

National Health Mission



A REPORT ON

MONITORING OF IMPORTANT COMPONENTS OF NHM PROGRAMME IMPLEMENTATION PLANS IN SOUTH DISTRICT, DELHI



MINISTRY OF HEALTH AND FAMILY WELFARE
GOVERNMENT OF INDIA



सर्वस्वमेध जयते
Ministry of Health
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ACRONYMS AND ABBREVIATION

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

EXECUTIVE SUMMARY

SOUTH DISTRICT: STRENGTHS AND WEAKNESSES

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

STRENGTHS:

- All the visited health facilities were found functional in government buildings.
- With regard to budget utilisation, more than 76 percent fund has been utilised in the last financial year.
- Family planning camps have been organised in specific time intervals at the district level. Apart from Pills and Condom, IUCD found the most preferred family planning methods while Tubectomy is the most prevalent limiting methods in comparison to Vasectomy. In connection to this, ASHAs working under NHM are delivering their duties properly and promoting institutional deliveries as well as creating awareness on family planning especially in the slum and underserved areas.
- The visited Saket Court Complex dispensary was well maintained with adequate infrastructure and essential drug supplies in its domain. As the facility is situated inside the premises of Saket Court, mainly the court staffs access the facility making it a low burden dispensary.
- The inside and outside premises of the visited District Hospital was noticed very clean and hygienic
- ARSH wing is functional in the visited facilities while some particular days have been fixed to conduct the counselling session. Most of the beneficiaries are females and the common problem for which they sought treatment are skin diseases like pimples etc. Few cases of RTI/STI have been counselled.
- Specific days have been fixed by the facilities for ANC, Immunisation and IUCD insertion.

- Facilities those performing well in terms of family planning such as IUCD insertions, immunisations have been felicitated at the district level.
- Health talks have been organised in frequent intervals by the facilities to create awareness on various issues such as ANC, Immunisation and family planning where the participation of ASHAs, ANMs and Beneficiaries were overwhelming as reported
- Sufficient IEC materials have been supplied to each health facilities on time.
- IEC materials have been displayed in adequate numbers of the visited District Hospital, Chhatarpur and Saket Court Complex Dispensary.
- Maternal and Newborn deaths are very low in the district

WEAKNESSES:

- Manpower and Infrastructures are the major challenges faced by the district which hampers the process of service delivery and quality of health care. Shortage of manpower in terms of specialists and fourth class employees have been remaining a major problem in the district. On the other hand many posts are lying vacant for long affecting the quality of health care service.
- Untimely release of fund making it difficult for health facilities to meet the timely requirement.
- Unlike the rural health care system, the health care system in Delhi has been administered by multiple authorities such as MCD, Central Government and Delhi government itself. Due to multiple authorities the health service provider faces many problems in terms service delivery. The tertiary hospitals located at a particular district are not responsible to the Chief District Medical Officer of the concerned district for which irregularities occur in terms of data updating. Despite of repeated reminder data have not been provided on time.
- Although most of the facilities are functional in government buildings the seed PUHCs are running in rented buildings with poorly build structures. Most of the seed PUHCs are having space crunch which affecting the quality of health service. Like other health facilities shortage of manpower and infrastructures are also the major challenges faced by the seed PUHCs functioning under NHM.

- Payments through JSY are very low in the district. Many reasons are associated with low JSY payments such as lack of bank accounts on the part of the beneficiaries. Beneficiaries don't take interest in opening bank accounts for a mere 600 rupees. A part from this portal issues were also cited as the major reason of low JSY payments.
- Many facilities don't have the provision of Ayurvedic treatment which is a major focus of NHM.
- No specific targets have been set up with regard to the family planning and child immunisation by the facilities annually.
- Though the inside hospital premises of the visited facilities noticed clean the outside was not clean and hygienic. The visited Begumpur and Chhatarpur dispensary had no separate vehicle parking area and the vehicles parked outside the area making the entry point blocked. Also the seed PUHCs functional in the rented buildings had no parking area which makes it difficult to manage. Though toilet facilities were available for male and female separately they were not properly maintained and unhygienic.
- In most of the facilities the displayed IEC materials have not been placed in proper places and in depleted conditions.

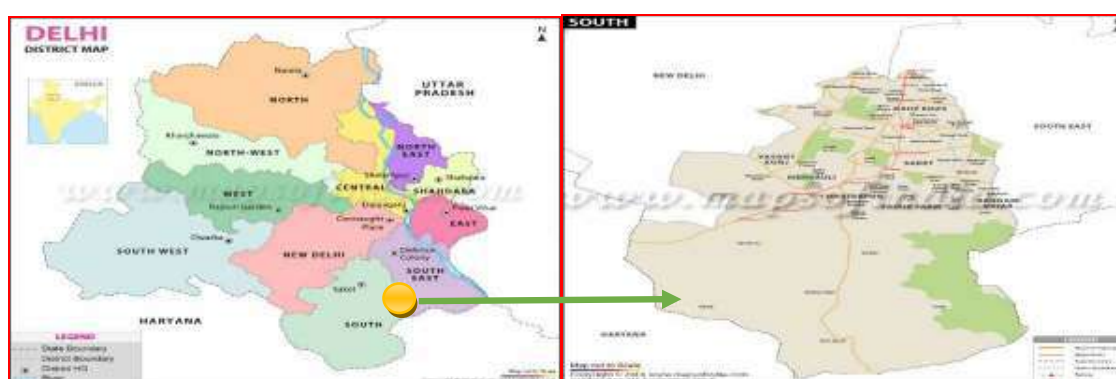
1. INTRODUCTION

National Rural Health Mission (NHM) was launched in the year 2005 to make health care more accessible and affordable to all especially who are vulnerable and underserved. Provision of good quality health services is the priority of this mission. The programme later renamed as National Health Mission (NHM) has been modified over years in order to make the health system more accessible and affordable since the implementation of NHM. Timely assessment of key components of NHM State Programme Implementation Plan is vital for key changes in the programme and strengthening it further. Apart from this, a clear picture on the functioning of NHM will prove helpful for further planning and resource allocation. The Population Research Centres (PRCs) established and funded by the Ministry of Health and Family Welfare(MoHFW) have been directed for quality monitoring of important components of NHM State Programme Implementation Plan. As a part of quality assessment, the PRCs are required to look into four broad areas described in the Record of Proceedings (RoP) as mentioned below:

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

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

Figure 1: South District, Delhi



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

Table 1: List of Visited Health Care Facilities in South District, Delhi, 2017

Facility Type	Name of the Facility
District Hospital	PT Madan Mohan Malviya Hospital
DGDs	DGD Begumpur
	DGD Chhatarpur
	DGD Saket Court Complex
Polyclinic	Ber Sarai Polyclinic

