NATIONAL HEALTH MISSION

MONITORING OF IMPORTANT COMPONENTS OF NHM PROGRAM IMPLEMENTATION PLAN IN *TONK DISTRICT*, RAJASTHAN

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 Program Manager
BSU	Blood Storage Unit
CMO	Chief Medical Officer
DH	District Hospital
DPM	District Program Manager
ECG	Electrocardiography
EMOC	Emergency Obstetric Care
FRU	First Referral Unit
HMIS	Health Management Information System
IEC	Information, Education and Communication
IPD	In Patient Department
IUCD	Intra Uterine Contraceptive Device
IYCF	Infant and Young Child Feeding
JSSK	Janani Shishu Suraksha Karyakram
JSY	Janani Suraksha Yojana
LHV	Lady Health Visitor
LSAS	Life Saving Anaesthetic Skill
LT	Laboratory Technician
MCTS	Mother and Child Tracking System
MMU	Mobile Medical Unit
MO	Medical Officer
MoHFW	Ministry of Health and Family Welfare
NBCC	New Born Care Corner
NBSU	New Born Stabilization Unit
OCP	Oral Contraceptive Pill
OPD	Out Patient Department
OPV	Oral Polio Vaccines
PIP	Program Implementation Plan
PRC	Population Research Centre
SBA	Skilled Birth Attendant
SN	Staff Nurse
SNCU	Special New Born Care Unit

EXECUTIVE SUMMARY

STRENGTHS AND WEAKNESSES

This Report focuses on the monitoring of essential components of NHM in Tonk District of Rajasthan (2017). This report has been prepared by Population Research Centre, Delhi, based on the observation made during the Monitoring and Evaluation of the key components of NHM. This report analyses and highlights the progress of NHM in the district.

The major strengths and weaknesses of the district are as below:

STRENGTHS

- The district has shown tremendous improvement in ANC registrations and SBA assisted home deliveries in the last year.
- AYUSH facilities, especially Ayurvedic, are being used actively for ANCs and PNCs. These are also very helpful and get positive feedback from the beneficiaries.
- Immunization coverage of the district is quite convincing. Some of the facilities and the ASHAs are actively participating in outreach an activity which has helped increase immunization coverage.
- Though there are no trained counselors, but the MOI/Cs, ANMs and other doctors are conducting counseling sessions for adolescents and pregnant women for various menstrual, pregnancy related issues and family planning.
- Vasectomy has been increasingly accepted as a method of contraception among the male population of the district and PPIUCD among women over the last year. This is a positive step towards family planning.
- Management of biomedical waste is functioning well in the district. The facilities maintain different colored bins to segregate the waste before disposing them off.
- Sampoorna clinic is a very good initiative in the district where women age 30-60 years are provided with free regular health checks and cervical cancer checkup, in particular.

WEAKNESSES

- ANC 3 coverage in the district is still quite below the total registrations done for ANC. Only 65% women who registered for ANC received 3 ANC checkups.
- Only 58% of the institutional deliveries are paid JSY incentives and only 47 % of the ASHAs are paid incentives for the same. These figures are extremely low when compared to the state average of 85% and 66% respectively.
- There is a huge dropout rate for all three DPT doses of vaccination. This hampers with the goal of achieving full immunisation for all and needs to be worked upon.
- There is still a big gap between number of vasectomies and tubectumies conducted in the district, even when vasectomy is a much easier process.
- There is shortage of manpower especially because many of the sanctioned posts are lying vacant for years in the district.
- There are issues with salary payment of manpower hired through NHM. A few of the employees were not paid salaries for months.
- The sub-centers are in a very bad condition with poor infrastructure, no power connection and security issues.
- There is only one Nutritional Rehabilitation Centre (NRC) in the district. NRC is an important unit to keep in check the nutritional status of children in the district.
- Delay in Release of funds delays all the activities that are to be undertaken in the district. Generally, funds are released around October and then the district is only left with 6 months to utilise the funds which were allocated to be used for the whole year.

1. INTRODUCTION

1.1. BACKGROUND

The Ministry of Health and Family Welfare (MoHFW) has involved various Population Research Centers (PRCs) for quality monitoring of important components of NHM State Program Implementation Plan (PIP), 2016-17. A systematic assessment of the major components of NHM is critical for further planning and resource allocation under NHM for various schemes and programs. While engaging with the task, PRCs would identify critical problems 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 on the state NHM website
- Components of key conditionalities and new innovations
- Strategic areas identified in the roadmap for priority action
- Strengths and weaknesses in implementation.

Following the approval of National Health Mission (NHM) State Program Implementation Plan, 2016-17 for Rajasthan, the Ministry of Health and Family Welfare has asked Population Research Centre, Delhi to conduct quality monitoring of its important components. It is expected that PRCs would assume a critical role in monitoring various components of NHM for financial year 2016-17. As part of this, Delhi PRC was assigned to monitor and evaluate the NHM activities in the Tonk district of Rajasthan. The major objective of this monitoring and evaluation process was to understand the public health system in the district and toobserve the health facilities available on ground. Also, to suggest them to get equipped with tools and skills required for better service delivery, and to introduce them to various replicable programs and facilities under NHM.

1.2. STUDY APPROACH

Ministry of Health and Family Welfare (MoHFW) has assigned the task of monitoring the overall health setup of Tonk District, Rajasthan. PRC Delhi Team visited the district to evaluate their health performance during the period (September 21, 2017-September 23, 2017). The Secondary District

level Data was provided by the CMHO office. Health facilities from all the four levels were selected for Supervision after discussions with the Chief Medical Health Officer and the District Program Manager. District Hospital (DH), Community Health Centre (CHCs), Primary Health Centre (PHC) and Sub-Centre (SC) were visited for supervision and monitoring. The tools used for collecting the relevant data can be seen in the Annexure section of the report. The attempt was to monitor the districts performance, understand the bottlenecks in the system and find solutions to the problems faced. Also, to 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 capacities.

After a valuable discussion with the District Program Manager five facilities were selected for monitoring purpose in the district and the same are mentioned in the table below:

Table 1: Facilities visited by Delhi PRC for Monitoring & Evaluation of Tonk District , Rajasthan.

Facility Type	Name of Facility
District Hospital	MCH District Hospital
Community Health Centre (CHC)	Newai
Primary Health Centre (PHC)	Jhilai
Sub-Centre (SC)	Aliyabad
Sub-Centre (SC)	Baroni

1.3. SOCIOECONOMIC AND DEMOGRAPHIC PROFILE: TONK DISTRICT, RAJASTHAN

Tonk district in Rajasthan is bounded on the north by Jaipur district, on the east by Sawai Madhopur district, on the southeast by Kota district, on the south by Bundi district, on the southwest by Bhilwara district, and on the west by Ajmer district.

In 2006 the Ministry of Panchayati Raj named Tonk one of the country's 250 most backward districts (out of 640). It is one of the 12 districts in Rajasthan receiving funds from the Backward Regions Grant Fund (BRGF).

As per the 2011 census, the total population of Tonk district of Rajasthan is 14,21,326 of which 7,28,136 are Male and 6,93,190 are female. The population density of the district is 198persons/km^2 while for the whole of Rajasthan it is 20 persons / km^2. There is not much difference in the population density of the district and the average of the state. The geographical area of Tonk District is 7194 km^2.

