NATIONAL HEALTH MISSION

UTTAR PRADESH PROGRAMME IMPLEMENTATION PLAN

A REPORT ON

MONITORING OF IMPORTANT COMPONENTS OF SHAMLI DISTRICT PIP

SUBMITTED TO

MINISTRY OF HEALTH AND FAMILY WELFARE
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ABBREVIATIONS

Short Name	Full Name
ANC	Ante Natal care
ANM	Auxiliary Nurse Midwife
ASHA	Accredited Social Health Activist
AYUSH	Ayurveda, Yoga& Naturopathy, Unani, Siddha, Homeopathy
BB	Blood Bank
BMOC	Basic emergency obstetric care
BCC	Behaviour change communication
BCG	Bacillus Calmette Guerin
BPL	Below poverty line
BSU	Blood storage unit
CDO	Computer data entry operator
CMO	Chief medical officer
CGHS	Central government health services
EMOC	Emergency obstetric care
ESIC	Employee state insurance corporation
EVA	Equine viral arthritis
DGD	Delhi government dispensary
DOTS	Directly treatment strategy
DPMU	District Programme management unit
DPT	Diphtheria, Pertussis (whooping cough), Tetanus
GOI	Government of India
HIV	Human Immunodeficiency Virus
HMIS	Health Management Information System
ICDS	Integrated Child Development Services
ICTC	Integrated Counseling and Testing Centre
IEC	Information Education &Communication
IFA	Iron & Folic Acid
IPD	Indoor-Patients Department
IPHS	Indian Public Health Standards
IUCD	Intra Uterine Contraceptive Device
JSY	Janani Suraksha Yojna
JSSK	Janani Shisu Suraksha Karyakram
LHV	Lady Health Visitor
MCH	Maternal and Child Health
MCTS	Mother and Child Tracking System
MH	Maternity Home

MIS	Management Information System
MOIC	Medical Officer In-Charge
MTP	Medical Termination of Pregnancy
NBCC	New Born Care Corner
NBSU	New Born Special Unit
NHM	National Health Mission
NGO	Non-Government Organization
NRHM	National Rural Health Mission
NUHM	National Urban Health Mission
NSSK	Navjat Shishu Surksha Karyakram
NSV	Non Scalpel Vasectomy
OBG	Obstetrics Gynecology
OCP	Oral Contraceptive Pill
OPD	Outdoor Patients Department
OPV	Oral Polio Vaccine
ORS	Oral Rehydration Solution
PFMS	Public Financial Management System
PIP	Programme Implementation Plan
PPIUCD	Post-Partum IUCD
PHC	Post Natal Care
RCH	Reproductive & Child Health
RKS	Rogi Kalyan Samiti
RTI/STI	Reproductive tract infection/Sexually transmitted infection
SBA	Skilled Birth Attendant (Special training course is available for SBA)
TT	Tetanus Toxoid
VHND	Village Health and Nutrition Day

EXECUTIVE SUMMARY

SHAMLI DISTRICT, UTTAR PRADESH

The Ministry of Health and Family Welfare (MoHFW), Government of India has assigned Population Research Centre (PRC) for quality 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 allocation for any areas. Considering PIP as a major task, Population Research Centre, Institute of Economic Growth, Delhi (PRC-IEG) would identify major concerns in implementation of NHM activities and also monitor quality parameters.

This report presents the key findings from the concurrent monitoring of essential components under NHM in Shamli district of Uttar Pradesh. The report is prepared on the basis of field-based observations and visits to selected public health facilities in Shamli.

The following public health care facilities were visited by the PRC-IEG Team: CHC Shamli, CHC Kairana, PHC Chausana, PHC Pindaura, SC Chausana and SC Pindaura. Structured checklist was used to collect information on human resources, infrastructure, funds utilization, training, health care services including drugs and equipment, family planning, disease control programmes and other programmes under the umbrella of NHM.

Interactions 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 were conducted to understand the strengths and weakness of the facilities in service provisioning.

Besides, review of relevant programmatic data and information available from the District Programme Management Unit (DPMU), Health Management Information system (HMIS) and the observations made during the monitoring and evaluation of field visit and the key components of NHM are included for robust feedback on programme implementation in the district. The major strengths and weaknesses of the district are as follows:

STRENGTHS

1. The District Hospital building is under construction and is expected to be completed by end of 2019. The new DH is likely to start functioning and provide services in early 2020. For better coordination of the construction activities two meetings were held in Lucknow with the programme officials.

2. Ayushman Bharat - National Health Protection Scheme will be launched in the first week of September in the district. Under the scheme the first phase of identification of beneficiaries in both Rural/Urban areas has been completed. ; Unidentified beneficiaries are identified through ASHAs in the second phase. For the better implementation and processing of empanelment mapping is completed. Also, staff recruitment is in process for the Ayushman Bharat Programme.

3. The disbursements of JSY payment is reported to be regular and the JSY amount is usually transferred to the beneficiary's account within a time limit of 4-5 days. In some cases there are delays in JSY payment because of problems associated with banking documentation and account related operations of the beneficiaries.

4. The district provides incentives in terms of performance related awards and prizes to the ASHAs for their participation towards services in deliverycare, Immunization and awareness in the community. These things encourage them to give their best as reported by the ADPM.

5. HBNC is successfully implemented in the district. Through HNBC programme home based services provided by ASHA through a series of visits which ensure positive health outcomes.

6. The health management information system data were regularly updated into both computer as well as service delivery registers.

7. ASHA workerswere actively engaged in awareness activities and helped beneficiaries to conduct delivery in public health institutions. Also, they worked for providing better ambulance facility into remote areas for most deprived women to received health facility at PHC and CHC.

8. The Health officials at various facilities were actively engaged in medical duty during the Kawad Yatra 2018.

WEAKNESSES

1. CHC, Shamli works as a replacement of DH because of the unavailability of DH in Shamli District. The OPD and delivery load at the facility is too high. Additionally, at the PHC

level very few delivery points are available. Consequently, CHC, Shamli is overburdened with the number of cases.

2. The number of C-Section deliveries are exceptionally lower (about 2-5 c-sec deliveries per month). The numbers are much below the district targetsand is reported to be because of the shortage of specialists at the CHC. Also, there were reports of greater utilization of theprivate hospitals because of the unavailability of specialists and the services.

3. It is reported that absenteeism in peripheral PHCs is a major concern and some of the medical officers were not frequently visiting their facilities.

4. The SNCU is not functional and therefore any kind of emergency or untreated cases the patients are referred to the Meerut Medical College. Additionally, because the SNCU is not available at the CHC Shamli the risk of of neonatal and infant death is higher.

5. As reported by the Staff Nurse, most of the women do not stay for the recommended 48 hours post-delivery period. Often reasons such as household chores and caretaking role is specified as a cause for early discharge. However, patients also cited reasons such as lack of beds and demand for money as reasons for early discharge.

6. There is no Counsellor at CHC, Shamli to help counsel people regarding family planning, HIV/AIDs, RTI/STIs, adolescent health, nutrition literacy etc..

7. There is an issue in identification of 16 villages for HMIS data reporting. These villages data is currently reported for both Shamli and Muzaffarnagar . In addition, there are problem of errors and data validation in data submitted by ANMs to DPM. DPM informed that in the last 25 reports submitted by ANMs, about 10 reports have the problem of data validation related to ANC and deliveries.

8. Some of the equipment's/instruments are not working in the CHC, Shamli. Irregularities in maintenance was observed. Cold Chain handler informed that proper maintenance of equipment's are negligible. Cold chain technicians are mostly absent and do not respond for timely service.

9. Only a single data entry operator manages the data entry work of MCTS/Accounts/Drugs etc. It delays or affect the proper reporting of HMIS on time.It is reported that some ASHAs are involved in diverting delivery cases toward the private sector for which they also receive a commissionsfrom the private Nursing homes. Under the NDCPs programme only few services are available at the CHC, Shamli.

10. There was reporting of delay in release of salaries of the NHM employees in the last few months which was caused due to suspension of the accounts official at the DPMU.

1 INTRODUCTION

1.1 BACKGROUND AND OBJECTIVES

1.1.1. The Ministry of Health and Family Welfare (MoHFW), Government of India has assigned Population Research Centre (PRC) for quality 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 allocation for any areas. 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 listed components.

1.1.2. This report presents the key findings from the concurrent monitoring of essential components of under NHM in Shamli district of Uttar Pradesh. The report is prepared on the basis of field-based observations and visits to selected public health facilities in Shamli. The following public health care facilities were visited by the PRC-IEG Team: CHC Shamli, CHC Kairana, PHC Chausana, PHC Pindaura, SC Chausana and SC Pindaura. Structured checklist was 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.

1.1.3. Further, interactions 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. Besides, review of relevant programmatic data and information available from the District Programme Management Unit (DPMU), Health Management Information system (HMIS) and the observations made during the monitoring and evaluation of field visit and the key components of NHM are included for robust feedback on programme implementation in the district.

1.2. The main objectives of the monitoring visit to Shamli district are as follows:

1.2.1. To review the key demographic and health indicators of the district

1.2.2. To report the current availability of physical infrastructure and access to health facilities in selected CHCs, PHCs and SCs of the district.

1.2.3. To examine the status and availability of human resources for health including staff in-position, vacancies and staff trainings at the selected health facilities

1.2.4. To monitor status of various hospital services and it's functioning including drugs, diagnostics and other equipment in the selected health facilities

1.2.5. 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

1.2.6. To understand the utilization of NHM programme budgetary allocations on various components including utilization of untied funds at selected health facilities through Rogi Kalyan Samitis (RKS)

Table 1: List of institutions and facilities visited by the PRC-IEG Team, Shamli 2018-19

Institutions and Facilities	Key Contact Person
Office of the Chief Medical Officer	CMO: Dr. Rajkumar
District Programme Management Unit	DPM: Mr. Ashutosh Kumar Srivastava
Community Health Centre, Shamli (FRU)	MOIC: Dr. Shadilal
Community Health Centre, Kairana	MOIC: Dr. Bhanu Prakash
Primary Health Centre, Unn	MOIC: Dr. Lekhram
Primary Health Centre, Chausana	MO: Dr. Vikas Kumar
Sub Centre, Chausana	ANM: Smt. Vimala Roy
Sub Centre, Pindaura	ANM: Smt. Rashmi Bindal

1.2.7. Health facilities were selected and visited during the 2nd week of August, 2018. Table 1 reports the list of institutions and facilities visited in the Shamli districts. The Team interacted with key programme officials at the Office of the CMO, the DPMU and discussed the status of the key activities. Apart from detailed interactions with the District Nodal Officers and DPMU staff, the Team visited selected health facilities in the districts.

1.2.8. Health facilities from all the three levels (at district, block and village level) were selected for supportive supervision after consultations with the CMO and the DPM. Further, to understand the health service providers' perspectives about the services delivery, in-depth

discussions were done with the Chief Medical Officer, Block Medical Officer-in-Charge, Medical Officers, ANMs and ASHAs.

Figure1: Meeting with Official Designated Officers at Shamli District

Figure 1: Meeting with CMO, Shamli.

Figure 2: Meeting with DPMO, Shamli.

Figure 3: Meeting with MOs at CHC, Shamli.

Figure 4: Meeting with MoIC at CHC, Kairana.

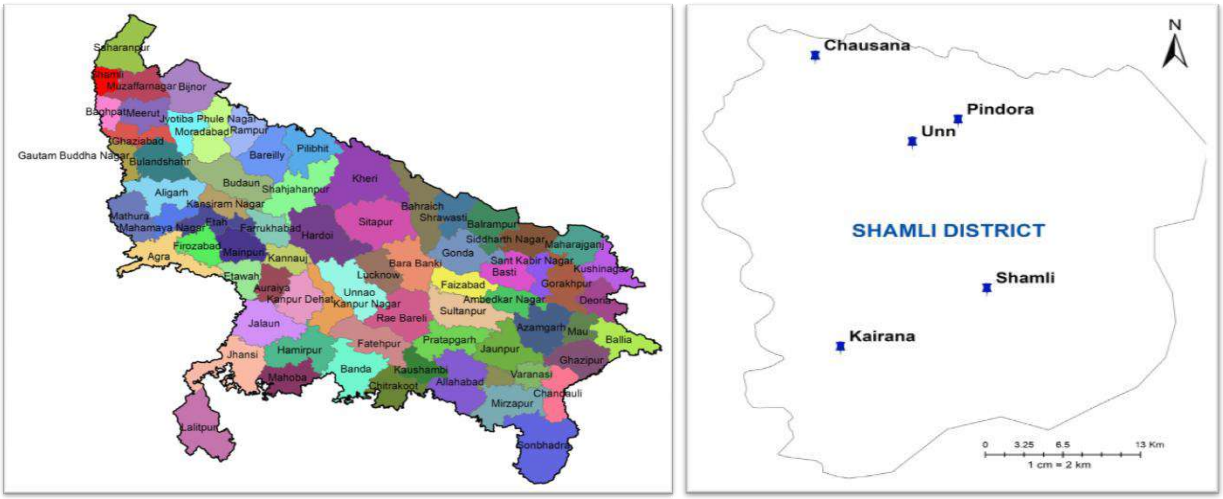
1.3. Review of Key Demographic and Health Indicators

1.3.1. Relative to other countries in the world, India can be categorised as a developing country or middle-income country. It is thesecond largest populous country in the world, after China. It contains 29 states and 7 union territories. Uttar Pradesh is one of the high population states of India which was alsoidentified under the Empowered Action Group (EAG).

1.3.2. Shamli district was earlier part of Muzaffarnagar district and was made a new district in 2011. It was initiallyknown as Prabudhnagarand was later renamed as Shamli when this district came into focus in July2012.Shamli is located along the Delhi-Saharanpur (709B), Meerut-Karnal (709A) and Panipat-Khatima (709AD) Highways. It is 100 km away from Delhi, 65 km from Saharanpur, 38 km from Muzaffarnagar, 100 km from Roorkee and only 38 km

away from Panipat (Haryana). Shamli district shares its border with Muzaffarnagar in the East, Haryana in the West, Saharanpur in the North and Baghpat in the South. It lies to the east of the Yamuna River, which marks the borders of two Indian states, Haryana and Uttar Pradesh and lies in the fertile Doab region between the Ganges and Yamuna. Shamli district comes in National Capital Region of India and is located at 29.45°N and 77.32°E.

MAP of Shamli, Uttar Pradesh



1.3.3. Table 2 shows that total population in Uttar Pradesh is 1,99,812,341 and that of Shamli district is 13, 18,985 according to the 2011 census. Proportion of female population isless than that of the male population for both the state and the district. Density of population in Uttar Pradesh is 828 per sq km which is higher than the national average, while in Shamli the population density is 1125 per sq km. Population growth rate from 2001 to 2011 in India was 17.7 percent and in Uttar Pradesh it was 20.23 percent. Table 2 reveals the sex ratio for India which is 940 females per 1000 males, in Uttar Pradesh it is 912 females per 1000 males and in Shamli it is 880 females per 1000 males. The Literacy rate for the country as a whole in 2011 was 73 percent for the total population aged 7 years and above, it was 80.9 percent for males and 64.6 percent for females. The literacy rate in Uttar Pradesh and Shamli district is lower than the national level.

