



NATIONAL HEALTH MISSION

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



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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 Gynaecologist
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
PNC	Post Natal Care
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 Sambhal district of Uttar Pradesh. The report is prepared on the basis of field-based observations and visits to selected public health facilities in Sambhal. The following public health care facilities were visited by the PRC-IEG Team: Combined District Hospital, CHC Bahjoi, CHC Panwasa, PHC Rajpur, PHC Sondhan, Sub-centre Pathakpur and Sub-centre Hasanpur. 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, Sambhal, 2018-19

Institution and Facilities	Key Contact Person
CMO Office	Dr. Amita Singh
District Programme Manager	Mr. Sanjeev Rathor
District Combined Hospital	Dr. A. K. Gupta (CMS)
Community Health Centre, Behjoi	Dr. Bhaiya Lal Baratiya
Community Health Centre, Pawansa	Dr. Mohammad Hakeeb
Primary Health Centre, Rajpur	Dr. Farina Parveen (MOIC)
Sub-centre, Pathakpur	Smt. Anju Ram (ANM)
Sub-centre, Hasanpur Mustaba	Smt. Meena Rastogi (ANM)

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.

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

STRENGTHS

1. Sambhal district has placed first ranked in the Dakshata training programme in Uttar Pradesh. This programme has begun in 2015. Under this programme, seven batches have sanctioned and six batch completed training says Dr. Amita Singh, CMO of Sambhal district.
2. To promote cleanliness, hygiene and enhance the quality, district hospital has initiated to work like cattle capture, to maintain the garden, fencing and conducted orientation training programme for staffs under the “KAYAKALP” programme.
3. Four “Golden card” has distributed to the beneficiaries of Pradhan Mantri Jan Arogya Yojana (PM-JAY) under the AYUSHMAN BHARAT on September 17, 2018 by Dr. Amita Singh, Chief Medical Officer launched the scheme on a pilot basis at district hospital in Sambhal district.
4. Rogi Kalyan Samiti (RKS) meeting were held in every month at district hospital and untied fund is used for to repair the doors and channels, electrification, repair ACs, to maintained sewer, cleanliness of toilet, white washing in OPD room, doctor’s rooms, purchased one RO and 9 CCTV camera says by Dr. A. K. Gupta, CMS of DH, Sambhal.
5. According to CMO, for empanelled of private hospitals, three applications have received in which two hospitals have verified and one in the process under the Pradhan Mantri Jan Arogya Yojana (PM-JAY).
6. Chief Medical Officer, Sambhal district reported that two frontline health services professional called “Arogya Mitra” recruited at district hospital and planning to four more Arogya Mitra will be recruited at Community Health Centre to guide beneficiaries on their entitlement under the scheme.
7. ASHA training of 6/7th module are held at block level during visit from September 17-21, 2018 and ASHA get all the incentive related information on their mobile through implementation of MIS system.
8. According to Chief Medical Superintendent, planning to open Jan Aushadhi Store (JAS) in the combined district hospital premises to be soon, which will be provides quality generic medicines at affordable price.

9. Under the Swachhata Hi Seva movement, organising awareness campaign and Swachhata mela at district hospital and community health centre from September 15 to October 2, 2018.

WEAKNESSES

1. CMO has reported that shortfall in the availability of medical personnel like Gynaecologist, Surgeon, radiologist, Anaesthetist, Pathologist and paediatrician at district hospital, community health centre in Sambhal district.
2. There is only one Gynaecologist available out of 10 posts sanctioned in the Sambhal district which is the major concern about maternal and child health. C-section deliveries are not functioning at the district hospital and community health centre. CHC Gunnaur only performed C-section deliveries on PPP mode with Seva Hospital.
3. Post for Data Account Manager is vacant for a long time in Sambhal District hospital and additional charge for this post is given to another staff.
4. Post for RMNCH+A counsellor are vacant at district hospital and community health centre which affect the family planning programme.
5. Combined District Hospital is functioning without blood bank storage facility. In case of requirement of blood; patient refers to Moradabad medical college. Sometimes, patient purchased from private pathology from their own pocket.
6. Most of the primary health centres provide only OPD services while building of sub centres were dilapidated and faced water lodging problem during rainy season.
7. Pregnant women face difficulties due to the location of labour ward and operation theatre as former is located on the second floor and latter is ground floor.
8. Dots centre for TB patients were situated in general ward which may likely to increase the contamination of the disease in district hospital.
9. Combined District Hospital have separate ward for SNCU but it is not functioning since the district hospital was functioning because of Paediatrician post has vacant and insufficient staff nurse. Only one staff nurse has recruited in SNCU.
10. District hospital lack with the National Rehabilitation Centre (NRC) in Sambhal. Malnourished children were referred to Moradabad district.
11. It was observed during visit that selected sub-centre was running with inadequate facilities like lack of safe drinking water, no power backup, latrine without piped water and delivery bed was not intact.

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 Sambhal district.

1.2 OBJECTIVES

The main objectives of the monitoring visit to Sambhal 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 1.1: List of institutions and facilities visited by the PRC-Delhi team, Sambhal, 2018-19

Types of Institutions	Key Contact Person
CMO Office	Dr. Amita Singh
District Programme Manager	Mr. Sanjeev Rathor
District Combined Hospital	Dr. A. K. Gupta (CMS)
Community Health Centre, Behjoi	Dr. Bhaiya Lal Baratiya
Community Health Centre, Pawasa	Dr. Mohammad Hakeeb
Primary Health Centre, Rajpur	Dr. Farina Parveen (MOIC)
Sub-centre, Pathakpur	Smt. Anju Ram (ANM)
Sub-centre, Hasanpur Mustaba	Smt. Meena Rastogi (ANM)

1.3 DISTRICT PROFILE: SAMBHAL

Sambhal district is a part of Moradabad division and carved out as new district in 2012. Earlier this district was known as Bhim Nagar and later renamed as Sambhal district. There are three tehsils in Sambhal district namely Sambhal, Chandausi and Gunnaur. There are 08 blocks in the district namely Sambhal, Asmoli, Bahjoi, Gunnaur, Junawai, Naroli, Panwasa and Rajpura. Total area of the district is 2453.30 Sq. Km. In 2008, Bahjoi was declared headquarter of the district. Sambhal district are adjoin from Amroha, Moradabad, Rampur, Badaun, Aligarh and Bulandshahr district. Sambhal tehsil has the highest number of inhabited villages (363) and total 1022 villages in the district. There are 360419 families and 73369 households constituted in the district.

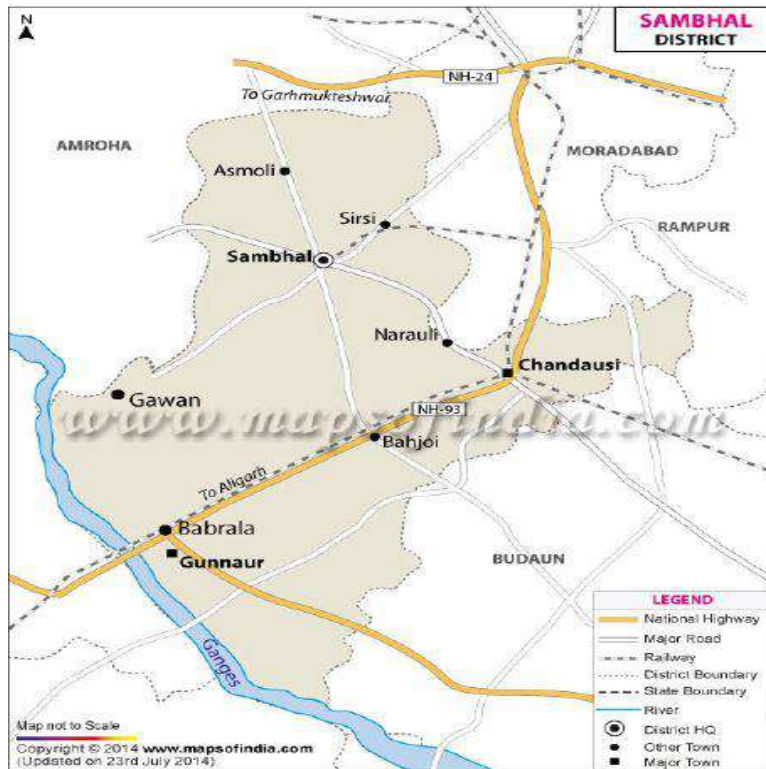
Table 1.2: Demographic indicators: Sambhal and Uttar Pradesh

Indicators	Sambhal	Uttar Pradesh
Population (Census 2011)	23.19 (in Lakh)	19.96 (in Crore)
Decadal growth rate in % (Census 2011)	25.2	20.1
Literacy rate (%)	76.0	67.7
Male literacy rate (%)	82.7	79.2
Female literacy rate (%)	67.6	59.3
Sex ratio	906	912
Child sex ratio	916	899
Density of population (person per km.)	828	829

Source: Census of India, 2011

Sambhal district has 23.19 lakh populations as per Census of India 2011. The decadal growth rate of the district 25.2 % is higher than the state average of 20.2 %. Sambhal district has population density of 828 persons per sq. km. which is very close to the state average 829 persons per sq. km. Sex ratio is 906 females per 1000 males in the district which is lower against state average of 912 females per 1000 males. However, child sex ratio is 916 in Sambhal district which is higher than state average (899). Total literacy rate is 76.0% in the district, it show higher than the state average of 67.7%. On the other hand, male and female literacy are also higher than the state average (Table 1.2).

MAP - Sambhal District, Uttar Pradesh



Source: www.mapofindia.com

In terms of health status, major health indicators like IMR, U5MR, MMR, TFR, ANC check-up and institutional delivery play a vital role to strengthen the health care system in the district.

Table 1.3: Status of health indicators of Sambhal district

Health Indicators	Sambhal
Neo-natal mortality rate (NMR)	44
Infant Mortality Rate (IMR)	61
Under 5 Mortality Rate (U5MR)	83
Maternal Mortality Rate (MMR)	222
Total Fertility Rate (TFR)	3.1
Fully Immunised Children	20742
ANC registration in the 1 st trimester	13225
Full ANC check-up	13209
Safe Deliveries (institutional and SBA attended home deliveries)	7452
Institutional Deliveries	9667
Number of women received PNC check-up within 48 hours	6187

Source: CMO Office, Sambhal district, 2018

Infant mortality rate is 61 per 1000 children in the district and U5MR is 83 which higher percentage of children deaths within 5 years. Maternal mortality was higher is the district 222 per 100,000 live birth. Women who received full ANC check-up was 13209 and institutional deliveries was 9667 of women delivery their children in health facility.