Table 2: Key demographic indicators: Rajasthan and Tonk

Description	Rajasthan	Tonk District
Actual Population	68548437	1421326
Male	35550997	728136
Female	32997440	693190
Population Growth (2001-2011)	21.31%	17.3%
Sex Ratio	928	952
Density/km^2	200	198
Area km^2	342239	7194
Literacy	66.11%	61.58%
Male Literacy	79.19%	77.12%
Female Literacy	52.12%	45.45%

Source: Census 2011, GOI

Table 2 depicts that the Sex Ratio for Tonk is 952 (Female/1000 Males), which is a little higher than Rajasthan's average of 928 (Female/1000 Males). The literacy rate of Tonk (61.58%) is lower than that of Rajasthan's (66.11%). Female Literacy rate is 45% which is a very disappointing figure against a male literacy rate of 77% in the district. The picture at the state level is no better.

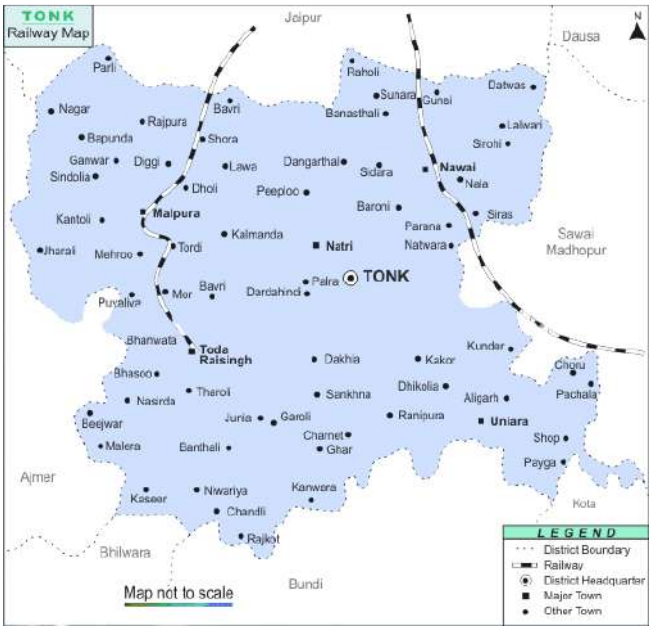

Figure 1: Tonk district, Rajasthan

1.4. FACILITY WISE OBSERVATION

DISTRICT HOSPITAL

District Saadat Hospital in Tonk district is fully functional in a government building and is easily accessible to the beneficiaries by road. The hospital has inaugurated its new MCH building recently. The hospital provides consultation and treatment to 1500 OPD patients every day.

- The catchment population of the hospital is 2 lakhs, but there are referral cases from other adjoining districts as well.
- On an average, more than 25 deliveries are conducted every day. Out of these, 8-10 are C-section deliveries. Lack of infrastructure to support this load creates hindrance in providing quality services.

Figure 2: District Hospital

- The hospital has a 12 bedded SNCU but it is mostly overburdened. This is Rajasthan's first SNCU. It also has a 10 bedded NRC.
- AYUSH unit for Ayurveda and Unani is active in the hospital but most of the times there are issues with availability of medicines at the DH.
- The hospital also has blood bank but the building in which it is functional is in a miserable state. Apart from this, all the equipments and devices are available and the records of blood bank are maintained on an online portal. In rare cases, there is shortage of any blood type as most people donate voluntarily or in the camps.
- The O.T is well equipped with the equipments such as pulse-oximeter, surgical diathermies, laparoscopes and autoclaves except that it does not have a ventilator. The laboratory of the facility has a functional microscope, hemoglobin meter, centrifuge, semi-auto analyzer and testing kits. It does not have a functional CT scanner.

- The hospital has proper vaccine stock, Pregnancy testing kits, condoms, OCPs and IUCDs available. The beneficiaries are counseled by the doctors and nurses about the benefits of contraceptive uses and family planning.

PNC Ward

Mother Milk Bank

Malnutrition Treatment Centre (MTC)

IEC on Display

Figure 3: Health Infrastructure, District Hospital

- More staff and beds are required in the labour room, keeping in mind the delivery burden on the hospital.
- The hospital also has a mother milk bank which is operational in a newly constructed and well maintained building. It is a very good initiative under which mothers are donating milk voluntarily and that is being provided to infants who need it. Proper procedures are followed to ensure that the milk is safe and secure for consumption.
- Take up for PPIUCD and IUCD, in particular, is quite low at the district hospital. People prefer other temporary methods like condoms and OCPs.

- There are 11 security guards currently in the hospital. The hospital authority feels that there is a need for 44 Security guards for 24*7 security of the hospital.
- Malformed children referred by RBSK teams are referred to the Hospital for treatment. SAM cases are also treated in the Malnutrition Treatment Centre (MTC).
- All the IEC materials provided by the District are on display in the hospital but more can be done for improvement.
- RKS funds are not released on time. There are delays in fund transfer and even when the fund is received, the bifurcation of funds under different heads is delayed further. Also, more funds are required by the hospital under RKS for maintenance**.**
- Some of the beneficiaries also felt that there are some irregularities in the functioning of the hospital. A few doctors prefer providing consultation at home than coming to the hospital. This is something that should be looked into.

Table 3: Service delivery at District Saadat Hospital, Tonk, Rajasthan, 2015-16 & 2016-17

Sl. No	Service Utilization Parameter	2015 -16	2016 -17
1	OPD	396720	475687
2	IPD	40836	39501
3	ANC 1 registration	3953	3675
4	ANC 3 Coverage	2200	2197
5	Total deliveries conducted	6090	6805
6	Number of C section conducted	653	1117
7	Number of pregnant women referred	174	169
8	Number of neonates initiated breast feeding within one hour	2217	3187
9	No of admissions in NBSUs/ SNCU, whichever available	3156	2722
10	Number of children admitted with SAM (Severe Acute Malnutrition)	250	203
11	Number of children fully immunized	3392	3153
12	Number of children given Vitamin A	3392	3153
13	Number of IUCD Insertions	307	7
14	Number of PPIUCD Insertion	438	936
15	Total MTPs	57	79
16	Maternal deaths	0	1
17	Still births	89	107
18	Neonatal deaths	113	89
19	Infant deaths	39	24

Source: District Saadat Hospital, Tonk District, Rajasthan

- Table 3 depicts the service delivery indicators of the district hospital for financial year 2015-16 & 2016-17.
- ANC 1 registrations and ANC3 coverage has remained somewhat same in both the financial years but the gap between ANC1 registrations and ANC3 Check up in quite high.
- The total number of deliveries in the hospital has increased from 6090 in 2015-16 to 6805 in 2016-17. Number of C-section being conducted has increased by almost 50% to 1117 in 2016-17.
- One Hundred and sixty nine (169) pregnant women were referred to other institutions for better services during 2016-17.
- Admission in NBSU/SNCU has declined from 3156 to 2722 in 2015-16 & 2016-17 respectively. Two hundred three (203) children with SAM were also admitted during 2016-17.
- Number of IUCD insertions have declined drastically and are almost negligible with only 7 IUCD insertions during 2016-17, whereas PPIUCD insertions have doubled from 438 in 2015-16 to 936 in 2016-17.
- Number of children fully immunised and given vitamin A dose has remained almost same during the two years.
- There is an increase in number of MTPs conducted at the hospital in 2016-17. It has increased from 57 in 2015-16 to 79 in 2016-17.
- There had been no maternal deaths during 2015-16 but 1 during 2016-17. Still births have increased from 89 to 107 and neonatal deaths have declined from 113 to 89 in 2015-16 & 2016-17 respectively.
- Infant deaths at the hospital have declined from 39 in 2015-16 and 24 in 2016-17.