Table 2: Key demographic indicators of Shamli district

Indicators	India	Uttar Pradesh	Shamli
Actual population	1,21,05,69,573	199812341	1318985
Male	62,31,843	104480510	701397
Female	58,74,47,730	95331831	617588
Population growth	17.7	20.2	NA
Sex ratio	940	912	880
Density / km^2	382	828	1125
Total Child Population (0-6 years)	16,38,19,614	30791331	210374
Male Population (0-6 years)	8,49,99,203	16185581	113083
Female Population (0-6 years)	7,88,20,411	14605750	97291
Literacy (%)	73.0	69.7	55.4
Male literacy (%)	80.9	79.2	63.5
Female literacy (%)	64.6	59.3	46.3

Source: Census of India 2011, NA= Not Available

Table 3: Rural-Urban Comparison of Demographic Indicators: India, Uttar Pradesh and Shamli

Description	India		Uttar Pradesh		Shamli	
	Rural	Urban	Rural	Urban	Rural	Urban
Population (%)	68.8	31.2	77.7	22.2	68	32
Total population	83,30,87,662	37,71,05,760	15,53,17,278	4,44,95,063	8,96,214	4,22,771
Male Population	427.9 (In m)	195.8	8,09,92,995	2,34,87,515	4,77,513	2,23,884
Female Population	405.1 (In m)	181.3	7,43,24,283	2,10,07,548	4,18,701	1,98,887
Population growth			17.97	28.82	NA	NA
Sex Ratio	947	926	918	894	876	888
Child Sex Ratio (0-6)	919	902	906	885	857	867
Child Percentage	14.1	10.9	16.1	12.9	16.2	15.4
Average Literacy (%)	68.9	85	65.5	75.2	56.15	53.9
Male Literacy (%)	78.6	89.7	76.3	80.5	65.03	60.3
Female Literacy (%)	58.8	79.9	48.5	60.9	46.0	46.7

Source: Census of India 2011, NA= Not Available

1.3.4. Table-3 shows that the proportion of rural urban populationin Indiais 68.84 percent and 31.16 percentrespectively. However, in Uttar Pradesh, the rural –urban population distribution is 77.73 percent and 22.27 percent respectively whereas in Shamli district 68 percent population lives in rural area and 32 percent live in urban area. Sex ratio in rural area of the Country and in Uttar Pradesh is better than urban area, though in Shamli district the sex ratio is better in urban areas than rural area. Literacy rate in rural areas of India, Uttar Pradesh and in Shamli district is lower than in urban areas. Whereas the sex wise literacy for both male and female in urban areas of India, Uttar Pradesh and in Shamli is better than rural areas. The difference between male and female literacy is still high.

Table 4: Health indicators of Shamli districts

Health Indicator	Number	Percentage/Ratio
NMR	30 per 1000 live birth	SRS 2016
IMR	43 per 1000 live birth	SRS 2016
U5MR	-	
MMR	242 per 1000 live birth	SRS 2016
TFR	-	
Fully Immunized Children	35227	83.3
ANC Registration in first trimester	21366	52.2
Full ANC	22085	53.9
Safe deliveries (Institutional +SBA attended home deliveries	16635	-
Institutional deliveries	16628	38.6
No of Women received PNC checkup with 48 hours	1729	45.3

Source: Supportive supervision checklist, DPMU Shamli:

1.3.5. Table 4 shows that the NMR of Shamli district is 30 per 1000 live births. The NMR is an important indicator for new born care and directly reflects the prenatal and neonatal care. However, the neonatal period, the first 28 days of life carries the highest risk of mortality per day than any other period during the childhood. Infant mortality was 43 per 1000 live birth in Shamli district in 2016. The maternal mortality ratio is 242 per 100,000 live births in Uttar Pradesh. 83 percent children are fully immunized and the district is still far away from 100 percent child immunization. Antenatal care (ANC) can reduce the health risks for mothers and their babies by monitoring pregnancies and screening for complications (NFHS). The table shows that full ANC was only 53 percent in Shamli in 2016.

2 REVIEW OF KEY HMIS INDICATORS

2.1 MATERNAL HEALTH

2.1.1. According to Global Burden of Disease estimates for 2004, India contributes 21% of the disability adjusted life years (DALYs) lost due to maternal conditions. Public health initiatives over the last two to three decades have helped India to improve health indicators such as life expectancy and total fertility rate to a great extent, but some crucial indicators like Maternal Mortality Ratio (MMR) and Infant Mortality Rate (IMR) have stagnated at around 400 per 100 000 live births and 60 per 1000 live births, respectively, in the 1990s. Despite a series of national level safe motherhood policies and programmatic initiatives over the past two decades there is little evidence that maternity has become significantly safer in India[1].

2.1.2. The National Rural Health Mission[1] (NRHM) was launched in April 2005 "to provide accessible, affordable and quality health care to the rural sections especially the vulnerable populations" (4). An integral component of NRHM is the safe motherhood intervention in the form of Janani Suraksha Yojana (JSY) for reducing maternal and neo-natal mortality[8].

Table 5: Number of pregnant women received 3 ANC check – ups

Districts / Sub Districts	2014-15	2015-16	2016-17	2017 - 18
Shamli	223.1	99.1	99.0	98.5
Kairana	99.0	99.2	98.7	98.4
Kandhla	99.6	99.0	98.6	99.6
Kudana	122.4	96.5	92.3	90.0
Shamli	713.9	99.2	99.3	98.0
Thana Bhawan	133.2	99.2	99.3	99.2
Unn	103.1	99.2	98.8	99.1

2.1.3. ANC check-up for women is one of the most crucial medicinal check-up before the birth of the child, which not only to promote healthy lifestyles, but also benefit the mother andthe child. Table 1 shows the proportion of pregnant women who received 3 ANC checks up in number between 2014-15 and 2017-18. It indicates in Shamli, the percentage of pregnant women who received 3 ANC check-ups is about 99 percent between 2014-15 and 2017-18.

However, among sub district of Shamli, the percentageof pregnant women who received 3 ANC checks up is about 100 percent throughout 2014-15 to 2017-18.

Table 6: Percentage of Pregnant Woman with 3 ANC check-ups to ANC Registrations 4 ANC

Districts / Sub Districts	2014-15	2015-16	2016-17	2017 - 18
Shamli	78.7	61.7	70.0	51.8
Kairana	76.3	81.2	83.3	67.3
Kandhla	69.6	66.4	65.5	47.4
Kudana	73.6	70.3	77.5	56.7
Shamli	77.3	39.1	62.5	71.7
Thana Bhawan	79.7	73.5	70.8	59.3
Unn	96.3	39.8	61.3	39.1

2.1.4. Table 6 shows the proportion of pregnant women who received 3 ANC check ups between 2012-13 and 2017-18 in percentage. Above table indicates about 25 percent decline pregnant women who received 3 ANC checkups in Shamli, between 2014-15 and 2017-18. However, in Unn sub district thenumber of pregnant women who received 3 ANC checks up is maximum among sub-districts of Shamli during 2014-15. While in Shamli sub-district the pregnant women who received 3 ANC checks-ups is maximum among all sub-district of Shamli district in 2017-18.

Table 7: Percentage of pregnant women received TT2 or booster to total ANC registration

Districts / Sub Districts	2014-15	2015-16	2016-17	2017 - 18
Shamli	62.0	80.4	83.3	79.0
Kairana	80.7	93.3	84.0	84.0
Kandhla	82.4	103.6	99.5	85.6
Kudana	82.5	88.0	95.3	78.6
Shamli	22.9	40.2	46.0	65.4
Thana Bhawan	56.3	86.2	87.6	86.2
Unn	80.7	74.8	81.6	82.3

2.1.5. Tetanus Toxoid is another inevitable vaccine during pregnancy which prevents the mother and the child from life threatening disease and infection of tetanus bacteria. The above table 3 indicates the proportion of pregnant women who received TT2 or Booster dose to ANC registration in percent. It reveals that in Shamli, the percentage of pregnant women who received TT2 or Booster dose to ANC registration has increased about 19 percent between 2014-15 and 2017-18. However, in Shamli sub district the pregnant women who received TT2 to ANC registration is maximum about 93 percent among sub district of Shamli district from 2014 to 2017. Though, the pregnant women who received TT2 or Booster dose to ANC registration is maximum in Thana Bhawan among sub district in 20117-18.

Table 8: Percentage of Pregnant women given 100 IFA to total ANC registration

Districts / Sub Districts	2014-15	2015-16	2016-17	2017 - 18
Shamli	84.7	87.7	92.9	80.4
Kairana	98.7	82.6	98.1	89.4
Kandhla	99.9	84.2	109.3	90.0
Kudana	100.0	99.8	99.9	98.5
Shamli	88.3	98.3	50.6	49.2
Thana Bhawan	45.4	89.3	97.0	95.4
Unn	100.0	85.1	91.8	76.4

2.1.6. The above table 8 indicates the proportion of pregnant women given 100 IFA to total ANC registration in percentage. It shows in Shamli district the trend of pregnant women given 100 IFA to total ANC registration has declined from 84.7 percent in 2014-15 to 80.4 percent in 2017-18. However, in Kudana sub district the pregnant women given 100 IFA to total ANC registration is maximum among sub district of Shamli district throughout 2014-15 to 2017-18.

Table: 9 Percentage of Pregnant women having severe anemia (Hb<7) treated at institution to women having hb level<11

Districts / Sub Districts	2014-15	2015-16	2016-17	2017 - 18
Shamli	14.6	7.4	6.1	55.4
Kairana	6.4	0	10.6	76.1
Kandhla	0	2	4.4	71.1
Kudana	0	0	0	35.6
Shamli	16.6	38.5	10.4	64.4
Thana Bhawan	70.7	0.9	7.3	73.2
Unn	5.0	0.2	2.9	38.0

2.1.7. Anemia during pregnancy is especially a concern since it increases the risk of child born with a low birth weight, premature birth and maternal mortality. The above table 9 shows the proportion of pregnant having severe anemia (Hb<7) treated at institution to women having hb level<11 in percentage. The table 5 indicates in Shamli the trend of pregnant having severe anemia (Hb<7) treated at institution to women having hb level<11 has increased from 14.6 percent in 2014-15 toward 55.4 percent in 2017-18. While it is minimum in 2016-17. However, in Thana Bhawan sub-district the pregnant having severe anemia (Hb<7)

treated at institution to women having hb level<11 maximum among sub-district of Shamli district in both years 2014-15 and in 2017-18 respectively.

Table: 10 Percentage of SBA attended home deliveries to Total Reported Home Deliveries

Districts / Sub Districts	2014-15	2015-16	2016-17	2017 - 18
Shamli	18.8	0	0	0.1
Kairana	32.7	0	0	0
Kandhla	0	0	0	0
Kudana	0.9	0	0	0.3
Shamli	-	-	-	-
Thana Bhawan	44.3	0	0	0
Unn	18.5	0.2	0.6	0.8

2.1.8. Most obstetric complications during birth of the child could easily be prevented with the help of Skilled Birth Attendant (SBA) – doctors, nurse, midwife. Improvements in the coverage of proportion of births attended by skilled health personnel have reduced the maternal mortality rate globally. Home deliveries without the presence of SBA attendant can lead to pernicious result, thus to abate any such consequences health awareness and concern must be taken care of. The table 10 shows the Percentage of skill birth attendance (SBA) attended home deliveries to total reported home deliveries of Shamli district between 2014-15 and 2017-18. It indicates, in Shamli the skill birth attendance (SBA) attended home deliveries to total reported home deliveries has decline from 18.8 percent in2014-15 to 0.1 percent in 2017-18. As long as table 6 shows in Thana Bhawan sub-district the skill birth attendance (SBA) attended home deliveries to total reported home deliveries is maximum among sub-district of Shamli district in 2014-15.

Table: 11 Percentage of mothers paid JSY incentive for home deliveries to total Reported Home Deliveries

Districts / Sub Districts	2014-15	2015-16	2016-17	2017 - 18
Shamli	0	0	0	-
Kairana	0	0	0	-
Kandhla	0	0	0	-
Kudana	0	0	0	-
Shamli				-
Thana Bhawan	0	0	0	-
Unn	0	0	0	-

2.1.9. In order to promote institutional deliveries or in registered health centers, Janani Suraksha Yojana scheme was launched which focus to reduce the mortality rate of mothers and newborn babies which occurs due to home deliveries without any formal assistance. The table 11 shows the mothers paid JSY incentive for home deliveries to total reported home

deliveries of Shamli district between 2014-15 to 2017-18. It indicates, in Shamli the mothers paid JSY incentive for home deliveries to total reported home deliveries is absent/zero percent throughout 2014-15 to 2017-18. As long as table revealsamong sub-district the mothers paid JSY incentive for home deliveries to total reported home deliveries is Zero percent in all observational years

Table: 12 Percentage of Women discharged in less than 48 hours of delivery to Total Reported Deliveries at public institutions

Districts / Sub Districts	2014-15	2015-16	2016-17	2017 - 18
Shamli	95.9	35.4	23.4	37.2
Kairana	147.2	45.7	10.9	16.3
Kandhla	99.8	0.7	5	7.4
Kudana	96.3	84.3	86.5	78.4
Shamli	82.9	58.1	51	37.6
Thana Bhawan	100	36.1	25.3	8.9
Unn	87.4	19.3	3.2	77.1

2.1.10. The above table 12 indicates the women discharged in less than 48 hours of deliveries to total reported deliveries at public institutions in percent. it shows in Shamli the trend of women who discharged in less than 48 hours of delivery form public institutions has declined about 52 percent between 2014-15 to 2017-18. However, in both Kairana sub-district and Thana Bhawan sub-district the women who discharged in less than 48 hours of delivery form public institutions has about 100 percent among sub-district of shamli district in 2014-15. While the proportion of the women who discharged in less than 48 hours of delivery is maximum among sub-district of Shamli district in 2017-18

Table: 13 Percentage of institutional deliveries to total reported deliveries

Districts / Sub Districts	2014-15	2015-16	2016-17	2017 - 18
Shamli	48.5	78.8	86.4	81.3
Kairana	36.0	48.8	62.8	76.9
Kandhla	42.6	55.9	57.8	67.2
Kudana	1.1	4.2	5.1	9.0
Shamli	100.0	100.0	100.0	100.0
Thana Bhawan	40.8	54.1	66.0	74.8
Unn	50.6	65.8	79.1	86.3

2.1.11. Table 13 reveals proportion of home deliveries to total reported deliveries in percentage. The above table indicates in Shamli district the home deliveries to total reported deliveries has increased about 33 percent during 2012-13 to 2017-18. However, at sub-district

level, the home deliveries to total reported deliveries is maximum in Shamli sub- district among sub-district of Shamli districts throughout 2014-15 to 2017-18. Whereas, in Kudana sub-district the home deliveries to total reported deliveries is minimum among sub-district of Shamli throughout 2014-15 to 2017-18.