2. SOCIO-ECONOMIC AND DEMOGRAPHIC PROFILE OF SOUTH DISTRICT

South District is one of the eleven districts of NCT Delhi spread over 247 square kilometres covering 16.65 percent of the total area of National Capital Territory of Delhi. Initially Delhi had only one district with district head quarter at Tis-Hazari. In 1997, 9 districts came into existence and subsequently 11 districts in the year 2012. South-East and Shahadra are the newly formed districts those came into existence in 2012. South District, having its District Head Quarter at M.B. Road, Saket and is surrounded by the Haryana state. It is bounded by Gurgaon & Faridabad districts of Haryana on its southern side while the eastern side is flanked by South East District of Delhi and on northern & western side lies New Delhi & South West districts respectively. The South District has 3 Sub-divisions- Saket, Hauz Khas and Mehrauli. The District is predominantly urban but also has a sizeable rural population. There are 42 villages in the District with all characteristics of rural India. The South district ranks the second highest in terms of population in the state. The total population of the district is 2731929 which is 16.3 percent of total population of the state (Table 2). The percentage share of male and female population in the district is almost equal with the NCT. In comparison to the state average the percentage share of urban population is slightly higher in the district. The literacy rate of district is almost equal with the state (Table 2). There are no tribal population in both the state and district. The decadal growth rate is around 1 percentage points less in the district as compared to the state. The population density is comparatively less (11060) in the district than the state's overall density (11320).

Table 2: Key Socio-Economic and Demographic Indicators of South District, Delhi

Indicators	South District			Delhi		
		Number	Percentage to Total Population	Number	Percentage to Total Population	
Population	Total	Persons	2731929		16787941	
		Males	1467428	53.7	8987326	53.5
		Females	1264501	46.3	7800615	46.5
	Urban	Persons	2719736	99.6	16368899	97.5
	Rural	Persons	12193	0.4	419042	2.5
Literates		Persons	2078402	86.57		86.2
Scheduled Castes		Persons	422926	15.48	2812309	16.8
Scheduled Tribes		Persons	0	0.0	0	0.0
Decadal Growth			464906	20.5	2937434	21.2
Density of Population (Persons per sq. Km)			11060		11320	
Sex Ratio		Total	862		868	

Source: RGI, 2011

3. KEY FINDINGS AND OBSERVATIONS

3.1. HEALTH INFRASTRUCTURES

Adequate health infrastructures have a larger impact on effective rendering of health services. Unlike the rural health care system in India, Health facilities in Delhi functional under multiple authorities. Some facilities like Poly Clinics and Mohalla Clinics are working under state government while the tertiary hospitals are under the control of State/Central government. Apart from this Maternal and Child Welfare Centre and Seed PUHCs are functional under the control of Municipal Corporation of Delhi and National Health Mission respectively. So the availability of adequate health care facilities have crucial role in delivering better health services. Table 3 provides the detail picture of health care facilities and other available infrastructures in South district. South district consists of 1 district hospital run under the control of Delhi government, 1 Poly Clinic, 8 Mohalla clinics, 14 delhi government dispensaries, 12 mother and child care centres, 1 medical college, 4 skill labs , 1 delivery points and 4 seed PUHCs .All facilities are functional in government buildings except the seed PUHCs functional in rented buildings.

Table 3: List of Health Care facilities available in South District, Delhi

Type of Health Facility	Total	Govt. building
District hospital	1	1
Poly Clinics	1	1
Mohalla Clinics	8	8
Delhi Govt Dispensaries	14	14
Mother and Child Care Centres	12	
MCD Hospitals	-	
Medical College	1	1
Skill Labs	4	
District Early Intervention Centres	-	
Delivery Points	1(DH)	1
Seed PUHCs	4	-

Source: DPM Unit, South District, 2017

4. HUMAN RESOURCES: STATUS AND TRAINING

Like physical infrastructures, availability of adequate human resource is one the basic requisite for providing better health services. Physical infrastructures are manned by human resources. Availability of well-trained manpower makes health care service more accessible to all. Table 4 gives a broad picture of the position of human resources under NHM in South district for the last financial year in South district.

Table 4: Status of Human Resources under NHM in South District, Delhi

Position Name	Total
MO's including specialists	20
Gynecologists	0
Pediatrician	1
Surgeon	0
LHV	0
ANM	48
Pharmacist	9
Lab technicians	22
X-ray technicians	0
Data Entry Operators	22
Staff Nurses	0
Staff Nurse at PHC	0
ANM at PHC	48

Source: DPM Unit, South District

The district has no records on sanctioned staffs as against the existing staffs. In each year the number of existing staffs have been maintained if some posts got vacated. Under NHM, a total of 20 Medical officers, 1 Paediatrician, 48 ANMs, 9 Pharmacists, 22 Lab technicians, 22 data entry operators are currently working at the district level (Table 4). With regard to training status, no NHM staff received training in the last financial year.

5. MATERNAL HEALTH

Maternal health care especially antenatal care and post-natal care have been remaining a major focus of different governmental programme as India is a country of highest number of maternal deaths in the world. No doubt maternal deaths have reduced significantly, the declining rate is not sufficient to achieve the target of Millennium Developmental Goals. Maternal health care indicators such as antenatal care, institutional deliveries and post natal care need to be improved in order to reduce maternal deaths. In this regard, Janani Suraksha Yojna (JSY) of National Health Mission aims to reduce maternal mortality ratio and neonatal deaths by promoting institutional deliveries. Under this Yojna all mothers who deliver their baby at hospitals get incentives. Also ASHAs who accompany the mothers receive a cash incentive of Rs 600. Table 5 presents the status of antenatal care and institutional deliveries in South district of Delhi. Of the total registered ANCs (42199), 59.9 percent (25260) received full ANCs/3 ANCs in the last financial year. Regarding deliveries, of the total 11738 deliveries in the district 84.3 (9900) percent delivery conducted at the hospitals while 15.7(1838) percent at home. Among the total home deliveries, most of the deliveries conducted by Non-SBAS while only 24.5 percent done through the assistance of Skilled Birth Attendants (Table 5).

Table 5: Antenatal Care and Institutional Deliveries, South District, Delhi

District	ANC Registered	3 ANCs	% Received 3 ANCs to total ANC registered	Home Deliveries (% to total deliveries)	Institutional Deliveries(% to total deliveries)	Total Deliveries	Home Deliveries assisted by SBAs (% to total home deliveries)	Home Deliveries assisted by Non- SBAs
South	42199	25260	59.9	1838(15.7)	9900(84.3)	11738	451(24.5)	1387

Source: DPM Unit, South District

Regarding Post natal care, 10.07 percentage less women received TT2 as compared to TT1. Around 88 percentage of women received post natal care within 48 hours of delivery while 35 percentage of women received PNC in between 48 hours and 14 days after delivery. Of the total live births, 1.2 percent (143) still births occurred in the district (Table 6).

