NATIONAL HEALTH MISSION

A Report on
NHM PIP, Monitoring and Evaluation of Shahdara, Delhi

Submitted to
Ministry of Health and Family Welfare

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Acronyms and Abbreviations

AMG	Annual Maintenance Grant
ANM	Auxiliary Nurse Midwife
AYUSH	Ayurveda, Yoga & Naturopathy, Unani, Siddha and Homoeopathy
BEMOC	Basic Emergency Obstetric Care
BMW	Biomedical waste
BPM	Block Programme Manager
BSU	Blood Storage Unit
CDMO	Chief District Medical Officer
DH	District Hospital
DPM	District Programme Manager
ECG	Electrocardiography
EMOC	Emergency Obstetric Care
FRU	First Referral Unit
HMIS	Health Management Information System
IEC	Information, Education and Communication
IPD	In Patient Department
IUCD	Intra Uterine Contraceptive Device
IYCF	Infant and Young Child Feeding
JSSK	Janani Shishu Suraksha Karyakram
JSY	Janani Suraksha Yojana
LHV	Lady Health Visitor
LSAS	Life Saving Anaesthetic Skill
LT	Laboratory Technician
MCTS	Mother and Child Tracking System
MMU	Mobile Medical Unit
MO	Medical Officer
MoHFW	Ministry of Health and Family Welfare
NBCC	New Born Care Corner
NBSU	New Born Stabilization Unit
OCP	Oral Contraceptive Pill
OPD	Out Patient Department
OPV	Oral Polio Vaccines
PIP	Programme Implementation Plan
PRC	Population Research Centre
SBA	Skilled Birth Attendant
SN	Staff Nurse
SNCU	Special New Born Care Unit
VHND	Village Health and Nutrition of Day

Executive Summary

Shahdara: Strengths and Weaknesses

This report focuses on quality monitoring of important components of NHM. Here, Population Research Centre (PRC), Delhi was expected to observe and comment on the status of the key areas mentioned in the Records of Proceedings (RoPs). The PRC, Delhi team undertook desk review of PIP document and prepared semi-structured interview schedules and observations checklist for the field study.

The PRC team visited the district office (Meeting with CMO and DPM), Doctor Hedgewar Aarogya Sansthan, Karkardooma, Balaki Dass Poly Clinic, Chota Bazar, Seed PUHC Kabir Nagar, DGD Durgapuri, DGD Nand Nagari Extension for the monitoring purpose.

The summary of strengths and weakness in the functioning of NHM activities in the District are as follows:

Strengths:

- All the facilities visited had sufficient infrastructure to cater to the heavy load of patients. Each facility had sufficient rooms to provide for the services and also enough space for patients to wait for their turn.
- All the facilities were uploading data on HMIS. All the records were timely updated and then verified at District level.
- All the facilities visited were using colour- coded bins to segregate waste. Bio-medical Waste Collection was outsourced, which was collected almost every alternate day from all the facilities.
- All the facilities had well functional drug delivery system. Most of the essential and basic drugs like IFA tablets, ORS, vitamin A etc were available in the facilities. Apart from this, essential equipments like the BP instrument, stethoscope, sterilized delivery sets, weighing machine, and needle cutter and so on were available and functional.

Weakness:

- Though the District had enough infrastructures but most of it was mismanaged. ANC rooms were placed on first floor or the immunization room was too close to DOTS center.
- All the facilities visited were not maintained and cleaned regularly. They were not meeting basic levels of hygiene and sanitation.
- There is a huge gap in the awareness level and mobilisation of the community, which can be attributed to the crunch of field level workers that are ANMs and ASHAs.

- The toilets of all the facilities visited were not in usable state. They were cloaked with sewage, broken and stunck.
- The maternal and infant mortality rates are too high for the District which can be attributed mostly to the migratory population and low levels of awareness.

1. Introduction

1.1. Background

National Health Mission (NHM) has become one of the integral parts for providing health services in the country and the funds allotted for NHM activities have increased many folds since its inception and thus quality monitoring is important to ensure that the programme is being implemented as planned and that the desired results are being achieved. It is a continuous process done during the implementation of the plan. Monitoring covers the physical achievements against planned expectations as per the timeliness defined, financial expenditure reports, strengthening of health institutions and the quality service delivery at all the levels.

Therefore, feedback regarding progress in the implementation of key components of the NHM could be helpful for both planning and resource allocation purposes. Therefore, the Ministry of Health and Family Welfare (MoHFW) has entrusted the Population Research Centre, Delhi (PRC Delhi) to conduct quality monitoring of its important components. While engaging with the quality monitoring of PIPs, it is expected that PRCs would evolve suitable quality parameters and assume a critical role in monitoring the various components of the NHM every quarter. As part of the quarterly qualitative reports, the PRCs are expected to observe and comment on the status of the following key areas mentioned in the Records of Proceedings (RoPs):

- Mandatory disclosures on the documents related to NHM functioning
- Components under key Conditionality and new innovations
- Road map for priority action
- Key strengths and weaknesses in the implementation of the program.

1.2. Objectives

- The reason behind undertaking supervision, monitoring and evaluation was to have a first-hand understanding on the levels of community participation in various ongoing health initiatives under NHM and the current district health situation.
- Bring a basic and common understanding about the district public health system in the minds of cadre working for the same so that they can contribute to the process and the purpose effectively.

- To bring clarity in the understanding regarding their interventions, suggesting them to get equipped with tools and skills required for better service delivery, and get them exposed to various replicable public health models, programmes and facilities.
- To understand the gaps in different community level processes and help take appropriate community level actions to bridge up the gap
- To share the findings with key stake holders at the State, District and facility level for sensitizing them on various emerging health issues while also encouraging the system for initiating collaborative actions including training, monitoring, developing replicable models, ensuring better coordination and documenting case studies leading to the strengthening of various community initiatives of NHM as per the need of the population in the district.

1.3.Methodology

This report discusses the implementation status of NHM in North District of Delhi. The report is based on the findings and observation of District Hospital (DH) Doctor Hedgewar Aarogya Sansthan, Karkardooma, Balaki Dass Poly Clinic, Chota Bazar, Seed PUHC Kabir Nagar, DGD Durgapuri, DGD Nand Nagari Extension for the monitoring purpose. Before visiting the field a semi-structured interview schedule was used for interaction with Nodal Officer, District program manager (DPM) and other NHM officials who were questioned on various aspects of the NHM activities. The field visits to health facilities in the district were planned and implemented with the consultation with NHM officials. The main motive of the team was to have a fruitful interaction with the officials such as CM&HO, DPM and block development officer, to identify the major problems faced by them and recommendations on their part to improve the overall efficacy of the NHM program.

The Ministry of Health and Welfare Society has engrossed PRC for monitoring and evaluating the overall performance of North district, Delhi in providing the health care services under NHM. PRC Delhi Team visited the district office of Shahdara to interact with Nodal Officer, DPM and other officers of the district. A brief profile of health scenario of the district has been discussed intensively and the officers were questioned on broader areas under NHM like Family Planning, Immunization, Training Status, Awareness Programs etc. and also on the gaps (if any) in infrastructure and human

resources and a brief discussion on the loopholes of the programme and their major recommendations to improve the overall efficiency of the scheme.

Table 1: List of visited healthcare facilities in Shahdara District, Delhi 2017

Sr.	Facility Type	Name of the facility
1.	District Hospital (DH)	Doctor Hedgewar Aarogya Sansthan
2.	First Referral Unit (FRU)	Balaki Dass Poly Clinic, Chota Bazar
3.	DGD Level	Seed PUHC Kabir Nagar
4.	DGD Level	DGD Durgapuri
5.	DGD Level	DGD Nand Nagari Extension

The health care facilities visited to accomplish the objective of the visits are enlisted in the table below: Doctor Hedgewar Aarogya Sansthan, Karkardooma, Delhi, Balaki Dass Poly Clinic, Chota Bazar, Shahdara, Seed PUHC Kabir Nagar, Shahdara, DGD Durgapuri, Shahdara, DGD Nand Nagari Extension, Shahdara for the monitoring purpose.