Table: 14 Percentage of home deliveries to the total number of reported deliveries

Districts / Sub Districts	2014-15	2015-16	2016-17	2017 - 18
Shamli	51.5	21.2	13.6	18.7
Kairana	64.0	51.2	37.2	23.1
Kandhla	57.4	44.1	42.2	32.8
Kudana	98.9	95.8	94.9	91.0
Shamli	0	0	0	0
Thana Bhawan	59.2	45.9	34.0	25.2
Unn	49.4	34.2	20.9	13.7

2.1.12. Research suggests that home birth is associated with a higher risk of infant death, seizures and nervous system disorders than hospital births. The table 14 reveals about proportion of home deliveries to total reported deliveries in percentage. The above table indicates in Shamli district the home deliveries to total reported deliveries has declined from 51.5 percent to 18.7 between 2013-14 and 2017-18. However, in Kudana sub-district the trend of home deliveries to total reported deliveries is maximum among sub-district of Shamli district throughout 2014-15 to 2017-18.

Table: 15 Percentage of C-section deliveries (Public + Pvt.) to reported institutional (Public + Pvt.) deliveries

Districts / Sub districts	2014-15	2015-16	2016-17	2017 - 18
Shamli	0.1	0.1	0.2	1.2
Kairana	0	0	0	0
Kandhla	0	0	0	0
Kudana	0	0	0	0
Shamli	0.5	0.2	0.4	4.2
Thana Bhawan	0	0	0	0
Unn	0	0	0	0

2.1.13. The table 15 indicates in Saharanpur the C-section deliveries (Public + Pvt.) to report an institutional (Public + Pvt.) delivery has increased about 1 percent throughout 2014-15 to 2017-18. However, in Shamli sub-district the C-section deliveries (Public + Pvt.) to reported institutional (Public + Pvt.) deliveries is maximum among sub-district of Shamli district throughout 2014-15 to 2017-18.

Table: 16 Percentages of deliveries conducted at Public Institutions to the total Institutional deliveries

Districts / Sub districts	2014-15	2015-16	2016-17	2017 - 18
Shamli	100.0	43.7	40.6	95.8
Kairana	100.0	100.0	100.0.0	100.0
Kandhla	100.0	100.0	100.0	100.0
Kudana	100.0	100.0	100.0	100.0
Shamli	100.0	19.9	16.3	86.2
Thana Bhawan	100.0	100.0	100.0	100.0
Unn	100.0	100.0	100.0	100.0

2.1.14. The above table 16 indicates the proportion of the deliveries conducted at Public Institutions to the total Institutional in percent. It shows in Shamli district the trend of deliveries conducted at public institutions to total institutional deliveries has declined about 5 percent between 2014-15 and 2017-18. The ratio of deliveries conducted at Public Institutions to the total Institutional deliveries is the least in Shamli sub-district among sub districts of Shamli district percent among all sub-districts of Saharanpur 2015-16 to 2017-18.

Table: 17 Percentage of women receiving post-partum check-up within 48 hours of delivery to total reported deliveries

Districts / Sub districts	2014-15	2015-16	2016-17	2017 - 18
Shamli	46.2	28.9	31.5	-
Kairana	34.1	45.6	57.2	-
Kandhla	51.1	55.8	56.9	-
Kudana	5.7	1.3	11.3	-
Shamli	93.1	13.5	10.9	-
Thana Bhawan	77.3	51.5	65.2	-
Unn	0.1	54.9	86.4	-

2.1.15. Postpartum check-ups are an important road for consideration after the child birth as it keeps check on the physical recovery from pregnancy and delivery, also to see how mother is doing emotionally and address the need for going forward. The above table 17

indicates in Shamli the proportion of women receiving post partum checkups within 48 hours of delivery to total-reported deliveries has declined about 15 percent between 2014-15 and 2016-17. However, in Unn sub-district the women receiving post partum checkups within 48 hours of delivery to total reported deliveries is minimum among sub district of Shamli district in 2014-15 and is maximum in 2017-18.

2.2 CHILD HEALTH

2.2.1. The child health programme under the National Health Mission (NHM) comprehensively integrates interventions that improve child survival and addresses factors contributing to infant and under-five mortality. Reduction of infant and child mortality has been an important tenet of the health policy of the Government of India. It is now well recognised that child survival cannot be addressed in isolation as it is intricately linked to the health of the mother, which is further determined by her health and development as an adolescent.

2.2.2. Therefore, the concept of Continuum of Care, that emphasises on care during critical life stages in order to improve child survival, is being followed under the national programme. Another dimension of this approach is to ensure that critical services are made available at home, through community outreach and through health facilities at various levels (primary, first referral units, tertiary health care facilities). The new-born and child health are now the two key pillars of the Reproductive, Maternal, New-born, Child and Adolescent health (RMNCH+A) strategic approach[11].

Table: 18 Percentage of total reported live births to total deliveries

District / Sub Districts	2014-15	2015-16	2016-17	2017 - 18
Shamli	223.1	99.1	99.0	98.5
Kairana	99.0	99.2	98.7	98.4
Kandhla	99.6	99.0	98.6	99.6
Kudana	122.4	96.5	92.3	90.0
Shamli	713.9	99.2	99.3	98.0
Thana Bhawan	133.2	99.2	99.3	99.2
Unn	103.1	99.2	98.8	99.1

2.2.3. The above table 18 indicates the trend of total reported live births to total deliveries in percent. It shows about 100 percent live birth to total deliveries in Shamli district throughout 2014-2015 to 2017-18. However, among all sub district the trends of total reported live births to total deliveries is 100 percent throughout 2014-15 to 2017-18, except Kudana sub district during 2016 to 2018.

Table: 19 Percentage of live birth to Reported Birth

District / Sub districts	2014-15	2015-16	2016-17	2017 - 18
Shamli	99.3	98.9	98.8	98.1
Kairana	99.1	99.1	98.6	98.1
Kandhla	98.8	98.6	98.2	98.6
Kudana	97.4	96.0	91.3	88.3
Shamli	99.6	99.1	99.2	97.4
Thana Bhawan	99.4	99.1	99.2	99.1
Unn	98.6	98.9	98.2	98.7

2.2.4. The above table 19 indicates proportion of live births out of total reported births in the percentage. It shows that about 99 percent live births out of total reported births in Shamli throughout 2014-15 to 2017-18. However, among all sub-district of Shamli the total reported a live birth to total deliveries is 99 percent throughout 2014-15 to 2017-18, except Kudana sub district.

Table: 20 Percentage of newborns having weight less than 2.5 kg to newborns weighed at birth

District / Sub Districts	2014-15	2015-16	2016-17	2017 - 18
Shamli	11.2	8.5	9.2	14.6
Kairana	12.6	8.2	7.7	10.5
Kandhla	4.2	6.1	7.8	10.0
Kudana	15.0	18.8	19.8	30.8
Shamli	29.5	9.6	8.7	23.2
Thana Bhawan	4.2	5.1	14.5	11.5
Unn	5.0	5.5	9.2	13.9

2.2.5. The table 20 indicates the proportion of newborns having weight less than 2.5kg to newborns weighed at birth in percent. It shows that in Shamli the newborns having weight less than 2.5 kg out of all the newborns weighed at birth has increased from 11.2 percent in 2014-15 to 14.6 percent until 2017-18. However, in Kudana sub district the trend of newborns having weight less than 2.5kg to newborns weighed at birth is maximum, among sub district throughout 2014-15 to 2017-18.

Table: 21 Percentage of newborns breast fed within 1 hour of birth to total live birth

District / Sub Districts	2014-15	2015-16	2016-17	2017 - 18
Shamli	47.5	97.5	98.9	95.5
Kairana	99.6	95.1	98.2	99.9
Kandhla	100.0	94.3	98.8	95.0
Kudana	98.9	97.9	99.0	98.1
Shamli	13.3	100.0	99.7	98.2
Thana Bhawan	92.1	99.6	99.3	99.6
Unn	99.2	88.9	94.8	86.1

2.2.6. The table 21 shows the newborns breast-fed within 1 hour of birth out of the total live births in percent. It indicates, in Shamli the newborns breast fed within 1 hour of birth out of the total live births has increased from 47.5 percent in 2014-15 to 95.5 perent until 2017-18. As long as in Unn sub-district newborns breast-fed within 1 hour of birth out of the total live births is minimum in 2017-18. While, in Kairana sub-district newborns breast-fed within 1 hour of birth out of the total live births is maximum among all sub-district in 2017-18

Table: 22 Percentage of newborns visited within 24hrs of home delivery to total reported home deliveries

District /Sub Districts	2014-15	2015-16	2016-17	2017 - 18
Shamli	66.4	76.8	90.7	-
Kairana	99.8	99.0	99.3	-
Kandhla	95.5	86.9	97.0	-
Kudana	96.5	99.4	99.4	-
Shamli				-
Thana Bhawan	36.5	82.8	97.5	-
Unn	0	13.4	53.8	-

2.2.7. The above table 22 indicates the newborns visited the hospital within 24 hours of home delivery out of the total home deliveries in Shamli has increased from 66.4 percent in 2014-15 to 90.7 percent in 2016-17. However, in Unn sub-district the trend of newborns visited the hospital within 24 hours of home delivery out of the total home deliveries is minimum among sub-district throughout 2014-15 to 2016-17. While in Kudana sub-district the proportion of newborns visited the hospital within 24 hours of home delivery is maximum among sub-district in 2016-17.

Table: 23 Number of infants given OPV0 (birth dose)

District / Sub Districts	2014-15	2015-16	2016-17	2017 - 18
Shamli	19,584	18,532	24,824	19,356
Kairana	2,619	2,371	4,108	3,488
Kandhla	4,299	3,783	5,226	3,324
Kudana	2,803	1,780	2,292	1,249
Shamli	2,200	5,820	4,854	3,045
Thana Bhawan	3,981	3,203	4,434	3,974
Unn	3,682	1,550	3,339	3,599

2.2.8. There are 3 types of OPV0 vaccines used: an inactivated poliovirus (IPV) given by injection and weakened poliovirus given by mouth (OPV). These two vaccines have eliminated polio and reduced the number of cases reported each year from an estimated 350000 in 1988 to 22 in 2017 around the world. The above table 23 indicates, in the Shamli district the trend of number of infants given OPV0 (birth dose) is stable between 2014-15 and 2017-18. However, it shows the trend in number of infants given OPV0 is maximum in Shamli district in 2016-17.

Table: 24 Number of infants given BCG

District / Sub Districts	2014-15	2015-16	2016-17	2017 – 18
Shamli	31,080	33,851	38,475	30,113
Kairana	5,623	6,490	6,957	6,158
Kandhla	5,153	5,275	7,141	5,039
Kudana	3,254	3,414	3,538	2,394
Shamli	3,796	6,336	5,081	3,390
Thana Bhawan	6,399	6,102	6,835	5,370
Unn	6,855	5,962	7,579	5,941

2.2.9. BCG is on the World Health Organization's list of essential medicines, the most effective and safe medicines needed in a health system. The above table 24 indicates, in the Shamli district the trend of number of infants given BCG is maximum in 2016-17 among all observational years. However, it shows the number of infants given BCG has marginally declined in Shamli between 20114-15 and 2017-18. However, in Kairana sub district the trend of number of infants given BCG is maximum among sub district in 2017-18.

Table: 25 Percentage of newborns given OPV0 at birth to reported live birth

District / Sub Districts	2014-15	2015-16	2016-17	2017 - 18
Shamli	43.6	56.3	62.8	117.0
Kairana	91.6	75.1	120.3	115.2
Kandhla	122.4	120.1	163.3	141.6
Kudana	95.2	152.8	341.1	337.6
Shamli	8.3	31.9	20.0	74.8
Thana Bhawan	79.7	97.1	128.9	153.9
Unn	93.6	39.9	78.2	98.5

2.2.10. The above table 25 reveals the trend of newborns given OPV0 at birth to reported live birth in percentage. Table 25 indicates that in Shamli the trend of newborns given OPV0 at birth to reported live birth has significant increased between 2014-15 and 2017-18. Whereas in Shamli sub district the trend of newborns given OPV0 at birth to total reported live birth is minimum among sub district during 2014-15 to 2016-17. While, in Kudana sub district the trend of newborns given OPV0 at birth is maximum among sub district in 2017-18.

Table: 26 Percentage of newborns given BCG to reported live birth

District / Sub Districts	2014-15	2015-16	2016-17	2017 - 18
Shamli	69.3	102.8	97.3	182.1
Kairana	196.7	205.4	203.8	203.3
Kandhla	146.7	167.5	223.1	214.6
Kudana	110.5	293.0	526.5	647.0
Shamli	14.3	34.7	20.9	83.3
Thana Bhawan	128.2	185.0	198.7	208
Unn	174.3	153.3	177.6	162.5

2.2.11. BCG vaccine helps immune to fight against germs that cause TB and prevents from getting any serious TB disease. The above table 9 shows the newborns to whom BCG vaccination has given out of the total live births reported in percent during 2012-13 to 2017-18. It shows in Shamli the newborns given BCG to total reported live birth has significant increased throughout 2014-15 to 2017-18. However, in Shamli sub district the trend of newborns who given BCG to reported live birth is minimum among sub district throughout 2014-15 and 2017-18.

Table: 27 Number of Infants given DPT1

District / Sub Districts	2014-15	2015-16	2016-17	2017 - 18
Shamli	28,480	24,909	784	240
Kairana	5,077	4,744	0	0
Kandhla	5,434	3,804	43	13
Kudana	3,295	2,523	0	0
Shamli	3,073	4,650	34	0
Thana Bhawan	6,053	4,544	344	1
Unn	5,548	4,474	204	98

2.2.12. The table 27 indicates, in Shamli district the trend of number of infant given DPT1 has declined throughout 2014-15 and 2017-18. However, in Thana Bhawan sub district the trend of infant given DPT1 is minimum among sub district in 2017-18. While the number of infant given

Table: 28 Number of infants given DPT2

District / Sub Districts	2014-15	2015-16	2016-17	2017 - 18
Shamli	25,984	27,112	1,407	168
Kairana	4,724	5,026	123	0
Kandhla	4,825	3,870	166	6
Kudana	3,081	2,917	9	0
Shamli	2,972	5,412	72	0
Thana Bhawan	5,597	4,906	348	1
Unn	4,785	4,742	506	82

2.2.13. The table 28 indicates, in Shamli district the trend of number of infant given DPT2 has declined throughout 2014-15 and 2017-18. However, in Thana Bhawan sub district the trend of infant given DPT2 is minimum among sub district in 2017-18.

Table: 29 Number of infants given pentavalent 1

District / Sub Districts	2014-15	2015-16	2016-17	2017 - 18
Shamli	0	7,529	34,224	27,156
Kairana	0	1,872	7,045	5,547
Kandhla	0	1,362	5,464	4,155
Kudana	0	765	3,581	2,760
Shamli	0	576	2,492	2,395
Thana Bhawan	0	1,388	6,483	4,662
Unn	0	1,375	7,467	5,635

2.2.14. Government has introduced pentavalent vaccine in the national immunization program which provides protection to child from 5 life threatening diseases like diphtheria, pertussis, tetanus, hepatitis B and hib. The table 29 reveals in Shamli district, the trend of number of infant given pentavalent 1 has significant increased between 2014-15 and 2017-18. While it is maximum in 2016-17. However, in Unn sub district the number of infants given Pentavalent 1 is maximum among sub district in 2017-18.