Table 6: Postnatal Care and Status of Child Birth, South District, Delhi

District	TT1	TT2(% dropped from TT1 to TT2)	PNC within 48 hrs after delivery(% to total delivery)	PNC between 48 hrs and 14 days after delivery(% to total delivery)	Live Birth	Still Birth (% to total births)	Total Births
South	15485	13926(10.07)	10340(88.1)	4134(35.2)	11789	143(1.2)	11932

Source: DPM Unit, South District

6. JANANI SURAKSHA YOJNA (JSY)

Under National Health Mission Janani Suraksha Yojna is a safe motherhood intervention aims to reduce maternal mortality rate and neonatal deaths by promoting institutional deliveries. ASHAs appointed under JSY at village level to promote institutional deliveries. Both the ASHAs and the mothers receive cash incentives under this scheme. The status of JSY payments in South district is presented in Table 7. All the claimant receive payments under JSY though recipients in total is low in the district. A total of 401 and 12 mothers delivered in hospitals and home respectively received payments under JSY in the last financial year. All records in the process of JSY were available and updated

Table 7: Status of JSY Payments in South District, Delhi , 2016-17

Status of payments			Record maintenance		
Institutional deliveries	Home Deliveries	Deliveries brought by ASHAs	Available	Updated	Non updated
401	12	217	YES	YES	

Source: DPM Unit, South District

7. JANANI SHISHU SURAKSHA KARYAKRAM (JSSK)

Janani Shishu Suraksha Karyakram of National Health Mission make the mothers entitled to get free transport to government hospitals from home, referral transport and also drops back home safely after 48 hours of delivery. They receive free diet, drugs and treatment under this scheme.

Also the children under one year of age are the beneficiaries of this scheme. Table 8 presents the details of the beneficiaries under JSSK in South district. A total of 3686 women benefited from diets while 2402 and 4597 women received drugs and diagnosed respectively. Regarding transport 250 cases referred to other facilities while no service provided under home to facility and facility to home at the district level (Table 8).

Table 8: Beneficiaries from JSSK, South District, Delhi, 2016-17

District	No. of Beneficiaries under JSSK					District Total =
	Diet	Drugs	Diagnostic	Transport		
				Home to Facility	Referral	Facility to Home
South	3686	2402	4597	-	259	-

Source: DPM Unit, South District

8. MATERNAL DEATH

Maternal deaths refer to the deaths of women during any time of pregnancy. In the last financial year, South district had 3 maternal deaths. Regarding place of death, 2 deaths occurred in transit while 1 in hospital. The reasons of maternal death are sepsis and cardiopulmonary arrest (Table 9).

Table 9: Maternal Death Status of South District, Delhi 2016-17

Total Maternal Deaths	Place of Deaths			Major Reasons
	Hospital	Home	Transit	
3	1	0	2	Sepsis, Cardiopulmonary arrest

Source: DPM Unit, South District

9. CHILD HEALTH

9.1 INFRASTRUCTURES AND SERVICES

Like maternal health, child health have been remaining an important component of National Health Mission. Well maintained physical infrastructures are the most essential requirement along with adequate and well trained staffs to reduce child deaths. With regard to infrastructures under neonatal health, the district is operational with 1 Special New Born Care Unit (SNCU/NICU) while no NBSU and NRCs found functional in the district. In case of staffs, a total of 6 staffs including 1 Medical Officer and 5 Staff Nurses are working in SNCU (Table 10).

Table 10: Infrastructure and Services Under Neonatal and Child Health, South District, Delhi

Total SNCU/NICU	1
Total NBSU	0
Total NBCC	0
Total Staff in SNCU	6(1-MO and 5-SNs)
Total Staff in NBSU	-
Total NRCs	0
Total Admissions in NRCs	-
Total Staff in NRCs	-
Average duration of stay in NRCs	-

Source: DPM Unit, South District

9.2. CHILD IMMUNISATION

In order to prevent deaths from various diseases immunization has been carried out against six vaccine preventable diseases. It can be observed from Table 11 that, in the last financial 10198 new-borns received OPV at birth while 13223 children administered BCG, 19437 DPT1, 19114 DPT2 and 18846 received DPT3. With regard to OPV 16597, 17098 and 17262 children received OPV1, OPV2 and OPV3 respectively. Measles vaccine administered among 19720 children while 17917 received full immunisation. Targets have not been set annually at the district level.

Table 11: Status of Child Immunization in South District, Delhi, 2016-17

OPV at birth	BCG	DPT and Pentavalent			OPV			Measles	Full Immunization
		1	2	3	1	2	3		
10198	13223	19437	19114	18846	16597	17098	17262	19720	17917

Source: DPM Unit, South District

9.3 NEONATAL HEALTH

The biggest contributor to child deaths are Neonatal deaths for which attempts have been made through different policies to improve the status of neonatal health in India. It can be seen from Table 12 that in the last financial year, 523 admitted in the SNCU while 72 got discharged after treatment and 40 referred to other facility (Table 12). The major causes of neonatal deaths is birth asphyxia.

Table 12: Status of Neonatal Health, South District, Delhi, 2016-17

Total neonates admitted in to SNCU	Treatment Outcome				Place Of Death			
	Discharge	Referred	Death	LAMA*	Hospital	Home	Transit	Major Reasons*
523	72	40	2	0	2	0	0	Birth Asphyxia

Source: DPM Unit, South District

10. FAMILY PLANNING

India is the second largest populous country in the world. Viewing the alarming rate of population growth, family Planning has been an important component of different policies and programs which not only aims to check the population growth but also reduce maternal and child death by providing better reproductive health. Of the total 957 sterilisation cases only 1.7 percent underwent Vasectomy as compared to tubectomy which is at 98.7 percent (Table 13). With regard to other methods, 4133 women underwent IUCD while 13151, 1853 and 650470 oral pills, emergency contraceptives and condoms distributed at the district level in the last financial year.

Table 13: Achievements of Family Planning, South District, Delhi, 2016-17

Total Sterilisation	Sterilizations		IUCD insertions	Oral Pills	Emergency Contraceptives	Condoms
	Male(% to total sterilisation)	Female(% to total sterilisation)	Achievement	Achievement	Achievement	Achievement
957	16(1.7)	941(98.3)	4133	13151	1853	650470

Source: DPM Unit, South District

11. QUALITY IN HEALTH CARE SERVICES

Maintaining proper hygiene and sanitation is one of the integral parts of a health facility. Clean and hygienic premises have a big impact on health. Regarding bio-medical waste management, the district is not having any bio-medical pits while colour coded bins have been available in DH, 10 DGDs, 4 PUHCs and 1 Poly Clinic. Bio-medical waste have been outsourced in each facility by Biotic solution. Fumigation has been carried out as per requirement at every level of health care

facilities (Table 14). Training has been provided to the staffs on infection control as per requirement.

