



NATIONAL HEALTH MISSION

A REPORT ON
MONITORING & EVALUATION OF KEY COMPONENTS OF DISTRICT PIP 2018-19
SAHARANPUR, UTTAR PRADESH
SUBMITTED TO
MINISTRY OF HEALTH AND FAMILY WELFARE, GOVERNMENT OF INDIA



Dr. WILLIAM JOE

Mr. SAROJ KUMAR



POPULATION RESEARCH CENTRE
INSTITUTE OF ECONOMIC GROWTH
DELHI-110007

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TABLE OF CONTENTS

LIST OF TABLES	ii
LIST OF FIGURES	iii
ACKNOWLEDGEMENT	IV
LIST OF ABBREVIATIONS	v
EXECUTIVE SUMMARY	vii
1. INTRODUCTION	1
1.1 BACKGROUND	1
1.2 OBJECTIVES	1
1.3 BACKGROUND OF SAHARANPUR DISTRICT	2
1.4 REVIEW OF SOCIOECONOMIC AND DEMOGRAPHIC INDICATORS	2
1.4.1 STATUS OF HEALTH INDICATORS	4
2. KEY FINDINGS FROM HMIS DATA	6
2.1 HEALTH MANAGEMENT INFORMATION SYSTEM	6
2.2 MATERNAL HEALTH	6
2.3 CHILD HEALTH	10
2.4 CHILD IMMUNISATION	12
3. KEY FINDINGS AND OBSERVATIONS	16
3.1 HEALTH INFRASTRUCTURE OF SAHARANPUR DISTRICT	16
3.2 HEALTH INFRASTRUCTURE OF VISITED HEALTH FACILITIES IN SAHARANPUR DISTRICT	17
3.3 HUMAN RESOURCES: TRAINING AND STATUS	19
3.4 TRAINING STATUS OF SELECTED HEALTH FACILITIES	21
3.5 AVAILABILITY OF EQUIPMENT AT HEALTH FACILITIES	22
3.6 AVAILABILITY OF DRUGS IN THE HEALTH FACILITY	24
3.7 SERVICE DELIVERY AND RECORD MAINTENANCE AT FACILITIES LEVEL	26
3.8 QUALITY PARAMETER OF HEALTH FACILITY	28
3.9 MATERNAL DEATH REVIEW	30
3.10 RASHTRIYA BAL SWASTHYA KARYAKARAM	31
3.11 JANANI SURAKSHA YOJANA AND JANANI SHISHU SURAKSHA KARYAKARAM	31
3.12 FAMILY PLANNING	32
3.13 INFORMATION EDUCATION AND COMMUNICATION	32
3.14 COMMUNITY PROCESS	33
3.15 DISEASE CONTROL PROGRAMME	34
3.16 ROGI KALYAN SAMITI	34
3.17 HMIS AND MCTS	35
3.18 AYUSH ACTIVITIES	35
4. FACILITY WISE OBSERVATIONS	36
5. CONCLUSION AND RECOMMENDATIONS	43
ANNEXURES	45

LIST OF TABLES

Table	Page	
1	List of institutions and facilities visited by the PRC-IEG Team, Saharanpur, 2018-19	2
2	Key Demographic Indicators: All India, U. P. and Saharanpur	3
3	Rural - Urban comparison of demographic Indicators: India, U.P. and Saharanpur	3
4	Health Indicators, AHS, U. P. and Saharanpur district	4
5	Percentage of 3 ANC check-ups to total ANC registrations in Saharanpur, 2014-18	6
6	Percentage of women received TT2 or booster to total ANC registration	6
7	Percentage of pregnant women given 100 IFA to total ANC registration, 2014-18	7
8	Percentage of post-partum check-up within 48 hours of to total reported deliveries	8
9	Percentage of institutional deliveries to total deliveries in Saharanpur, 2014-18	8
10	Percentage of home deliveries to total reported deliveries in Saharanpur, 2014-18	9
11	Percentage of home deliveries to total reported home deliveries in Saharanpur	9
12	Percentage stay less than 48 hours to total reported deliveries in Saharanpur, 2015-18	10
13	Percentage of live birth to total reported birth, Saharanpur, 2014-18	11
14	Percentage of breast-feeding within 1 hour of birth to total live birth, Saharanpur	11
15	Percentage of weight less than 2.5 kg to new-borns weighed at birth, Saharanpur	12
16	Percentage of OPV 0 and BCG to reported live birth, Saharanpur, Uttar Pradesh	13
17	Number of Infants given Pentavalent 1, 2 and 3, Saharanpur, 2014-18	13
18	Percentage Infants who received Measles to total live births, Saharanpur, 2014-18	14
19	Percentage Vitamin A dose1 to reported live birth, Saharanpur, 2014-18	14
20	Number of fully immunized children (9-11 months), Saharanpur, 2014-18	14
21	Percentage of immunisation sessions where ASHAs were presented Saharanpur	15
22	Number of Health Facility in Saharanpur District	16
23	Health Infrastructure of the visited health facility in Saharanpur, 2018-19	18
24	Human resources in Saharanpur district under NHM, 2018	20
25	Human resources of visited health facility in Saharanpur district, On March 2018	21
26	Training status of health facility visited in Saharanpur district, 2018	22
27	Availability of equipment of the health facility, Saharanpur, 2018	23
28	Availability of drugs at health facilities visited in Saharanpur district, 2018	25
29	Utilisation of health services in selected health facilities in Saharanpur, 2016-18	27
30	Institutional delivery, Maternal and Infant death, Saharanpur, from April to June, 2018	30
31	Distribution of untied fund utilisation at selected health facilities, Saharanpur, 2018	34

LIST OF FIGURES

Figure		Page
1	Chief Medical Office, District Hospital, Saharanpur	19
2	District Women Hospital, Saharanpur	19
3	SNCU, District Women Hospital, Saharanpur	19
4	Maternal Ward, District Women Hospital, Saharanpur	19
5	Out Patient Door, District Hospital, Saharanpur	19
6	Hospital Building, District Women Hospital, Saharanpur	19
7	Available Drugs at Health Facility	26
8	Community Health Centre, Gangoh, Saharanpur	29
9	Blood Bank and Separation Unit, District Hospital	29
10	Out Patient Door (OPD) Children, District Women Hospital	29
11	Immunisation Storage Room, Community Health Centre, Gangoh	29
12	Sub-Centre Building, Brahmin Majara	29
13	Women Give Twin Birth, Community Health Centre, Gangoh	29
14	Display of IEC Materials	33

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Dr. William Joe

Mr. Saroj Kumar

LIST OF ABBREVIATIONS

AFHS	Adolescent Friendly Health Clinic
ANC	Ante Natal Care
ANM	Auxiliary Nurse Midwife
ASHA	Accredited Social Health Activist
AYUSH	Ayurveda, Yoga & Naturopathy, Unani, Siddha and Homeopathy
BB	Blood Bank
BCC	Behaviour change communication
BCG	Bacillus Calmette Guerin
BEmOC	Basic Emergency Obstetric Care
BPL	Below Poverty Line
BSU	Blood Storage Unit
CHC	Community Health Centre
CMO	Chief Medical Officer
DEIC	District Early Intervention Centre
DH	District Hospital
DHQ	District Health Quarter
DOTS	Directly Treatment Strategy
DPMU	District Programme Management Unit
DPT	Diphtheria Pertussis Tetanus
DWH	District Women Hospital
EmOC	Emergency Obstetric Care
EVA	Equine Viral Arthritis
FRU	First Referral Unit
GOI	Government of India
HBNC	Home Based New Born Care
HIV	Human Immunodeficiency Virus
HMIS	Health Management Information System
ICDS	Integrated Child Development Services
IEC	Information Education & Communication
IFA	Iron & Folic Acid
IPD	Indoor-Patients Department
IPHS	Indian Public Health Standards
IUCD	Intra Uterine Contraceptive Device
JSSK	Janani Shishu Suraksha Karyakaram
JSY	Janani Suraksha Yojana
KMC	Kangaroo Mother Care
LHV	Lady Health Visitor
MCH	Maternal and Child Health
MCTS	Mother and Child Tracking System
MIS	Management Information System
MOIC	Medical Officer In-Charge

NBCC	New Born Care Corner
NBSU	New Born Special Unit
NGO	Non-Government Organization
NHM	National Health Mission
NRC	National Rehabilitation Centre
NRHM	National Rural Health Mission
NSSK	Navjat Shishu Surksha Karyakram
NSV	Non Scalpel Vasectomy
NUHM	National Urban Health Mission
OBG	Obstetrics Gynecologist
OCP	Oral Contraceptive Pill
OPD	Outdoor Patients Department
OPV	Oral Polio Vaccine
ORS	Oral Rehydration Solution
PFMS	Public Financial Management System
PHC	Post Natal Care
PHC	Primary Health Centre
PIP	Programme Implementation Plan
PPIUCD	Post-Partum Intrauterine Contraceptive Device
RCH	Reproductive & Child Health
RKS	Rogi Kalyan Samiti
RTI	Reproductive Tract Infection
SBA	Skilled Birth Attendant
SN	Staff Nurse
SNCU	Special Newborn Care Unit
STI	Sexually Transmitted Infection
TT	Tetanus Toxoid
U5MR	Under 5 Mortality Rate
VHND	Village Health and Nutrition Day



EXECUTIVE SUMMARY

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

This report presents the key findings from the concurrent monitoring of essential components of NHM in Saharanpur district of Uttar Pradesh. The report is prepared on the basis of field-based observations and visits to selected public health facilities in Saharanpur. The following public health care facilities were visited by the PRC-IEG Team: District Hospital, CHC Sarsawan, CHC Gangoh, PHC Halalpur, PHC Pilkhani, SC Jairampur and SC Brahmin Majra. Structured checklist were used to collect information on human resources, infrastructure, funds utilization, training, health care services including drugs and equipments, family planning, disease control programmes and other programmes under the umbrella of NHM.

List of institutions and facilities visited by the PRC-Delhi team, Saharanpur, 2018-19

Institution and Facilities	Key Contact Person
CMO Office	CMO: Dr. B. S. Sodhi
DPMU	DPM: Mr. Khalid Husain
District Women Hospital	Dr. Anita Joshi
Community Health Centre, Gangoh (FRU)	MOIC: Dr. Anwar Ansari
Community Health Centre, Sarsawan	MO: Dr. Rajesh Kumar
Primary Health Centre, Pilakhni	MO: Dr. Anurag Chauhan
Sub-Centre, Jairampur	ANM: Smt. Devender
Sub-Centre, Brahmin Majra	ANM: Smt. Basantmala

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

reviewed relevant programmatic data and information available from the District Programme Management Unit (DPMU), Health Management Information system (HMIS) and also made observations regarding performance of key components of NHM for robust feedback on programme implementation in the district.

Saharanpur District, Uttar Pradesh – Map



Source: www.mapsofindia.com

The major strengths and weaknesses of the district are as follows:

STRENGTHS

1. The CMO reported that all the facilities are well-functional in the district and all the programmes under NHM are actively monitored from time to time. It includes frequent field visit to public health facilities like CHCs, PHCs and SCs. Active monitoring of the programmes is conducted for each of the facilities and the provisioning of services. Along with this, monthly meetings are organised to discuss the various issues requiring policy and programme attention.
2. CMO reported that SNCU, a neonatal unit is operational in the district hospital. The service under the SNCU is fully equipped with modern equipments on tracking system. It is located near the labour room with the availability of 12 beds and is efficiently managed by trained doctors, staff nurses and other supporting staff. Among 75 districts in UP; SNCU in

Saharanpur district ranks first and it works very efficiently and smoothly. During critical condition, the case is referred to Meerut Medical Hospital without delay.

3. CMO reported RBSK program is functional in the district and has coverage of 80 percent of the district. Under the “Mission Indradhanush” programme the reported figure for immunization coverage is approximately 94 percent in the district.

4. For the implementation of “Ayushman Bharat- National Health Protection Scheme”, CMO reported that an apex level committee has been formed and has been advised to implement the schemes in the entire district fostering coordination between the public and private sector. About 30 sub centres are identified for the process of “Ayushman Bharat” in the district. Under the scheme a survey has been conducted which covered almost 50% of Urban area and 90% of rural area.

5. The Institutional delivery rate has increased in the district under the JSY and JSSK programme. According to the CMO, the latest figure for institutional deliveries in the district is 82 percent. However, in Sarsawan block, home delivery rate is high. Moreover they are trying to encourage ASHAs and ANMs to motivate the pregnant women for institutional delivery.

6. ANTARA is one of the programs that people have adopted as a family planning strategy. Apart from this people are being made aware of family planning through campaigning and counselling. CMO said as per the DH hospital records 1500 people have adopted permanent method of family planning since the last one year.

7. JSY payment is transferred to the beneficiary account within a maximum time of 6-7 days. However, some issues arise relating to the supporting documents, account number etc. of the beneficiary which creates problem because of which the amount cannot be disbursed to the beneficiary account within the stipulated time.

8. Home Based Newborn Care (HBNC) scheme is well functional in the district. Under the scheme the infant is provided appropriate care or referred to a facility which is equipped to treat sick newborns. In addition, recommended numbers of visits are done by ASHA workers to the beneficiary household in which they observe the health of the newborn and mother.

9. Dial (102/108) ambulance service is functional and is available for the patients for basic as well as emergency transport. It provides transport from home to facility, facility to home and inter facility transfer in case of referral. The register is maintained on a regular basis and checked by the MO.

10. The CMO reported that the Rogi Kalyan Samiti (RKS) worked very effectively and efficiently in the DH. It ensures utilization of untied funds to upgrade the services and maintenance at the DH and at the CHC level.

WEAKNESSES

1. The CMO informed that the major issue in Saharanpur District is the shortfall of medical specialists. Total required positions of the specialists like Surgeon, Obstetric Gynaecologists, Paediatricians, Physicians in the district is 224 out of which only 104 positions are filled. Apart from this, essential positions of ANMs, pharmacist, Lab Technicians and other supporting staff are also vacant.
2. The numbers of delivery points are very few in the districts and consequently this affects the overall level of institutional deliveries in the district.
3. For the empanelment of public/private hospitals under the “Ayushman Bharat” scheme, the tender has been advertised. However, only few hospitals are interested in the process of empanelment. So far, only one hospital has been empanelled under the scheme.
4. CMO informed under PMMVY scheme some cases of malpractice and commissioning is noted. ANMs intentionally do not fill the vouchers or forms of the beneficiary or demand commission or charges for filling the vouchers. Apart from this, ASHA workers were also found to be involved in the same type of activities.
5. It is reported that ASHAs sometimes direct pregnancy cases to the private hospitals instead of public health facilities because they receive greater financial incentives from the private sector.
6. For data reporting the HMIS system faces problems of identification of boundaries of wards and villages in the 3 blocks of Saharanpur. Often the details or records of beneficiary within the different wards and village list gets reported in both Saharanpur and Shamli districts. Due to this, data reporting is interrupted as informed by the DPM.
7. There are delays in procurement of drugs/consumables in the district which leads to shortfall of essential drugs in the public health facilities, particularly at the PHCs and SCs. Some ASHAs have not received IFA tables for the last 6 months.
8. There are issues in staff retention at all the levels. In particular, medical staff does not want to serve in remote areas which leads to most of the positions being vacant in the public health facilities that are located in the remote areas.
9. Synergy-a Bio-Degradable Waste Management Ltd Company collects the Bio-Degradable waste and is responsible for its disposal. But currently they collect the BDW regularly from the DH but the collection is irregular at CHC and PHC levels.
10. At CHC Gangoh, details of RKS related meetings, allocation of funds and expenditure for the current financial year was not maintained in the prescribed register by the state. However, the RKS details were separately maintained in different sheet.

1

INTRODUCTION

1.1 BACKGROUND

The Ministry of Health and Family Welfare (MoHFW) has invited Population Research Centres for quality monitoring of important components of NHM State Programme Implementation Plan (PIP) 2018-19. It expected that a timely and systematic assessment of the key components of NHM could be critical for further planning and resource allocation. While engaging with the task, PRCs would identify critical concerns in implementation of NHM activities and evolve suitable quality parameters to monitor the various components. Specifically, as part of the qualitative reports, the PRCs are required to observe and suggest on the major issues found during the visit in selected public health facilities in Saharanpur district.

1.2 OBJECTIVES

The main objectives of the monitoring visit to Saharanpur district are as follows:

1. To review the key demographic and health indicators of the district.
2. To report the current availability of physical infrastructure and accessibility to health facilities in selected CHCs, PHCs and SCs of the district.
3. To examine the status and availability of human resources for health including staff in-position, vacancies and staff trainings at the selected health facilities.
4. To monitor status of various hospital services and it's functioning including drugs, diagnostics and other equipment in the selected health facilities.
5. To review the status of implementation of key components of the NHM programme including maternal health care, delivery care, child health care services, Rashtriya Bal Swasthya Karyakram (RBSK), family planning measures, Disease Control Programmes (DCPs) and Information, Education and Communication (IEC) activities.
6. To understand the utilization of NHM programme budgetary allocations on various components including utilization of untied funds at selected health facilities through Rogi Kalyan Samitis (RKS).