Table: 30 Number of infants given pentavalent 2

District / Sub Districts	2014-15	2015-16	2016-17	2017 - 18
Shamli	0	3,663	31,506	25,238
Kairana	0	891	6,130	4,700
Kandhla	0	581	4,934	3,883
Kudana	0	419	3,579	2,746
Shamli	0	300	2,331	2,323
Thana Bhawan	0	731	6,131	4,505
Unn	0	641	6,724	5,211

2.2.15. The table 30 reveals in Shamli district, the trend of number of infant given pentavalent 2 has significant increased between 2014-15 and 2017-18. While it is maximum in 2016-17. However, in DHQ sub district the trend of number of infants given Pentavalent 2 is

minimum among sub districts of Sambhal district throughout 2015-16 to 2016-17. Though in Kairana sub district the number of infants given Pentavalent 2 is maximum among sub district in 2017-18.

Table: 31 Number of Infants given Measles

District / Sub Districts	2014-15	2015-16	2016-17	2017 - 18
Shamli	27,221	31,027	35,118	29,431
Kairana	4,668	5,390	5,897	5,116
Kandhla	4,914	5,520	6,969	4,946
Kudana	3,350	3,675	4,135	3,827
Shamli	3,160	5,629	2,524	2,162
Thana Bhawan	5,809	5,565	6,593	5,654
Unn	5,320	4,774	7,290	5,552

2.2.16. The table 31 indicates the trend of number of infant who given Measles vaccine in Shamli district. It reveals that in Sambhal district the trend of number of infant who given Measles vaccine has increased during 2014-15 to 2017-18. However, in Shamli sub district the number of infant who given Measles vaccine is minimum among all sub districts in 2017-18. Whereas, in Thana Bhawan sub district the trends of number of infant who given Measles vaccine is maximum among sub district in 2107-18.

Table: 32 Percentage of infants 0 to 11 months old who received Measles vaccine to reported live births

District / sub districts	2014-15	2015-16	2016-17	2017 - 18
Shamli	60.6	94.1	88.8	177.9
Kairana	163.3	170.6	172.7	168.9
Kandhla	139.9	175.3	217.7	210.6
Kudana	113.8	315.5	615.3	1034.3
Shamli	11.9	30.8	10.4	53.1
Thana Bhawan	116.3	168.7	191.7	219.0
Unn	135.2	122.8	170.8	151.9

2.2.17. The table 32 reveals the proportion of infant 0-to 11-month old who received Measles vaccine to total reported live birth in percent. Table 32 shows, in Shamli district the trend of infant 0 to 11 months old who received Measles vaccine to total reported live birth has

significant increased between 2013-14 and 2017-18. However, in Shamli sub district the infant 0 to 11-month old who received Measles vaccine to total reported live birth is minimum among sub district throughout 2014-15 to 2017-18. Whereas, in Kudana sub district the trend of infant 0 to11 month old who received Measles vaccine is maximum among sub district in 2017-18.

Table: 33 Number of fully immunized children (9-11 months)

District / Sub Districts	2014-15	2015-16	2016-17	2017 - 18
Shamli	26,407	30,779	35,038	29,431
Kairana	4,407	5,293	5,897	5,116
Kandhla	4,909	5,520	6,969	4,946
Kudana	3,446	3,675	4,135	3,827
Shamli	2,907	5,629	2,524	2,162
Thana Bhawan	5,413	5,425	6,519	5,654
Unn	5,325	4,763	7,284	5,552

2.2.18. Full immunization of child is much required now a day since most of the diseases are highly communicable in nature. Full immunization not only helps an individual but is also beneficial for overall growth and development of the society. The above table 33 indicates the trend of number of fully immunized children (9-11 months old). It reveals in Shamli the number of full-immunized 9-11 months old children has significant increased between 2013-14 and 2017-18, while maximum in 2016-17. However, in Thana Bhawan subdistrict the number of full-immunized 9-11 months old children is maximum among sub district in 2017-18. Whereas in Shamli sub district the trend of full immunized 9-11 months old children is minimum in 2017-18.

Table: 34 Vitamin - A dose 1

District /Sub Districts	2014-15	2015-16	2016-17	2017 - 18
Shamli	27,199	27,880	35,026	-
Kairana	4,668	4,023	5,897	-
Kandhla	4,943	4,616	6,969	-
Kudana	3,315	3,673	4,135	-
Shamli	3,127	5,442	2,524	-
Thana Bhawan	5,822	5,033	6,550	-
Unn	5,324	4,621	7,243	-

2.2.19. Vitamin A consumption is necessary for healthy growth and development of children, it also plays an important role in vision and bone growth and helps to protect the body from infections. The tables 34 indicate in Shamli the proportion of number of infant given Vitamin A dose has significant increased between 2014-15 and 2016-17. Whereas in Unn sub district the number of infant given Vitamin A is maximum among sub district in 2016-17.

Table: 35 Children given vitamin A dose1 to total reported live birth

District / Sub Districts	2014-15	2015-16	2016-17	2017 - 18
Shamli	60.6	84.6	88.6	178
Kairana	163.3	127.4	172.7	168.9
Kandhla	140.7	146.6	217.7	210.6
Kudana	112.6	315.3	615.3	1034.3
Shamli	11.7	29.8	10.4	53.1
Thana Bhawan	116.6	152.6	190.5	219
Unn	135.3	118.9	169.7	151.9

2.2.20. The above table 35 shows the percentage of children who given vita- A dose 1 out of the total number of reported live births in Shamli district. The Table indicates, in Shamli district the trend of children who given vitamin- A dose 1 out of the total reported live births has significant increased between 2014-15 to 2017-18. However, in Shamli sub district the children who given vitamin-A dose 1 out of the total number of reported live births is minimum among sub district throughout 2014-15 to 2017-18. While, maximum in Kudana sub district in 2017-18.

Table: 36 Percentage of children given vitamin A Dose 9 to Children given vitamin A dose1

District / Sub Districts	2014-15	2015-16	2016-17	2017 - 18
Shamli	65.0	81.4	87.3	106.7
Kairana	117.1	267.5	299	354.4
Kandhla	73.0	82.2	51.5	66.9
Kudana	39.8	74.1	79.0	34.4
Shamli	46.1	18.6	20.3	24.2
Thana Bhawan	75.6	64.5	56.6	64.9
Unn	27.0	25.1	25.4	45.2

2.2.21. The table 36 indicates the proportion of children to whom vitamin A dose 9 to children given Vitamin-A dose 1 in percent. It reveals, in Shamli district the trend of children to whom vitamin A dose 9 to children given Vitamin-A dose 1 has increased from 65 percent in 2014-15 to about 100 percent until 2017-18. However, in Kairana sub district the children to whom vitamin A dose 9 to children given Vitamin-A dose 1 is maximum among throughout 2014-15 to 2017-18. Whereas, the children to whom vitamin A dose 9 to children given Vitamin-A dose 1 is minimum in Shamli sub district among sub district of Shamli district in 2017-18.

Table: 37 Percentage immunization sessions where ASHAs were present

District / Sub Districts	2014-15	2015-16	2016-17	2017 - 18
Shamli	78.5	71.1	75.6	77.3
Kairana	93.3	68.9	65.1	65.7
Kandhla	70.6	76.9	85.3	88.2
Kudana	96.7	93.8	89.2	88.2
Shamli	0	0	7.9	8.5
Thana Bhawan	77.8	83.7	85.9	84.4
Unn	72.8	71.3	81.2	92.1

2.2.22. The above table 37 shows the immunization sessions where ASHAs were present to immunization sessions planned in percent. The above Table indicates that in Shamli the trend of immunization sessions where ASHAs were present to immunization sessions planned has declined about 1 percent from 78.5 percent in 2014-15 to 77.3 percent until 2017-18. As long as in both Kudana and Kundhla sub-district the immunization sessions where ASHAs were present to immunization sessions planned is maximum among sub-district in 2017-18. However, in Shamli sub-district the immunization sessions where ASHAs were present to immunization sessions planned is minimum among sub-district in 2017-18.

3 KEY FINDINGS AND OBSERVATIONS

3.1 PHYSICAL ACCESS TO HEALTH FACILITIES

3.1.1. As per our study objective, following are the key observation and findings from field on different components of national Rural Health mission. Physical access health care facilities are an important component in Universal health care services. Shortage of health facilities is the major concern in backward states where population density is high.

Table 38: Detail of health infrastructure in the last financial year

Health facilities available	Numbers available	Government building	Rented building/under construction
District Hospital	NA	NA	01 Under construction
Sub - District Hospital	NA	NA	
First Referral Units (FRUs)	1	1	
Community Health Centres	4	4	01 Under construction
Primary Health Centres	24	24	0
Sub Centres	135	120	15
Mother and child care centres (PPC)	1	1	0
Adolescent friendly health clinic	0	0	0
Medical College	0	0	0
Skill labs	0	0	0
District early Intervention centre	0	0	0
Delivery points			

Sources: Supportive supervision checklist, DPMU Shamli

3.1.2. The above table shows the health facilities available in the shamli districts and it is found during the field visit only few health facilities were available such as FRUs, CHC, PHC and SC. Whereas, based on the observation the one district hospital and one community health centers is under construction. The total number of CHC, PHC and SC is 4, 24 and 135 respectively. However, working CHC, PHC and SC number under the government building were 4, 24 and 120 respectively. On the other hand, only 15 rented SC have in the district. Moreover, only 1 (PCC) mother and child care centre was available in government building. Considering the table, it is clearly found the related to adolescent, medical college, skill labs, early intervention centre and delivery point etc, such types of facility were not available.

Thus there is need to more focus on the ground level realities in terms of health facility availability.

Table 39: Health infrastructure of CHC KAIRANA

Infrastructure	Number Available
Running Water 24*7	1
Electricity Back up 24*7	1
Hand washing area	1
Toilet Near Or within Delivery Room	1
Designated Space For AFH Clinic	2
Blood bank	1
Blood Storage unit	3

Sources: Supportive supervision checklist, DPMU Shamli

3.1.3 The table represents the health infrastructure availability of CHC kairana and it is found that the majority of infrastructure listed is very few in the numbers. Only 2 designated space for AFH clinic and 3 for blood storage unit were available. Whereas other facility such as Running water, electricity backup, hand washing area, toilet near or within delivery room and blood bank are only 1 in number, which is considerably very low in terms of human capacity.

Figure2: Health infrastructure facilities available and under construction in Shamli Districts

Figure 5: Under construction DH, Shamli.

Figure 6: Under construction DH, Shamli.

Figure 7: CMO office, Shamli.

Figure 8: CHC Shamli.

3.2TRANSPROT FACILITY

3.2.1. Transport facility avalability is major domain of health sector. However, the total number of 25 available transports facility in the district. While in the district namely 108 and 102 ambulances were available and functioning properly, which is terms of number 8 and 15 respectively. However only 2 (ALS) referral transport facility have available and properly functioning. Whereas, other transport facility like CATS and mobile medical units were not available. Therefore, for better health services increase of transport facility must be needed in the village as well as district of shamli.

Table 40: Details of transport facility in last financial year

Transport Facility	Number Available	Number Functional
108 Ambulance	8	8
CATS	0	0
102 Ambulance	15	15
Referral Transport (ALS)	2	2
Mobile Medical units	0	0

Source: Supportive supervision checklist, DPMU Shamli

Figure3: Transport facility in the shamli districts

Figure 9: Referral Transport in CHC Kairana

Figure10: Referral Transport in CHC Shamli

3.3 HUMAN RESOURCES FOR HEALTH: STATUS & TRAINING

3.3.1. In the recent time mostly in health sector staff shortage is major constraint of all health facility. Most of the positions are managed by contractual staffs even if DPM also in charge of two district Shamli. All other staffs like ASHA nodal, RCH flexi pool nodal, immunization, family planning officer all these posts are vacant in Shamli district. CMO join in his post in last 2 years for this district. However, CMO is a famous surgeon doctor, Office staffs properly co-ordinate to CMO. Due to shortage of staff's whole management system has been not functioning properly in this district.

Table 41. Human resources of shamli district under NHM, 2017 – 18

Position Name	Sanctioned	Filled	Vacant
MO's Including specialist	78	63	15
Gynaecologists	7	0	7
Paediatrician	7	4	3
surgeon	7	0	7
Nutritionist	0	0	0
Dental Surgeon	3	1	2
LHV	0	0	0
ANM	158	61	97
Pharmacist	41	41	0
Lab Technicians	10	2	0
X-Ray Technicians	8	3	5
Data Entry Operators	11	11	0
Staff nurse At CHC	15	4	11

Sources: Supportive supervision checklist, DPMU Shamli

3.3.2. The above table shows that availability of human resources for health in shamli districts. List provided by the official indicated that for the position of post sanctioned, filled and vacant. There were 78 MO's Including specialist was sanctioned by the state government but only 68 were filled and currently 15 position is still vacant. However, women health concern no gynecologists and surgeon doctors were available and data indicate that out of 7 sectioned position were 7 is still vacant.

3.3.3. Well in terms of pediatrician only 4 were filled and 3 vacant positons is available. While in the recent time nutrition is main health concerns, but in this districts none of nutritionist were available and also such type of post was not sanctioned by state government. In term of dental surgeon availability only 1 position was filled and still 2 position were vacant. Whereas ANM position filled in the district is less than half of the sectioned post and it was 61 out of 158 posts, while 97 position is still vacant in the districts. Moreover, requirement of human resource in position such as lab and x-ray technicians, and staff nurse at CHC are very less filled as per available position in the specific sections.

Table 42: HR Concern in CHC Kairana

Position Name	Sanctioned	Filled	Vacant
Medical Superintendent Officer	1	1	0
Medical officer	8	3	5
Pharmacist	6	5	1
Chief Pharmacist	1	1	0
Lab Technician	1	0	1
Nurse	4	0	4
Health Supervisor	6	2	4
Eye assistant	1	1	0
Health education Officer	1	1	0
Health Supervisor	6	6	0
women health worker	23	12	11
Senior translator	1	1	0
Junior Translator	4	0	4
Vehicle Driver	2	1	1
Lab Assistant	5	3	2
Dark Room Assistant	1	1	0
X-Ray Technician	1	0	1
Dry cleaner	1	1	0
Guard	1	0	1
Ward Boy	6	6	0
Ward Aaya	4	1	3
Sweeper cum Guard	7	4	3
OTA	1	1	0
Cook	1	1	0

Sources: Supportive supervision checklist, DPMU Shamli

3.3.4. Based on the available official document, it is visibly witnessed that most of post were still vacant in the CHC Kairana. However, at CHC level need to filled the vacant post to enhance the health facility. Whereas in term of availability of medical superintendent officer, it is still vacant and table clearly shows that most of sectioned position in CHC Kairana have still vacant and very few position was filled. Although availability of medical officer is only 5 out of 8, that is just above the half sectioned position. Whereas in terms of women health worker availability less than half of sectioned post were filled, that is 12 out of 23 and still 11 position were vacant. Community health center cover most of village in the area and if the availability of mentioned post not properly filled, then it directly impacts for people who are living in the area.