COMMUNITY HEALTH CENTRE, KALYANPUR

CHC in Newai of Tonk district is functioning in a well maintained government building. The facility is easily accessible by road. The facility caters to the health services required by an urban population of 2 lakhs.

Figure 4: CHC Newai

- This CHC is a 20 bedded facility with 16 beds in ANC and PNC wards, 2 in Emergency and 2 in Operation Theatre (OT).
- The CHC is a FRU but the infrastructure has not been developed in a manner that a FRU should be. The space allotted is much less and the infrastructure also needs maintenance.
- Various schemes and services have been added under NHM but the number of rooms is limited. There are no separate rooms for ICTC and ARSH clinics.
- There is no family planning counselor at the facility. ICTC counselor does family planning counseling as well. ICTC counselor also visits the field every Saturday to follow up with the patients and their family.
- AYUSH (Homeopathy) doctor is there at the facility and attends OPD for common problems but no separate pharmacist for the same.

Cold Chain

IEC on display at PHC

Figure 5: Service delivery at CHC, Newai, Tonk District, 2015-16 & 2016-17

- Immumisation coverage is high. A survey of covered and uncovered villages is done by the ANMs with the help of ASHAs and AWWs. Following this, ANMs make plans for the number of sessions required to cover all the areas. The supplies are made available to the ANM to carry out vaccination.
- Table 4 summarizes the service delivery indicators of the Community Health Centre during 2015-16 & 2016-17.
- Total deliveries conducted at the CHC have increased marginally from 2958 to 3211 in a matter of 1 year. As can be seen in the table below, numbers of ANC1 registrations have declined over the same period from 5006 to 4571.
- ANC 3 coverage has remained more or less same during 2015-16 and 2016-17.

Table 4 : Service delivery at CHC, Kalyanpur, Tonk, Rajasthan, 2015-16 & 2016-17

Sl.No	Service Utilization Parameter	2015-16	2016-17
1	OPD	221079	206726
2	IPD	9025	8465
3	Total deliveries conducted	280	429
4	ANC1 registration	384	466
5	ANC3 Coverage	216	237
6	Number of Pregnant Women given IFA Tablets	634	590
7	Number of IUCD Insertions	66	56
8	Number of PPIUCD insertions	59	218
9	Number of admissions in NBSU/SNCU	95	56
10	Number of children fully immunized	581	415
11	Number of children given Vitamin A	581	415
12	Number of Pregnant Women referred	128	35
13	Number of Sick Children referred	56	12
14	Still birth	2	1

Source: CHC, Newai, Tonk District, Rajasthan

- Table 4 depicts the service delivery indicators of the CHC for financial year 2015-16 & 2016-17.
- Total deliveries conducted at the CHC have increased quite a bit from 280 in 2015-16 to 429 in 2016-17. No C-section deliveries have been done at the facility in the last 2 years.
- ANC 1 registrations increased from 384 to 466 but ANC 3 Coverage remained almost constant 237 in 2016-17.

- Number of IUCD insertions declined marginally by 10 but PPIUCD insertions have increased exponentially from 59 in 2015-16 to 218 in 2016-17.
- Four hundred fifteen (415) children were fully immunised and given Vitamin A dose during 2016-17 as compared to 581 during 2015-16.
- Thirty five (35) pregnant women and 12 sick children have been referred to higher health institutions in the district in the year 2016-17.
- There have been no maternal deaths at the CHC but 2 still births during 2015-16 and 1 during 2016-17.

PIMARY HEALTH CENTRE, JHILAI

The Primary Health Centre in Bitthor is operating in a well maintained government building which has also been awarded under the Kayakalp scheme of the central government. The PHC is well connected by road and is accessible to the concerned population.

- It is a 5 bedded facility and conducts 25-30 deliveries every month. Number of beds are sufficient but more beds would increase PHC's efficiency.

Figure 6: Health Infrastructure, PHC, Jhilai, Tonk District

- There is a good take-up of AYUSH consultation and medicines. It is even used during ANC and PNC procedures.
- 102 Ambulance facilities are not functional here. 108 are used to bring patient to the facility but no transport is provided for dropping back the patient.
- Beneficiaries are pushed for opening bank accounts from early ANC stages to insure high JSY payments. Diet is not being provided under JSSK at the facility as it is located a little away from

the main city to get packed lunches. Also, most of beneficiaries are locals and prefer home cooked food.

IEC on display at PHC

Figure 7: Health infrastructure at PHC, Jhilai, Tonk District

- Ten percent of the pregnancy cases come under High Risk Pregnancy. These patients are informed during ANCs that they visit FRU unit for further assistance.
- Adolescent girls come to ANMs for counseling for menstrual problems, acne, infections and other problems.
- VHND is held once every month to interact with the locals and provide them the necessary information on health and hygiene.
- Table 5 summarizes the service delivery indicators of the Community Health Centre during 2015-16 & 2016-17.
- Total number of deliveries conducted at the facility has increased marginally from 296 to 308 in 2015-16 and 2016-16.
- There has also been an increase in ANC1 registrations and ANC3 Coverage from 2015-16 to 2016-17. Number of IUCD insertion has also seen a growth from 566 in 2015-16 to 653 in 2016-17 but no PPIUCD insertions have been done at the facility during the last 2 years.

Table 5: Service delivery at PHC, Jhilai, Tonk, 2015-16 & 2016-17

Sl.No	Service Utilization Parameter	2015-16	2016-17
1	OPD	34500	36205
2	IPD	2127	2409
3	Total deliveries conducted	976	1102
4	ANC1 registration	177	178
5	ANC3 Coverage	161	170

6	Number of IUCD Insertions	62	33
7	Number of PPIUCD Insertions	322	637
8	Number of Minilaps	36	41
9	Number of children fully immunized	186	190
10	Number of children given Vitamin A	186	190
11	Number of Pregnant Women referred	17	16
12	Number of Sick Children referred	19	21
13	Still birth	16	13
14	Neonatal Deaths	5	2
15	Infant Deaths	6	5

Source: PHC, Jhilai, Tonk District, Rajasthan

- Table 5 represents the service delivery indicators for PHC, Jhilai for 2015-16 and 206-17.
- Total deliveries conducted at the PHC has increased to 1102 in 2016-17 from 976 in 2015-16. ANC1 registrations and ANC 3 coverage has not seen any major change during the last two years but the gap between the two is very very small compared to other facilities.
- IUCD insertions have reduced by 50% and PPIUCD insertions have increased by 100% from 322 to 637 in 2015-16 & 2016-17.
- Number of children fully immunised and given vitamin A dose is almost same for both the financial years.
- There have been 16 and 13 still births at the PHC in 2015-16 & 2016-17 respectively. There were no maternal deaths in the last 2 years.
- Neonatal deaths have declined from 5 to 2 and infant deaths from 6 to 5 in 2015-16 and 2016-17 respectively.

SUB-CENTRE, BARONI

The Sub-Centre is easily accessible by road and is located inside the village. It is functioning in a government building and caters to a population of 4221. It covers 4 villages and is 7 Km away from the nearest PHC.

- There is 1 ANM, 3 ASHAs at the facility. This SC is a delivery points and conducts average 3 deliveries per month.
- The facility has electricity connection and handpump for water.
- It also has a newly built quarter for the ANM to stay.
- The SC has a pit for Bio-Medical waste disposal.

- There have been no neonatal or maternal deaths.
- There are very rare cases of Home deliveries. People cooperate with the Sub-centre staff and opt for Institutional Deliveries.