The Team interacted with key programme officials at District Programme Management Unit (DPMU) office of North district and examined the status of key activities. Apart from rigorous interactions with the District Programme Manager, the Team visited at District Hospital, Polyclinic, Seed PUHC and DGDs to interact with medical officers, staff, ASHAs, ANMs and beneficiaries in the district.

Interviews with the patients who were present during visits to health facilities were also conducted to obtain information from the beneficiaries' perspective about the functioning of the National Health Mission. (Annexure) The Secondary Data was taken from the DPMU and CM&HO offices. Health facilities from all the three levels were selected for Supportive Supervision after discussions with the District Program Manager. The PRC team has prepared questionnaires which were used for collecting the relevant data (Annexure). The attempt was to find solutions and support the health functionaries in identifying gaps and sensitizing them about the same and then to find areas where action can be taken within their designated capacities.

1.4. Socio-Economic and Demographic Profile: Shahdara

According to the Census 2011, the current population of India is 1,120,854,977 which has been inhabiting the total land coverage of 3,287,240 km^2. Capital of the country, Delhi is the second most populous city of the country with an estimated population of about 1.68 crores.

Figure 1: Map of Shahdara

Geographically Delhi is located in the Northern part of the country alongside the banks of river Yamuna, spreading over an area of 1,483 km^2. Being a hub for work and education opportunities, it attracts a lot of migrants from surrounding states which has resulted in the density of the city is really being really high, that is, 11,320 as opposed to the national average of 320.

Table 2: Key demographic indicators: All India, Delhi and Shahdara

Sr. No.	Parameter	Delhi	Shahdara
1.	Actual Population	16,787,941	1182011
2.	Sex Ratio	868	897

Source: Census 2011 and DPMU Office

Since Shahdara is a newly formed Distrct, that is, it was formed after the last census which was conducted in 2011so not much socio-economic and demographic data is available to draw a comparative to the State or the India's overall statistics.

According to the information provided by the DPMU Office, Shahdara has a total population of 1,182,011 as compared to the total population of Delhi which is 16,787,941. Also the Sex Ratio of Shahdara is better than that of Delhi overall that is sex ratio of Shahdara is 868 while of Delhi is 897.

1.5.Health and Health Service Delivery Indicators: Shahdara

NHM's major stress has been on improving Maternal and Child Health, from the following table it is evident that positive steps have been taken towards the direction.

From below Table 3, it can be seen that Infant Mortality Rate is 18, which means that 18 children below the age of 1 year die for every 1000 live births. Maternal Mortality Rate for the District is 105, which means that 105 females die for every 10000 live births. Total Fertility Rate of the District is 1.7 which is the number of children who would be born per woman would be 1.7 (or per 1,000 women) if she/they were to pass through the childbearing years bearing children according to a current schedule of age-specific fertility rates.

Heath indicators of the District are imbalanced as the number of ANC registration were just 26,040 while full ANCs were 57,542 and safe deliveries were dropped down to 39,062 out of which just 38, 493 were institutional deliveries. This mismatch in the stats represents a lot of home deliveries, which means that did not deliver in a safe environment. Another surprising indicator is that out of 38,493 institutional deliveries only 32,993 received PNC check up within 48 hours of delivery.

Table 3: Key Health care Indicators: Shahdara

Health Indicators	Number	Percentage/ Ratio
IMR		18
MMR		105
TFR		1.7
Fully immunized children	23501	
ANC Registration in the first trimester	26,040	
Full ANC	57,542	
Safe Deliveries (Institutional + SBA attended home deliveries)	39,062	
Institutional Deliveries	38,493	24.9
No of women received PNC checkups within 48 hours	32993	

Source- DPMU Office, 2017

1.5.1. Health Infrastructure

1.5.1.1. Health Infrastructure: Health Facilities

Health infrastructures are the means by which the healthcare facilities are provided to the people, an effective healthcare structure needs to have well functional health infrastructure. Table 4 below shows that Shahdara District had two (2) District hospitals, two (2) Polyclinics, 20 Mohalla clinics, 15 Delhi Government Dispensaries, one MCD Hospital, one medical college and 8 Mother & Child Care Centers. The District has no Skill Lab and no Early Intervention Centre, which are a part of NHM's mandate for facilitating better delivery of services.

Table 4: Detail of health infrastructures: Shahdara, Delhi

Health Facility	Number available
District hospital	2
Poly Clinics	2
Mohalla Clinics	20
Delhi Government Dispensaries	15
Mother & Child Care Centers	8
MCD Hospitals	1
Medical College	1

Source- DPMU Office, 2017

Overall infrastructure of the visited facilities was not well-maintained and inappropriately managed. There were issues of cleanliness and hygiene, the space provided for some of the facilities was not sufficiently enough to cater to the large number of patients. The facilities were heavily packed with a huge number of patients with dingy setup without much scope for proper air ventilation making it suffocating to even stand for a few minutes.

2. Human Resources

- **Major Staff Crunch**: The District is facing a major shortage of staff. Enough personnel is not being placed to effectively manage the huge number of OPDs each medical facility has been catering. Without the required number of medical staff, quality of the services may also be impacted.

- **Displacement of Human Resource:** Opening up of Maholla Clinics has led to deployment of staff to those facilities which has been impacting their share of work in the original facility of their employment.
- **Significant Shortage of ANMs:** The District is already facing about 39% vacancy of ANMs which is made worse by deployment of the already crunched number of ANMs to Maholla Clinics. ANMs being the community level worker and an indispensible link between the community and the medical infrastructure, their shortage impacts the whole process.
- **Shortage of Medical Officers including Specialist**: For most of the facilities there is a provision of a single Medical Officer, who is responsible for both running the OPD for patients as well as for all the administrative tasks that are required to be done. The facilities which had a provision for a specialist only had him/her on call for a day or two during the week. Most of the facilities have a single kind of specialist visiting while for consulting specialist of any other kind visiting some other facility would be required.
- **There is need to recruit CDOs at all facility level:** All the facilities have a CDO appointed to visit 2 or 3 times a week who is responsible for feeding all the data on the required portal. Due to work burden and the less available time the work gets postponed which leads to slag in reporting and delayed release of salaries of ASHAs, which is attached to the calculation of incentives based on that data.

Table 5: Human Resource Shahdara, Delhi, 2017

Position Name	Sanctioned	Appointed	Vacant	Vacant %
MO's including specialists	27	20	7	35
Pediatrician	2	1	1	50
ANM	56	34	22	39
Pharmacist	10	5	5	50
Lab technicians	15	11	4	36
Data Entry Operators	22	10	12	54
Staff Nurse	39	21	18	46
Pathologist	1	1	0	0
Anaesthetist	1	0	1	0

Source- DPMU Office, 2017

3. Maternal Health

Improving maternal health is a major focus of NHM, the efficiency of services related to maternal health needs to be focused in order to bring down the high maternal mortality

rate. In terms of maternal health, Shahdara was doing fine, which can be measured by the performance of following indicators:-

3.1. Maternal Health: Service Delivery Indicators

Maternal health service delivery indicators are the counts of the services that need to be provided to a woman after she has conceived as well as after she has delivered the child. These services include the Ante Natal Care, Post Natal Care, Place of Delivery and other related services which have been understood as important measures to ensure safety of mother after the child birth.

ANC Registered	3 ANCs	PNC within 48 hrs after delivery	PNC between 48 hrs and 14 days after delivery	TT1	TT2
154422	57445	32993	21721	32329	25010

Source- DPMU Office, 2017

Table 6: Service Delivery Indicators, Shahdara, Delhi, 2017

From above Table **6** it can be seen that the district registered 154422 women for ANC while out of these it was just 57445 women who could availed all three ANCs. The reason noticed behind this disparity maybe that there is a huge chuck of migratory population inhabiting the District, which means that the pregnant woman who registered for ANC might not stay for all nine months in the District. Even women who had institutional delivery within the District that is 38,471 did not get PNC or TT1 shot, just 32,993 women received instant PNC within 48 hours and hence the TT1 shot.

