

# National Health Mission



A REPORT ON

## MONITORING OF IMPORTANT COMPONENTS OF NHM PROGRAMME IMPLEMENTATION PLAN IN SONBHADRA DISTRICT, UTTAR PRADESH



MINISTRY OF HEALTH AND FAMILY WELFARE  
GOVERNMENT OF INDIA



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### ACRONYMS AND ABBREVIATION

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

## EXECUTIVE SUMMARY

### SONBHADRA DISTRICT: STRENGTHS AND WEAKNESSES

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

#### STRENGTHS:

- All visited health facilities are functional in Government building.
- Ambulance services under JSY are fully operational with adequate equipment and GPS in the district.
- NRC and SNCU and ARSH wing are functional at the district Hospital. The NRC ward found well maintained having adequate space along with sufficient toys for the children.
- Mini Skill Lab is functional in the district hospital to improve quality of deliveries and facilities through required skills and standardised practices as well as cost effective equipment and technology.
- Targets of family planning and child immunisation have been set on yearly basis. Efforts were made to achieve the set target.
- The visited Sub-centre is having all necessary equipment to conduct delivery.

#### WEAKNESSES:

- Human resources and Infrastructures are the major challenges cited by the health personnel of the visited facilities. Staffs recruited under NHM are not sufficient for providing better health care. Most of the sanctioned posts of Medical Officers, Pharmacists, Gynecologists, Pediatrician, Lab-technicians, X-ray technicians, data entry operators, Staff Nurses and ANMs lying vacant. The visited Primary Health Centre is running in an old depleted building.
- The premise of the visited Community Health Centre and Primary Health Centre were very unhygienic, waste materials were found lying in most of the places outside the hospital. The entry point of the Primary Health Centre found water logged. There were no proper drainage

system making it difficult for the patients to enter the facility. Though toilet facilities were available they were noticed very poor in terms hygiene. Also separate toilets facilities were not available for females in some facilities. Also the visited facilities were lacking adequate colour coded bins for waste material disposal. The maternity ward was very poor in terms of hygiene.

- The visited facilities were lacking adequate IEC materials. Most of the displayed IEC materials were old and not clearly visible and readable. They have not been placed in prominent places of the facility. Most of the IEC materials containing certain important information were missing in the facilities.
- Budget have not been released in a timely manner in order to meet timely requirement by the facilities. Only 56 percent fund was utilised in the last financial year
- In most of the places home deliveries reportedly higher than the institutional deliveries. In Chopan block 55.5 percent deliveries conducted at home followed by Myorepur (46.1) and Babhani(43.1) respectively.
- Maternal deaths were reportedly high in the districts as 32 maternal deaths occurred in the last financial year and most of the deaths occurred at home.
- Percentage of women receiving 3 ANC check-ups is much lower than the ANC registrations.
- The visited PHC as well as the Sub-centre is facing huge population burden.
- Though the visited Sub- centre was adequately equipped, there was no road connecting to the facility.
- JSY payments are low and also delays reported in JSY payments which are often due to the lack of holding bank accounts by the beneficiaries
- Many difficulties reported in the process of untied fund management. Especially the village Pradhans are not much cooperative in releasing the funds.
- Fumigation drive has not been conducted on a regular basis by facilities in order to control the mosquitoes.

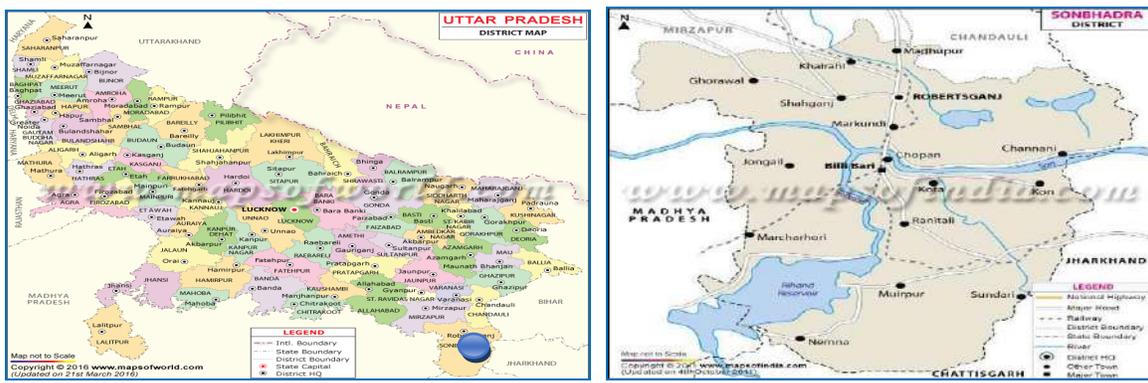
# 1. INTRODUCTION

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

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

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

**Figure 1: Monitoring District, Sonbhadra, Uttar Pradesh**



The quality monitoring of State Programme Implementation Plan (PIP) and some other aspects of the programme have been evaluated in this study which will help the planners and Policy makers to modify the existing policies for better service delivery under the mission. The health facilities those were covered in Sonbhadra district for monitoring are listed below.

**Table 1:List of Visited Health Care Facilities in Sonbhadra District, Uttar Pradesh, 2017**

Facility Type	Name of the Facility
District Hospital	District Hospital, Sonbhadra
Community Health Centre	CHC, Ghorawal
Primary Health Centre	PHC, Kakrahi
Sub-Centre	SC, Sahijankala

## 2. SOCIO-ECONOMIC AND DEMOGRAPHIC PROFILE OF SONBHADRA DISTRICT

Sonbhadra district is situated in the South-eastern part of Uttar Pradesh State. It is the second largest and ranks 51th district of Uttar Pradesh in terms of area and population respectively It was formed in the year 1989. Sonbhadra is the only district in India which border four states namely Madhya Pradesh, Chhattishgarh, Jharkhand and Bihar. The district spread across an area 6788 square kilometres and the head quarter is located at Robertsganj. The total population of the district is 1862559 while 52.2 percent of the total population are males and 47.8 percent are females (Table 2). The urban population in the district is substantially less (16.9) than the state percentage of 22.3. Similarly the literacy rate is lower in the Sonbhadra(64.0) as compared to the state(66.0). The percentage of scheduled caste population marginally higher (22.6) in the district than the state (20.7). On the other hand the district shares a large percentage of tribal population (20.7) though negligible (0.6) in the state as overall. The decadal growth rate of the district seen little higher in the district (23.8) than state decadal population growth rate (20.2).The density of population is very low across the district (270) as compared to the state (829). The sex ratio of the district is 846 which is significantly less than the state sex ratio of 928. As compared to the state, the overall sex ratio of the district is slightly higher (918) while the urban sex ratio much lower (871) than the state urban sex ratio (918). The work force participation rate seen higher for the district (39.2) than the state's work participation rate (32.9).