Table 1: List of institutions and facilities visited by the PRC-Delhi team, Saharanpur, 2018-19

Institution and Facilities	Key Contact Person
CMO Office	CMO: Dr. B. S. Sodhi
DPMU	DPM: Mr. Khalid Husain
District Women Hospital	Dr. Anita Joshi
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Sub-Centre, Jairampur	ANM: Smt. Devender
Sub-Centre, Brahmin Majra	ANM: Smt. Basantmala

1.3 BACKGROUND OF SAHARANPUR DISTRICT

India is the second largest populous country in the world after China. It has 29 states and 7 union territories. Out of these 29 states, Uttar Pradesh is one of the states where population rate is higher than the other states in India. Saharanpur is one among the 75 district of Uttar Pradesh which is the administrative headquarter of Saharanpur division. Saharanpur can be divided into four parts as Shivalik Hill Tract, The Bhabar Land, Bangar Land and Khadar Land (Yamuna, Hindon). The Shivalik hills rise above it on the northern frontier. The north and the northeast of this district is surrounded by Shivalik hills and separates it from the Dehradun district, Uttarakhand. Saharanpur forms the most northerly position of the Doab land, which stretches between the holy rivers of the Ganges and the Yamuna. The river Yamuna forms its boundary in the west, which separates it from Karnal and Yamunanagar districts of Haryana. Yamuna is the important river of the district. Apart from this Solani, Hindon, Ratmau, Nagdev have also played an important role in the physical reconstruction of the district. All the rivers of the district submerge either in Yamuna or in the Ganges in the East lies, the district of Haridwar (Uttarakhand) which was the part of district Saharanpur before 1989 and in the south lies the district Muzaffarnagar. The district lies between 29° 34' and 30° 21' north latitude and 77° 9' and 78° 14' east longitude. Saharanpur about 140 kilometres (87 mi) south-southeast of Chandigarh, 170 kilometres (110 mi) north-northeast of Delhi, and about 68 kilometres (42 mi) south-west of Dehradun. It has an average elevation of 269 metres (883 ft) Saharanpur is a part of a geographical doab region. Its total area is 3860 square Kilometres.

1.4 REVIEW OF SOCIOECONOMIC AND DEMOGRAPHIC INDICATORS

India is the second largest populated country in the world. Among the Indian states, Uttar Pradesh is the most populated state, where the large proportion of population living in rural areas (Census of India 2011). Table 2 represents the key demographic indicators of Saharanpur, Uttar Pradesh and India. The total population in U.P. is 199.8 million and Saharanpur district is 3.4 million respectively according to 2011 census. Proportion of female population is less than male population in U.P. Density of population in U.P. is 828, and is

higher than the national average. Population growth between 2001 and 2011 is 19.6 percent in Saharanpur, whereas in India it is 17.7 percent (U.P. 20.2 percent). The sex ratio in Saharanpur is 889 per 1000 males whereas in Uttar Pradesh it is 912 and India is 940. The Literacy rate for the country as a whole in 2011 is 73 percent for the total population aged 7 years and above, for males is 80.9 percent and for female it is 64.6 percent. The literacy rate in Uttar Pradesh and Saharanpur district is lower than national level.

Table 2: Key Demographic Indicators: All India, U. P. and Saharanpur

Indicates	India	Uttar Pradesh	Saharanpur
Actual population (in ml)	1210.5	199.8	3.4
Male (in ml)	6.2	104.4	1.8
Female (in ml)	587.4	95.3	1.6
Population growth rate	17.7	20.2	19.6
Sex ratio	940	912	889
Density /km ²	382	828	900
Total Child Population (0-6 Age) (in ml)	163.8	30.7	0.5
Male Population (0-6 Age) (in ml)	84.9	1,6.1	0.2
Female Population (0-6 Age) (in ml)	7.8	14.6	0.2
Literacy (%)	73.0	69.7	59.9
Male literacy (%)	80.9	79.2	66.5
Female literacy (%)	64.6	59.2	52.5

Source: Census of India 2011

Table 3: Rural – urban comparison of demographic indicators: India, U.P. and Saharanpur

Indicators	India		Uttar Pradesh		Saharanpur	
	Rural	Urban	Rural	Urban	Rural	Urban
Population (%)	68.8	31.1	77.7	22.2	69.2	30.7
Total population (in ml)	833.0	377.1	155.3	44.4	2.3	1.0
Male Population (in ml)	427.9	195.8	80.9	23.4	1.2	0.5
Female Population (in ml)	405.1	181.3	74.3	21.0	1.1	0.5
Sex Ratio	947	926	918	894	889	889
Child Sex Ratio (0-6)	919	902	906	885	884	892
Child Percentage	14.1	10.9	16.1	12.9	15.6	13.5
Average Literacy (%)	68.9	85.0	65.4	75.1	57.9	64.4
Male Literacy (%)	78.6	89.7	76.3	80.4	65.6	68.5
Female Literacy (%)	58.8	79.9	48.4	60.9	49.2	59.7

Source: Census of India 2011

Table 3 shows the distribution of population by place of residence; 68.8 percent population reside in the rural area whereas 31.1 percent reside in urban areas in India. In Uttar Pradesh, the rural-urban population distribution is 77.7 percent and 22.2 percent respectively and in Saharanpur, 69.2 population lives in rural area and 30.7 percent live in urban area. Sex ratio in rural area of Country, Uttar Pradesh and in Saharanpur district is better than urban area. The sex wise literacy for both male and female in urban area of India, U.P. and Saharanpur is better than rural area, even as the difference between male and female literacy rates is still higher in the state and the district.

1.4.1 STATUS OF HEALTH INDICATORS

Health status indicators are a set of quantifiable characteristics to assess the public health priorities and the needful action. Vital indicators like Neonatal Mortality Rate, Infant Mortality Rate, Post Neonatal Mortality Rate, Under Five Mortality Rate, Maternal Mortality Rate, Total Fertility Rate as well as health care indicators like ANC, PNC and delivery related indicators are major policy concern in backward states as well as districts. Recent policies have accorded greater focus on reducing mortality and morbidity burden in the country. NHM is among the major umbrella programme of the Government of India, which aims to strengthen the health systems in India as a whole and includes a range of interventions including focus on RMNCH+A, NCDPs and strengthening of public health system.

Table 4: Health Indicators for U. P. and Saharanpur district

Health Indicators	Uttar Pradesh	Saharanpur
Mothers who had at least 4 antenatal care visits (%)	26.4	41.7
Mothers who consumed iron folic acid for 100 days (%)	12.9	14.6
Mothers who had full antenatal care (%)	5.9	8.7
Mothers who received postnatal care within 2 days of delivery (%)	54	69
Mothers who availed financial assistance for delivery under JSY (%)	48.7	43.5
Institutional births (%)	67.8	62.3
Delivery at home by skilled attendant (%)	4.1	4.7
Births in a private health facility delivered by caesarean section (%)	31.3	25.4
Proportion of fully immunized children (%)	51.1	62.6
Total fertility rate (children per woman)	2.7	NA
Infant mortality rate (IMR)	64	64
Under-five mortality rate (U5MR)	78	87

Source: AHS 2012-13 and NFHS-4, 2015-16

Full immunisation coverage is estimated to be 62 percent in Saharanpur whereas only 51 percent children have full immunization coverage in U.P. Table-4 also shows that only 41 percent pregnant women had at least 4 ANC visit in Saharanpur district even as the situation is better than state (26 percent). However, full ANC check-ups in state are 5.9 percent, while in Saharanpur it is 8.7 percent. Institutional delivery is not performing better and is well below 70 percent. Also, institutional births in Saharanpur is lower (62 percent) than state average. Results shows the delivery at home by skilled attendant is very poor (4.1 percent and 4.7 percent in both state and district level respectively). Table also show that the mother who received postnatal care within 2 days of delivery in Saharanpur is about 70 percent whereas in state is 55 percent.

2

REVIEW OF HMIS INDICATORS

2.1 HEALTH MANAGEMENT INFORMATION SYSTEM (HMIS)

The Government of India had launched the National Rural Health Mission (NRHM) in 2005 to improve the availability and access to quality health care by people especially for those living in rural areas, the poor, women and children. Over the year, it was required to change in health care system which is based on accurate and timely available micro level data to indicate gaps in the existing and future perspective action for strengthening health sector. For this quality improvement, Ministry of Health and Family Welfare, Government of India has set-up the HMIS web portal in 2008 for collection and sharing of data in a timely manner. Initially this portal reached out upto district level and further has been expanded to allow block-level facility-wise data. The HMIS in India provides information on service delivery regarding the maternal and child health care, physical infrastructure and financial performance of all public health facilities in rural areas. These data are available on monthly basis. Moreover, the HMIS gives information on laboratory testing for disease like HIV, STI/RTI, TB and blindness. Under this section, we have analysed the key indicators of maternal and child health care in Saharanpur district across blocks level during 2014 to 2018.

2.2 MATERNAL HEALTH

Antenatal care services is important for survival and well-being of the mother and her child. Antenatal care received from skilled provider can reduce the risk of complications for both mother and child during delivery. The World Health Organisation (2006) recommended that women should have at least four visits to provide sufficient antenatal care. Women should also receive tetanus toxoid injections during pregnancy to prevent maternal and neonatal tetanus.

Table 5 reveals the proportion of women receiving 3 ANC check-ups to total ANC registrations in Saharanpur district during 2014-15 to 2017-18. The percentage of women with 3 ANC check-ups to ANC registration has slightly increased from about 51 percent in 2014-15 to about 52 percent in 2017-18, thus recording an increase of 1 percentage point during this period. There was very slow progress in 3 ANC check-ups in Saharanpur district. Also, there are large variations within blocks over the years. Two blocks namely, Nanauta and Rampur

Maniharan have reported increase in the proportion of 3 ANC check-ups from 2014-15 to 2017-18. Nagal block shows a similar level of 3 ANC check-ups over the years. Most of the blocks have witnessed small declined in 3 ANC check-up against ANC registration.

Table 5: Percentage of 3 ANC check-ups to total ANC registrations in Saharanpur, 2014-18

District/Blocks	2014-15	2015-16	2016-17	2017-18
Ballia Kheri	79.7	71.2	76.8	61.0
Daoband	73.1	81.3	103.6	61.1
Gangoh	76.5	89.1	78.3	54.1
Muzaffarabad	69.1	76.3	74.9	58.3
Nagal	62.6	59.4	75.7	62.6
Nakur	69.7	55.5	87.2	65.2
Nanauta	75.1	73.4	75.4	77.8
Puwarka	72.9	89.7	95.5	57.0
Rampur Maniharan	66.5	65.0	80.7	83.2
Sadauli Kadeem	63.2	63.9	69.2	51.5
Sarsawan	66.7	74.0	80.3	58.4
Saharanpur	50.9	59.0	74.4	51.8

Source: HMIS, 2014-18, Saharanpur district

Table 6 presents the percentage of women who received TT2 or booster to total ANC registration in Saharanpur district. HMIS data shows that the TT2 coverage in the district has generally declined over the years and 83.1 percent of pregnant women registered for ANC are reported to have received TT2 injection during 2017-18. TT2 coverage in Saharanpur district has declined by 12 percentage points during 2014-18.

Table 6: Percentage of women received TT2 or booster to total ANC registration, 2014-18

District/Blocks	2014-15	2015-16	2016-17	2017-18
Ballia Kheri	92.1	96.0	95.0	95.7
Daoband	76.1	105.2	102.4	110.0
Gangoh	67.6	89.9	88.2	96.2
Muzaffarabad	75.2	78.1	76.1	78.4
Nagal	95.9	93.5	91.7	94.1
Nakur	80.4	79.1	114.4	110.9
Nanauta	85.0	81.5	86.2	101.7
Puwarka	92.4	97.4	93.5	96.8
Rampur Maniharan	83.5	81.3	83.9	100.6
Sadauli Kadeem	90.3	89.0	84.6	93.5
Sarsawan	92.5	90.6	98.3	97.3
Saharanpur	95.3	82.0	83.4	83.1

Source: HMIS, 2014-18, Saharanpur district

To provide iron and folic acid (IFA) tablets to pregnant women to prevent nutritional anaemia is a part of the Reproductive and Child Health (RCH) programme in the country. This programme has recommended that women consume 100 IFA tablets during pregnancy. Table 7 provides information on percentage of pregnant women who received 100 IFA

tablets to total ANC registration during 2014-18. In Saharanpur district, the proportion of pregnant women given 100 IFA to total ANC registration has declined from 73.1 percent in 2014-15 to 65.4 percent in 2017-18. There were 2 blocks which were reporting 100 percent IFA coverage. For example, Nanauta had reported 100 percent IFA coverage over the years and Nagal also shows 100 percent in 2014-15 and 2015-16. However, it has drastically declined to 35 percent IFA coverage in 2017-18. There may be some discrepancies in IFA supplies or possible data quality problem underlying this declining IFA coverage in 2017-18. Two blocks in Saharanpur district have reported IFA coverage of about less than 40 percent in 2017-18. Most of the blocks generally show higher IFA coverage during 2017-18. IFA coverage in this district has declined by about 8 percentage points during the last four years.

Table 7: Percentage of pregnant women given 100 IFA to total ANC registration, 2014-18

District/Blocks	2014-15	2015-16	2016-17	2017 – 18
Ballia Kheri	98.1	99.3	97.6	95.4
Daoband	99.8	77.4	90.1	109.5
Gangoh	99.9	88.2	93.7	78.9
Muzaffarabad	89.7	86.6	82.8	77.5
Nagal	100	100	81.5	34.6
Nakur	99.8	98.8	99.9	62.1
Nanauta	100.1	99.9	100	108.1
Puwarka	100	75.7	81.4	19.4
Rampur Maniharan	98.9	99.2	95.3	70.4
Sadauli Kadeem	85.4	99.3	96.1	83.3
Sarsawan	100.2	71.3	99.4	98.0
Saharanpur	73.1	89.9	83.2	65.4

Source: HMIS, 2014-18, Saharanpur district

Postpartum check-up plays a vital role in ensuring the health of the mother and their babies. It is urgent need to monitor various signs and symptoms among mother and the children. It is more important to understand the coverage and quality about postpartum check-ups given by HMIS. Table 8 describe the information about proportion of women who received the post-partum checkups within 48 hours of delivery to total reported deliveries which has increased about 19 percent during 2014-15 to 2016-17 in Saharanpur district. The patterns of post partum check-up within 48 hours did not show any static trends but it has been fluctuating over the years.

However, in Daoband and Sadauli Kadeem block post-partum check-ups within 48 hours of delivery to total reported deliveries is higher than other blocks in 2014-15. In Sarsawan block, the post partum check-up has increased from 50.3 to 89.3 percent during 2014-15 and 2016-17. Sadauli Kadeem block reported higher percentage of women receiving post partum checkups within 48 hours of delivery in Saharanpur blocks across the years (Table 8).

Table 8: Percentage of post partum check-up within 48 hour to total reported deliveries

Districts / Blocks	2014-15	2015-16	2016-17
Ballia Kheri	91.1	98.7	99.4
Daoband	95.8	74.7	60.9
Gangoh	35.3	55.5	57.9
Muzaffarabad	58.5	62.9	56.6
Nagal	94.3	88.0	90.3
Nakur	61.4	29.8	20.4
Nanauta	72.1	26.1	32.4
Puwarka	55.1	45.3	49.1
Rampur Maniharan	43.3	34.4	44.4
Sadauli Kadeem	94.9	100	100
Sarsawan	50.3	82.1	89.3
Saharanpur	56.2	55.4	75.2

Source: HMIS, 2014-18, Saharanpur district

Delivery conducted by skilled birth attendant under hygienic conditions reduces the risk of maternal and neonatal deaths. This is an important goal under the National Health Mission. Institutional delivery has increased since the implementation of cash incentive programme under the JSY in 2005. The three key policy efforts to encourage institutional delivery are a) incentives through JSY, b) strengthening the training programme for emergency obstetric care and c) training of ANMs/ASHAs and Staff Nurses.

Table 9 shows the institutional deliveries against the total reported deliveries in Saharanpur district. The HMIS data shows that 78 percent of the reported births during 2017-18 took place in health facilities. There are striking variations across the blocks regarding the proportion of births taking place at public health institutions. This percentage range from more than 80 percent in Nanauta to less than less than 70 percent in Ballia Kheri, Daoband, Nagal, Nakur, Puwarka, Rampur Maniharan, Sadauli Kadeem and Sarsawan.

Table 9: Percentage of institutional deliveries to total deliveries in Saharanpur, 2014-18

District/Blocks	2014-15	2015-16	2016-17	2017-18
Ballia Kheri	51.9	38.3	40.0	44.3
Daoband	65.2	69.3	65.2	65.0
Gangoh	61.3	62.4	71.1	73.8
Muzaffarabad	39.0	58.0	64.0	72.3
Nagal	55.0	46.8	42.1	56.4
Nakur	57.5	45.5	49.4	64.3
Nanauta	75.5	71.1	75.4	84.3
Puwarka	37.4	34.0	41.3	48.9
Rampur Maniharan	55.0	48.6	57.9	61.6
Sadauli Kadeem	54.8	53.3	62.6	67.7
Sarsawan	56.0	57.1	59.3	66.1
Saharanpur	72.0	74.3	75.7	78.3

Source: HMIS, 2014-18, Saharanpur district

Ballia Kheri and Puwarka are the only blocks in Saharanpur district which have reported less than 50 percent institutional deliveries. The proportion of institutional deliveries has increased from 72 percent in 2014-15 to 78.3 percent in 2017-18, showing a rise of 6.3 percent points. During 2014-15 and 2015-16, the proportion of institutional deliveries has increased by 2.3 percentage points and during 2016-17 to 2017-18, it has increased by only about 3 percentage points annually.

