	Eye Disease	Ear Disease	Heart disease	Physically challenged	Anemic
2015-16									
2014-15									

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

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

*Achievement

8. ARSH Progress in District in the last financial year

Block	No. of Counseling session held conducted	No of Anemic Adolescents		IFA tablets given	No. of RTI/STI cases
		Severe Anemia	Any Anemic		

9. Quality in health care services

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

10. Community process in District in the last financial year

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

11. Disease control programme progress District in the last financial year

Name of the Program	No. of cases screened	No. of detected cases	No. of treated cases
RNTCP			
Leprosy			
Malaria			
NPCDCS*			

*National Programme on Prevention & Control of Cancer, Diabetes, CVD & Stroke

12. AYUSH progress District in the last financial year

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

13. Budget Utilisation Parameters:

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

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

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

Appendix 2:***District Hospital 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	Availability of complaint/suggestion box	Y	N	
	Availability of mechanisms for Biomedical waste management (BMW)at facility	Y	N	
1.23	BMW outsourced	Y	N	
1.24	Availability of ICTC/ PPTCT Centre	Y	N	
1.25	Availability of functional Help Desk	Y	N	

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

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

2.13	RMNCHA+ counsellors		
2.14	Others		

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

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

Section IV: Equipment:

S. No	Equipment	Yes	No	Remarks
4.1	Functional BP Instrument and Stethoscope	Y	N	
4.2	Sterilised delivery sets	Y	N	
4.3	Functional Neonatal, Paediatric and Adult Resuscitation kit	Y	N	
4.4	Functional Weighing Machine (Adult and child)	Y	N	
4.5	Functional Needle Cutter	Y	N	
4.6	Functional Radiant Warmer	Y	N	
4.7	Functional Suction apparatus	Y	N	
4.8	Functional Facility for Oxygen Administration	Y	N	
4.9	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	O.T Equipment			
4.18	O.T Tables	Y	N	
4.19	Functional O.T Lights, ceiling	Y	N	
4.20	Functional O.T lights, mobile	Y	N	
4.21	Functional Anesthesia machines	Y	N	
4.22	Functional Ventilators	Y	N	
4.23	Functional Pulse-oximeters	Y	N	
4.24	Functional Multi-para monitors	Y	N	
4.25	Functional Surgical Diathermies	Y	N	
4.26	Functional Laparoscopes	Y	N	
4.27	Functional C-arm units	Y	N	
4.28	Functional Autoclaves (H or V)	Y	N	
	Laboratory Equipment			
4.1a	Functional Microscope	Y	N	
4.2a	Functional Hemoglobinometer	Y	N	
4.3a	Functional Centrifuge	Y	N	
4.4a	Functional Semi autoanalyzer	Y	N	
4.5a	Reagents and Testing Kits	Y	N	
4.6a	Functional Ultrasound Scanners	Y	N	
4.7a	Functional C.T Scanner	Y	N	
4.8a	Functional X-ray units	Y	N	
4.9a	Functional ECG machines	Y	N	

Section V: Essential Drugs and Supplies:

S. No	Drugs	Yes	No	Remarks
5.1	EDL available and displayed	Y	N	
5.2	Computerised inventory management	Y	N	
5.3	IFA tablets	Y	N	
5.4	IFA syrup with dispenser	Y	N	
5.5	Vit A syrup	Y	N	

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

Section VI: Other Services:

S.no	Lab Services	Yes	No	Remarks
6.1	Haemoglobin	Y	N	
6.2	CBC	Y	N	
6.3	Urine albumin and sugar	Y	N	
6.4	Blood sugar	Y	N	
6.5	RPR	Y	N	
6.6	Malaria	Y	N	
6.7	T.B	Y	N	
6.8	HIV	Y	N	
6.9	Liver function tests(LFT)	Y	N	
6.10	Ultrasound scan (Ob.)			
6.11	Ultrasound Scan (General)			
6.12	X-ray			
6.13	ECG			
6.14	Endoscopy			