Table 43: Training status of human resource in the last financial year 2017-18 Shamli District

Trainings	MO	LMO	LHV/PHN	SN	ANM	ASHA	Staff nurse
SBA	1	0	0	0	0	0	0
BEMOc	1	0	0	0	0	0	0
MTP	0	0	0	0	0	0	0
NSV	2	0	0	0	0	0	0
IUCD incertion	0	0	0	0	60	0	8
RTI/STI/HIV	0	0	0	0	0	0	0
FIMNCI	0	0	0	0	**0**	0	0
NSSK	0	0	0	0	0	0	0
PPIUCD	1	0	0	7	0	0	0

Sources: Supportive supervision checklist, DPMU Shamli

3.3.5. Table present the training status of human resource in shamli district in the year 2017-18 and official document reported that only 2 medical officer have taken NSV training during the year. Whereas other officer such as lady medical officers, staff nurses ANM and LHV/PHV did not attended any training related to SBA, BeMOC, MTP and Minilap/PPS and NSV. However, training related to IUCD incretion, RTI/STI/HIV screening, FIMNCI and NSSK, only 8 staff nurses and 60 ANM have attained IUCD incretion training program in the last year during 2017-18. Whereas at CHC shamli only 1 medical officer and 1 staff nurse have attained the PPIUCD training and at CHC kairana and Pindaura only 3 staff nurse have completed the PPIUCD training. Hence the available data provide some understanding about the training program at district as well as CHC level in the district of shamli, thus central and state government needs to conduct more health training programme for health officials.

3.4 AVAILABILITY OF EQUIPMENTS AND DRUGS IN HEALTH FACILITIES

3.4.1 Availability of necessary equipment is important for all health institution. In this section we will discuss about the availability of necessary equipment in the selected health facility. The below mentioned table reveals that at the different CHC, PHC and SC center and it is reported.

Table 44: Availability of Equipment of the Health Facilities Visited, 2017 – 18

Maternal And Child Health Equipment	CHC Shamli	CHC Kairana	PHC Chausana	PHC UNN	SC Chausana	SC Pindaura
MMA kit (Mifepristone + Misoprostol	√	√	x	x	x	x
Male condom	√	√	x	√	√	√
Pregnancy testing kit	√	√	x	√	√	√
MCP card	√	√	√	√	√	√
Manuals Vacuum Aspiration	√	√	x	√	x	x
Electric Vacuum Aspiration	√	√	x	√	x	x
HIV Testing Kit	√	√	x	x	x	x
Blood Group Typing	√	√	x	x	x	x
urine Album Kit	√	√	x	√	x	x
Hemoglobimeter	√	√	x	√	√	√
BP Apparatus	√	√	√	√	√	√
Stethoscope	√	√	√	√	√	√
Normal saline	√	√	√	√	x	x
Foetal Doppler	√	√	x	x	x	x
Fetoscope	x	x	x	x	x	x
Sterile cord cutting	√	√	x	√	x	x
Radiant warmer	x	√	x	x	x	x
oxygen Cylinder (240 ml)	x	√	x	√	x	x
Cord tie Or Camps	x	√	x	√	x	x
Newborn Weighing Machine	x	√	x	√	√	√
Low Reading thermometer	x	√	√	√	√	√
Digital Thermometer	√	√	x	√	√	√
Thermometer	√	√	x	√	x	x
Hub Cutter/Needle Destroyer	√	√	x	√	x	x
Glucometer	√	√	x	√	x	x
Room Thermometer	√	√	x	√	x	x
Adult weighing machine	√	√	x	√	√	√
Refrigerator	√	√	√	√	x	x
Sterile Gloves	√	√	x	√	√	√
Blood bank	√		x	x		
Boiler	√	√	x	√	x	x
Color coded bins in delivery	√	√	x	x	x	x
Cidex (Glut aldehyde)	√	√	x	√	x	x
BMI chart	√	√	x	x	x	x
Snellen chart	√	√	x	x	x	x

Sources: Supportive supervision checklist, DPMU Shamli

Figure 4: Available equipment's in health facilities in Shamli district

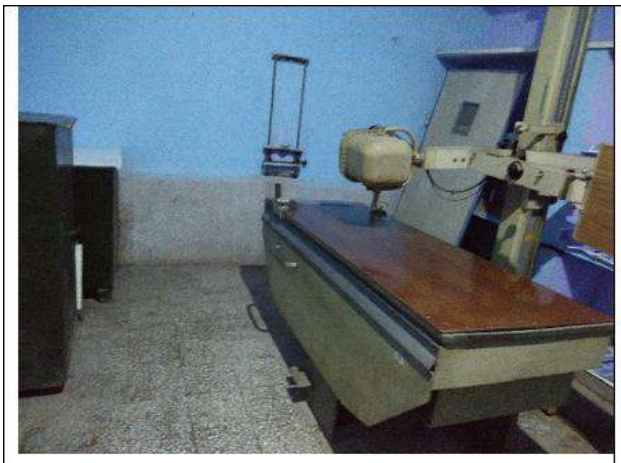


Figure 11: X-Ray Machine CHC Kairana

Figure 12: Vaccine Cold chain in CHC Shamli

Figure 13: Eye Checkups Equipment CHC Kairana

Figure 14: Oxygen cylinder CHC Kairana

Table-45: Available Drugs of the Health Facilities Visited, 2017 – 18

Maternal And Child Health Equipment	CHC Shamli	CHC Kairana	PHC Chausana	PHC UNN	SC Chausana	SC Pindaura
MMA kit (Mifepristone + Misoprostol	√	√	x	x	x	x
Male condom	√	√	x	√	√	√
Pregnancy testing kit	√	√	x	√	√	√
MCP card	√	√	√	√	√	√
Manuals Vacuum Aspiration	√	√	x	√	x	x
Electric Vacuum Aspiration	√	√	x	√	x	x
HIV Testing Kit	√	√	x	x	x	x
Blood Group Typing	√	√	x	x	x	x
urine Album Kit	√	√	x	√	x	x
Hemoglobimeter	√	√	x	√	√	√
BP Apparatus	√	√	√	√	√	√
Stethoscope	√	√	√	√	√	√
Normal saline	√	√	√	√	x	x
Foetal Doppler	√	√	x	x	x	x
Fetoscope	x	x	x	x	x	x
Sterile cord cutting	√	√	x	√	x	x
Radiant warmer	x	√	x	x	x	x
oxygen Cylinder (240 ml)	x	√	x	√	x	x
Cord tie Or Camps	x	√	x	√	x	x
Newborn Weighing Machine	x	√	x	√	√	√
Low Reading thermometer	x	√	√	√	√	√
Digital Thermometer	√	√	x	√	√	√
Thermometer	√	√	x	√	x	x
Hub Cutter/Needle Destroyer	√	√	x	√	x	x
Glucometer	√	√	x	√	x	x
Room Thermometer	√	√	x	√	x	x
Adult weighing machine	√	√	x	√	√	√
Refrigerator	√	√	√	√	x	x
Sterile Gloves	√	√	x	√	√	√
Blood bank	√		x	x		
Boiler	√	√	x	√	x	x
Color coded bins in delivery	√	√	x	x	x	x
Cidex (Glut aldehyde)	√	√	x	√	x	x
BMI chart	√	√	x	x	x	x
Snellen chart	√	√	x	x	x	x

Source: Supportive supervision checklist, DPMU Shamli

Figure5: Availability of drugs facilities in hospital and center in shamli district

Figure 15: Medicine Store room.

Figure 16: Tablets.

Figure 17: Medicine distribution CHC Kairana.

Figure 18: Medical store by government funding CHC Shamli.

3.5 MATERNAL HEALTH, DELIVERY AND CHILD HEALTH

3.5.1. Maternal health is the health of women during pregnancy, childbirth, and the postpartum period. It encompasses the health care dimensions of family planning, preconception, prenatal, and postnatal care in order to reduce maternal morbidity and mortality. However, it is essential to reviewed on parameters of maternal health. Promotion of maternal and child health is an important objective of NHM. It has focuses to reduce maternal and infant death. As per the data the MMR (number of maternal death per 100000 live births) has dropped from 167 to 130 (in 2011-13, the last SRS period) for the country. This 28% drop is an achievement arising from particularly reducing the MMR in each states. The advance is largely due to key government interventions such as the Janani Shishu Suraksha Karyakaram (JSSK) scheme which encompasses free maternity services for women and

children, a nationwide scale-up of emergency referral systems and maternal death audits, and improvements in the governance and management of health services at all level[9].

Table 46: Block wise maternal health indicators of Shamli District 2017 – 18

Block	ANC Registration	3 ANCs	Home Deliveries	Institutional Deliveries	PNC within 48 hours after delivery	PNC between 48 hours and 14 days after delivery
DHQ	4023	1066	164	452	0	54
Kairana	7497	5100	876	2824	558	824
Kandhla	6916	3337	912	1863	381	2200
Kudana	4553	2598	460	41	408	10
Shamli	2787	2257	0	549	0	1227
Thanabhawan	6971	4591	785	2338	25	3064
Unn	8169	3136	617	3761	357	3861
Total	40916	22085	3814	16628	1729	11240

Sources: Provided by official document

3.5.2. The above tables indicate the block wise maternal health indicators of shamli districts in the year 2017-18. In the district head quarter hospital 4023 ANC registration was reported and women who have received 3 ANCs was 1066, Also data revealed that the maximum number of institutional deliveries as compare to home deliveries have reported in DHQ was 425 and 164 respectively. Whereas at the all block of shamli district has more or less a good number of ANC and 3 ANCs registration. Whereas, in the shamli block there were no home deliveries was reported. Also, PNC within 48 hours after delivery have highest reported in the Kairana block and related to PNC between 48 hours and 14 days after delivery have maximum reported in the Thanabhawan and Unn block, which was 3064 and 3861 respectively.

Table 47: Maternal health indicators Shamli District 2017 – 18

Block	TT1	TT2	Home Deliveries				
			SBA Assisted	Non - SBA	Live Birth	Still Birth	Total birth
DHQ	1616	1184	0	164	610	7	617
Kairana	5641	4479	0	876	3643	67	3710
Kandhla	3946	2984	0	912	2764	38	2802
Kudana	3651	2851	1	459	453	56	509
Shamli	1698	1526	0	0	5248	131	5379
Thanabhawan	4745	3903	0	785	3095	30	3125
Unn	4826	3534	6	611	4331	62	4393
Total	26123	20461	7	3807	20144	391	20535

Sources: Supportive supervision checklist, DPMU, Shamli

3.5.3. The above table shows the key maternal health indicator at block of shamli districts in the financial year 2017-18. It is reported by the officials the highest number of TT1 and TT2 have registered in the block of Kairana. While the lowest number was registered in the district head quarter hospital. The figures also provide for the home deliveries performed by NON-SBA was high in all the block. While the maximum number of live birth has reported in shamli and the minimum was in the DHQ. Moreover, still birth deliveries more reported in shamli block and the less in the DHQ, which is 131 and 7 respectively.

Figure6: Labour and delivery room in CHC Shamli and Kairana

Figure 19: Delivery Room in CHC Shamli

Figure 20: Maternity ward in CHC Shamli

Figure 21: Maternity ward in CHC Kairana

Figure 22: Availability of Sanitary pads in delivery room in CHC Kairana

3.5 MATERNAL DEATH

3.5.4. Maternal death is the death of a woman while pregnant or within 42 days of the end of pregnancy.

Table 48: Maternal death review in the last financial year

Total Maternal Death	Place of Death			Major Reasons (% of Death Due to Reasons given below)	Month Of Pregnancy		
	Hospital	Home	Transit		During Pregnancy	During Delivery	Post Delivery
42	19	6	17	Hemorrhage-1 Obstetric Complications-1 Sepsis-1 Hypertension Abortion-1 Others-38	13	06	21

Sources: Supportive supervision checklist, DPMU, Shamli

3.5.5. During the recent time maternal death is a major concern of public health specialist. The tables indicate the maternal death in the shamli district for the last financial year. The official document reported that a total number of 42 maternal deaths have registered and the maximum death reported in the hospital (19) followed by transit (17) and home (6). Whereas the major reason was given for others (38), hemorrhage (1), obstetric complication (1), hypertension (1), abortion (1). Moreover, the maximum number reported for maternal death was post-delivery, it was 21 and the lowest during the pregnancy was (6). Thus the above tables reflect the maternal death situation in the districts and data reveled that mostly death happened during the pregnancy and post-delivery, which directly address to the neo-natal death.

3.5. CHILD HEALTH

3.5.6. Over the past quarter of a century, child mortality has more than halved. Yet in 2016, globally, an estimated 5.6 million children died before reaching their 5th birthday, most from conditions that are readily preventable or treatable with proved, cost effective interventions. Millions of others failed to reach their full healthy growth and development[2].

3.5.7. Two decades ago, Integrated Management of Childhood Illnesses (IMCI) was introduced by the World Health Organization[2] and Unicef as a global strategy to "reach all children" with prevention, diagnosis and treatment for common childhood illnesses, aiming at reducing child mortality and promoting child health. The strategic review of IMCI and iCCM aimed to draw lessons from past measures and current best practices to provide direction on how countries, supported by the global child health community, can deliver the best possible strategies to help each child to survive and thrive.

3.5.8. This collection of articles describes findings from the strategic review. It seeks to provide thoughtful, transparent, evidence based examination of past measures and current best practices, and to consider future needs when rethinking global and national child health strategies.

Table 49: 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		
DHQ	-	755	2182	131	83	87	2409	2321	2355	2596	2596
Kairana	7623	4175	7554	0	0	0	6799	5881	5884	6182	6182
Kandhala	8337	4017	6085	22	11	11	5266	4889	5070	6031	6031
Kudana	5113	1503	2790	0	0	0	3367	3367	3547	4413	4413
Shamli	4554	3708	4053	0	0	0	2969	2851	2878	2736	2736
Thanabha	8201	4970	6648	1	1	0	5811	5653	5824	6690	6690
Unn	8442	4337	7249	120	94	51	6974	6413	6183	6579	6579
Total	42270	23465	36561	274	189	149	33595	31375	31741	35227	35227

Sources: Supportive supervision checklist, DPMU, Shamli

3.5.9. The above table provides information related to immunization in the last financial year. The number of fully immunized children for the year 2017-18 is 35227. However, the maximum number of children with full immunization is register in Thanabha block (6690), while the minimum had reported in DHQ (2596). The data shows a huge fall in the number of children given DPT doses from the year 2017-18. Whereas, the target assigned by the respective district hospital and different CHC or block for OPV at Birth have just achieved more or less half in all block and for the BCG, Pentavalent and Measles have not achieved the target as mentioned by the district.

Table 50: Detail of infrastructure & services under neonatal health, in the last financial year

Child health	Numbers	Whether Established in the last financial Year (Yea/No)
Total SNCU	0	-
Total NBSU	1	Yes
Total NBCC	5	Yes
Total Staff In SNCU	0	-
Total Staff In NBSU	3	Yes
Total NRCs	0	-
Total Admission In NRCs	0	-
Total Staff in NRCs	0	
Average Duration Of Stay In NRSC	0	-

Sources: Supportive supervision checklist, DPMU, Shamli

3.5.10. The above table depicts the detail of infrastructure and services under neonatal health in the year 2017-18. It is reported by the official document there were three

infrastructures was established in the last financial year under the total NBSU number (1), total NBCC (5) and total staff in NBSU (3). While other infrastructure like total NRCs, admission in NRCs and staffs in NRCs were not available.