Table 10: Percentage of home deliveries to total reported deliveries in Saharanpur, 2014-18

District/Blocks	2014-15	2015-16	2016-17	2017-18
Ballia Kheri	48.1	61.7	60.0	55.7
Daoband	34.8	30.7	34.8	35.0
Gangoh	38.7	37.6	28.9	26.2
Muzaffarabad	61.0	42.0	36.0	27.7
Nagal	45.0	53.2	57.9	43.6
Nakur	42.5	54.5	50.6	35.7
Nanauta	24.5	28.9	24.6	15.7
Puwarka	62.6	66.0	58.7	51.1
Rampur Maniharan	45.0	51.4	42.1	38.4
Sadauli Kadeem	45.2	46.7	37.4	32.3
Sarsawan	44.0	42.9	40.7	33.9
Saharanpur	28.0	25.7	24.3	21.7

Source: HMIS, 2014-18, Saharanpur district, UP

It is also noted that in Saharanpur the proportion of home delivery to total reported deliveries has declined from 28 percent in 2014-15 to 21.7 percent in 2014-15 to 2017-18. However, at the blocks level, the home delivery to total reported deliveries is higher in Ballia Kheri and it is lowest in Nanauta among all blocks of Saharanpur.

Table 11: Percentage of SBA home deliveries to total reported home deliveries in Saharanpur

District/Blocks	2014-15	2015-16	2016-17	2017 – 18
Ballia Kheri	96.4	15.8	29	2.3
Daoband	33.0	0.0	0.0	0.1
Gangoh	41.5	1.3	0.0	4.7
Muzaffarabad	87.2	0.8	0.6	0.1
Nagal	88.0	0.0	5.3	0.0
Nakur	62.1	0.1	0.0	0.0
Nanauta	39.2	0.0	0.2	0.3
Puwarka	97.3	0.1	0.0	0.0
Rampur Maniharan	87.7	1.4	0.1	0.9
Sadauli Kadeem	90.5	38.9	0.1	0.0
Sarsawan	98.9	38.0	2.4	0.2
Saharanpur	79.2	10.1	4.3	0.9

Source: HMIS, 2014-18, Saharanpur district

Obstetric care provided by a qualified health professional during delivery is the most critical factor to reducing maternal and neonatal deaths. Births at home are less likely to get

assistance from any skilled health professional whereas births at health facility are more likely to be attended by skilled birth professionals. For home delivery National Health Mission provides trained health workers like ANMs, LHV, ASHAs and Trained Birth Attendants at the village level.

Table 11 shows that in Saharanpur home deliveries performed by skill birth attendant (SBA) to total reported home deliveries has decline from 4.3 percent to 0.9 percent between 2016-17 to 2017-18.

Table 12: Percentage of stay less than 48 hours of delivery to total reported deliveries in Saharanpur, 2015-18

Districts / Blocks	2015-16	2016-17	2017 - 18
Ballia Kheri	100	100	99.8
Daoband	43.1	45.9	92.5
Gangoh	100	100	95.0
Muzaffarabad	49.1	81.0	87.7
Nagal	76.2	57.8	95.6
Nakur	95.8	85.5	86.4
Nanauta	81.0	79.2	43.7
Puwarka	69.3	59.5	86.3
Rampur Maniharan	57.9	30.5	67.0
Sadauli Kadeem	99.9	100	100
Sarsawan	100	100.4	98.5
Saharanpur	76.0	77.6	78.7

Source: HMIS, 2015-18, Saharanpur district

Table 12 shows that the percentage of women discharged in less than 48 hours of delivery to total reported deliveries at public institutions has declined by about 3 percent during 2015-16 to 2017-18 in Saharanpur. However, in both blocks Ballia Kheri and Sadauli Kadeem, where women was discharged in less than 48 hours of delivery form public institutions is about 100 percent among these blocks in all reported years. This can be a reason for great concern as most of the women have not stayed in institutional health facility after birth. The reason for that point is that Gangoh block is 50 km away from the main city and it is the most backward block and its infrastructure is poor. Some other reason was frequently electricity cuts in Gangoh block.

2.3 CHILD HEALTH

Child health is a state of physical, mental, emotional, and social well-being of children from embryonic stage to puberty. To strengthen the maternal and child health services Government of India has been taking initiatives to integrate the Reproductive, Maternal, New-born, Child and Adolescent (RMNCH+A) Strategy of the National Health Mission (NHM) under one umbrella which comprehensively integrates interventions that improve child

health and nutritional status and addresses the factors contributing to neonatal, infant, under-five mortality and malnutrition.

Table 13: Percentage of live birth to total reported birth, Saharanpur, 2014-18

Districts/Blocks	2014-15	2015-16	2016-17	2017-18
Ballia Kheri	99.2	99.4	98.9	99.4
Daoband	98.8	97.9	98.4	98.3
Gangoh	98.4	97.9	97.7	98.1
Muzaffarabad	97.6	98.3	98.9	98.6
Nagal	98.5	99.0	97.8	98.4
Nakur	98.5	98.8	98.1	99.1
Nanauta	97.7	97.2	96.8	97.7
Puwaraka	97.7	97.9	97.9	97.8
Rampur Maniharan	97.1	96.6	96.9	99.0
Sadauli Kadeem	98.2	97.5	97.1	97.6
Sarsawan	97.0	97.8	98.0	98.4
Saharanpur	98.0	97.8	98.0	98.1

Source: HMIS, 2014-18, Saharanpur district

Here, we report the data on child health status using HMIS of Saharanpur district, Uttar Pradesh. Table 13 shows the percentage of live births to total reported births among the sub-districts of Saharanpur from the year 2014-15 to 2017-18. The percentage of live births to reported births consistently lies between 97 percent and 99 percent in each of the sub-districts of Saharanpur.

Table 14 shows the percentage distribution of new-born breast-fed within 1 hour of birth out of the total live births. In Puwaraka the percent breastfeed of new-borns were declining over the years. Rest of the sub-districts shows almost the same pattern of percentage distribution.

Table 14: Percentage of breast-feeding within 1 hour of birth to total live birth, Saharanpur

Districts/Blocks	2014-15	2015-16	2016-17	2017 - 18
Ballia Kheri	98.2	99.8	99.7	99.1
Deoband	97.2	98.2	98.5	99.2
Gangoh	98.9	98.9	98.1	96.6
Muzaffarabad	96.4	97.9	96.1	96.2
Nagal	94.5	96.7	96.1	98.1
Nanauta	95.3	99.9	98.3	94.7
Nakur	88.7	92.7	98	98.1
Puwaraka	98.5	88.5	79.4	84.8
Rampur Maniharan	89.6	93.1	86.5	89.5
Sadauli Kadeem	98.5	100	99.9	99.9
Sarsawan	97.1	97.7	96.9	97.2
Saharanpur	96.9	97.3	97.3	111

Source: HMIS, 2014-18, Saharanpur district

Table 15 shows the percentage of newborns having weight less than 2.5 kg to new-borns weighed at birth. In 2017-18, Sarsawan (12.4 percent) and Rampur Maniharan (12.0 percent) have higher number of new-borns whose weight is less 2.5 kg to the total new borns weighed at birth. In addition, percent distribution of Saharanpur shows declining trends of new-born's having weight less than 2.5 kg out of all the new-born's weighed at birth between the years 2014-15 to 2016-17 but it increased by 2% in the year 2017-18.

Table 15: Percentage of weight less than 2.5 kg to new-borns weighed at birth, Saharanpur, 2014-18

Districts/Blocks	2014-15	2015-16	2016-17	2017 - 18
Ballia kheri	0.8	1.1	1.3	1.0
Deoband	2.1	3.9	10.2	5.6
Gangoh	2.9	0.9	2.3	4.9
Muzaffarabad	1.9	2.5	11.9	8.0
Nagal	3.6	6.5	5.7	6.4
Nanauta	11.9	4.9	7.4	10.1
Nukur	7.3	12.4	11.3	12.2
Puwaraka	0.5	4.2	7.1	9.3
Rampur Maniharan	4.5	5.2	8.9	12.0
Sadhauli Kadeem	0.3	0.2	1.0	1.9
Sarsawan	8.3	9.0	8.1	12.4
Saharanpur	10.7	8.1	7.5	9.3

Source: HMIS, 2014-18, Saharanpur district

2.4 CHILD IMMUNISATION

Universal Immunization of children plays a significant role to reduce infant and child mortality. Six vaccine-preventable diseases (namely, tuberculosis, diphtheria, whooping cough, tetanus, polio and measles) protect the children from the infectious diseases. Differences in vaccination coverage among subgroups of the population are useful for programme planning and targeting resources to areas where the immunization coverage is very low. The HMIS reports the coverage of Immunization of the Saharanpur District and its sub districts in Uttar Pradesh.

Table 16 shows the percent distribution of children who received OPVo and BCG to the reported live births. Based on the information obtained through HMIS, infant who received OPVo have the highest coverage in Nakur sub-district followed by Ballia kheri and Muzaffarabad. However, Nagal has the lowest coverage of OPVo which followed by Nanuata and Sarsawan. Infant who received BCG at the time of birth have the highest coverage in Nagal and is followed by Nukur and Ballia kheri whereas the lowest coverage of BCG is observed in Nanauta followed by Deoband.

Table 16: Percentage of OPV o and BCG to total reported live birth, Saharanpur, 2014-18

Districts/Blocks	OPVo				BCG			
	2014-15	2015-16	2016-17	2017 – 18	2014-15	2015-16	2016-17	2017 – 18
Ballia kheri	132.7	117.5	124.2	140.7	144.4	175.9	205.4	220.4
Deoband	115.2	111.9	78.7	86.6	118.2	185.4	155.2	134.6
Gangoh	89.4	100.9	99.6	96.8	120.7	145.7	151.6	161.2
Muzaffarabad	64.7	102	108.1	102.7	110.8	141.5	153.6	163.9
Nagal	117.6	45.3	40.1	51.5	196.9	250.2	244.5	315.2
Nanauta	80.4	67.6	75.2	59	121.3	134.8	144.5	114.0
Nukur	93.6	117.3	164.3	191.6	164.4	229.1	246.9	263.0
Puwaraka	55.9	70.7	64.5	85.4	117.2	196.1	183.2	194.0
Rampur Maniharan	100.4	81.6	90.6	99.1	165.9	155.6	167.7	198.0
Sadhauli Kadeem	70.9	63.4	74.0	97.8	134.0	143.6	127.9	137.8
Sarsawan	75.2	53.5	53.9	61.8	153.5	175.7	187.6	213.6
Saharanpur	76.3	73.3	99.3	95.3	140	153.5	156.3	160

Source: HMIS, 2014-18, Saharanpur district

Table 17: Number of Infants given Pentavalent 1, 2 and 3, Saharanpur, 2015-18

Districts/Blocks	Pentavalent 1			Pentavalent 2			Pentavalent 3		
	2015-16	2016-17	2017 – 18	2015-16	2016-17	2017 – 18	2015-16	2016-17	2017 – 18
Ballia kheri	1,721	7,036	5,762	955	6,855	5,715	514	6,986	5,837
Deoband	1,547	6,050	5,223	820	5,843	5,140	502	5,875	5,464
Gangoh	2,016	7,611	7,229	991	7,411	6,899	489	7,141	7,048
Muzaffarabad	1,725	7,016	6,031	1,010	6,651	5,796	470	6,164	6,067
Nagal	700	4,822	3,929	640	4,918	4,187	313	5,023	4,380
Nakur	1,358	5,081	4,384	715	4,645	4,141	315	4,547	4,160
Nanauta	1,021	4,021	3,732	466	4,096	3,849	132	3,887	3,855
Puwaraka	1,793	6,291	5,840	947	5,978	5,693	401	5,905	5,813
Rampur Maniharan	780	3,234	3,401	434	3,133	3,394	181	3,085	3,374
Sadhauli Kadeem	1,271	5,596	4,857	609	5,084	4,700	232	4,845	4,821
Sarsawan	763	6,831	5,570	527	6,512	5,290	345	6,519	5,528
Saharanpur	17,306	80,047	68,489	9,824	77,315	67,816	4,955	75,610	68,971

Source: HMIS, 2015-18, Saharanpur district

Table 17 shows the number of infants who received the three doses each of DPT in each of the sub-district. Figures reveals that the coverage of DPT is much higher in the year 2016-17 whereas the number of infants who received the doses of DPT has declined in the year 2017-18. Sadhauli Kadeem is the only sub district where the dose of each DPT has increased over the years. Table 18 shows the percentage distribution of infants (0 to 11 months) who received measles vaccine to reported live births. Table reveals that the coverage of measles vaccine is increased over the years in each of the sub-district in which Nagal have the highest coverage of measles vaccine received by infants (0 to 11 months) and it is followed by Ballia kheri and Nukur.

Table 18: Percentage of Infants (0-11 month) who received measles to total live births, Saharanpur, 2014-18

Districts/Sub Districts	2014-15	2015-16	2016-17	2017 – 18
Ballia kheri	221.5	215.1	248.5	291.6
Deoband	129.2	170.8	172.2	208.8
Gangoh	121.9	135.3	151.9	173.4
Muzaffarabad	92.6	134.8	135	175.5
Nagal	186.2	235.9	231.5	300.8
Nanauta	125.1	164.9	189.7	176
Nukur	169.6	243.8	250.7	263.9
Puwaraka	207.8	224.3	230.4	253.7
Rampur Maniharan	184.5	189.7	186	245.2
Sadhauli Kadeem	128.1	132	118.9	147.1
Sarsawan	156.2	179.3	183.4	201.5
Saharanpur	148.8	141.7	137.8	163.7

Source: HMIS, 2014-18, Saharanpur district

Table 19: Percentage of Vitamin A dose1 to reported live birth, Saharanpur, 2014-18

Districts/Sub Districts	2014-15	2015-16	2016-17	2017 – 18
Ballia kheri	221.5	215.1	248.5	291.2
Deoband	129.2	170.8	172.2	195.3
Gangoh	121.9	135.3	151.8	173.2
Muzaffarabad	92.6	134.7	134.2	174.1
Nagal	186.2	235.9	209	300.4
Nanauta	125.1	164.9	189.7	174.2
Nukur	169.6	243.8	250.7	263.9
Punwaraka	207.8	224.3	179.5	251.8
Rampur Maniharan	184.5	189.7	186.1	245.2
Sadhauli Kadeem	128.1	132	119.2	146.9
Sarsawan	156.2	178.8	183.6	200.7
Saharanpur	148.8	125.3	129.8	157.7

Source: HMIS, 2014-18, Saharanpur district

Table 20: Number of fully immunized children (9-11 months), Saharanpur, 2014-18

Districts/Sub Districts	2014-15	2015-16	2016-17	2017 – 18
Ballia Kheri	9,367	6,892	7,605	6,200
Deoband	4,621	5,683	5,833	5,619
Gangoh	6,070	7,382	7,755	7,500
Muzaffarabad	6,400	6,650	6,704	6,146
Nagal	3,995	4,265	4,575	4,338
Nanauta	2,819	3,788	4,126	4,021
Nukur	3,308	4,725	4,794	4,310
Punwaraka	6,056	6,608	6,518	5,987
Rampur Maniharan	2,921	2,976	3,090	3,430
Sadhauli Kadeem	5,041	4,755	5,226	4,839
Sarsawan	5,570	6,492	7,022	5,983
Saharanpur	93,853	88,115	81,715	72,157

Source: HMIS, 2014-18, Saharanpur district

Table 21: Percentage of immunisation sessions where ASHAs were presented, Saharanpur

District / Sub Districts	2014-15	2015-16	2016-17	2017 – 18
Ballia Kheri	90.7	92.7	85.0	85.0
Daoband	90.2	84.6	83.5	90.1
Gangoh	88.4	81.5	86.6	97.2
Muzaffarabad	94.2	99.7	91.0	97.4
Nagal	95.3	98.9	100.0	100.0
Nanauta	86.3	99.9	95.3	91.0
Nukur	95.9	83.0	83.9	84.6
Puwarka	90.8	88.1	89	89.9
Rampur Maniharan	82.1	84.9	79.5	87.0
Sadhauri Kadeem	98.4	86.5	89.7	88.9
Sarsawan	92.2	97.1	91.6	93.3
Saharanpur	80.8	80.9	79.3	80.0

Source: HMIS, 2014-18, Saharanpur district

Table 19 shows the percent distribution of infants who received dose of Vitamin A to reported live births. Nagal followed by Ballia kheri and Nukur stand out in maximum coverage of Vitamin A dose. Among the other sub districts, DHQ and Shadhauri Kadeem have a much lower percentage in response to the rest of the sub-districts. However, the table 19 reveals that the coverage of Vitamin A dose has increased over the years in each of the sub-districts from 2014-15 to 2017-18.

Table 20 shows the trend of fully immunized children (9-11 months old). It reveals that in Saharanpur district the number of fully immunized (9-11 months old) children has declined over the period. In contrast, Rampur Maniharan shows the lowest number of fully immunized children among the others district during 2017-18. Table 21 shows the percent distribution of immunization sessions where ASHAs were present to plan the immunization sessions. Nangal sub-district has the maximum number of immunization sessions where ASHAs were present and planned the sessions from the year 2014-15 to 2017-18 followed by Muzaffarabad and Gangoh.