Figure 8: Health Infrastructure, SC, Baroni, Tonk District

- People are willing to accept sterilisation as a method of contraception. Other methods are also widely used.
- ANMs and ASHAs personally monitor IFA tablets consumption by pregnant women resulting which the Hb level of women in the area is good.
- The sub-centre received Rs. 10,000 in the untied funds during 2016-17 to be used for various maintenance and other activities at the sub-centre.

Table 6: Service delivery at SC, Baroni, Tonk, 2016-17& 2017-18

Sl.No	Service Utilization Parameter	2016-17	2017-18 (April-August)
1	Number of Pregnancies	70	40
2	Number of Pregnant women given IFA	70	40
3	ANC1 registration	70	40
4	ANC3 Coverage	70	40
5	Number of Deliveries Conducted at the SC	35	19
6	Number of IUCD Insertions	45	23
7	Number of children fully immunized	80	27
8	Number of children given Vitamin A	310	184
9	Neonatal Deaths recorded	1	1
10	Number of VHNDs attended	12	6
10	Number of VHNSC meetings attended	12	6

Source: SC, Baroni, Tonk District, Rajasthan

- Table 6 depicts the Service Delivery indicators of the Sub-Centre for 2016-17 and April, 2017-August, 2017.
- Total number of pregnancies in the area catered by the SC was 70 for 2016-17. All the pregnant women were registered for ANC and were provided with 3 ANC checkups.
- Thirty five (35) deliveries were conducted at the SC in 2016-17
- Forty five (45) women chose IUCD insertion as their method of contraception during 2016-17.
- Three hundred and ten (310) children were given vitamin A dose, whereas, only 80 were fully immunised at the sub-centre. This is a disturbing figure and more efforts need to be put in by the SC in this area.
- Twelve (12) VHNDs and VHNSC meetings were conducted and attended by the SC staff in the area during 2016-17.

SUB-CENTRE, ALIYABAD

The Sub-centre which serves a population of 3,592 is functional in a government space and is easily accessible by road to the beneficiaries. It also has a quarter for ANM but neither the facility nor the quarter is in a good condition. There is seepage during rains and doors and windows are broken.

- There is 1 ANM, 3 ASHAs at the facility. All the staff is really active in the field and constantly work towards making people aware about the importance of health facilities.

Figure 9: Health Infrastructure, SC, Aliyabad, Tonk District

- The facility doesn't have electricity connection. It becomes really difficult to work in such conditions especially during the summers.

- Second Saturday of every month is vaccination day at this sub-centre. There is good immunisation coverage in the area.
- People are resistant for sterilisation. They prefer other contraceptive methods over sterilisation.
- The sub-centre received Rs. 10,000 in the untied funds during 2016-17 to be used for various maintenance and other activities at the sub-centre.

Table 7: Service delivery at SC, Aliyabad, Tonk, 2015-16 & 2016-17

Sl.No	Service Utilization Parameter	2016-17	2017-18 (April-August)
1	Number of Pregnancies (estimated)	58	58
2	Number of Pregnant women given IFA	61	22
3	Number of deliveries conducted at SC	32	21
4	ANC1 registration	61	20
5	ANC3 Coverage	51	17
6	Number of IUCD Insertions	22	-
7	Number of children fully immunized	38	20
8	Number of children given Vitamin A	38	20
9	Number of VHNDs attended	28	12
10	Number of VHNSC meetings attended	12	5

Source: SC, Aliyabad, Tonk District, Rajasthan

- Table 7 depicts the Service Delivery indicators at the Sub-Centre for 2016-17 and April, 2017-August, 2017.
- Fifty eight (58) pregnancies were estimated for financial year 2016-17, out of these 32 deliveries were conducted at the SC.
- Sixty one (61) women were registered for ANC and only 51 were provided ANC 3 checkup in 2016-17. 22 women went for IUCD insertion to control pregnancy.
- Thirty eight (38) children were fully immunised and given vitamin A during 2016-17.
- Twenty eight (28) VHNDs and 12 VHNSC meetings were conducted to discuss various health and hygiene issues during 2016-17.
- There have been no maternal and neonatal deaths in the area under this SC.

2. HUMAN RESOURCE & HEALTH INFRASTRUCTURE

2.1. HUMAN RESOURCE

Human resource is one of the most important factors that affect the reach, efficiency and quality of health services provided. Adequate amount of human resource is required to fulfill the health goals.

It is a major concern that many of the positions in the health facilities are vacant in the district. This increases the burden on the staff currently employed.

Lack of human resource at each level in the district, starting from specialists to CDOs, ANMs to ASHA workers, raises concern and needs attention to improve the health indicators and provision of quality health services to the population.

Table 8: Human resource in Tonk District, Rajasthan, 2016-17

Position Name	Sanctioned	Contractual	Total Vacant
ANM (SC)	70	3	67
Pharmacist	17	13	4
Lab technicians	4	0	0
Data Entry Operators	8	8	0
Staff Nurse at CHC	45	0	45
Staff Nurse at PHC	146	13	133

Source: CMHO Office, Tonk District, Rajasthan

- Table 7 depicts the human resources sanctioned and appointed in Tonk district during 2016-17.
- It is very disappointing to notice that out of 70 posts sanctioned for ANMs at Sub-Centers during 2016-17, only 3 were filled on contractual basis and rest 67 are still vacant.
- Seventeen (17) and 4 posts were sanctioned for Pharmacist & Lab Technician respectively and 13 have been filled on contractual basis for pharmacist but all 4 vacant in the case of Lab Technician.
- All 8 posts sanctioned for Data entry operators have been provided to eligible candidates in the district.
- Forty five (45) & 146 posts were sanctioned for Staff nurses at CHC and PHC respectively. None of the posts have been filled for CHC, whereas, only 13 have been given to deserving candidates, rests 133 are lying vacant.
- The overall situation of Human resource in the district is in very bad condition and requires immediate attention. More than 50% of the posts sanctioned during 2016-17 are vacant.

2.2. TRAINING STATUS OF HUMAN RESOURCE

Table 9: Training Status of Human Resource, Tonk District, Rajasthan 2016-17

Position Name	SBA (Refresher)
ANM	13
LHV/PHN	3

Source: CMHO Office, Tonk District, Rajasthan

- Table 8 depicts trainings conducted in 2016-17 for health staff in Tonk district to train them in respective health activities to serve the people with efficient health care facilities.
- No trainings have been conducted for BeMoc, FIMNCI, MTP, Minilap, PPIUCD insertion, NSV, RTI/STI Screening and NSSK for any of the health staff in financial year 2016-17.
- Only refresher training for SBA has been conducted in the district for 13 ANMs and 3 LHVs.
- The state of training of human resource is miserable in the district. No training has been conducted in the last year.

2.3. HEALTH INFRASTRUCTURE

One of the most crucial aspects in the health sector is infrastructure. Quality, quantity and accessibility of the health infrastructure are directly proportional to the health indicators in the area.

Table 10: Details of health infrastructures 2016-17: Tonk District, Rajasthan

Health Facility	Number available	Govt. Building
District hospital	1	1
CHC	9	9
PHC	59	59
SC	290	221
Skill Labs	1	1

Source: CMHO Office, Tonk District, Rajasthan

- As can be seen in Table 10, there is only 1 district hospital in the district and in functioning in a government building. A new structure has recently been inaugurated for the MCH wing of the hospital.
- All 9 CHCs and 59 PHCs in the district are functional in Govt. buildings.
- Only 221 SCs are operating in government buildings, rests 69 are either functional in a rented house or not functional at all.
- The district also has a skill lab which is functioning in a government owned building.