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 Sambhal district across blocks level during 2014 to 2018.

2.2 MATERNAL HEALTH

Maternal health is the health of women during pregnancy, childbirth and postpartum period, antenatal care and post natal care. Pregnancy and childbirth are generally time of joy for parents and families. Maternal health has been becoming critical issues due to life of million women in reproductive age can be saved through maternal health care like antenatal care and care provided to women and newborn by skill health personnel and their families. The large number of maternal deaths happened in developing countries due to delay in seeking health care, low proportion of ANC coverage and haemorrhage.

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 2.1: Percentage of woman received three ANC to total ANC registrations, 2013-18

District / Blocks	2013-14	2014-15	2015-16	2016-17	2017 - 18
Sambhal	75.9	72.9	75.9	75.2	43.8
Asmoli	70.2	66.5	70.2	68.6	94.5
Bahjoi	108.1	107.4	108.1	118.2	68.0
Gunnaur	90.9	86.1	90.9	110.1	81.2
Junawai	78.9	86.1	78.9	80.8	43.1
Naroli	65.0	65.6	65.0	72.1	31.2
Panwasa	90.0	87.8	90.0	101.1	77.2
Rajpura	61.3	73.5	61.3	54.4	42.3
Sambhal	77.9	53.1	77.9	76.4	24.5

Source: HMIS data, 2014-18, Sambhal district

The table 2.1 reveals the proportion of women who received 3ANC checkups to total ANC registration. The percentage of women with 3 ANC check-ups to ANC registration has decreased from about 76 percent in 2013-14 to about 44 percent in 2017-18. It was accounted to 32 point decrease during this period. The percentage of ANC coverage show large variation across the blocks during the period. However, in Bahjoi sub district the pregnant women who received 3 ANC checkups are higher among blocks during 2013 to 2016-17.

Table: 2.2 Percentage of pregnant women given 100 IFA to total ANC registration, 2014-18

District/ Blocks	2014-15	2015-16	2016-17	2017 - 18
Sambhal	63.6	74	94.4	66.3
Asmoli	49.9	35	101.9	99.6
Bahjoi	97.3	140.4	91.5	86.4
Gunnaur	170.8	91.7	100.4	100.6
Junawai	163.7	178.5	134.3	88.9
Naroli	18.4	32.5	145.5	43.9
Panwasa	88	80.4	97.2	93.8
Rajpura	50	68.3	55.1	45.1
Sambhal	21.7	61.4	89.2	96.3

Source: HMIS data 2014-18, Sambhal district

Table 2.2 indicates the trend of pregnant women given 100 IFA to total ANC registration in percentage. It shows in Sambhal district the trend of pregnant women given 100 IFA to total ANC registration has increased only three percent during 2013-14 to 2017-18. While the proportion of pregnant women given 100 IFA is maximum in Sambhal district during 2016-17. However, in Naroli block the pregnant women given 100 IFA to total ANC registration is lower among blocks of Sambhal throughout 2014 to 2018, except 2016-17. On the other hand, Sambhal block has reported higher coverage from 21.7 percent to 96.3 percent over the years.

Table: 2.3 Percentage of institutional deliveries to total deliveries in Sambhal, 2014-18

District/Blocks	2014-15	2015-16	2016-17	2017 - 18
Sambhal	52.1	50.1	56.0	54.1
Asmoli	33.5	44.8	41.0	28.5
Bahjoi	89.8	91.1	75.6	76.2
Gunnaur	58.0	51.0	50.1	52.0
Junawai	58.7	60.0	76.7	70.5
Naroli	45.5	43.9	59.0	57.2
Panwasa	21.1	40.3	28.8	26.6
Rajpura	63.8	41.0	54.0	63.6
Sambhal	52.7	43.0	24.9	27.0

Source: HMIS data 2014-18, Sambhal district

Table 2.3 shows the institutional deliveries against the total reported deliveries in Sambhal district. The data shows that institutional delivery was increased from 52 percent to 54 percent during 2014 to 2018 in Sambhal district, it reported only 2 percent increased during that period. Some of the blocks like Asmoli, Bahjoi, Gunnaur and Sambhal block reported delivery in health facility were decreased from 2014 to 2018. There was large variation within the period in across blocks in case of delivery cases. Only Sambhal block show poor performance of child birth in health facility.

Table: 2.4 Percentage of home deliveries to total reported deliveries in Sambhal, 2014-18

District / Blocks	2014-15	2015-16	2016-17	2017 - 18
Sambhal	47.9	49.9	44.0	45.9
Asmoli	66.5	55.2	59.0	71.5
Bahjoi	10.2	8.9	24.4	23.8
Gunnaur	42.0	49.0	49.9	48.0
Junawai	41.3	40.0	23.3	29.5
Naroli	54.5	56.1	41.0	42.8
Panwasa	78.9	59.7	71.2	73.4
Rajpura	36.2	59.0	46.0	36.4
Sambhal	47.3	57.0	75.1	73.0

Source: HMIS data 2014-18, Sambhal district

Table 2.4 reveals the proportion of home deliveries to total reported deliveries in percentage. Table indicates in Sambhal district, the proportion of home deliveries to total reported deliveries has marginally declined about 2 percent in 2014-15 to 2017-18. However, in Panwasa block, the home delivery was higher among blocks in Sambhal district. Home delivery was increased from 66 percent in 2014-15 to 71 percent in 2017-18 reported by Asmoli block. Bahjoi is one of the blocks in Sambhal district accounted lower proportion of home delivery during the period.

2.2 CHILD IMMUNIZATION

Immunisation programme is one the key intervention for protection of children from life threatening diseases. Vaccination is protecting children from measles, mumps, polio, tuberculosis, diphtheria, tetanus and cough. Under the UIP, Government of India is providing vaccination to prevent from seven diseases.

Table: 2.5 Percentages of live births to reported birth, Sambhal, 2014-18

District /Blocks	2014-15	2015-16	2016-17	2017 - 18
Sambhal	98.8	98.7	98.8	98.9
Asmoli	99.3	98.8	98.8	99.4
Bahjoi	99.2	99.1	99.0	99.5
Gunnaur	98.2	98.8	99.1	99.5
Junawai	100	100	98.2	98.0
Naroli	96.4	96.1	98.2	98.8
Panwasa	99.2	99.4	99.7	99.7
Rajpura	100	100	100	99.6
Sambhal	98.7	98.2	97.6	98.3

Source: HMIS data 2014-18, Sambhal district

Table 2.5 shows the proportion of live births out of total reported births in the Sambhal district. It shows that about 99 percent live births out of total reported births in Sambhal throughout 2014-15 to 2017-18. However, among all blocks, Asmoli, Bahjoi, Gunnaur, Panwasa and Rajpura has reported about 100 percent live birth against reported birth in 2014-18. Whereas, the live births out of total reported births is higher in Junawai block in 2017-18.

Table 2.6: Percentage of weight less than 2.5 kg at birth, Sambhal, 2014-18

District / Blocks	2014-15	2015-16	2016-17	2017 - 18
Sambhal	24.1	15.3	9.6	9.6
Asmoli	23.5	24.2	18.1	6.4
Bahjoi	21.1	107	17	15.4
Gunnaur	21.6	5.2	2.6	5.1
Junawai	89.7	1.3	4.3	32.9
Naroli	22.7	7.4	15.7	7.5
Panwasa	48.6	19.5	17.8	19.1
Rajpura	0.0	0.0	1.8	3.9
Sambhal	10.8	1.7	3.8	2.4

Source: HMIS data 2014-18, Sambhal district

Table 2.6 indicates the proportion of newborns having weight less than 2.5kg to newborns weighed at birth in percent. It shows that in Sambhal the newborns having weight less than 2.5 kg out of all the newborns weighed at birth has declined from 24.1 percent in 2014-15 to

9.6 percent until 2017-18. However, in Junawai block, the trend of newborns having weight less than 2.5kg is higher among blocks in 2017-18. While, in Sambhal block the trend of newborns having weight less than 2.5kg to newborns weighed at birth is lower across all blocks in 2017-18.

Table 2.7: Percentage of newborns visited hospital within 24hrs of home delivery, 2014-17

District / Blocks	2014-15	2015-16	2016-17
Sambhal	36.3	35.5	47.0
Asmoli	73.7	87.0	100
Bahjoi	88.5	39.4	15.3
Gunnaur	68.2	74.1	97.6
Junawai	6.3	1.0	43.5
Naroli	94.4	98.4	97.4
Panwasa	13.6	0.0	37.5
Rajpura	1.0	0.5	0.3
Sambhal	7.5	0.8	0.0

Source: HMIS data, 2014-17, Sambhal district, Note: Data not available for the year 2017-18

Table 2.7 reveals the newborns visited the hospital within 24 hours of home delivery out of the total home deliveries in Sambhal has increased from 36.3 percent in 2014-15 to 47 percent in 2016-17. However, in Rajpura block the trend of newborns visited the hospital within 24 hours of home delivery is lower among the blocks during 2014-15 to 2016-17. In case of Asmoli block, the proportion of newborns visited the hospital within 24 hours of home delivery was reported higher among the blocks in Sambhal district in 2016-17.

Table 2.8: Number of infants given OPV o (birth dose), 2014-18

District / Blocks	2014-15	2015-16	2016-17	2017 - 18
Sambhal	20,879	28,747	33,301	27,378
Asmoli	2,150	2,726	2,908	4,845
Bahjoi	2,374	2,789	3,864	3,464
Gunnaur	2,306	3,843	4,954	3,018
Junawai	2,545	2,345	3,515	1,833
Naroli	1,406	3,066	3,080	3,062
Panwasa	1,879	3,542	3,188	2,259
Rajpura	3,449	3,842	3,695	3,916
Sambhal	4,770	5,131	3,413	2,152

Source: HMIS data, 2014-18, Sambhal district

Table 2.8 summarise the number of infant given OPV o dose in the Sambhal district. It was found that number of infants given OPV o (birth dose) has increase in all blocks except Junawai and Sambhal blocks during 2014-15 and 2017-18. Total 27378 infants was received

OPV o dose in Sambhal district in 2017-18. Similarly, lower number of infant who received OPV o doses at birth reported by Junawai block in 2017-18.