Institutional Deliveries	Home Deliveries	Home Deliveries		Live Birth	Still Birth	Total Births
		SBA assisted	Non-SBA			
38471	600	9	591	38550	918	39468

Source- DPMU Office, 2017

Table 7: Service Delivery Indicators, Shahdara, Delhi, 2017

From the above Table **7** it can be seen that though the number of women opting for institutional delivery is 38471 but still there is a large number of deliveries which were done at home that is 600 out of which just 9 were SBA assisted. This means that the majority of the deliveries done at home where carried out without any form of medical supervision and might have resulted into mortality of both the child and the mother as well as home delivery already poses high risk due to no provision for specialized assistance in case of any complication while the child birth. High number of home deliveries might be attributed to low awareness and low acceptable level among the

community. District also had large number of still births that is 918 out of total 39468 births, which indicates that the heath of the pregnant women is in really vulnerable state as well as the medical facilities are not able to provide for safe delivering places.

3.2.Maternal Health: Maternal Death Review

Maternal death review means accessing the reasons that have caused recent maternal deaths so that they can be logically analysed to develop strategies to remedy those issues. DPMU Office reported that there were 112 maternal deaths in the District, which is a huge number. The major reasons noticed behind these deaths were Hemorrhage, sepsis, obstetric complications and there also cases reported were the pregnant who was in labor could not reach hospital on time. Unavailability or delayed availability of transit transport takes a lot of critical time due to which lives are lost in the transit.

3.3.Maternal Health Schemes

Maternal health schemes have been rolled out to ensure that the major causes which were previously realized leading upto maternal deaths could be avoided.

3.3.1. Janani Suraksha Yojna

Under this Scheme, each new mother is given an incentive Rs.600/- after the birth of her first or second child, given that the delivery was institutionalized. This payment is done directly made to the aadhar linked account of the mother. The scheme was particularly aimed at providing monetary incentives to encourage institutional deliveries. JSY patients are being provided with food for three times in a day for three days for normal deliveries and seven days for C-Section deliveries. According to the below Table 8 in the last financial year (2016-17), Shahdara District successfully made 35255 JSY payments to the beneficiaries.

This number is a good percentage of the number of institutional deliveries being done in the District, though a good number of mothers with institutional deliveries were not being paid. Reason for the lag in payments is that the beneficiaries did not have the requisite documents (identity proof such as Aadhar Card) or a bank account in their name so the online transaction of the JSY payment could not be carried out.

Another reason for missing out on payments was that the District was catering to a lot of migratory population which meant that again the beneficiaries did not have the required documents in place.

Table 8: Status of JSY Payments for 2017, North District, Delhi

Status of payments for JSY		
Institutional deliveries	**Home Deliveries**	**Deliveries brought by ASHAs**
35255	0	-

Source- DPMU Office, 2017

3.3.2. Janani Shishu Suraksha Karyakaram

This scheme also aims to promote institutional deliveries by providing cashless services to the pregnant woman and newborn in form of free drugs, free food, free diagnostics and free transport from home to facility and back from facility to home as well as any other cost which might be incurred during the process of delivery because of medical complication to the pregnant woman and sick newborn till 30 days after birth.

The District was effective in providing the services listed under the scheme to the beneficiaries other than being able to provide for the transportation facility from home to facility and back from facility to home. The District is sharing border with nearby State of Uttar Pradesh so the District was also catering to the deliveries being provisioned under another State. Hence dropping the beneficiary back to their home would require crossing state Borders which is still not provisioned under this Scheme.

4. Child Health

Child health programme under NHM stresses upon reducing Infant Mortality Rate in India. The program primarily stresses upon improvement in the following:

a. Immunization of the child
b. Neonatal Health
c. Management of common childhood illness
d. Nutrition of the child

In terms of child health, Shahdara is not performing well which can be realized from the following indicators.

4.1.Immunization

Immunization program was running smoothly across the District. From the below Table 9, it can be seen that the District reported 23501 children being fully immunized in the financial year 2016-17. OPV coverage for the District is fine as though just 37086

children were given OPV at birth but just 23708 received all three doses of OPV, that are, OPV1 coverage is 27001, OPV2 coverage is 24590 and OPV3 coverage is 23708.

Shahdara has been doing goo in terms of BCG vaccine as it has coverage of 41024 while the coverage for measles is almost half of it with just 24827 children being vaccinated for it in last financial year. The lowest coverage for immunization is for DPT with just 1536 for DPT1, 965 for DPT2 and 923 for DPT3.

OPV at birth	BCG	DPT			OPV			Measles	Full Immunization
		1	2	3	1	2	3		
37086	41024	1536	965	923	27001	24590	23708	24827	23501

Source- DPMU Office, 2017

Table 9: Immunization Programme for 2017, Shahdara, Delhi

After talking to the MOs of the facilities visited it was learnt that there were certain percentage of families who have been refusing to let the children of the family get immunized, even after repeated attempts by various service providers.

4.1.1. Indradhanush

Mission Indradhanush was launched in 2014 with an aim to immunize all children under the age of 2 years, as well as all pregnant women, against seven vaccine preventable diseases. During the Immunization drive outreach immunization activities will be spread over 7 working days so that there is a focused motivation to ensure that no child in the community is left from receiving full immunization.

Medical Officers at all the facilities visited felt that the Mission has helped them in intensifying the immunization process to achieve full immunization coverage for all children, but in facilities were coverage areas are huge, it has also led to missing out on children who were unavailable at the allotted day of immunization of that area.

4.2.Neonatal health

Neonatal health refers to the critical care that a newborn requires especially for first 28 days after birth. Shahdara was not performing well, which can be understood by the following indicators:-

4.2.1. Status of Infrastructure and Services under Neonatal Health

One of the major reasons for high mortality rate among newborn could be lack of proper infrastructure and ineffective service delivery. From the below Table 12, it can be seen that there is no trained staff to take care of sick newborns and neonatal while

there exists infrastructure to support them. Lack of trained staff for assisting the sick newborns and neonates might be leading upto high mortality rates in the District.

More stress needs to laid on improving child health facilities through introduction of better infrastructural facilities and managerial guidance as well as medical supervision so that high mortality rates among newborns could be bought down.

Table 8: Infrastructure and Services under Neonatal Health, 2017, Shahdara, Delhi

	Numbers
Total SNCU	2
Total NBSU	3
Total NBCC	6
Total Staff in SNCU	NIL
Total Staff in NBSU	NIL
Total NRCs	1
Total Admissions in NRCs	NIL
Total Staff in NRCs	NIL
Average duration of stay in NRCs	NIL

Source- DPMU Office, 2017

4.3.Rastriya Bal Surakha Karyakaram

Rashtriya Bal Swasthya Karyakaram is another major initiative by NHM for monitoring the child health and adolescent health to spread awareness, detect the adolescent problems and counsel the adolescent children in the district. Under this program team of experts are sent to schools for regular checkups of the children. The checkups include, the eye testing, dental checkups, and any prominent symptoms of any communicable and non-communicable disease are being screened.

RBSK was not functional in the District, no team was formed, hence no services under this scheme were being utilised.

5. Family planning

Family planning allows individuals and couples to anticipate and attain their desired number of children and the spacing and timing of their births. It is achieved through use of contraceptive methods and the treatment of involuntary infertility. A woman's ability to space and limit her pregnancies has a direct impact on her health and well-being as well as on the outcome of each pregnancy. District was trying its level best to perform in the field of family planning, but still lot can be done in terms of creating awareness regarding family planning.

Table 9: Family Planning Achievement in 2017, Shahdara, Delhi

Sterilization		IUCD* insertions	Oral Pills	Emergency Contraceptives	Condoms
Male	Female				
25	1536	8418	19678	1120	346076

Source- DPMU Office, 2017
* IUCD- Intra Uterine Contraceptive Devises

From the above Table 10, it can be seen that condom usage is the most common preferred method of contraception, that is, 346076 condoms were given out during the last financial year by the District, which is followed by IUCD insertions, which includes Post Partum IUCD Insertions as well, that is, 8418. It was noticed that the Oral Pill usage for the District is low, that is, just 19678 which is unusual and different from pattern observed across the State. However, though the number of people opting for sterilization was high but still female sterilization outnumbered male sterilization by a huge difference, that is, just 25 male sterilizations were being carried out while 1536 female sterilizations were being performed during the last financial year (2016-17).