3

KEY FINDINGS AND OBSERVATIONS

3.1 HEALTH INFRASTRUCTURE OF SAHARANPUR DISTRICT

Health infrastructure is a critical determinant of health care coverage, delivery and quality of health care services. Infrastructure has been described as the basic support for smooth functioning of public health activities. Health infrastructure is divided into two parts: first, educational health infrastructure and second, service infrastructure. An educational infrastructure provides details of medical colleges and availability of seats while service infrastructure includes type of hospitals and health facilities (Allopathic, CHCs, PHCs and SCs) and availability of beds in these institutions.

In the past few years India has made progress with respect to both the services infrastructure as well as medical educational infrastructure, which is evident from the fact which is revealed in the National Health Profile, 2018, produced by Central Bureau of Health Intelligence. The country has 476 medical colleges and 313 dental colleges. There are 23,582 hospitals having 7,10,761 bed. Among these 19,810 hospitals are in rural areas having 2,79,588 bed. In urban areas, total 3,772 hospitals with 43,1,173 beds. Under AYUSH, we have a total 27,698 dispensaries and 3,943 hospitals in the country.

Table 22: Number of Health Facility in Saharanpur District

Availability of Health Facilities	Numbers	Building
Medical College	1	Government
District Hospital	2	Government
Community Health Centre	13	Government
Primary Health Centre	48	Government
Sub-Centre	338	Government
108 Ambulance	22	-
102 Ambulance	29	-

Source: DPMU Office, Saharanpur, Uttar Pradesh, 2018

The district has two district hospitals: one, general hospital and the other women district hospital. Saharanpur district has one medical college, 13 community health centres, 48 primary health centres and 338 sub-centres. If we look at ambulance services; district hospitals have 22 ambulance (108) and 29 ambulances (102) services available to provide transportation services to the patients (Table 22). All the health services are functioning well in the district.

3.2 HEALTH INFRASTRUCTURE OF VISITED HEALTH FACILITIES IN SAHARANPUR DISTRICT

District Hospital covers a total population of 23, 99,856 in rural areas and 10, 66,526 in urban areas. District hospital is well functioning and there is SNCU ward. Staff quarter is available for medical officer and other staff. Water facility is available in the DH and community health centre of Gangoh and Sarsawan.

District hospital is in good condition with full infrastructure in Saharanpur. Staff quarters for medical officers, nurse and other staffs were available at district hospital. Electricity with power backup and water facility is there 24x7 hours. District hospital has separate toilet for male and female with clean functional labour room. Hospital has separate building of Nutritional Rehabilitation Centre and total 252 children have been admitted during 2016-17.

For biomedical waste management, the hospital has hired a private company namely Synergy Pvt. Limited. Separate room was available for ARSH clinic. Complaint / suggestion box was there for patients. Activities related to Rogi Kalyan Samiti (Patient Welfare Committee) were functioning and monthly meeting were held at the hospital and CHCs.

Both Community health centre (CHC Gangoh and CHC Sarsawan) are running in government building in good condition. It is more spacious with availability of staff quarters for doctors and nurse. Electricity facility with power backup and 24x7 hours water facility is also available at both CHCs. Separate toilet is available for both male and female. The labour room is functioning and clean with attached toilet in both CHC Sarsawan and Gangoh. Newborn care corner and newborn stabilization unit is functioning in both CHCs. Sick new born care unit is only available at CHC Gangoh.

At the Sub-centre level, water facility is available 24x7 hours in SC Jairampur but not in SC Brahmin Majara. During the field visit, it was found that both sub centres were running without power backup. The cleanliness was satisfactory at sub centre in Jairampur but there was poor hygiene conditions in SC Brahmin Majara. ANM also reported that there is no sweeper for cleanliness at sub centre. Both the sub centre are functioning in government building. ANM are not residing in sub centre due to non-availability of quarter in both SCs.

Sub centre in Brahmin Majara has covered total population of about 8000 across 5 villages. Very few deliveries has been performed in the sub centre due to nearby location of CHC Sarsawan. Sub centre in Jairampur is away from 8 km from CHC Sarsawan. In sub centre only one delivery bed is available in both sub centres. Figure 1 shows the CMO Office in Saharanpur and figure 2 shows District Women hospital. Sick Newborn Care Unit (SNCU) is functioning (Figure 3) and women were shifted after maternity ward in DWH (Figure 4). Patients were in queue for prescription and medicine in OPD ward shows in the figure 5.

Table 23: Health Infrastructure of the visited health facility in Saharanpur, 2018

Infrastructure	DH	CHC Gangoh	CHC Sarsawan	PHC Pilakhni	PHC Halalpur	SC Jairampur	SC Brahmin Majara
Health facility easily accessible from nearest road head	✓	✓	✓	×	✓	✓	✓
Functioning in Govt building	✓	✓	✓	✓	✓	✓	✓
Building in good condition	✓	✓	✓	✓	✓	✓	✓
Staff Quarters for Mos	✓	✓	✓	✓	✓	NA	NA
Staff Quarters for SNs	✓	✓	✓	✓	✓	NA	NA
Staff Quarters for other categories	✓	✓	✓	✓	✓	NA	NA
ANM Quarter available at SC	NA	NA	NA	NA	NA	×	×
ANM residing at SC	NA	NA	NA	NA	NA	×	×
Electricity with power back up	✓	✓	✓	✓	✓	×	×
Running 24x7 water supply	✓	✓	✓	✓	✓	✓	×
Clean Toilets separate for Male/Female	✓	✓	✓	✓	✓	NA	NA
Functional and clean labour Room	✓	✓	✓		✓	✓	✓
Functional and clean toilet attached to labour room	✓	✓	✓	✓	✓	✓	✓
Functional New born care corner(functional radiant warmer with neo-natal ambu bag)	✓	✓	✓	×	×	×	×
Functional Newborn Stabilization Unit	✓	✓	✓	×	×	NA	NA
Functional SNCU	✓	✓	×	×	NA	NA	NA
Clean wards	✓	✓	✓	✓	✓	NA	NA
Separate Male and Female wards (at least by partitions)	✓	✓	✓	✓	✓	NA	NA
Availability of Nutritional Rehabilitation Centre	✓	×	×	×	NA	NA	NA
Functional BB/BSU, specify	×	×	✓	×	NA	NA	NA
Separate room for ARSH clinic	✓	×	×	×	NA	NA	NA
Availability of complaint/suggestion box	✓	✓	✓	✓	✓	✓	✓
Availability of mechanisms for Biomedical waste management (BMW)at facility	✓	✓	✓	✓	✓	×	×
BMW outsourced	✓	✓	✓	✓	✓	×	×
Availability of ICTC/ PPTCT Centre	✓	✓	✓	×	×	NA	NA
Rogi Sahayta Kendra	✓	✓	×	NA	NA	NA	NA

Source: Field Visit, PRC team, Note: ✓-Yes, ×-No, NA-Not Applicable/Available



Fig:1 CMO Office, DH, Saharanpur



Fig:2 District Women Hospital, Saharanpur



Fig: 3 SNCU, DWH, Saharanpur



Fig: 4 Maternal Ward, DWH, Saharanpur



Fig: 5 OPD, DH, Saharanpur



Fig: 6 Hospital Buiding, DWH, Saharanpur

3.3 HUMAN RESOURCES: TRAINING AND STATUS

Human resources are an important component of health care system. Achievement of good health outcomes is not possible without sufficient qualified health workforce and its shortage will lead to decrease in the quality of health care services. There are some improvements in human resources after implementation of National Rural Health Mission in 2005 (now National Health Mission). But many states in India particularly in low performing

states like Uttar Pradesh faces huge shortage of human resources in health facilities. During the visit it was noticed that staff shortage is a major concern for all health facilities in Saharanpur district. Table 24 describes the human resources status in Saharanpur district under NHM in 2018. It shows that posts for Gynaecologist/Surgeon, Anaesthetist, Medical officers, Paediatrician (SNCU), Medical officer-AYUSH for RBSK, Staff nurse for maternal health and Lab. Technician is vacant despite all these posts have been sanctioned.

There were 6 positions sanctioned for gynaecologist/ surgeon among them only 3 post have been filled while 3 posts are vacant. In addition, 9 post were sanctioned for medical officer in Saharanpur among them all posts are vacant so far. There were 3 post sanctioned to paediatrician (SNCU) whereas only 1 post has been filled so far and 2 posts are still vacant. Only 2 posts are vacant for RBSK (MO-AYUSH) out of 36 posts were sanctioned.

Table 24: Human resources in Saharanpur district under NHM, 2018

Name of the Post	Sanctioned	In-position	Vacant
Anesthetist	2	1	1
Child Health (Staff Nurse-NRC)	4	4	0
Child Health (Staff Nurse-SBSU)	6	6	0
Child Health (Staff Nurse-SNCU)	8	8	0
Dental Surgeon	2	2	0
Family Planning Counsellor	1	1	0
Gynaecologist/Surgeon	6	3	3
Laboratory Technicians	15	14	1
Maternal Health (Staff Nurse)	52	50	2
Medical Officers	9	0	9
Pediatrician (SNCU)	3	1	2
RBSK (MO-AYUSH)	36	34	2
RBSK (MO-MBBS)	1	1	0
RBSK (Staff Nurse)	16	16	0

Source: Supportive check list, Field visit, PRC team, 2018

Table 25 shows human resources (in-position) in the form of medical personnel on visited health facilities in Saharanpur district. The district hospital Saharanpur has 4 OBG, 2 Anaesthetist, 4 Paediatrician and 7 Mos except nutritionist, radiographer and dental surgeon. In addition, there are no other medical specialists. Whereas posts like OBG, Anaesthetist, General Surgeon, Radiographer and RMNCHA+ counsellors were vacant in both CHC Gangoh and CHC Sarsawan at the time of this survey. CHC Sarsawan has 2 MOs but there is no MO in CHC Gangoh. Most of the staff is working on contract basis.

At primary health centre, one position for each staff like MOs, SNs, ANM and Pharmacist is currently filled up in Halalpur PHC. There are no personnel for LTs and LHV/PHN at PHC in Halalpur. The post for 1 LT, 1 Pharmacist and 2 staff nurse will be posted very soon in Halalpur PHC. PHC in Pilakhni has been working with one post for each Mo, Pharmacist and 1 for others staff. This PHC has shortage of SNs/GNMs, ANM, LTs and LHV/PHN at primary health

centre in Pilakhni. At sub centre one ANM is working in Jairampur and Brahmin Majara. Both sub centres has 6 ASHAs working under the ANMs (Table 25).

Table 25: Human resources of visited health facility in Saharanpur district, 2018

Name of Human resource	DH	CHC Gangoh	CHC Sarsawan	PHC Pilakhni	PHC Halalpur	SC Jairampur	SC Brahmin Majara
Anaesthetist	2	0	0	NA	NA	NA	NA
ANMs	8	0	1	0	1	1	1
ASHA	NA	NA	NA	NA	NA	6	6
Dental Surgeon	0	NA	NA	NA	NA	NA	NA
General Surgeon	1	0	0	NA	NA	NA	NA
LHV	1	4	1	0	0	NA	NA
LTs	4	2	2	0	0	NA	NA
Mos	7	0	2	1	1	NA	NA
Nutritionist	0	0	0	NA	NA	NA	NA
OBG	4	0	0	NA	NA	NA	NA
Other Specialists	0	0	0	NA	NA	NA	NA
Others	0	NA	6	1	1	0	0
Paediatrician	4	1	0	NA	NA	NA	NA
Pharmacist	12	2	2	1	1	NA	NA
Radiographer	0	0	0	0	NA	NA	NA
RMNCHA+ counsellors	1	0	0	NA	NA	NA	NA
SNs	45	6	7	0	1	NA	NA

Source: Field visit, PRC-Delhi team, 2018, Note: NA-Not Applicable/Not Available

3.4 TRAINING STATUS OF SELECTED HEALTH FACILITIES

High quality pre-training services ensure better health development. Most of the training programme has not been conducted at district and block level. There was no training conducted for EmOC, LAS, NSV and IMEP for any health staff at district hospital, community health centre and primary health centre in Saharanpur district (Table 26). At district hospital, 4 staff got SBA training, 2 for MTP/MPV, 2 for F-IMNCI, 2 staff got Mini Lap-Sterilisations, 2 for Laproscopy-Sterilisations. Apart from that, 35 staff members have trained about IUCD and 29 staffs got PPIUCD training at district hospital. There was no training for staffs about immunization and cold chain and RTI/STI in the last financial year.

At community health centre, only 2 staff was trained for BeMOC in Sarsawan and 4 staff got trained for SBA at Gangoh CHC. Only 6 staff received training for IUCD and PPIUCD at Gangoh CHC while 1 staff get IUCD training in Sarsawan CHC. No medical staff received training in Mini Lap-Sterilisations, Laproscopy-Sterilisations and MTP / MVP at both CHC in last financial year. At the primary health centre, table 26 shows that only 1 staff has got training for BeMOC at Pilakhni PHC. Similarly, at Halalpur PHC, 1 staff has received training for SBA, IUCD and Immunization and cold chain each.

Table 26: Training status of health facility visited in Saharanpur district, 2018

Training	DH	CHC Gangoh	CHC Sarsawan	PHC Pilakhni	PHC Halalpur
BeMOC	0	0	2	1	0
Blood Storage	NA	0	0	0	0
EmOC	0	0	0	0	0
F-IMNCI	2	0	1	0	0
IMEP	0	0	0	0	0
Immunization and cold chain	0	1	1	0	1
IUCD	35	6	1	0	1
Laprosopy-Sterilisations	2	0	0	0	0
LSAS	0	0	0	0	0
Mini Lap-Sterilisations	2	0	0	0	0
MTP / MVP	2	0	0	0	0
NSSK	0	1	1	0	0
NSV	0	0	0	0	0
PPIUCD	29	6	0	0	0
RTI/STI	0	0	1	0	0
SBA	4	4	0	0	1

Source: Supportive check list, Field visit, PRC-Delhi team, 2018

3.5 AVAILABILITY OF EQUIPMENT AT HEALTH FACILITY

Availability of essential equipment is necessary for providing health services to the people. In this section we will discuss about the list of necessary equipment in selected health facilities. Table 27 describes the presence of equipment in district female hospital. Equipment for child healthcare was available like Neonatal, Paediatric and Adult Resuscitation kit, Weighing Machine (Adult and child). The Needle Cutter, Functional Radiant Warmer, Suction apparatus was also available in district hospital.

In addition, the facility for Oxygen Administration, Mobile light, Delivery Tables, Functional Autoclave, ILR and Deep Freezer, Emergency Tray with emergency injections, MVA/ EVA Equipment, Functional Phototherapy unit is available in DWH. The equipment for occupational therapy was available as O.T Tables, O.T Lights, ceiling, Anesthesia machines, Pulse-oximeters, Functional Laparoscopes, Functional Autoclaves (H or V), Microscope, Hemoglobinometer, Centrifuge, Semi autoanalyzer, Reagents and Testing Kits and Ultrasound Scanners all are available in District Female Hospital (DWH). However, the foetal Doppler/ CTG, dialysis equipment, ventilator, C.T. scanner, X-ray unit and ECG machine were absence.

Community health centre in Gangoh and Sarsawan have availability of equipment such as BP Instrument and Stethoscope, Sterilised delivery sets, Neonatal, Paediatric and Adult Resuscitation kit, Functional Weighing Machine (Adult and child), Needle Cutter, Radiant Warmer, Suction apparatus, facility for Oxygen Administration, Autoclave, ILR and Deep Freezer, Emergency Tray with emergency injections, MVA/ EVA Equipment. In case of

laboratory equipment, both CHCs have Functional Microscope, Functional Hemoglobinometer, Centrifuge, Semi autoanalyzer and Reagents and Testing Kits.

