

**NATIONAL HEALTH MISSION**



**A Report On  
Monitoring of Important Components of  
NHM Programme Implementation in  
Sonipat District, Haryana**



**Submitted to**



**MINISTRY OF HEALTH AND FAMILY WELFARE  
GOVERNMENT OF INDIA**

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## ACRONYMS AND ABBREVIATIONS

AMG	Annual Maintenance Grant
ANM	Auxiliary Nurse Midwife
AYUSH	Ayurveda, Yoga & Naturopathy, Unani, Siddha and Homoeopathy
BEMOC	Basic Emergency Obstetric Care
BMW	Biomedical waste
BPM	Block Programme Manager
BSU	Blood Storage Unit
CMHO	Chief Medical and Health Officer
DH	District Hospital
DPM	District Programme Manager
ECG	Electrocardiography
EMOC	Emergency Obstetric Care
FRU	First Referral Unit
HMIS	Health Management Information System
IEC	Information, Education and Communication
IPD	In Patient Department
IUCD	Intra Uterine Contraceptive Device
IYCF	Infant and Young Child Feeding
JSSK	JananiShishuSurakshaKaryakram
JSY	JananiSurakshaYojana
KMC	Kangaroo Mother Care
LHV	Lady Health Visitor
LSAS	Life Saving Anaesthetic Skill
LT	Laboratory Technician
MCTS	Mother and Child Tracking System
MMU	Mobile Medical Unit
MO	Medical Officer
MoHFW	Ministry of Health and Family Welfare
NBCC	New Born Care Corner
NBSU	New Born Stabilization Unit
NHM	National Health Mission

OCP	Oral Contraceptive Pill
OPD	Out Patient Department
OPV	Oral Polio Vaccines
PIP	Programme Implementation Plan
PRC	Population Research Centre
RBSK	RAshtiye Bal Surkhsha Yojna
SBA	Skilled Birth Attendant
SN	Staff Nurse
SNCU	Sick New Born Care Unit

## EXECUTIVE SUMMARY

The report focuses on the annual quality monitoring of essential components of NHM of the Sonipat District of Haryana. Population Research Center (PRC), Delhi assigns to monitor the basic key health areas. The PRC, Delhi team on the basis of field observation checklist, PIP document and semi structured schedule prepared this report. The team visited the following healthcare facilities: district office, Civil Surgeon Hospital Sonipat, Community Health Center (CHC) Gannaur, Primary Health Centre, Murthal and Sub Centre, Raipur and Jatheri. Following are the major strength and weakness in the functioning of NHM programmes in the district.

### Strengths:

- ✚ The physical infrastructure of the health facilities was well maintained and basic cleanliness was observed in the facilities. All the health facility namely, district hospital ,community health centre, public health centre and sub centre were functioning in government premises and had sufficient space for smooth and unfettered health provisioning except sub centre Jatheri.
- ✚ Sonipat District is performing well in encouraging institutional deliveries. There has been a steep decline in home deliveries in the district. The percentage of institutional deliveries to total reported deliveries was 98 per cent in the year 2015-16 (HMIS 2015-16).
- ✚ The IEC displays were effectively displaced in all the health facilities. Posters of timing of facilities and immunization session , ambulance services , family planning, JSSK, JSY, KMC, ICTC, full immunization, NCD, with wall paintings of drugs list, emergency numbers and details of staff shifts and room numbers.
- ✚ Sonipat district is performing well in full immunization coverage. Ninety eight percent children were fully immunized in the year of 2016-17. With the help of Tika Express Van under National Tika Express program and provision of free recharge on each vaccination of children is significantly decreasing the numbers of drop out of child immunization.
- ✚ In addition to program mandated activity-based incentives, ASHAs also receive a fixed amount of Rs. 1000 per month from the State government. Besides, the State further motivates the ASHAs by providing additional monetary incentive which is equal to one-half of the total incentives earned by ASHAs through programme activities and incentive



of Rs. 200 per institutional delivery of non JSY women. All the payment transactions for ASHAs are performed through online fund transfer system.

- ✚ Special new born care unit (SNCU) in the district is also well functioning in the district hospital. The Kangaroo Mother Care Program (KMC) newly launched in the Sonipat district to improve NMR and IMR. In this program the new born babies hampered with the standard care by skin to skin contact from their mother, family or volunteers. After the observation in the SNCU the infant transfer to the KMC unit for further care.

### Weakness:

- ✚ Although the Sonipat district is encouraging well for the girl child but still the sex ratio of Sonipat district is lower than the Haryana. As per the Census ,2011 data the overall sex ratio of the Sonipat district stood at 856 women per 1000 males which is not only lower than 879 for Haryana but also far below than all India sex Ratio of 940. Also, the child sex Ratio (0-6 age) of 798 in the Sonipat district was lower than 834 of Haryana.
- ✚ Sonipat district has large number of Brick Kilns spread across the district and caters large numbers of migratory population. Therefore specific maternal and child care indicators such as under nutrition, anemia and non-receipt of ANC and PNC care and basic vaccines is not happening effectively in the district.
- ✚ A staff quarter at PHC Murthal has been converted into the Block District office and no other accommodation provided to the staff. The Medical Officer has sent the requirement of the staff quarters to the CDMO but not approved yet. Also the available staff quarters at CHC Gannaur were not in good condition.
- ✚ Acute Shortage of human resources was the major issue of the Sonipat district. Existing staff was over burden to delivering health services at state level. Since 2010 the numbers of sanctioned post for medical officer and specialist was not updated. Although the district appointing the medical staff on deputation basis but still large numbers of post is vacant in the health facilities.
- ✚ Lack of training of human resources was also the highlighted reason of poor performance as compare to the expectations. From the past three years no training has been conducted for Minilap/PPS, RTI/STI/HIV screening, FIMNCI and NSSK in the district.

- ✚ There was shortage of IFA tablets, Zink tablets and bandage in the visited SC in the district. And also there was no supply of sanitary napkins in CHC, PHC and SC.
- ✚ Remuneration paid to the contractual staff under NHM is lower than the lowest salary approved by the district administration. While the staff nurse who from past 8 years are still getting the same remuneration since 2010. High work load and less remuneration paid to staff is the major concern of the staff.
- ✚ The various health facilities of the district has been reported steep cut in the untied fund. This has been affected the basic activities such as cleanliness, maintenance and infrastructure up gradation of the facilities. There was no power back up in the visited sub centre.
- ✚ The Blood Bank at district hospital was fully funded by Red Cross Society. There was no separate unit for the Blood bank and the existing infrastructure was not in good condition. The lab technicians demanded for the separate unit and two AC. Out of two refrigerators for storage of blood sample unit one was not functioning. Therefore for the 27\*7 hours services it is highly recommended to keep the maintenance of the building and equipment.
- ✚ Non communicable disease (NCD) program was not functioning in the district from the past two years. Due to inappropriate funding and no specialist doctors the program has been closed in 2015.
- ✚ There was an acute shortage of IV class staff in the district specifically the sweeper which is hampering the smooth functioning of the facilities. Particularly PHC , CHC and sub centre. There was no sweeper in visited sub centre.
- ✚ JSY payments to the beneficiaries were smoothly transferring through PFMS. But as per new guidelines to link bank account with AAADHAR card number the JSY payments to the beneficiaries is delaying for last 4-5 months.

## 1. INTRODUCTION

### 1.1. Background

National Health Mission (NHM) is one of the integrated programmes to improved health status and quality of life in India. Timely review and evaluation of the key components of NHM can be critical for further planning and resource allocation. Therefore, the Ministry of Health and Family Welfare (MoHFW) has involved Population Research Centre's (PRCs) for quality monitoring of important components of NHM State Programme Implementation Plan (PIP). While engaging with the task, PRCs would identify critical concerns in implementation of NHM activities and also evolve suitable quality parameters to monitor the various components. Specifically, as part of the qualitative reports, the PRCs are required to observe and comment on four broad areas described in the Records of Proceedings (RoPs) as follows;

- ✚ Mandatory disclosures of the documents related to NHM functioning.
- ✚ Components of key practices and new innovations
- ✚ Strategic areas identified in the roadmap for priority action
- ✚ Key Strengths and weaknesses in implementation

### 1.2. Study Approach

This report discusses the implementation status of NHM in Sonipat District of Haryana. Ministry of Health and Welfare Society has engrossed PRC for monitoring and evaluating the overall performance of Sonipat district, Haryana in providing the health care services under NHM. The report is based on the findings and observation of District Hospital (DH) Civil Surgeon Hospital Sonipat, Community Health Centre Ganuar, Primary Health Centre Murthal and sub centers Raipur and Jatheri. Before visiting the facilities a semi-structured interview schedule was used for interaction with Chief District Medical Officer (CDMO), District Program Manager (DPM) and other NHM officials who were questioned on various aspects of the NHM activities like Family Planning, Immunization, Trainings status etc. and also discussed the gaps in infrastructure and human resources and a brief discussion on the loopholes of the programme

and their major recommendations to improve the overall efficiency of the scheme. The health care facilities visited to fulfill the objective of the visits are enlisted in the table below:

**Table 1 : List of visited healthcare facilities in Sonipat District, Haryana, 2016-17**

Facility Type	Name of the Facility
District Hospital (DH)	Civil Surgeon Hospital Sonipat District
Community Health Centre(CHC)/ First Referral Unit (FRU)	CHC Ganuar
Public Health Centre	PHC , Murthal
Sub Centre	<ul style="list-style-type: none"> <li>• Raipur</li> <li>• Jatheri</li> </ul>

The Team interacted with key programme officials at District Programme Management Unit (DPMU) and Chief District Medical Office (CDMO) of Sonipat district and examined the status of key activities. Apart from rigorous interactions with the District Programme Manager, the team visited at District Hospital, CHC, PHC and sub centers to interact with medical officers, staff nurse, ASHAs, ANMs and beneficiaries in the district. Interviews with the patients who were present during visits to health facilities were also conducted to obtain information from the beneficiaries' perspective about the functioning of the National Health Mission.