Table 14: Quality in Health Care Services, South District, Delhi, 2016-17

Bio-Medical Waste Management	DH	DGD	UPHC	POLY CLINIC
No of facilities having bio-medical pits	0	0	0	0
No. of facilities having colour coded bins	1	10	4	1
Outsourcing for bio-medical waste	Yes	Yes	Yes	Yes
If Yes, Name Company	Biotic solution			
How many pits have been filled	-	-	-	-
Number of new pits required	-	-	-	-
Infection Control				
No. of times fumigation is conducted in a year	As per requirement			
Training of staff on infection control	Yes			

Source: DPM Unit, South District

12. COMMUNITY PROCESS

Under National Health Mission, Community level health workers such as ASHAs have been playing an important role not only in promoting institutional deliveries but also help in reducing maternal and child deaths to a greater extent. At the district level, currently 329 ASHAs are working while 16 positions remaining vacant (Table 15). One ASHA resource centre is functional in the district. All ASHAs received training on Module 6, 7, introduction training and Drish Module.

Table 15: Community Process in South District, Delhi, 2016-17

ASHAs presently working	329
Positions vacant	16
Total number of meeting with ASHA (in a Year)	-
Total number of ASHA resource centres/ ASHA Ghar	1
Drug kit replenishment	329
No. of ASHAs trained in last year	All
Name of Trainings Received	Module 6, 7, round 3, introduction training and Drish Module

Source: DPM Unit, South District

13. INFORMATION, EDUCATION AND COMMUNICATION (IEC)

IEC materials play an important role in disseminating information regarding various health issues and governmental health programmes. Adequate displays of IEC materials at various places of the health facilities make the people aware of different diseases and remedies.

Figure 2: IEC Displays at Various Health Facilities, South District, Delhi



IEC materials related to the major concerned areas such Family Planning, institutional delivery, breastfeeding and immunization, diseases like TB, Malaria, Leprosy and HIV were adequately noticed at the visited health facilities while some facilities were having old materials and not properly visible from a distance.

14. BUDGET UTILISATION PARAMETRES

Budget utilisation data show that more than 76 percent fund was utilised in the last financial year in the district (Table 16). Out of the total allocated fund in each scheme, more than 90.3 percent fund was utilised in RCH flexible pool, 46.7 percent in NHM flexible pool, 95.9 percent in Immunisation cost, 93 percent in NIDDCP, 74.6 percent in NUHM, 67 percent for community disease control programmes and 22.9 percent in non-communicable disease control programmes. Fund utilisation seen lowest for Non-Communicable diseases followed by Communicable diseases (Table 16).

Table 16: Percentage of Funds Utilised, South District, Delhi, 2016- 17

Scheme/Programme	Sanctioned	Utilised	Percentage of funds utilized
RCH Flexible Pool	31137938	28123697	90.3
NHM Flexible Pool	667500	311575	46.7
Immunization cost	2194000	2103768	95.9
NIDDCP	20000	18607	93.0
NUHM	30706000	22916008	74.6
Communicable disease	24325840	16293479	67.0
Non Communicable	2799944	640925	22.9
Infrastructure	-	-	-
Total	91851222	70408059	76.7

Source: DPM Unit, South District

15. HMIS AND MCTS

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

16. FACILITY-WISE OBSERVATIONS

16.1 PT MADAN MOHAN MALVIYA HOSPITAL, MALVIYA NAGAR

The hospital is functional in a well maintained government building with adequate manpower and infrastructures. It is situated at a distance of around 3 kilometres from the district headquarter.

Figure 3: Madan Mohan Malviya Hospital, South District, Delhi



Infrastructures and Equipment

It is a 100 bedded hospital having all essential equipment and manpower to provide tertiary level of health care. The facility has been easily accessible from the nearest road and is operational in a well maintained government building. Water supply run for 24 hours while electricity with power back up facility has been available.

Figure 4: Different Wings of Madan Mohan Malviya Hospital, South District, Delhi



Thought toilets were not clean but Separate toilets were available for females. Toilets have been attached to the labor room. Neonatal Intensive Care Unit(NICU) was functional with adequate beds. ARSH wing and ICTC were functional. Complainant/ suggestion boxes were available to resolve various issues from the side of patients and staffs. Mechanisms for waste management and functional help desk were available. Biomedical Waste have been outsourced. Male and female wards have been separated by partition.

Regarding equipment the facility is having all necessary equipment such as BP instrument, Stethoscope, neonatal, paediatric and adult resuscitation kit, weighing machine for infant and adults, Needle cutter, radiant warmer, foetal Doppler, mobile light, delivery tables, autoclave, ILR and deep Freezer, Emergency tray with emergency injection, MVA/EVA equipment in a functional form. Apart from these all O.T Equipment like O.T. Tables, Lights, Anesthesia machines, Ventilators, Pulse-Oxiometers and Autoclaves were available. Laboratory equipment such as microscope, Hemoglobinometer, Centrifuge, semi autoanalyzer ,Reagents and Testing Kits and C.T Scanner were available.

Lab Services

The hospital provides all types of laboratory services such as Haemoglobin test, CBC, Urine albumin, blood sugar, RPR, Malaria, T.B., HIV, X-ray, ECG and Endoscopy. Though the hospital doesn't have its own blood bank it has a functional Blood storage unit.

Drugs and Supplies

All types of essential drugs such as IFA tablets, IFA syrup with dispenser, Vitamin A syrup, ORS packets, Zinc tablets, Inj Magnesium Sulphate, Inj Oxytocin, Misoprostol tablets and Mifepristone tablets found available while Inj Magnesium Sulphate, Inj Oxytocin, Misoprostol tablets, antibiotics, labelled emergency tray, Drugs for hypertension, Diabetes, common ailments e.g PCM, metronidazole, anti-allergic drugs etc were available. Supplies like Sanitary napkins, pregnancy testing kits, urine albumin and sugar testing kits, OCPs, EC pills and IUCDs were adequately available. Essential consumables such as Gloves, Mckintosh, Pads, bandages and gauzes were available.

Service Delivery in the financial year

In the last financial year the total of 559626 patients registered at the OPD while 14430 at the IPD. The data on delivery show that out of 2859 deliveries, 2498 had normal deliveries while 361 mothers delivered under C-section.

Regarding service delivery in the post-natal ward all mothers initiated breastfeeding within one hour of normal delivery, zero dose BCG, Hepatitis B and OPV given, counselling and family planning done, mothers were advised to stay for 48 hours and diet provided to all mothers free of charge. The hospital look in to the quality parameter in the matter of high risk pregnancy, newborn care, management of seek neonates, correct use of patrograph, proper insertion of IUCD, administer of vaccines, segregation of waste in colour coded bins, Bio-medical waste management entry of MCTS etc.