6. Adolescent Reproductive Sexual Health (ARSH)

ARSH program stresses on addressing the needs of adolescents specifically their sexual and reproductive needs, anticipating them, counseling them to take better decisions and guiding them in case of an issue.

Adolescent Friendly Health Clinics (AFHCs) have been set up for counseling and curative services to be provided at primary, secondary and tertiary levels of care on fixed days and fixed time with due referral linkages. Commodities such as Iron & Folic Acid tablets and non-clinical contraceptives are also made available in the clinics for the adolescents.

Counseling services for adolescent on important health areas such as:

a. Nutrition
b. Puberty
c. RTI/STI prevention
d. Contraception and delaying marriage and child bearing

ARSH was not functional in the District. Any adolescent who reached out for help was counselled accordingly while there was no special day or time allotted for adolescent counselling. No reach out programs were organised.

7. Ayurvedic Yoga Unani Siddh and Homopathy (AYUSH)

Bringing AYUSH facilities to mainstream is NHM's one of the major objectives for promoting healthy lifestyles. Shahdara had 11 facilities which offered AYUSH services and there were 11 doctors who were rendering these services. All the facilities combined had an OPD of 270237 in the last financial year (2016-17). Nothing was done in the visited facilities to upgrade these services.

Table 10: Details of AYUSH facilities, 2017, Shahdara, Delhi

No. of facilities with AYUSH health centers	No. of AYUSH Doctors	No. of patients received treatment
11	11	270237

Source- DPMU Office, 2017

8. Disease Control Program

One of the NHM's objective states prevention and control of most common communicable and non-communicable diseases, for fulfilling this objective number of programs have being bought under the domain of NHM. Though just two of them were functional in the District which are Diabetes and Hypertension, for both the diseases patients were being screened and then treated accordingly. From the below Table 18, it can be seen that during the last financial year more number of cases were screened which is a result of better reporting and increased awareness among the community members.

9. Quality in Health Services

Maintaining the quality of health services being provided is an important aspect, for monitoring purposes following three aspects were looked for assessing it.

9.1.Infection Control

Sanitation and general hygiene of the all the facilities was not as per the prescribed standards. All the facilities visited were dirty and unhygienic, their toilets were not functional or even if functional were in a really state.

9.2.Biomedical Waste Management System

All the facilities had coloured bins to dispose-off bio medical waste but they weren't using it effectively. In some facilities temporary cardboard box arrangements were

being made for immediate waste disposal instead of using the designated bin for it. There was no IEC material displayed at all the walls of facility regarding disposal of waste into different coloured bins. The biomedical waste was collected by outsourced contractors who collected waste every second day. The facilities were unhygienically disposing for blood infused bandages and other biomedical waste was also not handled caustiously.

Figure 2: Bio-medical Waste Disposal in a Medical Facility of Shahdara, 2017

9.3.Information Education and Communication (IEC)

The IECs were well displayed at the facilities. The signage board at approach road are not available. Though all the required IECs were not displayed relating to NHM facilities and services was not displayed but all the IEC material displayed was neatly placed and was clearly legible.

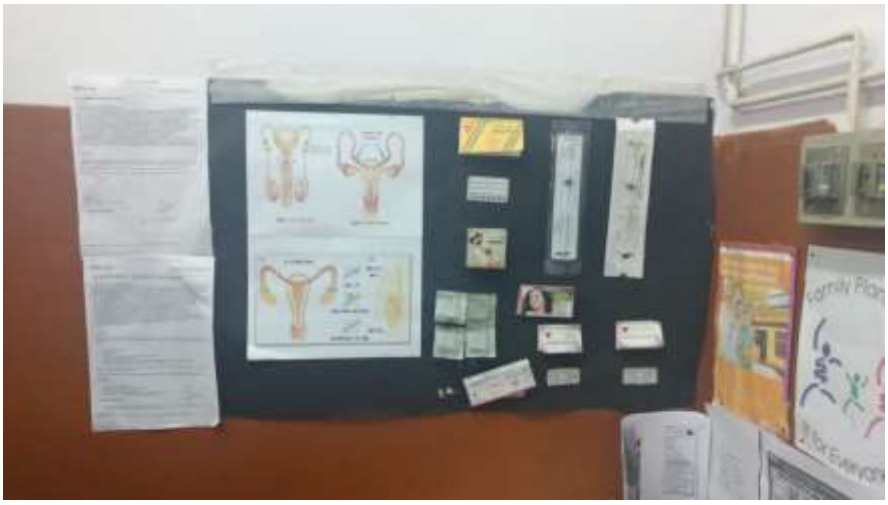

Figure 3: IEC Display in a Medical Facility of Shahdara, 2017

10.Community Process

NHM introduced the model of community health workers in for of Accredited Social health Activists (ASHAs) whose primary responsibility is to reach out to the community and mobilise them by creating awareness about various health related issues and concerns as well as ensuring that they act as a link between the public medical infrastructure and the community.

The team interacted with ASHAs and ANMs at the time of field visit in the district understand the problems faced to manage and provide the health quality services. The District was facing a huge shortage of ANMs as a large of posts were vacant and also a good percentage of the already working ANMS were deputed to work in the Maholla clinics. Shortage of ANMs has led to imbalanced working of ASHAs as ASHAs report directly to ANMs and their working is also monitored by them. From the below Table 12, it can be seen that currently 320 ASHAs were currently working in the District, though still the District had 17 posts vacant. All the ASHAs were trained upto the requirements and regular refresher trainings were being organised. ASHAs and ANMs go to the field and perform their duties convincingly. However they complained of not getting sufficient salary as per their job requirements.

Table 11: Details of ASHAs working in 2017, Shahdara, Delhi

Status of ASHAs (Total number of ASHAs)	320
ASHAs presently working	310
Positions vacant	17
Total number of meeting with ASHA (in a Year)	12
Total number of ASHA resource centers/ ASHA Ghar	0
Drug kit replenishment	Regularly
No. of ASHAs trained in last year	327
Name of trainings received	As per schedule all received

Source- DPMU Office, 2017

11.Health Management Information System (HMIS)

NHM includes reporting and compiling of the data thereby indicating performance of basic indicators of maternal and child health care in the district. In Shahdara, there were no issues with regard to reporting of the data. Almost all the visited facilities are reporting data on HMIS portal. The state has decided to recruit one CDO for multiple facilities, where the CDO has to alternate his work days within the given facilities, this additional load on the CDO with ill-managed work hours had strained the process of reporting. This sharing of CDO between the facilities has created slag in the reporting process of the data on the portal.

12.Facility-Wise Observations

12.1. General Observations

All the facilities had huge infrastructural setups but most of them were not managed efficiently. The utilisation pattern of the rooms was not done logically which led to inconvenience for the patients and the staff members. The catchment population of all the facilities was quite high which meant higher number of OPDs but there was not sufficient medical staff to appropriately manage them. There was mismanagement of services being provided by the facilities almost at all of them, here was lack of coordination and administrative skills. Though all the facilities had colour boded bins for BMW segregation but there were not used properly. The staff members need to be trained and motivated to use them appropriately. General cleanliness of the facilities was very bad, in one of the facilities there were blood soaked bandages lying near registration table for the patients.

12.2. Doctor Hedgewar Aarogya Sansthan, Shahdara, Delhi

There was a huge shortage of staff as there were no ANMs and the CDO came just two days as week. This impacted the work of the hospital as well as the online reporting was also delayed. Hospital had no child care facilities; the SNCU and NBSU were not functional. There was no provision for treatment of SAM children as the hospital didn't have a MTS ward. There was a lack of coordination between different wards of the hospital. The hospital generally lacked hygiene, there were blood soaked bandages lying in the labour room. Pregnant women were waiting for their ANC sitting on floor. There was mismanagement of space and resources as the hospital had enough physical infrastructure to comfortably cater the OPD and IPD load yet there was bed sharing by at times 3 women both in ANC IPD and PNC IPD. There was no ARSH counselling room or personnel.