Table 2.9 indicates, in the Sambhal district the number of infants given BCG is higher in 2015-16 and declined in 2017-18. However, the number of infants given BCG has increased in Sambhal block during 2014-15 to 2015-16 while BCG coverage was drastically declined from 10968 in 2016-17 to 5566 in 2017-18 in this block. As far as Panwasa block is concerned, the number of infants given BCG is lower across the blocks in Sambhal district. However, in Naroli block, the trend of number of infants given BCG is lower among sub district in 2017-18.

Table 2.9: Number of infants given BCG to total reported live birth, Sambhal, 2014-18

District / Blocks	2014-15	2015-16	2016-17	2017 - 18
Sambhal	36,636	60,142	57,092	49,820
Asmoli	4,535	7,061	5,355	5,264
Bahjoi	3,422	3,044	4,282	5,651
Gunnaur	2,807	5,692	6,959	5,476
Junawai	2,920	5,752	5,204	4,891
Naroli	4,602	10,620	9,525	8,237
Panwasa	5,164	6,168	4,740	4,038
Rajpura	4,005	7,570	5,009	5,809
Sambhal	9,181	12,753	10,968	5,566

Source: HMIS data, 2014-18, Sambhal district

Table: 2.10 Percentage of newborns given OPV o at birth to reported live birth

District / Blocks	2014-15	2015-16	2016-17	2017 - 18
Sambhal	48.6	53.7	69.4	69.6
Asmoli	47.2	36.0	52.6	92.1
Bahjoi	60.3	64.2	81.0	94.9
Gunnaur	71.9	87.3	94.7	87.1
Junawai	58.0	50.4	70.2	47.3
Naroli	26.6	41.9	57.4	61.9
Panwasa	34.0	51.2	67.3	54.6
Rajpura	65.9	47.8	60.3	96.3
Sambhal	44.0	60.3	58.7	44.2

Source: HMIS data, 2014-18, Sambhal district

Table 2.10 show the percent distribution of children given OPV o at birth to reported live birth during 2014-18 in Sambhal district. HMIS data revealed that the coverage of OPV o dose was increased from 49 percent to 70 percent in Sambhal district during 2014-15 to 2017-18. Whereas in Naroli and Sambhal blocks, the proportion of newborns given OPVo at birth to total reported live birth was lower among the blocks in 2014-15 and 2017-18 respectively.

Asmoli, Bahjoi and Rajpura block shows above 90 percent children were received OPV o dose at birth in year 2014-18.

Table: 2.11 Percentage of newborns given BCG to total live birth, Sambhal, 2014-18

District / Blocks	2014-15	2015-16	2016-17	2017 - 18
Sambhal	85.2	112.4	119	126.6
Asmoli	99.6	93.4	96.8	100
Bahjoi	86.9	70.1	89.8	154.8
Gunnaur	87.5	129.2	133	158
Junawai	66.6	123.6	104	126.3
Naroli	86.9	145.3	177.4	166.4
Panwasa	93.4	89.2	100.1	97.6
Rajpura	76.5	94.3	81.7	142.8
Sambhal	84.7	150	188.7	114.4

Source: HMIS data, 2014-18, Sambhal district

BCG vaccine helps immune to fight against germs that cause TB and prevents from getting any serious TB disease. Table 2.11 shows the newborns given BCG vaccination to total live births reported in percent during 2012-13 to 2017-18. It shows that in Sambhal district newborns given BCG to total reported live birth has increased from 85 percent in 2014-15 to 126 percent in 2017-18. Whereas, in Rajpura block the proportion of newborn given BCG is was higher in 2017-18.

Table 2.12: Number of infants given Pentavalent 1, 2 and 3, Sambhal district, 2015-18

District / 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
Sambhal	12,050	55,837	50,344	5,094	49,657	48,590	1,527	43,348	48,744
Asmoli	1,404	6,159	5,618	524	5,488	5,713	176	4,390	5,524
Bahjoi	974	5,557	4,974	728	5,049	5,001	240	4,420	4,903
Gunnaur	1,408	6,539	6,729	863	6,304	5,813	369	6,254	5,845
Junawai	1,099	4,997	5,165	373	4,298	5,108	0	3,675	5,427
Naroli	1,594	9,547	7,922	584	8,529	8,014	228	7,511	8,039
Panwasa	1,704	6,221	6,370	605	5,271	5,952	127	4,239	5,639
Rajpura	1,333	6,100	5,453	462	5,333	5,104	147	4,822	5,568
Sambhal	2,534	10,046	6,027	955	8,811	5,839	240	7,523	5,789

Source: HMIS data, 2014-18, Sambhal district

Table 2.12 shows the number of infants who received the three doses each of Pentavalent in each of the blocks in Sambhal district during 2015-18. A figure reveals that the coverage of Pentavalent is much higher in the year 2016-17, while the number of infants who received the

doses of Pentavalent has declined in the year 2017-18 in the district. Coverage of Pentavalent 3 was much lower across the block in 2015-16.

Table: 2.13 Percentage of infants (0-11 months) who received measles to total live births

District / Blocks	2014-15	2015-16	2016-17	2017 - 18
Sambhal	102.4	90.6	110.5	128.3
Asmoli	135.6	87.8	101.9	113.5
Bahjoi	111.1	111.3	110.6	127.5
Gunnaur	120.9	100.3	118.4	153.6
Junawai	80.4	100.2	100.6	145.3
Naroli	121.8	115.3	161.6	160.0
Panwasa	100.1	88.8	128.7	160.6
Rajpura	76.3	53.9	82.5	128.1
Sambhal	93.1	106	174.2	129.7

Source: HMIS data, 2014-18, Sambhal district

Table 13 reveals the percentage distribution of infant who received measles vaccine to total reported live birth. In case of Sambhal district the trend of infant who received measles vaccine to total reported live birth has increased about 25 percent during 2014-15 and 2017-18. Overall, the coverage of measles vaccine is increased over the year in each of the blocks except Asmoli which shows lower proportion in 2017-18. However, Panwasa block have the highest coverage of measles vaccine received by infant and followed by Naroli block, Gunnaur and Bahjoi blocks in 2017-18.

Table: 2.14 Number of fully immunized children (9-11 months), Sambhal, 2014-18

District / Blocks	2014-15	2015-16	2016-17	2017 - 18
Sambhal	42,009	42,955	46,422	48,697
Asmoli	5,368	5,750	5,195	5,974
Bahjoi	4,533	3,457	4,278	4,851
Gunnaur	3,603	4,122	5,512	4,799
Junawai	3,401	4,669	5,573	5,351
Naroli	6,532	6,849	7,042	7,546
Panwasa	5,236	6,145	6,093	6,649
Rajpura	3,964	4,242	5,056	5,293
Sambhal	9,372	7,717	7,214	6,302

Source: HMIS data, 2014-18, Sambhal district

Table 2.14 indicates the trend of number of fully immunized children (9-11 months). It reveals in Sambhal district the number of full-immunized children has increased during the selected years. In contrast, and Junawai Gunnaur shows the lowest number of fully immunised children among the blocks in 2014-15 and 2017-18 respectively. Overall, the performance of full immunisation was satisfactory and need to achieve more coverage of children in district.

Table: 2.15 Percentage of children given Vitamin A dose to against live birth, Sambhal, 2014-18

Districts / Blocks	2014-15	2015-16	2016-17	2017 - 18
Sambhal	95.4	90.7	92.7	127.2
Asmoli	105.7	77.8	92.9	113.2
Bahjoi	106.4	141.2	84.9	132.3
Gunnaur	81.5	115.7	101.8	167.9
Junawai	75.1	100.2	94.7	133.0
Naroli	163.5	110.8	119.2	148.2
Panwasa	91.9	88.8	128.7	160.6
Rajpura	57.1	53.1	82.4	130.1
Sambhal	86.6	96.9	123.5	143.2

Source: HMIS data, 2014-18, Sambhal district

Table 2.15 shows the percentage of children who received Vitamin A dose out of the total number of reported live births in Sambhal district. Sambhal district has accounted significant increased during 2014-15 to 2017-18. Panwasa, Gunnaur, Naroli and Sambhal block was stand out in maximum coverage of Vitamin A dose in 2017-18.

Table: 2.16 Percentage of immunisation sessions where ASHAs were presented, 2014-18

District / Blocks	2014-15	2015-16	2016-17	2017 - 18
Sambhal	77.6	77.2	81.4	86.4
Asmoli	85	95.6	91.6	99.7
Bahjoi	71.1	56.7	86.4	90.3
Gunnaur	88.6	82.2	86.8	86.7
Junawai	89.2	91.7	88.4	97.2
Naroli	79.5	69.9	80.6	70.8
Panwasa	58.7	99	98.8	100
Rajpura	94.2	96.9	99.7	99.6
Sambhal	69.3	40.4	45.1	63.9

Source: HMIS data, 2014-18, Sambhal district

Table 2.16 shows the percent distribution of immunization sessions where ASHAs were present to plan the immunization sessions. In Sambhal district, the trend of immunization sessions has increased from 78 percent in 2014-15 to 86 percent in 2017-18. Panwasa block 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 Asmoli, Rajpura and Junawai blocks.

3

KEY FINDINGS AND OBSERVATIONS

3.1 HEALTH INFRASTRUCTURE OF SAMBHAL 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 3.1: Status of Health Infrastructure in Sambhal District, 2017-18

Availability of Health facility	Number of Institutions	Functioning in Govt. building
Combined District Hospital	01	01
First Referral Units (FRU)	02	02
Community Health Centre	09	09
Primary Health Centre	26	26
Sub-Centre	216	216
Mother & Child Care Centre	0	0
Adolescent Friendly Health Clinic	0	0
Medical College	0	0
Skill Lab	1	1
District Early Intervention Centre	0	0
Delivery Points	12	12
Transport Facility		
108 Ambulances	11+2 (ALS)	11+2 (ALS)
102 Ambulances	23	23
Referral Transport	0	0
Mobile Medical Units	0	0

Source: Supporting check list, 2018-2019

The district has one combined hospital which is working in government building. Sambhal district has two first referral units, 9 community health centres, one skill lab, 26 primary health centres and 216 sub-centres. If we look at ambulance services; district hospitals have 11 ambulance (108) and 23 ambulances (102) services available to provide transportation services to the patients (Table 3.1). All the health services are functioning well in the district.

District hospital is well functioning in good condition and easily accessible from nearest road. Staff quarter is available for medical officer and other staff. Water facility is available 24x7 hours in DCH and electricity with power backup, District hospital is working in good condition with full infrastructure. 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 no separate building for Nutritional Rehabilitation Centre. For biomedical waste management, the hospital has required mechanism. Separate room was not available for ARSH clinic but Complaint / suggestion box was there for patients. Activities related to Rogi sahayta kendra were functioning and monthly meeting were held at district hospital. Both Community health centre (CHC Bahjoi and CHC Panwasa) are running in government building in good condition. It is more spacious with availability of staff quarters for doctors and nurses. 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 Bahjoi and Panwasa. Newborn care corner and newborn stabilization unit is functioning in both CHCs. Sick new born care unit is not available at at both CHC.