Registers on OPD, IPD, ANC, PNC, line listing of severely anaemic pregnant women, Labour room, Family Planning, Immunisation, Infant and Neonatal death, and drug stock were available and updated. Adequate IEC materials related to citizen charter, timing, immunisation schedule, Tuberculosis etc noticed displayed at proper places of the hospital

16.2 POLY CLINIC, BER SARAI

Poly Clinic Ber Sarai located at a distance of around 7 kilometres from the district headquarter. It is the only Poly Clinic in the district and covers around 60000 population

Figure 5: Different Wings of Poly Clinic, Ber Sarai, South District, Delhi



Infrastructures and Equipment

The facility was functioning earlier as a dispensary which later renamed as Aam Admi Poly Clinic after Aam Admi Party Came to power. It is operational in government building which provides services to the out patients only. Though the clinic is easily accessible from the nearest road the outside premise found very congested. The building was old and some of the chambers are in a depleted condition which need to be renovated. Apart from this, electricity was available with power back up and water supply run for 24 hours. Wards were found clean and separate toilets available for females. Complainant/ suggestion boxes have been available to address the issues of the patients. Also mechanisms for waste management was available. Equipment such BP instrument, Stethoscope, weighing machine for infant and adults, Needle cutter, Emergency tray with emergency injection were available. Laboratory equipment such as microscope, Hemoglobinometer, Centrifuge, semi autoanalyzer and Reagents and Testing Kits were available in a functional form. The infrastructures related to the maternity ward and other wards required for inpatient services were not available as the clinic provides services to out-patients only.

Human Resources and Training

Regarding staffs under NHM, one Medical Officer, 1 ANM, 1 LT, 1 DOTs provider and 1 CDEO have been appointed in the clinic. Among the staffs of the Clinic, one trained in IUD, 3 trained in RTI/STI, and 3 in Immunisation and Cold Chain.

Drugs and Supplies

Drugs such as IFA tablets, IFA syrup with dispenser Vitamin A syrup, ORS packets and Zinc tablets found available while Inj Magnesium Sulphate, Inj Oxytocin, Misoprostol tablets and Mifepristone tablets were not available. Antibiotics, labelled emergency tray, Drugs for hypertension, Diabetes, common ailments e.g PCM, metronidazole, anti-allergic drugs etc were available. Vaccine stocks were available. Except Sanitary napkins supplies like pregnancy testing kits, urine albumin and sugar testing kits, OCPs, EC pills and IUCDs were available. Adequate consumables like Gloves, Mckintosh, Pads, bandages and gauzes were found available.

Lab Services

Except Serum Bilirubin test, T.B. and HIV tests, the laboratory had the provision of various services such as Haemoglobin test, CBC, Urine albumin and sugar, blood sugar and RPR

Service Delivery in Last two financial years

The service delivery data show a substantial rise in the number of out-patients in 2016-17 (58127) in comparison to 2015-16(41304). Women registered for 1st ANC also seen rises to 185 in 2016-17 from 119 in 2015-16. In both the years, the coverage of 3 ANC is very low as it is 21 in 2016-17, a significant drop from 185 as ANC1. Similar trend noticed in 2015-16 also. Number of children who received full immunisation rose to 121 in 2016-17 from 93 in 2015-16 while 332 children received Vitamin A in 2016-17 as against 305 in 2015-16(Table 17).

Table 17: Service Delivery in last two years, Poly Clinic, Ber Sarai, Delhi, 2016-17

Service Utilization Parameter	2015-16	2016-17
OPD	41304	58127
IPD	-	-
Total deliveries conducted	-	-
No. of sick children referred	-	-
No. of pregnant women referred	-	-
ANC1 registration	119	185
ANC 3 Coverage	06	21
No. of IUCD Insertions	16	10
No. of PPIUCD insertions	-	-
No. of children fully immunized	93	121
No. of children given Vitamin A	305	332
Total MTPs	-	-
Maternal deaths	-	-
Still births, if any	-	-
Neonatal deaths, if any	-	-
Infant deaths, if any	-	-

Children were administered zero dose BCG, Hepatitis B and OPV. Counselling on family planning also done. With regard to quality parameter, Vaccines have been administered correctly and waste also segregated in colour coded bins. Registers including OPD, ANC , line listing of severely anaemic pregnant, Family planning , Immunisation, and Drug stocks have been properly maintained. IEC materials on Citizen Charter, Immunisation schedule etc have been displayed at prominent places. Drug storage facilities and Grievance redressal mechanisms have been available. Fumigation and washing services have been outsourced.

16.3 DGD, CHHATARPUR

DGD Chhatarpur located at a distance of around 10 kilometres from the district headquarter which covers around 90000 population from the nearby areas.

Figure 6: DGD Chhatarpur, South District, Delhi

Infrastructures and Equipment

The DGD is operational in a well maintained government building with the provision of OPD related health facility. Water supply runs for 24 hours while electricity with power back up facility is not available. Toilets were available along with separate toilets for female. Complaint suggestion box and mechanism for waste management available. Equipment like BP instrument, Stethoscope, weighing machine for infant and adults, Needle cutter, functional autoclave, ILR and deep Freezer, Emergency tray with emergency injection, microscope, semi autoanalyzer, Reagents and Testing Kits were available in a functional form. Though the dispensary does not offer in patient service, the infrastructures related to the maternity ward and other wards required for inpatient services are not available.

Human Resources and Training

Regarding manpower under NHM, 4 ANMs, 1 LT and 1 CDEO has been appointed at the dispensary. Two staffs each have been trained in immunisation and cold chain and BMW.

Drugs and Supplies

Essential drugs such as IFA tablets, IFA syrup with dispenser Vitamin A syrup, ORS packets and Zinc tablets have been available while Inj Magnesium Sulphate, Inj Oxytocin, Misoprostol tablets and Mifepristone tablets were not available. Antibiotics, labelled emergency tray, Drugs for hypertension, Diabetes, common ailments e.g PCM, metronidazole, anti-allergic drugs etc were available. Also adequate vaccine stocks are available. Except Sanitary napkins supplies like pregnancy testing kits, urine albumin and sugar testing kits, OCPs, EC pills and IUCDs available. Consumables like Gloves, Mckintosh, Pads, bandages and gauzes were found available in adequate numbers.

Lab Services

The laboratory has the provision to conduct different tests such as Haemoglobin, CBC, Urine albumin and sugar, Serum Bilirubin test, blood sugar, RPR, T.B, HIV. In addition to these other facilities like LFT, KFT, LIPID PROFILE, ASO and CRP have been carried out.

Service Delivery in Last two financial years

The service delivery data in the last two years show that, the number of patients registered in OPD for the year 2015-16 is 90320 which increased to 93626 in 2016-17 (Table 18). The facility does not provide any service related to in patients.

Table 18: Service Delivery in last two years, DGD Chhatarpur, Delhi, 2016-17

Service Utilization Parameter	2015-16	2016-17
OPD	90320	93626
IPD	-	-
Total deliveries conducted	-	-
No. of sick children referred	-	-
No. of pregnant women referred	-	-
ANC1 registration	403	420
ANC 3 Coverage	200	258
No. of IUCD Insertions	83	69
No. of PPIUCD insertions	0	0
No. of children fully immunized	1068	1020
No. of children given Vitamin A	1595	1614
Total MTPs	0	0
Maternal deaths	0	2
Still births, if any	0	0
Neonatal deaths, if any	0	0
Infant deaths, if any	0	0

A total of 420 women registered for ANC1 in the year 2016-17, a marginal increase than the previous year (Table 18). Of the total ANC1 registration, a higher percentage of women received ANC3 in 2016-17 as compared to the previous year. IUCD cases show a declining trend as 69 IUCD carried out in the year 2016-17 as compared to 83 cases in 2015-16. Number of Children who received full immunisation declined to 1020 from 1068 in the year 2015-16 while vitamin A dose recipients seen increases from 1595 in 2015-16 to 1614 in 2016-17. Regarding deaths, 2 maternal deaths occurred in the last year while no deaths of neonates and infants reported.