**Table 2: Key Socio-Economic and Demographic Indicators of Sonbhadra District**

Indicators	Sonbhadra			Uttar Pradesh		
		Number	Percentage to Total Population	Number	Percentage to Total Population	
Population	Total	Persons	1862559		199812341	
		Males	971344	52.2	104480510	
		Females	891215	47.8	95331831	
	Urban	Persons	314342	16.9	44495063	22.3
	Rural	Persons	1548217	83.1	155317278	77.7
Literates		Persons	985708	64.0	114397555	67.7
Scheduled Castes		Persons	421661	22.6	41357608	20.7
Scheduled Tribes		Persons	385018	20.7	1134273	0.6
Decadal Growth			357707	23.8	33614420	20.2
Density of Population(Persons per square Kms)		Persons	270		829	
Sex Ratio		Total	918		912	
		Urban	871		918	
		Rural	927		894	
Work Participation Rate		Persons		39.2		32.9

Source: RGI, 2011

### 3. KEY FINDINGS AND OBSERVATIONS

#### 3.1. HEALTH INFRASTRUCTURES

Adequate health infrastructures have a larger impact on effective rendering of health services. A three tier health system have been developed in India for providing better health care services to the people living in each level. In this regard, the sub-centre at the village level act as the first contact point between the primary health care system and the village community which covers a total population of 3000 to 5000 in plain areas and hilly areas respectively. In the second tier comes the Primary Health Centre and subsequently the Community Health Centre. Apart from these, Sub-district hospital functions above the block level and below the district level hospitals which form an important link between the SC, PHC and CHC on one side and district hospital on the other side. The Sub-district hospital functions like a referral point and provide emergency obstetric services. Similarly at the district level, First Referral Units have been established to provide round the clock

services for the emergency obstetric services and new born care. As the apex health facility at the district level, District Hospitals are functional to provide secondary level of health care including preventive, curative and promotive health care services. So the availability of adequate health care facilities have crucial role in delivering better health services. Table 3 provides the detail picture of health care facilities and other available infrastructures in Sonbhadra district.

**Table 3: List of Health Care facilities available in Sonbhadra District**

Type of Health Facility	Total
District hospital	1
SDH	0
CHC FRUs	3
CHC	6
PHCs	2
Additional PHCs	23
Sub Centre	176
Medical College	0
Delivery Points	123
108 Ambulances	16
102 Ambulance	22

Source: NHM, 2017

Sonbhadra district consists of 1 district hospital, 3 Community Health Centres as FRUS, 6 Community Health Centres (CHCs), 2 Primary Health Centres, 23 additional PHCs and 176 Sub-Centres (Table 3). There is no medical college in the district. However the district has 123 delivery points. With regard to ambulance services the district is having 16 108 ambulances and 22 102 ambulances. Almost all the health facilities of the district functional in government buildings.

#### **4. HUMAN RESOURCES: STATUS AND TRAINING**

Like physical infrastructures, availability of adequate human resource is one the basic requisite for providing better health services. Physical infrastructures are manned by human resources. Availability of well-trained manpower makes health care service more accessible to all. Table 4 gives a broad picture of the position of human resources including the sanctioned and filled posts for the last financial year in Sonbhadra district. Of the total 62 sanctioned Medical Officer posts, 51 have been appointed while 11 posts were vacant. All 5 sanctioned gynecologist posts were vacant. Similarly 3 sanctioned paediatrician posts remaining vacant. There were no sanctioned posts for Surgeon and LHVs. Of the total 26 sanctioned pharmacist posts 18 have been filled while 7 were vacant. Regarding Lab technicians, 20 posts have been filled of the total 27 sanctioned posts while 4

X-ray technician posts filled against 5 sanctioned posts. Out of the total 24 sanctioned data entry operator posts, 16 posts filled while 8 were lying vacant. Of the total 64 sanctioned posts for staff nurses 59 have been filled. At the Sub-centre level, 53 posts have been filled of the total 70 sanctioned posts. Among other staffs, out of the 124 sanctioned posts 85 have been filled and 39 were lying vacant.

**Table 4: Status of Human Resources under NHM in Sonbhadra District, Uttar Pradesh, 2016-17**

Position Name	Sanctioned	Filled (contractual)	Total Vacant
MO's including specialists	62	51	11
Gynecologists	5	0	5
Pediatrician	3	0	3
Surgeon	0	0	0
LHV	0	0	0
ANM	03	03	0
Pharmacist	26	18	8
Lab technicians	27	20	7
X-ray technicians	5	4	1
Data Entry Operators	24	16	8
Staff Nurses	64	59	5
Staff Nurse at PHC	0	0	0
ANM at PHC	0	0	0
ANM at SC	70	53	17
Any Other	124	85	39

Source: DPM Unit, Sonbhadra

With regard to training status (Table 4), 2 Medical Officers found trained in SBA and 45 ANMs received training in IUCD in the last financial year.

## 5. MATERNAL HEALTH

Improvement of Maternal health have been remaining a major focus of different national level plans and programs as India is a country with highest number of maternal deaths in the world. Though maternal deaths have reduced significantly, the declining rate is not sufficient to achieve the target of Millennium Developmental Goals. Maternal health care indicators such as antenatal care, institutional deliveries and post natal care need to be improved in order to reduce maternal deaths. In this regard, Janani Suraksha Yojna (JSY) of National Health Mission targets to reduce maternal mortality ratio and neonatal deaths by promoting institutional deliveries. Under this Yojna all mothers who deliver their baby at hospitals get incentives. Also ASHAs who accompany the

mothers receive a cash incentive of Rs 600. Table 5 presents the status of antenatal care and institutional deliveries in Sonbhadra district. In the last financial year, a total of 57919 women registered for antenatal care in the district. Out of the total registered women, 62.3 percent received full ANC in the district. Block-wise data shows that Myorepur block has highest percentage of women (75.4 %) who received 3 ANCs followed by Duddi block (69.1%). However the percentage of women received 3 ANCs is lowest in Chopan block (56.1). Regarding institutional deliveries, 66 percent women in the district gave birth in hospitals while 34 percent deliveries conducted at home. Institutional deliveries seen highest in Chatra block (92.2) followed by Robertsganj(88.0). Lowest institutional deliveries observed at Chopan (44.5). This is the only block where percentage of home deliveries found more than the institutional deliveries. Home deliveries assisted by SBAs found highest in Babhani block (36.6) and lowest in Navgaon block(0.0).

**Table 5: Block-Wise Performance in Antenatal Care and Institutional Deliveries, Sonbhadra, Uttar Pradesh**

Block	ANC Registered	3 ANCs	% Received 3 ANCs to total ANC registered	Home Deliveries (% to total deliveries)	Institutional Deliveries(% to total deliveries)	Total Deliveries	Home Deliveries assisted by SBAs (% to total home deliveries)	Home Deliveries assisted by Non- SBAs
Babhani	3283	2045	62.3	1007(43.1)	1331(56.9)	2338	369(36.6)	638
Chatra	3345	2008	60.0	176(7.8)	2075(92.2)	2251	29(16.5)	147
Chopan	9314	5226	56.1	3916(55.5)	3134(44.5)	7050	936(23.9)	3902
Duddi	4822	3330	69.1	1297(32.0)	2753(68.0)	4050	234(18.0)	1063
Ghorawal	8919	5075	56.9	1525(29.6)	3631(70.4)	5156	8(0.5)	1517
Myorepur	8584	6473	75.4	2475(46.7)	2820(53.3)	5295	8(0.3)	2467
Navgaon	2737	1880	68.7	676(36.2)	1189(63.8)	1865	0(0.0)	676
Robertsganj	14878	8883	59.7	624(12.0)	4583(88.0)	5207	6(1.0)	618
DCH	2037	1191	58.5	NA	1159	1159	NA	NA
Total	57919	36111	62.3	11696(34.0)	22675(66.0)	34371	1590(13.6)	11028

Source: DPM Unit, Sonbhadra

A total of 33025 women received TT1 while 40942 women received TT2 in the last financial year. Block-wise figures show that recipients of TT1 highest (6502) in Myorepur block while lowest (1802) in Navgaon. On the other hand recipients of TT2 seen highest (7687) in Robertsganj and

lowest (2231) in Babhani. Regarding post natal care in the district, 22720 women received postnatal care within 48 hours while 15263 received in between 48 hours and 14 days. Myorepur block had the highest number (4321) of recipients of post natal care within 48 hours while lowest recipients found in Navgaon(834).