3. MATERNAL HEALTH

Promotion of maternal and child health has been an important objective of the NHM to reduce Maternal and Infant and Child mortality by focusing on strategies of promoting wider utilization of essential obstetric and new born care for all, skilled attendance at every birth, emergency obstetric care for those having complications and referral services. The Maternal health care package of antenatal care, delivery care and postnatal care is a crucial component of NHM to reduce maternal morbidity and mortality.

Maternal Health activities in the district involve ANC registration, delivery services, post-natal care, JSY and JSSK services and managing risky deliveries. The district has well functional Health facilities with all the above activities. The district has sufficient infrastructure required to provide good MCH services.

3.1. MATERNAL HEALTH

Table 11: Service Delivery Indicators (Maternal Health) 2015-16 & 2016-17

District	ANC Registered	3 ANCs	Home Deliveries		Institutional Deliveries
			SBA assisted	Non-SBA	
2015-16	30119	23811	23	25	27565
2016-17	30013	24677	27	44	27088

Source: CMHO Office, Tonk District, Rajasthan

- Table 11 depicts data for key maternal health indicators for Tonk district for financial year 2015-16 & 2016-17.

- Figures for total ANC registrations and ANC 3 Checkups have not changed much during the last two financial years.
- SBA assisted Home deliveries have also remained constant but there is an increase in Non-SBA attended home deliveries from 25 to 44 in 2015-16 to 2016-17 respectively. Institutional deliveries have also remained somewhat same in both the years.
- Overall, the district has been performing consistently

Table 12: Other key maternal and child health indicators: Tonk district, 2016-17

District	PNC within 48 hrs after delivery	PNC between 48 hrs and 14 days after delivery	Live Birth	Still Birth
2015-16	24754	14398	27398	417
2016-17	25211	19678	26860	424

Source: CMHO, Tonk District, Rajasthan

- As can be seen in Table 12, PNC given within 48hrs after delivery has improved to 25211 in 2016-17 from 24754 in 2015-16.
- There is also an increase in PNC given between 48hrs and 14 days after delivery in the district from 14398 to 19678. It is good news that the beneficiaries are accepting the importance of PNC checkups and opting for it.
- Total live birth and still births in the district have remained constant during the two years. More needs to be done to avoid still births in the district.

3.2. JANANI SURAKSHA YOJANA

Janani Suraksha Yojana is an initiative for safe motherhood under NHM. It basically aims at reducing maternal and neo-natal mortality rate by promoting institutional deliveries through ASHA workers among poor pregnant women.

Tonk district is doing below average in case of making JSY payments to beneficiaries and ASHA's incentive. This might be because of lack of awareness among the beneficiaries and lack of necessary documents like an Aadhaar card or bank account.

This needs to be resolved at the district level at the earliest to allow this scheme to reach out to the people.

Table 13: STATUS OF JSY PAYMENTS IN DISTRICT, 2016-17

Status of payments (in percentage)			Record maintenance		
Institutional deliveries	Home Deliveries	ASHAs	Available	Updated	Non updated
24371 (96.6%)	0	13389	Yes	Yes	Nil

Source: CMHO Office, Tonk District, Rajasthan

- Table 13 depicts that 96.6% of the mothers opting for institutional deliveries were successfully provided JSY benefits.
- Thirteen thousands three hundred eighty nine (13389) ASHAs were paid JSY incentives for facilitating institutional delivery at a public institution.
- All the records of payments and beneficiaries were maintained and available at the time of visit.

3.3. JANANI SHISHU SURAKSHA KARYAKRAM

JSSK is functioning average in the district, beneficiaries are availing the services of free diet, diagnostics and referral transport in the district.

Table 14: STATUS OF JSSK IN THE DISTRICT, 2016-17

District	Diet	Drugs	Diagnostic	Transport		
				Home to Facility	Referral	Facility to Home
Tonk	21593	43199	22350	19978	333	20227

Source: CMHO Office, Tonk District, Rajasthan

- Diet under JSSK has been provided to 21593 beneficiaries, drugs to 43199 beneficiaries and diagnostic services to 22350 beneficiaries in 2016-17.
- Nineteen thousand nine hundred seventy eight (19978) beneficiaries were provided with home to facility transportation, whereas, 20227 were provided with facility to home transport services.
- Referral transport was also provided to 333 patients.

3.4. MATERNAL DEATH REVIEW

Maternal death is the death of a woman while pregnant or within 42 days of the end of pregnancy, irrespective of the duration and the site of the pregnancy, from any cause related to or aggravated by the pregnancy or its management, but not from accidental or incidental causes. Every maternal death that occurs within a refugee camp (of a refugee or a national) or at a referral health facility should be systematically reviewed.

A maternal death review provides a rare opportunity for a group of health staff and community members to learn from a tragic – and often preventable - event. Maternal death reviews should be conducted as learning exercises that can be help in future to avoid any such incidents. The purpose of a maternal death review is to improve the quality of motherhood and make it safe to prevent future maternal and neonatal morbidity and mortality.

Table 15: Maternal Death Review, Tonk District, Rajasthan 2016-17

Total Maternal Deaths	Place of Deaths			Major Reasons	% of deaths due to The given reasons	Time of Death		
	Hospital	Home	Transit			During pregnancy	During Delivery	Post Delivery
24	12	3	9	Hemorrhage	33.33	0	3	6
				Obstetric Complications	04.16	0	1	0
				Sepsis	8.33	0	0	1
				Hypertension	12.50	1	0	2
				Abortion	00	0	0	0
				Others	41.66	6	1	3

Source: CMHO Office, Tonk District, Rajasthan

- 24 maternal deaths have happened in the district during 2016-17. 12 of these were in the hospital, 3 at home and rest 9 during transit.
- 33% of these deaths were due to hemorrhage during and post delivery. Hypertension has been the reason for 12% of the maternal deaths. Sepsis and Obstetric Complications are also some of the reasons.

4. CHILD HEALTH

4.1. CHILD HEALTH

Child health program under NHM stresses upon reducing IMR in India. The Child health program promotes the following points;

- Neonatal Health,
- Nutrition of the child,
- Management of common childhood illness and
- Immunization of the child.

In Tonk District child health program is functioning smoothly expect for the human resource and infrastructural constraints. The district has a SNCU but there is no Nutrition Rehabilitation Centre (NRC) yet. Staff in the district is very active and aware of their responsibilities towards using available resources efficiently to meet the goal of reducing IMR in the district.

4.2. SICK NEWBORN CARE UNIT

SNCU is functioning well in the district. The biggest concern is shortage of beds in the SNCU units. More space is required so that more children can be treated in the unit. Many times two or more neonates share their bed due to lack of space in the SNCU even when it is not advisable.

4.3. IMMUNIZATION

- Proper immunization card are maintained in DH, PHCs, CHCs and Sub- Centers. ANMs are actively involved in the process of immunization. ANMs are also going in the interior areas of the communities to conduct immunisation drives.
- None of the facilities reported any shortage of vaccination. ASHAs are doing a great job by motivating people for timely immunization.
- Mission Indradhanush has played a key role in promoting full immunization in the district. Immunisation coverage has increased under this scheme.
- Cold chain storage was available in most of the facilities.