At primary health centre, health facility is easily accessible from nearest road; hospital is working in good condition. There was availability of staff quarters for medical officers and nurses at both Rajpura and Sondhan primary health centres. Electricity is there with power backup and separate Clean Toilets for male and female but there was no 24x7 water supply. Complaint suggestion box was there at PHC Sondhan but not in Rajpura. There was not ICTC/ PPTCT, Rogi sahayta Kendra at both primary health centres.

At the Sub-centre level, Health facility is easily accessible from nearest road, functioning in Government building in good condition, water facility is available 24x7 hours only in SC (Pathakpur) while there was separate toilets for Male / Female in SC (Hasanpur). During the field visit, it was found that Pathakpur sub centre was running without power back-up. The cleanliness was not satisfactory at both sub centres and there was a poor hygiene condition in SC (Hasanpur). ANM also reported that there is no sweeper for cleanliness at sub centre. Both the sub centre is functioning in government building. ANM are not residing in sub centre due to non-availability of quarter in both SCs. There was no separate ward for male

and female in Pathakpur sub centres which is available at Hasanpur. There was no complaint / suggestion Box, ICTC/PPTCT centres and Rogi Sahayta Kendra at both sub centres.

Table 3.2: Health Infrastructure of the visited health facility in Sambhal, 2018

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

Source: Supportive check list, Field visit, PRC-Delhi team, Note: √-Yes, x-No, NA-Not Applicable/Available



Figure 1: CMO office, Bahjoi



Figure 2: District hospital, Sambhal



Figure 3: CHC, Bahjoi



Figure 4: CHC, Pawansa



Figure 5: PHC, Rajpur



Figure 6: Registration line at CHC, Bahjoi

Figure: Photo of visited health infrastructure in Sambhal district

3.2 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 Sambhal district.

Table 3.3 describes the human resources status in Sambhal district under NHM in 2017-18. It shows that posts for Gynaecologist, Surgeon, Medical officers including specialists, Paediatrician, Dental surgeon, LHV is vacant despite all these posts have been sanctioned. There were 10 positions sanctioned for gynaecologist among them only 1 post is filled while 9 posts are vacant. In addition, 143 post were sanctioned for medical officer including specialists in Sambhal district only 43 posts have been filled. There were 10 post sanctioned for paediatrician and one of them have been filled whereas only 1 post has been filled so far in case of surgeon where the total sanctioned post is 11. 9 posts are vacant for Dental surgeon out of 10 posts was sanctioned. 19 and 21 posts are vacant in case ANM at SCs and LHV respectively.

Table 3.3: Human resources in Sambhal district under NHM, 2017-18

No.	Position Name	Sanctioned	In-position	Vacant
1	MOs including specialists	143	43	100
2	Gynaecologist	10	01	09
3	Paediatrician	10	0	10
4	Surgeon	11	01	10
5	Nutritionist	0	0	0
6	Dental Surgeon	10	01	09
7	Pharmacist	10	10	0
8	Lab Technician	10	10	0
9	X-ray Technician	03	03	0
10	Staff Nurse at CHCs	44	44	0
11	Staff Nurse at PHCs	0	0	0
12	LHV	26	05	21
13	Data Entry Operator	08	08	0
14	ANM at PHCs	0	0	0
15	ANM at SCs	224	205	19
16	ANMs	224	205	19
17	Any Others	-	-	-

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

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 SBA, BeMOC, RTI/STI/HIV screening for any health staff in Sambhal district (Table 3.4). At sambhal district, 2 medical officers got MTP training, 2 for Minilap/ PPS, 1 for NSV. Apart from that, 36 Staff nurses and 149 Auxiliary nurse midwives have trained for IUCD Insertion. Only 5 medical officers AND 8 Staff nurses got training for F-IMNCI. 86 medical officers, 36 staff nurses, 36 auxiliary Nurse has been trained for Dakshata. While lady health visitor, Lab technician and ASHA gets no training.

Table 3.4: Training status of human resources at visited health facility in Sambhal, 2017-18

Types of Training	MOs	LMOs	SNs	ANM	LHV/PHN	Lab Tech.	ASHA
SBA	0	0	0	0	0	0	0
BeMOC	0	0	0	0	0	0	0
MTP	0	2	0	0	0	0	0
Mini Lap/PPS	1	1	0	0	0	0	0
NSV	1	0	0	0	0	0	0
IUCD Insertion	0	2	36	148	6	0	0
RTI/STI/HIV Screening	0	0	0	0	0	0	0
F-IMNCI	5	0	8	0	0	0	0
NSSK	2	0	5	0	0	0	0
Dakshata	86	2	36	8	0	0	0

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

3.3 AVAILABILITY OF EQUIPMENT AT HEALTH FACILITY

Availability of essential equipment is necessary for providing better health care services to the people. In this section we will discuss about the list of necessary equipment in selected health facilities. Table 3.5 describes the presence of equipment in district hospital. Equipment for child healthcare was available like Neonatal, Paediatric and Adult Resuscitation kit, Weighing Machine (Adult and child). Needle Cutter, Functional Radiant Warmer, Suction apparatus were also available in district hospital. In addition, Foetal Doppler / CTG, Mobile light, Delivery Tables, Functional Autoclave, ILR and Deep Freezer, Emergency Tray with emergency injections, MVA/ EVA Equipment, Functional Phototherapy unit is available in DCH. The equipment for occupational therapy was available like O.T Tables, O.T Lights, ceiling, Anesthesia machines, Ventilators, Multi-para Monitors , Functional Laparoscopes, Functional Autoclaves (H or V), Microscope, Hemoglobinometer, Centrifuge, Semi autoanalyzer, Reagents and Testing Kits , X-ray machines, ECG Machines were also available in District Hospital (DCH). However, the facility for oxygen administration, dialysis equipment, pulse- dosimeters, surgical Diathermies, C.T Scanners and Ultra sound scanners were absent.

Community health centres in Bahjoi and Panwasa 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 , Delivery tables , Suction apparatus, facility for Oxygen Administration, Autoclave, ILR and Deep Freezer, Emergency Tray with emergency injections. In case of laboratory equipment, both CHCs have Functional Microscope, Functional Hemoglobinometer, while Semi auto analyzer has present only in Panwasa CHC.

Table 3.5: Availability of equipment of the health facility, Sambhal district, 2018

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

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

Both primary health centres has availability of BP Instrument and Stethoscope, Functional Weighing Machine (Adult and child). PHC Rajpura has Functional facility for oxygen administration and Emergency tray with Emergency injections but these were not available in PHC Sondhan. Only Functional needle cutter was available at PHC Sondhan. Some others equipments like Functional ILR and Deep Freezer, MVA/ EVA equipment, Phototherapy Unit and delivery tables were not available at both PHC. No laboratory equipments were available at both primary health centres except microscope at PHC Rajpura. However, sub centres at village level were functioning with BP Instrument and Stethoscope, Functional Weighing Machine (Adult and child), Functional Needle Cutter, other method for Haemoglobin estimation in both SCs pathakpur and Halalpur. Table 3.5 shows that equipment like Neonatal Ambu Bag, Blood sugar testing kits, Delivery equipments and Colour coded bins were not available in both sub centres.

3.4 AVAILABILITY OF DRUGS IN 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. The availability of essential drugs at facilities level and observations are listed in Table 3.6.

In district hospital EDL was available and displayed properly, computerised inventory management, IFA tablets, IFA syrup with dispenser, Vitamin A syrup, ORC pockets, Inj. Magnesium Sulphate, Inj. Oxytocin, Misoprostol tablets, mifepristone tablets, 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 DCH 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 Zinc tablets was not available in district hospital. At community health centre in Bahjoi all the drugs was available except zinc tablets. In Panwasa CHC, computerised inventory management was not available in this facility and other drugs are available.

At PHC Rajpura, IFA tablets, ORS packets, antibiotics, Drugs for hypertension, Diabetes, common, ailments e.g- PCM, metronidazole, anti-allergic drugs and labelled emergency tray were available. Most of the drugs like Zinc tablets, Inj. Magnesium Sulphate, Inj. Oxytocin, Misoprostol tablets, Mifepristone tablets, adequate vaccine stock were not available. On the other hand, in Sondhan PHC, it can be observe from table 3.6 that most of the drugs were

available except few drugs like computerised inventory management, Mifepristone tablets, antibiotics vaccine stock etc. Both sub centre in Pathakpur and Hasanpur have IFA syrup with dispense, IFA tablets, Vitamin A syrup, ORS packets, zinc tablets, Drugs for hypertension, diabetes, common ailments e.g PCM, metronidazole, anti-allergic drugs and supplies were available of pregnancy testing kits, urine albumin and sugar testing kits, OCPs, EC pills, IUCDs at both sub centre. Drugs like Inj. Magnesium Sulphate, Inj. Oxytocin, Misoprostol tablets, Mifepristone tablets, antibiotics and vaccine were not in stock.

Table 3.6: Availability of drugs at health facilities visited in Sambhal district, 2018

Drugs	DCH	CHC	CHC	PHC	PHC	SC	SC
		Bahjoi	Panwasa	Rajpura	Sondhan	Pathakpur	Hasanpur
EDL available and displayed	√	√	√	X	√	NA	NA
Computerised inventory management	√	√	X	X	X	NA	NA
IFA tablets	√	√	√	√	√	√	√
IFA syrup with dispenser	X	√	√	X	√	√	√
Vit A syrup	√	√	√	X	√	√	√
ORS packets	√	√	√	√	√	√	√
Zinc Tablets	X	√	√	X	√	√	√
Inj. Magnesium Sulphate	√	√	√	X	X	X	X
Inj. Oxytocin	√	√	√	X	X	X	X
Misoprostol tablets	√	√	√	X	√	X	X
Mifepristone tablets	√	X	√	X	X	X	X
Availability of antibiotics	√	√	√	√	X	X	X
Labelled emergency tray	√	√	√	√	√	X	X
Drugs for hypertension, Diabetes, common ailments e.g PCM, metronidazole, anti-allergic drugs etc.	√	√	√	√	√	√	√
Adequate Vaccine Stock available	√	√	√	X	X	X	X
Supplies							
Pregnancy testing kits	√	√	√	X	X	√	√
Urine albumin and sugar testing kit	√	√	√	X	X	√	√
OCPs	√	√	√	X	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

3.5 QUALITY PARAMETERS IN HEALTH FACILITY

Quality of care in health facility is a key component of the right to health and insure to equity and dignity for women and their children. Lack of safe drinking water and poor sanitation

practice in the hospital were accounted a plethora of diseases that affect both mother and newborn child. Cleanliness and hygiene in the hospital are critical to preventing infections and also provide patient and visitors with a positive experience about the hospital environment. In line with this, the MOHFW launched the KAYAKALP award scheme in 2015. The objective of this scheme was to achieve the cleanliness, hygiene and infection control at district hospital, community health centre and primary health centre in the country.