Table 27: Availability of equipment of the health facility, Saharanpur, 2018

Equipment	DH	CHC Gangoh	CHC Sarsawa n	PHC Pilakhni	PHC Halal pur	SC Jairam pur	SC Brahmin Majra
Functional BP and Stethoscope	✓	✓	✓	✓	✓	✓	✓
Sterilised delivery sets	✓	✓	✓	✓	✓	NA	NA
Functional neonatal, paediatric & adult resuscitation kit	✓	✓	✓	✓	×	NA	NA
Functional weighing machine (adult and child)	✓	✓	✓	✓	✓	✓	✓
Functional Needle Cutter	✓	✓	✓	✓	×	✓	✓
Functional Radiant Warmer	✓	✓	✓	×	✓	NA	NA
Functional Suction apparatus	✓	✓	✓	✓	✓	NA	NA
Functional facility for oxygen administration	✓	✓	✓	✓	✓	NA	NA
Functional Foetal Doppler/CTG	×	NA	NA	NA	NA	NA	NA
Functional Mobile light	✓	NA	NA	NA	NA	NA	NA
Delivery Tables	✓	NA	NA	×	×	NA	NA
Functional Autoclave	✓	✓	✓	✓	×	NA	NA
Functional ILR and Deep Freezer	✓	✓	✓	×	×	NA	NA
Emergency tray with emergency inj.	✓	✓	✓	NA	NA	NA	NA
MVA/ EVA Equipment	✓	✓	✓	×	×	NA	NA
Functional Phototherapy unit	✓	✓	NA	NA	NA	NA	NA
Dialysis Equipment	×	NA	NA	NA	NA	NA	NA
O. T. Equipment							
O.T Tables	✓	NA	NA	NA	NA	NA	NA
Functional O.T Lights, ceiling	✓	NA	NA	NA	NA	NA	NA
Functional O.T lights, mobile	✓	NA	NA	NA	NA	NA	NA
Functional Anesthesia machines	✓	NA	NA	NA	NA	NA	NA
Functional Ventilators	×	NA	NA	NA	NA	NA	NA
Functional Pulse-oximeters	✓	NA	NA	NA	NA	NA	NA
Functional Multi-para monitors	×	NA	NA	NA	NA	NA	NA
Functional Surgical Diathermies	×	NA	NA	NA	NA	NA	NA
Functional Laparoscopes	✓	NA	NA	NA	NA	NA	NA
Functional C-arm units	×	NA	NA	NA	NA	NA	NA
Functional Autoclaves (H or V)	✓	NA	NA	NA	NA	NA	NA
Laboratory Equipment							
Functional Microscope	✓	✓	✓	×	×	NA	NA
Functional Hemoglobinometer	✓	✓	✓	×	×	✓	✓
Functional Centrifuge	✓	✓	✓	×	×	NA	NA
Functional Semi autoanalyzer	✓	✓	✓	×	×	NA	NA
Reagents and Testing Kits	✓	✓	✓	×	×	NA	NA
Functional Ultrasound Scanners	✓	NA	NA	NA	NA	NA	NA
Functional C.T Scanner	×	NA	NA	NA	NA	NA	NA
Functional X-ray units	×	NA	NA	NA	NA	NA	NA
Functional ECG machines	×	NA	NA	NA	NA	NA	NA
Other method for Hemoglobin	NA	NA	NA	NA	NA	✓	✓
Blood sugar testing kits	NA	NA	NA	NA	NA	✓	✓
Delivery Equipment	NA	NA	NA	NA	NA	✓	✓
Neonatal Ambu Bag	NA	NA	NA	NA	NA	×	×
Colour Coded Bins	NA	NA	NA	NA	NA	×	×

Source: Supportive check list, Field visit, PRC-Delhi team, 2018, Note: NA-Not Applicable/Not Available

Both primary health centre has availability of BP Instrument and Stethoscope, Sterilised delivery sets, Functional Weighing Machine (Adult and child), Functional Suction apparatus, Functional Facility for Oxygen Administration. PHC Pilakhni has Functional Neonatal, Paediatric and Adult Resuscitation kit but these were not available in PHC Halalpur. Only Functional needle cutter was available at PHC Pilakhni. There was no radiant warmer available in PHC Pilakhni. Some others equipments were Functional ILR and Deep Freezer, MVA/ EVA equipment and delivery tables were not available at both PHC. No laboratory equipments were available at both primary health centers.

However, sub centers at village level were functioning with BP Instrument and Stethoscope, Functional Weighing Machine (Adult and child), Functional Needle Cutter, Haemoglobinometer, any other method for Haemoglobin estimation, Blood sugar testing kits and Delivery equipment in both SCs in Jairampur and Brahmin Majara. Table 27 shows that equipment like Neonatal Ambu Bag and Color coded bins was not available in both sub centres.

3.6 AVAILABILITY OF DRUGS IN THE HEALTH FACILITY

Availability of essential drugs is very important for better health care provisioning in any health facility. In any health care system, the availability and accessibility of medicines, vaccines and other supplies plays a critical role in reducing barriers to treatment particularly in lower section of the people. In public hospital drugs has been provided to the patients free of cost. Most of the poor family have access to government hospital for free availability of medicines and other services, so it is important to have timely availability of stock of drugs and their proper regulation at facilities level. We visited Saharanpur district for PIP monitoring in DH, CHCs PHCs and SCs to list the availability of essential drugs at facilities level and observations are listed in Table 28.

In district hospital EDL was available and displayed properly, computerised inventory management, IFA tablets, IFA syrup with dispenser, Vitamin A syrup, ORC pockets, zinc tablets, Inj. Magnesium Sulphate, Inj. Oxytocin, Misoprostol tablets, availability of antibiotics, labelled emergency tray, drugs for hypertension, diabetes, common ailments e.g PCM, metronidazole, anti-allergic drugs etc., vaccine stock and in case of supplies of drugs at DH have pregnancy testing kits, urine albumin and sugar testing kit, OCPs pills, EC pills, IUCDs and Gloves, Mackintosh, Pads, bandages, and gauze etc. only one medicine namely Mifepristone tablets was not available in district hospital. At community health centre in Gangoh all the drugs was available except zinc and mifepristone tablets not in stock during visit. In Sarsawan CHC, computerised inventory management and Mifepristone tablets were not available in this facility and other drugs are available.

Table 28: Availability of drugs at health facilities visited in Saharanpur district, 2018

Drugs	DH	CHC Gangoh	CHC Sarsawan	PHC Pilakhni	PHC Halalpur	SC Jairampur	SC Brahmin Majra
EDL available and displayed	✓	✓	✓	✓	✓	NA	NA
Computerised inventory management	✓	✓	x	x	x	NA	NA
IFA tablets	✓	✓	✓	✓	✓	✓	✓
IFA syrup with dispenser	✓	✓	✓	✓	x	✓	✓
Vit A syrup	✓	✓	✓	✓	✓	✓	✓
ORS packets	✓	✓	✓	✓	✓	✓	✓
Zinc Tablets	✓	x	✓	x	✓	✓	✓
Inj. Magnesium Sulphate	✓	✓	✓	x	✓	x	x
Inj. Oxytocin	✓	✓	✓	x	✓	x	x
Misoprostol tablets	✓	✓	✓	x	✓	x	x
Mifepristone tablets	x	x	x	x	✓	x	x
Availability of antibiotics	✓	✓	✓	✓	✓	✓	✓
Labelled emergency tray	✓	✓	✓	✓	✓	NA	NA
Drugs for hypertension, Diabetes, common ailments e.g PCM, metronidazole, anti-allergic drugs etc.	✓	✓	✓	x	✓	x	x
Adequate Vaccine Stock available	✓	✓	✓	x	✓	NA	NA
Supplies							
Pregnancy testing kits	✓	✓	✓	x	✓	✓	✓
Urine albumin and sugar testing kit	✓	✓	✓	x	✓	NA	NA
OCPs	✓	✓	✓	x	✓	✓	✓
EC pills	✓	✓	✓	x	✓	✓	✓
IUCDs	✓	✓	✓	x	✓	✓	✓
Sanitary napkins	x	✓	✓	x	✓	x	x
Gloves, Mackintosh, Pads, bandages, and gauze etc.	✓	✓	✓	x	✓	NA	NA

Source: Supportive check list, Field visit, PRC-Delhi team, 2018, Note: NA-Not Applicable/Not Available

At PHC Pilakhni EDL was available and displayed, IFA tablets, IFA syrup with dispenser, Vitamin A syrup, ORC pockets, availability of antibiotics and labelled emergency tray were available in this PHC. Most of the drugs like Zinc tablets, Inj. Magnesium Sulphate, Inj. Oxytocin, Misoprostol tablets, Drugs for hypertension, Diabetes, common ailments e.g PCM, metronidazole, anti-allergic drugs etc., adequate vaccine stock were not in stock. On the other hand, in Halalpur PHC, it can be observe from table 28 that most of the drugs were available except few drugs like IFA syrup with dispenser, computerised inventory management.



Figure 7: Available drugs at health facilities

Both sub centre in Jairampur and Brahmin Majara have IFA syrup with dispense, IFA tablets, Vitamin A syrup, ORS packets, zinc tablets, availability of antibiotics and supplies were available of pregnancy testing kits, OCPs, EC pills, IUCDs at both sub centre. Drugs like Inj. Magnesium Sulphate, Inj. Oxytocin, Misoprostol tablets, Mifepristone tablets, Drugs for hypertension, Diabetes, common ailments e.g PCM, metronidazole, anti-allergic drugs etc., and sanitary napkins were not in stock.

Some other basic services were also available in health facilities in Saharanpur district especially at district hospital, community health centre in Gangoh and primary health centre in Pilakhni. These services were Haemoglobin, CBC, Urine albumin and sugar; blood sugar, RPR, Malaria, HIV and ultrasound scan (OB.) conducted at DH. While RPR and liver function test were not available at CHC Gangoh. At PHC Pilakhni, only Haemoglobin, urine albumin, sugar and malaria test were conducted.

3.7 SERVICE DELIVERY AND RECORD MAINTENANCE AT FACILITIES LEVEL

Service delivery and record maintenances is a major part of the National Health Mission. To understand the utilisation of health services it is important to check the utilisation parameters and record maintained by the health facilities. The utilisation parameters gave information regarding the number of Out Door Patients (OPD), In-door Patients (IPD), maternal and child health indicators, ANCs, number of deaths and family planning in the last two financial years. Data on these parameters were available at district hospital and community health centre in Gangoh and Sarsawan. Table 29 describes the information given by visited health facilities during 2016-18.

At district hospital, OPD cases increased from 158960 in 2016-17 to 183285 in 2017-18. IPD cases increased from 29422 to 35909 during 2016-17 and 2017-18. In the year 2016-17, total deliveries conducted were 12024 which slightly increased to 13305 in 2017-18. Similarly, the C-section deliveries increased from 3371 to 3912 during 2016-17 and 2017-18. Number of breast feeding of neonates within one hour of births also shows a slight increase from 11568 in 2016-

17 to 12734 in 2017-18. Number of admission in NBSU/SNCU has increased drastically from 1181 to 1747 in the last two financial years (see table 29).

Table 29: Utilisation of health services in selected health facilities in Saharanpur, 2017-18

Service utilisation parameters	2017-18			2016-17		
	DH	CHC Gangoh	CHC Sarsawan	DH	CHC Gangoh	CHC Sarsawan
OPD	183285	160952	90787	158960	150642	87291
IPD	35909	4875	2435	29422	4225	2381
Total deliveries conducted	13305	3532	6419	12024	3769	6718
No. of C-section conducted	3912	1	NA	3371	54	NA
No. of neonates initiated breast feeding within one hour	12734	NA	NA	11568	NA	NA
No. of admissions in NBSUs / SNCU, whichever available	1747	NA	NA	1181	NA	NA
No. of children admitted with SAM (Severe Acute Malnutrition)	NA	105	NA	NA	88	NA
No. of pregnant women referred	398	75	NA	428	69	NA
ANC One registration	3818	6465	6827	3982	6361	7135
ANC Three Coverage	3712	NA	4957	3540	NA	5431
No. of IUCD Insertions	1283	1050	977	1020	1220	1041
No. of PPIUCD Insertion	1415	175	78	2271	185	30
No. of children fully immunised	12734	8608	7041	11568	7793	7348
No. of children given ORS+Zinc	720	NA	NA	890	NA	NA
No. of children given Vitamin A	11230	8608	7041	10220	7793	7348
Total MTPs	1142	NA	NA	1159	NA	NA
No. of Adolescents attending ARSH clinic	5820	NA	NA	6240	NA	NA
Maternal deaths	6	6	NA	3	4	NA
Still births, if any	571	95	19	456	78	12
Neonatal deaths, if any	NA	NA	2	NA	NA	NA
Infant deaths	139	NA	2	82	NA	NA

Source: Supportive check list, Field visit, PRC-Delhi team, 2018, Note: NA-Not Applicable/Not Available

Number of pregnant women who were referred decreased from 428 to 398 in 2016-17 and 2017-18. ANC registered at 1st trimester decreased from 3982 in 2016-17 to 3818 in 2017-18 and ANC 3rd coverage slightly increased from 3540 to 3712 during 2016-17 and 2017-18. Antenatal care service was extremely low as compared to total number of deliveries conducted at district hospital. On the other hand, family planning has been a paradigm shift to emerge as one of the major intervention to reduce maternal and infant mortalities and morbidities. District hospital Saharanpur shows only two spacing method used by person like IUCD and PPIUCD insertion in last two financial years. Number of IUCD insertions was 1020 in 2016-17 to 1283 in 2017-18 and utilisation of PPIUCD insertions decreased from 2271 in 2016-17 to 1415 in 2017-18.

Child immunisation has increased during last two years. Children given ORS+Zinc and Vitamin A were 890 and 10220 in 2017-18 and 720 and 11230 in 2017-18, respectively. Number of adolescents attending AFHS clinic was 6240 in 2016-17, which decreased to 5820 in 2017-18 at district hospital. The situation of maternal and child health is not well. Number of maternal and child deaths increased during the last two years and still death has also increased (see Table 29).

Health care utilisation in community health centre is reported in table 29. OPD and IPD patients are higher in CHC Gangoh than CHC Sarsawan in both years. Total number of women who gave birth at Gangoh CHC was 3769 and 6718 at Sarsawan CHC in 2016-17 and there was decline in deliveries during 2017-18 at both CHCs. Total 54 C-section deliveries were conducted in 2016-17 at Gangoh CHC and only 1 delivery in 2017-18 due to the vacant post of surgeon for a long time. There was no data of C-section in Sarsawan CHC. The first ANC registration was 6361 in 2016-17 and 6465 in 2017-18 in Gangoh CHC. Similarly, first ANC registration was 7135 in 2016-17 and 6827 in 2017-18 at CHC Sarsawan. Further, ANC third coverage in Sarsawan CHC was 5431 in 2016-17 which rose to 4957 in 2017-18.

In case of family planning total number of IUCD insertions was 1220 in Gangoh and 1041 in Sarsawan CHC in 2016-17 while 1050 IUCD used in Gangoh and 977 in Sarsawan during 2017-18. However, total number of PPIUCD used was 185 in 2016-17 and 175 in 2017-18. It was observed that very less PPIUCD insertions were reported in Sarsawan CHC during 2016-17 and 2017-18. Total number of fully immunised children were 7793 which increased to 8608 during 2016 to 2018 at Gangoh CHC and similar numbers of children were given Vitamin A. Maternal death increased from 4 to 6 in Gangoh and no death was reported in Sarsawan CHC during 2016-17 to 2017-18.

3. 8 QUALITY PARAMETER OF HEALTH FACILITY

Quality parameter needs to be checked for better performance of health care services at all facilities level. It includes those indicators which improve the quality and transparency in health care system. On the basis of these parameters we can identify whether health services are performing good or bad. Quality parameters were specifically focussed during our visit at selected health facilities in Saharanpur district. In Saharanpur district all essential parameters were available but newborn care unit was not available at CHC in Gangoh and PHC in Pilakhni. Some of the quality parameters include: management of high risk, management of sick neonates and infants, segregation of waste in colour coded bins, facility of bio medical waste management, updated entry in the MCP card, entry in MCTS portal and action taken on MDR.



Figure 8 shows the building of community health centre, Gangoh and availability of blood and separation unit at district hospital (Figure 9). Patients can be seen waiting outside the children OPD at district women hospital in figure 10. Figure 11, shows the lined up cold box in the storage room. Cold boxes are used to collect and transport vaccines to the fixed day where immunisation sessions are held. Figure 12 shows the Sub-centre building at Brahmin Majara in Sarsawan block and figure 13 shows a mother lying on bed after child birth in maternity ward in CHC, Gangoh.

3.9 MATERNAL DEATH REVIEW

Maternal death is defined as the death of women while pregnant or within 42 days of termination of pregnancy, irrespective of the duration and site of pregnancy, from any cause related to or aggravated by the pregnancy or its management but not from accidental or incidental causes. Maternal death is further divided into direct obstetric and indirect obstetric deaths. Direct obstetric deaths are related to obstetric complications of pregnancy while indirect obstetric deaths are resulting from previous existing disease or disease that developed during pregnancy. Table 30 shows the number of maternal deaths reported during April to June 2018 in Saharanpur district. Infant deaths are higher than maternal death in Saharanpur district with a total of 366 infant deaths out of total 9559 institutional delivery which took place in the district (Table 30). Maternal death rate is 156 per 100000 live births in Saharanpur district and infant death rate is 32 per 1000 live birth.

Table 30: Information about institutional delivery, maternal and infant death, Saharanpur, from April to June, 2018

Block Name	No. of ASHAs	Total no. of delivery	No. of Live birth	Maternal death	Maternal death rate /100000 live birth	Infant death (0 to 1 years)	Infant death rate /1000 live birth
Deoband	206	928	919	1	109	37	40
Gangoh	281	1525	1479	1	67	58	39
Muzaffarabad	269	1887	1871	2	107	54	29
Nagal	208	765	756	3	397	21	28
Nakur	225	876	873	1	115	26	30
Nanauta	184	469	464	1	216	17	37
Puwarka	258	1232	1211	1	83	27	22
Rampur Maniharan	153	541	540	1	185	16	30
Sadauli Kadeem	179	1105	1077	2	186	36	33
Sarsawan	264	1209	1201	3	250	42	35
Sunehti	232	1107	1101	2	182	32	29
Kharkhri							
Total	2459	11644	11510	18	156	366	32

Source: DPMU Office, District Hospital, Saharanpur, Uttar Pradesh, 2018

At the block level, infant (0 to 1 year) death was 58 in Gangoh, which was the highest number of infant death among the blocks. The lowest number of infant death is 16 in Rampur Maniharan followed by Nanauta block which shows 17 infant deaths in 2018.