Table 16: Child Health: Analysis of immunization, Tonk, Rajasthan 2016-17

District	OPV at birth	BCG	DPT			OPV			Measles	Full Immunization
			1	2	3	1	2	3		

Total	18869	26561	27512	26826	27040	27508	26815	27027	26749	26652

Source: CMHO Office, Tonk District, Rajasthan

- Table 16 describes Immunization status of the district. A total of 18869 and 26561 beneficiaries were given OPV at birth and BCG doses in the district during financial year 2016-17.
- Twenty seven thousand five hundred twelve (27512), 26826 & 27040 doses of DPT1, 2 & 3 and 27508, 26815 & 27027 OPV 1, 2 & 3 were given to infants in the district. Coverage for Vaccines DPT (all doses) and OPV (all doses) is consistent with BCG doses, unlike many other districts in the country.
- Here, it should be noted that OPV at birth dose is provided to very few beneficiaries when compared to other vaccines.
- Twenty six thousand seven hundred forty nine (26749) beneficiaries were given vaccine for Measles and 26652 beneficiaries were fully immunized during financial year 2016-17 in the district.

4.4. RASTRIYA BAL SURAKSHA KARYAKARAM

Rashtriya Bal Swasthya Karyakram (RBSK) is an initiative aiming at early identification and early intervention for children from birth to 18 years to cover 4 'D's which are Defects at birth, Deficiencies, Diseases, Development delays including disability. functioning well in the district. The services under the scheme aim to cover children of 0-6 years of age in rural areas and urban slums in addition to children enrolled in classes I to XII in Government and Government aided Schools. The program is working well in the district. Each of the blocks has two RBSK teams working to identify the 4 Ds in their respective blocks.

Table 17: STATUS OF RBSK, TONK DISTRICT, Rajasthan 2016-17

Years	Number of Schools	Number of children	Children Diagnosed	Number of Children	Eye Disease	Ear Disease	Heart disease	Physically challenged	Anemic
2016-17	1727	142641	4494	4494	428	1067	84	141	181
2015-16	1256	93953	3688	3688	0	0	15	15	0

Source: CMHO Office, Tonk District, Rajasthan

- Table 17 shows the status of RBSK in the district during 2015-16 and 2016-17.

- Number of children and schools registered under RBSK has increased from 2015-16 to 2016-17. 4494 children were diagnosed in 2016-17, whereas, only 3688 in 2015-16.
- None of the children were diagnosed with eye or ear diseases in 2015-16 but 428 and 1067 children have been diagnosed with eye and ear diseases in 2016-17.
- One hundred and forty one (141) physically challenged children have also been referred for treatment.
- One hundred and eight one (181) children were found to be anemic in 2016-17 and have been provided with necessary treatment.

5. FAMILY PLANNING

Family Planning is an effective way to limit the family size after attaining the desired number of children and to space child birth to allow good maternal and child health. This gives individuals and couples an option they can use to plan their family if they want to. Family planning is done through use of contraceptives and treatment of involuntary infertility.

Various temporary and permanent family planning methods being used these days are Condoms, oral contraceptive pills, IUD insertions, minilap, Vasectomy and tubectomy etc. East Delhi district is doing its bit in the best possible manner to educate and motivate people for family planning. Injectables are soon going to be introduced. It's a relatively easy to use method and the staff believes that it's going to have a great impact on family planning in the district.

5.1. FAMILY PLANNING

- Table 18 depicts that the most used method in the district is condom, followed by IUCD and Oral contraceptives.
- Significant numbers of women are opting for IUCD but not as many for PPIUCD in Tonk. People are misinformed about PPIUCD and believe that it will lead to problems in pregnancy later.
- A total of 6227 women and 5 Men opted for sterilization in the district during 2016-17. This ratio proves that men getting sterilised is still a taboo in the district.

Table 18: Family Planning Achievement, Tonk District, Rajasthan 2016-17

District Name	Sterilization			IUCD	PPIUCD	OCP	CC
	Male	Female	Total				
Tonk	5	6227	6232	12007	4336	9993	13887

Source: CMHO Office, Tonk District, Rajasthan

6. ADOLESCENCE REPRODUCTIVE AND SEXUAL HEALTH

The ARSH program provides appropriate approach to address selected priority health needs and problems of adolescents. This program is not functional in the district of Tonk.

7. AYURVEDA, YOGA AND NATUROPATHY, UNANI, SIDDHA AND HOMOEOPATHY (AYUSH)

AYUSH is a government department that is purposed with developing, education and research in Ayurveda, Yoga, Naturopathy, Unani, Siddha, Homoeopathy, Sowa-Rigpa (Traditional Tibetan medicine), and other Indigenous Medicine systems in India.

AYUSH is functional but there is shortage of a few medicines. This hampers the functioning of the AYUSH wing. Also, more number of fully qualified doctors are required to promote AYUSH services.

Table 19: AYUSH's PROGRESS IN THE DISTRICT

District	Number of facilities with AYUSH health centers	Number of AYUSH Doctors	Number of patients received treatment
Tonk	24	14	51234

Source:DPMU, Tonk District, Rajasthan

As it is visualize from Table 19, 24 facilities in the district have AUSH health centers but only have 14 AYUSH doctors. 513234 patients have consulted and opted for AYUSH treatment in the district.

The district also has a selected number of Adarsh PHCs which specialise in AYUSH services and also promote YOGA at their Health centers. These PHCs practice yoga in the facility every morning and are joined by beneficiaries willing to join.

8. QUALITY IN HEALTH SERVICES

8.1. INFECTION CONTROL

Tonk District is doing its bit in maintaining the hygiene level in their facilities. All the rules for infection control are followed. They have separate footwear and masks to enter Labour room and SNCU.

8.2. BIO MEDICAL WASTE MANAGEMENT

The bio medical waste generated in the district is segregated into three colored bags or dust bins (Red, Black and Yellow). The responsibility of collecting, managing and disposing off waste is outsourced to a private agency which collects the bio-medical waste from each facility in the district on alternate days.

Table 20: Quality of health care services

Bio-Medical Waste Management	DH	CHC	PHC
No of facilities having bio-medical pits	1	9	45
Number of facilities having color coded bins	1	9	59
Outsourcing for bio-medical waste	1	9	12 (to join soon)
If yes, Name of the Company	Housvin		
How many pits have been filled	0	0	0
Number of new pits required	0	2	14
Infection Control			
Number of times fumigation is conducted in a year	Yes, whenever needed	Yes, whenever needed	Yes, whenever needed
Training of staff on infection control	1	9	59

Source: CMHO Office, Tonk District, Rajasthan

Table 20 describes status of quality of health services in the district; it was observed that all staffs were trained on infection control. Fumigation is conducted at the facilities whenever required. There is no fixed time or frequency for the same. 1 staff at the District Hospital, 9 at the CHCs and 59 at the PHCs are trained on infection control.

Also, all the facilities in the district, i.e. 1 District hospital, 9 CHCs, 59 PHCs have colour coded bins for segregating waste and the District Hospital, all CHCs and 45 PHCs have bio medical pits. None of the pits are filled yet but more pits are required at 2 CHCs and 14 PHCs. Disposal of bio

medical waste has been out sourced and it provides quality services to the health facilities in the district. It collects waste from only the DH and the CHCs, but soon 12 PHCs will be included in this list.

8.3. INFORMATION, EDUCATION AND COMMUNICATION (IEC)

IEC was very much effective in all the facilities; posters of JSY, JSSK, vaccination and prevention of communicable diseases were effectively displayed. Further list of drugs, list of services were available in the in the District hospital and at PHC & CHC level as well.

9. TRANSPORT

Transport services have proved to be a boon for both the hospital staff and patients. The patients, who earlier used to have problems in accessing the health facilities, now can easily approach the nearby hospitals with 108 & 102 Ambulance services.