Table 3.7: Status of quality in health facilities, Sambhal district, 2018

Quality in health facility	CDH	CHC	PHC
(A) Bio-Medical Waste Management			
No. of facilities having bio-medical pits	1	9	0
No. of facilities having colour coded bins	1	9	0
Outsourcing for bio-medical waste	1	9	0
How many pits have been filled	0	0	0
No. of new pits required	0	0	26
(B) Infection Control			
No. of times fumigation is conducted in a year	0	0	0
No. of staff got training in infection control	1	9	0

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

Table 3.7 shows that only district hospital has managed the bio-medical pits and colour coded bins. District hospital has outsourced bio-medical waste management system through private company to pick up the waste in alternate days at district hospital and CHC level. There was no bio-medical waste facility available at primary health centre. No fumigation was conducted in last year at health facility.

3.6 MATERNAL AND CHILD HEALTH CARE

Maternal health is the key component for the development of the country in case of increasing equity and reducing poverty as well as to the achievement of India's national health goals under the National Health Mission 2017. In recent years, India has made significant progress with regards to maternal and child health. As per Sample Registration System report that MMR in India has decreased from 167 (2011-13) to 130 (2014-16) per 100,000 live births. The percentage of women who deliver at health facility has increased from 38.7% in 2005-06 to 78.9% in 2015-16 reported by NFHS. The highest rate of improvement in institutional deliveries was initiated under the JSY and JSSK scheme. JSY scheme provide financial assistance to women for delivery in health facility while JSSK provides entitlement to pregnant women, sick newborns and infants for free delivery including caesarean section, free drugs, free transport from home to hospital and free food during stay in the hospital. **Table 3.8** provide information regarding utilisation of ANCs, institutional and home delivery in Sambhal district. It was observed from the table, Naroli block has registered highest number

of ANC followed by Sambhal. Full ANC check-up was higher in Rajpura block and lower number of women access three ANC in Junawai block (571).

Table 3.8: Utilisation of delivery indicators in Sambhal district, 2016-17

Blocks	ANC registered	3 ANC	Institutional deliveries	Home deliveries
Asmoli	2018	1767	709	1584
Bahjoi	3113	2552	1468	421
Gunnaur	2435	2036	904	763
Junawai	2256	571	1308	199
Naroli	4468	1390	1415	829
Panwasa	2532	2229	565	1551
Rajpura	7273	3418	1210	703
Sambhal	4466	1364	682	1687

Source: CMO Office, Sambhal district, 2018

The higher risk of deaths for mother and their newborn child occurs at the time of childbirth or immediately after birth. To ensuring proper postnatal care is the safeguard for both mother and newborn child. It is essential for all women to receive three postnatal care check-up after childbirth as follows: first within 42 hours, second between 3 to 7 days and last within 42 days of delivery.

Table 3.9: Block wise post-natal care (PNC) services in Sambhal district, 2016-17

Blocks	PNC within 48 hrs after delivery	PNC between 48 hrs and 14 days after delivery
Asmoli	709	1400
Bahjoi	1483	279
Gunnaur	745	1070
Junawai	1056	1195
Naroli	238	265
Panwasa	2111	1870
Rajpura	688	526
Sambhal	404	377

Source: CMO Office, Sambhal district, 2018

Women who had received postnatal care within 48 hours higher in Panwasa block (2111) and lower number of mother seeking PNC within 48 hours accounted in Sambhal block (404). However, total 1870 women received PNC check-up between 48 hours to 14 days after delivery in Rajpura block and lower number was reported in Naroli block (265) during 2016-17. It was observed from the table that Sambhal block has lag behind to ensure the PNC check-up follow up after child birth (Table 3.9).

3.7 JANANI SURAKSHA YOJANA (JSY) & JANANI SHISHU SURAKSHA KARYAKARAM (JSSK)

Janani Suraksha Yojana is a safe motherhood intervention under National Health Mission, was launched in 2005. It is one of the largest conditional schemes in the world and

implemented with objectives of promoting institutional delivery and to reduce maternal and neonatal death during delivery care.

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 Sambhal, district hospital has separate room for JSY beneficiaries. During interaction with beneficiaries, they reported that received JSY payment through online transfer into account and some ASHA was pointed out that they did not received incentive of delivery care. They received message into mobile for incentive deposited in account but did not understand which heads of money deposited. Total 25900 of women who delivered their child at health facility in which, 23893 cases of deliveries were brought by ASHs. It was shows comprehensive role of ASHA to motivate women for institutional delivery.

Under the JSSK scheme, total 22577 of beneficiaries were received diet during stay in the hospital and 49408 of beneficiaries availed free drugs and diagnostic facility under the JSSK norm. With regards to transport, 18884 women get facility from home to health centre and only 8820 get transportation from health centre to home in Sambhal district.

3.8 STATUS OF NEO-NATAL AND CHILD HEALTH SERVICES

Reproductive and Child health (RCH) programme launched in 2005 in partnership with state government under the aegis of National Health Mission (NHM) to reduce the maternal, infant mortality and total fertility rates. RCH have six components like; Maternal health, Child health, Nutrition, Family Planning, Adolescent Health and PC-PNDT. The child health programme under the NHM to improve child survival and focused on factors which contributing to infant and under five-mortality. Neo-natal deaths are highest contributor of child deaths. It is well known that child survival cannot be addressed in isolation as it is intricately linked to the health of the mother. Therefore, the concept of Continuum of Care, which focused on care during critical life, stages in order to improve child survival.

In order to address newborn health care, Newborn Care Corners (NBCC) establish at delivery point to provide essential newborn care at birth. On the other hand, Special Newborn Care Units (SNCU) and Newborn Stabilisation Units (NBSU) provide care to sick and malnourished children in the health facility. Children were affected from Severe Acute Malnourished (SAM) under the age of five years admitted in the National Rehabilitation Centre (NRC) units, which was established at every district hospital in the country.

Table 3.10: Status of neonatal health infrastructure, Sambhal, 2017-18

Type of Facility	Number of Services	Established in last financial year (Yes/No)
Total SNCU	01	No
Total NBSU	04	Yes
Total NBCC	10	No
Total Staff in SNCU	04	Yes
Total Staff in NBSU	10	Yes
Total NRC	0 (NA)	-

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

Table 3.10 shows Sambhal district has 1 SNCU, 4 NBSU, 10 NBCC with working total 14 staff in the SNCU and NBSU. There was no NRC available at the district hospital. Most of the malnourished children were referred to the nearby district.

Table 3.11: Distribution of newborn care services in Sambhal district, 2016-17 March

Blocks	Total live births	Still births	% of still birth	% of newborns having <2.5 Kg	% of newborns breast fed within 1 hours
Asmoli	5454	60	1.1	18.3	91.1
Bahjoi	4782	50	1.0	17.0	87.6
Gunnaur	5454	60	1.1	18.3	91.1
Junawai	4782	50	1.0	17.0	87.6
Naroli	5014	43	0.9	2.5	96.1
Panwasa	4002	70	1.7	4.6	83.2
Rajpura	6091	205	3.3	24.0	129.1
Sambhal	4735	16	0.3	17.9	99.7
Total	46457	554	1.2	13.6	97.1

Source: HMIS data, 2016-17

Table 3.11 provide information about newborn care services like live birth, still birth, newborn weight and breast feeding within one hour after child birth. Most of the blocks were reporting about 1% of still birth but Rajpura block showing 3.3%, it is very high among the blocks. Newborn having <2.5 Kg weight only 13.6% in overall district but Rajpura reported higher number of children having <2.5 Kg weight followed by Sambhal block. Newborn breast fed within 1 hour is 97.1% reported under HMIS data in Sambhal district. Most of the block reported near about 100% except Rajpura shows 129%.

India was declared Smallpox free country since 1970, as a result of effective vaccination programme. After success from Smallpox, Government of India was launched the Expanded Programme on Immunisation (EPI) in 1978. It was included six diseases: diphtheria, pertussis, tetanus, poliomyelitis, typhoid and tuberculosis. Tetanus toxoid vaccine for pregnant women was included in EPI in 1983. The EPI programme was further renamed as Universal Immunisation Programme (UIP) in 1985 and measles vaccine was added in the same year. The objectives of this programme was increasing immunisation coverage, reducing morbidity and mortality, establishing a cold chain system and district wise monitoring and evaluation for progress assessment.

Table: 3.12 Blocks wise immunization pattern in Sambhal district, 2017-18

Blocks	OPV at birth	BCG	DPT			Pentavalent			Measles	Full immunization
			1	2	3	1	2	3		
Asmoli	2017	2292	76	55	63	2445	2713	2719	2845	2847
Bahjoi	1637	2743	05	05	05	2089	2335	2327	2410	2376
Panwasa	1035	2081	74	51	49	2697	2731	2634	3133	3133
Naroli	1470	3792	175	61	255	3017	3454	3483	3861	3135
Gunnaur	1288	1652	70	48	08	2030	2123	2334	2504	2352
Junawai	835	2080	174	142	125	2322	2541	2716	2911	2827
Rajpura	1617	2464	43	26	20	2327	2386	2606	2432	2512
Sambhal	904	2211	85	64	41	2568	2545	2576	5867	2891
Total	10803	19315	702	452	566	19495	20828	21395	25963	22073

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

Table 3.12 found that Asmoli block received highest number of OPV at birth was coverage of 2017 children followed by Bahjoi and Sambhal block was reported lower coverage of OPV at birth. Total 3792 children received BCG dose in Naroli block, which highest coverage among the block. Sambhal block was reported higher number of children received the measles vaccine followed by Naroli block. Coverage of Measles vaccine show satisfactory result across the blocks in Sambhal district. In Case of full immunisation, overall number accounted were 22073 children during 2017-18 in the district.