S.No	Service Utilization Parameter	2015-16	2016-17
1.	IPD	6045	7068
2.	Total deliveries conducted	4775	5543
3.	No. of C section conducted	1356	1832
4.	No. of pregnant women referred	57	121
5.	ANC1 registration	3372	3275
6.	ANC 3 Coverage	6100	7678
7.	No. of IUCD Insertions	903	1235
8.	No. of PPIUCD Insertion	752	1101
9.	Total MTPs	113	61

Table 12: Details of Service Utilisation of Doctor Hedgewar Aarogya Sansthan in 2017, Shahdara, Delhi

Figure 4: Hygiene Status at Doctor Hedgewar Aarogya Sansthan in 2017, Shahdara, Delhi

- From above Table 13, it can be seen that there has been an improvement in the coverage of the services provided by the Hospital. It had an IPD of 6045 in the year 2015-16 which got increased to 7068 in the year 2016-17.
- There was also an increase in the number of deliveries being carried out in the Hospital which is 4775 in the year 2015-16 while it got increased to 5543 in the year 2016-17. Accordingly, the number of C-sections carried out have also been increased from 1356 in the year 2015-16 to 1832 in the year 2016-17.
- However, there has been a decrease in the ANC1 registration in the year 2016-17 that is 3275 as compared to 3372 in the year 2015-16. However, there was an increase in the number of ANC3 coverage, that is, 7678 in the year 2016-17 as compared to 6100 in the year 2015-16.
- There was an increase in the number of IUCD insertions which increased from 903 in the year 2015-16 to 1235 in the year 2016-17. Similarly, there was an increase in the number of PPIUCD insertions which increased from 752 in the year 2015-16 to 1101 in the year 2016-17.

12.3. Balaki Dass Poly Clinic, Chota Bazar, Shahdara, Delhi

The facility was downgraded to a polyclinic which had 8 specialities visiting every week. Since the facility was downgraded, it had a huge infrastructure which was not being utilised effectively. The facility had a lot of rooms which were not being utilised as there were no trained personnel to work in those rooms. There was shortage of personnel as there were vacant posts sanctioned under NHM which were not filled. There were no trained personnel for inserting IUCDs, hence the patients were referred which lead to missing out on a lot of prospective patients.

S.No	Service Utilization Parameter	2015-16	2016-17
1.	OPD	85609	215498
2.	ANC1 registration	64	119
3.	ANC 3 Coverage	42	110
4.	No. of children fully immunized	402	786
5.	No. of children given Vitamin A	0	1707

Table 13: Details of Service Utilisation of Balaki Dass Poly Clinic in 2017, Chota Bazar, Shahdara, Delhi

- From the Table 14 above, it can be seen that the facility has shown quite an improvement in the coverage of the services being provided. The number of OPDs the facilities had in the year 2015-16 was 85609 which got increased to 215498 in the year 2016-17.
- Similarly, the number of ANC1 registration in the year 2015-16 was just 64 which improved to 119 in the year 2016-17. And also the ANC3 coverage got substantially improved, that is, there were 42 ANC3 in the year 2015-16 while there were 110 ANC3 in the year 2016-17.
- The most drastic change has been in the number of children being fully immunised which has improved from just a 402 in the year 201516 to 786 in the year 2016-17. Also there were no children given Vitamin A in the last financial year as they had no stock available to them.

12.4. Seed Primary Urban Health Center Kabir Nagar, Shahdar, Delhi

The facility reported a number of families who refused to avail any kind of services from the PHC especially getting the children of the family vaccinated. The PHC had reported this to the District, where appropriate action was taken and teams were sent to remedy this situation, however, even after repeated attempts the families refused to accept the services. The facility catered to a large transgender population and women who engaged in sex work who were frequency diagnosed with STDs and STIs. Due to unhygienic living conditions, RTIs, skin and lung infections were common. The facility was stuffed with a huge OPD patients and the infrastructure was not sufficiently ventilated which made the atmosphere of the facility nauseous. There was shortage of staff at the overloaded facility as well the present staff complained of being over worked due to additional burden of the vacant posts.

S.No	Service Utilization Parameter	2015-16	2016-17
1.	OPD	41603	44977
2.	No. of pregnant women referred	110	126
3.	ANC1 registration	675	482
4.	ANC 3 Coverage	360	440
5.	No. of IUCD Insertions	13	13
6.	No. of children fully immunized	562	1009
7.	No. of children given Vitamin A	945	1162

Table 14: Details of Service Utilisation of Seed PUHC Kabir Nagar in 2017, Shahdara, Delhi

- From the above Table 15 it can be seen that the number of most of the services provided by the facility has been same. The facility has almost the same number of OPDs for both the years, that is, in 2015-16 it had 41603 which got increased to 44977 in the year16-17.
- Number of pregnant women who were referred also showed a slight improvement wherein, in year 2015-16 they were 110 it was increased to 126 in the year 2016-17.
- Though there was a major decrease in the number of ANC1 registrations which decreased from 675 in 2015-16 to just 482 in the year 2016-17.
- However, there was an increase in the number of ANC3 coverage, which increased form 360 in 2015-16 to 440 in 2016-17.
- It can be seen that there has been a substantial difference in the child health services being provided, that is a huge difference can be noted in the number of children who were fully immunised as well as the number of children who were given Vitamin A. In the year 2015-16, 562 children were fully immunised and 945 children were given Vitamin A which improved to 1009 being fully immunised and 1162 being given Vitamin A in the year 2016-17.

Figure 5: Seed PUHC Kabir Nagar, Shahdara

12.5. Delhi Government Dispensary Durgapuri, Shahdara, Delhi

The facility had a rented premise which was not being maintained properly, according to the contract the landlord is supposed to be responsible for any repairing work if required and when required but it has not been processed. The building was in a bad position as it was stuffed badly with a huge load of patients and did not have properly maintained and ventilated infrastructure to hold all this in. There we untagged areas under the DGD which were not being outreached by the facility due to lack of staff to do so, hence the immunisation coverage of the facility was also low. The facility lacked basic medical equipment to carry out RCH services listed under the scheme.

S.No	Service Utilization Parameter	2015-16	2016-17
8.	No. of IUCD Insertions	35	33
9.	No. of children fully immunized	430	558
10.	No. of children given Vitamin A	479	539

Table 15: Details of Service Utilisation of DGD Durgapuri in 2017, Shahdara, Delhi

- From the Table 16, it can be seen that there has almost no difference in the quality of services being provided by the DGD as there were 35 IUCD insertions in 2016-17 and it was slightly lowered to 33 insertions in 2016-17.
- However, there has been a substantial difference in the number of children being fully immunised, that is, 430 children were fully immunised in 2015-16 while in 2016-17 558 children were fully immunised.
- And also the number of children receiving Vitamin A has been increased as compared to last financial year, in 2015-16, 479 children were given Vit A while it increased to 539 children in 2016-17.

Figure 6: Delhi Government Dispensary Durgapuri, Shahdara, Delhi

12.6. Delhi Government Dispensary Nand Nagari Extension, Shahdara, Delhi

The facility had an attached AYUSH clinic and the AYUSH doctor visits the facility three times a week. The facility was maintained by PWD but they were not doing their job properly as the building was in a bad state which immediately required maintenance work, even after repeated reminders, they were not being done. The facility was running short on medicine stock thought the records were maintained properly. The IUCD had trained personnel to carry out all the RCH facilities as well as to carry out ARSH counselling.