6.15	Others , pls specify	Y	N	
S.No	Blood bank / Blood Storage Unit	Yes	No	Remarks
6.16	Functional blood bag refrigerators with chart for temp. recording	Y	N	
6.17	Sufficient no. of blood bags available	Y	N	
6.18	Check register for number of blood bags issued for BT in last quarter			

Section VII: Service Delivery in Last two financial years:

S.No	Service Utilization Parameter	2014-15	2015-16
7.1	OPD		
7.2	IPD		
7.3	Total deliveries conducted		
7.4	No. of C section conducted		
7.5	No. of neonates initiated breast feeding within one hour		
7.6	No of admissions in NBSUs/ SNCU, whichever available		
7.7	No. of children admitted with SAM (Severe Acute Malnutrition)		
7.8	No. of pregnant women referred		
7.9	ANC1 registration		
7.10	ANC 3 Coverage		
7.11	No. of IUCD Insertions		
7.12	No. of PPIUCD Insertion		
7.13	No. of children fully immunized		
7.13	No. of children given ORS + Zinc		
7.13	No. of children given Vitamin A		
7.14	Total MTPs		
7.15	Number of Adolescents attending ARSH clinic		
7.16	Maternal deaths		
7.17	Still births		
7.18	Neonatal deaths		
7.19	Infant deaths		

Section VII A: Funds Utilisation

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

Section VII B: Service delivery in post natal wards:

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

Section VIII: Quality parameter of the facility:

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

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

Section IX: Record Maintenance:

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

9.10	Referral Register (In and Out)				
9.11	MDR Register				
9.12	Drug Stock Register				
9.13	Payment under JSY				

Section X: IEC Display

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

Section XI: Additional/Support Services:

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

Qualitative Questionnaires for District Hospital Level

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

.....

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

.....

3. Any issues faced regarding JSY payments in the hospital?

.....

4. Average delivery load in your facility. Any higher referral centres where patients are being referred.

.....

Appendix 3:

First Referral Unit level Monitoring Checklist

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

Section I: Physical Infrastructure:

S.No	Infrastructure	Yes	No	Additional Remarks
1.1	Health facility easily accessible from nearest road head	Y	N	
1.2	Functioning in Govt building	Y	N	
1.3	Building in good condition	Y	N	
1.4	Staff Quarters for MOs	Y	N	
1.5	Staff Quarters for SNs	Y	N	
1.6	Staff Quarters for other categories	Y	N	
1.7	Electricity with power back up	Y	N	
1.9	Running 24*7 water supply	Y	N	
1.10	Clean Toilets separate for Male/Female	Y	N	

1.11	Functional and clean labour Room	Y	N
1.12	Functional and clean toilet attached to labour room	Y	N
1.13	Functional New born care corner (<i>functional radiant warmer with neo-natal ambu bag</i>)	Y	N
1.14	Functional Newborn Stabilization Unit	Y	N
1.16	Functional SNCU	Y	N
1.17	Clean wards	Y	N
1.18	Separate Male and Female wards (at least by partitions)	Y	N
1.19	Availability of Nutritional Rehabilitation Centre	Y	N
1.20	Functional BB/BSU, specify	Y	N
1.21	Separate room for ARSH clinic	Y	N
1.22	Availability of complaint/suggestion box	Y	N
1.23	Availability of mechanisms for Biomedical waste management (BMW) at facility	Y	N
1.23 a	BMW outsourced	Y	N
1.24	Availability of ICTC Centre	Y	N

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

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

Section III: Training Status of HR:

(*Trained in Past 5 years)

S. no	Training	No. trained	Remarks if any
3.1	EmOC		
3.2	LSAS		
3.3	BeMOC		
3.4	SBA		
3.5	MTP/MVA		
3.6	NSV		
3.7	F-IMNCI		
3.8	NSSK		
3.9	Mini Lap-Sterilisations		
3.10	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	
4.10	Functional ILR and Deep Freezer	Y	N	
4.11	Emergency Tray with emergency injections	Y	N	
4.12	MVA/ EVA Equipment	Y	N	
4.13	Functional phototherapy unit	Y	N	
	Laboratory Equipment			
4.1a	Functional Microscope	Y	N	