3.9 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 method for family planning are

included the female sterilisation which have two technique like minilap and Laparoscopic and Male sterilisation which include conventional and Non-Scalpel Vasectomy (NSV) and others method is pregnancy testing kits (PKT) to detect early pregnancy.

Table: 3.13 Utilisation of family planning method across the blocks in Sambhal district, 2018

Blocks	Sterilization			IUCD		Oral Pills		Condoms	
	Target	Male	Female	Target	Ach.	Target	Ach.	Target	Ach.
Asmoli	1218	0	106	5664	1065	782	2947	68393	68393
Bahjoi	989	0	175	2453	808	635	3367	2000	62590
Panwasa	1178	0	207	2658	909	756	4298	1277	57816
Naroli	1174	0	104	3053	579	703	3912	53145	77137
Gunnaur	1088	0	144	2818	556	699	4834	1404	80357
Junawai	768	0	170	1960	1031	493	4480	991	42289
Rajpura	736	0	227	1873	2303	472	8710	962	150000
Sambhal	2242	7	228	4811	1157	1436	8725	2893	175550
Total	9393	07	1361	25290	8408	5976	41273	131065	714132

Source: CMO Office, 2018 Note: Ach. – Achievement

Table 3.13 shows the utilisation of family planning method preferred by people over the blocks in Sambhal district. Out of total targeted sterilization was 9393 conducted; only 1361 number of female used this method. There was no any male sterilization except Sambhal block conducted across the blocks. In case of IUCD insertion, total 25290 was targeted, in which only 8408 number of female achieved against target. In Asmoli, Junawai and Sambhal block has achieved more than 1000 IUCD insertion method for family planning and Rajpura was achieved 2303 female used IUCD method. In Sambhal district, only 41273 oral pills were distributed against 5976 number of oral pills targeted. As far as Condoms is concerned, total 714132 pieces of condoms were distributed in the Sambhal district, which higher achievement against the targeted number.

3.10 INFORMATION EDUCATION & COMMUNICATION (IEC)

Information Education and Communication (IEC) is a broad term comprising messages, practices and ideas are disseminated to individual or target population by utilising appropriate media of communication with the aim of creating awareness as well as motivating for better health, increasing awareness and changing behaviour. IEC material is frequently used in form of poster, leaflets, and brochure etc. for health education and sometime also used through electronic medium like broadcasting on radio and TV to changes behaviour in the community.

The visited health facility like combined district hospital has put IEC material like poster and banner hanging on the walls. In District hospital team were observed that IEC materials about list of available drugs, JSSK and JSY entitlement, family planning, immunisation

schedule and referral transport etc. available during the visit. However, lack of IEC material was found during visit at PHC and Sub-centre level.



Figure 7: IEC display in health centre in Sambhal district

3.11 COMMUNITY PROCESS

ASHA is a largest community health worker programme in the world and their contribution to enable people’s participation in public health facilities. Role of ASHA to create awareness and give information to the community about nutrition, sanitation and hygiene practice and indentify pregnant women, provide ANC, safe delivery, immunisation and prevention from common infection diseases.

Table: 3.14 Details of ASHA workers in Sambhal district, 2017-18

Current status of ASHAs	Total No. of ASHAs
ASHAs presently working	1689
Vacant positions	87
Total number of meetings with ASHA (in a year)	96
Total number of ASHA resource centre/ASHA Ghar	0
Drug Kit replenishment	313
No. of ASHA trained in last year	1634
Name of trainings received	1. HBNC 2. Induction training 3. Leprosy, RNTCP

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

The general norm of one ASHA per 1000 population served in the village and ASHA must be a women residing of the village. In Sambhal district, total 1689 ASHA are working and 87 posts were vacant in 2017-18. ASHA was attending Village Health and Nutrition Day (VHND) in every month. Total 96 meeting were attended by ASHA in 2017-18 and no ASHA resource centre available in this district. Out of 1689 ASHA, 1634 has got training in the last year. These training are HBNC, induction training, leprosy and RNTCP (Table 3.14).



Figure 8: ASHA training of 6/7 module at CHC, Bahjoi

3.12 DISEASES CONTROL PROGRAMME

In Sambhal district, Malaria, Tuberculosis, Blood sugar test and HIV is effectively functioning. There was no data available of cases of disease screened and detected in the district hospital. Total 14 cases of HIV positive patients were found during 2017-18 in district hospital. The highest TB patients were detected in Sambhal district. CHC Bahjoi and Rajpura have available lab test facility of TB, Malaria, HIV and blood sugar. In September month, 47 tests conducted for malaria patients and 37 tests done in August month at Rajpura PHC.

3.13 AYUSH PROGRAMME

The National Health Policy (NHP) 2017 has emphasised to need for integrating AYUSH in the National Health Mission, research and education. Indian medicine systems such as ayurveda, unani, siddha, yoga and homeopathy have a long history of existing alongside with allopathic systems. Under NHM, AYUSH facilities are being set up in PHCs and CHCs and deployed by qualified AYUSH physicians appointed on contract basis. District hospital in Sambhal district, total 11 AYUSH doctors were posted in different health facility across the blocks. District hospital has separate AYUSH wing with 3 doctors of Ayurveda, Homeopathic and Unani. At the PHC level, no AYUSH facilities were available. AYUSH facility was available at CHC Bahjoi and Panwasa.

3.14 BUDGET UTILISATION UNDER NHM PROGRAMME

Budget utilisation under NHM is to operationalise an effective and accountable financial management system for budgeting, monitoring and utilisation of funds at central, state, district and block level. Funds are pooled together under a “mission flexi pool” in NHM and provide support of various programmes under it. There are four components of mission flexi pool: NHM and RMNCH+A, NUHM flexi pool, disease control programme (Communicable and Non-communicable) and infrastructure maintenance.

Table 3.15: Pool wise budget heads summary budget utilisation parameters

S.No.	Budget Head	Budget	Expenditure (As on 31 Dec, 2017)
PART I	NRHM + RMNCH+A Flexi pool	124.91	82.98
PART II	NUHM Flexi pool	174.60	154.98
PART III	Flexi pool for disease control programme	187.13	150.41
PART IV	Flexi pool for Non-Communicable Diseases	57.63	17.20
PART V	Infrastructure Maintenance	-	-
S.No.	Scheme/Programme	Funds 2017-18 (in Lakh)	
		Sanctioned	Utilized
13.1	NRHM + RMNCH plus A Flexi pool		
13.1.1	Maternal Health	811.01	577.52
13.1.2	Child Health	2.60	1.43
13.1.3	Family Planning	59.00	41.09
13.1.4	Adolescent Health/RKSK	1.00	0
13.1.6	Immunization	125.92	90.81
13.2	NUHM Flexi pool		
13.2.1	Strengthening of Health Services	174.60	154.98
13.3	Flexi pool for Communicable Disease		
13.3.1	Integrated Disease Surveillance Programme (IDSP)	3.18	0
13.3.2	National Vector-Borne Disease Control programme	2.84	2.38
13.4	Flexi pool for Non-Communicable Diseases		
13.4.1	National Mental Health programme (NMHP)	-	-
13.4.2	National Programme for the Healthcare of the Elderly	-	-
13.4.3	National Tobacco Control Programme (NTCP)	3.18	2.30
13.4.4	National Programme for Prevention and Control of Cancer, Diabetes, Cardiovascular Diseases and Stroke (NPCDCS)	27.81	7.27
13.5	Infrastructure		
13.5.1	Infrastructure	-	-
13.5.2	Maintenance	-	-
13.5.3	Basic training for ANM/LHVs	-	-

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

Table 3.15 indicates the utilisation of budget heads under the NHM programme in Sambhal district in last financial year. Under budget heads, NHM and RMNCH+A was received 124.91 Lakh and only Rs. 82.98 lakh expenditure done during last year. All budget head shows under utilisation of the money against received total budgets. Budget of adolescent health / RKSK, Integrated Disease Surveillance Programme (IDSP) found no expenditure made during the last financial year. In case of non-communicable disease, national mental health programme and health care programme for the elderly was not received any budget during 2017-18. Less than half expenditure was made under the NPCDCS programme against the received budget.

3.15 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.

Table 3.16: HMIS / MCTS progress in Sambhal district, 2017-18

Indicators	Progress
Is HMIS implemented at all the facilities?	Yes
Is MCTS implemented at all the facilities?	Yes
Is HMIS data analyzes and discussed with concerned staff at state and district levels for necessary corrective action to be taken in future?	Yes
Do programme managers at all levels use HMIS data for monthly reviews?	Yes
Is MCTS made fully operational for regular and effective monitoring of services delivery including tracking and monitoring of severely anaemic women, low birth weight babies and sick neonates?	Yes
Is the services delivery data uploaded regularly?	Yes
Is the MCTS call centre set up at district level to check the veracity of data and service delivery?	No
Is HMIS data analysed and discussed with concerned staff at state and district levels for necessary corrective action to be taken in future?	Yes

Source: CMO Office, Sambhal district, 2018

During the visited health facilities, it was found HMIS has faced some difficulties related to not availability of trained manpower. Data entry operator and account manager post is vacant which affect the delay and inconsistent of data entry. MCTS operator found some error in data filled by ASHA. Most of the ASHA were filled their field data about mother and child on own diary with respective village. During the data entry, it was very difficult to match the data accordingly with MCTS software. HMIS data were review on monthly basis at block level.

4

FACILITY-SPECIFIC OBSERVATIONS

4.1 COMBINED DISTRICT HOSPITAL, SAMBHAL, UTTAR PRADESH

- Combined District hospital, Sambhal came into force in 2009, it have 100 bedded hospitals. An emergency service is available 24x7 hours. About 1000 patients per day visited for OPD services in the hospital.
- District hospital observed huge shortfall of specialist doctors like Paediatrician, Pathologist, Cardiologist, Radiologist, General Surgeons, Gynaecologist, Data Account Manager (DAM) and staff nurses. Total 23 posts has sanctioned of Medical Officers (MOs), in which 07 filled and 16 post has still vacant.
- The staff quarters for MOs and Staff Nurses are available inside the district hospital. Total 37 staff quarter are currently available.
- Total 141208 OPD patients visited in 2016-17 and increased 156898 in 2017-18, while 11146 IPD patients in 2016-17 and 12385 in 2017-18 were visited during the year. Only one C-section delivery was conducted in each year.
- One labour room was available and performed only normal delivery. There is no facility for C-section delivery due to lack of specialist like Paediatrician and Gynaecologist. Women were referred to Moradabad district for C-section deliveries.
- The Combined District Hospital has separate room with 12 bedded for Sick Newborn Care Unit (SNCU), but it is not functioning since there is a vacant post of Paediatrician and Staff Nurses.
- There was no facility of National Rehabilitation Centre (NRC), they referred malnourished children to Moradabad district.
- The hospital has no blood storage facility. In case of emergency, patients managed by private pathology and sometime referred to Moradabad district.
- There was no facility of ARSH clinic in this hospital.
- The facility has observed well maintained and updated of record keeping registered such as OPD, IPD, ANC, PNC and drug stock etc.