**Table 6: Block-wise status of TT recipients and Postnatal Care in Sonbhadra , Uttar Pradesh, 2016-17**

Block	TT1	TT2	PNC within 48 hrs after delivery	PNC between 48 hrs and 14 days after delivery
Babhani	1904	2231	1612	985
Chatra	2126	2386	1752	1123
Chopan	6096	7685	3998	3222
Duddi	3012	4579	2317	1650
Ghorawal	4816	6478	3686	2194
Myorepur	6502	7057	4321	3734
Navgaon	1802	2526	834	281
Robertsganj	6312	7687	3405	1922
DCH	455	313	795	152
Total	33025	40942	22720	15263

Source: DPM Unit, Sonbhadra

## 6. JANANI SURAKSHA YOJNA (JSY)

Janani Suraksha Yojna has been implemented by National Health Mission with the aim of reducing maternal mortality rate and neonatal deaths by promoting institutional deliveries. ASHAs under JSY at village level appointed to promote institutional deliveries. Both the ASHAs and the mothers receive cash incentives under this scheme. The status of JSY payments in Sonbhadra district is presented in Table 7. In the district, JSY payments made for 80 percent institutional deliveries while no payment made for home deliveries. On the other hand 69 percent ASHAs received payments under JSY. All records related to JSY were found available and updated.

**Table 7: Status of JSY Payments in Sonbhadra, Uttar Pradesh, 2016-17**

Status of payments			Record maintenance		
Institutional deliveries	Home Deliveries	ASHAs	Available	Updated	Non updated
80.0	0.0	69.0	YES	YES	

Source: DPM Unit, Sonbhadra

## 7. JANANI SHISHU SURAKSHA KARYAKRAM (JSSK)

Under JSSK scheme of National Health Mission, mothers are entitled to get free transport to government hospitals from home, referral transport and also drops back home safely after 48 hours

of delivery. Mothers receive free diet, drugs and treatment under this scheme. Also the children under one year of age are the beneficiaries of this scheme. Table 8 presents the details of the beneficiaries under JSSK in Sonbhadra district. It can be seen that a total of 9336 women benefited from diets while 22271 women received drugs as well as diagnosed. With respect to transport, 9527 transported from home to facility, 8842 from facility to home and 1752 women were referred to other facilities (Table 8).

**Table 8: Beneficiaries from JSSK, Sonbhadra, Uttar Pradesh, 2016-17**

Blocks	No. of Beneficiaries under JSSK					
	Diet	Drugs	Diagnostic	Transport		
				Home to Facility	Referral	Facility to Home
Babhani	1049	1331	1331	971	179	901
Chatra	1217	2075	2075	1308	246	1217
Chopan	310	3134	3134	742	148	689
Duddi	900	2873	2873	971	194	900
Ghorawal	1806	3157	3157	1490	188	1394
Myorepur	745	2820	2820	808	154	745
Navigaon	430	1189	1189	395	79	355
Robertsganj	1749	4538	4538	1787	355	1660
DCH	1130	1154	1154	1055	209	981
Total	9336	22271	22271	9527	1752	8842

Source: DPM Unit, Sonbhadra

## 8. MATERNAL DEATH

Maternal deaths refer to the deaths of women during any time of pregnancy. In the last financial year, Sonbhadra district witnessed 32 maternal deaths (Table 9). Of the total deaths, 19 deaths occurred at home, 5 in hospital and 8 in transit. Most of the deaths occurred post to delivery (19). During delivery 8 deaths occurred while 5 deaths occurred after delivery. Though most of the cases the reasons of death unknown, Haemorrhage found one of the major causes of deaths.

**Table 9: Maternal Death Status of Sonbhadra, Uttar Pradesh, 2016-17**

Total Maternal Deaths	Place of Deaths			Major Reasons	Month Of pregnancy		
	Hospital	Home	Transit		During pregnancy	During Delivery	Post Delivery
32	5	19	8	Hemorrhage-5 Hypertension-1 Others-26	5	8	19

Source: DPM Unit, Sonbhadra

## 9. CHILD HEALTH

### 9.1 INFRASTRUCTURES AND SERVICES

Child health remains an important component of National Health Mission like maternal health. In order to reduce child deaths, well maintained physical infrastructures are the most essential along with adequate and well trained staffs. With regard to infrastructures under neonatal health, the district is operational with 1 Special New Born Care Unit (SNCU), 2 New Born Stabilisation Unit (NBSU), 9 New born Care Corner and 1 Nutritional Rehabilitation Centres(Table 10). The SNCU, NBSU and NRC functional with 4 staffs in each wing. In the last financial 266 children were admitted in the NRC. In SNCU 217 children had admitted while all discharged after treatment.

**Table 10: Infrastructure and Services Under Neonatal and Child Health, Sonbhadra, Uttar Pradesh, 2016-17**

Total SNCU	1
Total NBSU	2
Total NBCC	9
Total Staff in SNCU	4
Total Staff in NBSU	4
Total NRCs	1
Total Admissions in NRCs	266
Total Staff in NRCs	4
Total Neonates Admitted in to SNCU	217
Average duration of stay in NRCs	-

Source: DPM Unit, Sonbhadra

### 9.2. CHILD IMMUNISATION

In order to reduce infant and child deaths, immunization has been carried out against six vaccine preventable diseases as a preventive measure. The block-wise data on immunisation targets and achievements is presented in Table 11. It can be observed that, in the last financial year 57 percent children have been fully immunised as against the set target. The Block-wise performance shows that the percentage of achievement against the target is highest in Babhani block (74.1) while lowest in Myorepur block (49.7,Table 11). With regard to DPT, the number of children vaccinated seen increasing from DPT 1 to DPT 3 in each block. A total of 42065 children received measles in the last financial year while in Chopan block measles recipient seen highest (8305) and lowest in Chatra block (2368).

**Table 11: Status of Child Immunization in Various Blocks of Sonbhadra, Uttar Pradesh, 2016-17**

Block	Target	OPV at birth	BCG	DPT			OPV			Measles	Full Immunization	% Fully immunised
				1	2	3	1	2	3			
Babhani	3518	1265	2968	56	65	198	2735	2726	2675	2646	2608	74.1
Chatra	3537	1033	2497	48	64	168	2408	2311	2283	2368	1889	53.4
Chopan	10794	2021	8594	477	625	1021	9438	9237	8562	8305	4983	46.2
Duddi	6153	1851	5040	125	231	509	4690	4617	5023	4387	4539	73.8
Ghorawal	9140	2244	6143	70	181	532	6863	6788	6699	6924	6660	72.9
Myorepur	14287	1915	6048	83	97	269	8053	7704	7726	7188	7102	49.7
Navgaoan	3303	637	637	9	116	254	2668	2532	2550	2555	2377	72.0
Robertsganj	9627	3437	3437	261	171	540	6994	6825	7052	6934	4941	51.3
DCH	1356	750	750	7	25	52	707	645	635	758	364	26.8
Total	61715	15153	36114	1136	1575	3543	44556	43385	43205	42065	35463	57.5

Source: DPM Unit, Sonbhadra

## 10. RASHTRIYA BAL SWASTHYA KARYAKRAM (RBSK)

Rashtriya Bal Swasthya Karyakram is an initiative taken by NHM to identify 4 Ds (Defects at birth, deficiencies, diseases, development delays including disability) for the children from birth to 18 years of age. The service aims to cover 0-6 years of age in rural areas and urban slums in addition to children enrolled in classes 1<sup>st</sup> to 12<sup>th</sup> in government and government aided schools. In the year 2016-17, out of the total diagnosed (164815), 4796 children were referred to other facilities, 18 children detected with eye disease, 1116 with ear disease, 1 with heart disease, 149 physically challenged and 1916 detected anemic (Table 12).