**Figure 1: PRC team interacting with the Chief Medical Officer and Principal Medical Officer of Sonipat District**

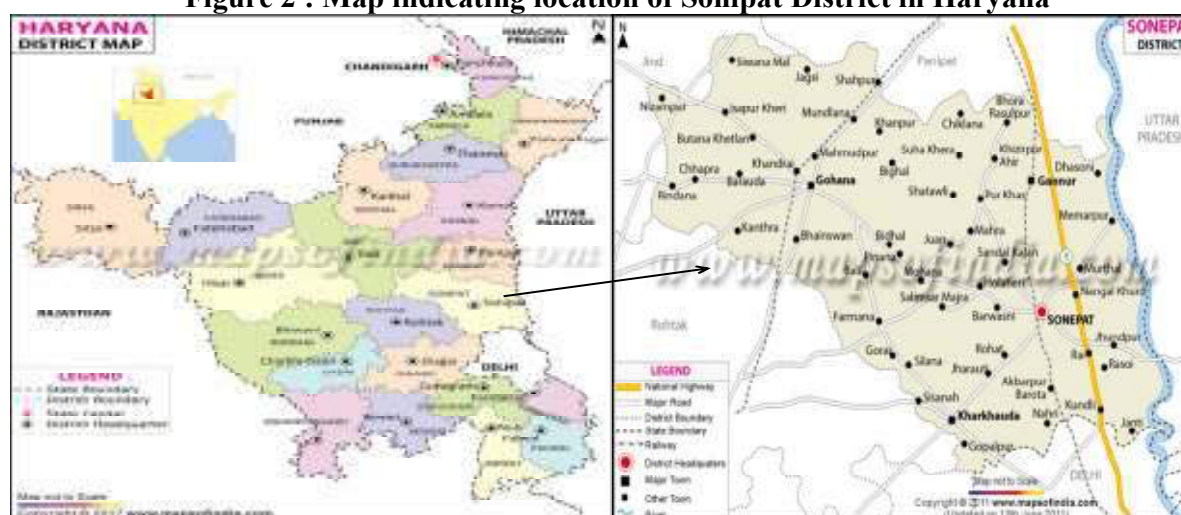


The Secondary Data was taken from the DPMU and CMO offices. Health facilities from all the three levels were selected for Supportive Supervision after discussions with the District Program Manager. The PRC team has prepared questionnaires which were used for collecting the relevant data. The efforts was to find solutions and support the health functionaries in identifying gaps and sensitizing them about the same and then to find areas where action can be taken within their designated capacities.

### 1.3. Socioeconomic and Demographic Profile: Sonapat District, Haryana

Haryana is located in the Northern part of India and covers approximately 44,212 square kilometres with a population density of 573 per sq. km. It covers a population of 25,351,462 in habitants in 2011. The literacy rate of Haryana stood at 75.5 per cent which was slightly above the national average of 74 per cent as per Census 2011. Further bifurcation of literacy rate into male and female literacy rate show deplorable picture of Haryana having 65.94 per cent female literacy rate against 84.06 per cent male literacy rate. The Sex Ratio of Haryana is 879. Sonapat district is one of the 21 districts of Haryana divided into 7 blocks covering 332 villages. The district caters a population of 1,450,001 people which accounts to 5.7 per cent of the total population of Haryana. Agriculture is the main occupation of the local people. Table 2 shows the key demographic indicators of India, Haryana and Sonapat district.

**Figure 2 : Map indicating location of Sonapat District in Haryana**



**Table 2: Key Demographic Indicators: All India, Haryana and Sonipat District.**

Description	India	Haryana	Sonipat District
<b>Actual Population</b>	1,21,05,69,573	25,351,462	1,450,001
<b>Male</b>	62,31,21,843	13,494,734	781,299
<b>Female</b>	58,74,47,730	11,856,728	668,702
<b>Population Growth</b>	17.7	19.90	13.35
<b>Sex Ratio(per 1000)</b>	940	879	856
<b>Child Sex Ratio(0-6 ages)</b>	919	834	798
<b>Density/km<sup>2</sup></b>	382	573	683
<b>Area km<sup>2</sup></b>	3,287,240	44,212	2,122
<b>Average Literacy (in %)</b>	73	75.55	79.12
<b>Male Literacy (in %)</b>	80.9	84.06	87.18
<b>Female Literacy (in %)</b>	64.6	65.94	69.80

Source: Census 2011

- ✚ Table 2 shows a remarkable performance of Sonipat district with regard to Female Literacy Rate. Almost 70 per cent which is not only higher than the female literacy rate of 65.94 per cent for Haryana but also far better than 64.6 per cent for India as a whole. The overall literacy rate of Sonipat district is 79.1 per cent higher than 75.5 per cent for Haryana state and 73 per cent for India as a whole. Thus education is one of the key areas showing a decent picture of the district however female literacy rate is lower than male literacy rate.
- ✚ The population has increased by 13.35 percent in the last decade with a population density of 683 people per square kilometers in Sonipat District, however the district caters a large proportion of migratory population who works in industries and some arrives during the cultivating season and migrates back after harvesting.
- ✚ The overall sex ratio of the Sonipat district stood at 856 women per 1000 males which is not only lower than 879 for Haryana but also far below than all India sex Ratio of 940.
- ✚ Child sex Ratio (0-6 age) of 798 in the Sonipat district was lower than 834 of Haryana.

### 1.4 Key Health care Indicators: Sonipat District, Haryana

National Health Mission was primarily aimed at improving the overall health scenario as measured by various health indicators like IMR, MMR, NMR etc. Table 3 shows the key health and health service delivery indicators of Sonipat district for the last financial year, 2016-17. The table shows that there are still high cases of maternal deaths in the district which is a not positive indicator of improvement in health services of mother's in the district. There were 26 maternal deaths in the last financial year resulting in MMR as 84. The Neo-Natal Mortality Rate stood at 14 in the last financial year. The Infant Mortality Rate was recorded to be 20 in the Sonipat district.

**Table 3: Key Health Care Indicators of Sonipat District in the year 2016-17**

Health Indicators	Numbers	Percentage/ Ratio
<b>NMR</b>	98	14
<b>IMR</b>	664	20
<b>U5MR</b>	23	-
<b>MMR</b>	26	81
<b>TFR</b>	-	2.2
<b>Fully immunized children</b>	28572	97.5
<b>ANC Registration in the first trimester</b>	24197	73.5
<b>Full ANC</b>	22757	69.1
<b>Institutional Deliveries</b>	29225	98.9
<b>No of women received PNC checkups within 48 hours</b>	14918	51

Source: CDMO Office, Sonipat District, 2017

- + Immunization in the district is functioning well as 97.5 percent children were fully immunized for the year 2016-17.
- + The indicators related to maternal health care shows the decent picture of the district. Total 73.5 percent beneficiaries were received at least one ANC checkup and 69.1 percent women received Women full ANC in the Sonipat district.
- + In terms of institutional deliveries district is performing well 99 percent deliveries took in institution and only 51 percent women received PNC checkups within 48 hours. Therefore there is need to encourage mothers to stay at least for 48 hours in the health facilities.

## 2. HUMAN RESOURCE & HEALTH INFRASTRUCTURE

### 2.1. Human Resource

The table below shows the status of human resource in the district. There was an acute shortage of specialists at the district level. Since 2010 the numbers of sanctioned post was not updated in the district.

**Table 4: Human Resource in Sonipat District, Haryana 2016-17**

Position Name	Sanctioned	Contractual	Vacant	Vacant (%)
MO's including specialists	6	3	3	50
Gynecologists	0	0	0	0
Pediatrician	1	0	1	100
Surgeon	0	0	0	0
LHV	0	0	0	0
ANM	198	194	4	2
Pharmacist	4	4	0	0
Lab technicians	5	5	0	0
X-ray technicians	-	-	-	-
Data Entry Operators	41	41	0	0
Staff Nurse at CHC	20	17	3	15
Staff Nurse at PHC	0	0	0	
ANM at SC	161	159	2	1.25

Source: CDMO Office, Sonipat District, 2017

- ✚ Out of 6 sanctioned positions of medical officer, 3 MO's were appointed and 3 positions still vacant in the last financial year.
- ✚ Surprisingly there was no sanctioned post of gynecologist in the district under NHM despite having high number of deliveries. Also there is no sanctioned post for surgeon, LHV under NHM. Although the district advertised to appoint is appointing the specialist at the state level under the first phase of strengthening the district hospital and Community health centre. Out of total 189 sanctioned post of specialist 110 has been filled.
- ✚ Only 4 pharmacists, 41 data entry operator and 194 ANM were working on contractual basis in the district.



## 2.2 Training Status of Human Resource

Providing training to medical staff is necessary tools for effectively performance of each programme. Table 5 shows the training status of various staff members appointed under NHM for the financial year 2016-17.

**Table 5: Human Resource training status of Sonipat District, Haryana 2016-17**

Name of the Training	Staff Nurses	ANM
SBA	8	24
IUCD insertion	40	-

Source: CDMO Office, Sonipat District, 2017

- ✚ The overall training status of the human resources was poor in the Sonipat district.
- ✚ No training has conducted for Minilap/PPS, RTI/STI/HIV screening, FIMNCI and NSSK in the district.
- ✚ There was only 8 staff nurse and 24 ANM received training of SBA in the last financial year.
- ✚ Only 40 ANM received the training of IUCD insertion in the last financial year.

## 2.3. Health Infrastructure

Health infrastructure in the Sonipat district was sub- standard in all the visited facilities. Most of the buildings were functioning under government buildings.

**Figure 3: Health Infrastructure of Sonipat District, Haryana**

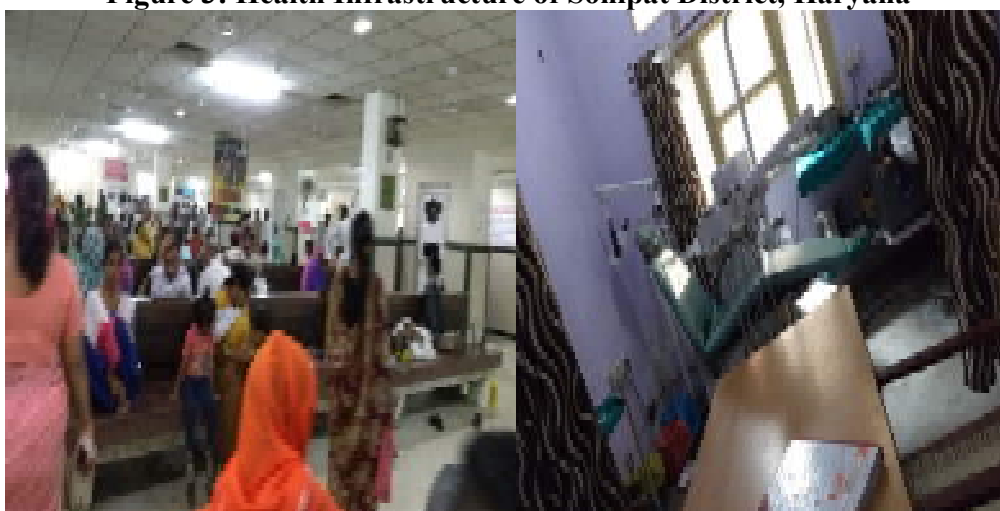


Figure 3 shows the status of basic health infrastructure of the Sonipat District. The first picture shows the waiting area in the district hospital and the second picture shows the availability of basic equipment.