Table 21: TRANSPORT DETAILS, TONK DISTRICT, Rajasthan 2016-17

Transport Facility	Number available	Number functional	Remarks
108 Ambulances	18	18	
104 Ambulance	18	18	
Referral Transport	5	5	
Mobile Medical Units	1	1	1 MMU+ 3MMV

Source: CMHO Office, Tonk District, Rajasthan

18 ambulances in under both 108 and 104 are available in the district and all were functional at the time of the visit. 5 referral transport vehicles are also available. There is one Mobile medical Unit also function in the district.

10. COMMUNITY PROCESS

One of the key components of the National Rural Health Mission is to provide every village/community in the country with a trained female community health activist ASHA or Accredited Social Health Activist. Selected from the village itself and accountable to it, the ASHA will be trained to work as an interface between the community and the public health system.

Last status of ASHAs (Total number of ASHAs)

ASHAs presently working	**1154**
Positions vacant	**70**

Source: CMHO Office, Tonk District, Rajasthan

1154 ASHAs are currently working in the district. 70 of the positions for ASHAs are lying vacant to be filled. No data was provided by the district on training of ASHAs..

11. DISEASE CONTROL PROGRAM

There is a provision of diagnostics for tuberculosis at many of the facilities with separate DOT rooms. Awareness of the harmful diseases is also done through proper IEC. Even the ASHAs help in mobilizing the beneficiaries for consulting a doctor at the health facility in case of any problem felt. There were well functioning Laboratories in the facilities.

The activities include screening, advisory (according to the guidelines related to the disease), training of the staff and camps are held in the district.

Table 222: Disease control program progress in Tonk District, Rajasthan 2016-17

Name of the Disease	2014-15		2015-16		2016-17	
	Number of cases screened	Number of detected cases	Number of cases screened	Number of detected cases	Number of cases screened	Number of detected cases
TB	10966	1848	10884	1704	11341	1485
Leprosy	10453	10	7885	7	6372	4
Malaria	145356	140	156132	78	161128	57
Diabetes	-	-	6806	442	24292	972
Hypertension	-	-	6806	404	24292	936

Source: CMHO Office, Tonk District, Rajasthan

Table 21 depicts situation of different Disease control program running in the District. Talking about Communicable diseases, 161128 cases have been screened for malaria in the district during 2016-17 and 57 out of these have been detected positive. There are 1485 TB cases detected in 2016-17 in the district.

Coming to Non-communicable diseases, 24292 cases have been screened for Diabetes and hypertension during 2016-17 compared to 6806 during 2015-16. Out of those screened 972 cases of diabetes and 936 cases of hypertension have been detected positive in the district during 2016-17.

12. HMIS

HMIS is a very good platform for all the health facilities to keep their records online which is accessible to everyone on a mouse click. This makes data keeping easy. The district has allotted trained Data entry operators to each of the facilities in the district.

There were a few problems faced by the facilities in the district regarding the portal. There have been changes in the portal recently and the CDOs have been informed of the changes but no formal training has been conducted for them. This has led to delay in data updation on the portal. Faccility on alternate day basis, this pile up the data that has to be uploaded on the HMIS portal. Many times there are issues with the internet and this again delays updation of data.

HMIS is implemented at all the facilities in the district. PHC's and Sub-centre's data is updated on HMIS portal at their respective CHCs. Program managers at the district and block levels, use the data from the portal for monthly reviews. All the data updated on the portal is reviewed by the data operators.

HMIS/PCTS	
Is HMIS implemented at all the facilities?	Yes
Is PCTS 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 program managers at all levels use HMIS data for monthly reviews?	Yes
Is PCTS 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 PCTS call centre set up at the District level to check the veracity of data and service delivery?	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

14. CONCLUSION AND RECOMMENDATIONS

14.1. CONCLUSION

- The health facilities in the district are working with limited resources and manpower but still are making all the efforts to improve the health indicators for the district.

- Difference in salaries of contractual and permanent staff has created a divide among them. It is one of the motivation for the staff to put in all their effort. Hence, it is important to take up this issue and discuss with each of the stakeholders to come to a solution.
- ARSH needs to be setup in a proper manner in the district to cater to the health needs of adolescents who are most vulnerable and need guidance, counselling and treatment.
- AYUSH doctors are working with many constarints such as infrastructure and shortage of medicines. This wing requires more attention.
- JSY payments percentage is very low in the district. It is disappointing that it is far below the state's average. Looking at the figures, it can be said that JSY has not done much to encourage institutional deliveries.
- A few of the facilities have made attempts for innovation and using available resources in a better manner. The same can be replicated for rest of the facilities in the district.
- ASHAs are the backbone of the mission and its important to provide them with proper facilities, training and incentives to put in their best effort. There have been incidents of irregularities in ASHAs payments in the district. Only 48% of the ASHAs are paid JSY incentives.
- Delay in transfer of RKS funds is a big challenge and hampers the health facilities in the district. Allocation of funds should be made district specific and should be made on time for proper usage.

14.2. RECOMMENDATIONS

- Incentives for the health staff should be increased and more efforts should be made to fill in the vaccant positions to avoid any shortage of staff in the district. It is recommended that proper trainings be arranged for the them and regular refresher training should also be conducted. Training of Trainers is also an important aspect that should be focused on.
- ASHAs should be provided with proper training and should be brought into mainstream. They play a very crucial role at the ground level and hence, should be given sufficient incentives for their job.
- ARSH needs to setup in a proper manner in the district to cater to the health needs of adolescents who need guidance, counselling and treatment.

- AYUSH doctors should be provided with proper AYUSH medicines and other equipments to achieve the goal that the AYUSH wing has been set up with.
- Sampoorna Clinic should be extended to CHC and PHC levels as well to increase awareness about health among women who tend to neglect it.
- Sub-Centres don't have electricity connection. This worsens the working conditions for ANMs and ASHAs. Each sub-centre should be provided with electricity connection.
- District as a whole and individual facilities should be given some liberty to use funds allocated to them according to their needs.
- Under the digital India Program, all health staff can be trained for using digital form of data keeping devices and instead of maintaing registers, which is a time taking and tedious process, data can directly be saved in digital formats. This will simplify the process of maintaining records and make it less time consuming.

15. ANNEXURE 1

15.1. DISTRICT LEVEL MONITORING CHECKLIST

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

Number of Blocks	
Number 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

4.1. 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					

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	Number 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	Number of Schools	Number of children registered	Children Diagnosed	Number 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*

8. ARSH Progress in District in the last financial year

Block	Number of Counseling session held conducted	Number of Adolescents who attended the Counseling sessions	No of Anemic Adolescents		IFA tablets given	Number 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			
Number 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			
Number 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	
Number of ASHAs trained in last year	
Name of trainings received	**1)**

	2) **3)**

11. Disease control program progress District (Non-Communicable Diseases)

Name of the Program/ Disease	2014-15		2015-16		2016-17	
	Number of cases screened	Number of detected cases	Number of cases screened	Number of detected cases	Number of cases screened	Number of detected cases
Diabetes						
Hypertension						
Osteoporosis						
Heart Disease						
Others, if any						

12. AYUSH progress District in the last financial year

Block	Number of facilities with AYUSH health centers	Number of AYUSH Doctors	Number of patients received treatment

13. Budget Utilisation Parameters:

Sl. no	Scheme/Program	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 Programs		
13.7	Non Communicable disease Control Programs		
13.8	Infrastructure Maintenance		

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

HMIS/MCTS		Remarks
Is HMIS implemented at all the facilities	Yes ☐ No ☐	
Is MCTS implemented at all the facilities	Yes ☐ No ☐	