**Table 12: RBSK Progress in Sonbhadra, Uttar Pradesh in the last two financial years**

Years	No. of Schools	No. of children registered	Children Diagnosed	No. of Children referred	Eye Disease	Ear Disease	Heart disease	Physically challenged	Anemic
2016-17	2464	265820	164815	4796	18	1116	1	149	1916
2015-16	1971	188839	160482	6454	-	-	-	-	-

Source: DPM Unit, Sonbhadra

## 11. FAMILY PLANNING

India is the second largest populous country in the world. Viewing the alarming rate of population growth, family Planning has been an important component of different policies and programs which not only aims to check the population growth but also reduce maternal and child death by providing better reproductive health. With regard to sterilisation (Table 13) 37.3 percent sterilisation (male and female) have been achieved against the set target while the cases of male sterilisation seen negligibly.

**Table 13: Block-Wise Achievements of Family Planning, Sonbhadra, Uttar Pradesh, 2016-17**

Block	Target	Sterilizations		Total Sterilisation (% Ach)	IUCD insertions		Oral Pills		Emergency Contraceptive Pills		Condoms	
		Male	Female		Target	Ach(% Ach)	Target	Ach(% Ach)	Target	Ach(% Ach)	Target	Ach(% Ach)
Babhani	242	5	0	5(2.1)	491	654(133.2)	12337	3808(30.9)	235	176(74.9)	109584	25356(23.1)
Chatra	544	0	0	0(0.0)	534	429(80.3)	11076	5734(51.8)	319	319(100.0)	69624	11554(16.6)
Chopan	1819	0	0	0(0.0)	1728	1298(75.1)	13611	6138(45.1)	86	86(100.0)	107272	46894(43.7)
Duddi	444	11	305	316(71.2)	513	882(171.9)	12074	1703(14.1)	460	224(48.7)	99288	5352(5.4)
Ghorawal	1456	0	1174	1174(80.6)	1509	749(49.6)	13923	11869(85.2)	752	369(49.1)	216936	50987(23.5)
Myorepur	2716	113	67	180(6.6)	1800	489(27.2)	14199	4416(31.1)	715	161(22.5)	257949	19063(7.4)
Navgaon	537	0	91	91(16.9)	470	108(23.0)	10855	1837(16.9)	530	338(63.8)	77683	20848(26.8)
Robertsganj	2344	0	1786	1786(76.2)	1375	1391(101.2)	19184	7065(36.8)	345	212(61.4)	208070	26744(12.9)
DCH	22	3	222	225(1022.7)	230	216(93.9)	1135	346(30.5)	346	65(18.8)	1450	352(24.3)
Total	10124	132	3645	3777(37.3)	8650	6216(71.9)	108394	42916(39.6)	3788	1950(51.5)	1147856	207150(18.0)

Source: DPM Unit, Sonbhadra

Block-wise data shows that Ghorawal block has highest percentage of sterilisations (80.6) while lowest reported at Babhani block (2.1). In case of IUCD insertions, the achievement percentage was 71.9 as against the set target in the district. IUCD insertions seen highest in Babhani block (133.2) and lowest in Navgaon( 27.0). Regarding Oral pills the achievement percentage seen highest in Ghorawal block (85.2) and lowest in Navgaon(16.9). Chatra and Chopan blocks achieved 100 percent target in distribution of Emergency Contraceptive Pills. In case of Condoms, the percentage

achievement against the target is highest in Chopan block (43.7) and lowest in Duddi block. (5.4) achieved.

## 12. ADOLESCENT REPRODUCTIVE AND SEXUAL HEALTH (ARSH)

ARSH wing is functioning well in the district. In different blocks of the district 2200 counselling sessions conducted in the last financial year. A total of 53790 adolescents attended the counselling session. Severe anaemic cases found among 71 cases, any anaemic among 221 cases while RTI/STI cases detected among 105 adolescents. IFA tablets were provided to 16595 adolescents.

**Table 14: Block-wise Status of ARSH, Sonbhadra, Uttar Pradesh, 2016-17**

Blocks	No. of Counselling sessions conducted	No. of Adolescents who attended the counseling sessions	No. of Anemic Adolescents		IFA Tablets given	No. of RTI/STI cases
			Severe Anemic	Any Anemic		
Babhani	245	4282	1	10	487	5
Chatra	240	6929	2	8	1969	7
Chopan	249	5340	7	19	2845	15
Duddi	250	5430	8	25	1784	16
Ghorawal	250	7288	21	50	1948	21
Myorepur	240	2318	18	57	1480	15
Navgaon	235	6273	3	10	2157	5
Robertsganj	250	12509	8	25	2984	19
DCH	241	3421	3	17	941	2
Total	2200	53790	71	221	16595	105

Source: DPM Unit, Sonbhadra

## 13. QUALITY IN HEALTH CARE SERVICES

Maintaining proper hygiene and sanitation is one of the integral parts of a health facility. Clean and hygienic premises have a big impact on health. With respect to bio-medical waste management, 9 facilities having bio-medical pits and colour coded bins (Table 15). The facility-wise distribution shows that bio-medical pits and colour coded bins are available in the district hospital, 6 Community Health Centres and 2 Primary Health Centres. Fumigation drive have been conducted at every level of health care facilities as per requirement. No staffs received training on infection control in the last year.

**Table 15: Quality in Health Care Services, Sonbhadra, Uttar Pradesh, 2016-17**

Bio-Medical Waste Management	DH	CHC	PHC	Total
No of facilities having bio-medical pits	1	6	2	9
No. of facilities having colour coded bins	1	6	2	9
Outsourcing for bio-medical waste	Yes			
If Yes name company				
Infection Control				
No. of times fumigation is conducted in a year	As per requirement			
Training of staff on infection control	0	0	0	

Source: DPM Unit, Sonbhadra

## 14. COMMUNITY PROCESS

In the process of improving maternal and child health services, Community level health workers such as ASHAs play an important role which not only promote institutional deliveries but also help in reducing maternal and child deaths to a greater extent. Currently 1415 ASHAs are working while 133 positions are lying vacant. In the year 2016-17, 96 meetings conducted at the district level (Table 16). There is no ASHA resource centre available at the district. A total of 320 ASHAs received training on 6 and 7 module as well as 8 days induction training in the last year.

**Table 16: Community Process in Sonbhadra, Uttar Pradesh, 2016-17**

Last status of ASHAs (Total number of ASHAs)	
ASHAs presently working	1415
Positions vacant	133
Total number of meeting with ASHA ( in a Year)	96
Total number of ASHA resource centres/ ASHA Ghar	0
Drug kit replenishment	1
No. of ASHAs trained in last year	320
Name of Training Received	6&7 module, 8 days induction

Source: DPM Unit, Sonbhadra

## 15. AYUSH

In Sonbhadra district, each block is having 1 AYUSH health centre. A total of 9 AYUSH health centres are functioning in the district having 19 doctors in its domain. In the last financial year a total of 147927 patients received treatment from AYUSH health centres (Table 17). The number of

patients received treatment found highest in Robertsganj block (32701) while lowest was in Myorepur block (6126)