Further, efforts were taken at the local level by the head of the various facilities for maintaining the infrastructure. CCTV cameras has installed at all the facilities to monitoring the premises of the Sonipat District. PHC Murthal was well maintained with good occupancy. The CHC Ganuar was under maintenance of its health premises.

**Table 6: Detail of Health Infrastructures: Sonipat District, Haryana 2016-17**

Health Facility	Number	Govt. building	Rented building/ Under const.
<b>District Hospital</b>	1	1	0
<b>SDH</b>	1	1	0
<b>CHC FRUs</b>	1	1	0
<b>CHC</b>	5	4	1
<b>PHC</b>	29	28	1
<b>Sub Centre</b>	161	138	23
<b>Medical College</b>	1	1	0
<b>Delivery Points</b>	17	17	0
<b>108 Ambulances</b>	18	18	0
<b>102 Ambulance</b>	0	0	0

Source: CDMO Office, Sonipat District, 2017

- ✚ The above table 6 shows the details of infrastructure in the district. The district has one district hospital, one sub district hospitals, 1 FRUs, 5 CHCs, 29 PHCs, 17 delivery points, one medical college and 161 sub centers.
- ✚ Out of total 161 sub centre, 138 were functioning in government building and 23 were functioning in rented building. The visited Raipur and Jhatheri sub centre was well maintained.
- ✚ Furthermore, the staff quarters for the medical staff was condemned or not in good condition. Due to cut in untied fund the maintenance and up gradation of the building is major issue in the district.

- ✚ The staff quarters of PHC Murthal were converted into the Block District Office and staff demanded for accommodation.
- ✚ A total of 18 108 ambulances in the district and all were well equipped and timely available for refer, pic-up and drop purpose. .

### 3. MATERNAL HEALTH

#### 3.1. Maternal Health

To improve maternal and child health is one of the key indicators to focus of National Health Mission. One of the major objectives of NHM is to reduce maternal, infant and child mortality rates. For this concern, increasing institutional deliveries, providing package of antenatal care and post natal care, free pick and drop facilities, adolescent related health services and RTI/STI related services is the major components to reduce maternal morbidity and mortality among pregnant women.

Despite of encouraging the institutional delivery the district's performance in terms of maternal health indicators was low. High maternal mortality ratio is one of the major concerns of the district. The lack of awareness among people is the major issue to motivate for family planning, adolescent and reproductive and sexual problem. Most of the maternal health services are dependent on the ANM and ASHAs. Thus, proper measures should be taken to strengthen these pillars by regular training and monitoring. There was no family planning counselor in the district. Therefore ASHA's, ANM, Staff nurse and doctors counsel themselves. According to ANM and ASHA worker major maternal health problems such as severe anemic, HIV positive and RTI/STI reported among migrated and daily wage worker women. According CDMO in total 272 bricks kilns and approximately 1, 90,000 are migrated population in Sonipat districts. The table 7 shows the details of maternal health service delivery indicators of Sonipat district for the financial year of 2016-17.

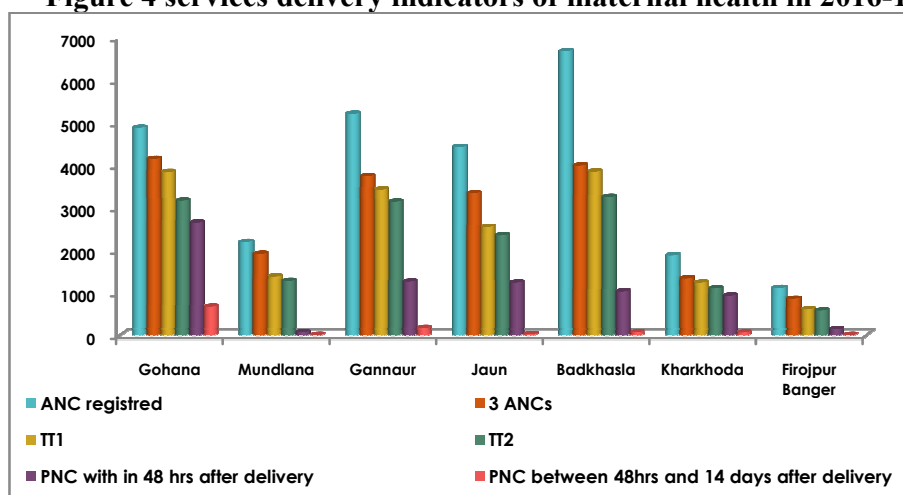
**Table 7: Maternal Health Service Delivery indicators of Sonipat District, Haryana 2016-17**

Block	ANC Registered	3 ANC's	Home Deliveries		Institutional Deliveries	Live Birth	Still Birth
			SBA Assisted	Non SBA			
Gohana	4881	4149	0	62	3125	3176	18
Mundlana	2190	1912	0	49	23	71	2
Gannaur	5205	3742	0	48	1644	1684	9
Jaun	4425	3341	0	22	1843	1858	9
Badkhasla	6683	3997	0	100	1200	1296	4
Kharkhod	1881	1338	0	14	1058	1072	5
Firojpur	1112	858	0	2	346	348	1

Source: CDMO Office, Sonipat District, 2017

- Numbers of home deliveries are still high in the Sonipat District. Deliveries conducted by non SBA assisted are significantly very high in Gohana block (62) and Badkhasla block (100) in the last financial year.
- Surprisingly, home deliveries in the Mundlana block was two times more than the institutional deliveries conducted in the last financial year.
- Highest numbers of still birth are in Gohana (18), Gannaur (9) and Jaun (9) blocks of Sonipat district.

**Figure 4 services delivery indicators of maternal health in 2016-17**



- Figure 4 shows the service delivery indicators for the 2016-17 financial year. Women complete 3 ANC's checkups are lagging behind the number of women registered for ANC.

Need to maintain proper tracking of the beneficiaries to decrease the gap in between ANC registered and 3ANC coverage.

- ✚ Post Natal Care was not hampering effectively in the district. Maximum mothers received PNC within 48 hours after delivery keep in hospital for minimum 48 hours but they do not stay in hospital for minimum 48 hours. The above graph shows that the very few mothers received PNC between 48 hours and 14 days after delivery. Because of high rate of maternal death was reported during post delivery time therefore there is need to focus on PNC and effectively encourage mother for PNC and stay for minimum 48 hours in the health facilities.
- ✚ Tetanus Toxoid vaccine is provided to almost all the beneficiaries registered for ANC and the left out are covered in the second vaccine.

**Table 8: Maternal Death Review, Sonipat District, Haryana 2016-17**

Total Maternal Deaths	Place of Deaths		
	Hospital	Home	Transit
25	20	1	4

Source- CDMO Office, Sonipat District, 2017

- ✚ There was total 25 maternal deaths has reported in the last financial year in which 20 happened in hospital, 1 at home and 4 in transit.
- ✚ Basically maximum maternal death occurred at post delivery time. According to maternal death review 4 maternal deaths happened during pregnancy, 2 happened during delivery time and 19 maternal deaths happened during post delivery time.
- ✚ The main causes of maternal death were pregnancy induced hypertension (PIH), severe anemia and heart disease.

### 3.2. Janani Suraksha Yojana (JSY)

Janani Surakhsha Yojna Scheme is one of the components of ensuring safe motherhood under NHM. The basic role of JSY is to promoting institutional deliveries to reducing the maternal and neonatal mortality rate among economically poor women.

- ✚ Overall, the program was running smoothly in the district. Although opening of bank account has increased after the launch of Jhan Dhan Yojna scheme but due to mandatory

guidelines of central government to link AADHAR number to bank account there are problem in transferring money into beneficiaries account.

- ✚ Although ASHA and ANM ask and guide for important documents work but due to incomplete documentation the enrollment of the AADHAR card is pending of some beneficiaries.
- ✚ All JSY payments are made through Public Financial Management system (PFMS).
- ✚ The JSY payment of ASHAs is also smooth and transfer timely in their account through PFMS. The table 9 shows the status of JSY payment in the district for the last financial year.

**Table 9: Status of JSY Payments in Sonipat District, Haryana 2016-17**

Status of payments		
Institutional deliveries	Home Deliveries	ASHAs
1576	1	3770

Source: CDMO Office, Sonipat District, 2017

### 3.3. Janani Shishu Suraksha Karyakram (JSSK)

To promote institutional deliveries and ensures safe motherhood beneficiaries are provided main four components namely diet, drugs and diagnostics along and transport facilities without any out of pocket expenditures under JSSK. Further there is provision to provide free C-section delivery, free provision of blood, free transport from home to health institutions, Free drop from institution till home after 48 hours , other facilities in case of referral at free of cost and similar service provide to sick new born till 30 days of birth.

- ✚ In the district JSSK was effectively functional and all the facilities were providing free medicines, laboratory services, free referral transport and free diet to beneficiaries.
- ✚ Free referral transport facility was effectively available and large numbers of beneficiaries (943) were referred in the district. All the ambulances were functioning well. For the referral only one ambulance was available but in case of emergency 108 also using for referral.

**Table 10: Facilities wise JSSK performance in Sonipat District, Haryana 2016-17**

Block	No. of beneficiaries under JSSK		
	Diet	Drugs	Diagnostic
Gohana	2910	3144	3151
Mundlana	14	21	21
Gannaur	1598	1604	1587
Jaun	1837	1839	1775
Badkhasla	1167	1199	1185
Kharkhoda	1044	1659	1031
Firojpur Banger	342	346	346

Source: CDMO Office, Sonipat District, 2017

✚ The table 10 shows that there were large numbers of beneficiaries who had benefitted from drugs, diet and diagnostic in the all blocks under JSSK scheme in the financial year 2016-17.