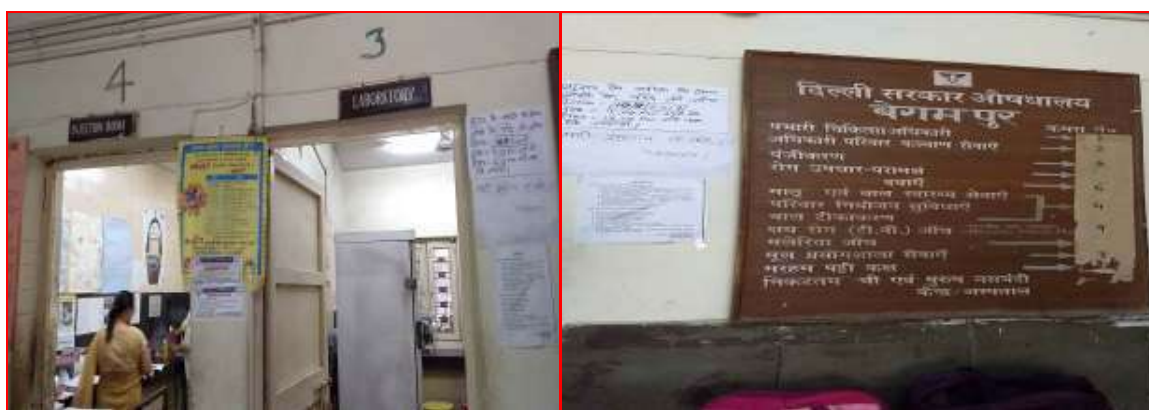
The OPD, ANC , line listing of severely anaemic pregnant, Family planning , Immunisation, and Drug stocks register have been properly maintained. Sufficient IEC materials have been displayed with messages on Citizen Charter, Immunisation schedule etc at prominent places. Also the facility is having appropriate drug storage facilities and Grievance redressal mechanisms. Irregularity in

fumigation reported while no functional laundry, dietary services and equipment maintenance mechanisms were available at the facility.

16.4 DGD, BEGUMPUR

DGD Begumpur located at the ground floor of the CDMO office and it was under construction during our monitoring visit. The facility function in a government building though not well-maintained.

Figure 7: DGD Begumpur, South District, Delhi



Infrastructures and Equipment

The health facility is well connected from the nearest road and is functional in a government building. Quarters for the staffs are not available. Electricity with power back up facilities have been available as well as water supply run for 24 hours. Toilets were available separately for males and females. Complaint suggestion box and mechanisms for waste management have been available. Equipments like BP instrument, stethoscope, weighing machine, needle cutter, oxygen administration, autoclave, ILR and Deep Freezer and emergency were found available in a functional form. Laboratory equipments such as microscope, hemoglobinometer and Reagents and testing kits were available. EDL has been displayed in the facility.

Human Resources and Training

With regard to human resource 1 ANM and 1 pharmacist have been posted in the facility under NHM. Staffs have been trained in IUD, RTI/STI, Immunisation and cold chain.

Drugs and Supplies

Essential drugs such as IFA tablets, IFA syrup with dispenser, ORS packets, Zinc tablets, antibiotics, emergency tray, drugs for hypertension, diabetes, metronidazole and anti-allergic drugs have been available sufficiently. Also vaccine stock was found available. Supplies like pregnancy testing kits, urine albumin and sugar testing kits, OCPs, EC pills, IUCDs and sanitary napkins were available. Adequate consumables like Gloves, Mckintosh, Pads, bandages and gauzes were found available.

Lab Services

Various tests such as Haemoglobin, Urine albumin and sugar, blood sugar and RPR have been available at the laboratory. The tests like CBC, Serum Bilirubin, Malaria, T.B., HIV are not available in the facility.

Service Delivery in Last two financial years

Service delivery data show that registrations at OPD on a decline as 42257 patients registered in the year 2016-17 as against 42685 in 2015-16.

Table 19: Service Delivery in last two years, DGD Begumpur, Delhi, 2016-17

Service Utilization Parameter	2015-16	2016-17
OPD	42685	42257
IPD	-	-
Total deliveries conducted	-	-
No. of sick children referred	120	125
No. of pregnant women referred	296	354
ANC1 registration	192	186
ANC 3 Coverage	104	168
No. of IUCD Insertions	41	54
No. of PPIUCD insertions	-	-
No. of children fully immunized	156	144
No. of children given Vitamin A	524	475
Total MTPs	-	-
Maternal deaths	0	0
Still births, if any	0	0
Neonatal deaths, if any	0	0
Infant deaths, if any	0	0

With regard to referral cases, 125 and 120 children referred in 2016-17 and 2015-16 respectively (Table 19). On the other hand referral cases for pregnant women seen increases in 2016-17 (354) as in 2015-16(296). IUCD insertion cases increased to 54 in 2016-17 from 41 in 2015-16. Children who received full immunisation declined to 144 (2016-17) from 1566 in the year 2015-16. Similarly vitamin A dose administered among 475(2016-17) children as compared to 524 children in 2015-16. In the last two years no still births, maternal deaths, neonatal deaths and infant deaths reported (Table 19).

The registers related to OPD, ANC , PNC, line listing of severely anaemic pregnant, Family planning , Immunisation, and Drug stocks have been properly maintained. IEC materials have been displayed with messages on Citizen Charter, Immunisation schedule etc at prominent places. Also the facility is having appropriate drug storage facilities and Grievance redressal mechanisms. Fumigation and washing services have been outsourced.

16.5 DGD, SAKET COURT COMPLEX

DGD Saket Court Complex situated inside the premise of saket court which is approximately 7 kilometres away from the district headquarter. It covers 5000 population. The inside and outside premises of the dispensary was very clean and hygienic.

Figure 8: DGD Saket Court Complex, South District, Delhi



Infrastructures and Equipment

The dispensary is functional in a well maintained government building which is easily accessible from the nearest road head. Electricity along with power back up facilities available as well as water supply run for 24 hours in the facility. Though dispensary does not have the provision of in patients care, the infrastructures related to the maternal ward and new-born care were not available. Toilet

facilities were available for male and female separately. Complaint/ suggestion boxes have been fixed in the wall to address the issues of the beneficiaries. The mechanisms for waste management have been available. All necessary equipment like BP instrument, Stethoscope, weighing machine, needle cutter, ILR and deep freezer, emergency tray with emergency injections were fully functional in the facilities. Apart from these the facility for oxygen administration was fully functional. Laboratory equipment such Microscope, Hemoglobinometer, Centrifuge, Semi autoanalyzer and Reagents and Testing Kits were found in a functional form.