12 Maternal deaths are reported from community health centre in Gangoh during April 2017 to February 2018. In the Maternal Death Review sheet, there were many reasons mentioned for the maternal death. Some of the reasons were cancer, lack of haemoglobin, sudden abdomen pain, higher fever and more bleeding after delivery.

3.10 RASHTRIYA BAL SWASTHYA KARYAKARAM (RBSK)

RBSK programme is run under the National Health Mission. It is an important initiative aiming at early identification and early intervention for children from birth to 18 years to covers 4 'D's like Defect at birth, Deficiencies, Disease, Development delays including disability. RBSK cover all children into three categories; first cover birth to 6 weeks of babies born at public health facilities and home, second include children from 6 weeks to 6 year who registered with Anganwadi centres and lastly cover children from 6 years to 18 years age group enrolled in classes 1st to 12th in Government or Government aided schools.

It is important to note that the 0-6 years old children will be treated at District Early Intervention Centre (DEIC) level while for 6-18 years old children will manage according to their condition through existing health facilities. However, DEIC will act as referral linkages for both the age groups. At first level, screening is done at all delivery points by medical officers, Staff Nurses and ANMs and after 48 hours till 6 weeks the screening of newborn done by ASHA at home as a part of Home Based New Born Care (HBNC) programme. Screening of outreach children will be done by Mobile health team for 6 week to 6 years at Anganwadi centres and 6-18 years children at school.

3.11 JANANI SURAKSHA YOJANA (JSY) AND JANANI SHISHU SURAKSHA KARYAKARAM (JSSK)

Janani Suraksha Yojana is a safe motherhood intervention under National Health Mission. This scheme was launched in 2005 with the objective of promoting institutional delivery and to reduce maternal and neonatal death during delivery care. JSY is cash incentive scheme for mothers who deliver their babies in a health facility. There is also provision for cost reimbursement for transportation and incentive to Accredited Social Health Activists (ASHA) for promoting mothers to go for institutional delivery.

The scheme is implemented in all states and UTs with more focus on low-performing states (LPS). After this scheme, the result shows that the number of institutional deliveries has increased significantly. Most of the women who preferred institutional delivery are not willing to stay for 48 hours, this creates hurdle for the provision of essential services for mother and child health. Against this backdrop, another scheme is Janani Shishu Suraksha Karyakaram (JSSK) was introduced in 2011 from Mewat district in Haryana.

Janani Shishu Suraksha Karyakaram (JSSK) programme entitles all pregnant women delivering in public health facilities completely free with no expenses delivery including caesarean section, free drugs, free diagnostics, free blood, free diets and free transport from home to health facility. In Saharanpur, district hospital has separate room for JSY beneficiaries. During interaction with mother, they reported that received free diets during stay in the hospital. They provided 1 glass of milk in the morning including lunch and dinner.

3.12 FAMILY PLANNING

Family planning means the couples decide and plan when and how many children they want to have. It is a method to prevent unwanted pregnancies and preventable deaths due to child birth which happen too soon and hence impact the health of the mother and their children. Therefore FP is an important tool for population stabilisation. The family planning method is broadly divided into two categories like spacing and permanent methods. Spacing method includes as Oral Contraceptive Pills (OCPs), Condoms, Intra-Uterine Contraceptive Devices (IUCD) and PPIUCD. Permanent methods for FP are included the female sterilisation which have two techniques like minilap and Laparoscopic and Male sterilisation which include conventional and Non-Scalpel Vasectomy (NSV) and others. Another method is pregnancy testing kits (PKT) to detect early pregnancy.

Spacing method was widely used in selected health facilities as compared to permanent method in Saharanpur district. Family planning facilities were available at all levels of health facilities in Saharanpur. During a visit to a sub-centre in Jairampur ANM reported that most of the people used spacing method and no permanent method was used by females in the areas. In district hospital, total 3 Vasectomies and 116 Tubectomies were done during the month of July in 2018. Apart from that 410 IUCD insertions and 92 MTPs were conducted at DH in the same month. Most of the Tubectomy was performed in the 35-39 age group of females while IUCD insertions were used by women in the age group of 25-29 years old.

3.13 INFORMATION EDUCATION AND COMMUNICATION (IEC)

Information Education and Communication is one of the best methods to enhance awareness of the people about health programmes running under the Government of India like maternal health schemes (JSY and JSSK), child immunisation programme, family planning and disease control programmes like TB, HIV, Malaria and Dengue. The key objective of the IEC strategy is to encourage health-seeking behaviour of the people. Communication plays an important role to facilitate awareness and disseminate information regarding availability and access to quality of health care services within the Government health system. We observed during the visits to health facilities that IEC material that included benefits for pregnant women and immunisation were displayed on walls in a proper way at district hospital and community health centre.

But in the case of primary health centre and sub-centre it was found that there was limited display of IEC material related to the JSY and JSSK entitlement and immunisation schedule. IEC material of immunisation schedule was not displayed in PHC Pilakhni. Sub-centre in Jairampur did not display any material about JSY and JSSK scheme which provides free services for delivery care at health facility.



Fig 14: Display of IEC materials

3.14 COMMUNITY PROCESS

National Rural Health Mission (now National Health Mission) introduced the ASHA programme as key components of the community process intervention and one of the largest community health worker programmes in the world. ASHAs are selected in the village level by the main coordinators like Pradhan. ASHAs must be a resident of the village and preferably age group of 25 to 45 year.

In the visited health facilities ASHAs were engaged efficiently in their work. ASHAs got training at district hospital and block level after selection. At sub centre in Jairampur and Brahmin Majara, only 1 ANM and 6 ASHAs for each centre were working and participated in the monthly meeting held at the block level. During interaction with some ASHAs, we observed that there was discontent felt probably due to work burden carried out by ASHAs and the less payment received made to them. ASHAs also have done the household survey to identify the eligible beneficiaries for AYUSHMAN Bharat programme. For this work, they received an incentive of Rs.5 per household survey. ASHA understand their responsibilities related to ANC, post natal care, immunisation, HBNC and know about family planning method.

3.15 DISEASE CONTROL PROGRAMME

District hospital provides facility of disease control like Malaria, HIV and Rapid Plasma Reagin (RPR) test. The RPR test is used for screening the patients who have symptoms of sexually transmitted infections (STI) and is also routinely used for the pregnant women for detecting the disease. District hospital did not provide TB related facility to the patients. Facility related to the mental health was not available at DH due to no psychiatrist post is filled up. CHC Gangoh is providing disease control facility like Malaria, TB and HIV test was conducted and DOTs facility is also available at CHC. In case of CHC Sarsawan, there was no facility available of disease control for the patients.

3.16 ROGI KALYAN SAMITI (RKS)

Under the National Rural Health Mission (now National Health Mission), Rogi Kalyan Samiti / Hospital Management Committees are envisaged to be constituted at public health facilities at the PHCs, CHCs and District Hospitals. RKS is a registered under Societies Registration Act and they have their account in a local bank. It consists of members from local Panchayat Raj Institutions (PRIs), NGOs, local elected representative and state government officials. RKS is flexible and free to prescribe, generate and utilisation of funds for maintaining the quality of services for patients. It generates fund from donations, loan from financial institutions, user fees from patients and grants from government. Detail of untied fund from selected health facilities is given in table 31. District hospital has received 10,000,00 fund and they have utilised the entire fund.

Table 31: Distribution of untied fund utilisation at selected health facilities, Saharanpur, 2018

Public Facility	Proposed	Received	Utilised
District Hospital	10,00000	10,00000	10,00000
Community Health Centre (Gangoh)	5,00000	2,50,000	2,50,000
Community Health Centre (Sarsawan)	NA	NA	NA
Primary Health Centre (Pilakhni)	25000	25000	25000
Primary Health Centre (Halalpur)	1,75,000	0	0
Sub Centre (Jairampur)	10,000	10,000	10,000
Sub Centre (Brahmin Majara)	10,000	10,000	10,000

Source: Supportive check list, Field visit, PRC-DELHI team, 2018, Note: NA-Not Available

Community health centre Gangoh has received half of the amount that was proposed by them last year i.e. 5,000,00. PHC Pilakhni has spend all amount and PHC Halalpur has proposed 1, 75,000 but did not receive any amount in the last financial year. Both sub centres received 10,000 untied funds and entire amount was spent. Untied fund was spent on repair or maintenance of equipment, furniture, cleanliness, purchase of minor medical equipment and beautification of health centres. Sometimes this fund was used for purchase of essential

amenities like water cooler, room heater, and replacement of fans, chair and benches for patients.

3.17 HMIS AND MCTS

HMIS and MCTS facility has been implemented at all the health facilities. The Mother and Child Tracking System is a beneficiary's related database for MCH services. It was launched in 2009 for improving the maternal health services. The MCTS is designed to capture all pregnant women and newborn children (up to 5 years of age). Data on JSY beneficiaries, ANCs, child birth and immunisation was uploaded on MCTS portal.

During the visited health facilities, it was found that supply of irregular electricity; inconsistent internet connectivity and sometimes slow speed of the web portal were some of the challenges faced by health facilities especially at the block level. In CHC Gangoh, interviewed staff pointed out that huge power cut and its effect on internet lead to delay in entering the data into MCTS web portal and sometime MCTS portal was not open.

3.18 AYUSH PROGRAMME

The National Health Policy (NHP) 2017 has mainly focused on the potential of AYUSH within a pluralistic system of integrative health care. The NHP 2017 has emphasised to need for integrating AYUSH in the National Health Mission, research and education. District hospital in Saharanpur has separate AYUSH wing with 3 doctors of Ayurveda, Homeopathic and Unani. About 20 to 30 patients visited daily for medicine. At the PHC level, no AYUSH facilities were available. AYUSH facility was available at CHC Gangoh and Sarsawan.

4

FACILITY-SPECIFIC OBSERVATIONS

4.1 DISTRICT WOMEN HOSPITAL, SAHARANPUR

- The basic Infrastructure facility available at the District Women Hospital is satisfactory and is functioning in a government building. Staff quarters are available for the employees in the campus. Basic amenities like water supply, cleanliness of toilets and wards are fine but inside the maternal ward and KMC ward beds are adjacent to each other with a number of patients and their family members which seem to be crowded. Electricity is the major issue found in the DWH. More than an hour, an interrupted power supply was observed where no alternative or backup support is available.
- District hospital run with the 5 functional OPDs in which 1 separate OPD is available for only ANC check-up. As stated by the OPD handlers, Per OPD per day load in the DH is 250-300. OPD registers are maintained and up-to-date.
- District hospital equipped with 205 functional beds. Maternal Ward, ANC Ward, KMC Unit, SNCU etc. are functional in the DWH. All the wards are attached with cleaned toilet and bathroom. Labour room functioning with all essentials equipment's like BMW, new born care corner, weighing machine etc. In Labour room no elbow support/normal weight facility is available. Entry of delivery cases are maintained in the register. After the delivery family planning related counselling is provided to the mothers. LAMA cases are referred to Meerut Medical College in case if the DFH is overburdened or the delivery load on the hospital is more.
- ARSH clinic is functioning in the district hospital, where 1 Male and 1 Female counsellor are available and giving their services to the adolescents. Basically, they counselled the adolescents to enhance their awareness about the contraceptives, SRH related issues, Nutrition, RTI/STI, Menstrual Disorders etc. Female counsellor said, most cases are coming through the OPDs in which the patients have problems related to the RTI/STI, Menstrual Disorders, pregnancy related issues etc. Apart from this they also try that people shall come here for counselling through ASHAs. No campaigning they held outside the campus.
- Counselling centre for HIV/AIDs is available at the DH. One counsellor is available for the service. Counsellor said the prevalence rate of HIV/AIDs positive is 3% here as per the

hospital records. Most of the cases they detect at the time when the female patients come for the first ANC or the time of pregnancy.

- The prevalence rates of HIV/AIDs are high among the female in respect to male. The main reason behind this result may be that at the time of pregnancy they do the HIV/AIDs test only for women.
- Blood bank is available in the district hospital. The essential components and instruments are functional and in working condition. Along this, the campaigning is done twice in a month to enhance the awareness among the peoples to participate in blood donation. Blood collection through mobile van is not in process because of the unavailability of the driver.
- AYUSH wing is effectively run from past 6 six years in DH and is the first centre in the district. Ayurveda, Unani and Homeopathy doctors facilitate to give their services in the AYUSH wing rest and the two positions of Yoga and Sidhha are vacant. The counselling and treatment are provided to the patients stated by the Unani doctor.
- Nutritional Rehabilitation Centre is available in the district hospital with a cleaned kitchen and a ward. One nutritionist is placed at the centre on the contractual basis. Other, employees working in the NRC is hired on contractual basis. Nutritionist reported that those infants who are underweight are admitted here and they do counselling of their parents, give the information of diet and other instructions. As per the guidelines of the UNICEF they provide the food to the children's at the time of breakfast, lunch and dinner.
- Regarding the JSY payments, ANM did not give any information to the beneficiary instead they filled the forms on their own and take the signature of the beneficiary. The beneficiaries have low awareness about the guidelines of JSY and how much money they get under JSY. An issue in quantity and quality of food provided to the beneficiaries at the time of delivery is also present. Quantity of the food provided to the patients is also very less quantity.
- Cases of Hospital discharge within 48 hours of delivery are very high in the district hospital as observed by team while collecting information from the beneficiary. Delivered mother said that after 24 hours of stay Nurses or ANM demands the commission from the beneficiary for the stay. Along with this, it was also observed that consent form was not given by the responsible authorities of the hospital to the beneficiaries in case of hospital discharge before 48 hours.
- Laboratory is not functioning in the district hospital. However, the LT staffs are permanent.
- None of the specialist RMNCH Counsellor is available at the district hospital and shortage of essential drugs because of the procurement related issues.

4.2 COMMUNITY HEALTH CENTRE, SARSAWAN, SAHARANPUR

- Infrastructural facilities of the CHC, Sarsawan is well functioning and all the basic amenities are available inside the hospital premises.
- Maternity wing is newly developed. Earlier, the maternity case was referred to the nearest hospital. NBSU is not available at the facility. There is no C-section delivery facility available at the CHC because of the unavailability of specialist. The cases of C-Section delivery is referred to the nearest Sheikh-Ul Hind Maulana Mahmood Hasan Medical College, Sarsawan or Meerut Medical College.
- Issues related to shortfall of HR exist at the facility or at the PHCs and SCs which are under the control of CHC, Sarsawa. One MBBS, 2 Mos, one LMO, 12 Staff Nurses, and eleven ANM positions are vacant. One MO position is vacant in the CHC, Sarsawa.
- Shortage of essential drugs for malaria, fungal disease, diarrhoea etc.
- Laboratory is available for test but limited number of test facilities are available at the CHC like blood test, urine test etc. because of the lack of the testing equipment's. Eye Specialist is positioned at the CHC. But, because of the scarcity of eye testing equipment's and instruments it is not functioning
- Because of the shortage of ANMs immunization process is affected in the area. Additional, work load on each ANM is higher. MO reported that, Gram Pradhan give his participation to encourage ASHAs, ANM and especially the beneficiaries.
- TB cases are highly prevalent in the area. Per month 35 new cases of TB are coming. Same is the case of HIV positive. Till now, they have 21-25 HIV positive patients. MO reported that this is because youth of this area is involved in drug addiction, usage of syringes etc. The number of HIV positive patients has increased in the area.
- The utilization of untied funds (3 lakh) and they spent the money for purchasing beds, inset floor and wall tiles and the renovation of 1 CHC 3 PHC and on additional CHC.
- MO reported, on the occasion of Population Day on 11th July that they have appointed one staff nurse as a counsellor for family planning.
- RBSK programme is not run at the facility because of the shortage of the ANMs. Under this programme they only follow the case till Saturday and if there is no improvement observed then the case is referred to the DH.
- Staff orientation and training is not fixed and trainings are arranged as per the requirement.
- Security issue and Issues of theft are present at the CHC. No security guard is positioned at the facility. Also, the CCTV cameras are not inbuilt on the walls. So, this is creating

difficulties in the process of monitoring. From the last one year lot of theft issues are coming at the CHC.

4.3 COMMUNITY HEALTH CENTRE, GANGOH, SAHARANPUR

- Physical infrastructure wise CHC, Gangoh is well functioning in a government building. Basic amenities like drinking water cooler, toilet and bathroom facility is available inside the hospital premises. Staff quarters are available for the employees. Electricity is not a major issue at CHC, Gangoh because the alternatives are available in the form of generator and Inverter for backup of power supply.
- CHC, Gangoh is not well connected through road with DH and is approximately 45 KMs far away from the DH. So, in case of any emergency or referral lot of problem are faced by the CHC, Gangoh.
- CHC Gangoh is 60 bedded and the main problem is the over burden of OPDs and pregnancy related cases. Because the area is densely populated the CHC, Gangoh is overburdened with a number of OPDs and delivery related cases. Since, last 1 year no C-Section delivery was done because of the unavailability of Gynaecologist.
- AYUSH wing is functional. 2 Doctors provide services in the AYUSH wing. Counsellor position is vacant.
- Major issue in front of the CHC, Gangoh is the lack of HR. Specialists, ANM, Sweeper etc. positions are vacant. One MO is positioned at the CHC, Gangoh. MO reported that because he is the single MO at the CHC. So, the work load on him is more. He manages all the work of the CHC. Because of this reason he could not attend any training of the Mos.
- Five PHCs and 2 SCs effectively work under the control of CHC, Gangoh. But, at the PHC level all the positions of MO are vacant. Only, the other supporting staffs manage the PHC and only one SC is on the rented building.
- It is observed that the details of the RKS meetings, allocation of funds and expenditure not properly maintained in a pertinent register by the responsible persons.
- The RKS funds were used for fitting tiles in the hospital buildings, installation of CCTVs cameras in the hospital premises and hire two security guards in CHC Gangoh.
- JSY payment related issues are prevalent at the CHC level in which banks create problems in opening bank account of the beneficiary because of the problems of supporting documents. Due to this, there is a delay in depositing the amount in the beneficiary's account.
- Under the ANTARA Programme, many people use the injectable for the family planning. So, the programme is running very efficiently in the area. Every month on the second and

fourth Monday, a family planning camp takes place in the area in which they do the counselling of the peoples regarding family planning.