#### 4. CHILD HEALTH

Child health is also one of the important components of the National Health Mission. NHM major objective is to improve neonatal health, immunization of the child, protect child from common childhood diseases and stress on nutrition of the child. The child health programme was functioning smoothly and with the help of Mission Indradhanush and Kangaroo Mother Care (KMC) programme there was extensive improvement in child health in Sonipat district.

**Table 11: Child Health: Details of infrastructure & Services under Neonatal Health, Sonipat District, Haryana 2016-17**

Health Infrastructure	Numbers
Total SNCU	1
Total NBSU	3
Total NBCC	12
Total Staff in SNCU	13
Total Staff in NBSU	10

Source: CDMO Office, Sonipat District, 2017

✚ Table 11 shows the details of health infrastructure under the neonatal health. In the Sonipat district 1 SNCU, 3 NBSU and 12 NBCC were functioning in the last financial year.

- In total 13 staff were available in SNCU and 10 in NBSU. There was an acute shortage of pediatricians leading to lags in provision of services despite the availability of SNCUs. KMC program newly launched in the district in last financial year and with the help of KMC unit the child health was improving and after observation in SNCU children transfer to KMC unit for further health care.

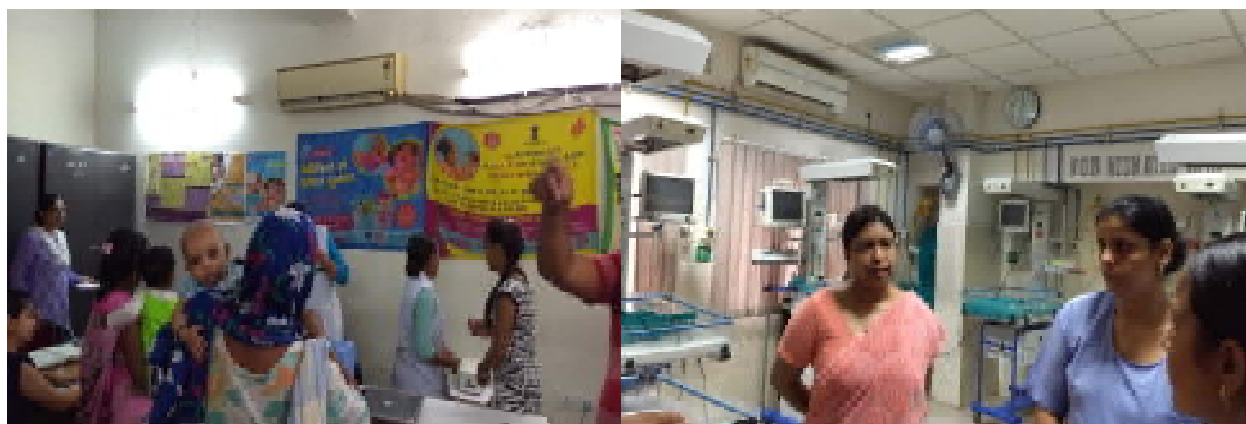
**Table 12: Neonatal Health: Details of infrastructure & Services under Sonipat District, Haryana 2016-17**

Total neonates admitted in to SNCU	Treatment Outcome			
	Discharge	Referred	Death	LAMA*
757	581	133	4	39

Source: CDMO Office, Sonipat District, 2017

- A total of 757 neonates were admitted in the Sick Newborn Care Unit (SNCU) in the year 2016-17 in Sonipat district. Out of the total neonates admitted, 581 were discharged after treatment, 133 were referred to other hospital such as AIIMS, PGMS Chandigarh, Fortis etc, 4 were died and 39 were under LAMA.

**Figure 5 Child Health: Child OPD and interaction with SNCU staff**



#### 4.1. Immunization

The child immunization is improved in district. According to NHM Nodal Officer Dr. Jai Kishore Sonipat district achieved 88 percent target of full immunization in last financial year. Table 13 shows the details of the child immunization for the year 2016-17. Although the data



shows the vast improvement in terms of achievement the overall targets of the full immunization but still it is challenging to achieve 100 percent target due to migratory population. The major drop-out occurred among seasonal migratory population, Brick kilns worker and daily wage workers. They prefer to work over wasting their time to come on facility for immunization. Along with all the mobility provision of NHM programme district administration also donated TIKA EXPRESS VAN to provide vaccination for door to door vaccine facility.

**Table 13: Child Health: Immunization Programme for Sonipat District, Haryana 2016-17**

Block	Target	OPV	BC	DPT/Pentavelent			OPV			Measles	Full Immunization
		Birt	G	1	2	3	1	2	3		
Gohana	5814	3015	5733	487	475	467	478	458	448	4282	4391
Mundlana	2445	20	1047	200	193	190	193	180	180	1957	1957
Gannaur	5125	1559	5061	477	470	464	474	465	460	4635	4568
Jaun	4759	1828	2582	409	397	388	399	390	374	4001	4060
Badkhasla	5118	1139	2303	461	449	444	448	426	425	4921	4892
Kharkhoda	2454	932	1984	187	176	174	183	171	169	1758	1781
Firojpur	1174	330	746	100	976	915	993	956	917	1121	1107

Source: CDMO Office, Sonipat District, 2017

- ✚ The table 14 shows that target of full immunization was not achieved in any block of district in the last financial year.
- ✚ The district lags behind the targets of full immunization. Out of total 26889 targeted numbers of children 22756 children were fully immunized in the last financial year.
- ✚ The maximum Drop out cases in Gohana, Kharkhoda and Jaun blocks. There was also drop out exist in receiving measles and BCG in all the blocks of Sonipat district.
- ✚ The above table shows the larger number of drop out happened in receiving OPV at birth time. Almost 67 percent children were not received OPV at the time of their birth in the district.

## 5. RASHTRIYA BAL SWASTHYA KARYAKRAM (RBSK)

Rashtriya Bal Swasthya Karyakram (RBSK) is one another important programme implemented by the NHM for monitoring the child health and adolescent health to spread awareness, counsel the adolescent children and reduce the adolescent problem in the district. Under the RBSK program team of the specialist visits to school for regular checkups of the children. The team

provides essential health checkups of eye testing, dental checkup, ear checkup and screening checkup of any symptoms of communicable and non-communicable disease. The team provides essential medicines to the children in school and also refers the children in case of any serious disease and anemic child.

The RBSK in Sonipat district was effectively functioning. In total 12 RBSK team of 4 members were working in which one female doctor, one male doctor, one pharmacist and one ANM were visiting on predefined cases from AAGANWADI and schools. Cases of heart diseases and serious diseases refer to the other state hospitals such as AIIMS Delhi, Fortis Mohali, PGMS Chandigarh etc. Furthermore the follow ups of the children was effectively managed and with the help of mobile health team the RBSK programme was functioning smoothly in the Sonipat district. The table 14 shows the details of the RBSK progress in the last financial year.

**Table 14: Rashtriye Bal Suraksha Karyakram (RBSK) Progress Report in the last two Financial Years**

Years	No. of Schools	No. of children registered	Children Diagnosed	No. of children referred	Eye Disease	Ear disease	Heart disease	Physically challenged	Anemic
2016-17	723	125539	31324	30623	4156	325	91	231	4512
2015-16	723	115331	23005	20875	3554	173	73	751	3810

Source: CDMO Office, Sonipat District, 2017

- ✚ Total 723 numbers of schools were targeted and 125539 and 115331 numbers of children registered in both the consecutive years in the Sonipat District.
- ✚ The improvement in 2016-17 financial years can be noticed in terms of total diagnosed in the district.
- ✚ In total 4512 numbers of children were anemic, 91 children of heart disease, 325 children of ear disease and 4156 children of eye diseases were screened in the 2016-17 financial year.

## 6. FAMILY PLANNING

Family planning is another important component of NHM as it aims to achieve population stabilization as well as promote reproductive health and reduce maternal, infant and child mortality and morbidity. Under the family planning couples allow to spacing of child birth with

the use of different contraceptive methods. The high rate of fertility has a direct impact on women and child health. However, the Sonipat district was its level best to perform in the field of family planning but still lot can be done in terms of spreading awareness and effective counseling regarding family planning.

**Table 15: Family Planning Achievement in Sonipat District, Haryana 2016-17**

Block	Sterilization			IUCD Insertion		Oral Pills		Condoms		
	Target	Male	Fem.	Total	Target	Ach	Target	Ach	Target	Ach.
Gohana	821	24	826	850	1825	4191	433	772	2160	4204
Mundlana	366	7	506	513	813	758	193	341	962	1415
Gannaur	797	16	923	939	1771	2298	421	700	2096	2879
Jaun	705	0	616	616	1568	1728	372	130	1855	1349
Badkhasla	781	0	457	457	1735	1495	412	273	2053	816
Kharkhoda	337	0	349	349	750	703	178	257	888	997
Firojpur	177	0	158	158	393	354	93	197	465	522

Source: CDMO Office, Sonipat District, 2017

- ✚ Table 15 shows the achievement status of family planning targets in the year 2016-17. It can be notice that the targets for IUCD insertion and distribution of oral pills and condoms have been achieved more than 100 per cent in all the blocks of the Sonipat district except Jaun and Badkhasla blocks.
- ✚ In the district total 3835 numbers of sterilization has been done out of total 3835 numbers of targeted sterilization.
- ✚ Female sterilizations were more prevalent in the Sonipat District rather than the male sterilizations. Total 47 numbers of vasectomies has been done in the 3 blocks of Sonipat district namely Gohana, Gannaur and Mundlana.