S.No	Service Utilization Parameter	2015-16	2016-17
1.	OPD	123031	132585
2.	No. of pregnant women referred	128	98
3.	ANC1 registration	1059	1491
4.	ANC 3 Coverage	367	483
5.	No. of IUCD Insertions	48	74
6.	No. of children fully immunized	591	583

Table 16: Details of Service Utilisation of DGD Nand Nagari Extension in 2017, Shahdara, Delhi

- From the above Table 17 it can be seen that number of OPDs have increased to 132585 in the last financial year (2016-17) as compared to 123031 in the financial year 2015-16
- But the number of pregnant women who were being referred has decreased from 128 to 98 though the number ANC registrations have gone upto from 1059 to 1491.
- Still the number of pregnant women receiving full 3 ANC coverage is really low, that is, 483 women in 2016-17, which improved over last year that is 367.
- However, number of IUCD insertions have increased substantially, that is, 48 insertions were carried in 2015-16 while 74 insertions were done in 2016-17.

Figure 7: Delhi Government Dispensary Nand Nagari Extension, Shahdara, Delhi

13.Conclusion

- **Mismanagement of Infrastructure -** Though the District had a lot of facilities and each facility had enough physical space but that space was not utilised properly. There were enough rooms to cater to all the said functions of the facility but they were not being utilised in a convenient manner, like in one of the facilities ANC was on second floor which meant that pregnant women would have to climb a narrow staircase which might prove dangerous in case of large of patients.
- **Badly maintained Infrastructure -** Though the facilities had huge infrastructures but they were not being maintained appropriately. None of the facilities were clean nor were any of the toilets in those facilities in usable condition.
- **Shortage of Medical Staff -** District was facing acute shortage of staff which was adding up to the already burden of the existing medical officers.
- **Huge vacancy of ANMs -** The District had a large number of ANM posts vacant which meant that the workload of the existing was increased substantially to make up for the missing ones.
- **Deployment of staff -** A majority of the already existing staff including ANMs and other technicians had been recruited to Maholla Clinics. This meant that the District which is already facing a crunch of staff is further burdened with more work.
- **Lack of Supervision at District Level -** It was felt that the supervisory mechanism at the District level was not enough. The staff at the facilities did not have easy access to the District level mechanism which was quite evident from the mismanagement of service provision and low level of quality of services being rendered by the facilities.
- **Online reporting -** All the facilities were reporting their data regularly online and that data was being verified at each facility as well as District level regularly.
- **Medicines well in stock -** All the facilities visited had almost all the medicines listed well in stock and reported that they had not faced any shortage in the past financial year. In case any facility runs short on any medicine then they immediately arrange it from the untied funds being allotted to them.
- **Rashtriya Bal Swastha Karyakram teams not constituted –** Child health scheme RBSK has not been implemented in the District yet. The scheme being a mandate under NHM for better identification of SAM children, needs to be initiated. The District level guidelines and mechanisms need to set out for it to happen.

- **Adolescent Reproductive and Sexual Health Program not being implemented –** Adolescent Reproductive and Sexual Health Scheme is not working properly throughout the District. Though some of the facilities had set up a specific day to carry out adolescent counselling but it was not functioning properly as there was no staff member who was specifically trained for it.

14.Recommendations

- **Restructuring and re-planning of the Infrastructure:** Infrastructure can be managed smartly so that the facilities which already have well-constructed structures can be utilized in a manner which is more convenient to the patients.
- **Filling up Vacant Posts:** Vacant posts needs to be filled urgently so that the quality of the services being provided can be improved by taking down the load on the existing staff as well as there are services which are not being delivered properly due to shortage of the designated staff that needs to be posted to perform it.
- **Rolling out Sanitation Guidelines:** All the facilities visited were in need of proper sanitation measures and guidelines. The staff could be inducted as to how hygiene is to be maintained. It should be ensured that toilets are regularly cleaned and immediately maintained in case of any issue.
- **Refresher Training for BMWS:** Though color coded biomedical waste bins were installed but the staff wasn't making proper use of it. Perhaps the staff can be inducted on how to use them, refresher training can be arranged on annual biases.
- **Placement of Staff according to the load on the facility:** More staff could be recruited so that the left out population catchment could be covered easily. This will also take the load of the existing staff members which would enrich the quality of work done.

Annexures

NATIONAL HEALTH MISSION

MONITORING OF DISTRICT PIP

POPULATION RESEARCH CENTRE, INSTITUTE OF ECONOMIC GROWTH, DELHI

EVALUATION OF KEY INDICATORS OF THE DISTRICT

1. Detail of demographic & health indicators for the last financial year

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

Health Indicators	Number	Percentage/Ratio
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 checkups within 48 hours		

2. Detail of health infrastructures in the last financial year

Health Facility	Number available	Govt. building	Rented building/ Under const.
District hospital			
Poly Clinics			
Mohalla Clinics			
Delhi Government Dispensaries			
Mother & Child Care Centers			
MCD Hospitals			

Medical College			
Skill Labs			
District Early Intervention Centre			
Delivery Points			
Transport Facility	**Number available**	**Number functional**	**Remarks**
108 Ambulances			
CATS			
102 Ambulance			
Referral Transport			
Mobile Medical Units			

3. Human Resource under NHM in the last financial year

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

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

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

* Note- Fill number of officials who have received training

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

Position Name	IUCD insertion	RTI/STI/HIV screening	FIMNCI	NSSK	Total

MO					
LMO					
Staff Nurses					
ANM					
LHV/PHN					
Lab technician					
ASHA					
Other					

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

.....

.....

5.1 Block wise service delivery indicators in the last financial year

Block	ANC Registered	3 ANCs	Home Deliveries	Institutional Deliveries

Note- Please include the data for Medical College and DH

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

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

5.3 Block wise service delivery indicator in the last financial year

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

Note- Please include the data for Medical College and DH

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

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

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

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

5.6. Maternal Death Review in the last financial year

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

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

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

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

	Numbers	whether established in last financial year (Yes/No)
Total SNCU		
Total NBSU		
Total NBCC		
Total Staff in SNCU		
Total Staff in NBSU		
Total NRCs		
Total Admissions in NRCs		
Total Staff in NRCs		
Average duration of stay in NRCs		

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

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

Note- * Leave against medical advise

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

Total Death	Place of Death			Major Reasons for death (% of deaths due to reasons given below)
	Hospital	Home	Transit	
				Prematurity- Birth Asphyxia- Diarrhea- Sepsis- Pneumonia- Others-

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

Years	No. of Schools	No. of children registered	Children Diagnosed	No. of Children referred	Eye Disease	Ear Disease	Heart disease	Physically challenged	Anemic
2016-17									
2015-16									

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

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

*Achievement

8. ARSH Progress in District in the last financial year

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

9. Quality in health care services

Bio-Medical Waste Management	DH	CHC	PHC
No of facilities having bio-medical pits			
No. of facilities having color coded bins			
Outsourcing for bio-medical waste			
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			

10. Community process in District in the last financial year

Last status of ASHAs (Total number of ASHAs)	
ASHAs presently working	
Positions vacant	
Total number of meeting with ASHA (in a Year)	
Total number of ASHA resource centers/ ASHA Ghar	
Drug kit replenishment	
No. of ASHAs trained in last year	
Name of trainings received	**1)** **2)** **3)**

11.2 Disease control programme progress District (Non-Communicable Diseases)

Name of the Programme/ Disease	2014-15		2015-16		2016-17	
	No. of cases screened	No. of detected cases	No. of cases screened	No. of detected cases	No. of cases screened	No. of detected cases
Diabetes						

Hypertension						
Osteoporosis						
Heart Disease						
Others, if any						

12. AYUSH progress District in the last financial year

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

13. Budget Utilisation Parameters:

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

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

HMIS/MCTS		Remarks
Is HMIS implemented at all the facilities	Yes ☐ No ☐	
Is MCTS implemented at all the facilities	Yes ☐ No ☐	
Is HMIS data analyzed and discussed with concerned staff at state and district levels for necessary corrective action to be taken in future?	Yes ☐ No ☐	
Do programme managers at all levels use HMIS data for monthly reviews?	Yes ☐ No ☐	
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 ☐ No ☐	
Is the service delivery data uploaded regularly	Yes ☐ No ☐	
Is the MCTS call centre set up at the District level to check the veracity of data and service delivery?	Yes ☐ No ☐	
Is HMIS data analyzed and discussed with concerned staff at state and district levels for necessary corrective action to be taken in future?	Yes ☐ No ☐	