- Lack of supply of essential medicines and IFA tablets are not in stock.
- Dot centre, ICTC centre not available at the CHC.

4.4 PRIMARY HEALTH CENTRE, HALALPUR, SAHARANPUR

- PHC Halalpur is effectively functioning in a government building and has good infrastructural facilities with a total capacity of 3 beds. Labour room is 2 bedded with attached toilet and bathroom. Cleanliness inside the facility is appropriate and in a hygienic condition.
- Labour room has all equipments like BMW, new born care corner, weight machine, etc. SNCU is not available at the facility. In case of emergency they refer the case to the DH.
- Electricity is the major issue at the facility especially at PHCs and SCs level. However, inverter facility is available at the PHC but the power backup is very low. So, night deliveries are almost avoided and referred the case to the DH. From last one month no delivery was done at the PHC because of security reason and unavailability of proper facilities. All the cases are referred to DH.
- Testing laboratory is available in the PHC but it is not in the working condition. Only few test facilities are available.
- Essential Drugs are available in the facility. Also, all the records of the cases are kept in a register and maintained on a regular basis.
- Government plan to open the services here for 24x7 hour. Because the location of the PHC is at a good point and in between the city. The government has taken an initiative here to increase the number of staff members at the facility and included 4 staff Nurses, 1 Pharmacist, 1 AYUSH, 1 Guard. Along with this, they have converted the facility into the category of L1 to L2.
- PHC, Halalpur is the delivery point and per month 2-3 deliveries are done here. But, because on paper all the requirements are not completed.

4.5 PRIMARY HEALTH CENTRE, PILKHANI, SARASAWAN

- Physical infrastructure at PHC, Pilkhani is in good condition and functioning in the government building. But it is located in interior from the main road. So, the accessibility is difficult. Staff quarters are available in the facility but not in a good condition. None of the employees residing in the staff quarters. Another problem of the PHC is the water logging or blockage in front of PHC building because of it is low land area.

- Basic problem of the PHC is the shortage of manpower or staffs. Only 1 MO, 1 Pharmacist and 1 Cleaner are available at the facility. MO visits the PHC thrice in a week on an alternate basis.
- Labour room, maternity ward, male and female wards are available at the facility but none of them are functional. For Health care services OPD facility is only available or functional at the PHC. Load of OPDs is 25-30 per day in the facility. Peoples commonly come for the treatment of minor sickness at the facility.
- OPD register is maintained by the pharmacist on a regular basis and have the record of all the inpatients and outpatients. Disease wise cases are also maintained in a register for HMIS record.
- Pregnancy cases are referred to the Sheikh Ul Hind Maulana Mahmood Hasan Medical College, Saharanpur, which is nearly 5-6 Kms far from the PHC, Pilkhani.
- Essential drugs are available in inadequate quantity. No, test laboratory is available at the PHC.
- Bio-degradable waste is dispatched and collected by the contracted company “Synergy” in quarterly.

4.6 SUB CENTRE, JAIRAMPUR, SARSAWAN, SAHARANPUR

- Physical infrastructure of the sub-centre is in good condition and it is running in the government building. Drinking water and Toilet facility is available in the SC. Cleanliness is found inside the SC.
- Electricity related issue was found in the SC. Almost, daily power cut happen for 4-6 hours. However, arrangement of power backup solar panel plates is available at the facility but the load onto is limited.
- Register is maintained by the ANM but not on the regular basis. JSK and JSSK display posters are not pasted at the centre.
- Labour room is available at the centre but has the few cases of delivery since the last one year because the CHC, Sarsawan is only 8 km far away from the centre. So, most of the delivery cases ANM referred to the CHC, Sarsawan.
- Shortage of the ANMs at the district level, work load on the ANM is too much. Additional, six more villages are handled by the ANM. Regarding HR, 6 ASHAs work under the ANM. No cleaning staff is available at the facility.
- Unavailability of essential drugs like IFA tablets, Zinc etc. were found at the centre. Instruments like Stethoscope, weighing machine (child/women), haemoglobin meter

scale, pregnancy kit is available at the facility. For the collection of Biomedical Waste coloured polythene bags such as red, yellow and black are used.

4.7 SUB CENTRE, BRAHMIN MAJARA, SARSAWAN, SAHARANPUR

- Physical infrastructure of the sub-centre is in good condition and run in the government building. Drinking water and Toilet facility is available in the SC. But, lack or absence of cleanliness was found inside the facility. Cleaner position is also vacant.
- Electricity related issue found in the SC. No power back is available in the facility.
- Registered cases of ANCs are up-to-date and maintained regularly by the ANM.
- Shortage of essential medicines like IFA, zinc tablets etc were found in the SC. Equipment's like weighing machine, Stethoscope is not available in the facility.
- Labour room is available in the SC but the absence of maintenance was found inside the room like darkness and moisture conditions are present, light bulbs are not there. Only one bed is available.
- Shortage of the ANMs at the District level, work load on the ANM is too much. Additional, five villages are assigned to the ANM.
- No display poster of JSSK is available inside the facility.
- For the collection of Bio-medical wastes used coloured polythene bags.
- Issues in training of ASHAs and ANMs are also observed. This led lack of knowledge which was observed. Trainings are not provided to the ASHAs and ANMs from time to time or on regular basis at the block level.

5

CONCLUSION & RECOMMENDATIONS

CONCLUSIONS AND RECOMMENDATIONS

- In Saharanpur district the major issue is the shortage of human resources and the rational deployment of them. It is observed that in each facility the numbers of staffs are less or not allocated as per the needs of the facility. Most of the staffs are working on the contractual basis. In addition, extra work load is given to ANMs. In some cases it is observed that the staff is not interested to work in the remote areas.
- Procurement of medicines /consumables in the district is severely affected. There is no flexibility in supply chain which affects the supply of drugs. At present, supply of essential drugs are in pipeline but not supplied timely in each of the public health facilities.
- Laboratory is available in each CHC and DH. But, because of shortage of essential equipments like testing kits and instruments; some of the laboratories are dysfunctional and some have limited type of test facilities which increase the burden on the patients.
- Under NHM active monitoring can be done by the administrative and the managerial staffs at all the facilities to include frequent field visits from district hospital to sub district hospitals and other remote facilities.
- An apex level committee has been formed for the better implementation of “Ayushman Bharat- National Health Protection Scheme” which coordinates the services of empanelment between the public and the private hospitals. Under the scheme a survey has been conducted in both the rural and urban areas for the identification of beneficiaries. So far only one hospital has been empanelled under the scheme.
- At CHC Gangoh, the record of RKS meetings for the current financial year is not entered on the prescribed register. All the details of the RKS meetings, allocation of funds and expenditure are noted separately. Under the RKS, funds are basically used for the maintenance and renovation of the hospital buildings, installation of CCTVs Cameras, deployment of guards, water coolers, tiles and flooring etc.
- Under the JSY and PMMVY scheme, ANMs and ASHAs are involved in the cases of commissioning on a large scale. Along with this, in pregnancy related cases ASHAs are reportedly diverting the cases to private hospitals instead of public hospitals because as they are likely to receive more incentives from the private hospitals.

- JSY payment is disbursed through Public Financial Management System (PFMS) in all health facilities. However, some of the issues arise related to the unavailability of the supporting documents and unavailability of bank accounts of the beneficiary which creates a problem in timely disbursement of the JSY incentive. Requirement of identity proof to open bank account is a major issue.
- The institutional delivery rate is increased at the district level but the coverage is low in remote areas. One of the main reasons is the commission demanded by ASHAs for giving the services to the beneficiaries. Along with this, there is insufficient information or counselling provided by ASHAs and ANMs at their level to pregnant women.
- Under Mission “Indradhanush” the immunization rates have increased in the district but the remote areas have low coverage, particularly in Gangoh block.
- Family Planning programme “ANTARA” is running quite well in the CHC Gangoh and the people’s response towards the method is positive. At the District Female Hospital, beneficiaries are trained through proper counselling and campaigning.
- The Sub-Centres are not well equipped at the district level. Because, the delivery points are very low in the district; it is crucial to strengthen the services at the Sub Centres.
- In Saharanpur boundaries of three blocks are unidentified. This resulted in ASHAs mixing the details of the beneficiaries and other records within the 3 blocks. Due to this, HMIS data reporting is interrupted. Apart from this, the reporting and data validation of the CBR and IMR is very weak in the district.
- Cases of hospital discharge within 48 hours after the delivery of women are very high in the district in almost each of the public health facilities where delivery points are available. In case of hospital discharge before 48 hours, responsible authorities of the hospital do not provide the consent form to the patient.
- Cases of drug addiction are high in the Sarsawan Block. Number of HIV positive patients has also increased. As per the hospital records CHC Sarsawan has about 25 cases of HIV positive detected within the last year. 3 percent of HIV positive cases are detected in District Female Hospital (DWH).
- There was lack of training programmes arranged at the block level for ASHAs and ANMs. Also, the higher authorities do not participate in the training programmes.
- Some of the programmes under NHM work very efficiently in the district which includes the RMNCH+A, Child Health, Immunization and eradication of leprosy, diabetes, TB, communicable and vector borne diseases under the NDCPs. Counsellor are positioned at the DH for counselling of HIV, RTI/STIs, adolescent health, nutrition, family planning etc. But, at the CHC and PHC these facilities shows the insufficiency.

ANNEXURE-1



NATIONAL HEALTH MISSION

MONITORING OF DISTRICT PIP

POPULATION RESEARCH CENTRE, INSTITUTE OF ECONOMIC GROWTH, DELHI

EVALUATION OF KEY INDICATORS OF THE DISTRICT

Section 1 Details of demographic & health indicators for the last financial year

No. of Blocks	
No. of Village	
Population (Census 2011)	
Literacy Rate	
Sex Ratio	
Child Sex Ratio	
Density of Population	
Health Indicators	
NMR	
IMR	
U5MR	
MMR	
TFR	
Fully immunized children	
ANC Registration in the first trimester	
Full ANC	
Safe Deliveries (Institutional + SBA attended home) deliveries)	
Institutional Deliveries	
No of women received PNC check-ups within 48 hours	

Section 2. Detail of health infrastructure's in the last financial year			
Health Facility	Number available	Govt. Building	Rented building/ Under
District hospital			
Sub-District hospital			
First Referral Units (FRUs)			
CHC			
PHC			
Sub centre			
Mother & Child Care Centres			
Adolescent friendly Health Clinic			
Medical College			
Skill Labs			
District Early Intervention Centre			
Delivery Points			

Transport Facility	Number available	Number functional	Remarks
108 Ambulances			
CATS			
102 Ambulance			
Referral Transport			
Mobile Medical Units			

Section 3: Human Resource as on 31 March, 2018			
Position Name	Sanctioned	Filled	Vacant
MO's including specialists			
Gynaecologists			
Paediatrician			
Surgeon			
Nutritionist			
Dental Surgeon			
LHV			
ANM			
Pharmacist			
Lab technicians			
X-ray technicians			
Data Entry Operators			
Staff Nurse at CHC			
Staff Nurse at PHC			
ANM at PHC			
ANM at SC			
Data Entry Operators			
Any other, please specify			

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

Position Name	SBA	BeMOC	MTP	Minilap/PPS	NSV	Total
Medical Officers						
Lady Medical Officers						
Staff Nurse						
ANM						
LHV/PHN						

Note- Fill number of officials who have received training

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

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

Note- Fill number of officials who have received training

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

.....

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

Block	ANC Registered	3 ANCs	Home Deliveries	Institutional Deliveries

Note- Please include the data for Medical College and DH

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

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

Section 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

Section 5.4. Status of JSY Payments in district in the last financial year						
Status of payments for (in per cent)				Record maintenance		
Institutional deliveries	Home Deliveries	Deliveries brought by ASHAs	Available	Updated	Non updated	

Section 5.5. Block wise JSSK Progress in district in the last financial year						
Block	No. of Beneficiaries under JSSK				District Total =	
	Diet	Drugs	Diagnostic	Transport		
				Home to Facility	Referral	Facility to Home

Section 5.6. Maternal Death Review in the last financial year							
Total Maternal Deaths	Place of Deaths			Major Reasons (% of deaths due to reasons given below)	Month Of pregnancy		
	Hospital	Home	Transit		During pregnancy	During Delivery	Post Delivery
				(Haemorrhage, Obstetric Complications, Sepsis, Hypertension, Abortion, Others)			

Section 6.1. Child Health: Block wise Analysis of immunization in the last financial year											
Block	Target	OPV at birth	BCG	DPT			Pentavalent			Measles	Full Immunization
				1	2	3	1	2	3		

Section 6.2. Child Health: Details of infrastructure & Services under Neonatal Health, in the last financial year		
Services	Numbers	whether established in last financial year (Yes/No)
Total SNCU		
Total NBSU		
Total NBCC		
Total Staff in SNCU		
Total Staff in NBSU		
Total NRCs		
Total Admissions in NRCs		
Total Staff in NRCs		
Average duration of stay in NRCs		

Section 6.3. Neonatal Health: (SNCU, NRCs & CDR) in the last financial year									
Total neonates admitted in to SNCU	Treatment Outcome				Total neonates admitted in to NBSU	Treatment Outcome			
	Discharge	Referred	Death	LAMA*		Discharge	Referred	Death	LAMA*

Note- * Leave against medical advis

Section 6.4. Neonatal Health: (SNCU, NRCs & CDR) in the last financial year				
Total Death	Place of Death			Major Reasons for death (% of deaths due to reasons given below)
	Hospital	Home	Transit	
				(Prematurity, Birth Asphyxia, Diarrhea, Sepsis, Pneumonia, Others)

Section 6.5. Rashtriya Bal Swasthya Karyakram (RBSK), Progress Report in the last two financial years									
Years	No. of Schools	No. of children registered	Children Diagnosed	No. of Children referred	Eye Disease	Ear Disease	Heart disease	Physically challenged	Anemic
2017-18									
2016-17									

Section 7. Family Planning achievement in District in the last financial year												
Block	Sterilization			IUCD insertions		Oral Pills		Emergency Contraceptives		Condoms		Injectable Contraceptives
	*T	*M	*F	*T	*Ach	*T	*Ach	*T	*Ach	*T	*Ach	

Note: *T "Target" *A "Achievement" *M "Male" *F "Female"

Section 8. RSK Progress in District in the last financial year						
Block	No. of Counselling session held conducted	No. of Adolescents who attended the Counselling sessions	No of Anemic Adolescents		IFA tablets given	No. of RTI/STI cases
			Severe Anaemia	Any Anaemic		

Section 9. Quality in health care services			
Bio-Medical Waste Management	DH	CHC	PHC
No of facilities having bio-medical pits			
No. of facilities having colour coded bins			
Outsourcing for bio-medical waste			
If yes, name company			
How many pits have been filled			
Number of new pits required			
Infection Control			
No. of times fumigation is conducted in a year			
Training of staff on infection control			

Section 10. Community process in District in the last financial year	
Last status of ASHAs (Total number of ASHAs)	
ASHAs presently working	
Positions vacant	
Total number of meeting with ASHA (in a Year)	
Total number of ASHA resource centres/ ASHA Ghar	
Drug kit replenishment	
No. of ASHAs trained in last year	
ASHA's Trained in Digital Literacy	
Name of trainings received	1) 2) 3)

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

Section 10.2. Disease control programme progress District (Communicable Diseases)				
Name of the Programme/ Disease	2016-17		2017-18	
	No. of cases screened	No. of detected cases	No. of cases screened	No. of detected cases
Malaria				
Dengue				
Typhoid				
Hepatitis A/B/C/D/E				
Influenza				
Tuberculosis				
Filariasis				
Japanese encephalitis				
Others, if any				

Section 11. AYUSH progress District in the last financial year			
Block	No. of facilities with AYUSH health centres	No. of AYUSH Doctors	No. of patients received treatment

Section 12.1 Pool Wise Heads Summary

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

Section 12.2. Budget Utilisation Parameters			
S.No	Scheme/Programme	Funds 2017-18	
		Sanctioned	Utilized
13.1	NRHM + RMNCH plus A Flexipool		
13.1.1	Maternal Health		
13.1.2	Child Health		
13.1.3	Family Planning		
13.1.4	Adolescent Health/RKSK		
13.1.6	Immunization		
13.2.	NUHM Flexi Pool		
13.2.1	Strengthening of Health Services		
13.3	Flexipool for disease control programme (Communicable Disease)		
13.3.1	Integrated Disease Surveillance Programme (IDSP)		
13.3.2	National Vector-Borne Disease Control programme		
13.4.3	National Tobacco Control Programme (NTCP)		
13.4.1	National Mental Health programme (NMHP)		
13.4.2	National Programme for the Healthcare of the Elderly (NPHCE)		
13.4.3	National Tobacco Control Programme (NTCP)		
13.4.4	National Programme for Prevention and Control of Cancer, Diabetes, Cardiovascular Diseases and Stroke (NPCDCS)		
13.5	Infrastructure		
13.5.1	Infrastructure		
13.5.2	Maintenance		
13.5.3	Basic training for ANM/LHVs		