**Figure 6 : Users of family planning methods in Sonipat District**

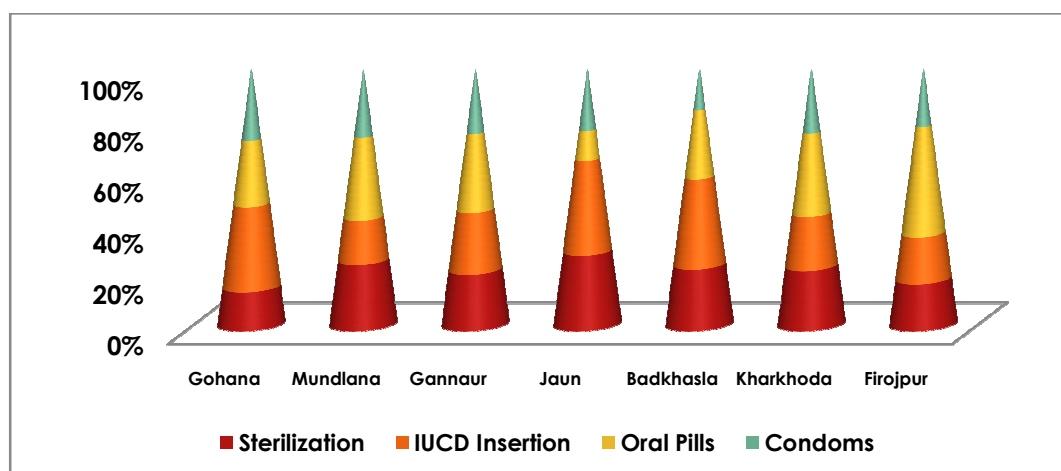


Figure 6 shows the percentage of achievement in attaining the family planning services in Sonipat district in 2016-17 financial years. It is observed that the Gohana and Gannaur blocks have been able to achieve more than 100 percent of its targets in all the methods of family planning. In case of achievement of sterilization and IUCD insertion all the blocks were able to achieve its target.

### 7. ADOLESCENCE REPRODUCTIVE AND SEXUAL HEALTH (ARSH)

ARSH was well functional in the district but there is need to more focus on effective adolescent counseling and spread awareness among adolescent. Regular counseling is done regarding reproductive and sexual health and various camps were organized in the district. As per ARSH counselor adolescent openly talk about their reproductive and sexual problem. But still there is need to educate them regarding the reproductive and sexual health. Although health talks are being organized but more efforts needs to be taken to tie up with the school authorities to extend the coverage.

**Table 16 : ASRH Progress in the Sonipat District, Haryana 2016-17**

	No. of Counselling session held conducted	No. of adolescents who attended the counseling sessions	No. of anemic adolescent		IFA tablets given	No. of RTI/STI cases
			Severe anemia	Any anemia		
<b>Sonipat</b>	534	2672	209	609	809	326

Source: CDMO Office, Sonipat District, 2017

The above table shows that total 534 counselling session held conducted in which total 2672

adolescent were present in the last financial year.

- ✚ The number of severe anemia cases was 209 and 326 numbers of RTI/STI Cases were found in the district.

## 8. QUALITY IN HEALTH SERVICES

### 8.1. Bio Medical Waste Management

All the facilities have colored bins to dispose –off bio medical waste but plastic bags for segregation of the waste were not observed in all the visited facilities. The Divya agency has been appointed to collect the waste on regularly or alternative days to collect and dispose the waste from the health facilities. The table 17 below shows the details of the bio medical waste management in the facilities for the last financial year.

Table 17: Bio-Medical Management in Sonipat District, Haryana 2016-17

Bio-Medical Waste Management	DH	CHC	PHC
No of facilities having bio-medical pits	1	7	29
No. of facilities having color coded bins	1	7	29
Outsourcing for bio-medical waste	1	7	29
How many pits have been filled	0	0	0
Number of new pits required	0	0	0
<b><u>Infection Control</u></b>			
<b>No. of times fumigation is conducted in a year</b>			
Training of staff on infection control	0	0	0

Source: CDMO Office, Sonipat District, 2017

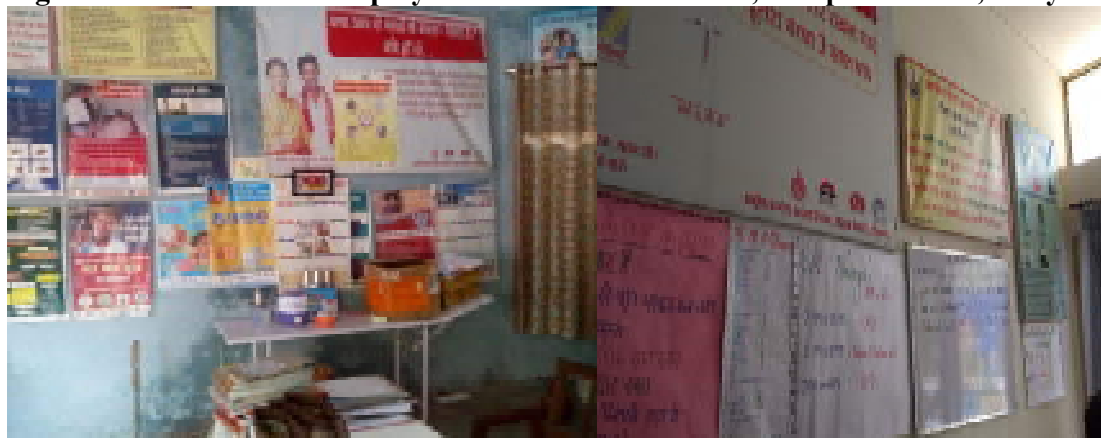
Apart of that the infection control norms were followed by the district but due to acute shortage of IV class staff it is difficult to maintain cleanliness in the facilities and toilets. The toilets of visited facilities were not clean.

### 8.2. Information, Education and Communication (IEC)

The Information, Education and Communication (IEC) were insufficient in the CHC Gannaur and PHC Murthal. The monitoring team observed lack of hording and banners of JSY, JSSK and referral transport in PHC and CHC. Facilities in the district were displaying the different

schemes organized under NHM such family planning methods and benefits , save the girl child , iodine deficiency and need of ORS and zink tablets , DOTS , KMC , RNTCP , NCD materials such as diabetes checkups, hypertension and causes of heart disease immunization etc. Further list of essential drugs and list of services were also available in the all visited health facilities of the district.

**Figure 7: IEC materials displayed in the health facilities, Sonipat District, Haryana**



## 9. COMMUNITY PROCESS

The monitoring team interacted with ASHAs and ANMs to comprehend the services at ground level and understand the problems faced to manage and provide the health quality services. Field visit by ANMs at their block level is convincing. As per interaction with ASHAs, it was found that there was very less cases of home deliveries now only 1 or 2 percent home deliveries happened in the district. ASHAs encourage beneficiaries for institutional deliveries and adopting family planning methods.

**Table 18: Details of ASHAs in Sonipat District, Haryana 2016-17**

Last status of ASHAs (Total number of ASHAs)	Numbers
ASHAs presently working	1186
Positions vacant	130
Total number of meeting with ASHA ( in a Year)	12( at PHC)
<b>Total number of ASHA resource centers/ ASHA Ghar</b>	
Drug kit replenishment	500
No. of ASHAs trained in last year	1186

Source: CDMO Office, Sonipat District, 2017

Furthermore, even after second child mothers ask family planning methods. Although ANM and ASHAS's were enthusiastically working in the district but the poor PNC coverage was the major concern of the district. The highlighted reason of poor PNC was the mother does not stay for 48 hours in the facility thus they are daily wage workers. No complaints regarding payment and incentives of ASHAs and ANM. The table 18 shows that there are 1186 ASHAs working presently in the district and 130 positions of ASHAs are still vacant. ASHAs received training of induction training, module 6-7 trainings in the last financial year.

**Figure 8: Team interacting with ASHAs and ANMs of Sonipat District, Haryana**



## 10. AYUSH PROGRESS

Ayurveda Yoga & Naturopathy, Unani, Siddha and Homoeopathy (AYUSH) focuses on providing accessible, affordable and quality health care to the rural population under the National Health Mission. The AYUSH program was effectively functional in the Sonipat district. For last two years numbers of patients has significantly increased and maximum patient of chronic diseases, skin problem and sugar screened by the AYUSH doctors. Homeopathy and Aurvedic treatment is the most preferred among people.

**Table 19: AYUSH progress in Sonipat District, Haryana 2016-17**

No. of Block	No. of facilities with AYUSH health centers	No. of AYUSH Doctors	No. of patients received treatment
7	12	7	67561

Source: CDMO Office, Sonipat District, 2017

The table 19 shows that total 7 AYUSH doctors were available and total 12 facilities have AYUSH health centre. Furthermore 67561 numbers of patient have received treatment in the Sonipat district for the year 2016-17.

## 11. BUDGET UTILISATION

Total PIP budget utilization during the financial year under the each heads of National Health Mission is one of the major objectives of monitoring and evaluation of PIP. The percentage of total funds utilized under each programme shows the real picture of achievement in attaining the defined targets by the district.

**Table 20: Budget Utilization Parameters: Sonipat District, Haryana 2016-17**

Scheme/Programme	Percentage (%) of Funds Utilized
<b>RCH Flexible Pool</b>	98%
<b>NHM Flexible Pool</b>	94%
<b>Immunization cost</b>	97%
<b>NUHM</b>	69%
<b>Communicable disease Control Programmes</b>	NA
<b>Non Communicable disease Control Programmes</b>	NA
<b>Infrastructure Maintenance</b>	NA

Source: CDMO Office, Sonipat District, 2017

- ✚ The table 20 shows the details of the percentage of total fund utilization for the 2016-17 financial year total budget .Highest expenditure was incurred on the RCH Flexible Pool and immunization in the year 2016-17.
- ✚ Second highest 94 percent fund utilized under the NHM flexi pool head in the Sonipat district
- ✚ No data was available of total fund utilization on infrastructure maintenance, Communicable and non communicable disease was not functioning in the district from past two years. .

## 12. HEALTH MANAGEMENT INFORMATION SYSTEM (HMIS) AND MOTHER AND CHILD TRACKING SYSTEM (MCTS)



HMIS and MCTS are two major components for NHM monitoring. It includes regular reporting and uploading data of basic indicators of maternal and child health in the district.

**Table 21 : HMIS/MCTS progress: Sonipat District in the financial years 2016-17**

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

Source: CDMO Office, Sonipat District, 2017

- ✚ Due to initial state level programme and central government programme the existing data entry operators are over burden for uploading data at the district level.
- ✚ HMIS and MCTS are implemented at all the facilities and data is analyzed and discussed with concerned staff at state and district level for necessary corrective actions needed.
- ✚ Some time technical issue, poor internet server and poor availability of power backup in the facilities making the regular reporting difficult in the district.

### **13. FACILITY WISE OBSERVATION**

#### **13.1 District Hospital: Civil Surgeon District Hospital, Sonipat**

The Civil Surgeon hospital Sonipat was functioning in a well constructed government building. The occupancy of physical infrastructure was good and easily accessible. All staff quarters were

occupied and under sub standard condition. There was one separate building for Yoga and meditation in the district hospital. The patients come there for free yoga classes and meditation for their diseases.