DH level Monitoring Checklist

Name of District: _____ Name of Block: _____ Name of DH: _____

Catchment Population: _____ Total Villages: _____

Date of last supervisory visit:_____

Date of visit: _____ Name& designation of monitor:_____
Names of staff not available on the day of visit and reason for absence:_____

_____

Section I: Physical Infrastructure:

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

1.26	Availability of functional Help Desk	**Y**	**N**	

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

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

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

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

Section IV: Equipment:

S. No	Equipment	Yes	No	Remarks

4.1	Functional BP Instrument and Stethoscope	**Y**	**N**	
4.2	Sterilised delivery sets	**Y**	**N**	
4.3	Functional Neonatal, Paediatric and Adult Resuscitation kit	**Y**	**N**	
4.4	Functional Weighing Machine (Adult and child)	**Y**	**N**	
4.5	Functional Needle Cutter	**Y**	**N**	
4.6	Functional Radiant Warmer	**Y**	**N**	
4.7	Functional Suction apparatus	**Y**	**N**	
4.8	Functional Facility for Oxygen Administration	**Y**	**N**	
4.9	Functional Foetal Doppler/CTG	**Y**	**N**	
4.10	Functional Mobile light	**Y**	**N**	
4.11	Delivery Tables	**Y**	**N**	
4.12	Functional Autoclave	**Y**	**N**	
4.13	Functional ILR and Deep Freezer	**Y**	**N**	
4.14	Emergency Tray with emergency injections	**Y**	**N**	
4.15	MVA/ EVA Equipment	**Y**	**N**	
4.16	Functional phototherapy unit	**Y**	**N**	
4.17	Dialysis Equipment	**Y**	**N**	
4.18	**O.T Equipment**			
4.19	O.T Tables	**Y**	**N**	
4.20	Functional O.T Lights, ceiling	**Y**	**N**	
4.21	Functional O.T lights, mobile	**Y**	**N**	
4.22	Functional Anesthesia machines	**Y**	**N**	
4.23	Functional Ventilators	**Y**	**N**	
4.24	Functional Pulse-oximeters	**Y**	**N**	
4.25	Functional Multi-para monitors	**Y**	**N**	
4.26	Functional Surgical Diathermies	**Y**	**N**	
4.27	Functional Laparoscopes	**Y**	**N**	
4.28	Functional C-arm units	**Y**	**N**	
4.29	Functional Autoclaves (H or V)	**Y**	**N**	
	Laboratory Equipment			
4.1a	Functional Microscope	**Y**	**N**	
4.2a	Functional Hemoglobinometer	**Y**	**N**	
4.3a	Functional Centrifuge	**Y**	**N**	
4.4a	Functional Semi autoanalyzer	**Y**	**N**	
4.5a	Reagents and Testing Kits	**Y**	**N**	
4.6a	Functional Ultrasound Scanners	**Y**	**N**	
4.7a	Functional C.T Scanner	**Y**	**N**	
4.8a	Functional X-ray units	**Y**	**N**	
4.9a	Functional ECG machines	**Y**	**N**	

Section V: Essential Drugs and Supplies:

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

Section VI: Other Services:

S.no	Lab Services	Yes	No	Remarks
6.1	Haemoglobin	**Y**	**N**	
6.2	CBC	**Y**	**N**	
6.3	Urine albumin and sugar	**Y**	**N**	
6.4	Blood sugar	**Y**	**N**	
6.5	RPR	**Y**	**N**	
6.6	Malaria	**Y**	**N**	
6.7	T.B	**Y**	**N**	
6.8	HIV	**Y**	**N**	

6.9	Liver function tests(LFT)	**Y**	**N**	
6.10	Ultrasound scan (Ob.)			
6.11	Ultrasound Scan (General)			
6.12	X-ray			
6.13	ECG			
6.14	Endoscopy			
6.15	Others , pls specify	**Y**	**N**	
S.No	**Blood bank / Blood Storage Unit**	**Yes**	**No**	**Remarks**
6.16	Functional blood bag refrigerators with chart for temp. recording	**Y**	**N**	
6.17	Sufficient no. of blood bags available	**Y**	**N**	
6.18	Check register for number of blood bags issued for BT in last quarter			

Section VII: Service Delivery in Last two financial years:

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

Section VII A: Funds Utilisation

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

7a.2	Annual maintenance grant (Rs 10,000- Check % expenditure)			

Section VII B: Service delivery in post natal wards:

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

Section VIII: Quality parameter of the facility:

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

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

Section IX: Record Maintenance:

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

9.9	Blood Bank stock register				
9.10	Referral Register (In and Out)				
9.11	MDR Register				
9.12	Drug Stock Register				
9.13	Payment under JSY				

Section X: IEC Display

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

Section XI: Additional/Support Services:

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

Qualitative Questionnaires for District Hospital Level

1. What are the measures 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?
   .....
   .....
   .....

FRU level Monitoring Checklist

Name of District: _____ **Name of Block: _____** **Name of FRU: _____**

Catchment Population: _____ **Total Villages: _____** **Distance from Dist HQ: _____**

Date of last supervisory visit:_____

Date of visit: _____ **Name& designation of monitor:_____**

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

_____

Section I: Physical Infrastructure:

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

1.23 a	BMW outsourced	**Y**	**N**	
1.24	Availability of ICTC Centre	**Y**	**N**	

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

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

Section III: Training Status of HR:

(*Trained in Past 5 years)

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

Section IV: Equipment:

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

Section V: Essential Drugs and Supplies:

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

5.15	Adequate Vaccine Stock *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***	
5.20	EC pills	***Y***	***N***	
5.21	IUCDs	***Y***	***N***	
5.22	Sanitary napkins	***Y***	***N***	
S.No	**Essential Consumables**	**Yes**	**No**	**Remarks**
5.23	Gloves, Mckintosh, Pads, bandages, and gauze etc.	***Y***	***N***	

Section VI: Other Services :

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

Section VII: Service Delivery in last two financial years:

S.No	Service Utilization Parameter	2015-16	2016-17
7.1	OPD		
7.2	IPD		
7.3	MCTS entry on percentage of women registered in the first trimester		
7.4	No. of pregnant women given IFA		
7.5	Total deliveries conducted		
7.6	No. of C section conducted		
7.7	No of admissions in NBSUs/ SNCU, whichever available		

7.8	No. of children admitted with SAM (Severe Acute Anaemia)		
7.9	No. of sick children referred		
7.10	No. of pregnant women referred		
7.11	ANC1 registration		
7.12	ANC 3 Coverage		
7.13	No. of IUCD Insertions		
7.14	No. of PPIUCD insertions		
7.15	No. of children fully immunized		
7.16	No. of children given Vitamin A		
7.17	Total MTPs		
7.18	Number of Adolescents attending ARSH clinic		
7.19	Maternal deaths,		
7.20	Still births,		
7.21	Neonatal deaths,		
7.22	Infant deaths		

Section VII a: Service delivery in post natal wards:

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

Section VIII: Quality parameter of the facility:

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

S.No	**Essential Skill Set**	**Yes**	**No**	**Remarks**
8.1	Manage high risk pregnancy	**Y**	**N**	
8.2	Provide essential newborn	**Y**	**N**	

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

Section IX: Record Maintenance:

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

Section X: Fund Utilisation

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

Section XI: IEC Display:

S.No	Material	Yes	No	Remarks
11.1	Approach roads have directions to the health facility	**Y**	**N**	