**Table 17: Status of AYUSH in Sonbhadra Uttar Pradesh, 2016-17**

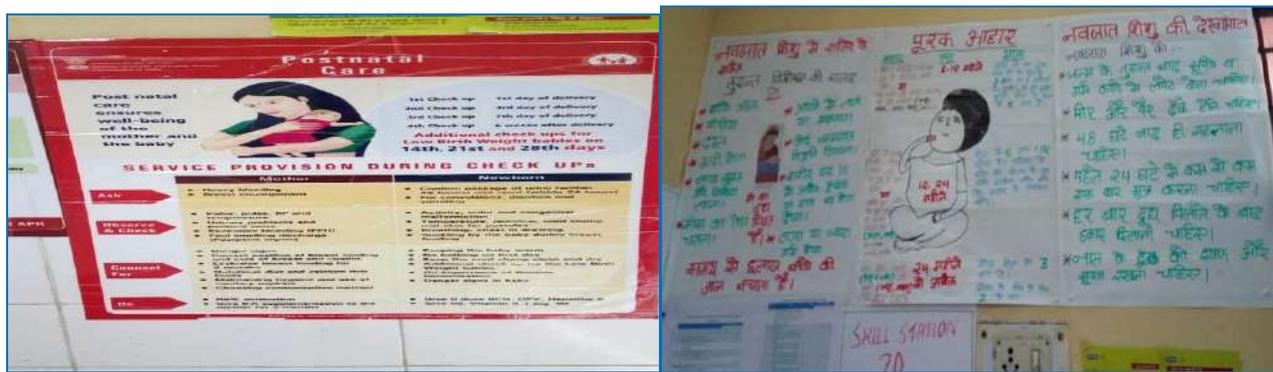
Block	No. of facilities with AYUSH health centres	No. of AYUSH Doctors	No. of patients received treatment
Babhani	1	2	7322
Chatra	1	2	18733
Chopan	1	2	8262
Duddi	1	2	12554
Ghorawal	1	2	20632
Myorepur	1	4	6126
Navgaon	1	2	17323
Robertsganj	1	1	32701
DCH	1	2	24274
Total	9	19	147927

Source: DPM Unit, Sonbhadra

## 16. INFORMATION, EDUCATION AND COMMUNICATION (IEC)

Under NHM, IEC materials play an important role in disseminating information regarding various health issues and governmental health programmes. Adequate displays of IEC materials at various places of the health facilities make the people aware of different diseases and remedies. Though IEC materials related to Family Planning, institutional delivery, breastfeeding and immunization, diseases like TB, Malaria, Leprosy and HIV were noticed but they were in depleted condition and was not placed in suitable locations of the facility. Some materials at the district hospital as well as other visited facilities noticed old and were not clearly visible from a distance.

**Figure 2: Displayed IEC materials at Various Health Facilities, Sonbhadra, Uttar Pradesh**



## 17. BUDGET UTILISATION PARAMETRES

With respect to budget utilisation parameters, around 56 percent of the allocated fund was utilised in the last financial year. The scheme wise figures show that out of the total allocated fund in each scheme, highest percentage of fund seen utilised in NUHM (69.64) followed by RCH Flexible pool

(65.50) while lowest fund was utilised in NIDDCP. On the other hand 45 percent utilised in NHM flexible pool, 63 percent in immunisation cost, 57 percent in communicable disease, and 4 percent in Non-communicable disease.

**Table 18:Percentage of Funds Utilised, Sonbhadra , Uttar Pradesh, 2016-17**

Scheme/Programme	Sanctioned	Utilised	Percentage Fund utilized
RCH Flexible Pool	1744.19	1142.36	65.50
NHM Flexible Pool	1238.49	555.40	44.84
Immunization cost	154.34	98.00	63.50
NIDDCP	0.10	0.00	0.00
NUHM	39.53	27.53	69.64
Communicable disease	289.53	166.47	57.50
Non Communicable	96.68	4.12	4.26
Infrastructure			
<b>Total</b>	<b>3562.86</b>	<b>1993.88</b>	<b>55.96</b>

Source: DPM Unit, Sonbhadra

## 18. HMIS AND MCTS

HMIS and MCTS are functioning well in the district. HMIS have been implemented in each facility of the district. Records have been maintained properly. Programme managers use data for monthly reviews at all levels. Service delivery data have been uploaded regularly in the district. Overall, HMIS and MCTS are functioning smoothly in the district as reported.

## 19. FACILITY-WISE OBSERVATIONS

### 19.1 DISTRICT HOSPITAL, SONBHADRA

The district hospital is situated at the district headquarter Robertsganj. Hospital is functional in an old government building with sufficient space and boundary.

**Figure 3: District Hospital, Robertsganj, Sonbhadra**



### **Infrastructures and Equipment**

- Health facility is operational on a government building and is easily accessible from the nearest road. Staff quarters are available for all the health staffs of the hospital including the fourth class employees. Special wards like SNCU, NRC, BB/BSU, ARSH clinic are functional in the district hospital. Male and female wards have been separated by partition.

**Figure 4: Different Wings of District Hospital, Robertsganj, Sonbhadra, Uttar Pradesh**



- Water supply runs for 24 hours at the hospital. Also electricity with power back have been available.
- Complaint suggestion box and ICTC/PPTCT and functional help desk were available.
- All essential equipment were available including BP instruments, Stethoscope, sterilized delivery sets, weighing machine (functional), radiant warmer, foetal dropper, functional mobile light, delivery tables, functional autoclave, functional ILR and deep Freezer, MVA/EVA equipment etc. O.T. equipment such as O.T. Lights, ceiling, mobile, anaesthesia machines, pulse-oximeters, laparoscopes mobile, ventilators, surgical diathermies and c-arm unit autoclaves were available in a functional form. The Laboratory equipments such as, microscope, hemoglobinometer, Centrifuge, semi autoanalyzer. Reagents testing kits, ultrasound scanner, C.T. scanner, X-ray units and ECG machines were available and functional.

### **Human Resources and Training**

Regarding human resources, in regular posts there are 3 Anaesthetists, 1 paediatrician, 4 Medical Officers, 8 Staff Nurses, 6 LTs, 10 Pharmacists, 1 Radiographer and 1 RMNCHA counsellor while in contractual posts 1 Paediatrician, 3 Staff Nurses, 2 ANMs, 4 LTs and 1 LTs working. Training status shows that 4 staffs (3 SNs and 1 ANM) received training in SBA, 9 in Mini Lap-Sterilisations and 11 in IUCD in the last financial year.

### **Drugs and Supplies**

- Drugs including IFA tablets, syrup, vitamin A syrup, ORS packets, Zinc tablets, Inj Magnesium sulphate, Inj Oxytocinisoprostol tablets, Mifepristone tablets, antibiotics, drugs for common ailments like PCM, metronidazole, anti-allergic drugs have been adequately available.
- Supplies like pregnancy testing kits, OCPs, sanitary napkins, EC pills and IUCDs were available. Essentials consumables like Gloves, Mckintosh, Pads, bandages and gauze were available.

### **Lab Services**

- Laboratory had the provision of various tests such as Haemoglobin, CBC, Urine albumin and sugar, Blood Sugar, RPR, Malaria, T.B., Liver Function, Ultrasound Scan and X-ray.
- ECG and Endoscopy facility is not available.
- Functional blood bag refrigerators with chart for temperature recoding is available.

### **Service Delivery in Last two financial years**

- With respect to service delivery in last two financial years, 212319 patients registered at OPD in 2016-17, a significant rise from 189000 in 2015-16. On the other hand, 11361 registered in IPD in 2016-17 while 9248 registered in 2015-16.
- Service delivery in the postnatal wards show that all mothers initiated breastfeeding within one hour of normal delivery, zero dose BCG, Hepatitis B and OPV given, counselling and family planning done, all mothers were advised to stay for 48 hours, JSY payments were given before discharge and diets were provided to all mothers free of charge.
- Registers related to OPD, IPD, ANC and PNC were available and updated. Though IEC materials noticed in some places of the district hospitals these were old.

## **19.2 COMMUNITY HEALTH CENTRE, GHORAWAL**

CHC Ghorawal is located at a distance of 30 kilometres from the district head quarter having a catchment population of 300000.