4.2a	Functional Hemoglobinometer	Y	N	
4.3a	Functional Centrifuge	Y	N	
4.4a	Functional Semi autoanalyzer	Y	N	
4.5a	Reagents and Testing Kits	Y	N	

Section V: Essential Drugs and Supplies:

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

Section VI: Other Services :

S.no	Lab Services	Yes	No	Remarks
6.1	Haemoglobin	Y	N	
6.2	CBC	Y	N	
6.3	Urine albumin and sugar	Y	N	
6.4	Blood sugar	Y	N	
6.5	RPR	Y	N	

6.6	Malaria	Y	N	
6.7	T.B	Y	N	
6.8	HIV	Y	N	
6.9	Liver function tests(LFT)	Y	N	
6.10	Others , pls specify	Y	N	
S.No	Blood bank / Blood Storage Unit	Yes	No	Remarks
6.11	Functional blood bag refrigerators with chart for temp. recording	Y	N	
6.12	Sufficient no. of blood bags available	Y	N	
6.13	Check register for number of blood bags issued for BT in last quarter			

Section VII: Service Delivery in last two financial years:

S.No	Service Utilization Parameter	2014-15	2015-16
7.1	OPD		
7.2	IPD		
7.3	MCTS entry on percentage of women registered in the first trimester		
7.4	No. of pregnant women given IFA		
7.5	Total deliveries conducted		
7.6	No. of C section conducted		
7.7	No of admissions in NBSUs/ SNCU, whichever available		
7.8	No. of children admitted with SAM (Severe Acute Anaemia)		
7.9	No. of sick children referred		
7.10	No. of pregnant women referred		
7.11	ANC1 registration		
7.12	ANC 3 Coverage		
7.13	No. of IUCD Insertions		
7.14	No. of PPIUCD insertions		
7.15	No. of children fully immunized		
7.16	No. of children given Vitamin A		
7.17	Total MTPs		
7.18	Number of Adolescents attending ARSH clinic		

7.19	Maternal deaths,		
7.20	Still births,		
7.21	Neonatal deaths,		
7.22	Infant deaths		

Section VII a: Service delivery in post natal wards:

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

Section VIII: Quality parameter of the facility:

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

S.No	Essential Skill Set	Yes	No	Remarks
8.1	Manage high risk pregnancy	Y	N	
8.2	Provide essential newborn 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			
9.10	Immunisation Register			
9.11	Blood Bank stock register			
9.12	Referral Register (In and Out)			
9.13	MDR Register			
9.14	Drug Stock Register			
9.15	Payment under JSY			

Section X: Fund Utilisation

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

Section XI: IEC Display:

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

Appendix 4:**PHC/CHC (NON FRU) level Monitoring Checklist**

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

Section I: Physical Infrastructure:

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

1.18	Availability of mechanisms for waste management	Y	N	
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Section II: Human resource under NHM in last financial year:

S. no	Category	Regular	Contractual	Remarks if any
2.1	MO			
2.2	SNs/ GNMs			
2.3	ANM			
2.4	LTs			
2.5	Pharmacist			
2.6	LHV/PHN			
2.7	Others			

Section III: Training Status of HR

(*Trained in Last Financial Year)

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

Section IV: Equipment

S. No	Equipment	Yes	No	Remarks
4.1	Functional BP Instrument and Stethoscope	Y	N	
4.2	Sterilised delivery sets	Y	N	
4.3	Functional neonatal, Paediatric and Adult Resuscitation kit	Y	N	
4.4	Functional Weighing Machine (Adult and infant/newborn)	Y	N	
4.5	Functional Needle Cutter	Y	N	
4.6	Functional Radiant Warmer	Y	N	