11.2	Citizen Charter	**Y**	**N**	
11.3	Timings of the health facility	**Y**	**N**	
11.4	List of services available	**Y**	**N**	
11.5	Essential Drug List	**Y**	**N**	
11.6	Protocol Posters	**Y**	**N**	
11.7	JSSK entitlements (Displayed in ANC Clinics/, PNC Clinics)	**Y**	**N**	
11.8	Immunization Schedule	**Y**	**N**	
11.9	JSY entitlements(Displayed in ANC Clinics/, PNC Clinics)	**Y**	**N**	
11.10	Other related IEC material	**Y**	**N**	

PHC/CHC (NON FRU) level Monitoring Checklist

Name of District: _____ Name of Block: _____ Name of PHC/CHC: _____
Catchment Population: _____ Total Villages: _____ Distance from Dist HQ: _____
Date of last supervisory visit:_____

Date of visit: _____ Name& designation of monitor:_____
Names of staff not available on the day of visit and reason for absence:_____

_____

Section I: Physical Infrastructure:

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

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

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

Section III: Training Status of HR

(*Trained in Last Financial Year)

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

Section IV: Equipment

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

4.12	Emergency Tray with emergency injections	**Y**	**N**	
4.13	MVA/ EVA Equipment	**Y**	**N**	
	Laboratory Equipment	**Yes**	**No**	**Remarks**
4.14	Functional Microscope	**Y**	**N**	
4.15	Functional Hemoglobinometer	**Y**	**N**	
4.16	Functional Centrifuge,	**Y**	**N**	
4.17	Functional Semi autoanalyzer	**Y**	**N**	
4.18	Reagents and Testing Kits	**Y**	**N**	

Section V: Essential Drugs and Supplies

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

Section VI: Other Services :

S.no	Lab Services	Yes	No	Remarks
6.1	Haemoglobin	**Y**	**N**	

6.2	CBC	**Y**	**N**	
6.3	Urine albumin and Sugar	**Y**	**N**	
6.4	Serum Bilirubin test	**Y**	**N**	
6.5	Blood Sugar	**Y**	**N**	
6.6	RPR (Rapid Plasma Reagin)	**Y**	**N**	
6.7	Malaria	**Y**	**N**	
6.8	T.B	**Y**	**N**	
6.9	HIV	**Y**	**N**	
6.10	Others	**Y**	**N**	

Section VII: Service Delivery in last two years

S.No	Service Utilization Parameter	2015-16	2016-17
7.1	OPD		
7.2	IPD		
7.3	Total deliveries conducted		
7.4	No of admissions in NBSUs, if available		
7.5	No. of sick children referred		
7.6	No. of pregnant women referred		
7.7	ANC1 registration		
7.8	ANC3 Coverage		
7.9	No. of IUCD Insertions		
7.10	No. of PPIUCD insertions		
7.11	No. of Vasectomy		
7.12	No. of Minilap		
7.13	No. of children fully immunized		
7.14	No. of children given Vitamin A		
7.15	No. of MTPs conducted		
7.16	Maternal deaths		
7.17	Still birth		
7.18	Neonatal deaths		
7.19	Infant deaths		

Section VII a: Service delivery in post natal wards:

*S.*No	*Parameters*	*Yes*	No	Remarks
7.1a	All mothers initiated breast feeding within one hr of normal delivery	**Y**	**N**	

7.2a	Zero dose BCG, Hepatitis B and OPV given	**Y**	**N**	
7.3a	Counselling on Family Planning done	**Y**	**N**	
7.4a	Mothers asked to stay for 48 hrs	**Y**	**N**	
7.5a	JSY payment being given before discharge	**Y**	**N**	
7.6a	Diet being provided free of charge	**Y**	**N**	

Section VIII: Quality parameter of the facility

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

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

Section IX: Record Maintenance:

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

Section X: Funds Utilisation

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

Section XI: IEC Display:

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

Section XII: Additional/Support Services:

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

Qualitative Questionnaires for PHC/CHC Level

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

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

3. Any counselling being conducted regarding family planning measures. .....
.....

Sub Centre level Monitoring Checklist

Name of District: _____ **Name of Block: _____** **Name of SC: _____**

Catchment Population: _____ **Total Villages: _____** **Distance from PHC: _____**

Date of last supervisory visit:_____

Date of visit: _____ **Name& designation of monitor:_____**

Names of staff posted and available on the day of visit: _____

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

Section I: Physical Infrastructure:

S.No	Infrastructure	Yes	No	Remarks
1.1	Sub centre located near the main habitation	*Y*	*N*	
1.2	Functioning in Govt building	*Y*	*N*	
1.3	Building in good physical condition	*Y*	*N*	
1.4	Electricity with power back up	*Y*	*N*	
1.5	Running 24*7 water supply	*Y*	*N*	
1.6	ANM quarter available	*Y*	*N*	
1.7	ANM residing at SC	*Y*	*N*	
1.8	Functional labour room	*Y*	*N*	
1.9	Functional and clean toilet attached to labour room	*Y*	*N*	
1.10	Functional New Born Care Corner (*functional radiant warmer with neo-natal ambu bag*)	*Y*	*N*	
1.11	General cleanliness in the facility	*Y*	*N*	
1.12	Availability of complaint/ suggestion box	*Y*	*N*	
1.13	Availability of deep burial pit for biomedical waste management / any other mechanism	*Y*	*N*	

Section II: Human Resource:

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

Section III: Equipment :

S.No	Equipment	Available and Functional	Available but non-functional

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
4.1	IFA tablets	Y	N
4.2	IFA syrup with dispenser	Y	N
4.3	Vit A syrup	Y	N
4.4	ORS packets	Y	N
4.5	Zinc tablets	Y	N
4.6	Inj Magnesium Sulphate	Y	N
4.7	Inj Oxytocin	Y	N
4.8	Misoprostol tablets	Y	N
4.9	Antibiotics, if any, pls specify	Y	N
4.10	Availability of drugs for common ailments e.g PCM, metronidazole, anti-allergic drugs etc.	Y	N

Section V: Essential Supplies

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

Section VI: Service Delivery in the last two years:

S.No	Service Utilization Parameter	Previou year
6.1	Number of estimated pregnancies	
6.2	No. of pregnant women given IFA	
6.3	Number of deliveries conducted at SC	
6.4	Number of deliveries conducted at home	
6.5	ANC1 registration	
6.6	ANC3 coverage	
6.7	No. of IUCD insertions	

6.8	No. of children fully immunized	
6.9	No. of children given Vitamin A	
6.10	No. of children given IFA Syrup	
6.11	No. of Maternal deaths recorded	
6.12	No. of still birth recorded	
6.13	Neonatal deaths recorded	
6.14	Number of VHNDs attended	
6.15	Number of VHNSC meeting attended	

Section VII: Record Maintenance:

Sl. No	Record	Available and updated	Available b non-maintaine
7.1	Payments under JSY		
7.2	VHND plan		
7.3	VHSNC meeting minutes and action taken		
7.4	Eligible couple register		
7.5	MCH register (as per GOI)		
7.6	Delivery Register as per GOI format		
7.7	Stock register		
7.8	MCP cards		
7.9	Referral Registers (In and Out)		
7.10	List of families with 0-6 years children under RBSK		
7.11	Line listing of severely anemic pregnant women		
7.12	Updated Microplan		
7.13	Vaccine supply for each session day (check availability of all vaccines)		
7.14	Due list and work plan received from MCTS Portal through Mobile/ Physically		

Section VII A: Funds Utilisation

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

Section VIII: IEC display:

S. no	Material	Yes	No	Remarks
8.1	Approach roads have directions to the sub centre	Y	N	
8.2	Citizen Charter	Y	N	
8.3	Timings of the Sub Centre	Y	N	
8.4	Visit schedule of "ANMs"	Y	N	
8.5	Area distribution of the ANMs/ VHND plan	Y	N	

8.6	SBA Protocol Posters	**Y**	**N**	
8.7	JSSK entitlements	**Y**	**N**	
8.8	Immunization Schedule	**Y**	**N**	
8.9	JSY entitlements	**Y**	**N**	
8.10	Other related IEC material	**Y**	**N**	

Qualitative Questionnaires for Sub-Centre Level

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

   ……
   ……

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

   ……
   ……..

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

   ……
   ……