Human Resources and Training

The dispensary is functional with 2 Medical Officers, 1 ANM, 1 LTs, 2 pharmacist and 1 lab technician while only 1 LT is working under NHM.

Drugs and Supplies

All types of drugs including IFA tablets, IFA syrup with dispenser, Vitamin A syrup, ORS packets, Zinc tablets, Misoprostol tablets, Mifepristone tablets, antibiotics, drugs for hypertension, diabetes, metronidazole and anti-allergic drugs have been sufficiently available at the facility. Labelled emergency tray and adequate vaccine stock was available while computerised inventory system was not available. EDL available and have been displayed. Essential supplies such as pregnancy testing kits, urine albumin and sugar testing kits, OCPs and EC pills were available while IUCDs and sanitary napkins were not available. Consumables like Gloves, Mckintosh, Pads, bandages and gauzes were found available.

Lab Services

The dispensary offers laboratory services such as Haemoglobin, CBC, Urine albumin and sugar and blood sugar while facilities like RPR, Malaria, T.B. and HIV have not been available at the laboratory.

Service Delivery in Last two financial years

Service delivery in the last two years show that the registration at OPD increased to 41926 in the year 2016-17 from 39000 in 2015-16. Regarding child immunisation 38 children received full immunisation in 2016-17 as compared to 27 in 2015-16. Number of Children administered Vitamin A more than twice in the year 2016-17(280) than the children administered in 2015-16(128).

Services related to maternal health such ANC, delivery facility and family planning have not been provided at the facility. Only out patient service have been provided.

With regard to quality parameters, vaccines have been administered correctly, waste have been segregated in colour coded bins and IMEP protocols have been followed. All registers including OPD, ANC, Family Planning, Immunisation, Drug stock and Referral have been maintained properly.

Regarding IEC related activities, the nearest road had directions towards the facility. Also adequate IEC materials related to timings of the facility, list of services facility offers, essential drug list, protocol posters, immunisation schedule found displayed at proper places. Apart from these other materials on hygiene, safety guidelines while cooking, protection of girl child, types of family planning methods, JSSK, management of spill, use of colour coded bins etc found properly displayed at the facility. All materials were new and properly placed. Proper drug storage facilities and equipment maintenance mechanisms was available. Fumigation drive have been carried out as per requirement.

17: CONCLUSIONS AND RECOMMENDATIONS

The Monitoring visit reveals a clear picture of the functioning of various health facilities of the South district. Though the district is functioning well in some aspects while in some the performance is not satisfactory.

- All the facilities are not functioning under single authority creating obstacles in the process of service delivery.
- Except seed PUHCs very few staffs under NHM have been appointed in other health facilities.
- Unlike other states, facility-wise targets on family planning and Immunisation have not been set on yearly basis.
- Budget have not been released in a timely manner that hampers the quality of services as the facility unable to meet the requirement on time.
- Data on various health indicators are not available on the basis of administrative division.
- Payments under JSY is very low which is due to portal issue. Also lack of bank account on the part of the beneficiaries a reason of low JSY payments.
- Many facilities do not have of Ayurvedic Health Unit.

RECOMMENDATIONS

- Adequate staffs under NHM need to be provided for better service delivery.
- Facility-wise targets on family planning and immunisation must be set on yearly basis.
- Budget must be released in a timely manner to meet the timely requirement.
- Health service data should be available on the basis administrative division which makes a road to better policy making.
- During ANC visits, health personnel need to encourage and facilitate the expected mothers to open bank account so that JSY payments could be made on time.

18. APPENDIX**NATIONAL HEALTH MISSION****MONITORING OF DISTRICT PIP**

POPULATION RESEARCH CENTRE, INSTITUTE OF ECONOMIC GROWTH, DELHI

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

No. of Blocks		
No. of Villages		
Population (2011)		
Literacy Rate		
Sex Ratio		
Child Sex Ratio		
Density of Population		
Health Indicators	Number	Percentage/Ratio
NMR		
IMR		
U5MR		
MMR		
TFR		
Fully immunized children		
ANC Registration in the first trimester		
Full ANC		
Safe Deliveries(Institutional+SBA attended home deliveries)		
Institutional Deliveries		
No of women received PNC checkups within 48 hours		

2. Detail of health infrastructures in the last financial year

Health Facility	Number available	Govt. building	Rented building/ Under const.
District hospital			
Poly Clinics			
Mohalla Clinics			

Delhi Government Dispensaries			
Mother & Child Care Centers			
MCD Hospitals			
Medical College			
Skill Labs			
District Early Intervention Centre			
Delivery Points			
Transport Facility	Number available	Number functional	Remarks
108 Ambulances			
CATS			
102 Ambulance			
Referral Transport			
Mobile Medical Units			

3. Human Resource under NHM in the last financial year

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

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

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

LHV/PHN						
---------	--	--	--	--	--	--

* Note- Fill number of officials who have received training

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

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

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

.....

5.1 Block wise service delivery indicators in the last financial year

Block	ANC Registered	3 ANCs	Home Deliveries	Institutional Deliveries

Note- Please include the data for Medical College and DH

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

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

5.3 Block wise service delivery indicator in the last financial year

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

Note- Please include the data for Medical College and DH

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

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

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

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

5.6. Maternal Death Review in the last financial year

Total Maternal Deaths	Place of Deaths			Major Reasons (% of deaths due to reasons given below)	Month Of pregnancy		
	Hospital	Home	Transit		During pregnancy	During Delivery	Post Delivery

				Hemorrhage- Obstetric Complications- Sepsis- Hypertension- Abortion- Others-			
--	--	--	--	--	--	--	--

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

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

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

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

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

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

Note- * Leave against medical advise

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

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

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

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

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

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

*Achievement

8. ARSH Progress in District in the last financial year

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

9. Quality in health care services

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

10. Community process in District in the last financial year

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

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

Name of the Programme/ Disease	2014-15		2015-16		2016-17	
	No. of cases screened	No. of detected cases	No. of cases screened	No. of detected cases	No. of cases screened	No. of detected cases
Diabetes						
Hypertension						
Osteoporosis						
Heart Disease						
Others, if any						

12. AYUSH progress District in the last financial year

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

13. Budget Utilisation Parameters:

Sl. no	Scheme/Programme	Funds	
		Sanctioned	Utilized
13.1	RCH Flexible Pool		
13.2	NHM Flexible Pool		
13.3	Immunization cost		
13.4	NIDDCP		
13.5	NUHM		

13.6	Communicable disease Control Programmes		
13.7	Non Communicable disease Control Programmes		
13.8	Infrastructure Maintenance		

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

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

DH level Monitoring Checklist

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

Catchment Population: _____ **Total Villages:** _____

Date of last supervisory visit: _____

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

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

Section I: Physical Infrastructure:

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

	Availability of mechanisms for Biomedical waste management (BMW)at facility	Y	N	
1.24	BMW outsourced	Y	N	
1.25	Availability of ICTC/ PPTCT Centre	Y	N	
1.26	Availability of functional Help Desk	Y	N	

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

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

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

S. no	Training	No. trained	Remarks if any
3.1	EmOC		
3.2	LSAS		
3.3	BeMOC		
3.4	SBA		
3.5	MTP/MVA		
3.6	NSV		
3.7	F-IMNCI		
3.8	NSSK		
3.9	Mini Lap-Sterilisations		
3.10	Laprosopy-Sterilisations		
3.11	IUCD		
3.12	PPIUCD		
3.13	Blood storage		

3.14	IMEP		
3.16	Immunization and cold chain		
3.15	Others		

Section IV: Equipment:

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

4.3a	Functional Centrifuge	Y	N	
4.4a	Functional Semi autoanalyzer	Y	N	
4.5a	Reagents and Testing Kits	Y	N	
4.6a	Functional Ultrasound Scanners	Y	N	
4.7a	Functional C.T Scanner	Y	N	
4.8a	Functional X-ray units	Y	N	
4.9a	Functional ECG machines	Y	N	

Section V: Essential Drugs and Supplies:

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

Section VI: Other Services:

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

Section VII: Service Delivery in Last two financial years:

S.No	Service Utilization Parameter	2015-16	2016-17
7.1	OPD		
7.2	IPD		
7.3	Total deliveries conducted		
7.4	No. of C section conducted		
7.5	No. of neonates initiated breast feeding within one hour		
7.6	No of admissions in NBSUs/ SNCU, whichever available		
7.7	No. of children admitted with SAM (Severe Acute Malnutrition)		
7.8	No. of pregnant women referred		
7.9	ANC1 registration		
7.10	ANC 3 Coverage		
7.11	No. of IUCD Insertions		
7.12	No. of PPIUCD Insertion		
7.13	No. of children fully immunized		
7.13	No. of children given ORS + Zinc		

7.13	No. of children given Vitamin A		
7.14	Total MTPs		
7.15	Number of Adolescents attending ARSH clinic		
7.16	Maternal deaths		
7.17	Still births		
7.18	Neonatal deaths		
7.19	Infant deaths		

Section VII A: Funds Utilisation

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

Section VII B: Service delivery in post natal wards:

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

Section VIII: Quality parameter of the facility:

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

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

Section IX: Record Maintenance:

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

Section X: IEC Display

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

Section XI: Additional/Support Services:

Sl. no	Services	Yes	No	Remarks
11.1	Regular Fogging (Check Records)	Y	N	
11.2	Functional Laundry/washing services	Y	N	
11.3	Availability of dietary services	Y	N	
11.4	Appropriate drug storage facilities	Y	N	

11.5	Equipment maintenance and repair mechanism	Y	N	
11.6	Grievance Redressal mechanisms	Y	N	
11.7	Tally Implemented	Y	N	

Qualitative Questionnaires for District Hospital Level

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

.....

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

.....

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

.....

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

.....

DGD- level Monitoring Checklist

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

Section I: Physical Infrastructure:

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

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

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

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

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

Section IV: Equipment

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

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

Section V: Essential Drugs and Supplies

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

	etc.			
--	------	--	--	--

Section VI: Other Services :

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

Section VII: Service Delivery in last two years

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

Section VII a: Service delivery in post natal wards:

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

Section VIII: Quality parameter of the facility

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

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

Section IX: Record Maintenance:

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

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

Section X: Funds Utilisation

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

Section XI: IEC Display:

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

Section XII: Additional/Support Services:

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

12.5	Equipment maintenance and repair mechanism	Y	N
12.6	Grievance redressal mechanisms	Y	N
12.7	Tally Implemented	Y	N

Qualitative Questionnaires for PHC/CHC Level

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

.....

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

.....

3. Any counselling being conducted regarding family planning measures.

.....

PolyClinic/FRU level Monitoring Checklist

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

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

Date of last supervisory visit: _____

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

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

Section I: Physical Infrastructure:

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

	Biomedical waste management (BMW)at facility			
1.23 a	BMW outsourced	Y	N	
1.24	Availability of ICTC Centre	Y	N	

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

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

Section III: Training Status of HR:

(*Trained in Past 5 years)

S. no	Training	No. trained	Remarks if any
3.1	EmOC		
3.2	LSAS		
3.3	BeMOC		
3.4	SBA		
3.5	MTP/MVA		
3.6	NSV		
3.7	F-IMNCI		
3.8	NSSK		
3.9	Mini Lap-Sterilisations		
3.10	Laprosopy-Sterilisations		
3.11	IUCD		
3.12	PPIUCD		
3.13	Blood storage		

3.14	IMEP		
3.16	Immunization and cold chain		
3.15	Others		

Section IV: Equipment:

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

Section V: Essential Drugs and Supplies:

S.No	Drugs	Yes	No	Remarks
5.1	EDL available and displayed	Y	N	
5.2	Computerised inventory management	Y	N	
5.3	IFA tablets	Y	N	
5.4	IFA syrup with dispenser	Y	N	
5.5	Vit A syrup	Y	N	
5.6	ORS packets	Y	N	
5.7	Zinc tablets	Y	N	
5.8	Inj Magnesium Sulphate	Y	N	
5.9	Inj Oxytocin	Y	N	
5.10	Misoprostol tablets	Y	N	
5.11	Mifepristone tablets	Y	N	
5.12	Availability of antibiotics	Y	N	

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

Section VI: Other Services :

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

Section VII: Service Delivery in last two financial years:

S.No	Service Utilization Parameter	2015-16	2016-17
7.1	OPD		
7.2	IPD		
7.3	MCTS entry on percentage of women registered in		

	the first trimester		
7.4	No. of pregnant women given IFA		
7.5	Total deliveries conducted		
7.6	No. of C section conducted		
7.7	No of admissions in NBSUs/ SNCU, whichever available		
7.8	No. of children admitted with SAM (Severe Acute Anaemia)		
7.9	No. of sick children referred		
7.10	No. of pregnant women referred		
7.11	ANC1 registration		
7.12	ANC 3 Coverage		
7.13	No. of IUCD Insertions		
7.14	No. of PPIUCD insertions		
7.15	No. of children fully immunized		
7.16	No. of children given Vitamin A		
7.17	Total MTPs		
7.18	Number of Adolescents attending ARSH clinic		
7.19	Maternal deaths,		
7.20	Still births,		
7.21	Neonatal deaths,		
7.22	Infant deaths		

Section VII a: Service delivery in post natal wards:

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

7.6a	Diet being provided free of charge	Y	N	
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Section VIII: Quality parameter of the facility:

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

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

Section IX: Record Maintenance:

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

Section X: Fund Utilisation

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

Section XI: IEC Display:

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