**Figure 5: Community Health Centre, Ghorawal, Sonbhadra**

### **Infrastructures and Equipment**

- The CHC is operational in a government building. Quarters are available for all staffs of the facility including the fourth class employees. Female wards were available separately. Water supply runs for 24 hours and electricity with power back up facility available.
- Toilets were available but not attached to the labour room. No separate toilets were available for females.
- ARSH clinic was not available separately. Complaint suggestion box was not available. Also no separate mechanisms functional for biomedical waste management.
- Equipments like functional BP instrument, stethoscope and sterilised delivery sets were not available. Sterilised delivery sets, neonatal, paediatric and adult resuscitation kit, weighing machine for adult and infants and needle cutter were available while radiant warmer and suction apparatus were not available. On the other hand MVA/EVA equipment, eautoclave, ILR, Deep Freezer, emergency tray with emergency injections etc. were available and functional.
- Only Hemoglobinometre has been available while other laboratory equipment such as microscope, centrifuge, semi autoanalyzer , reagents and testing kits were not functional at the facility.

### **Human Resources and Training**

With respect to human resources there are 3 Medical officers, 4 Staff Nurses, 2 ANMs and 2 LTs working at the facility. In the last year, 4 staffs received training on SBA, F-IMNCI, NSSK and PPIUCD and 1 in immunisation and cold chain.

### **Drugs and Supplies**

- Essential drugs such as IFA tablets, IFA syrup with dispenser, Vitamin A syrup, ORS packets, Zinc tablets, Inj Oxytocin, Misoprostol tablets, Mifepristone tablets, antibiotics and labelled emergency tray were available. Also adequate vaccine stocks were available.
- Supplies like pregnancy testing kits, urine albumin and sugar testing kits, OCPs, EC pills, IUCDs and sanitary napkins were available. Consumables like Gloves, Mckintosh, Pads, bandages and gauzes were reportedly available in adequate numbers.
- EDL and computerised inventory management were not available

### **Lab Services**

- Laboratory has the provision to test Haemoglobin, Malaria, T.B. and HIV while to conduct the tests like CBC, Urine albumin and sugar, blood sugar and RPR were not available.
- Functional blood bag refrigerators with chart for temperature recording and blood bags were not available.

### **Service Delivery in Last two financial years**

- With respect to service delivery in the last two quarters, the number of patients registered in OPD for the year 2015-16 is 45341 which increased to 49610 in 2016-17. In case of IPD registration, 4402 registered in 2015-16 and 4799 in 2016-17. In the year 2016-17 the number of deliveries declined to 1774 from 2282 in 2015-16. Pregnant women referral cases were 230 in the year 2016-17. IUCD insertion increased to 49 women in 2016-17 from 438 in 2015-16. Regarding still births, in the year 2016-17, 38 still births reported while 33 reported in 2015-16 at the CHC last year while 1 neonatal death reported.
- With respect to service delivery in the Post natal wards, all mothers initiated breastfeeding within one hour of normal delivery, zero dose BCG, Hepatitis B and OPV given, counselling and family planning done, all mothers were advised to stay for 48 hours,
- The OPD, IPD, ANC , PNC, Labour room , line listing of severely anaemic pregnant, Indoor bed head ticket, Family planning , Immunisation, Drug stock, referral and payments under JSY registers have been maintained properly.
- Though IEC materials have been displayed with messages on Citizen Charter, JSSK entitlements, Immunisation schedule etc at prominent places, these materials noticed old and were not properly visible. IEC materials showing directions to the health facility, timing of the facility, JSSK entitlements were not available.

### 19.3 PRIMARY HEALTH CENTRE, KAKRAHI

PHC, Kakrahi is situated at a distance of about 12 kilometres from the district headquarter and is easily accessible from the nearest road. The facility is having a proper boundary with a catchment population of 308000 from the nearby areas.

**Figure 6: Primary Health Centre, Kakrahi, Sonbhadra**



#### **Infrastructures and Equipments**

- The facility is functional in an old government building. The building is in a depleted condition. The premises of the facility was not clean and found water logged. Staff quarters have been available for all the staffs. Water supply runs for 24 hours. Electricity with power back up facilities have been available. Toilets were not available separately for males and females. Male and female wards were not available separately. Waste management facilities and complaint box were available.
- Equipment like BP instrument, stethoscope sterilised delivery sets, neonatal, paediatric and adult resuscitation kit, weighing machine for adult and infants, needle cutter, radiant warmer, suction apparatus, autoclave, ILR, Deep Freezer, and emergency tray with emergency injections and MVA/EVA equipment were available and functional. Laboratory equipment like microscope, hemoglobinometer, centrifuge, semi autoanalyzer, reagents and testing kits are functional

#### **Human Resources and Training**

Regarding human resources, in regular posts, 1 medical officer, 1 ANM, 1 LT, 2 Pharmacist and 1 LHV working while in contractual posts 1 Medical Officer and 4 Staff Nurses working at the

facility. Of the total staffs, 1 received training in NSSK, 1 in Mini Lap, 4 in IUD, 1 in RTI and 1 in Immunisation and cold chain in the last financial year.

### **Drugs and Supplies**

- Essentials drugs like IFA tablets, IFA syrup with dispenser, Vitamin A syrup, ORS packets, Zinc tablets, Inj Magnesium Sulphate, antibiotics and labelled emergency tray were available.
- Inj Oxytocin, Misoprostol tablets and Mifepristone tablets were not available.
- Supplies like pregnancy testing kits, urine albumin and sugar testing kits, OCPs, IUCDs and sanitary napkins were available while EC pills not available.

### **Lab Services**

- Different kind of tests such Haemoglobin, Urine albumin and sugar, Malaria , Tuberculosis and HIV facilities were available.
- CBC, Serum Bilirubin test, Blood Sugar and RPR tests were not carried out.

### **Service Delivery in Last two financial years**

With respect to service delivery in last two years, number of persons registered at OPD substantially increased to 47914 in 2016-17 from 33103 in 2015-16. Similarly the facility witnessed a rise in the number of IPD patients in 2016-17(1377) as compared to 2015-16(787). Total deliveries conducted seen declines to 868 in 2016-17 from 912 in 2015-16. Referral cases declines for both children and women in the last year as compared to previous year. Number of women registered for ANC increased to 481 in 2016-17 from 332 in the year 2015-16. The percentage women received ANC 3 as compared to ANC registration observed higher in 2016-17 as compared to 2015-16. IUCD insertions noticed higher in 2016-17 (100) as compared to 2015-16(57). Mini lap increased substantially in the year 2016-17(1787) than 2015-16. Number Children received full immunisation and vitamin A syrup seen increases in the year 2016-17. Regarding deaths, 5 still births, 8 neonatal deaths and infant deaths while no maternal deaths occurred in the last year. (Table 19).

**Table 19: Service Delivery in last two years, Primary Health Centre, Kakrahi, Sonbhadra, Uttar Pradesh, 2016-17**

Service Utilization Parameter	2015-16	2016-17
OPD	33103	47914
IPD	787	1377
Total deliveries conducted	912	868
No. of sick children referred	25	10
No. of pregnant women referred	45	13
ANC1 registration	332	481
ANC 3 Coverage	222	352
No. of IUCD Insertions	57	100
No. of PPIUCD insertions		
No. Of vasectomies		
No. of Minilap	706	1787
No. of children fully immunized	87	98
No. of children given Vitamin A	87	98
Total MTPs	-	-
Maternal deaths	2	0
Still births, if any	6	5
Neonatal deaths, if any	15	8
Infant deaths, if any	9	3

- Service delivery in the post natal ward shows that all mothers initiated breastfeeding within one hour of normal delivery, zero dose of BCG, Hepatitis B and OPV given, counselling and family planning done, all mothers were advised to stay for 48 hours, JSY payments were given before discharge.
- All registers related to OPD, IPD, ANC, indoor bed head ticket, labour room, OT, FP, Immunisation, Drug stock, Referral and JSY payments were available and updated.
- IEC materials on road directions to health facility, citizen charter, facility timing, list of services and drug lists have been available while protocol posters, JSSK entitlements, immunisation schedule and JSY entitlements were not available.