**Figure 9: Civil Surgeon Hospital, Sonipat District**



The district hospital serves 15, 80,080 population and scattered in 347 villages. The principle Medical Officer (PMO) has demanded for separate wing for maternal ward because due to high delivery load it is difficult to manage in existing space. Therefore there is requirement to extend the maternal ward. The waiting area was well managed and sufficient for waiting. To monitoring the work and hospital all the premises were covered under CCTV cameras. Shortage of man power such as medical officer, staff nurse, specialist, lab technicians was the major concern of the officers and the recruitment of vacant post at state level is under process but due to insecurity of job and less remuneration the doctors not willing to work here. Nutritional Rehabilitation centre was not functioning in district hospital. But there was the District Early Intervention Centre (DEIC) programme of NHM was functioning in which the children of the 0-18 years received basic health care facilities. . There was three medical officer, 21 staff nurse, 2 lab technicians and 1 paediatrician was working under NHM. In the 1st financial year the staff received the training of SBA, PPIUCD , IMEP and immunization cold chain. And the training of Emoc and BeMOc was not conducted from the past two years in the district. The lab technician demanded the separate wing for Blood Bank because presently blood bank and pathology lab were functioning in same unit and it is difficult to work in the existing space. All the essential equipments in OT, labour room and laboratory were functioning. During the interaction with the beneficiaries it was observed that no proper counseling given to mother related to baby feed. And

few mothers were also not aware about their baby weight and JSY payments. Mothers do not stay for 48 hours after delivery. SNCU were well maintained with 18 beds and also one separate KMC unit was functioning in the district hospital.

IEC posters were effectively displayed in all the premises. Basic cleanliness of Toilets, waiting area, park and other premises were satisfactory. All the essential drugs were available in pharmacy. Some time seasonal outbreaks of medicine of respiratory disease occurred and at the time of emergency the pharmacist purchase medicine from the medical store.

**Table 22: Service Delivery in last two financial years at the District Hospital, Sonipat District**

<b>Service Utilization Parameter</b>	<b>2015-16</b>	<b>2016-17</b>
<b>OPD</b>	289865	333589
<b>IPD</b>	32406	70542
<b>Total deliveries conducted</b>	5645	5127
<b>No. of C section conducted</b>	988	717
<b>No. of neonates initiated breast feeding within one hour</b>	4384	4494
<b>No of admissions in NBSUs/ SNCU, whichever available</b>	734	753
<b>No. of children admitted with SAM (Severe Acute Malnutrition)</b>	-	-
<b>ANC1 registration</b>	574	569
<b>ANC 3 Coverage</b>	2169	1432
<b>No. of IUCD Insertions</b>	381	438
<b>No. of PPIUCD Insertion</b>	98	254
<b>No. of children fully immunized</b>	-	641
<b>No. of children given Vitamin A</b>	489	498
<b>Total MTPs</b>	56	36
<b>Number of Adolescents attending ARSH clinic</b>	2478	2672
<b>Maternal deaths</b>	5	3
<b>Still births</b>	116	112

Sources: District Hospital, Sonipat District

Table 23 shows the service delivery in last two financial years in the district hospital. The district hospital is functioning well in terms of OPDs and IPDs in both the financial years. On average 1300-1500 OPD per month occurred in the district hospital. C-Section deliveries only

occurred in district hospital. The table shows a decreasing trend of total deliveries and C-section deliveries in district hospital. According to CDMO, in total 17 delivery points is effectively conduct institutional delivery therefore the delivery load of district hospital is decreasing. The numbers of IUCD and PPIUCD insertion significantly increased in 2016-17. It shows the improvement in family planning in district hospital. Furthermore, Most of the beneficiaries prefer PPIUCD insertion and other family planning method after delivery. Interaction with beneficiaries for 3 ANC checkups and PNC within 48 hours is highly recommended in district hospital. ARSH clinic was functioning well in the district hospital. According to ARSH counselor the awareness among adolescent increased rapidly and adolescent talk about their reproductive and sexual problem. The numbers of adolescent attending ARSH clinic has significantly increased in the 2016-17 financial year. The numbers of maternal death in the district hospital is very low only three maternal deaths have been reported in the 2016-17 financial year. Child immunization is also improved in the district and all the staff such as medical officer , ANM, ASHAs were very active and doing their jobs enthusiastically but still there is need to improve tracking and follow up of children and mothers to improve child immunize and 3 ANC coverage especially in Bricks kilns area , daily wages workers and in-migrant population. The number of still birth is very high in the district consistently from past two years.

**Figure 10 : Interaction with medical staff and beneficiaries at District Hospital, Sonipat**



The district hospital received 5, 00,000 untied fund in last financial year 2016-17 and all the fund was fully utilized. The PMO suggested that the NHM fund should be increased up to 20-25 lakhs because for the repairing and maintaining of building and equipments the amount of 5 lakhs is very less. The JSY payments to the beneficiaries delayed and pending because of few beneficiaries doesn't have AADHAR card. Although the ASHA's encouraged the beneficiaries

to get complete documents needed for the payment mechanism and making of AADHAR card but still proper documentation is a matter of concern in the district as a whole.

### 13.2. Community Health Centre (CHC)/ First Referral Unit (FRU): Ganuar , Sonipat

The Community Health centre Ganuar was functioning in a government building located at a distance of 25 Kms from the district headquarters. The total catchment population of the CHC was 2,51,000 population scattered in 83 villages. The infrastructure of the CHC was not in good condition and the repairing of some premises was underway during the monitoring visit. The IEC materials were not displayed effectively on the health premises mainly less posters of except protocols posters, JSSK entitlements and JSY entitlements was observed during the visit. The CHC Ganuar has been declared as first referral unit and would be converted within 3-4 months after the appointment of one lady medical officer (LMO) for C- section deliveries and one blood storage unit in the CHC. Furthermore, the facility was not clean and hygienic. Cut in untied funds was highlighted to be one of the major reasons for poor maintenance of the building. ASRH clinic was functioning from last two years in the CHC. The AYUSH clinic was also functioning in separate wing in which one homeopathic, one ayurvedic and one pharmacist were available. More than 100 OPD per day occurred in which maximum patients of skin problem, infection diabetes and other seasonal health problem screens.

**Figure 11: Community Health Centre Gannaur, Sonipat District**



**Table 23 Human Resources under NHM at CHC Gannaur, Sonipat District**

Category	Regular	Contractual
Mo	3	3
SNs/GNMs	6	14
ANM	31	31
LTs	3	0
Pharmacists	2	0
LHV/PHN	1	1

Table 23 shows the details of the human resources of the CHC Gannaur in the last financial year. The maximum staff was well trained and received training of SBA, NSV, F-IMNCI, IMNCI, NSSK, Minilap, Iud, RTI/STI and immunization and cold chain. All the equipments were functioning in the PHC. Furthermore, all the essential drugs were also available in pharmacy except mifepristone tablets but there was no supply of sanitary napkins in the CHC.

**Figure 12: PRC Team interaction with Senior Medical Officer and condition of labour room CHC Gannaur**



**Table 24: Service delivery in last two financial years at CHC Gannaur , Sonipat District**

<b>Service Utilization Parameter</b>	<b>2015-16</b>	<b>2016-17</b>
<b>OPD</b>	110059	121184
<b>IPD</b>	4093	4149
<b>Total deliveries conducted</b>	1301	1274
<b>ANC1 registration</b>	3171	3966
<b>ANC 3 Coverage</b>	3915	4028
<b>No. of IUCD Insertions</b>	2042	1680
<b>No. of PPIUCD Insertion</b>	141	-
<b>No. of children fully immunized</b>	9	17
<b>No. of children given Vitamin A</b>	625	717
<b>Total MTPs</b>	13	3
<b>Maternal deaths</b>	7	3
<b>Still births</b>	99	73
<b>Neonatal deaths</b>	63	47
<b>Infant deaths</b>	114	87-

Sources: CHC Gannuar , Sonipat District

Table 24 shows the key health care services delivered by CHC Gaunaur for the last two financial years. The CHC Ganuar improved well in all the health services. OPD, IPD and other indicators related to maternal was significantly improved as compare to last financial year. On average 200-300 per day patient screens in OPD. The numbers of ANC 3 coverage was more than the numbers of ANC registration in both consecutive years. There was improvement in numbers of children fully immunized and numbers of children given Vitamin A in the present financial year. Weekly two sessions particularly wednesday and Thursday is organize for outreach coverage of immunization in CHC. Despite of all the improvement there was high numbers of neonatal deaths and infant deaths thus need to more focus to improving the health services. The ANM and Staff nurse highlighted that the mother do not stay for 48 hours after delivery is one of the major reason of maternal and child deaths. Although cases of maternal death have been

decreased but still there is need to improve the PNC and awareness of family planning. The data entry operators were over burden because of uploading data on the entire portal such as RCH, HMIS etc. Furthermore the Link of AADHAR card number with the Bank account number was the highlighted reason of delaying in the JSY payments. The CHC has proposed 3, 10,000/- Rs as untied fund and received 1, 13,281 Rs. Out of which 27,396 were spent on maintenance.

### 13.3 Primary Health Centre (PHC) : PHC Murthal , Sonipat

There was no staff quarters for the staff and the building which was earliest used as a staff quarter was converted into block district office. Medical officer has sent the requirement of staff quarter to the CMO of the district.