4.7	Functional Suction apparatus	Y	N	
4.8	Functional Facility for Oxygen Administration	Y	N	
4.9	Functional Autoclave	Y	N	
4.10	Functional ILR and Deep Freezer	Y	N	
4.11	Functional Deep Freezer			
4.12	Emergency Tray with emergency injections	Y	N	
4.13	MVA/ EVA Equipment	Y	N	
	Laboratory Equipment	Yes	No	Remarks
4.14	Functional Microscope	Y	N	
4.15	Functional Hemoglobinometer	Y	N	
4.16	Functional Centrifuge,	Y	N	
4.17	Functional Semi autoanalyzer	Y	N	
4.18	Reagents and Testing Kits	Y	N	

Section V: Essential Drugs and Supplies

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

5.23	Gloves, Mckintosh, Pads, bandages, and gauze etc.	Y	N	
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Section VI: Other Services :

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

Section VII: Service Delivery in last two years

S.No	Service Utilization Parameter	2014-15	2015-16
7.1	OPD		
7.2	IPD		
7.3	Total deliveries conducted		
7.4	No of admissions in NBSUs, if available		
7.5	No. of sick children referred		
7.6	No. of pregnant women referred		
7.7	ANC1 registration		
7.8	ANC3 Coverage		
7.9	No. of IUCD Insertions		
7.10	No. of PPIUCD insertions		
7.11	No. of Vasectomy		
7.12	No. of Minilap		
7.13	No. of children fully immunized		
7.14	No. of children given Vitamin A		
7.15	No. of MTPs conducted		
7.16	Maternal deaths		
7.17	Still birth		
7.18	Neonatal deaths		
7.19	Infant deaths		

Section VII a: Service delivery in post natal wards:

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

Section VIII: Quality parameter of the facility

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

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

Section IX: Record Maintenance:

S. no	Record	Available, Updated and correctly filled	Available but Not maintained	Not Available	Remarks/Timeline for completion
9.1	OPD Register				
9.2	IPD Register				
9.3	ANC Register				
9.4	PNC Register				
9.5	Indoor bed head ticket				

9.6	Line listing of severely anaemic pregnant women				
9.7	Labour room register				
9.8	OT Register				
9.9	FP Register				
9.10	Immunisation Register				
9.11	Updated Microplan				
9.12	Drug Stock Register				
9.13	Referral Registers (In and Out)				
9.14	Payments under JSY				

Section X: Funds Utilisation

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

Section XI: IEC Display:

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

Section XII: Additional/Support Services:

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

12.6	Grievance redressal mechanisms	Y	N
12.7	Tally Implemented	Y	N

Qualitative Questionnaires for PHC/CHC Level

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

.....

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

.....

Any counselling being conducted regarding family planning measures.

.....

Appendix 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 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 nd ANM			
2.3	MPW - Male			
2.4	Others, specify			
2.5	ASHAs			

Section III: Equipment :

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

Section IV: Essential Drugs:

S. No	Availability of sufficient number of essential Drugs	Yes	No	Remarks
4.1	IFA tablets	Y	N	
4.2	IFA syrup with dispenser	Y	N	
4.3	Vit A syrup	Y	N	
4.4	ORS packets	Y	N	
4.5	Zinc tablets	Y	N	
4.6	Inj Magnesium Sulphate	Y	N	
4.7	Inj Oxytocin	Y	N	
4.8	Misoprostol tablets	Y	N	
4.9	Antibiotics, if any, 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 years:

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

Section VII: Record Maintenance:

Sl. No	Record	Available and updated	Available but non-maintained	Not Available
7.1	Payments under JSY			
7.2	VHND plan			
7.3	VHSNC meeting minutes and action taken			
7.4	Eligible couple register			
7.5	MCH register (as per GOI)			
7.6	Delivery Register as per GOI format			
7.7	Stock register			
7.8	MCP cards			
7.9	Referral Registers (In and Out)			
7.10	List of families with 0-6 years children under RBSK			
7.11	Line listing of severely anemic pregnant women			
7.12	Updated Microplan			
7.13	Vaccine supply for each session day (check availability of all vaccines)			
7.14	Due list and work plan received from MCTS Portal through Mobile/ Physically			

Section VII A: Funds Utilisation

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

Section VIII: IEC display:

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

Qualitative Questionnaires for Sub-Centre Level

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

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

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