Table 51: Neonatal health: (SNCU, NRCS, CDR) in the last financial year

	Place Of Death			Major Reasons For Death % Of Death
Total Death	Hospital	Home	Transit	Due to Reasons given Below
87				Prematurity- Birth Asphyxia Diarrhea-1 Sepsis-1 Pheumonia-3 Others-81

Sources: Supportive supervision checklist, DPMU, Shamli

3.5.11. The above table represent the neonatal health under (SNCU, NRCS, CDR) in the last financial year. Overall total 87 deaths have been reported for neonatal. Whereas the most of death occur as major reasons was given for others (81) followed by Pneumonia (3), Sepsis (1), Diarrhea (1). Thus, the district hospital and CHS have more focus on which are the other reason mentioned for neonatal death. This may be helpful to identify the actual reason for neo-natal death in the district.

3.6 RASHTRIYA BAL SWASTHYA KARYAKRAM

3.6.1. 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 check-ups of the children. The check-ups include eye testing, dental check-ups and any prominent symptoms of any communicable and non-communicable disease are being screened[4].

Table 52: Rashtriya Bal Swasthya Karyakram (RBSK), progress Report in the Last 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	817	73993	78746	1488	-	-	-	-	-
2016 -17	817	69973	81921	1638	-	-	-	-	-

Sources: Supportive supervision checklist, DPMU, Shamli

3.6.2 The above tables represent the Rashtriya Bal Swasthya Karyakram (RBSK) progress in the last two financial years. It is reported that in the year 2017-18, more number of children

were registered as compared to 2016-17 financial years. Whereas, children diagnosed and referred have reported less as compared to the year 2017-18.

3.7. JANANI SURAKSHA YOJANA & JANANI SHISHU SURAKSHA KARYAKRAM

3.7.1. Janani Suraksha Yojana (JSY) is a safe motherhood intervention programme under the National Health Mission (NHM). It is being implemented with the objective of reducing maternal and neonatal mortality by promoting institutional delivery among poor pregnant women. The scheme is under implementation in all states and Union Territories (UTs), with a special focus on Low Performing States (LPS). JSSK was launched in 2011 to provide safe delivery and safe motherhood under NHM. Its main objective to provide free medicine, free transport, free diagnostic and free diet during delivery and PNC care up to 30 days after delivery to the women.

3.7.2. Mottos of JSSK are to reduce unusual out of pocket expenditure during delivery so that institutional delivery can promote. Entitlements fund of JSSK can promote to the beneficiaries to conduct delivery at public health institution. Facility under JSSK is not available for patients, whose, deliveries were conducted at private health center. ASHAs act as a support to the beneficiaries to access this JSSK services. She would take the responsibility of the beneficiary right from pregnancy to delivery. She ensures that the beneficiary reaches the hospital and gets all services free of cost during delivery.

Table 53: 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**
96.91	1.92	100	yes	yes	-

Sources: Supportive supervision checklist, DPMU, Shamli

3.7.3. As per official document provided during monitoring, It was reported that the total percentage of institutional deliveries was 92.91 % whereas percentage of home deliveries was 1.92 %. Deliveries brought by the ASHAs was reported as 100 %. The record maintenance was available and updated.

Figure7: Meeting with ANM and ASHAs.

Figure 23: Meeting with ANM & ASHAs.

Figure 24: ANM & ASHAs.

Figure 25: Vaccination room in CHC Kairana.

Figure 26: Vaccination room.

Table 54: Block Wise JSSK Progress in District in The Last Financial Year

Block	No. Of Beneficiaries Under JSSK		
	Diet	Drugs	Diagnostic
kairana	2819	7497	7497
kandhala	1863	6916	6916
Kudana	0	4553	4553
Shamli	4261	2787	2787
Thanabha	2338	6971	6971
Unn	1862	8169	8169
Total	14905	40916	40916

Sources: Supportive supervision checklist, DPMU, Shamli

3.7.4. The table provides information related to block wise JSSK progress in the district. It was found that the maximum number of diet received by beneficiaries under JSSK reported

was in the Shamli (4261), while the minimum was for the Kandhala (1863). However, a total number of beneficiaries under the diet was (14905) and for the drugs (40416) respectively

3.8 FAMILY PLANNING

3.8.1. Family planning requires to controlled un-met pregnancy. Un-wanted delivery could affect to both child and mother. There should be at least 2 years gap between two deliveries because according to biologists, to reproduce a child, a woman's body requires time to recover from the 1st delivery. When delivery is conducted without any birth interval, nutritional status may affect both children as well as the mother. Some time it can take a toll on delivery. For that family planning is essential. There are various methods to control un-met pregnancy like sterilization (male & female), IUCD, condom, and pills[2].

Table 55: Family planning achievement in districts during the last financial year.

Block	Sterilization			IUCD Incretions		Oral Pills		Emergency Contraceptives	Condoms	
	Target	Male	Female	Target	Ach*	Target	Ach*	Ach*	Target	Ach*
DHQ	-	-	0	-	158	-	3493	1153	-	11734
Kairana	1469	0	102	3530	1480	1760	10319	5132	2520	29670
Kandhala	1351	0	136	4040	557	1640	18174	2371	3030	90636
Kudana	913	0	23	2500	1531	925	3855	1734	2004	24770
Shamli	605	7	243	1330	1111	765	2393	176	1216	13297
Thanabha	1341	0	83	3840	1368	1560	5947	6527	2930	40358
Unn	1381	0	152	3940	212	1650	7149	2290	3030	8446
Total	7060	7	739	19180	6417	8300	51330	19383	14730	218711

Sources: Supportive supervision checklist, DPMU, Shamli

3.8.2 Family planning helps to stabilize the population of the country or area. In Shamli district, within different blocks, different methods of family planning were available in the district hospital and CHC. It was reported that male sterilization was negligible in all block while female sterilization was reported. Methods available for family planning like IUCD incretions reported have not achieved the target as mentioned by the state government.

However, in the all blocks women have been using more oral pills while use of condoms in the block were reported to be more than three times higher than the target mentioned in the districts. As reported by the medical chief officer of the Shamli district, maximum number of couples has been using current methods of family planning.

3.9 INFORMATION EDUCATION AND COMMUNICATION

3.9.1. Information, Education and Communication[3] (IEC) are important components of Total Sanitation Campaign (TSC). Experience has shown that IEC campaigns involving communities and grassroot level organizations can accelerate the process of change and hasten the adoption of sanitary practices. However, these efforts must include addressing sociocultural attitudes towards owning a household toilet. The intensity of the hygiene promotion and education is important in leading to sustained practices. Intensive hygiene activities also use different channels to reach people such as community meetings, home visits, contacts in classes, traditional media, different IEC materials etc. It is very important to know which strategies to adopt for hygiene promotion and education in a particular situation and which ones will help people continue safe practices after an intervention has ended.

3.9.2 Under TSC, the emphasis was to educate the public; create awareness among them regarding good health and proper hygiene; provide solutions to specific areas in need; build alliances with likeminded organizations and the community as a whole; and create long term success by facilitating community involvement and ownership. IEC activities under TSC were area and culture specific, involving all sections of the rural population, in a manner, focusing on various aspects of the programme, including creating willingness of the people to construct latrines, providing information on different designs, cost and technical options, environmental sanitation aspects, use and maintenance of structures, and above all it is aimed at changing hygiene behaviors, for sustained impacts of improved water and sanitation conditions.

Figure 8: IEC Display in Health facilities in the shamli district, Uttar Pradesh.

Figure 29: IEC Display about JSY.

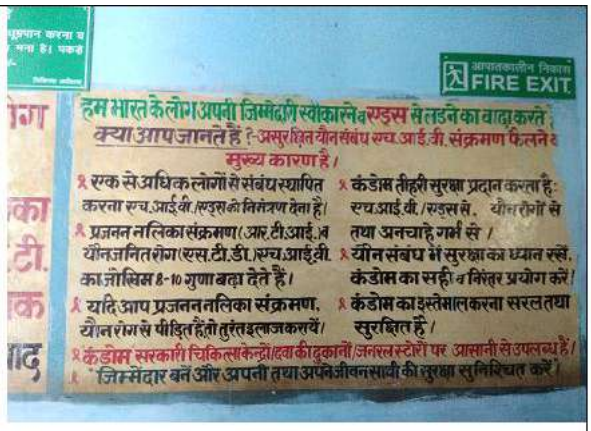


Figure 30: IEC Display about HIV Aids.

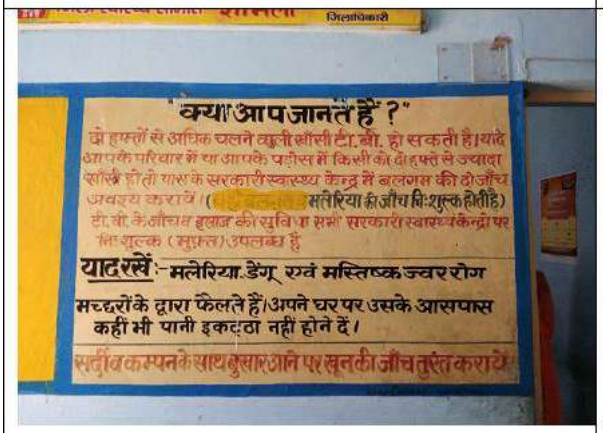


Figure 31: IEC Display about diseases

Figure 32: IEC Display about vaccination

3.10 COMMUNITY PROCESS

The Community level health workers such as ASHAs, play an important role in promoting institutional deliveries which have a big impact on the health of the mother and the new-born.

Table 56: Community process in District in The Last Financial Year

last Status Of ASHAs (Total Number Of ASHAs)	871
ASHA Presently Working	865
Positions Vacant	50
Total No Of Meeting With ASHA (In A Year)	60
Total No Of ASHA Resource Centers/ASHA Ghar	0
Drug Kit Replacement	865
No. Of ASHAs trained in Last Year	35 in induction and 395 Asha Trained in ASHA module 6th and 7th 1sr round
ASHAs Trained In Digital Literacy	
Name Of Trainings Received	1) ASHA Module 6th and 7th 1st Round 2) Induction Training

Sources: Supportive supervision checklist, DPMU, Shamli

3.10.1. The above tables signify community process for district in the last financial year. According to the information provided by the official medical officer, there were a total number of 871 ASHAs available in the district and currently 865 ASHAs are working with 50 positions still lying vacant. In the previous year, 60 meetings were held in the district. Although, only half of the ASHAs were trained acc to ASHA module 6th and 7th in 1st round and where they basically received induction training.

3.11 DISEASE CONTROL PROGRAMME

3.11.1. One of the objectives of the NHM was the prevention and control of most common communicable and non-communicable diseases. In order to fulfill this, number of programs have been bought under the domain of NHM. This program has been divided into two parts for better performance that are communicable diseases and non-communicable diseases.

3.11.2. The most prevalent non-communicable diseases are hypertension, as there has been a really high number of cases being detected from past three financial years. However, there has been a decline in the number of cases of Heart diseases which is a positive sign. **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[7].

3.11.3. During the Immunization drive, outreach immunization activities will be spread over 7 working days so that there is a focused motivation to ensure that n 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.

3.11.4. The below tables represent the progress of the disease control programme (under non-communicable and communicable diseases) in the districts. It is reported that under the communicable disease programme, main focus was given to malaria and tuberculosis in the year 2016-17 and 2017-18. Whereas during the year a total number of (44478) and (11428) cases were screened and only (510) and (1487) cases were detected for Malaria and tuberculosis respectively. In the year 2017-18, the number of cases detected for malaria were less as compared to the previous year, however, more cases of tuberculosis were reported. Thus, the state government will need to run more programmes related to malaria, tuberculosis and dengue to reduce the health burden of communicable diseases.

Table 57: Disease Control Programmed Progress District (Non communicable and 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	1	-	-	-
Mental health	-	-	-	-
Diabetes	-	-	-	-
Hypertension	-	-	-	-
Osteoporosis	-	-	-	-
Heart Disease	-	-	-	-
Obesity	-	-	-	-
Cancer	-	-	-	-
Fluorosis	-	-	-	-
Chronic Lung Disease	-	-	-	-
Others, if any	-	-	-	-
Name Of The Programme / Disease (Communicable disease)				
Malaria	44478	510	36645	268
Dengue	107	10	15	5
Typhoid	-	-	-	-
Hepatitis A/B/C/D/E	-	-	-	-
Influenza	-	-	-	-
Tuberculosis	11428	1487	12445	2141
Filariasis	-	-	-	-

Sources: Supportive supervision checklist, DPMU, Shamli

3.12 HMIS/MCTS

3.12.1. HMIS in Shamli district has not been functioning well. At the district level, the form of employment of the data entry operator is contractual. Most of the time data on the portal is uploaded without verification. However, quality of data might be poor. One data operator only filled the data regarding MCTs, Drugs and account. There is lot of issue in validation prospect at both CHC level. They are not conscious about validation error and outlier. Data manipulation is a major concern in the district. MCTS is not functioning properly in this district. We have seen in both CHCs that no any number entry on MCTs cards. In that case how they are tracking MCTS number is a surprising issue. ANM and ASHAs are not aware about computer programming. They are feeding the data only on hard copy. All the data of PHCs had been fed on CHCs HMIS unit.

3.12.2. As per official document in Shamli, it was reported that most of HMIS/MCTS facilities were available. Also, HMIS data was analyzed and discussed with concerned staff at state and district levels for necessary corrective. Whereas in the district, all facility level of HMIS data for monthly review was done and MCTS was made fully operational for women in order to ensure regular and effective monitoring of services including low birth weight.

3.13. AYUSH

3.13.1. AYUSH is the acronym of the medical systems that are being practiced in India namely Ayurveda, Yoga & Naturopathy, Unani, Siddha and Homeopathy. These systems are based on definite medical philosophies and represent a way of healthy living with established concepts on prevention of diseases and promotion of health. The basic approach of all these systems on health, disease and treatment are holistic. Because of this, there is a resurgence of interest on AYUSH systems[5].

3.13.2. Yoga has now become the icon of global health and many countries have started integrating it in their health care delivery system. Similarly, there is great curiosity to understand the principles and practice of Ayurveda, Homeopathy, Siddha and Unani especially due to growing challenges in medicine in Non-Communicable Diseases (NCDs), Life style disorders, long term diseases, multi drug resistant diseases, emergence of new diseases etc. In 1995, with the objective of optimal and focused development of these systems, the Department of Indian Medicine and Homeopathy (ISM & H) was created in the Union Ministry of Health and Family Welfare. In 2003, this Department was re named as Department of AYUSH.

Table 58: 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
DHQ	2	2	19478
kairana	0	0	0
kandhala	2	2	1436
Kudana	1	1	5264
Shamli	0	0	18081
Thanabha	1	1	18720
Unn	2	2	71350
Total	8	8	134329

Sources: Supportive supervision checklist, DPMU, Shamli

3.13.3. The table depicts AYUSH activity in the districts for the financial year. It is mentioned in document that some of blocks have AYUSH health centers facilities. In terms of total number of (8), which is sub-dividend in DHQ (2) followed by Kandhala (2), Unn (2), Kudana and Thanabha (1) and also the same number of AYUSH doctors were available. However, the highest number of patients who received treatment were reported in the Unn block and lowest in the Kandhala block. Also, information provided by the official person the maximum number of persons avail this facility in the respective hospital and CHC etc.