**Figure 13: Primary Health Centre Murthal , Sonipat District**



Total catchment population is 22172 and scattered in 19 villages. All the premises were clean and hygienic. Lack of IEC material was displayed in the premises. AYUSH clinic was functioning and 18-20 per day OPD occurred in which maximum patient of chronic disease, joint pain and skin problem were screen. On average 60- 70 institutional deliveries per month conduct in the PHC. The detail of the total human resources in the PHC is given in below table:

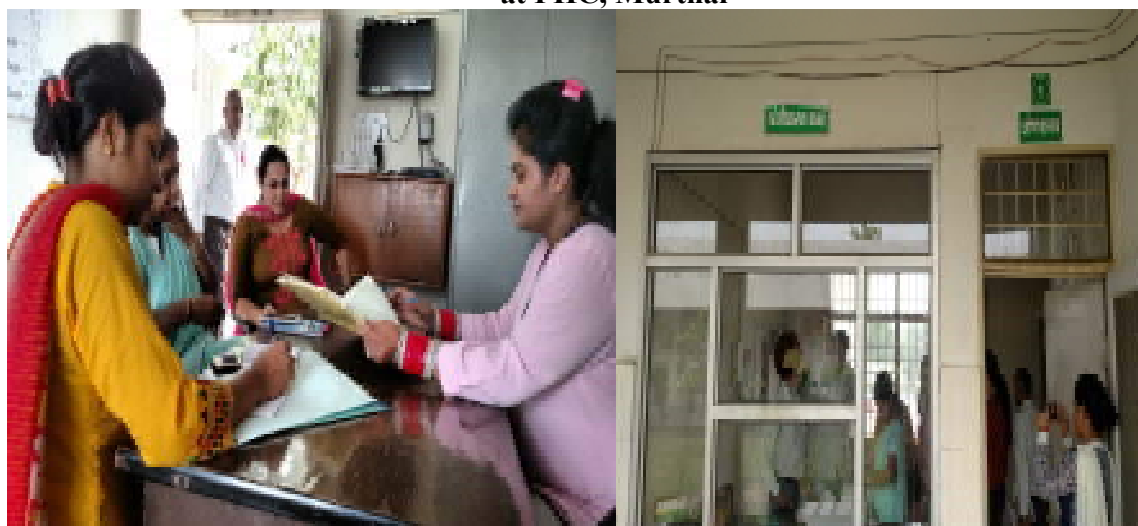
**Table 25: Human Resources under NHM in the last financial year: PHC Murthal , Sonipat**

Category	Regular	Contractual
Mo	3	1
SNs/GNMs	1	2
ANM	7	6
LTs	1	0
Pharmacists	1	0
LHV/PHN	1	0



Maximum staff is newly appointed in PHC. The present staff is not sufficient according to work load and the MO demanded for five staff nurse, one sweeper and one house keeping staff for security. Although the separate training room with 8 computers was facilitated in the PHC but there was no training conducted at yet. Amongst the all staff only 2 ANM has received training of immunization and cold chain. All the essential equipments were functioning except centrifuge and semi autoanalyzer. All the essential drugs were available misprostal and mifepristone and there was no supply of sanitary napkins in PHC. The records of drugs providing to patient were not maintained properly by pharmacist.

**Figure 14 PRC team interaction with Medical officer and checking of registered and drugs at PHC, Murthal**



MO was not aware about the utilization of untied fund because she was newly appointed according to her total fund of 2,00,000/- has proposed under three different heads

- 1) Policy cover,
- 2) Untied fund and
- 3) Annual maintenance to PHC from state.

Table 26 shows the details of the key service indicators for the last two financial years of PHC Murthal

**Table 26: Service delivery in last two financial years at PHC Murthal, Sonipat District**

<b>Service Utilization Parameter</b>	<b>2015-16</b>	<b>2016-17</b>
<b>OPD</b>	12384	13232
<b>IPD</b>	1648	2404
<b>Total deliveries conducted</b>	839	981
<b>No. of sick children referred</b>	-	-
<b>No. of pregnant women referred</b>	60	144
<b>ANC1 registration</b>	-	-
<b>ANC 3 Coverage</b>	-	-
<b>No. of IUCD Insertions</b>	86	184
<b>No. of PPIUCD Insertion</b>	753	902
<b>Still births</b>	-	2
<b>Neonatal deaths</b>	-	-
<b>Infant deaths</b>	-	19

Sources: PHC Murthal , Sonipat District

The PHC murthal improved in terms of numbers of OPDs, IPDs and institutional deliveries. Out of total ANC registration 60 percent women inserted PPIUCD and IUCD. The counseling session organize by the ANM and ASHA workers in PHC. However, the health facility near to college premises thus the maximum adolescent attends counseling of safe sexual activities, basic hygienic, and shares their problems. Although monthly meeting and programs are organized involving ASHAs, ANMs and Anganwaddi workers but lots need to be done to improve the effectiveness of counseling and spread awareness regarding family planning methods. Nineteen Infant deaths happened in the financial year 2016-17.

#### **13.4. Sub Centre: Sub Centre Raipur,, Sonipat**

The sub centre Raipur was located in the jaun block at a distance of 25 Kms from the PHC. The sub centre was functioning in the government building. Infrastructure of the sub centre was well maintained with good occupancy. The Sub Centre Raipur catered population of 5654 people scattered in 2 villages. There were two ANMs one was regular and the other appointed under NHM and 5 ASHA workers total in the sub centre. All registered were maintained and updated.

The IEC posters and handmade chart were well displayed at Sub centre. There was no power backup at sub centre.

**Figure 15: Sub Centre, Sonipat District**



**Table 27: Service delivery in last two financial years at Sub Centre Raipur, Sonipat District**

<b>Service Utilization Parameter</b>	<b>2015-16</b>	<b>2016-17</b>
<b>Number of estimated pregnancies</b>	94	24
<b>No. of pregnant women given IFA</b>	52	9
<b>Number of deliveries conducted at SC</b>	0	0
<b>Number of deliveries conducted at home</b>	0	0
<b>ANC1 registration</b>	79	16
<b>ANC3 coverage</b>	60	12
<b>No. of IUCD insertions</b>	16	6
<b>No. of children fully immunized</b>	101	23
<b>No. of children given Vitamin A</b>	63	23
<b>No. of children given IFA Syrup</b>	77	5
<b>No. of Maternal deaths recorded</b>	0	0
<b>No. of still birth recorded</b>	0	0
<b>Neonatal deaths recorded</b>	0	0
<b>Number of VHNDs meeting attended</b>	24	6
<b>Number of VHNSC meeting attended</b>	24	6

Sources: Sub Centre Raipur, Sonipat District

All the equipment was functioning and available except blood sugar testing kit. Shortage of essential drugs for the last 3-4 months was the major concern of sub centre. During monitoring visit only Vitamin A syrup and ORS packets were available. Tablets and syrup are not distributed despite high demand for the same. Also there was no supply of pregnancy kits, EC pills and sanitary napkins at sub centre.

Table 27 shows the service delivery in the last two financial years in the sub centre raipur. It is observed that that no deliveries are conducted at sub centre. Due to shortage of essential drugs such as Vitamin A, IFA tablets, zinc tablets, magnesium sulphate and oxotocin it is difficult to manage and hampered the needy one. A number of IUCD insertions are very less in 2016-17 financial year thus there is a need to focus upon expanding awareness programs and encouraging IUCD insertions. ANM were received IUCD insertion training in last financial year. Furthermore, 3 ANC coverage was less than the ANC registration so there is need to more focus on proper follow up and cover all the mothers. The sub centre received 12,000 untied fund and out of that 6000 has utilized on building maintenance and have purchased registers, medicine, pregnancy test kit from remaining fund. The ANM demanded for one sweeper thus cleaning of sub centre done by the ANM and ASHAs themselves.

### 13.5 Sub Centre: Sub Centre Jatheri, Sonipat

The sub centre Jatheri catered a population of 19701 people scattered in 3 villages and located at the distance of 2 km from PHC. Jatheri sub centre was functioning in rented building and not in good condition. There were 2 ANM and 16 ASHAs working in sub centre. ANM received training for immunization, SBA, IUCD insertion and KMC. Table 28 shows the performance of key services delivery in the last two financial years.

**Figure 16: Sub Centre Jatheri, Sonipat District**



**Table 28: Service delivery in last two financial years at Sub Centre Jatheri, Sonipat District**

<b>Service Utilization Parameter</b>	<b>2015-16</b>	<b>2016-17</b>
<b>Number of estimated pregnancies</b>	315	346
<b>No. of pregnant women given IFA</b>	243	124
<b>Number of deliveries conducted at SC</b>	0	0
<b>Number of deliveries conducted at home</b>	0	0
<b>ANC1 registration</b>	611	166
<b>ANC3 coverage</b>	523	96
<b>No. of IUCD insertions</b>	316	108
<b>No. of children fully immunized</b>	29	12
<b>No. of children given Vitamin A</b>	2000	335
<b>No. of children given IFA Syrup</b>	1771	0
<b>No. of Maternal deaths recorded</b>	0	0
<b>No. of still birth recorded</b>	3	0
<b>Neonatal deaths recorded</b>	5	1
<b>Number of VHNDs meeting attended</b>	36	9
<b>Number of VHNSC meeting attended</b>	0	0

There was no delivery conducted in the sub centre.

The overall performance in terms of the health services was decent in sub centre. in the present year the not a single children has given the IFA tablets and numbers of fully immunized children were also very less as compare to last year. However, 3ANC coverage at sub centre is also lagging behind the numbers of total ANC registration. Five neonatal deaths in 2015-16 and 1 neonatal death in 2016-17 have been reported in sub centre. The sub centre Jatheri has received Rs. 5,000 as untied fund against 10,000 proposed fund. The ANM has complained that they have received very less amount as per requirement and the major part of fund spends on the maintenance and purchasing of stationary for records. Further, shortage of essential medicine such as IFA, misoprostol, magnesium sulphate from last two-three months and no supply of sugar test kit , emergency pills and sanitary napkins at sub centre level.

## 14. CONCLUSION & RECOMMENDATIONS

### 14.1. Conclusions

- ✚ The Ministry of Health and Family Welfare assigned task of monitoring and evaluation of several programmes of National Health Mission to Population Research Centre, Delhi. The PRC team expected to carry out the field visit of the state for quality checks and further improvement of the different components of the NHM schemes and programmes. Also try to understand the existing loopholes in implementation of the Scheme at its grass root level and suggest measures for further improvement of the different components of NHM. For monitoring and evaluation PRC team visited the various facilities of the Sonipat district namely, Civil Surgeon Hospital Sonipat, Community Health centre Gannaur, Primary Health Centre Murthal and Sub Centre Raipur and Jatheri.
- ✚ The physical infrastructure of the health facilities was well maintained and basic cleanliness was observed in the facilities. In terms of sanitation and basic cleanliness the facilities were maintained. No power back up facility at sub centre Jatheri and Raipur.
- ✚ Despite of all the improvement in maternal health the maternal death rate was still high in Sonipat district.
- ✚ Although the institutional delivery in Sonipat district significantly increased but the performance of full ANC and PNC checkups were not performing well. The full ANC coverage was lagging behind the numbers women registered for ANC. Further beneficiaries do not stay for 48 hours in facilities. Therefore need to take effective efforts to counseling the beneficiaries to stay for minimum 48 hours for PNC.
- ✚ There was an acute shortage of the human resources in the district. NCD clinic was discontinued from past two years due to non availability of specialist doctors. Further, shortage of sweeper and security guard in the district.
- ✚ Total 12 RBSK team were functioning in the district in which of 2 male and female specialists doctors, ANM and pharmacist were visit in schools and do health checkups of children.
- ✚ An AYUSH wing was functioning effectively in the district and patients prefer ayurvedic and homeopathy treatment for chronicle disease, diabetes, skin problem etc.