#### 19.4 SUB-CENTRE, SAHIJANKALA

Sub-centre, Kakrahi is located at a distance of 22 kilometres from the nearest Primary Health Centre and covers a total population of 10323 from 14 villages. It is running with 1 ANM and 4 ASHAs.

**Figure 7: Sub-Centre Sahijankala, Sonbhadra**

### **Infrastructures and Equipment**

- Sub-centre is functional in an old government building and is located near the main habitations. Staff quarter has been available for the ANM and is attached to the facility. Labour room was functional with an attached toilet. Complaint/suggestion box was not available. Pit for biomedical pit was not available.
- Equipment such as Haemoglobinometer, BP instrument and stethoscope, delivery equipment, neonatal ambu bag, weighing machine, new born weighing machine, needle and hub cutter and colour coded bins were available while blood sugar testing kits, RBSK pictorial tool kit were not available.

### **Drugs and Supplies**

- Essential drugs like IFA tablets, IFA syrup with dispenser, Vitamin A syrup, ORS packets, Zinc tablets, Inji Magnesium Sulphate, Inj Oxytocin , PCM, metronidazole, and anti-allergic drugs were available while Misoprostol tablet was not available.
- Essential supplies like Urine albumin and sugar testing kits, IUCDS and sanitary napkins were available while OCPs and EC pills were not available.

### **Service Delivery in Last two financial years**

With respect to service delivery in last two years, number of estimated delivery in the Sub-centre remained same (300) for the last two years. Pregnant women received IFA tablets declined to 38 in 2016-17 from 174 in 2015-16. Similarly a substantial declined noticed (375) for deliveries conducted at SC in the year 2016-17 as compared to the previous year (137). Home deliveries conducted declined to 3 in 2016-17 from 12 in 2015-16). Number of women registered for ANC 1

in the year 2016-17 is 92 while 225 women registered in 2015-16. Percentage of women received 3 ANC's as compared to total ANC registrations lower 2016-17 than 2015-16. IUCD inserted among 8 women in 2016-17 which is substantially lower than 2015-16 as 69 carried out in that year. A total 77 children received full immunisation and Vitamin A syrup in the year 2016-17 as compared to 204 children 2015-16. Children administered IFA syrup declined to 35 in 2016-17 from 95 in 2015-16. No maternal deaths, still births and neonatal deaths reported in the last year. A total of 39 VHND's and 5 VHNSC attended in the last financial year.

**Table 20: Service Delivery in the last two years, Sub-Centre, Sahijankala, Sonbhadra, Uttar Pradesh**

<b>Service Utilization Parameter</b>	<b>2015-16</b>	<b>2016-17</b>
Number of Estimated Pregnancies	300	300
Number of Pregnant women received IFA	174	38
Number of deliveries conducted at SC	375	137
Number of deliveries conducted at Home	12	3
ANC1 registration	225	92
ANC 3 Coverage	171	30
No. of IUCD Insertions	69	8
No. of children fully immunized	204	77
No. of children given Vitamin A	204	77
No. of children given IFA syrup	95	35
No. of maternal deaths recorded	0	0
No. of still births recorded	3	0
Neonatal deaths recorded	5	0
Number of VHND's attended	120	39
Number of VHNSC meeting attended	24	5

- Registers including JSY, VHND plan, couple register, MCH register, delivery register, stock register, MCP cards, referral registers, line listing of severe anemic pregnant women, updated micro plan and vaccine supply registers were available.
- IEC materials on timings of Sub-centre, SBA protocol and VHND plan have been displayed.

## 20: CONCLUSIONS AND RECOMMENDATIONS

The monitoring visit reveals a clear picture on various aspects of health care of Sonbhadra district. The district is one of the backward districts of Uttar Pradesh. In many health aspects the performance of the district observed poor.

- Shortage of staffs and infrastructures are the major challenges in the process of service delivery.
- Facilities were observed overburdened due to its high catchment population.
- There are delays in JSY payments which are mainly due to the lack of holding bank accounts by the beneficiaries. Lack of coordination on the part of village Pradhan is one of the problems in the process of untied fund release.
- Untimely release of budget makes it difficult for the facilities to meet their timely requirements.
- Hygiene and sanitation is one of the major issues noticed. Wards were not very clean. Fumigation drive has not been conducted regularly.
- Home deliveries and maternal deaths found high.
- Visited facilities were lacking adequate IEC materials

## RECOMMENDATIONS

- More NHM staffs need to be appointed to improve quality of service.
- Facilities functioning in old buildings need to be renovated or shifted to a new building.
- During ANC visits period all the beneficiaries should be encouraged and facilitated to open bank account so that JSY payments could be made on time.
- Drainage system needs to be developed in order to maintain better hygiene and sanitation practices at the district hospital.
- Sufficient IEC materials should be displayed at the facilities and also old IEC materials need to be replaced with new ones.
- Institutional deliveries need to be promoted through the health personnel.

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

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

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

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

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

**2. Detail of health infrastructures in the last financial year**

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

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

### 3. Human Resource under NHM in the last financial year

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

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

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

LHV/PHN					
ASHA					
Other					

\* Note- Fill number of officials who have received training

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

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

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

.....  
 .....

**5.1 Block wise service delivery indicators in the last financial year**

Block	ANC Registered	3 ANCs	Home Deliveries	Institutional Deliveries

Note- Please include the data for Medical College and DH

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

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


### 5.3 Block wise service delivery indicator in the last financial year

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

Note- Please include the data for Medical College and DH

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

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

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

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


**5.6. Maternal Death Review in the last financial year**

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

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

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

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

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

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

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

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

Note- \* Leave against medical advise

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

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

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

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

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

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

\*Achievement

### 8. ARSH Progress in District in the last financial year

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

### 9. Quality in health care services

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

**10. Community process in District in the last financial year**

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

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

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

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

**12. AYUSH progress District in the last financial year**

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

**13. Budget Utilisation Parameters:**

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

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

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

**Appendix 2:*****District Hospital level Monitoring Checklist***

Name of District: \_\_\_\_\_ Name of Block: \_\_\_\_\_ Name of DH: \_\_\_\_\_

Catchment Population: \_\_\_\_\_ Total Villages: \_\_\_\_\_

Date of last supervisory visit: \_\_\_\_\_

Date of visit: \_\_\_\_\_ Name & designation of monitor: \_\_\_\_\_

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

**Section I: Physical Infrastructure:**

S.No	Infrastructure	Yes	No	Additional Remarks
1.1	Health facility easily accessible from nearest road head	Y	N	
1.2	Functioning in Govt building	Y	N	
1.3	Building in good condition	Y	N	
1.4	Staff Quarters for MOs	Y	N	
1.5	Staff Quarters for SNs	Y	N	
1.6	Staff Quarters for other categories	Y	N	

1.7	Electricity with power back up	Y	N	
1.9	Running 24*7 water supply	Y	N	
1.10	Clean Toilets separate for Male/Female	Y	N	
1.11	Functional and clean labour Room	Y	N	
1.12	Functional and clean toilet attached to labour room	Y	N	
1.13	Functional New born care corner(functional radiant warmer with neo-natal ambu bag)	Y	N	
1.14	Functional Newborn Stabilization Unit	Y	N	
1.16	Functional SNCU	Y	N	
1.17	Clean wards	Y	N	
1.18	Separate Male and Female wards (at least by partitions)	Y	N	
1.19	Availability of Nutritional Rehabilitation Centre	Y	N	
1.20	Functional BB/BSU, specify	Y	N	
1.21	Separate room for ARSH clinic	Y	N	
1.22	Availability of complaint/suggestion box	Y	N	
	Availability of mechanisms for Biomedical waste management (BMW)at facility	Y	N	
1.23	BMW outsourced	Y	N	
1.24	Availability of ICTC/ PPTCT Centre	Y	N	
1.25	Availability of functional Help Desk	Y	N	