3.14. STATEMENT OF NHM EXPENDITURE: UTTAR PRADESH 2017-18

Table 59: Pool wise budget heads summary and budget utilization parameters.

S. No	Budget Head	Budget (Rs. In Lac)	Expenditure (As On 31 Mar, 2018)
Part 1	NRHM+ RMNCH Plus A Flxipool	2163.48	1567.45
Part 2	NUHM Flexipool	135.04	84.3
Part 3	Flexipool for Disease control programme	143.44	122.2
Part 4	Flexipool for non - Communicable Disease	66.77	4.82
Part 5	Infrastructure Maintenance	30	0

S. No.	scheme/programme	Funds 2017 - 18	
		Sanctioned	Utilized
13.1	NRHM+RMNCH Plus A Flexipool		
13.1.1	Mat renal Health	402.86	348.16
13.1.2	Child Health	1.81	0.9
13.1.3	family Planning	42.75	21.56
13.1.4	Adolescent Health/ RKSK	0.7	0.57
13.1.6	Immunization	111.72	82.71
13.2	NUHM Flexipool		
13.2.1	Strengthening Of Health Services	135.04	84.3
13.3	flexi pool For Disease surveillance Programme (Communicable disease)		
13.3.1	Integrated disease Surveillance Programme (IDSP)	14.43	13.41
13.3.2	National Vector - Borne Disease Control Programme	5.38	3.6
13.4	Flexipool for Non - Communicable Disease		
13.4.1	National Mental Health Programme (NMHP)	0	0
13.4.2	National Programme for the Healthcare of the elderly (NPHCE)	0	0
13.4.3	National Tobacco control programme (NTCP)	29.81	0
13.4.4	National Programme for prevention and Control of cancer, Diabetes, cardiovascular Diseases and stroke (NPCDCS)	17.48	0.33
13.5	Infrastructure		
13.5.1	Infrastructure	30	0
13.5.2	Maintenance	0	0
13.5.3	basic Training for ANM/ LHVs	0	0

Sources: Supportive supervision checklist, DPMU, Shamli

The table provides information of shamli district of Uttar Pradesh in the year 2017-18 under the statement of NHM expenditure. Provide the budget Under the different head, a total of 1778.77 Lakh rupees' amount have utilized for different part, like part 1 NRHM+RMCHH plus flexi pool (1567.45), part 2 NUHM flexi pool (84.3), part 3 flexi pool for disease control programme (122.2), and part 4 flexi pool for non-communicable disease (4.82). Whereas, specific programme wise the maximum expenditure is utilized in maternal health (348.16) followed by strengthening of health services (84.3), immunization (82.71) and family planning (21.96) in lakh. However, under the flexi pool for disease surveillance programme (communicable disease), a total amount of 13.41 and 3. 6 lakhs have been utilized for IDSP and National vector-borne disease control programme respectively. While a total amount of 30 lakh has been sanctioned for infrastructure development, this amount was not utilized for that. Hence, Central and state government need to look into the budget allocation in specific domains and provide clarity in instructions for proper utilization of fund for health facilities.

4 FACILITY-WISE OBSERVATIONS

CHC SHAMLI

Figure 09: Health facilities in CHC Shamli

Figure 33: CHC Shamli.

Figure 34: Labor Room CHC Shamli

Figure 35: Blood storage center CHC Shamli

Figure 36: Bio Medical Waste Management in CHC Shamli.

- ✓ CHC Shamli is functioning under the government building, Quarters are not available for each member of the medical staff and when we visited the MO was sleeping in his office. Physical infrastructure like the condition of the building was good and waiting room was available for a family member of the patient as the hospital allows only one person to accompany a patient.

- ✓ General cleanliness was properly maintained with clean toilet facility and water supply 24*7 hours. There was electricity with facility of power back up through inverter and generator. The Power backup is sufficient and it was available as per requirement of that particular unit (like blood bank).
- ✓ There is separate ward like Pre-delivery, Post-delivery, general ward available in this CHC for the patient.
- ✓ Labour room of the hospital was in good condition. There were three beds available for delivery with good space in room to accommodate. The Monthly strength of normal delivery in this hospital is approximately 350 - 400 and for c-s cases is 55. Moreover, Ultrasound facilities were available for women in CHC Shamli. In case of critical conditions where patients need to get ultrasound are referred to Meerut DH, Medical College or private nursing homes. Overall institutional delivery in the district is increasing.
- ✓ The child was found underweight or less than 2.5 kg. This information was gathered from a register which seemed to be properly maintained by staff nurse. Although, still birth related information was not maintained properly due to lack of knowledge among the staff nurses. Thus, during the last financial year 42 maternal deaths were reported.
- ✓ SNCU is not yet functioning in any of the health facility center of this district. However, this hospital has also received grant for SNCU. Due to shortfall of these health specialist units like NBSU and SNCU are not functioning properly. Only NBCC was in working condition with 3 bedded room. In case of non-treated case they are planning to facilitate as soon as possible to stablish SNCU. Nutritional rehabilitation centers is also not available in shamli district.
- ✓ More than 70 percent positions of health specialists are still vacant in Shamli district. Maximum positions are still not filled in the hospital like gynecologist radiographer, physiotherapists, and staff nurses. Human resource constraint is a major concern in the Shamli district and in all health facilities center, which is affecting health. Due to lack of HR especially gynecologist C- section deliveries are affecting.
- ✓ All necessary drugs like IFA syrups, Vitamin A syrup, Mg Sulphate, Antibiotic, Label emergency tray, Vaccine and IUCD etc. are available. Only on few occasion it goes out of stock, but quickly it gets replenished when required. The Data Operator Manager maintain Health related data along with other official work.
- ✓ IEC display on JSSK, JSY, family planning, and nutrition were well maintained and visible properly but they are not updated.
- ✓ Per day OPD load is approximately 1500 – 2000, and CHC has 30 bedded rooms with attached toilet bathroom, but condition of toilet and bathroom was poor.

- ✓ The JSY fund was poorly utilized thus affecting the performance of JSY plan. If the mode of payment would have been through cheque it would have benefited the people dirctly, but due to unavailability of zero account opening, many of beneficiaries are not benefited directly. Thus there is a need to have a proper method of payments in the districts. This is a major concern for all in Shamli district. JSSK services were good in the CHC Shamli. Also, drop back facility by ambulances were available in this hospital.
- ✓ Performance of immunization is also quite good in CHC. Almost all new born children had received OPV 0 Hepatitis 0 and BCG after birth. Still full immunization of the district needs to be achieve up to 90 per cent.
- ✓ ASHAs transfers payment through PFMS and brings the beneficiaries to government health facility. We found that some ASHAs have promoted to the beneficiaries to conduct delivery at private health Centre for which they were getting more amount than what government pays. After an interaction with ASHA and beneficiaries, we found that they were not paid the remuneration of 1400 INR at various occasions and sometime they get amount after one year. On various occasions despite to being registered and signing required documents they don't get remuneration. They don't even know well about the documents they are signing. They also went on strike for increasing their incentives but CMO, DPMU and DPM pressurized them to take the strike back. So they accepted the same and went back to their work with no result in their favor.
- ✓ After an Interaction with ASHA and some patients we come to know that ambulances service was chargeable to patients for home pick and drop services. Most of the patients of delivery come to this CHC through ASHA from the rural areas. ANM also demand money from ASHA.
- ✓ Mostly patients don't want to stay for long time in the CHC. Immediately, after PNC checkup, within 8 to 10 hours they want to go home on their own risk. For safety purpose staff nurses take their signature on the consent form.

CHC KAIRANA

Figure 10: Health facilities in CHC Kairana.

Figure 37: CHC Kairana.

Figure 38: X-ray room in CHC Kairana.

Figure 39: OPD Room In Kairana.

Figure 40: Washroom Kairana.

- ✓ Chief medical superintendent of CHC kairana has newly joined the service since four months, so he was not very familiar about the current situation and work. It has been established under the government building. While CHC also provided the quarter for their staffs, there was two 108/102 ambulance services available for the health services.
- ✓ Human resources at CHC Shamli is also a concern as only one MBBS doctor was available at CHC kairana for the patients. Only 45 staff were in permanent post and 16 were on contractual basis. Out of two staff nurses available in the facility one was permanent and other one was temporary. Contractual staff of the facility remain always absent and thus neglecting service delivery. IUCD incrustations also done by staff nurse. CHC Kairana is facing shortage of staff problem. Gynecologist is not available which is affecting the C- section delivery service.

- ✓ They are maintaining all records properly but they are not conducting meetings for RKS. All meeting has conducted at CHC Kiarana, Weekly training was conducted for ASHA and monthly for ANM. On every 1st and 3rd Tuesday of the month training campaign is done for ASHA and ANM. Also as per requirement of CMO, DPMU, DPM, CMS training were conducted at district hospital.
- ✓ Separate wards were available for the male and female patients respectively. Labour room were available with three beds facility but cleanliness was found in poor condition. Moreover, 150 institutional deliveries were conducted in CHC Kairana. All necessary equipment's were available in the labour room. SNCU was also not available at the CHC. C-S. Cases they have referred to near medical college as well as Meerut DH.
- ✓ The toilet facility was available for patients but not attached with labour room, maternity wards as well as general wards. Although cleanliness of the health facilities and water availability was not in good condition. In this CHC electricity supply was not proper. CHC kairana have power backup support with generator and inverter, but only for some special units, not for all the units.
- ✓ Adequate equipment's were available but were not functioning; X – Ray, Eye Checkup tools (Micro scope). All drugs are available at CHC kairana. IFA tablet given to the all pregnant women's. ORS and Zinc provided to the patients, Sanitary napkin was also available in the facility.
- ✓ Data were maintained by the data operating manager, who is on contractual basis and he has lots of extra data operating work load from other sources.
- ✓ JSY payment issues due to PFMS account transfer was also major concern at CHC Kairana. Performance of JSSK services is quite good in this facility. Beneficiaries were receiving free diet, free medicine and free diagnostic services. Ultrasound patients were referred to CHC Shamli or near medical hospitals. ASHAs of this health facility were trained and were also satisfied with ASHAs incentive. In Case of large villages one ASHA was working in more than two villages. JSY payment delayed were observed due to delay of ANC registration by ASHA worker and also beneficiaries didn't get amount on time. Payments were transferred in their husband's account due to problem of open zero account balance.
- ✓ IEC were not updated for JSY payment. Asha's taken all type of training such ANC, cleanliness, child health and also kangaroo mother.
- ✓ Under NHM free food provided to the patients; beneficiaries eat bread and milk in morning breakfast and in lunch and dinner daliya, roti, rice and vegetables. Food preparation by private company on tender basis in CHC Kairana.
- ✓ Aayush departments were available but doctors were not available particularly for the Aayush checkup and counselling. Mostly OPD doctors supposed to deal such

cases. Newborn child care corner also not available. Mostly child were transferred to CHC Shamli or near medical hospital as well as Meerut DH in any serious cases.

- ✓ During the month of April to July a total number of 4 maternal deaths have been recorded in this CHC. We observed one case of still birth during our visit but the staff nurse did not maintain this report in the register due to lack of knowledge about the still birth.
- ✓ IEC display on JSSK, family planning, immunization, nutrition, disease, adolescent health, RTI, STI were not maintained.
- ✓ Data has been maintained in the HMIS portal but there not available any CDO. Temporarily one CDO managing the data. Sometime data entry operator of medicine store helps to data feeding in computer. The Quality of HMIS data has not been performing well as they are not aware more on validation error and outlier. MCTS not properly functioning in the portal. In maximum MCTS cards have not given any number in that case they are facing difficulty on tracking information.
- ✓ Biomedical waste is managed by Synergy Company and they collect the waste on alternative days. Also the blood bank is not available in CHC Kairana.
- ✓ Sterilization is main target to control the reproduction. Under NHM the total amount given to beneficiaries for male is 2000 and female is 1400 sterilization
- ✓ Under disease control program facilities were available only for TB, Leprosy and malaria patient. One patient suffering with TB and another with Leprosy were found under observation of the doctors.
- ✓ Family Planning counseling was done through the nurse and ANM.
- ✓ Two team are working for the RBSK program, 1 Pharmacist, 1 ANM, 1 male health coordinator, 1 female health coordinator are involving for this program. Also, 145 school are targeted for this programme and proper counselling given by this team for separate girl and boy.

PHC CHAUSANA AND UNN

Figure 11: Health facility in Primary Health Centre.

Figure 41: PHC Unn.

Figure 42: PHC Chausana.

Figure 43: General Ward Chausana.

Figure 44: Medicine Store Room Unn.

- ✓ Both PHC Chausana and unn is functioning under government building and it is found in good condition.
- ✓ Human resource shortage is main issue of both PHC. Only one Physician, 1 Pharmacist, 1 swipper, and 1 ward boy was available in this PHC.
- ✓ Health infrastructure in both PHC is in better condition. In this PHC only 3 beds provided by government for both male and female ward but patients strengths are more than the beds.In case of emergency they refer patient to CHC SHAMLI or CHC Kairana.
- ✓ General cleanliness of the facility was good. Toilet was clean but not attached with wards. Drinking water facility was good and water available by borewell.
- ✓ Electricity was not available 24*7 hours, as well as no power backup availability at both health facilities.

- ✓ Government is planning to make this PHC as a delivery point. ANM and ASHAs are promoting to the beneficiaries for institutional delivery.
- ✓ IEC display was not well maintained and also not updated in both PHCs.
- ✓ Essential equipments and adequate drugs are available at PHC. Most of the services not available beyond PHC level. Lab test were available only at CHC Shamli and CHC Kairana but not at this PHC. Essential drugs like as ORS and Zinc and others was available for patients. Pregnancy testing kit, EC pill, and IUCD also available for the patients.
- ✓ Register were not properly maintained by the staff. Dated were not updated as well as in sequencing according to month and date. IPD were not recorded in register in case of IPD. The details of discharge timing and status of the case treated were not registered.
- ✓ They have utilized the fund on maintenance for gardening, washroom, white wash and window repairing.

SC PINDAURA AND CHAUSANA

Figure 13: Health facilities in Sub-Centre.

Figure 45: Sub Centre Chausana

Figure 46: Sub Centre nearby location Chausana.

Figure 47: Delivery Room in Sub center Chausana

Figure 48:Bio Medical Waste Management in Sub center Pindaura.

- ✓ Physical structure of Sub Centre Pindaura and Chausana is in better condition but one side of SC chausana environment was very unhygienic. Both SC has been functioning in a government building. In both sub center labour room were available but the condition of labour room at Pindaura is quite better than Chausana. Toilet available in both SC but not attached with labour room.
- ✓ Both Sub Center is locatedon on main road so the SC is easy to reach the SC.
- ✓ This sub center is situated in village area and mostly used for immunization and emergency delivery cases. Most of time electricity were not available and water facility was provided by JAL Board through the tanker.