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

15.2. DISTRICT HOSPITAL MONITORING CHECKLIST

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	Number trained	Remarks if any
3.1	EmOC		
3.2	LSAS		
3.3	BeMOC		
3.4	SBA		
3.5	MTP/MVA		
3.6	NSV		
3.7	F-IMNCI		
3.8	NSSK		
3.9	Mini Lap-Sterilisations		
3.10	Laproscopy-Sterilisations		
3.11	IUCD		
3.12	PPIUCD		
3.13	Blood storage		
3.14	IMEP		
3.16	Immunization and cold chain		
3.15	Others		

Section IV: Equipment:

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

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

Section V: Essential Drugs and Supplies:

S.No	Drugs	Yes	No	Remarks
5.1	EDL available and displayed	***Y***	***N***	

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

Section VI: Other Services:

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

6.10	Ultrasound scan (Ob.)			
6.11	Ultrasound Scan (General)			
6.12	X-ray			
6.13	ECG			
6.14	Endoscopy			
6.15	Others , pls specify	**Y**	**N**	
S.No	**Blood bank / Blood Storage Unit**	**Yes**	**No**	**Remarks**
6.16	Functional blood bag refrigerators with chart for temp. recording	**Y**	**N**	
6.17	Sufficient number 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	Number of C section conducted		
7.5	Number of neonates initiated breast feeding within one hour		
7.6	No of admissions in NBSUs/ SNCU, whichever available		
7.7	Number of children admitted with SAM (Severe Acute Malnutrion)		
7.8	Number of pregnant women referred		
7.9	ANC1 registration		
7.10	ANC 3 Coverage		
7.11	Number of IUCD Insertions		
7.12	Number of PPIUCD Insertion		
7.13	Number of children fully immunized		
7.13	Number of children given ORS + Zinc		
7.13	Number 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?

15.3. CHC/PHC LEVEL MONITORING CHECKLIST

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

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

S. no	Category	Numbers	Remarks if any
2.1	OBG		
2.2	Anaesthetist		
2.3	Paediatrician		
2.4	General Surgeon		
2.5	Other Specialists		
2.6	MOs		

2.7	SNs		
2.8	ANMs		
2.9	LTs		
2.10	Pharmacist		
2.11	LHV		
2.12	Radiographer		
2.13	RMNCHA+ counsellors		
2.14	Others		

Section III: Training Status of HR:

(*Trained in Past 5 years)

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

Section IV: Equipment:

S. No	Equipment	Yes	No	Remarks
4.1	Functional BP Instrument and Stethoscope	**Y**	**N**	
4.2	Sterilised delivery sets	**Y**	**N**	
4.3	FunctionalNeonatal, Paediatric and Adult Resuscitation kit	**Y**	**N**	
4.4	Functional Weighing Machine (Adult and child)	**Y**	**N**	
4.5	Functional Needle Cutter	**Y**	**N**	

4.6	Functional Radiant Warmer	**Y**	**N**	
4.7	Functional Suction apparatus	**Y**	**N**	
4.8	Functional Facility for Oxygen Administration	**Y**	**N**	
4.9	Functional Autoclave	**Y**	**N**	
4.10	Functional ILR and Deep Freezer	**Y**	**N**	
4.11	Emergency Tray with emergency injections	**Y**	**N**	
4.12	MVA/ EVA Equipment	**Y**	**N**	
4.13	Functional phototherapy unit	**Y**	**N**	
	Laboratory Equipment			
4.1a	Functional Microscope	**Y**	**N**	
4.2a	Functional Hemoglobinometer	**Y**	**N**	
4.3a	Functional Centrifuge	**Y**	**N**	
4.4a	Functional Semi autoanalyzer	**Y**	**N**	
4.5a	Reagents and Testing Kits	**Y**	**N**	

Section V: Essential Drugs and Supplies:

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

5.21	IUCDs	*Y*	*N*	
5.22	Sanitary napkins	*Y*	*N*	
S.No	**Essential Consumables**	**Yes**	**No**	**Remarks**
5.23	Gloves, Mckintosh, Pads, bandages, and gauze etc.	*Y*	*N*	

Section VI: Other Services :

S.no	Lab Services	Yes	No	Remarks
6.1	Haemoglobin	**Y**	**N**	
6.2	CBC	**Y**	**N**	
6.3	Urine albumin and sugar	**Y**	**N**	
6.4	Blood sugar	**Y**	**N**	
6.5	RPR	**Y**	**N**	
6.6	Malaria	**Y**	**N**	
6.7	T.B	**Y**	**N**	
6.8	HIV	**Y**	**N**	
6.9	Liver function tests(LFT)	**Y**	**N**	
6.10	Others , pls specify	**Y**	**N**	
S.No	**Blood bank / Blood Storage Unit**	**Yes**	**No**	**Remarks**
6.11	Functional blood bag refrigerators with chart for temp. recording	**Y**	**N**	
6.12	Sufficient number 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	Number of pregnant women given IFA		
7.5	Total deliveries conducted		
7.6	Number of C section conducted		
7.7	No of admissions in NBSUs/ SNCU, whichever available		
7.8	Number of children admitted with SAM (Severe Acute Anaemia)		
7.9	Number of sick children referred		

7.10	Number of pregnant women referred		
7.11	ANC1 registration		
7.12	ANC 3 Coverage		
7.13	Number of IUCD Insertions		
7.14	Number of PPIUCD insertions		
7.15	Number of children fully immunized		
7.16	Number of children given Vitamin A		
7.17	Total MTPs		
7.18	Number of Adolescents attending ARSH clinic		
7.19	Maternal deaths,		
7.20	Still births,		
7.21	Neonatal deaths,		
7.22	Infant deaths		

Section VII a: Service delivery in post natal wards:

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

Section VIII: Quality parameter of the facility:

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

S.No	Essential Skill Set	Yes	No	Remarks
8.1	Manage high risk pregnancy	**Y**	**N**	
8.2	Provide essential newborn care(thermoregulation, breastfeeding and asepsis)	**Y**	**N**	

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

Section IX: Record Maintenance:

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

Section X: Fund Utilisation

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

Section XI: IEC Display:

S.No	Material	Yes	No	Remarks

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

15.4. SC LEVEL MONITORING CHECKLIST

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 Quartersfor 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	Number trained	Remarks if any
3.1	BeMOC		
3.2	SBA		
3.3	MTP/MVA		

3.4	NSV		
3.5	IMNCI		
3.6	F- IMNCI		
3.7	NSSK		
3.8	Mini Lap		
3.9	IUD		
3.10	RTI/STI		
3.11	Immunization and cold chain		
3.12	Others		

Section IV: Equipment

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

Section V: Essential Drugs and Supplies

S.No	**Drugs**	**Yes**	**No**	**Remarks**
5.1	EDL available and displayed	***Y***	***N***	
5.2	Computerised inventory management	***Y***	***N***	

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

Section VI: Other Services :

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

Section VII: Service Delivery in last two years

S.No	Service Utilization Parameter	2015-16	2016-17
7.1	OPD		
7.2	IPD		
7.3	Total deliveries conducted		
7.4	No of admissions in NBSUs, if available		
7.5	Number of sick children referred		
7.6	Number of pregnant women referred		
7.7	ANC1 registration		
7.8	ANC3 Coverage		
7.9	Number of IUCD Insertions		
7.10	Number of PPIUCD insertions		
7.11	Number of Vasectomy		
7.12	Number of Minilap		
7.13	Number of children fully immunized		
7.14	Number of children given Vitamin A		
7.15	Number 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 repairmechanism	**Y**	**N**	
12.6	Grievance redressal mechanisms	**Y**	**N**	
12.7	Tally Implemented	**Y**	**N**	