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

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

2.13	RMNCHA+ counsellors		
2.14	Others		

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

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

### Section IV: Equipment:

S. No	Equipment	Yes	No	Remarks
4.1	Functional BP Instrument and Stethoscope	Y	N	
4.2	Sterilised delivery sets	Y	N	
4.3	Functional Neonatal, Paediatric and Adult Resuscitation kit	Y	N	
4.4	Functional Weighing Machine (Adult and child)	Y	N	
4.5	Functional Needle Cutter	Y	N	
4.6	Functional Radiant Warmer	Y	N	
4.7	Functional Suction apparatus	Y	N	
4.8	Functional Facility for Oxygen Administration	Y	N	
4.9	Functional Foetal Doppler/CTG	Y	N	
4.10	Functional Mobile light	Y	N	
4.11	Delivery Tables	Y	N	
4.12	Functional Autoclave	Y	N	

4.13	Functional ILR and Deep Freezer	Y	N	
4.14	Emergency Tray with emergency injections	Y	N	
4.15	MVA/ EVA Equipment	Y	N	
4.16	Functional phototherapy unit	Y	N	
4.17	<b>O.T Equipment</b>			
4.18	O.T Tables	Y	N	
4.19	Functional O.T Lights, ceiling	Y	N	
4.20	Functional O.T lights, mobile	Y	N	
4.21	Functional Anesthesia machines	Y	N	
4.22	Functional Ventilators	Y	N	
4.23	Functional Pulse-oximeters	Y	N	
4.24	Functional Multi-para monitors	Y	N	
4.25	Functional Surgical Diathermies	Y	N	
4.26	Functional Laparoscopes	Y	N	
4.27	Functional C-arm units	Y	N	
4.28	Functional Autoclaves (H or V)	Y	N	
	<b>Laboratory Equipment</b>			
4.1a	Functional Microscope	Y	N	
4.2a	Functional Hemoglobinometer	Y	N	
4.3a	Functional Centrifuge	Y	N	
4.4a	Functional Semi autoanalyzer	Y	N	
4.5a	Reagents and Testing Kits	Y	N	
4.6a	Functional Ultrasound Scanners	Y	N	
4.7a	Functional C.T Scanner	Y	N	
4.8a	Functional X-ray units	Y	N	
4.9a	Functional ECG machines	Y	N	

### Section V: Essential Drugs and Supplies:

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

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

### Section VI: Other Services:

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

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

### Section VII: Service Delivery in Last two financial years:

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

### Section VII A: Funds Utilisation

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

**Section VII B: Service delivery in post natal wards:**

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

**Section VIII: Quality parameter of the facility:**

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

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

**Section IX: Record Maintenance:**

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

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

### Section X: IEC Display

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

### Section XI: Additional/Support Services:

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

### Qualitative Questionnaires for District Hospital Level

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

.....  
 .....  
 .....

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

.....  
 .....  
 .....

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

.....  
 .....  
 .....

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

.....  
 .....  
 .....

**Appendix 3:**

**First Referral Unit level Monitoring Checklist**

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

**Section I: Physical Infrastructure:**

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

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

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

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

### Section III: Training Status of HR: (\*Trained in Past 5 years)

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

### Section IV: Equipment:

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

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

### Section V: Essential Drugs and Supplies:

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

### Section VI: Other Services :

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

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

### Section VII: Service Delivery in last two financial years:

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

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

### Section VII a: Service delivery in post natal wards:

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

### Section VIII: Quality parameter of the facility:

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

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

### Section IX: Record Maintenance:

S. no	Record	Available and Updated and Correctly filled	Available but Not maintained	Not Available	Remarks /Timeline for completion
9.1	OPD Register				
9.2	IPD Register				

9.3	ANC Register			
9.4	PNC Register			
9.5	Indoor bed head ticket			
9.6	Line listing of severely anaemic pregnant women			
9.7	Labour room register			
9.8	Partographs			
9.9	OT Register			
9.10	Immunisation Register			
9.11	Blood Bank stock register			
9.12	Referral Register (In and Out)			
9.13	MDR Register			
9.14	Drug Stock Register			
9.15	Payment under JSY			

### Section X: Fund Utilisation

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

### Section XI: IEC Display:

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

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

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

**Section I: Physical Infrastructure:**

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

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

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

## Section III: Training Status of HR

(\*Trained in Last Financial Year)

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

## Section IV: Equipment

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

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

### Section V: Essential Drugs and Supplies

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

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

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

### Section VII: Service Delivery in last two years

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

**Section VII a: Service delivery in post natal wards:**

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

**Section VIII: Quality parameter of the facility**

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

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

**Section IX: Record Maintenance:**

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

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

### Section X: Funds Utilisation

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

### Section XI: IEC Display:

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

### Section XII: Additional/Support Services:

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

12.6	Grievance redressal mechanisms	Y	N
12.7	Tally Implemented	Y	N

**Qualitative Questionnaires for PHC/CHC Level**

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

.....  
 .....

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

.....  
 .....

Any counselling being conducted regarding family planning measures.

.....  
 .....

**Appendix 5:**

*Sub Centre level Monitoring Checklist*

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

**Section I: Physical Infrastructure:**

S.No	Infrastructure	Yes	No	Remarks
1.1	Sub centre located near the main habitation	Y	N	
1.2	Functioning in Govt building	Y	N	
1.3	Building in good physical condition	Y	N	
1.4	Electricity with power back up	Y	N	
1.5	Running 24*7 water supply	Y	N	
1.6	ANM quarter available	Y	N	

1.7	ANM residing at SC	Y	N	
1.8	Functional labour room	Y	N	
1.9	Functional and clean toilet attached to labour room	Y	N	
1.10	Functional New Born Care Corner (functional radiant warmer with neonatal ambu bag)	Y	N	
1.11	General cleanliness in the facility	Y	N	
1.12	Availability of complaint/ suggestion box	Y	N	
1.13	Availability of deep burial pit for biomedical waste management / any other mechanism	Y	N	

### Section II: Human Resource:

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

### Section III: Equipment :

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

### Section IV: Essential Drugs:

S. No	Availability of sufficient number of essential Drugs	Yes	No	Remarks
4.1	IFA tablets	Y	N	
4.2	IFA syrup with dispenser	Y	N	
4.3	Vit A syrup	Y	N	
4.4	ORS packets	Y	N	
4.5	Zinc tablets	Y	N	
4.6	Inj Magnesium Sulphate	Y	N	
4.7	Inj Oxytocin	Y	N	
4.8	Misoprostol tablets	Y	N	
4.9	Antibiotics, if any, pls specify	Y	N	
4.10	Availability of drugs for common ailments e.g PCM, metronidazole, anti-allergic drugs etc.	Y	N	

### Section V: Essential Supplies

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

### Section VI: Service Delivery in the last two years:

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

## Section VII: Record Maintenance:

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

## Section VII A: Funds Utilisation

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

**Section VIII: IEC display:**

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

**Qualitative Questionnaires for Sub-Centre Level**

1. Since when you are working here, and what are the difficulties that you face in running the Sub-centre.  
 .....  
 .....
2. Do you get any difficulty in accessing the flexi pool.  
 .....  
 .....
3. On what head do you spend money of flexi pool? Do you keep record of money spend on the maintenance of infrastructure.  
 .....  
 .....