- ✓ At sub Centre level 1 ANMs and 2 ASHAs were appointed. They have received training on IUCD and SBA. They were conducted immunization camps at village levels and also provide guidelines related to maternal and child health to the ASHAs. ASHAs distribute IFA and other essential drugs to pregnant women. Mostly ASHAs were depending on ANM in visited health facilities. Co-ordination between ASHAs and ANM were good.
- ✓ At village level no VHND programme conducted due to lack of co-ordination between Gram Pradhan, ANM, and ASHAs.
- ✓ Records has been maintained on immunization and JSY payment but not properly. During absent of ANM, register has not maintained. We observed these type of situation in both SC. Immunization found poor in both SC due to migrating population, but still ASHAs given their full effort for that.
- ✓ IEC display was also not well maintained as well it was sufficient in both SC.
- ✓ Both sub-center are delivery point, were in a month 15-30 delivery were conducted.
- ✓ Essential Medicine at SC level like ORS, IFA tablet, Zinc, etc. For testing only haemoglobinometer scale available.
- ✓ Biomedical waist keep on red and black coded bin and it has been managing by their PHC. Some equipment like thermometer, weight machine, blood pressure machine was available in both SUB Center.
- ✓ For ultrasound and all other test patients refereed to CHC Unn, both SC have two bedded facilities were available. Also for pickup and back to home facility is available but ambulance charges 100 rupees.

5 CONCLUSION AND RECOMMENDATION

- The District Hospital building in Shamli is under construction. The construction work is expected to be completed by end of 2019 and the health care service at the new DH building is likely to be functional from January 2020. Initially, the DH will be provided with 100 beds. However, due to unavailability of DH at present the public sector provisioning of specialists care and advanced medical care is very weak.
- For the better implementation and functioning of public health care facilities it is necessary to have the desired number and placement of doctors and paramedical staff. It observed that in each of the health care facility there is a shortage of Specialists, Physicians and Staff Nurses.
- Very few PHCs in Shamli act as delivery points. This is a major concern that increases the delivery cases concentration at CHC Shamli. Also, there are gaps service provisioning at the CHCs. For instance, unavailability of SNCU, NBCC etc is noted.
- There are concerns around absenteeism of doctors. It is reported that some of the doctor's visit the facility only twice or thrice in a week. Also, some have their own private practice. Overall, this affects the health care delivery at public facilities.
- "Ayushman Bharat- a National Health Protection Scheme" will be launched in September in the district. Beneficiaries covered under the scheme have been identified in two phases in both the rural and urban areas. The process of empanelment of public and private sector hospitals was underway in Shamli.
- In 2017-18, a total budgetary allocation of Rs.28 crore was made for Shamli District. Out of this about 71% utilization is reported (about 18 crore). Under the RKS the funds are utilized basically for the installation of CCTVs Camera, sheds, tiles and flooring, construction of Rain Basera, water coolers, gardening, tiles and flooring etc.
- Under the National Disease Control Programme (NCDP) programme only a few services are functional at the public health facilities like the programme for blindness, vector borne diseases etc. Other programmes related to NCD, IDSP and eradication of leprosy are not functional in any of the CHCs (Shamli and Kairana).

- IEC display on JSY, JSSK, family planning and immunization were available in the health facility but the IEC material needs further dissemination at sub-centre level and further in villages.
- There are issues of HMIS data reporting in the 16 villages of Shamli and Muzaffarnagar because of the unidentified boundaries and villages. This problem is associated with new creation of Shamli district which has also affected data validation as provided by the ASHAs.
- None of the Counsellors were available at the CHC Shamli for family planning, HIV/AIDs, RTI/STIs, adolescent health, nutrition literacy etc. The MOs and ANMs reported of directly providing counselling services for some cases.

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6 LIST OF CONTACT PERSON

6. List of Contact Person at Shamli Uttar Pradesh

Name	Designation	Facility type
Dr Rajkumar	Chief medical officer	CHC Shamli Office
Dr shushil kumar	Assistant Chief Medical officer	CHC Shamli Office
Dr Safal kumar	DTO	Chief medical Office
Ashutosh kumar srivastava	District programme manager	DPM Office
Faheem Ahmad	District programme manager unit	DPM Office
Sr Shadi lal	Medical officer	Shamli CHC
Dr Ramesh Chandra	Physicians	Shamli CHC
Shipra Tyagi	RMNCH+A counselor	Shamli CHC
Dr Bhanu Prakash	Medical officer superintendent	Kairana CHC
Atul kumar	Block programme manager	Kairana CHC
Dr Lekhram	Medical officer in-charge	UNN PHC
Dr Tarun Chaudhary	pharmacist	UNN PHC
Md.Bariq	Pharmacist	UNN PHC
Vikas kumar	Medical officer	PHC Chausana
Rashmi bindal	ANM	Sub Center Chausana
Bimla ray	ANM	Sub Center Pindaura
Manju Devi	ANM	Sub Center Unn
Renu ray	ASHA	Sub Center Chausana
Indu sharma	ASHA	Sub Center Pindaura
Pushpa rani	ASHA	Sub Center UNN

7 ANNUXURE

ANNEXURE-1

NATIONAL HEALTH MISSION

MONITORING OF DISTRICT PIP

POPULATION RESEARCH CENTRE, INSTITUTE OF ECONOMIC GROWTH, DELHI

EVALUATION OF KEY INDICATORS OF THE DISTRICT

Section 1. Details of demographic & health indicators for the last financial year	
No. of Blocks	
No. of 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)		
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 Nurses						
ANM						
LHV/PHN						

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					

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	TT 2	Home Deliveries		Live Birth	Still Birth	Total Births
			SBA assisted	Non-SBA			

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

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

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

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

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

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

	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 advise

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	*A	*T	*A	*T	*A	*T	*A	

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. Pool Wise Heads Summary

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

Section 12.a. Budget Utilisation Parameters			
S.No	**Scheme/Programme**	**Funds 2017-18**	
		Sanctioned	**Utilized**
12.1	NRHM + RMNCH plus A Flexipool		
12.1.1	Maternal Health		
12.1.2	Child Health		
13.1.3	Family Planning		
12.1.4	Adolescent Health/RKSK		
12.1.6	Immunization		
12.2.	NUHM Flexi Pool		
12.2.1	Strengthening of Health Services		
12.3	**Flexipool for disease control programme (Communicable Disease)**		
12.3.1	Integrated Disease Surveillance Programme (IDSP)		
12.3.2	National Vector-Borne Disease Control programme		
12.4.3	National Tobacco Control Programme (NTCP)		
12.4.1	National Mental Health programme (NMHP)		
12.4.2	National Programme for the Healthcare of the Elderly (NPHCE)		
12.4.3	National Tobacco Control Programme (NTCP)		
12.4.4	National Programme for Prevention and Control of Cancer, Diabetes, Cardiovascular Diseases and Stroke (NPCDCS)		
12.5	**Infrastructure**		
12.5.1	Infrastructure		
12.5.2	Maintenance		
12.5.3	Basic training for ANM/LHVs		

Section 13. HMIS/MCTS progress District in the last financial year

HMIS/MCTS progress, Saharanpur, 2017-18

HMIS/MCTS		Remarks
Is HMIS implemented at all the facilities	Yes ☐ No ☐	
Is MCTS implemented at all the facilities	Yes ☐ 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 ☐ 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 anaemic 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 analysed and discussed with concerned staff at state and district levels for necessary corrective action to be taken in future?	Yes ☐ No ☐	

ANNEXURE-2

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**	
1.1	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		
3.16	Immunization and cold chain		
3.15	Others		

Section IV: Equipment				
S.No	**Equipment**	**Yes**	**No**	**Remarks**
4.1	Functional BP Instrument and Stethoscope	**Y**	**N**	
4.2	Sterilised delivery sets	**Y**	**N**	
4.3	Functional Neonatal, Paediatric and Adult Resuscitation kit	**Y**	**N**	
4.4	Functional Weighing Machine (Adult and child)	**Y**	**N**	
4.5	Functional Needle Cutter	**Y**	**N**	
4.6	Functional Radiant Warmer	**Y**	**N**	
4.7	Functional Suction apparatus	**Y**	**N**	
4.8	Functional Facility for Oxygen Administration	**Y**	**N**	
4.9	Functional Foetal Doppler/CTG	**Y**	**N**	
4.1	Functional Mobile light	**Y**	**N**	
4.11	Delivery Tables	**Y**	**N**	
4.12	Functional Autoclave	**Y**	**N**	
4.13	Functional ILR and Deep Freezer	**Y**	**N**	
4.14	Emergency Tray with emergency injections	**Y**	**N**	
4.15	MVA/ EVA Equipment	**Y**	**N**	
4.16	Functional phototherapy unit	**Y**	**N**	
4.17	Dialysis Equipment	**Y**	**N**	
4.18	**O.T Equipment**			
4.19	O.T Tables	**Y**	**N**	
4.2	Functional O.T Lights, ceiling	**Y**	**N**	
4.21	Functional O.T lights, mobile	**Y**	**N**	
4.22	Functional Anaesthesia machines	**Y**	**N**	
4.23	Functional Ventilators	**Y**	**N**	
4.24	Functional Pulse-oximeters	**Y**	**N**	
4.25	Functional Multi-para monitors	**Y**	**N**	
4.26	Functional Surgical Diathermies	**Y**	**N**	
4.27	Functional Laparoscopes	**Y**	**N**	
4.28	Functional C-arm units	**Y**	**N**	
4.29	Functional Autoclaves (H or V)	**Y**	**N**	
	Laboratory Equipment			
4.1a	Functional Microscope	**Y**	**N**	
4.2a	Functional Hemoglobinometer	**Y**	**N**	
4.3a	Functional Centrifuge	**Y**	**N**	
4.4a	Functional Semi autoanalyzer	**Y**	**N**	
4.5a	Reagents and Testing Kits	**Y**	**N**	
4.6a	Functional Ultrasound Scanners	**Y**	**N**	
4.7a	Functional C.T Scanner	**Y**	**N**	
4.8a	Functional X-ray units	**Y**	**N**	
4.9a	Functional ECG machines	**Y**	**N**	

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

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

Section VI: Other Services				
S.No	**Lab Services**	**Yes**	**No**	**Remarks**
6.1	Haemoglobin	**Y**	**N**	
6.2	CBC	**Y**	**N**	
6.3	Urine albumin and sugar	**Y**	**N**	
6.4	Blood sugar	**Y**	**N**	
6.5	RPR	**Y**	**N**	
6.6	Malaria	**Y**	**N**	
6.7	T.B	**Y**	**N**	
6.8	HIV	**Y**	**N**	
6.9	Liver function tests(LFT)	**Y**	**N**	
6.1	Ultrasound scan (Ob.)	**Y**	**N**	
6.11	Ultrasound Scan (General)	**Y**	**N**	
6.12	X-ray	**Y**	**N**	
6.13	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 temperature recording	Y	N	
6.17	Sufficient no. of blood bags available	Y	N	
6.18	Check register for number of blood bags issued for BT in last quarter			

Section VII: Service Delivery in Last two financial years			
S.No	Service Utilization Parameter	2016-17	2017-18
7.1	OPD		
7.2	IPD		
7.3	Total deliveries conducted		
7.4	No. of C section conducted		
7.5	No. of neonates initiated breast feeding within one hour		
7.6	No of admissions in NBSUs/ SNCU, whichever available		
7.7	No. of children admitted with SAM (Severe Acute Malnutrition)		
7.8	No. of pregnant women referred		
7.9	ANC1 registration		
7.1	ANC 3 Coverage		
7.11	No. of IUCD Insertions		
7.12	No. of PPIUCD Insertion		
7.13	No. of children fully immunized		
7.13	No. of children given ORS + Zinc		
7.13	No. of children given Vitamin A		
7.14	Total MTPs		
7.15	Number of Adolescents attending ARSH clinic		
7.16	Maternal deaths		
7.17	Still births		
7.18	Neonatal deaths		
7.19	Infant deaths		

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

7a.2	Annual maintenance grant			

Section VII B: Service delivery in post natal wards

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

Section VIII: Quality parameter of the facility

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

Section IX: Record Maintenance

S.No	Record	Available and Updated and correctly filled	Available but Not maintained	Not Available	Remarks/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				
9.1	Referral Register (In and Out)				
9.11	MDR Register				
9.12	Drug Stock Register				

9.13	Payment under JSY				

Section X: IEC Display

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

Section XI: Additional/Support Services

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

Qualitative Questionnaires for District Hospital Level

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

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

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

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

ANNEXURE-3

PHC/CHC (NON FRU) level Monitoring Checklist

Name of District: _____ Name of Block: _____ Name of PHC/CHC: _____

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

Date of last supervisory visit:_____

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

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

Section I: Physical Infrastructure

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

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

Section VI: Other Services

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

Section VII: Service Delivery in last two years

S.No	Service Utilization Parameter	2016-17	2017-18
7.1	OPD		
7.2	IPD		
7.3	Total deliveries conducted		
7.4	No of admissions in NBSUs, if available		
7.5	No. of sick children referred		
7.6	No. of pregnant women referred		
7.7	ANC1 registration		
7.8	ANC3 Coverage		
7.9	No. of IUCD Insertions		
7.1	No. of PPIUCD insertions		
7.11	No. of Vasectomy		
7.12	No. of Minilap		
7.13	No. of children fully immunized		
7.14	No. of children given Vitamin A		

S.No	Service Utilization Parameter	2016-17	2017-18
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				
9.14	Payments under JSY				

Section X: Funds Utilisation				
S.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				
S.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.
   .....
   .....
   .....

ANNEXURE-4

FRU level Monitoring Checklist

Name of District: _____ Name of Block: _____ Name of FRU: _____
Catchment Population: _____ Total Villages: _____ Distance from Dist. HQ: _____

Date of last supervisory visit:_____

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

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

Section I: Physical Infrastructure

S.No	Infrastructure	Yes	No	Additional Remarks
1.1	Health facility easily accessible from nearest road head	Y	N	
1.2	Functioning in Govt. building	Y	N	
1.3	Building in good condition	Y	N	
1.4	Staff Quarters for MOs	Y	N	
1.5	Staff Quarters for SNs	Y	N	
1.6	Staff Quarters for other categories	Y	N	
1.7	Electricity with power back up	Y	N	
1.9	Running 24*7 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**	**NoTrained**	**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	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**	
4.1	Functional ILR and Deep Freezer	**Y**	**N**	
4.11	Emergency Tray with emergency injections	**Y**	**N**	
4.12	MVA/ EVA Equipment	**Y**	**N**	
4.13	Functional phototherapy unit	**Y**	**N**	
	Laboratory Equipment			
4.1a	Functional Microscope	**Y**	**N**	
4.2a	Functional Hemoglobinometer	**Y**	**N**	
4.3a	Functional Centrifuge	**Y**	**N**	
4.4a	Functional Semi autoanalyzer	**Y**	**N**	
4.5a	Reagents and Testing Kits	**Y**	**N**	

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

Section XI: IEC Display

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

ANNEXURE-5

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 : _____

Sub Centre level Monitoring Checklist

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 managemen	Y	N	

Section II: Human Resource as on March 31, 2018

S.No	Human resource	Numbers	Trainings received	Remarks
2.1	ANM			
2.2	2nd 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 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 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

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

ANNEXURE-6

List of contact person			
S.No	**Name of the Participant**	**Designation**	**Facility Type**