- ✚ There was vast improvement in immunization coverage has been noticed in the district. With the help of Tika Express Van and provision of free recharge on vaccines of children the cases of drop out steeply declined in district.
- ✚ The IEC displays were well managed in the district. the posters of timing of facilities and immunization session , ambulance services , family planning, JSSK, JSY, KMC , ICTC, full immunization , NCD , with wall paintings of drugs list, emergency numbers and details of staff shifts were observed in visited facilities.
- ✚ The Bio Medical Waste management was working effectively in all the facilities. The Divya agency was outsourced for bio medical waste.
- ✚ Shortage of essential drugs of IFA tablets, Zink tablets and bandage in the visited sub centre and there was no supply of sanitary napkins in CHC, PHC and SC.
- ✚ SNCU was functioning well in the district and with the help of KMC unit the district performing well in terms of child health.
- ✚ The Blood Bank at district hospital was fully funded by Red Cross Society. There was no separate unit for the Blood bank and the existing infrastructure was not in good condition.
- ✚ Non communicable disease (NCD) program was not functioning in the district from the past two years.
- ✚ JSY payments to the beneficiaries were smoothly transferring through PFMS. But as per new guidelines to link bank account with AADHAR card number the JSY payments to the beneficiaries is delaying for last 4-5 months.

## 14.2. Major Recommendations

- ✚ Acute shortage of human resources such as specialists, pediatricians, lab technicians is the major barrier in providing quality health services in the Sonipat district. Therefore it is recommended appoint the post on rational or deputation basis. Further for the appointment of the sweeper and security guard the district make some provisions to ensure adequate availability of these worker as they play an important role at grass root level.
- ✚ It was observed that the beneficiaries do not stay for the 48 hours in the health facilities. This is the serious concern because in the district the maximum maternal deaths

happened after the delivery. Therefore it should be strictly taken into the consideration and ensure that the beneficiaries should stay for minimum 48 hours and receive PNC checkups.

- ✚ There is lack of training to the human resources in the district. No or negligible training of Bemoc, Emoc, F-IMNCI ,RTI/STI, NSSK, MTP, Minilap and NSV in the last financial year. Thus it is recommended that the training of human resources should be improved.
- ✚ The Non communicable Disease (NCD) clinic was not functioning in the district. Due to non availability of specialist doctors the NCD clinic discontinued from past two years. Therefore it is highly recommended that appoint the doctors and continue the same as soon as possible.
- ✚ The recent cut in untied funds was the major complexities in smooth and effective functioning of the health facility. According to medical officer of visited facilities has been reported the same issue that affecting the health performance of the district. Due to cut in untied fund the medical officer facing the problem of maintenance of infrastructure and essential equipment. Thus it is recommended to revise the funds allotment according to the specific requirements of the district.
- ✚ It was observed that the after the overall improvement in maternal health the cases of maternal deaths is still high in the district. This reflects the improper reach of health services to the mothers. Thus, effective counseling and spread awareness, proper tracking and some new initiative to reduce the cases of maternal death should be taken in the district.



## 15. ANNEXURE



National Health Mission

Monitoring of State PIP

Population Research Centre,

Ministry of Health & Family welfare, Govt. Of India

Institute of Economic Growth, Uttar Pradesh

### 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		

## 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/	NSV	Total
Medical Officers						
Lead 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	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	Diagnos- tic	Transport		Facility to
				Home to	Referral	


**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 Delive

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

Block	Target	OPV at	BCG	DPT			OPV			Measles	Full Immun
				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
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	Treatment Outcome				Total neonates	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. RashtriyaBalSurakshaKaryakram (RBSK), Progress Report in the last two financial years

Years	No. of	No. of children	Children Diagnose	No. of Childr	Eye Diseases	Ear Diseases	Hear t	Physica llv	Ane mic
2016-									
2014-									

### 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 sessions held	No. of Anemic		IFA tablets given	No. of RTI/STI cases
		Severe	Any Anemic		




### 9. Quality in health care services

<b>Bio-Medical Waste Management</b>	<b>DH</b>	<b>CHC</b>	<b>PHC</b>
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			
<b>Infection Control</b>			
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

<b>Name of the Programmes</b>	<b>No. of cases screened</b>	<b>No. of detected cases</b>	<b>No. of treated cases</b>
RNTCP			
Leprosy			
Malaria			

NPCDCS*			
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\*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	
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"/>	

	<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 program 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"/>	

**District Hospitallevel 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		
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### 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	Laproscopey-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	
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	
<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	2016-17
7.1	OPD		
7.2	IPD		
7.3	Total deliveries conducted		
7.4	No. of C section conducted		
7.5	No. of neonates initiated breast feeding within one hour		
7.6	No of admissions in NBSUs/ SNCU, whichever available		
7.7	No. of children admitted with SAM (Severe Acute 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/Timely 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).

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

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

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 .....

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

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 .....  
 .....

**PHC/CHC (NON FRU) level Monitoring Checklist**

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

### Section I: Physical Infrastructure:

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

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

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

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



### Section III: Training Status of HR(\*Trained in Last Financial Year)

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

### Section IV: Equipment

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

4.9	Functional Autoclave	Y	N	
4.10	Functional ILR and Deep Freezer	Y	N	
4.11	Functional Deep Freezer			
4.12	Emergency Tray with emergency injections	Y	N	
4.13	MVA/ EVA Equipment	Y	N	
	<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.N	Drugs	Yes	No	Remarks
5.1	EDL available and displayed	Y	N	
5.2	Computerised inventory management	Y	N	
5.3	IFA tablets	Y	N	
5.4	IFA syrup with dispenser	Y	N	
5.5	Vit A syrup	Y	N	
5.6	ORS packets	Y	N	
5.7	Zinc tablets	Y	N	
5.8	Inj Magnesium Sulphate	Y	N	
5.9	Inj Oxytocin	Y	N	
5.10	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	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**

<b>S.No</b>	<b>Service Utilization Parameter</b>	<b>2014-15</b>	<b>2016-17</b>
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:**

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

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

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

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

**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)			
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**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?

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 .....

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

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 .....

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

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**First Referral Unitlevel 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.N o	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.	Remarks if any
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		<b>trained</b>	
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	Laprosopy-Sterilisations		
3.11	IUCD		
3.12	PPIUCD		
3.13	Blood storage		
3.14	IMEP		
3.16	Immunization and cold chain		
3.15	Others		

#### Section IV: Equipment:

S. No	Equipment	Yes	N o	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	N	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	Y	N	

	ailments e.g PCM, metronidazole, anti-allergic drugs etc.			
5.15	Adequate Vaccine Stock <i>available</i>	<i>Y</i>	<i>N</i>	
<b>S.No</b>	<b>Supplies</b>	<b>Yes</b>	<b>N o</b>	<b>Remarks</b>
5.17	Pregnancy testing kits	<i>Y</i>	<i>N</i>	
5.18	Urine albumin and sugar testing kit	<i>Y</i>	<i>N</i>	
5.19	OCPs	<i>Y</i>	<i>N</i>	
5.20	EC pills	<i>Y</i>	<i>N</i>	
5.21	IUCDs	<i>Y</i>	<i>N</i>	
5.22	Sanitary napkins	<i>Y</i>	<i>N</i>	
<b>S.No</b>	<b>Essential Consumables</b>	<b>Yes</b>	<b>N o</b>	<b>Remarks</b>
5.23	Gloves, Mckintosh, Pads, bandages, and gauze etc.	<i>Y</i>	<i>N</i>	

**Section VI: Other Services :**

<b>S.no</b>	<b>Lab Services</b>	<b>Yes</b>	<b>N o</b>	<b>Remarks</b>
6.1	Haemoglobin	<i>Y</i>	<i>N</i>	
6.2	CBC	<i>Y</i>	<i>N</i>	
6.3	Urine albumin and sugar	<i>Y</i>	<i>N</i>	
6.4	Blood sugar	<i>Y</i>	<i>N</i>	
6.5	RPR	<i>Y</i>	<i>N</i>	
6.6	Malaria	<i>Y</i>	<i>N</i>	
6.7	T.B	<i>Y</i>	<i>N</i>	
6.8	HIV	<i>Y</i>	<i>N</i>	
6.9	Liver function tests(LFT)	<i>Y</i>	<i>N</i>	
6.10	Others , pls specify	<i>Y</i>	<i>N</i>	

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	2014-15	2016-17
7.1	OPD		
7.2	IPD		
7.3	MCTS entry on percentage of women registered in the first trimester		
7.4	No. of pregnant women given IFA		
7.5	Total deliveries conducted		
7.6	No. of C section conducted		
7.7	No of admissions in NBSUs/ SNCU, whichever available		
7.8	No. of children admitted with SAM (Severe Acute Anaemia)		
7.9	No. of sick children referred		
7.10	No. of pregnant women referred		
7.11	ANC1 registration		

7.12	ANC 3 Coverage		
7.13	No. of IUCD Insertions		
7.14	No. of PPIUCD insertions		
7.15	No. of children fully immunized		
7.16	No. of children given Vitamin A		
7.17	Total MTPs		
7.18	Number of Adolescents attending ARSH clinic		
7.19	Maternal deaths,		
7.20	Still births,		
7.21	Neonatal deaths,		
7.22	Infant deaths		

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

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

	discharge			
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/Timeliness 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	

### **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: \_\_\_\_\_**  
**Name & designation of**  
**Date of visit: \_\_\_\_\_ 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	Subcentre 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	Y	N	

	to labour room			
1.10	Functional New Born Care Corner (functional radiant warmer with neo-natal ambu bag)	Y	N	
1.11	General cleanliness in the facility	Y	N	
1.12	Availability of complaint/suggestion box	Y	N	
1.13	Availability of deep burial pit for biomedical waste management / any other mechanism	Y	N	

### Section II: Human Resource:

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

.....  
 .....