- The district hospital has non-functional of CT scan, X-ray, and Ultrasound facility due to vacant post of Radiologist which was major stumbling block to provide health services to patients.
- All the essential IEC material was displayed at the health facility.
- The district hospital has no facility regarding the Rogi Sahayta Kendra/Functional Health Desk.
- The district hospital has outsourced for management of bio-medical waste and kept orderly into colour coded bins.
- There were 3 ambulances for 102 and 2 ambulance for 108 provided transport services in district hospital.

4.2 COMMUNITY HEALTH CENTRE-FRU, BAHJOI

- Community health centre, Bahjoi has well infrastructure and functioning in the government building and basic amenities are available in this hospital.
- Total 143922 OPD patients were visited in 2016-17 and further increased at 178591 patients in 2017-18. IPD patients were significantly increased over the years (Table 4.1). No C-section delivery was reported during 2016-18.
- Number of still birth children was decreased from 50 to 20 during 2016-18 at CHC Bahjoi. There was no neonatal and infant death reported past two financial years.
- Staff quarter were available inside the health facility and well maintained
- Separate maternity ward is available and performed only normal delivery. There was no C-section delivery conducted at CHC due to non-availability of Paediatrician and Surgeon. The cases of C-section referred to the nearest district hospital.
- Maternity ward functioning with New Born Care Corner and New Born Stabilisation Unit.
- CHC has all essential drugs and supplies were available except Mifepristone tablets and adequate vaccine stock is also available.
- All lab tests were functioning except CBC, RPR and Live function tests at this facility.

4.3 COMMUNITY HEALTH CENTRE, PANWASA

- The Community Health Centre, Panwasa have 2 MOs, 4 staff nurse, 2 pharmacists and 1 ANM and functioning in the government building.
- In case of laboratory test, all tests were available at CHC except CBC, Serum Bilirubin test and RPR.

- All PHCs and SCs under the CHC Panwasa have no facility of delivery care services. They refer delivery cases to the CHC and district hospital.
- CHC Panwasa has reported total 74211 patients availed OPD services in 2016-17 and decreased 71493 in 2017-18 and number of IPD patients were increased from 1652 in 2016-17 to 1932 in 2017-18 (Table 4.1).
- Women was delivered child at CHC was 1367 in 2016-17 and number slightly decreased at 1301 in 2017-18. Coverage of ANC three was decreased during the year 2016-18 (Table 4.1).
- The facility has available all essential drugs and adequate vaccine stock and provides supplies like sugar testing kits, OCPs, Emergency pills, IUCDs and sanitary napkins.
- CHC has no family planning counsellor and this work assigned to Block Programme Manager (BPM). In the last two year no data were reported regarding IUCD, PPIUCD insertion and no permanent method (Vasectomy) under family planning.

Table 4.1: Utilisation of service delivery parameters at CHC Bahjoi and Panwasa, 2016-18

Utilization of delivery care parameters	CHC, Bahjoi		CHC, Panwasa	
	2016-17	2017-18	2016-17	2017-18
OPD	143922	178591	74211	71493
IPD	3451	5059	1652	1932
Total deliveries conducted	3466	3253	1367	1301
No. of C-section conducted	0	0	0	0
No. of admissions in NBSUs / SNCU, whichever available	0	0	0	0
No. of children admitted with SAM	NA	NA	NA	NA
No. of pregnant women referred	139	216	0	0
ANC One registration	5676	6208	1367	2051
ANC Three Coverage	57542	4675	1367	1748
No. of IUCD Insertions	618	687	101	107
No. of PPIUCD Insertion	298	476	122	300
No. of children fully immunised	2289	5736	0	0
No. of children given ORS+Zinc	NA	NA	0	0
No. of children given Vitamin A	4309	11267	0	0
Total MTPs	0	0	0	0
Maternal deaths	12	10	20	13
Still births, if any	50	20	16	12
Neonatal deaths, if any	0	01	0	0
Infant deaths	0	0	0	0

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

4.4 PRIMARY HEALTH CENTRE, RAJPURA

- Primary health centre is easily accessible and connected with road. The facility has functioning in the government building. It is located 7 km away from the District hospital and come under the Bahjoi block.
- Primary health centre, Rajpura has provided only OPD services. Total 600-700 patients were visited for OPD services.
- At the time of visit, MOIC is on maternity leave for 6 months. Other man power like one full time pharmacist, one ward boy and one sweeper cum peon working at PHC.
- Availability of staff quarter was dilapidated condition and need to upkeep the quarter for able to living condition.
- There was no drinking water facility at PHC and power backup has available with 500 watt invertors.
- Lack of cleanliness was observed premises of the primary health centre.
- Only malaria and blood sugar test were conducted at this facility
- It was observed that IFA tablet was not available since last one year.
- There was no IEC material efficiently displayed at health facility with regards to awareness about JSY, JSSK, family planning and ANC observed during the visits.
- Total 7162 patients has visited for OPD services in 2016-17 and 8229 in 2017-18

4.5 PRIMARY HEALTH CENTRE, SONDHAN

- Health facility easily accessible from the nearest road and functioning in the government building.
- No delivery care facility available at PHC and provide only OPD services. About 150-200 patients were visited for OPD per days.
- All essential drugs were available except Inj. Magnesium Sulphate and Oxytocin during the visits. PHC has 3 bedded with 1 ward available.
- During the visits, there was no IEC material displayed at this primary health centre
- There were only Haemoglobin, Blood sugar, Malaria and HIV test conducted at this PHC.
- Primary Health Centre, Sondhan has reported 9223 OPD patients were visited during 2016-17 and number increased about 12233 in 2017-18.
- There was no power back-up facility available at PHC, Sondhan.



Figure 9: Vaccine van at CHC, Bahjoi



Figure 10: PHC, Sondhan



Figure 11: Sub centre Pathakpur



Figure 12: Bore well under construction at SC



Figure 13: Sub centre, Hasanpur



Figure 14: Water flow in bathroom, CHC, Bahjoi

4.6 SUB-CENTRE, PATHAKPUR

- Sub Centre was easily accessible with road connectivity and functioning in a government building, the sub centre was 5 kilometres away from PHC Faridpur. Sub centre have covered total 8 villages.
- ANM quarters are available at sub centre but ANM was not residing in this quarter due to security concern. Sub centre have an ANM and 12 ASHAs.
- Sub centre was running with power backup and water facility available in 24x7.

- Hemoglobinometer was not functioning and used others method for estimating of haemoglobin like strip meter. B.P instrument and stethoscopes for blood pressure is available.
- The facility has available IFA tablets, IFA syrup, Vitamin A syrup and ORS packet. Sometime ANM felt that shortage of Zinc tablets and other injection.
- Availability of one delivery ward with one delivery table at sub centre but currently, it was not performed due to unavailability of ANM.
- It was observed that lack of essential IEC display like JSY scheme, family planning and JSSK scheme was not display.
- Under the RKS fund, sub-centre got Rs. 10,000 in a year and only 4500 have been utilized. RKS fund was managed by CHC Bahjoi.
- During the visit, registered was not available at sub centre and kept in home said by ANM.
- ANM visited 1st, 2nd and 3rd Monday of every month for ANC check-ups in the respective family and 1st Wednesday of every month they organized Poshan Mela at sub centre.

4.7 SUB-CENTRE, HASANPUR

- Sub Centre was easily accessible with road connectivity and functioning in a government building.
- ANM quarters are available at sub centre and have 1 ANM and 3 ASHAs.
- It was observed that lack of essential IEC display like JSY scheme, family planning and JSSK scheme was not display.
- Under the RKS fund, sun centre got 10000 rupees in a year.
- Hemoglobinometer was not functioning and used others method foe estimating of haemoglobin like strip meter. ANM has also B.P instrument and stethoscopes for blood pressure. Adult weighing machine and needle hub cutter are also available.
- Sub centre was running without power backup and water facility.
- There is no facility of Bio-medical waste (BMW) at both sub-centre, it was collected garbage and pit in to underground.
- The facility has available IFA tablets, IFA syrup with dispenser, vitamin A syrup, zinc tablets, ORS packet and drugs for common ailments like PCM, metronidazole, anti-allergic drugs etc. Sometime ANM felt that shortage of Zinc tablets and other injection.

5

CONCLUSION & RECOMMENDATIONS

5.1 CONCLUSION AND RECOMMENDATIONS

- Programme Implementation Plan (PIP) is a crucial document under NHM through which identifying and quantifying health programme in public health and address the challenges for further improvement. The Population Research Centre (PRC), Delhi initiated this work and monitoring the many states across country to propose the current health situation of the visited health facilities in Sambhal district.
- PIP lays down the key points such as facility based services, community intervention, untied fund, infrastructure, human resources, training of HR, quality in health facility, IEC, budget utilisation, maternal and child health and disease control programme which support to state for the process of planning to smooth health services.
- This report provides information on monitoring and evaluation regarding visited health facilities findings of the Sambhal district of Uttar Pradesh. The following health facilities in Sambhal district visited for monitoring are: Combined District Hospital, Community Health Centre, Bahjoi, Community Health Centre, Panwasa, Primary Health Centre, Rajpur and Sondhan, Sub-centre, Pathakpur and Hasanpur.
- Sambhal district has 01 CDH, 02 FRUs, 09 CHCs, 26 PHCs, 12 delivery points and 216 sub-centres and available 11 ambulances (108), 23 ambulances (102) and no referral transport facility services in this district. They used 102 ambulances for referral services.
- It was major concerned that 84 maternal deaths were occurred in Sambhal district during the last financial year. Out of total deaths 71 deaths reported at home and 13 during the transportation.
- Child birth at home was higher in Sambhal district; it was reported total 7737 delivery at home out of 8261 institutional delivery conducted during 2016-17. Asmoli and Sambhal block accounted higher number of home based delivery in district.
- Higher home delivery due to lack of delivery facility at PHC and Sub-centre level. Most of remote villages from district hospital were not timely reached the hospital. To increase the delivery facility of existing PHC and Sub-centre.