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

ANNEXURE-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 24x7 water supply	Y	N	
1.1	Clean Toilets separate for Male/Female	Y	N	
1.11	Functional and clean labour Room	Y	N	
1.12	Functional and clean toilet attached to labour room	Y	N	
1.13	Functional New born care corner (functional radiant warmer with neo-natal ambu bag)	Y	N	
1.14	Functional Newborn Stabilization Unit	Y	N	
1.16	Functional SNCU	Y	N	
1.17	Clean wards	Y	N	
1.18	Separate Male and Female wards (at least by partitions)	Y	N	
1.19	Availability of Nutritional Rehabilitation Centre	Y	N	
1.2	Functional BB/BSU, specify	Y	N	
1.21	Separate room for ARSH clinic	Y	N	
1.22	Burn Unit	Y	N	

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

Section II: Human Resource as on March 31, 2018				
S. no	Category	Sanctioned	In-position	Remarks if any
2.1	OBG			
2.2	Anaesthetist			
2.3	Paediatrician			
2.4	General Surgeon			
2.5	Other Specialists			
2.6	Mos			
2.7	SNs			
2.8	ANMs			
2.9	LTs			
2.1	Pharmacist			
2.11	LHV			
2.12	Radiographer			
2.13	RMNCHA+ counsellors			
2.14	Nutritionist			
2.15	Dental Surgeon			
2.16	Others			

Section III: Training Status of HR in the last financial year:			
S. no	Training	No trained	Remarks if any
3.1	EmOC		
3.2	LSAS		
3.3	BeMOC		
3.4	SBA		
3.5	MTP/MVA		
3.6	NSV		
3.7	F-IMNCI		
3.8	NSSK		

3.9	Mini Lap-Sterilisations		
3.1	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	
4.1	Functional Mobile light	Y	N	
4.11	Delivery Tables	Y	N	
4.12	Functional Autoclave	Y	N	
4.13	Functional ILR and Deep Freezer	Y	N	
4.14	Emergency Tray with emergency injections	Y	N	
4.15	MVA/ EVA Equipment	Y	N	
4.16	Functional phototherapy unit	Y	N	
4.17	Dialysis Equipment	Y	N	
4.18	O.T Equipment			
4.19	O.T Tables	Y	N	
4.2	Functional O.T Lights, ceiling	Y	N	
4.21	Functional O.T lights, mobile	Y	N	
4.22	Functional Anaesthesia machines	Y	N	
4.23	Functional Ventilators	Y	N	

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

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

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

Section VI: Other Services				
S.no	Lab Services	Yes	No	Remarks
6.1	Haemoglobin	Y	N	
6.2	CBC	Y	N	
6.3	Urine albumin and sugar	Y	N	
6.4	Blood sugar	Y	N	
6.5	RPR	Y	N	
6.6	Malaria	Y	N	
6.7	T.B	Y	N	
6.8	HIV	Y	N	
6.9	Liver function tests(LFT)	Y	N	
6.1	Ultrasound scan (Ob.)	Y	N	

6.11	Ultrasound Scan (General)	Y	N	
6.12	X-ray	Y	N	
6.13	ECCG	Y	N	
6.14	Endoscopy	Y	N	
6.15	Others , pls specify	Y	N	
S.no	Blood bank / Blood Storage Unit	Yes	No	Remarks
6.16	Functional blood bag refrigerators with chart for 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	2016-17	2017-18
7.1	OPD		
7.2	IPD		
7.3	Total deliveries conducted		
7.4	No. of C section conducted		

7.5	No. of neonates initiated breast feeding within one hour		
7.6	No of admissions in NBSUs/ SNCU, whichever available		
7.7	No. of children admitted with SAM (Severe Acute Malnutrition)		
7.8	No. of pregnant women referred		
7.9	ANC1 registration		
7.1	ANC 3 Coverage		
7.11	No. of IUCD Insertions		
7.12	No. of PPIUCD Insertion		
7.13	No. of children fully immunized		
7.13	No. of children given ORS + Zinc		
7.13	No. of children given Vitamin A		
7.14	Total MTPs		
7.15	Number of Adolescents attending ARSH clinic		
7.16	Maternal deaths		
7.17	Still births		
7.18	Neonatal deaths		
7.19	Infant deaths		

Section VII A: Funds Utilisation				
S.No	Funds	Proposed	Received	Utilised
7a.1	Untied funds expenditure			
7a.2	Annual maintenance grant			

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

Section VIII: Quality parameter of the facility				
S.No	Essential Skill Set	Yes	No	Remarks
8.1	Manage high risk pregnancy	Y	N	
8.2	Provide essential newborn care(thermoregulation, breastfeeding and asepsis)	Y	N	

8.3	Manage sick neonates and infants	Y	N	
8.4	Segregation of waste in colour coded bins	Y	N	
8.5	Bio medical waste management	Y	N	
8.6	Updated Entry in the MCP Cards	Y	N	
8.7	Entry in MCTS	Y	N	
8.8	Action taken on MDR	Y	N	

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

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

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

Qualitative Questionnaires for District Hospital Level

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

.....

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

.....

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

.....

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

.....

.....

ANNEXURE-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 24x7 water supply	Y	N	
1.1	Clean Toilets separate for Male/Female	Y	N	
1.11	Functional and clean labour Room	Y	N	
1.12	Functional and clean toilet attached to labour room	Y	N	
1.13	Functional New born care corner (functional radiant warmer with neo-natal ambu bag)	Y	N	
1.14	Functional Newborn Stabilization Unit	Y	N	
1.15	Clean wards	Y	N	
1.16	Separate Male and Female wards (at least by Partitions)	Y	N	
1.17	Availability of complaint/suggestion box	Y	N	
1.18	Availability of mechanisms for waste management	Y	N	

Section II: Human resource as on March 31, 2018

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

Section III: Training Status of HR (*Trained in Last Financial Year)			
S.No.	Training	No. trained	Remarks if any
3.1	BeMOC		
3.2	SBA		
3.3	MTP/MVA		
3.4	NSV		
3.5	IMNCI		
3.6	F- IMNCI		
3.7	NSSK		
3.8	Mini Lap		
3.9	IUD		
3.1	RTI/STI		
3.11	Immunization and cold chain		
3.12	Others		

Section IV: Equipment				
S.No.	Equipment	Yes	No	Remarks
4.1	Functional BP Instrument and Stethoscope	Y	N	
4.2	Sterilised delivery sets	Y	N	
4.3	Functional neonatal, Paediatric and Adult Resuscitation kit	Y	N	
4.4	Functional Weighing Machine (Adult and infant/newborn)	Y	N	
4.5	Functional Needle Cutter	Y	N	
4.6	Functional Radiant Warmer	Y	N	
4.7	Functional Suction apparatus	Y	N	
4.8	Functional Facility for Oxygen Administration	Y	N	
4.9	Functional Autoclave	Y	N	
4.1	Functional ILR and Deep Freezer	Y	N	
4.11	Functional Deep Freezer			
4.12	Emergency Tray with emergency injections	Y	N	
4.13	MVA/ EVA Equipment	Y	N	
	Laboratory Equipment	Yes	No	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	
5.1	Misoprostol tablets	Y	N	
5.11	Mifepristone tablets	Y	N	
5.12	Availability of antibiotics	Y	N	
5.13	Labelled emergency tray	Y	N	
5.14	Drugs for hypertension, Diabetes, common ailments e.g PCM, metronidazole, anti-allergic drugs etc.	Y	N	
5.15	Adequate Vaccine Stock available	Y	N	
S.No.	Supplies	Yes	No	Remarks
5.17	Pregnancy testing kits	Y	N	
5.18	Urine albumin and sugar testing kit	Y	N	
5.19	OCPs	Y	N	
5.2	EC pills	Y	N	
5.21	IUCDs	Y	N	
5.22	Sanitary napkins	Y	N	
S.No.	Essential Consumables	Yes	No	Remarks
5.23	Gloves, Mckintosh, Pads, bandages, and gauze etc.	Y	N	

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

Section VII: Service Delivery in last two years			
S.No	Service Utilization Parameter	2016-17	2017-18
7.1	OPD		
7.2	IPD		
7.3	Total deliveries conducted		
7.4	No of admissions in NBSUs, if available		
7.5	No. of sick children referred		
7.6	No. of pregnant women referred		
7.7	ANC1 registration		
7.8	ANC3 Coverage		
7.9	No. of IUCD Insertions		
7.1	No. of PPIUCD insertions		
7.11	No. of Vasectomy		
7.12	No. of Minilap		
7.13	No. of children fully immunized		
7.14	No. of children given Vitamin A		
7.15	No. of MTPs conducted		
7.16	Maternal deaths		
7.17	Still birth		
7.18	Neonatal deaths		
7.19	Infant deaths		

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

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

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

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

Section XII: Additional/Support Services				
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	

ANNEXURE-4

FRU level Monitoring Checklist

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

Section I: Physical Infrastructure

S.No.	Infrastructure	Yes	No	Additional Remarks
1.1	Health facility easily accessible from nearest road head	Y	N	
1.2	Functioning in Govt. Building	Y	N	
1.3	Building in good condition	Y	N	
1.4	Staff Quarters for Mos	Y	N	
1.5	Staff Quarters for SNs	Y	N	
1.6	Staff Quarters for other categories	Y	N	
1.7	Electricity with power back up	Y	N	
1.9	Running 24x7 water supply	Y	N	
1.1	Clean Toilets separate for Male/Female	Y	N	
1.11	Functional and clean labour Room	Y	N	
1.12	Functional and clean toilet attached to labour room	Y	N	
1.13	Functional New born care corner (functional radiant warmer with neo-natal ambu bag)	Y	N	
1.14	Functional New-born Stabilization Unit	Y	N	
1.16	Functional SNCU	Y	N	
1.17	Clean wards	Y	N	
1.18	Separate Male and Female wards (at least by partitions)	Y	N	
1.19	Availability of Nutritional Rehabilitation Centre	Y	N	
1.2	Functional BB/BSU, specify	Y	N	
1.21	Separate room for ARSH clinic	Y	N	
1.22	Availability of complaint/suggestion box	Y	N	
1.23	Availability of mechanisms for Biomedical waste management (BMW)at facility	Y	N	
1.23a	BMW outsourced	Y	N	
1.24	Availability of ICTC Centre	Y	N	

Section II: Human resource as on March 31, 2018				
S.No.	Category	Sanctioned	In-Position	Remarks if any
2.1	OBG			
2.2	Anaesthetist			
2.3	Paediatrician			
2.4	General Surgeon			
2.5	Other Specialists			
2.6	MOs			
2.7	SNs			
2.8	ANMs			
2.9	LTs			
2.1	Pharmacist			
2.11	LHV			
2.12	Radiographer			
2.13	RMNCHA+ counsellors			
2.14	Others			

Section III: Training Status of HR			
S.No.	Training	No Trained	Remarks if any
3.1	EmOC		
3.2	LSAS		
3.3	BeMOC		
3.4	SBA		
3.5	MTP/MVA		
3.6	NSV		
3.7	F-IMNCI		
3.8	NSSK		
3.9	Mini Lap-Sterilisations		
3.1	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	
4.5	Functional Needle Cutter	Y	N	
4.6	Functional Radiant Warmer	Y	N	
4.7	Functional Suction apparatus	Y	N	
4.8	Functional Facility for Oxygen Administration	Y	N	
4.9	Functional Autoclave	Y	N	
4.1	Functional ILR and Deep Freezer	Y	N	
4.11	Emergency Tray with emergency injections	Y	N	
4.12	MVA/ EVA Equipment	Y	N	
4.13	Functional phototherapy unit	Y	N	
	Laboratory Equipment			
4.1a	Functional Microscope	Y	N	
4.2a	Functional Hemoglobinometer	Y	N	
4.3a	Functional Centrifuge	Y	N	
4.4a	Functional Semi autoanalyzer	Y	N	
4.5a	Reagents and Testing Kits	Y	N	
4.4	Functional Weighing Machine (Adult and child)	Y	N	

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

Section VI: Other Services				
S.No	Lab Services	Yes	No	Remarks
6.1	Haemoglobin	Y	N	
6.2	CBC	Y	N	
6.3	Urine albumin and sugar	Y	N	
6.4	Blood sugar	Y	N	
6.5	RPR	Y	N	
6.6	Malaria	Y	N	
6.7	T.B	Y	N	
6.8	HIV	Y	N	
6.9	Liver function tests(LFT)	Y	N	
6.1	Others , 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	2016-17	2017-18
7.1	OPD		
7.2	IPD		
7.3	MCTS entry on percentage of women registered in the first trimester		
7.4	No. of pregnant women given IFA		
7.5	Total deliveries conducted		
7.6	No. of C section conducted		
7.7	No of admissions in NBSUs/ SNCU, whichever available		
7.8	No. of children admitted with SAM (Severe Acute Anaemia)		
7.9	No. of sick children referred		
7.1	No. of pregnant women referred		
7.11	ANC1 registration		
7.12	ANC 3 Coverage		
7.13	No. of IUCD Insertions		
7.14	No. of PPIUCD insertions		
7.15	No. of children fully immunized		
7.16	No. of children given Vitamin A		
7.17	Total MTPs		
7.18	Number of Adolescents attending ARSH clinic		
7.19	Maternal deaths,		
7.2	Still births		
7.21	Neonatal deaths,		
7.22	Infant deaths		

Section VII a: Service delivery in post natal wards

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

Section VIII: Quality parameter of the facility

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

Section IX: Record Maintenance

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

Section X: Fund Utilisation				
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	
11.1	Other related IEC material	Y	N	

ANNEXURE-5

Sub Centre level Monitoring Checklist

Name of District: _____ Name of Block: _____ Name of SC: _____
 Catchment Population: _____ Total Villages: _____ Distance from PHC: _____
 Date of last supervisory visit: _____
 Date of visit: _____ Name & designation of monitor: _____
 Names of staff posted and available on the day of visit:

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

Section I: Physical Infrastructure:

S.No	Infrastructure	Yes	No	Remarks
1.1	Sub centre located near the main habitation	Y	N	
1.2	Functioning in Govt. building	Y	N	
1.3	Building in good physical condition	Y	N	
1.4	Electricity with power back up	Y	N	
1.5	Running 24x7 water supply	Y	N	
1.6	ANM quarter available	Y	N	
1.7	ANM residing at SC	Y	N	
1.8	Functional labour room	Y	N	
1.9	Functional and clean toilet attached to labour room	Y	N	
1.10	Functional New Born Care Corner (functional radiant warmer with neo-natal ambu bag)	Y	N	
1.11	General cleanliness in the facility	Y	N	
1.12	Availability of complaint/ suggestion box	Y	N	
1.13	Availability of deep burial pit for biomedical waste management / any other mechanism	Y	N	

Section II: Human Resource as on March 31, 2018

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

Section III: Equipment					
S.No	Equipment	Available and Functional	Available but non-functional	Not Available	Remarks
3.1	Haemoglobinometer				
3.2	Any other method for Hemoglobin Estimation				
3.3	Blood sugar testing kits				

3.4	BP Instrument and Stethoscope				
3.5	Delivery equipment				
3.6	Neonatal ambu bag				
3.7	Adult weighing machine				
3.8	Infant/New born weighing machine				
3.9	Needle & Hub Cutter				
3.1	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	
4.1	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	
5.3	OCPs	Y	N	
5.4	EC pills	Y	N	
5.5	IUCDs	Y	N	
5.6	Sanitary napkins	Y	N	

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

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

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

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

Qualitative Questionnaires for Sub-Centre Level

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

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

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

ANNEXURE-6**List of Key Contact Person at Health Facilities**

S.No	Key Contact Persons	Designation	Type of Facility
1	Dr. B. S. Sodhi	Chief Medical Officer	District Hospital, Saharanpur
2	Dr. Anita Joshi	Chief Medical Superintendent	District Women Hospital
3	Dr. Praveen Kumar	Senior Consultant	Paediatrician, District Hospital
4	Mr. Khalid Husain	District Programme Manager	District Hospital
5	Dr. Rajesh Kumar	Medical In-charge Office	CHC, Sarsawan
6	Dr. Anwar Ansari	Medical In-charge Office	CHC, Gangoh
7	Dr. Abdul Majid	BUMS	Unani, District Hospital
8	Smt. Shobha Sharma	Assistant Nursing Superintendent	District Women Hospital
9	Smt. Pooja Sharma	Block Programme Manager	CHC, Sarsawan
10	Dr. Gurmeet Kaur	Incharge of ARSH Clinic	District Women Hospital
11	Mr. Manoj Kumar	Pharmacist	Primary Health Centre, Pilakhni
12	Dr. Anurag Chauhan	Medical Officer	Primary Health Centre, Pilakhni
13	Smt. Shagufta Malik	Staff Nurse	Primary Health Centre, Pilakhni
14	Smt. Devender	ANM	Sub-centre, Jairampur
15	Smt. Basantmala	ANM	Sub-centre, Brahmin Majara