- There is dire need to strengthen the human resources especially for Gynaecologist, Surgeon and paediatrician to tackle problem related to the delivery care and C-section complications smoothly in the district. There is only 01 Gynaecologist in Sambhal district.
- The Sub-Centres was functioning without power backup and poor condition of toilets. Therefore, ANM was unable to perform delivery cases in night, is crucial to strengthen the services at the Sub Centres.
- Available staff quarters were not in living condition observed during the visit at PHC Rajpur and Sondhan. There is urgent need to upkeep the staff quarters at PHC, Rajpur and Sondhan.
- JSY payment is disbursed through Public Financial Management System (PFMS) in all health facilities. Some of the issues arise related to the opening bank account and unavailability of the supporting documents of the beneficiary which creates a problem in disbursement of the JSY incentive.
- Bio-medical waste facility available at district hospital and CHC Bahjoi, outsourced through private company. To expand this facility in other CHC and PHC to prevent from infections which is generated from waste disposed in the premise of health facility.
- NRC section is available with staff nurse at District Hospital but it is not functioning due to shortage of Paediatrician. It is important to hire the specialist and ensure to utilisation of the existing facility. Currently, all the malnourished children referred to Moradabad.
- In Sambhal district, male sterilisation is very low as compared to female. Level of achievement of sterilisation cases far below from the targeted numbers. Post of family planning counsellor was vacant at district hospital and CHC level. To increase the number and provide awareness in community and proper counselling, it cannot be possible without trained FP counsellor.

ANNEXURE-1

List of Key Contact Person at Health Facilities

S. N.	Key Contact Person	Designation	Health Facility
1	Dr. A. K. Gupta	Chief Medical Superintendents	District Hospital
2	Dr. Amita Sindhu	Dentist Surgeon	District Hospital
3	Dr. Amita Singh	Chief Medical Officer	District Hospital
4	Dr. Bhaiya Lal Baratiya	Medical Office-In-Charge	CHC, Bahjoi
5	Dr. Chaman Prakash	Senior Consultant	District Hospital
6	Dr. Farina Parveen	Medical Office-In-Charge	PHC, Rajpur
7	Dr. Mohammad Hakeeb	Medical Office-In-Charge	CHC, Panwasa
8	Dr. Ranjan Singh	Gynaecologist	District Hospital
9	Mr. Arbab Mehdi	District Community Process Manager	CHC, Bahjoi
10	Mr. Avdesh Kumar	Lab Technician	District Hospital
11	Mr. Kulshretha Sharma	Pharmacist	PHC, Rajpur
12	Mr. Manish Bhatnagar	Data Operator	District Hospital
13	Mr. Nazim Hussain	Finance Accountant	District Hospital
14	Mr. Praveen Kumar	Lab Technician	District Hospital
15	Mr. Sanjeev Rathor	District Programme Manager	District Hospital
16	Mr. Varun Misra	Block Programme Manager	CHC, Bahjoi
17	Smt. Anju Ram	Auxiliary Nurse Midwife	Sub-centre, Pathakpur
18	Smt. Ashma	ASHA	Sub-centre, Hasanpur
19	Smt. Kamlesh Pal	Quality Improvement Mentor	CHC, Bahjoi
20	Smt. Meena Rastogi	Auxiliary Nurse Midwife	Sub-centre, Hasanpur
21	Smt. Rachna	MCTS Operator	CHC, Bahjoi
22	Smt. Sarvesh Kumari	Block Community Process Manager	CHC, Bahjoi

ANNEXURE-2



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	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

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) (Haemorrhage, Obstetric Complications, Sepsis, Hypertension, Abortion, Others)	Month Of pregnancy		
	Hospital	Home	Transit		During pregnancy	During Delivery	Post Delivery

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	

Section 8. RKSK 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+A Flexi pool		
PART II	NUHM Flexi pool		
PART III	Flexi pool for disease control programme		
PART IV	Flexi pool for Non-Communicable Diseases		
PART V	Infrastructure Maintenance		
S.No.	Scheme/Programme	Funds 2017-18 (in Lakh)	
		Sanctioned	Utilized
13.1	NRHM + RMNCH plus A Flexi pool		
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	Flexi pool for Communicable Disease		
13.3.1	Integrated Disease Surveillance Programme (IDSP)		
13.3.2	National Vector-Borne Disease Control programme		
13.4	Flexi pool for Non-Communicable Diseases		
13.4.1	National Mental Health programme (NMHP)		
13.4.2	National Programme for the Healthcare of the Elderly		
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, Sambhal district, 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-3

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		
3.10	Laproscopy-Sterilisations		
3.11	IUCD		
3.12	PPIUCD		
3.13	Blood storage		
3.14	IMEP		
3.15	Immunization and cold chain		
3.16	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				
4.25				
4.26				
4.27				
4.28				
4.29				
Laboratory Equipment				
4.1a	Functional Microscope			
4.2a	Functional Hemoglobinometer			
4.3a	Functional Centrifuge			
4.4a	Functional Semi autoanalyzer			
4.5a	Reagents and Testing Kits			
4.6a	Functional Ultrasound Scanners			
4.7a	Functional C.T Scanner			
4.8a	Functional X-ray units			
4.9a	Functional ECG machines			

Section V: Essential Drugs and Supplies				
S. N.	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	
Supplies		Y	N	
5.16	Pregnancy testing kits	Y	N	
5.17	Urine albumin and sugar testing kit	Y	N	
5.18	OCPs	Y	N	
5.19	EC pills	Y	N	
5.20	IUCDs	Y	N	
5.21	Sanitary napkins	Y	N	
Essential Consumable				
5.22	Gloves, Mckintosh, Pads, bandages, and gauze etc.	Y	N	

Section VI: Other Services				
S.no	Lab Services	Yes	No	Remarks
6.1	Haemoglobin	Y	N	
6.2	CBC	Y	N	
6.3	Urine albumin and sugar	Y	N	
6.4	Blood sugar	Y	N	
6.5	RPR	Y	N	
6.6	Malaria	Y	N	
6.7	T.B	Y	N	
6.8	HIV	Y	N	
6.9	Liver function tests(LFT)	Y	N	
6.1	Ultrasound scan (Ob.)	Y	N	
6.11	Ultrasound Scan (General)	Y	N	
6.12	X-ray	Y	N	
6.13	ECG	Y	N	
6.14	Endoscopy	Y	N	
6.15	Others , 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		
7.10	ANC 3 Coverage		
7.11	No. of IUCD Insertions		
7.12	No. of PPIUCD Insertion		
7.13	No. of children fully immunized		
7.13	No. of children given ORS + Zinc		
7.13	No. of children given Vitamin A		
7.14	Total MTPs		
7.15	Number of Adolescents attending ARSH clinic		
7.16	Maternal deaths		
7.17	Still births		
7.18	Neonatal deaths		
7.19	Infant deaths		

Section VII A: Funds Utilisation				
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/Timeliness 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-4

PHC/CHC (NON FRU) level Monitoring Checklist

Name of District: _____	Name of Block: _____	Name of PHC / CHC: _____
Catchment Population: _____	Total Villages: _____	
Date of last supervisory visit: _____	Name & designation of monitor: _____	
Date 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	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	
5.10	Misoprostol tablets	Y	N	
5.11	Mifepristone tablets	Y	N	
5.12	Availability of antibiotics	Y	N	
5.13	Labelled emergency tray	Y	N	
5.14	Drugs for hypertension, Diabetes, common ailments e.g PCM, metronidazole, anti-allergic drugs etc.	Y	N	
5.15	Adequate Vaccine Stock available	Y	N	
Supplies				
5.16	Pregnancy testing kits	Y	N	
5.17	Urine albumin and sugar testing kit	Y	N	
5.18	OCPs	Y	N	
5.19	EC pills	Y	N	
5.20	IUCDs	Y	N	
5.21	Sanitary napkins	Y	N	
Essential Consumables				
5.22	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-5

FRU level Monitoring Checklist

Name of District: _____	Name of Block: _____	Name of FRU: _____
Catchment Population: _____	Total Villages: _____	
Date of last supervisory visit: _____	Name & designation of monitor: _____	
Date 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	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	Laprosopy-Sterilisations		
3.11	IUCD		
3.12	PPIUCD		
3.13	Blood storage		
3.14	IMEP		
3.16	Immunization and cold chain		
3.15	Others		

Section IV: Equipment				
S.No.	Equipment	Yes	No	Remarks
4.1	Functional BP Instrument and Stethoscope	Y	N	
4.2	Sterilised delivery sets	Y	N	
4.3	Functional Neonatal, Paediatric and Adult Resuscitation kit	Y	N	
4.4	Functional Needle Cutter	Y	N	
4.5	Functional Radiant Warmer	Y	N	
4.6	Functional Suction apparatus	Y	N	
4.7	Functional Facility for Oxygen Administration	Y	N	
4.8	Functional Autoclave	Y	N	
4.9	Functional ILR and Deep Freezer	Y	N	
4.10	Emergency Tray with emergency injections	Y	N	
4.11	MVA/ EVA Equipment	Y	N	
4.12	Functional phototherapy unit	Y	N	
Laboratory Equipment		Y	N	
4.1a	Functional Microscope	Y	N	
4.2a	Functional Hemoglobinometer	Yes	No	Remarks
4.3a	Functional Centrifuge	Y	N	
4.4a	Functional Semi autoanalyzer	Y	N	
4.5a	Reagents and Testing Kits	Y	N	

Section V: Essential Drugs and Supplies				
S.No.	Drugs	Yes	No	Remarks
5.1	EDL available and displayed	Y	N	
5.2	Computerised inventory management	Y	N	
5.3	IFA tablets	Y	N	
5.4	IFA syrup with dispenser	Y	N	
5.5	Vit A syrup	Y	N	
5.6	ORS packets	Y	N	
5.7	Zinc tablets	Y	N	
5.8	Inj Magnesium Sulphate	Y	N	
5.9	Inj Oxytocin	Y	N	
5.1	Misoprostol tablets	Y	N	
5.11	Mifepristone tablets	Y	N	
5.12	Availability of antibiotics	Y	N	
5.13	Labelled emergency tray	Y	N	
5.14	Drugs for hypertension, Diabetes, common ailments e.g. PCM, metronidazole, anti-allergic drugs etc.	Y	N	
5.15	Adequate Vaccine Stock available	Y	N	
S.No	Supplies	Yes	No	Remarks
5.17	Pregnancy testing kits	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-6

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				
3.10	Color coded bins				
3.11	RBSK pictorial tool kit				

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

